

# child and youth care

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with children and youth at risk

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# From the Chairperson – An End-of-year Message

It is that time of the year when many of us are preparing to have a joyous time with family and friends - and a well deserved rest. There are some of us who will work with the children and young people who cannot go home during this time. We hold you in our thoughts and trust you will enjoy your holiday when the rest of us are back at work!

As we reflect on the year that has passed, it is very noticeable that there are a number of significant and important events that have happened in the Child and Youth Care field. I think especially of the long and hard struggle we have had to get to the stage of electing a Professional Board for Child and Youth Care Workers, as well as the establishment of the Standards Generating Body. As these processes are finalised we wish all the members of the Board well and we pledge our continued support.

There were also a number of child and youth care graduates this year. I would like to take this opportunity to congratulate all who obtained a qualification in the following courses: Core Literacy (now called Foundations in Child and Youth Care), BQCC, BQSC, HQCC, Consultative Supervision, Life Skills, Advanced Course in Creativity, Certificate for Trainers in Child and Youth Care, Certificate in Community-based Child and Youth Care, Cert; Dip; B-Tech in Child and Youth Development. Congratulations also to those students who were accepted for the Masters programme. We wish you well with your studies. We know that you have a very important task in paving the way for child and youth care into the 21<sup>st</sup> Century and particularly in producing much-needed research in the field.

We have also made huge strides in taking child and youth care beyond our borders. We have trained BQCC in Zambia and are in the process of assisting Zambian colleagues with the establishment of their own Association of Child Care Workers. We are particularly grateful to our Elder Rev. Barrie Lodge for going to Zambia for this mission, and to the trainers who have represented our Association so well. We have been requested to assist child and youth care workers in Namibia, Kenya,

Lesotho and Malawi with a similar programme and we are looking at setting up meetings with them in the new year. We think of our colleagues who have passed on during the year, and we remember the contribution they made to the child and youth care field. HAMBIA KAHLE my Sisters and Brothers.

As we prepare for 2004 we are reminded of the challenges we will be facing in our field. There is a constant rise in the need for care for young people who are orphaned as a result of the HIV/AIDS pandemic. The need in schools and residential programmes for youth with challenging behaviour is also great. This could mean that child and youth care workers will increasingly be requested to work alongside families and children in the community. It also calls for child and youth care workers to continue to be trained in higher levels of education and to be able to work in the health, education and social services sectors.

I am extremely excited about the forthcoming year! We are entering a very interesting period in the history of Child and Youth Care. We should grab this opportunity with both hands and be a part of it. I challenge you to prepare yourself for this New Year because we are all a part of the lives of the children and young people we are working with. They are the future of our country and they need us now.

To all of you who will be travelling over the festive season please do take extreme care on the roads. If you are going on holiday, enjoy yourselves with your families. To the Child and Youth Care Workers who will be doing duty over the Christmas and New Year period, enjoy yourselves with the children and young people in your care. We appreciate your commitment to the field.

I wish you all well and to those who are celebrating Christmas, do have a Merry Christmas. A prosperous 2004 to all.

God Bless you and the work that you do.

**Francisco Cornelius**  
National Chairperson

## NACCCW

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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Apology: In the October issue of Child and Youth Care an article on the Danger Pay was published without the name of the author, Harold Slabbert attached. Child and Youth Care apologises for this error.

Cover photo: © Benny Gool

## Thank you!!

Child and Youth Care would like to extend thanks to those who contribute to the development of this journal. We thank Benny Gool for the contribution of his photographs that are used so frequently. An award-winning photographer, Benny Gool is able to capture the circumstances of children and adults in a sensitive and vibrant manner, Child and Youth Care looks forward to doing justice to Benny’s photographs next year as the cover of the journal goes full colour... For now we thank you Benny for this contribution to our country’s children and youth at risk.

We also thank the Editorial Board of Child and Youth Care. Busy and committed to work at all levels of provision to children, members contribute of their time to sourcing material and editing and writing. We are thus very appreciative of the contributions made by Annette Cockburn, Jackie Gallinetti, Sonja Giese, Alfred Harris and Ann Skelton.

# 2003 – Challenges, Change and “Conjunctio”

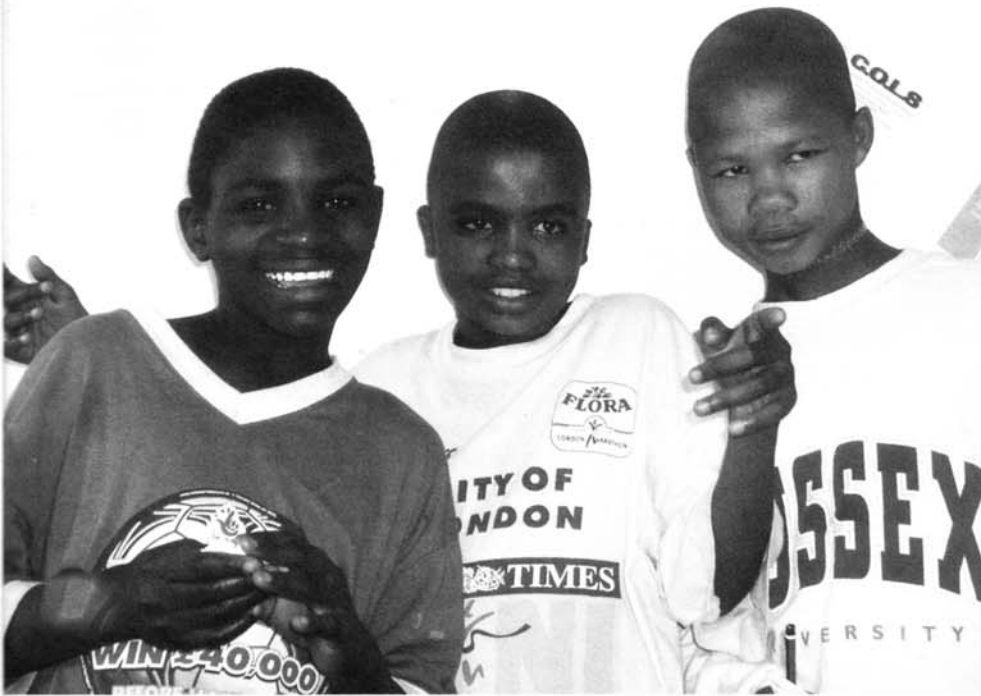
– Merle Allsopp

According to the great psychologist and philosopher Carl Jung, one of the central psychological tasks asked of us is to “hold the tension of the opposites”. On the path of spiritual, emotional and personal growth the individual has to learn to inhabit an inner space where the pull between two opposing forces is held in a state of balance. This, says Jung, is a place of health where complexity is truly embraced and we do not seek the comfort of simplistic fundamentalism, where answers are clear and prescribed outside of ourselves. Looking at the world around us it would be fair to say that we as child and youth care practitioners are being asked to do a great deal of holding together in our minds some forces that are contradictory - to the point of being apparently irreconcilable. Just at the point when we begin to see the realization of so many of the improvements in our field (for which many have fought long and hard) we feel the effects of forces that appear to be taking us backwards. What is happening to the field, and how do we fit it all together?

One of the great disappointments of the year was the debacle around the Children’s Bill. Years of work by eminent children’s advocates culminated in the delivery to the Department of Social Development a piece of legislation, carefully designed to take our country into the era of truly respecting children’s rights. The key here is that the process was a long and arduous one because it embraced the complexity of the issues of child protection. After all of this work, the Department then took a rather savage knife to the document, excising from it the mechanisms that held significant budgetary implications and along with that the potential to offer protection to the widest range of children at the earliest levels of intervention.

A national mechanism for the co-ordination of all sectors involved in the response to child abuse was cut out. Which of us has not sat watching the suffering of a child as the system blunders time after time, and hope in a just world is chipped away, bit by bit? Which of us has not seen the





enormous waste of resources that results from different departments all doing their own thing? The other very concerning excision from the bill is the provision made for a grant which could be made available to families caring for children from the extended family, a so-called 'informal kinship care grant'. This was to be accessed without the necessity of court proceedings. How many of us have watched in dismay as court rolls become longer and longer, and the time that elapses between the grant application and its receipt is one where the child remains without material resources? How many of us have had foster grants refused by magistrates on the grounds that the placement is with a family member?

In a way, the disappointing thing about the issue of the Children's Bill is the way in which this process happened. Every attempt was made to rush the bill through the parliamentary process, without giving due time and attention to the implications of the decisions. But there is good news in this story too! The bill has *not* been presented due to the efforts of an amalgam of children's NGO's, and sound decisions by a number of influential people to uphold the integrity of the parliamentary process. This delay will hopefully result in due consideration being

given to the decisions that we make now that will have implications for children in our country for the next decade or two. We look forward to a respectable process occurring next year, hopefully after the elections.

Encapsulated in the legislation are many of the tenets of the 'transformation policy' that has been the guide for many in our field since 1996 when it was first circulated. The "Interim Policy Recommendations for Children and Youth at Risk" will hopefully then finally be enshrined next year in a formal legislative framework. The delay of the tabling of the Children's Bill has been a triumph of the principle of accountability which is of course a very hot topic right now in public life. But again we see the opposite of this; so many instances of a lack of accountability in our field. On two occasions this year the NACCW has had occasion to write to provincial and national authorities to alert them to matters of concern in relation to children in care facilities – our responsibility as articulated in the current regulations to the legislation. In one instance an extremely hostile reply was received and the matter (now nine months old) has still not been concluded. In another matter no response has yet been received from the department.

Of concern are the sets of apparent double standards being applied. It appears that the nature of the organization has much to do with the way in which issues are investigated. Provincial variations too are noticeable. A state-run facility it seems will be given far more latitude than one that is only subsidized. Some notorious facilities remain functioning in the face of repeated media attention. And for some, media attention seems not to be of concern at all. A recent television expose of an incident of gang rape was shocking. It raised a number of points on the matter of accountability.

Firstly of concern was the Human Rights Commissioner who diffused responsibility for the rape, pointing to the intersectoral inefficiencies that had led to the youth being admitted to the facility in the first instance, and alluding to his intellectual disability as a contributing factor in the rape. (Little knowing that his disability is probably the reason for the story coming to light in the first place – how many of us know children who have the 'sense' to keep quite when abused for fear of their own well-being?) If the Human Rights Commission does not come out clearly saying that it is the responsibility of a 'secure care' center to protect young people, then who will? We hear repeatedly of debates on the role of the HRC in respect of children institutionalized. Surely we could expect a less equivocal stance while the always-complex systemic issues are born in mind?

Another scary thing highlighted in this program was the level of understanding displayed by the official in charge of the facility on the field of child and youth care, and in relation to the very business of providing for the needs of troubled and troubling youth. It felt like being in a time-warp to hear someone at that level confusing the provision of a reclaiming environment with "babysitting"; indeed exonerating the institution on the grounds that they cannot be expected to "baby-sit". This level of apparent ignorance of the core function of residential care should not be countenanced in a child rights culture.

In a twist of bizarre logic many of the defenses used in respect of such happenings are based on the prevalence of the occurrences. What has happened to us when gang rape is no longer horrifying. How jaded have we become, and how is it that the children that we purport to protect have become a category of 'them' who enjoy different rights from 'us'. Strangely this organization was criticized by a government official for not having done a better public relations job on the matter. Is that not too a twist of our ethics? When we do something wrong do we seek to make amends, or do we seek to (in the way of the corporate world) blame others and restore our public image?

Accountability is also a principle that we see being distorted at the level of service level agreements in provincial departments who are in the process of entrenching an inequitable financial support system. The flavour of the day appears to be the outsourcing of services to profit-making businesses. This phenomenon has to be understood in its complexity, and many argue for the benefits of such a practice. However the ironies of the situation should not be overlooked in the effort to engender greater apparent efficiency into service provision. A case was reported recently where a reputable subsidised children's home, well on its way to transformation, experienced a serious incident of children acting out. In discussion with the provincial department the official responding to the incident provided the home with access to the services of a local for-profit organization. The irony here is that the home was being 'assisted' by a facility providing a not too dissimilar service, but which receives up to *eight times* the funding of the children's home in question. As a staff member of the home said "How is it that they could spare staff at a moment's notice? If we had that kind of staff to spare, we would not have had the crisis in the first place!"

The issue here goes so much deeper than a mere concern for the idea of making or not making a profit from services to youth at risk, to the way in which the system becomes more

equitable or not; to whether the authorities seek to develop a class of 'haves' and a class of 'have nots' in the system. Does the system seek to redress the imbalances of the past only to replace these with another unfair system?

Here again the issue of accountability arises. How do we build in the sector a strong voice speaking out on issues that pertain to the rights of children and youth at risk? As the profit-making representation within the sector grows the voice of civil society is weakened. It will be those with the resources who will have the loudest voice. It will be those with the resources that will have the time to put into the determining of policy. It will be those with the resources that will work with government.

But as we have seen these challenges and disappointing themes emerge this year, we have also seen some great achievements culminate. Child and youth care workers have voted in the election of a statutory body that will regulate the profession. Accountability to children and families will be taken to another level altogether in the establishment of this body which is (almost) here to ensure that we work in an ethical and accountable way! Another milestone was reached as the NACCW body resolved at conference to actively support the growth of the community-based child

and youth care movement. Again this year more child and youth care workers have been involved in training than before, and we increasingly see them playing effective roles in a range of different non-residential programs. In the Durban area most child and youth care centers have completed two years of training in the Minimum Standards for the system, and have each developed a comprehensive procedures manual to guide their practice!

And in the broader arena, we celebrate the decision by government on anti-retroviral therapy roll-out. The achievements of the Treatment Action Campaign in this regard are an inspiration. We have learned through their concerted, concentrated efforts over a five year period that standing together for what is right, and not giving up pays off in the end. The child and youth care field will do well to hold in mind in the next year, this example. It is by standing together and, by holding the tension of complexity that we will be able to continue our quest to build an accountable profession. It is though taking on the challenges, through working with our differences, through holding the tension of seemingly irreconcilable developments that the field will find what Carl Jung called the "conjunctio"; that place where a new and previously unimagined way forward appears. ■



# The Courage to Expect Greatness From Our Children



Benny Gool

Bobby Gilliam and Don Scott

*The authors discuss various paradigms and treatment strategies in work with troubled youth. They propose a shift from traditional approaches that stress deficits and pathology toward strength-based interventions based on positive development. Traditional approaches have not succeeded because they fail to mobilize the positive resources of youth. The authors describe a range of specific innovations in program development that result when research on resilience becomes the basis of interventions.*

**C**urrently, two diametrically opposed paradigms for working with at-risk youth (Jacobs, 1995) are in use. One is deficit- or pathology-based: it centers on flaws, a control mentality, labels, and preoccupation with what youth *cannot* accomplish. The other is a strength-based model. Users of this model look for potential and ways to develop resilience in youth. Unfortunately, a lot of research has been devoted to anxiety, depression, aggression, and other pathology-driven issues, but little has been written about the psychology of well being, overcoming, and resilience. A few individuals have studied the pathology model and shown it to be unsuccessful in working with youth (Wasmund, 1988; Wood,

1995). This has created a shift to strength-based interventions that emphasize developmental growth and youth empowerment.

In many educational or treatment settings, a revolutionary knowledge base of resiliency is being employed. The concept at its simplest involves discovering the factors that help a large number of high-risk youth to succeed rather than fail. For example, Werner and Smith's (1992) research is changing the way youth are perceived in a positive manner. Central to their work is the discovery that the most powerful "protective" factor is the presence of a caring, supportive relationship. Even highly reactive children can acquire resilience if they have such a rela-

tionship. Werner and Smith's research has brought a new level of excitement and optimism to people working with at-risk youth.

The literature on resiliency is fascinating and encouraging. Can resiliency be taught, learned, or enhanced? Is it possible to design a program that fosters resiliency with at risk youth? Werner and Smith followed children over many years and identified several resiliency variables. John Seita, in his book *In Whose Best Interest* (1996), and Brown, in his book *The Other Side of Delinquency* (1983), described their personal experiences and shared critical components of resiliency. As they both demonstrated, the questions for childcare providers are:

What can we do to identify the resiliency factors in young people and enhance and enrich them?

What can we do to help young people develop the protective factors of resiliency?

### Resiliency and the Circle of Courage

The research and literature on resiliency (Brown, 1983; Seita, Mitchell, & Tobin, 1996; Werner & Smith, 1992; Wallin & Wolin, 1993) and on the Circle of Courage (Brendtro, Brokenleg, & Van Bockern, 1990) do not merely overlap; they are completely integrated. In both cases, the goal is to develop greatness in our young people. This philosophy of care does fly, however, in the face of current theory in our society regarding at-risk children. Many adults seem to be advocating for removing such youth from the mainstream of life. The tone of a lot of interventions currently in use with young people continues to be one of punitive retribution. The clearest observation seems to be that not only are these interventions unsuccessful with our young people, but they have never been successful. It appears we are taking the tack that if we overstructure these youth, suspend them from the mainstream, and dispense punitive consequences, behavior will change. When it becomes apparent that these interventions are not working, we institute even more structure, suspensions, and punitive consequences. It therefore should be of little surprise to us when this cycle does not work. A proper analogy might be one of a coach who has been unsuccessful with his offensive plays. Because he is unsuccessful, he continues to practice the plays – but longer and harder – and he drills the team for a more extensive period of time. Of course, the team remains unsuccessful, because the plays do not take advantage of the team's talents, skills, and abilities. A wiser coach might have assessed his talent and developed an offensive scheme based on his players' strengths.

### Concerns for Inclusion

It appears that the most prominent feature in resilient individuals is their ability to maintain hope. Resilient individuals are able to see the bigger picture and the potential for a brighter future. It is incumbent on youth-care workers

Benny Gool



to find ways to develop hopefulness in our hopeless young people and to bring them back into society.

There are many similarities between the literature on resiliency and the Circle of Courage. Seita et al. (1996) wrote about four basic elements: connectedness to adults, continuity or continuous belonging, dignity, and opportunity.

Bernard (1997) spoke about social competence, problem solving skills, autonomy, sense of purpose, and hope for a bright future. Each of these could be placed in the Circle of Courage, which encompasses Belonging, Mastery, Independence, and Generosity.

Werner and Smith (1992) identified protective factors that are present in resilient individuals. These factors include a successful school experience, developing reading skills, associations with some adults outside the family, responsibility within the family that includes purposeful work, and hobbies and interests that lead to positive involvement with adults. Other protective factors included developing spiritual or religious beliefs, having a sense of humor, and having a sense of hope about the future.

### Building a Strength-Based Model of Care

The basic foundation for a strength-based psycho-educational model of care is the belief that all children have strengths, albeit sometimes hidden ones. We adults need to help children identify, cultivate, and celebrate those strengths. In addition, children often lack the necessary relational and social skills for success in life. A strong social skills curriculum can teach relational and social skills to children just as we might teach table manners. Thus, our model would include identifying strengths, teaching skills, practicing skills, celebrating success, and being of service to others. The following list of recommendations will help

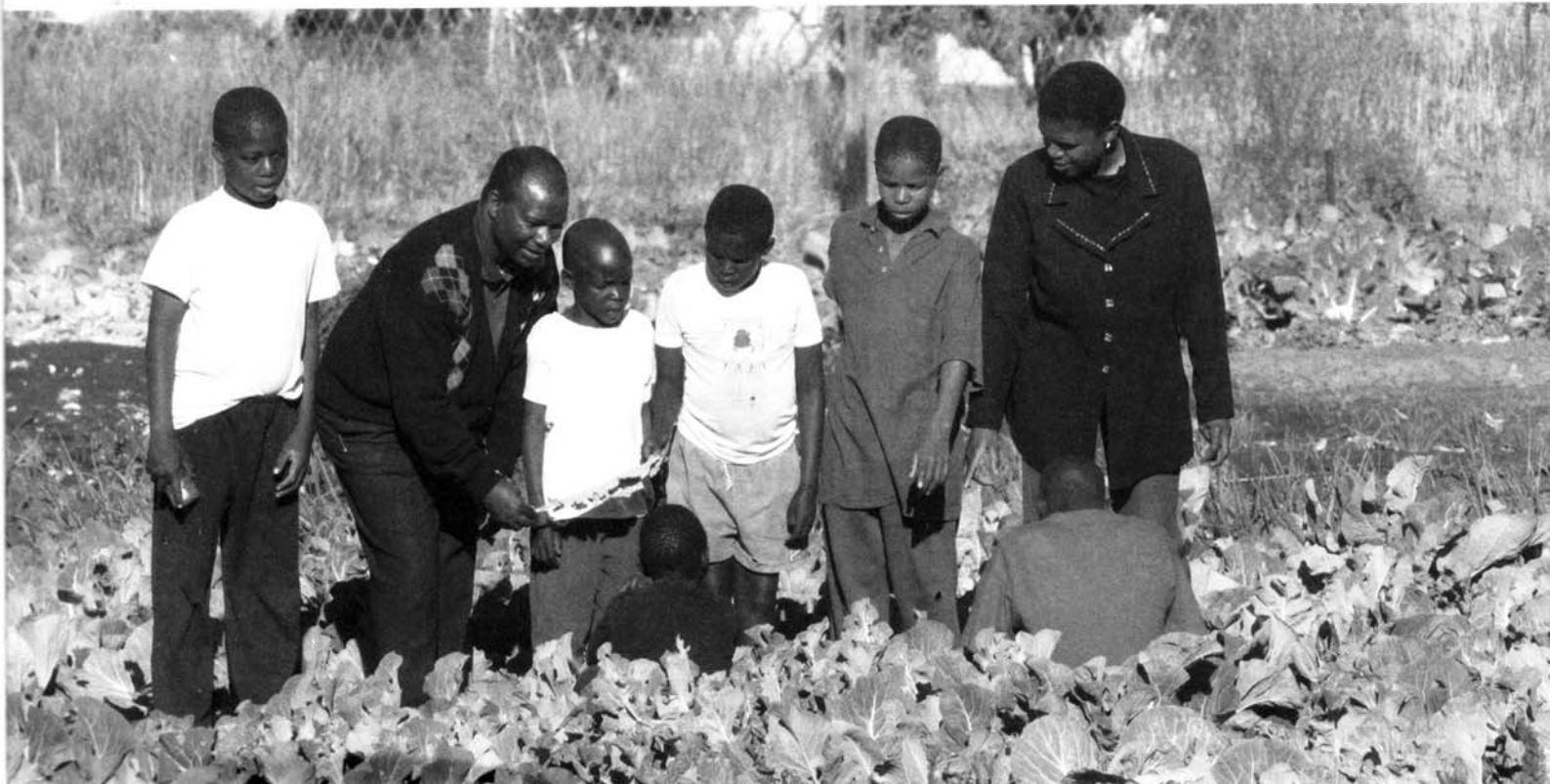


adults working with at-risk children to identify protective factors in those children and to build on those factors.

1. Develop as part of your intake assessment a process by which the protective factors of resiliency can be assessed. This information should be provided by the family and the child and also taken from school records. Although problems should be included, they should not be the central issue. Families should be helped to understand that the focus will be on strengths and protective factors. Staff members will work in co-operation with the youth and his or her family to establish goals and objectives to overcome any identified problems.
2. Develop a strong welcoming tradition in your program. This should include a formalized method of bringing children into your community. Design the welcoming program with input provided by your current students. Include staff members who will be caring for the new student and a peer who can act as a buddy. Use the buddy to orient the new student and ease his or her adjustment into the program.
3. Develop a language of health and strength with your staff. Consistently move away from pathology language and its model. Positive language used with youth and about youth can increase the effectiveness of strength-based programs. Models of care that are pathology based use negative labels. They drown in "D" words such as *disturbed, disordered, deprived, deviant, disadvantaged, disruptive, disobedient, and dysfunctional*. Instead, use words such as *resourceful, resilient, creative, clever, tenacious, energetic, determined, independent, and imaginative*.
4. Develop a strong social skills curriculum that is totally integrated into your other program components.

The curriculum should be reinforced and should permeate the school, unit, recreation, activities, and religious education. Such a curriculum involves teaching a defined set of pro-social skills and allowing students opportunities to practice these skills in real-life situations. The central goal is to impart a core set of values. For example, Boy's Town developed the Family Teaching Model, which places the major emphasis of the program on teaching social skills. Their research has validated the effectiveness of teaching social skills. Further, Wilner et al. (1977) validated the idea that preferred social behaviors can be taught and that their use will have a positive impact on youth behavior and attitudes. Skills can be taught formally and informally. One effective method is the EQUIP Program (Gibbs, Potter, & Goldstein, 1995). In this program, skills are taught in a group setting but must be practiced and reinforced in the youth's total environment.

5. Develop a strong volunteer program. Research has indicated that many of the mentors identified by resilient children were volunteers. A strong volunteer program provides a variety of activities from which children may choose to further develop strengths and interests, allowing the children to gravitate toward activities in which they have an interest. More importantly, it allows children to be involved with adults who share an interest, which helps to increase feelings of self-worth.
6. The focus of your recreation program should be ensuring that each child has at least one hobby or interest that is developed during his or her stay. Use your children's input in designing the program. Develop clubs or groups that encourage participation and celebrate effort, not just successes. Develop celebration rituals.



7. Create a strong reading program where tutorial practice is used and reading accomplishment is recognized. The focus should be on developing the desire to read and reading for fun, allowing the children to choose books and topics that interest them.
8. Make sure that the spiritual component permeates every aspect of the program and does not end up being a stand-alone component. This should give a continual message of hope, grace, and forgiveness.
9. Develop a positive school environment that empowers and includes young people (Curwin & Mendler, 1988). The school program should focus on teaching skills for success in the public schools and in life. Academic success based on each individual's strengths is enhanced when a sense of community exists. At-risk youth need to see the school as forming an alliance with them. Conflict resolution, peer mediation, and violence prevention should all be used. Teachers and students should develop a code of conduct, a sense of community, and school pride.
10. Open your program completely to your families. Even in times where the reuniting of a family may not be appropriate, it is significant and important that the nuclear and extended families be involved with their children while in your care and be comfortable on your campus. Encourage non-traditional forms of family work. Focus on partnership. Involve parents in meals, student recognition, recreation, discipline, counseling, and therapy.
11. Be sure to develop inventive and creative ways to empower your children. Examples are development of a student council, involvement in staffing and team meetings, peer mentoring, and peer mediation. Use positive incident reports to reinforce behaviors and values such as leadership and empathy.
12. Give your children plenty of opportunity to serve others, both within your agency and in the community. Doing volunteer work and providing guidance for younger residents are good examples. Involve youth in service work with the elderly, younger children, animals, and the environment. Young people have a natural gift of generosity.
13. Discipline should include natural and logical consequences that have a teaching component so that children learn the skills that will help them handle the situation better when it occurs again. Discipline should always be done with dignity and respect (Curwin & Mendler, 1988).
14. Develop sagas, traditions, and ceremonies to celebrate success in your program. A sense of tradition that focuses on values should be celebrated. Use holidays, cultural events, and special occasions to enhance the community.
15. Develop a strong commitment to celebrating cultural differences. Find ways to recognize heroes from all cultures. Allow children to express their cultural differences. Teach youth that differences are to be celebrated rather than feared.

### Conclusion

The movement away from negative, pathology-based programs is exciting but often difficult. Until recently, most literature addressed only deficits and weaknesses. Goldstein (1991) noted that much of the psychological literature addresses only the negative (e.g., disease, crime, psychopathology, aggression), and how it may be corrected. Gradually, the focus is being turned away from a futile obsession with problem behaviors to an alternative approach, one proven by research to be far more effective (Gold & Osgood, 1992; Wasmund, 1988).

Simply put, if traditional forms of childcare worked, these children would not be in our care. Most programs have level systems, consequences, group therapy, individual therapy, family therapy, time-outs, loss of privileges, and so forth. Programs should be full of redemption, grace, and opportunities for new life. They should be based on the goodness inherent in each child and the skills and abilities of each child. There is nothing "magical" about such a program: It must be understood, taught to staff, and evaluated by each and every staff member. We staff members must hold ourselves to a higher standard, challenge ourselves to find new and creative ways to engage young people who are disengaged, and provide opportunities for young people to be successful.

If we are to expect greatness from our children, we must provide them with the necessary tools and support to be great. The authors of this article have offered some specific steps for developing resiliency in childcare programs. More importantly, we hoped that we challenged readers to consider the ways that we view, think about, and talk about children. ■

**Bobby Gillian** is the vice president for childcare at the Methodist Children's Home in Waco, Texas. He is a diplomate in clinical social work, a licensed master social worker, and all advanced clinical practitioner in the state of Texas. He has spent 24 years working with at-risk children. **Don Scott** is the administrator of the Methodist Children's Home Boys Ranch. He has been employed with the Methodist Children's Home for the last 15 years and has spent 20 years working with at-risk children. The first author may be contacted at: Methodist Children's Home, 1917 Herring Avenue, Waco, TX 76708.

# The Partial Care Program

## A children's home transforms – Yvette Rogers

### Background

This program was started as we at Cape Youth Care began to see that there were children in the communities in which we worked who found themselves faced with risk factors but not to the extent that social workers felt it necessary to remove the children from their home environment. We wondered whether we could provide a holistic program which could meet the needs of these children and their families. This was how we came to start the partial care program.

### The Actual Program

At present we run the program 3 days a week and during all long school holidays. The program runs from 14h30-18h00 and the program consists of 4 sections (1) fun, relaxation and games; (2) school work assistance; (3) snack/meal and (4) a life skill component. The purpose of each session, is to provide a 'safe space' in the afternoons where children can develop holistically whilst their parents are at work. It also keeps the children off the street. The focus of the staff is to develop therapeutic relationships with their focus on children and adapt the 4 sessions to meet the differing need of individual children. At present we run the program with 2 staff members and 2 volunteers which mean we have a ration of 5 children to 1 adult. This ratio enables us to tailor make the program for particular children. Once a week all staff meet to discuss their focus children and to plan for the coming week. If we feel it is required – we do offer services to the entire family through our intensive family support program.

**Theoretical Approach to Partial Care**  
The staff and volunteers work with the strength based development model. We are also trying to apply the principles of the positive peer culture in the way we work with the young people. We also function from the belief that each child belongs at home with his/

her community and we aim to build support structures to facilitate this.

### Case Study / Success Story

Child X lives in a wendy house with her mother and 5 siblings one of whom is severely handicapped. Her mom is unemployed but receives a disability grant and money for the handicapped child. At the time X began the Partial Care program she was 14 in grade 5 and failing due to lack of attendance at school. The school also complained of her behaviour when present. Her mum could not contain her at home and there were reports of her using dagga and alcohol as often as possible. When asked about her behaviour she would say she is bored! Through attending the partial care program we have assisted her to change to one which meets her academic needs but places her in a supportive environment (the BEST center). She attends school daily and is a pleasure to teach. She participates enthusiastically in our program and one can see the changes from an angry withdrawn child to an extroverted happy child with a wonderful sense of humor! Recently she exclaimed to a staff member "You know since coming here I do not need to smoke and drink any more because I am not bored!" We have received positive feedback from the community that they do not recognize X as the child they one knew.

### Conclusion

The staff at the Partial Care Program believes that this is the way of the future – working with children and their families at home in their communities. Creating safe spaces for children without them ever leaving home! We as staff have grown immensely from journeying with these children, watching them face and find solutions to adversity and celebrate themselves, their families and communities – and become all they were intended to be! ■

## Cultural Competence

There are many ways to care for the children and youth in our care. We can ensure their safety; provide them with their basic needs and care for them emotionally, but the way to build a nation is to have basic knowledge of various cultural backgrounds.

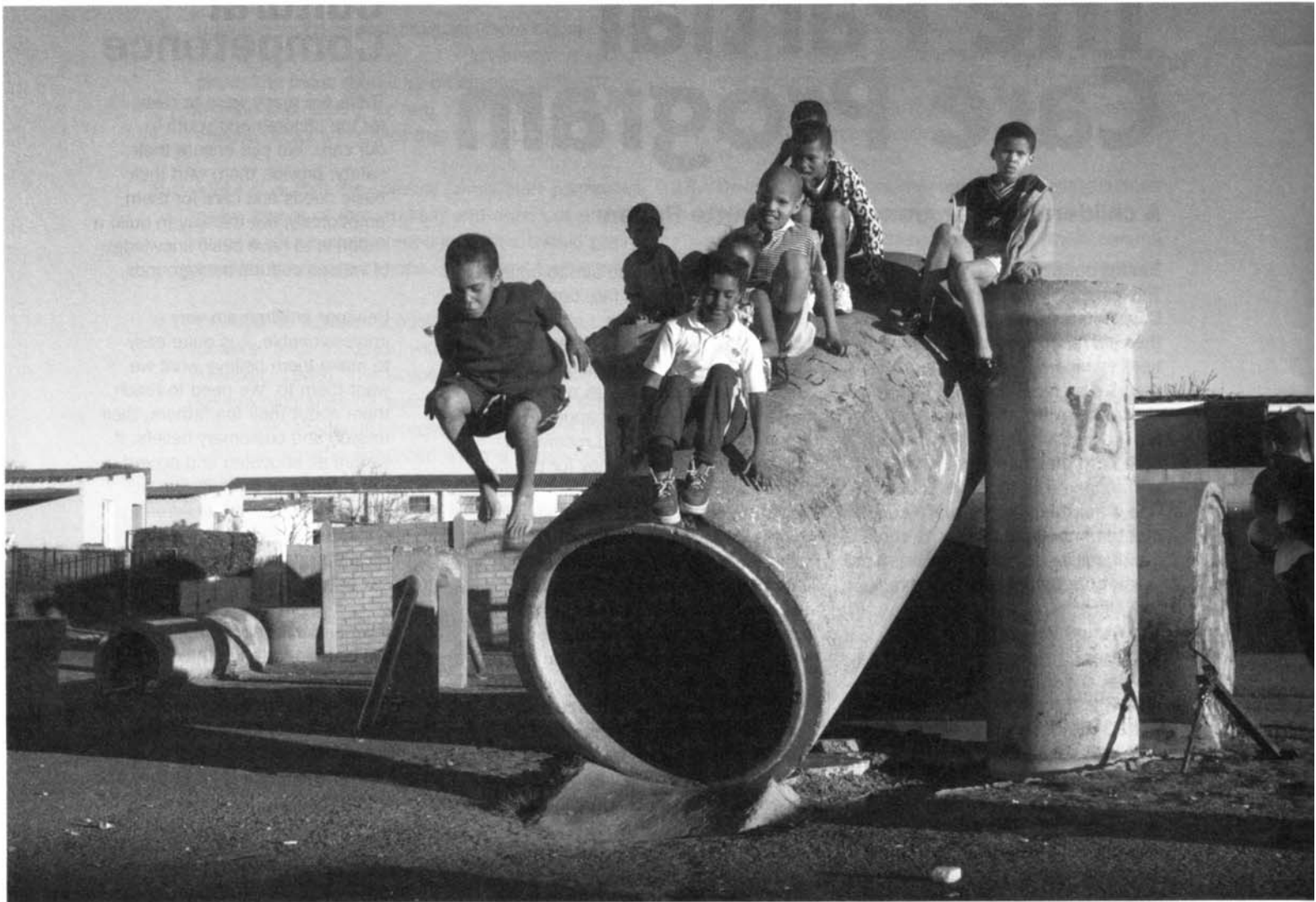
Because children are very impressionable, it is quite easy to make them believe what we want them to. We need to teach them about their forefathers, their religion and customary beliefs. If we are all educated and accept these forms of diversity, we will be able to teach the children in our care about respecting other people, regardless of religion, race, sex or age.

If we are culturally competent, we will be able to teach the children how to ask questions about things they don't know about, rather than being afraid of making friends. We will encourage children to lay down the boundaries that they set for themselves, for not wanting to know about other's beliefs and religions.

You can also teach them the beauty of being different and take them into a learning experience of someone other than themselves. Children will be able to see child and youth care workers as role models, teaching them respect, understanding, sensitivity, skill and appreciation. Care workers will also have the authority to teach children that they are excitingly different and yet they are in many ways the same.

To be able to do all these exciting things, we as child care workers need to be competent enough to use resources ourselves; to participate in their rituals; to explore things that we don't know; to ask questions about things we are not sure of and to just talk to the children about what they are used to. If you start with the young you can keep a nation alive.

By Katy Blom an HQCC Student



# Changing Paradigms for Working with Street Youth: The Experience of Street Kids International

**Stephanie Sauvé**  
*Street Kids International*

**Citation:** Sauvé, Stephanie. "Changing Paradigms for Working with Street Youth: The Experience of Street Kids International." *Children, Youth and Environments* 13(1), Spring 2003. Retrieved (date) from <http://cye.colorado.edu>.

## **Abstract**

*The United Nations estimates 100 million street youth across the globe. They are products of poverty, war, urbanization, political instability, family breakdown, and HIV/AIDS, among others. Many are not homeless, but primary income earners for their extended families. Many participate in the sex and drug trade because of limited income generation alternatives. How can we support these youth and increase their opportunities while respecting them as independent actors in their own lives? Street Kids International suggests a critical paradigm shift as the basis for being responsive and effective and describes its approaches for working with street youth as participants and assets within their present communities. The article will be published in two parts – of which this is the first.*

**Introduction**

As urbanization makes its way across the globe, many of the world's poorest youth make their way into the city streets, searching for money, friends, and sometimes a future. The greatest surge of urban migration in the upcoming years will occur in developing countries- countries with the least financial resources, the least power, and the least support for street youth. The Population Reference Bureau (2003) estimates that the ten largest urban centers in 2015 will include Mumbai, Lagos, Dhaka, São Paulo, Karachi, Mexico City, Jakarta, and Calcutta, which not surprisingly are some of the cities with the largest and fastest growing street youth populations.

The United Nations states that 40 percent of young people in the least developed countries live on less than US\$1 per day (UNICEF 2000). Many of these youth are among the over 100 million youth worldwide working and sometimes living on the street (CIDA 2001). During the recent years of unprecedented urbanization, front-line workers have witnessed the numbers of street youth grow drastically.

While street youth are not confined to the poor countries, in developing nations, war, conflict, disease, abuse, and political instability make poverty worse, stressing many families to the point of disintegration. Some youth come with their families from rural life to city life, tempted by the urban and often empty, promise of work and opportunity. Some youth, after being orphaned, abandoned, or lost, make their own way to the city in search of work, or at least money. Other youth without parents live with uncles and cousins on the fringes of town and are sent to the streets to find money to support the too many children in one household. The forces that lead growing numbers of youth to the street are numerous and complex.

For many street youth, family and community support disintegrate under the pressures of poverty. Many of those who migrate to the streets learn quickly to confront the street with self-sufficiency and self-determination, to make money by whatever means, and to negotiate the everyday risks and decisions of street life. But although they may get by and even stay free of illicit work, they become "street kids" and the stigmatizing label, once set, is hard to remove.

Especially in developing countries, few social services exist for the youth who have lived or worked on the streets. These youth mostly 10 to 20 years old, seem easier to forget than to support. However, today's youth will become the largest generation to enter adulthood (UNESCO 1999) and will greatly influence the global economy. Supporting the street youth within this population enhances their potential to escape the cycle of poverty into which they were born. With youth being a large segment

of total populations, ignoring any members of this generation, including youth involved in the street, risks future economic and societal development.

So, do we view street youth as a problem to solve or an asset to value? There are problems to solve: the causes that push and pull youth into the street; the lack of policies enabling street youth to improve their lives; and the shortage of accessible grass-roots services supporting street youths' needs. These problems must be solved. However, street youth can also be assets to their communities and society at large. For them to be full participants we must open doors for them to reintegrate into their communities.

**Street Kids International**

Street Kids International (SKI) is an international charity based in Canada that aims to give street youth the choices, skills, and opportunities to make better lives for themselves. SKI receives its funding from a combination of sources including government, foundations, corporations and individual donors. SKI has worked with front-line workers and street youth on every continent, with a current focus in Africa, South America, and Central Asia. SKI intentionally uses a small permanent staff team that collaborates with a broad network of partner organizations, regional advisors, consultants, and volunteers (see [www.streetkids.org](http://www.streetkids.org)).

Subsequent to being founded in 1988 by Peter Dalglish, SKI has worked to build the respectful and trusting relationships needed to engage the hardest-to-serve youth in transforming their lives. SKI learned by taking risks in this underdeveloped area of work; by making mistakes and documenting, analyzing, and sharing the lessons learned from these mistakes; by insisting on a non-proprietary approach to its materials and learning from how other organizations build on them; and by connecting with the network of youth-serving agencies around the world. Mostly, its success has come from including street youth in the development of its methods and materials, depending on them for their feedback and suggestions, and respecting them as independent actors in their own lives and co-collaborators in efforts to support them. It has come to understand that street youth have been neglected for two main reasons.

First, urbanization has created new territory for development agencies. The development of best practices for urban-based international support has not kept pace with the unprecedented rates of urbanization over the past several years. Previously, development focused on rural environments and rural issues characterized by more homogeneous populations, communities rooted in tradition, and lifestyles based on land ownership and extended families. The fragmented nature of urban life, its high numbers of dislocated people, and its extensive informal



economy require new perspectives and programmatic interventions.

Second, few agencies have been willing to accept the challenges of working with adolescents who have learned by necessity to be self-sufficient, quick-witted, suspicious, and at times rebellious. Despite describing their programs as youth-centered and youth-driven, many agencies still work by the traditional paradigm of adult control of youth- a paradigm in which adults assume responsibility for telling youth what is important, how to behave, and what success means.

### **Shifting Paradigms**

CECAFEC (The Ecuadorian Centre for the Training and Formation of Street Educators) in Quito, Ecuador, has become a leader in speaking out on the necessary shift to a new adult-youth paradigm. CECAFEC calls the old paradigm the "Paradigm of Absence" in which children and youth are "absent" without a voice and without recognition of their experience.

We believe that when adults impose upon children what they have to do, it's because we see our role as directing children. When we as adults disqualify the opinion of a child or adolescent, or when we silence them, it's because we see ourselves as 'more' than them.... When as adults we consider ourselves obliged to provide for a child all the knowledge that we believe they need, without considering what they already know and their own opinion, it is because we view the child as empty. The child is seen as void of any knowledge that we haven't imparted, void of opinions...of desires and hopes, void of

tastes and preferences, even void of feeling.... Because we see the child as incapable and empty, we think he is controllable (CECAFEC 1997, 7).

A new paradigm which we could call the "Paradigm of the Child as Person," forces adults to confront their judgment of youths' ideas as a judgment stemming from the fear of something different from what is known.

We affirm that children and youth are equipped with expressions, feelings, understandings, imagination, concerns, desires and hopes. We affirm that children are also equipped with disagreements, questions, dreams and complaints, initiatives....The issue is that we adults have a concept of what is and isn't knowledge and possibly we value certain knowledge more than other knowledge - i.e., more rigorous, academic, scientific knowledge....When what others offer us is very different and even challenges us, we have a tendency to value it less or even to degrade it, to diminish its importance (CECAFEC 1977, 15).

The old paradigm still guides many decisions and actions. Many organizations still think of youth in terms of the future rather than the present; as future leaders of our ideal society rather than theirs; as having valuable ideas limited by young age and immaturity. In this way, societies create institutions inaccessible to youth. If adults create a youth-serving organization based on the old paradigm, they send youth the message that they have little to offer and should come to their organization only to receive and learn. These adults often act as if they know everything youth need without having to ask them. Through their behavior, they tell youth that they cannot help themselves but must depend on adults for help; that youth should respect these adults even though these adults don't respect them. When youth don't come to their programs, these adults and their society often blame the youth. They say the population is too hard to reach, too hard to work with, a waste of money. But is it really youth who are difficult to reach or is it these organizations that are difficult for youth to access? Do youth find that the services available are in their best interest; do they believe they will be listened to and not judged, do they think their opinions and experiences will count for something?

### **Shifting Program Strategies**

Shifting paradigms demands a shift in programmatic strategies. If we see street youth as having something to offer rather than as empty vessels needing to be filled and helped, we must intentionally build programs that translate this belief system into action. First, we need holistic programming. We must respect street youth as whole beings with complex and interconnected life experiences. If we engage with them on one aspect of life (such as income), we cannot avoid considering how

this aspect relates to other areas of their life (such as health). Second, we need to build programs founded on what youth bring to the relationship: their stories and all the dreams and choices embedded within them. Third, we need to adopt a marketing mindset so as to re-brand street youth and the nature of youth work in our communications with the public and our relationships with adult, front-line workers. These three programmatic approaches have become the basis for all of SKI's work.

### **Holistic Programming**

SKI operates according to three overlapping and inextricable linked foci: Street Health, Street Work, and Street Rights.

Its initial work began with Street Health, creating methods and tools for communicating with street youth about sexual health, HIV/AIDS, work in the sex trade, and drug use. Street youth do not choose to use drugs or engage in risky sexual practices in an environment of obvious answers or simple choices. They are constantly balancing the satisfaction of immediate needs and benefits of short-term coping strategies against the potential risks and future consequences of their actions and decisions.

Typically, front-line workers in developing countries only have access to materials about the negative effects of

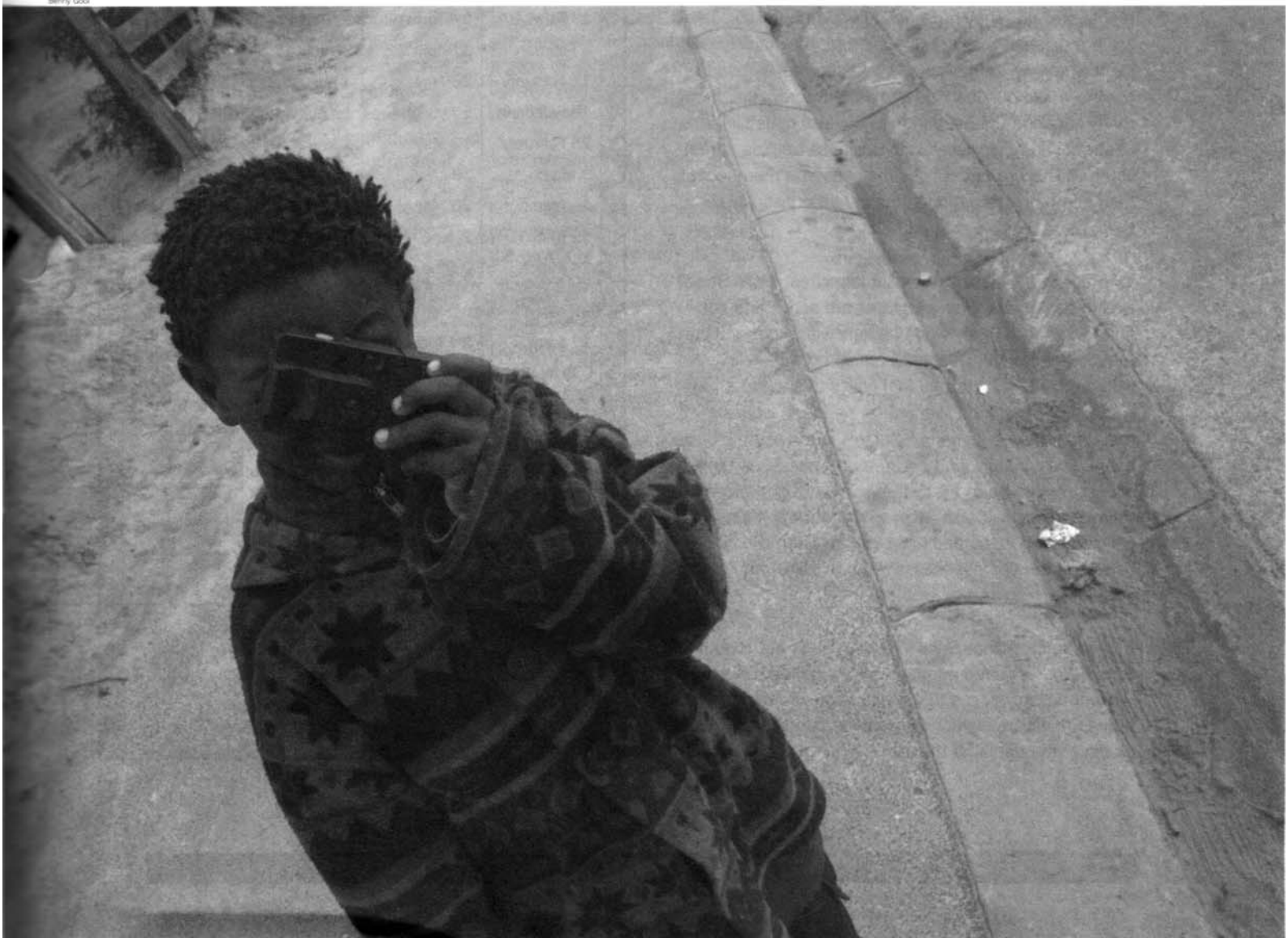
drug use, AIDS, and other sexually transmitted infections. They often seek additional materials to help street youth develop the skills for navigating through the real life obstacles and decisions these health issues present.

SKI's Street Health programs promote a shift away from the worker as "expert advisor" and youth as "dependent client" to a relationship that respects young peoples' ability to articulate their own reality and define their own goals and objectives. At the same time, the programs introduce immediately useful harm-reduction and risk-management life skills. Training workshops equip front-line workers with the techniques for working with youth "where they are" and then supporting them in moving towards lives of risk prevention and health promotion.

Though front-line workers and street youth alike immediately embraced Street Health programs, it became clear that the needs of street youth for money continued to supersede their desire to live healthy and safe lives. Without supporting their need to earn a livelihood, lifestyle changes that would contribute to their health were not possible.

Some street youth use the sex trade, drug trade, theft, and begging to obtain money. Many sell goods on street corners, at bus stops, and outside downtown shops. They make enough to survive, sometimes, but usually

Benny Good



their income does not grow nor enable them to improve their quality of life.

We had to ask ourselves: How can we support these youth to develop safer and more profitable ways of earning money? SKI had confronted this question through the development and implementation of several micro-credit and business training programs for street youth. With a clearer vision of the inextricable link between health and income, SKI used the lessons learned from regional work programs to develop the Street Business Toolkit: a global business training program for front-line workers to use with the street youth.

In all of SKI's micro-credit and business training experiences, youth repeatedly demonstrated that they could adapt their street expertise and rapidly learn new business skills and use them for immediate and positive gains in their lives and livelihoods.

We now know that street children who are able to contribute to the household income can find an extended family member or household willing to take them in. A street youth with savings or the potential for disposable income will make choices about going to school full or part time. SKI is at a stage with street youth that mirrors the skepticism and debate 15 years ago about women as entrepreneurs with access to credit. The same arguments prevail: "They have no land and no assets. They are not reliable, they are uneducated, they lack legal identity, and their families will take the money." Today, no one would question women as entrepreneurs, though many continue to question the business capabilities of street youth. However, with business training, street youth with micro-enterprises may become members of their communities although these had previously seen them as shiftless and threatening.

With the Street Business Toolkit launched, SKI's Street Health and Street Work programs are active and continue to grow in many world regions with input and contributions from its global partnership network. However, without local and international policy to support street youth, SKI's impact is limited. Its partners' work suffers under the continued neglect of street youth's basic rights. Local culture and government prejudices rarely allow street youth to break free of stigma and prove themselves as valuable members of society. Municipal government policies and local culture often create barriers to street youths' access to basic social and health services.

It became clear that SKI's initiatives in Street Health and Street Work required equal attention to Street Rights. While it acknowledges the significance and importance of human rights treaties and legislation, in its street-based practice, the denial of the positive rights of street youth

requires more attention— their right to work, their right to access available health care without adult consent, their right to be free from criminal sanctions due to lack of a birth registration or other civil identity often by reason of being parentless from a young age. Therefore, the Street Rights programming interventions on behalf of street youth begins by working with police, local governments, and in particular municipal governments, health clinicians, and youth court workers, whose attitudes, biases, and perceptions can impact on the day-to-day lives and rights of youth who live and or work on the streets of our cities.

"Street Choices" captures this holistic programmatic approach. This descriptive name is intentional and reflects the most important part of what SKI does, and its approach. SKI promotes interactions with street youth based on opening dialogue with them around the choices they are making and how to enlarge the range of safer choices they might otherwise make. ■

*Taken From: Children, Youth and Environments Vol. 13 No.1, (Spring 2003)*

**BQCC Training Information – Western Cape**

**Mastery, Generosity and Independence** will be run on the following Wednesdays from 09h00 and 12h00.

1 <sup>st</sup> Term	2 <sup>nd</sup> Term	3 <sup>rd</sup> Term	4 <sup>th</sup> Term
4 February	21 April	28 July	6 October
11 February	28 April	4 August	13 October
18 February	5 May	11 August	20 October
25 February	12 May	18 August	27 October
3 March	19 May	25 August	3 November
10 March	26 May	1 September	10 November
12 March	2 June	8 September	17 November
24 March	9 June	15 September	24 November

**Belonging** will be offered on Thursdays from 09h00 and 12h00.

1 <sup>st</sup> Term	2 <sup>nd</sup> Term	3 <sup>rd</sup> Term	4 <sup>th</sup> Term
5 February	22 April	29 July	7 October
12 February	29 April	5 August	14 October
19 February	6 May	12 August	21 October
26 February	32 May	19 August	28 October
4 March	20 May	26 August	4 November
11 March	27 May	2 September	11 November
13 March	3 June	9 September	18 November
25 March	10 June	16 September	25 November

Registration forms can be obtained at the office. Please contact Insaaf at (021) 762 6076 for any other information. Registration forms should reach the office by 23 January 2004.

NACCW Head Office  
220 Ottery Road, office number 9, Ottery



# TAC Welcomes Cabinet Adoption of Treatment Plan

– Celebrating good news!



The South African Cabinet has approved the Operational Plan for Comprehensive Treatment and Care for HIV and AIDS. The plan envisages that **“within a year, there will be at least one [antiretroviral] service point in every health district across the country, and within five years, one service point in every local municipality.”** [Cabinet Statement, 19 November 2003]. The plan also commits government to investing substantial finance into “upgrading our national healthcare system” via “recruitment of thousands of professionals and a very large training programme to ensure nurses, doctors, laboratory technicians, counsellors and other health workers have the knowledge and the skills to ensure safe, ethical and effective use of medicines.” Government has also committed to a massive public education campaign, improved prevention efforts and improved treatment of opportunistic infections.

The Treatment Action Campaign (TAC) welcomes the Cabinet decision. This is a wonderful day for all in South Africa. There is now real hope for millions of people with HIV and their families. It is tragic that for many people this decision has come much too late.

The challenges ahead for all of us are to ensure that the plan is implemented as speedily as possible and to mobilise our communities around counselling, testing and understanding how treatment works.

Critically, we need to develop and implement more sophisticated prevention messages.

We urge government to release the full treatment plan so that civil society can study its details and assist with its implementation. Nearly five years after the launch of the TAC, we have reached this crucial turning point in our struggle. This is what we have worked for since the TAC began. It is therefore a good opportunity to examine what the TAC has achieved and what the way forward is.

Together with our allies in South Africa and internationally we have successfully changed our government’s policy, challenged the power of the pharmaceutical industry and made many important international organisations and governments realise that people with HIV/AIDS in poor countries have a right to have access to medicines and must be treated with dignity.

The combination of the Constitutional Court decision on mother-to-child transmission prevention, the Stand Up for Our Lives march in February, the civil disobedience campaign and the international protests around the world have convinced Cabinet to develop and implement an antiretroviral rollout plan.

But government must do much more including implementing better prevention programmes, better

opportunistic infection treatment and greatly improved work-conditions for health-care workers. We also need clear messages of support for prevention and treatment from President Mbeki and all Cabinet ministers. We have come a long way but we must be ready to put more pressure on government if it does not implement the treatment plan properly.

Hundreds of our members across the country live openly with HIV. They tell their friends, family and work colleagues they have HIV. They even say it in newspapers, on radio and on television. Our HIV-positive t-shirt, a sign of openness and solidarity, is worn by thousands of people.

Nevertheless, many people with HIV still experience discrimination and cannot be open. We still have much to do to create openness.

Before we began our campaign, antiretrovirals cost over R4,000 per month. Patented antiretrovirals now cost about R1,000 per month. TAC, MSF and GARPP also purchase generic antiretrovirals, in breach of patent, at R300 or less per month. The deal announced by the Clinton Foundation will bring the prices of generic antiretrovirals down to less than R90 per month for government.

We still cannot get these generic medicines, but our pressure on the drug companies through the Competition Commission will surely succeed in the near future.

A few years ago, the dominant view was that prevention of HIV was all that was necessary for the developing world. This has changed. UNAIDS, the European Union and the United States now say that treatment is critical. The Global Fund has been established to help poor countries improve their health care systems so that AIDS, TB and malaria can be treated. Furthermore, HIV/AIDS activism is taking route in many African countries strengthened by the Pan-African Treatment Access Movement.

The global political will to treat people in poor countries is unprecedented. ■

## PERSONALITY PROFILE



### Ivy Madolo

I entered the field of child and youth care at the age of 22. I worked as an assistant house mother while waiting to enter teacher's college the following year. I had never heard about a child care career before, and did not even know what it was all about. My husband was employed by the same project as a housefather.

I developed a love for children and child and youth care work, so I gave up going to college and worked with street children. This Eluxolweni project started in 1985 October, and I joined it in January 1986. There was no money in the project and the only thing that encouraged me to continue were the moments I enjoyed with children, knowing that I am being of help to them.

In 1987 I was appointed as a junior child care worker and I received in-service training in child care. In 1989 my co-ordinator left for Cape Town and I became in charge of the project, assisted by my management board. As a senior child and youth care worker I ran the project for three full years. My co-ordinator came back in January 1992.

In 1990 I did training in Early Childhood Development offered by Masi-kule Organization. I was involved in planning for opening another branch of children living on the street in Umtata, which grew to be the main branch. In 1992 I started my studies with TSA, doing Residential Child Care. I graduated in 1995 passing my NHC with distinction.

Then I continued studying, doing Human Resource Management with UNISA – specializing in Training and Development, Human Relation, Industrial Relation and Human Resource development.

After graduation from UNISA, I was appointed in the project as a Human Resource Facilitator, involved in formulating policies in our child care project and organizing internal workshops in Minimum Standards Implementation. I was also involved in the formation of child and youth care forum in Umtata in 1992 which was unbanned in 2000, to join the bigger association (NACCW). Then I was elected as an additional executive member.

In 2002 I was elected as Chairperson of the North Eastern Cape region of NACCW. I have held office for 12 months. I have already attended 2 leadership gatherings which have helped me to grow in this field and have confidence in all I'm doing as a child and youth care worker.

Now I am working as a senior child care worker who is a supervisor in charge of three other colleagues and 25 youngsters. I am doing B-com in Human Resource Management and am hoping to graduate soon. Then I'm planning to continue with a diploma in child and youth care.

At work I am involved in street outreach, investigating families, family re-unification program and community visits. I am also involved in transforming of services in my organization. I also participate in training a development of child and youth care workers as a training co-ordinator in my region.

Compiled by **Ivy Madolo**

# Community – based Child and Youth Care

## – From a Service Recipient's point of view.

I would gladly like to thank you and your team at the National Association of Child Care Workers and Isibindi\* for all the support you have given me through the hard times in my life.

The presence of the child care worker Aunt Macu has changed my life. It has made me feel different from the situation I've been through. She was very kind to me. She was always there to help when I needed help. She is a good listener. She understands me even more than my mother does. She encourages me in everything that I dreamed of. She's just everything you could even think of.

She's always giving me a thrust about being better again. I felt very bad when missing the encouraging happy face of hers. The way she engages in her work has touched the deepest part in my heart. She has made me realize that I owe it to help other kids like me as I've been helped to regain my strength and hope about life.

If I get well soon, I will help Aunt Macu when visiting other kids, because I feel that she travels a long way alone and has a lot of work to do. I would like you to send me maybe a booklet with the information of the training required when you want to be a child care worker.

I am planning to return to school next year even though I'll be doing grade 11 for the second time but I'm glad I'm alive. After completing my matric in 2005 I would like to join the team.

Lastly I would like to thank you very much indeed about the gift you sent. I enjoyed the magazines, they were highly appreciated. Thanks also for giving my mother trust –she's relieved that she is not alone in this struggle.

Thank you  
**Nontsikelelo Mthethwa**

\* The Isibindi Model – Creating Circles of Care has been developed by NACCW. It deploys community-based child and youth care workers to work with vulnerable children and families – in their life-space and in the communities. The model has been piloted in Umbumbulu in KwaZulu Natal where Nontsikelelo lives, in Giana in Limpopo and in Cala in the Eastern Cape. All of the projects are run in partnership with child and youth care agencies and all are providing high standard, cost-effective child and youth care services.

# Celebrating ... the Establishing of a Standards Generating Body

On 28 October this year the South African Qualifications Authority (SAQA) officially accepted an application by the child and youth care sector to establish a Standards Generating Body (SGB) for Child and Youth Care Work. The committee then met in early December to begin the work of generating standards. This is very good news for our field!

The trouble with these kinds of processes though, is that they often seem very far away from the "real world". When we are struggling as child and youth care practitioners with too many children, too few resources and sometimes too few skills it is often hard to really feel the impact of processes that seem so abstract. We are often tempted to be a little cynical – "how is this going to help young people?"

The truth is that the SGB is not going to help young people – not directly! Certainly though it is going to help in the process of ensuring that they are cared for by people who are competent to do child and youth care work. How is this so?

At present there are many training providers in all fields in South Africa, but there is no mechanism for ensuring that training results in workers being able to do the work that they are trained to do! As can be imagined, only a very complex mechanism will be able to ensure that the *material* that is trained, the way it is trained, and the trainer's level of acquisition of skill and knowledge measures up to a particular standard.

SAQA has been set up to oversee the process of ensuring that standards are set for training in all fields of work, and that the quality of that training is assured. This means that the process will result in people who are trained to do a particular task being able to implement that training in the work place.

One of the first steps in being able to ensure that the material that is trained is what ought to be trained, is to set standards. Obviously each profession has to set its own standards. Hence child and youth care work has applied to SAQA, saying that we are a unique profession

and there is particular training and education that must take place in *this* field to appropriately qualify people to work in child and youth care. It follows logically then that there must be particular standards that should be set, so that all training institutions meet a certain agreed upon level of performance in the delivery of their training. SAQA has responded to the application developed by the field (after an open meeting of stakeholders was held early in this year) by endorsing the application and creating the Standards Generating Body for Child and Youth Care Work in terms of the South African Qualifications Authority Act, 1995

It is this body that now has the complex task of producing a comprehensive and exhaustive set of standards for training child and youth care, in terms of the national framework and format applicable to standards in all fields. It is thus a crucial step in the development and professionalization of the child and youth care field, and the SGB will have to work closely with the Professional Board for Child and Youth Care.

At the first meeting of the SGB the group of 20 undertook to develop the child and youth care standards by the end of 2004. It is an ambitious goal, but the committee members pledged their concerted support of the process! So, while it may be that right at this moment the SGB does not mean anything to young people, it is intended that in the near future this body will have contributed in a very tangible way to ensuring that those at risk are cared for by people appropriately trained to do so. ■

#### The SGB members are as follows:

Merle Allsopp (Chairperson), Margie Booyens, Francisco Cornelius (Treasurer), Desiree de Kock, Syvion Dlamini, Lesley du Toit, Barrie Lodge (Deputy Chairperson), Phillis Mabuya, Dave McNamara, Jacqui Michael, Thembi Modungwa, Lesiba Molepo (Executive member), Sandra Oosthuizen (Coordinator), George Pavey, Santie Pruis, Alfred Rens (Executive Member), Lynette Schreuder, Mirriam Siluma, Kathy Scott, Zeni Thumbadoo, Marie Waspe and Jackie Winfield.

Long summer holidays and many hours of free time mean child and youth care workers must plan

## Exciting Affordable Activities



### Kick the Can

- Number of Players: 5-10  
Length of Time: 30-60 minutes  
Material: A large empty can  
Playing Site: Large open area  
Object of the game: Boundaries are set for hiding places and a site to be the goal is selected.

#### To Play:

The players choose one person to be "it," and position him and the can at the goal. All the other players hide.

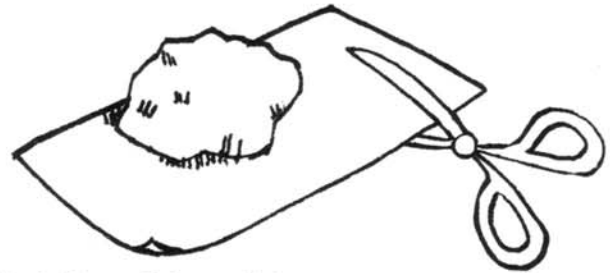
After all the others hide, the person who is "it" tries to find them. Whenever he finds someone, he says his name. The person found is "caught" and must go to the goal. Any of the players who are hiding can go to the goal and kick over the can, which frees all who have been caught to hide again. The person who is "it" cannot catch someone who is obviously on the way to kick the can. The game ends when the person who is "it" finds everyone without the can being kicked over.

#### Comments:

It is best not to play with too large a group, or else "it" will be "it" forever. If this situation arises, the group may change the rules to make it easier for "it," select a new "it" after a certain time span, or have two "its."

#### Purpose or Benefit

"Kick the Can" is an active, exciting game which requires ingenious thinking on the part of all players.



### Rock, Paper, Scissors Tag

- Number of Players: 10-30  
Length of Time: 15-45 minutes  
Playing Site: A large open area divided by a center line. There is a "free zone" at the far end of each half; the boundary lines designating the free zones are parallel to the center line.  
Object of the Game: To beat the opposite team in showing the symbol and catching their players.

#### To Play:

This game is based on the old Rock, Paper, Scissors game. An open, flat hand is the symbol for Paper. A fist symbolizes Rock, and two extended fingers represents Scissors.

The order of strength is: paper covers rock; rock breaks scissors; scissors cut paper.

The players are divided into two teams. The teams huddle and decide which signal they will show. They should have a second choice in case both teams give the same symbol.

The teams then line up on either side of the center line and chant, "Rock-Paper-Scissors." On the next beat each team shows its symbol.

The winning team then tries to tag as many of their opponents as possible before the opponents reach their free zone.

Those tagged are either eliminated from the game or join the opposing team. The game continues until there is only one team.

#### Purpose or Benefit

This is a good game for all ages and lots of players. It encourages team work and cooperation as well as a quick eye and lightning responses.



**Broom Hockey**

- Number of Players: 16-40
- Length of Time: 30-60 minutes
- Materials: 2 chairs 2 brooms
- The puck: 1 large rag, tied in a big knot if played indoors; a small ball if played outdoors.
- Playing Site: Large open area
- Preparation: Players are divided into two teams, in rows facing each other, about 10 feet apart. A chair is placed at each end of the rows, halfway between the two rows. The puck is placed in the center of the field. The chairs are identified as the respective team goals.
- Object of the Game: To hit the puck under the chair (goal) with a broom more times than the other team.

**To Play:**

The player at the end of one line and the player at the opposite end of the other line are each given a broom. At a signal they both enter the field and hit the puck with their brooms, trying to knock it through their respective goals. When one of them succeeds, his team scores a point.

The brooms are passed to each successive person in the team lines until all have had a turn. The team with the most points wins.

**Comments:**

"Broom Hockey" is usually played in stocking feet when played indoors.

A wise game organizer will make sure that each pair of players who will be on the field at the same time is fairly evenly matched in skill.

*Purpose or Benefit*

"Broom Hockey" incorporates a large number of people and is good for teenagers and young adults.



**Fool Ball**

- Number of Players: 8-20
- Length of Time: 15-45 minutes
- Material: A ball
- Playing Site: Large open area
- Object of the Game: To catch the ball and not move to catch it unless the ball has been thrown.

**To Play:**

One player, holding the ball, stands in the center of a circle that the other players have formed; they are also standing. The players in the circle have their hands behind their backs. The person with the ball indicates to whom he will throw the ball first, and which direction around the circle he will continue in, throwing the ball to each player by turn.

The player to whom the ball is to be thrown must reach for the ball only if the ball is actually thrown. If he moves his hands to catch the ball when it is not thrown, or if he fails to catch

the ball when it is thrown, he is out of the game. A player who is out of the game sits down or stands with his arms folded across his chest. If the ball is thrown poorly, a player is not eliminated for not catching it.

The player in the middle may throw the ball to the next player immediately, or he may bluff, pretending to throw the ball, trying to fool the player.

When all but one of the players in the circle are out of the game, the last player remaining becomes the person in the middle with the ball.

*Purpose or Benefit*

"Fool Ball" challenges players to practice self-control and attentiveness.

## Activities



### Create a Song

Number of Players: 6-30

Length of Time: 30-90 minutes

Materials: Paper Pencils

Object of the Game: To create an original song.

To Play:

The group is divided into two teams of equal size. More teams are formed if the group is large.

Each team goes into a separate room, and together the team members contribute to composing an original melody and lyrics for their song. No musical instruments may be used.

After a specified time limit, each team returns and sings their song for the others.

Variation:

Specific stipulations could be added, such as theme, length, or content.

*Purpose or Benefit*

"Create a Song" requires team effort and creativity. It provides an opportunity for small group relating within a larger group.

### Big / Little Sister and Big / Little Brother - day

Teenagers are paired one-to-one with younger children for a few hours of fun. Two or three pairs can do something together if desired. Instruct the teenagers to plan 2 hours of activities with the particular child they are paired with. The activities need to be checked for appropriateness (age, cost-effectiveness, etc) and approved by the child and youth care worker. Some ideas: bake a cake, build a cart, play games, go to a park, etc.

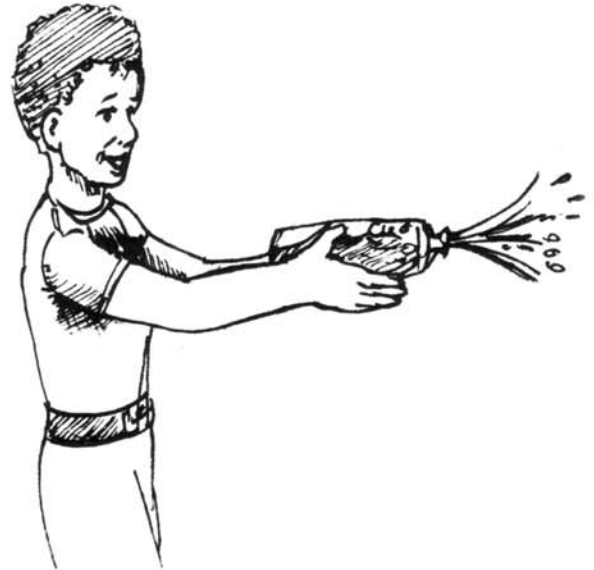
After the activity is completed the teenager and the young child can share their moments of fun with the other pairs and child and youth care worker.

### Water Fun -

#### Dress to get wet!!

You need to collect many shampoo-, dishwashing liquid-, spray bottles, etc. for this game.

One person can be "it" and is given a "squirt gun" (bottle). The group hides and when found by "it" they are squirted and also becomes "it". A "squirt gun" is given to the new "it" and he/she assists the first "it" to look for the rest of the group. So the "it's" become more as each one is found. Once all are "it's" the game is over. The last one to become an "it", wins.



### Slippery-Slide

For the following activity you would need to obtain a fairly large plastic sheet (+- 3m X 1m). Wet the sheet and squirt some dishwashing liquid to produce some foam and make it slippery. The sheet must be on grass and not stones as the stones will hurt the young people and make holes in the plastic. Be careful to observe that children and youth do not run on it as they can hurt themselves badly. They need to sit and be pulled or pushed. It is easier for them to simply slide down if the plastic is placed on a slight downhill slope.

This is great fun!

*Reference*

*Games, Compiled by Mary Hohenstein, Copyright © 1980, Published by Bethany Fellowship.*

### Job Wanted - Western Cape

Child and Youth Care Position - Ruth Bruintjies has 10 years experience in on-line child and youth care work and is experienced in the areas of training, publication and administration.

Please contact her if you have a suitable position available at:

Tel: 021-761 5145 or Cell: 083 313 8656  
e-mail: ruthbruintjies@yahoo.com

# HOW'S YOUR GOBBLEDYGOOK?:

## A QUIZ TO TEST YOUR KNOWLEDGE OF CHILD AND YOUTH CARE CONCEPTS

– Jackie Winfield

After participating in the interview of a prospective child and youth care worker, a board member of a residential facility asked, "Do all child and youth care workers use this gobbledeygook when they talk to each other?" The board member, a lawyer, had been listening to the other three participants talking about life-spaces, transformation, developmental assessment, supervision, IDPs, DQAs and the like for almost an hour, and appeared a little bewildered as to what was really being discussed.

The language used by child and youth care workers may seem nonsensical to other professionals as well as to families and children. However, the words we use to communicate about our work can contribute to clearer understanding when there is a measure of consensus regarding their meaning. As professionals, we need to communicate clearly about we are doing and to justify our actions through our knowledge of theory. A commitment to reading child and youth care literature (such as this journal) will extend your knowledge of the language and concepts commonly used in this field of work.

Try the following quiz to see how you're doing in mastering some of the child and youth care gobbledeygook! Each clue is followed by four possible answers. Choose the answer which you think matches the clue. Check your answers against those provided in the box at the bottom of the page.

**1. The "culture" of a group:**

- a. the religion of the group leader
- b. the predominant skin colour of the group members
- c. shared norms and values of group members
- d. vegetables grown by the group

**2. A process by which behaviours are strengthened through the consequences which follow them:**

- a. retribution
- b. referral
- c. bribery
- d. reinforcement

**3. South African legislation which identifies a child as "in need of care":**

- a. section 8 of the South African Bill of Rights
- b. section 14(4) of the Child Care Act, Act 74 of 1983 as amended
- c. the White Paper for Social Welfare, No. 1108 of 1997
- d. the Financing Policy, No. 463 of 1999

**4. The framework on which developmental assessment of children is based in the South African child and youth care system:**

- a. the KSS model
- b. the Circle of Courage
- c. Bowlby's theory of attachment
- d. circular effects behaviour patterns

**5. The range of placement options available to young people who have experienced a statutory process:**

- a. continuum of care
- b. continuity of care
- c. correctional facilities
- d. communities

**6. Consultative supervision is about:**

- a. employers spying on child and youth care workers
- b. child and youth care workers talking with children while observing them
- c. experienced colleagues providing support and guidance to child and youth care workers
- d. children discussing their problems with child and youth care workers

**7. The purpose of child and youth care work is to:**

- a. control children
- b. remove troublesome children and youth from society
- c. find out what's wrong with children and youth
- d. promote the healthy holistic development of children and youth

**8. The phenomenological approach is about:**

- a. systematic naming of objects
- b. addressing chemical imbalances in the brain
- c. attempting to understand how events are experienced by others
- d. working with female-only groups

**9. The IMC was the:**

- a. International Muslim Council on Religious Equality for Children
- b. Inter-Ministerial Committee on Young People at Risk
- c. Integration into Mainstream Community Programme for Young People in Trouble with the Law
- d. Inter-Disciplinary Mediation Court for Teams in Conflict

**10. Young people who struggle to trust adults may be described as:**

- a. recidivists
- b. relationship-reluctant
- c. rebellious
- d. hard nuts to crack

**11. In child and youth care, an ecological approach involves:**

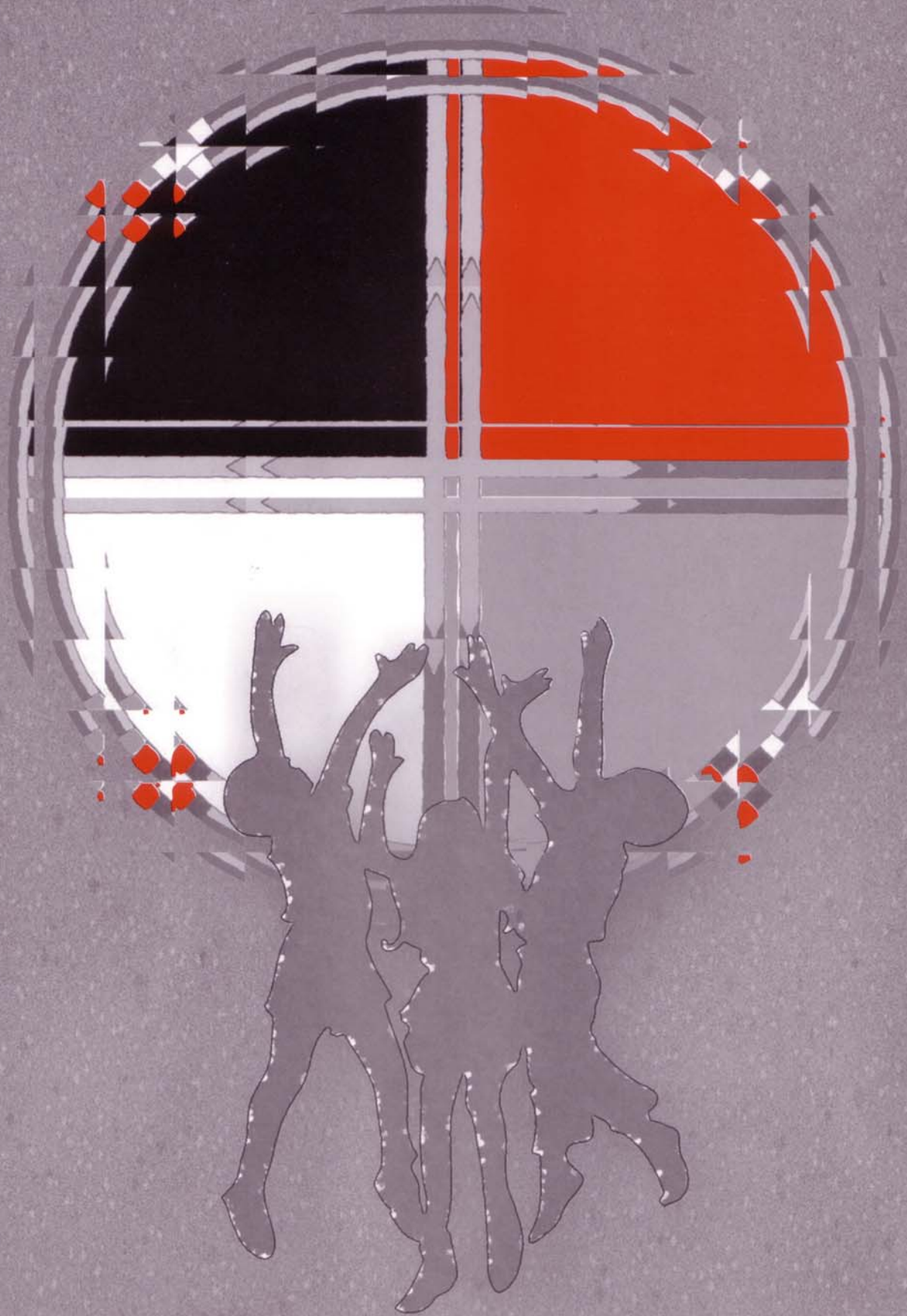
- a. recognising the relationship of reciprocal influence between the developing person and the environment
- b. taking young people on hikes in the wilderness
- c. providing young people with opportunities to care for animals
- d. recycling resources

**12. Family group conferencing is a process:**

- a. to help young people in trouble with the law avoid responsibility for their actions
- b. whereby all members of a family attend conferences such as the NACCW Biennial Conference
- c. of checking up on families
- d. of shared decision-making aimed at restoring harmony

Answers: 1 - C; 2 - D; 3 - B; 4 - B; 5 - A; 6 - C; 7 - D; 8 - C; 9 - C; 10 - B; 11 - A; 12 - D

**NACCW wishes you**



**peace and courage**