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Child and Youth Care

A Journal for Those Who Work with Children and Youth at Risk and Their Families



**Ethical Dilemmas in South
African Research – Part 3**
Nosisana Nama and
Leslie Swart

**Trafficking of children – the
role and nature of law reform**
Carol Bower, Executive
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**An Open Letter to My Child
and Youth Care Teacher**
Sylvia James

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Guest Editorial

A Creditable Journal

Brian Gannon

People ask us from time to time whether our journal *Child & Youth Care* is a “scientific journal” or an “accredited journal”.

The answer is probably No, but equally probably Yes! To explain:

If one has a highly regulated profession or association, for example a branch of medical science or law, or if the subject matter is an exact science (like zoology or physics) which enjoys the luxury of a domain of immutable facts, then a scientific or accredited journal may be appropriate. Such a journal would expect all articles to be submitted in a strict format with exhaustive referencing, and content supported by rigorous research methods. In addition, such a journal would be what is called a “refereed journal”, that is, all articles submitted, before being published, would first be referred to a panel of expert assistant editors to be approved for correctness of facts and presentation. In addition, having published articles in refereed journals often satisfies the requirements of academic institutions for job procurement and tenure.

By contrast, child and youth care is seldom involved in quantitative scientific enquiry. This is because our work is not done in highly controlled “laboratory” conditions. By definition, we work in the life-space of our clients, so we never have the opportunity to study interventions and behaviours independently of other extraneous factors. Our work remains embedded in the noisy and unpredictable context of families, activities, breakfast and squabbles, and is often traffic-jammed by pain, emergencies, anger, bad moods – as well as joy and laughter.

So in our work we would tend to use *qualitative* and *descriptive* methods of enquiry. We are not so much interested in the temperature at which a liquid boils or exactly how many beans make five. We are concerned about how Ginny sees adult figures and why she becomes angry with staff, or what meaning gambling has for Chris Jones that he devotes so much of his time and money to this instead of to his kids. This doesn’t mean that we are satisfied with subjective opinions or personal judgements. We hypothesise along with the best of scientists about these things, and then test our hypotheses by the way we work with Ginny and Chris, listening to them, seeing things from their point of view, understanding the circumstances which act upon them.

We find ourselves more reliant on ethnographic and phenomenological discourse

and research methods, and although more comfortable to our field of practice, these are no easier than those used by empirical science. They take time and accurate recording, they take risk and involvement, they take the commitment which allows us to get alongside our clients wherever they are, and the courage to discover, enlighten and challenge.

We do not have the luxury of getting deep into “pure” science. It is hard for us to extricate child and youth care work from other spheres of knowledge in our society, like politics and economics and housing, health and education ... Just as you may find child and youth workers discussing John and his canary or Rachel and her school party, you will find others concerned about malaria and unemployment. And the stories they tell are therefore often confusing and complex.

And it is in our journal, *Child and Youth Care*, that we get to read what our colleagues write about their work and their experience. The journal is not “refereed” in the formal sense, but we have an Editorial Board who understand our profession and the nature of our daily work, and who take care to seek out written material which supports our work and to avoid unhelpful humbug.

You may have heard that Canada’s *Journal of Child and Youth Care* (about the same age as our journal) recently changed its name to *Relational Child and Youth Care Practice* to emphasise its preference for a more narrative, ethnographic approach towards reporting and documenting our work. Similarly, Larry Brendtro’s journal *Reclaiming Children and Youth* recently dropped its sub-title (*The Journal of Emotional and Behavioral Problems*) to match this field more comfortably. But all three of us at least have an ISSN number, which means that we take our publishing role seriously and publish regularly.

The word “scientific” means “knowledge-based” and we get that from our journal. The best “accreditation” we could get is that over more than twenty years thousands of people in our field have read it every month, here in South Africa, throughout Africa and in several other countries. To that extent we can claim to have a scientific, accredited journal – but whether that may or may not be strictly true, we certainly do have a perfectly respectable, reliable, on-going recording and documentation of the progress and ideas of an ever-developing profession. ▲

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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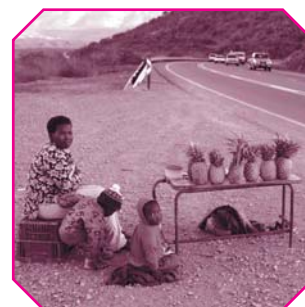
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Tell us what you think ...

Whether you are a regular or a first time reader of the journal, PLEASE drop us a line or a note and tell us:

- *what was of use to you*
- *what you would like to see covered in future*

Child and Youth Care values your opinion.

SAYING HELLO



By Dr. Thom Garfat, keynote speaker for the upcoming NACCW 15th Biennial Conference.

Often when I am asked to describe Child and Youth Care I say it involves the utilization of daily life events for therapeutic purposes. I then go on to talk about how the simplest of daily events has the potential to be a pivotal point of change for a youngster in care. How we wake children up in the morning or help them retire to sleep at the end of a difficult day; how we assist them in learning to prepare a meal or clean a room; how we explore with them new ways to solve social problems or succeed in little ways where they have failed in the past. All of these seemingly simple moments can be the unexpected foundation on which the child's new experience of self is built. Saying hello to a troubled child for the first time is one such moment. It is a moment which can be the foundation of a therapeutic relationship and the beginning of a new sense of self for that child.

Let us imagine for a minute the arrival of Maria, on her first day at the group home. There she stands with her social worker, Mrs. Smith, in the entrance to the house. She is one step behind, her head held defiantly high, a black garbage bag containing her clothes and important possessions dangling heavily from her left hand. We walk down the corridor to greet her and immediately we are faced with an important decision. Do we start with:

"Hello, Mrs. Smith, nice to see you. This must be Maria."

"Hello, Maria. Hello, Mrs. Smith. We've been waiting for you. Hang your coat on the hook there and let's go to the kitchen for tea."

"Hello Mrs. Smith. Maria. Bring your things into the office. We have a lot to do so let's get started."

Or do we start with any one of a hundred other options. Whichever opening we choose we send a message to Maria beyond that conveyed by

our spoken words. Is our message that she is an appendage to her social worker (option 1)? Is our message that she is welcome here and will be treated with respect (option 2)? Is our message that she is another task to be managed in an already too busy schedule (option 3)?

As soon as we have made the first move in opening up this new relationship with Maria we are faced with another decision. For no matter how we open, Maria will respond. Let's imagine that we have invited her and her social worker to the kitchen for tea and she responds by pulling her coat a little tighter around her, grasping her garbage bag more firmly and moving back just an inch or two. She stares you straight in the eye, the scowl lines deepened on her forehead and she blurts out 'I don't want no tea.'

What are the thoughts that run through your mind as she does this? Defiant? Scared? Angry? Nervous? Threatened by intimacy? Looking for an argument? Testing you? Not wanting to appear friendly in front of her social worker? Doesn't like tea and doesn't have the skills to say so differently? Abused in the kitchen by a friendly uncle? Defining herself and her interpersonal territory? Doesn't know if it is okay to be friendly with staff here and so not willing to take that risk until she sees how other residents behave? Afraid of losing her possessions? Tired? Wary? Needy? Controlling? Certainly, the thoughts that run through your head will depend on your perception of troubled children, your experience, your treatment philosophy, your sensitivity and the message you wish to convey to her. Do you respond with "Very well, then, let's go into the office and check your things," thereby inviting a possible power struggle over her possessions and perhaps confirming for her that this place is not about friendliness and your opening move was only a manipulative social ritual.

Do you respond with “Well, if you don’t like tea, we have coffee, soft drinks and juices. Why don’t you just bring your things along and I’m sure we’ll find something. I think it’s a much nicer way to get acquainted than sitting in the office. Or perhaps you’d like a tour of the house first?” This lets you know that you heard both the verbal and the non-verbal message and giving her a way to recover in case she feels like she backed herself into a corner.

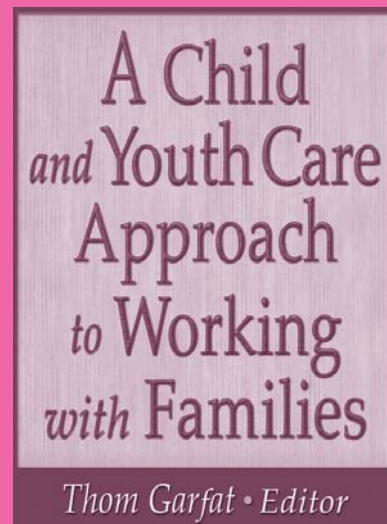
Either response (I know neither of them are perfect and that there are a hundred others) gives Maria a message about you, herself and your possible relationship. It is never easy to know how to begin with a youngster new to your program, and yet the beginning is so important. There are a million mistakes we can make and an equal number of opportunities of which we can take advantage. Some of it is good planning, some of it is good training, some of it is natural ability and some of it, quite frankly, is good luck.

When I was a student of psychotherapy, our instructors spent numerous hours helping each of us to develop ritualized openings with clients that were designed to stimulate the maximum amount of comfort and trust and the minimum amount of anxiety and defensiveness. What I learned was that ritualized openings create the maximum amount of security for the therapist and contribute unintentionally to the therapeutic dance. They do little to personalize the opening of a relationship with a stranger who is balancing precariously on a fragile self-esteem.

There is no “right way” to open up a relationship with a troubled child new to you and your program. There is only the “individual way” - the way based on your sensitivity to the child and your desire to encounter this child in a way that invites him or her to venture into a therapeutic relationship with you. For surely that is what we want to have with troubled children—a therapeutic relationship.

We do not want the relationship of parent to child, nor the relationship of friends, nor the relationship of warden to inmate, nor the relationship of mentor to student. Perhaps what we want is more like the relationship of teacher to student or that of guide to voyager or of child care worker to youth. Always, however, we must remember that the relationship we have with troubled children is not a goal in and of itself, but is rather a tool to help the child reach other goals so that he or she might move on to other more normal and more satisfying relationships.

There is an old English saying that each new voyage begins with a single step. The voyage of the therapeutic child care relationship begins with that first step of “saying hello.” How you take that step may well determine how the journey goes. ▀



(2004)

The Haworth Press



This book will be looked back upon as a milestone in the field. Not just another exploratory text on what might be, it has collected together a surprisingly wide picture of established thinking and practice in applying the child and youth care method to work with families.

In recent decades there have been added to the child and youth care work dialectic a number of compelling new dimensions which have progressively changed its shape: permanency planning, deinstitutionalisation, competency-based approaches, ecological validity, a focus on strengths rather than problems, community-based programs, life-cycle practice, cultural legitimacy, etc. All of these have moved the locus of practice beyond that limited to residential care and treatment towards a holistic responsibility for all aspects of children’s and youth’s ability to cope and function in their world. The “life-space” of old has been newly defined as young people’s “world-space”, and this has included their families, neighbourhoods, schools, careers, communities, cultures and futures. And Righton (1983) made the point that community does “not only include the local neighbourhood, parents, social workers outside the establishment and



other official bodies, but all those elements in the child's life outside the establishment (and most of them will be outside) which are of crucial importance to that child emotionally."

There have been a number of log-jams which militated against our involvement with families. One has been family welfare agencies' choice of child and youth care options as "a last resort" so that children and families have become mired in successive experiences of conflict and failure before connection with a program. This has meant not only that families have been demonised as "hopeless" before we got to meet them, but that in fact they were themselves less self-confident and motivated so that we all 'self-fulfilled' the prophecy of their ultimate failure. Another was that work with families and work with children were separate tasks assigned to different agencies (and, therefore, largely different professionals), and one tended to wait upon the other – and easily blame the other – when success was slow, limited or wanting.

Then I remember a case meeting thirty five years ago when, within the constraints described here, we were trying to decide who should best work with a particular mother – the "outside agency's" social worker or our program's PSW or our clinical psychologist ... when these professionals said the unthinkable: "the child and youth care worker is the one who knows the mother best of all, in fact is on first-name terms with her, so she should do the family work."

What we decided on then, almost surreptitiously and guiltily, not knowing what conventions we transgressed or upon whose corns we trod, has increasingly become more common in child and youth care work, and indeed comes of age with this new reader.

I suspect that many of the logjams still exist. In the practice of child and youth care around the world today many (most?) workers are still confined to direct on-the-floor and institution-based residential services. This is due to economic realities and programs kept as busy as ever with old-style services, with continuing professional boundaries, with the slow percolation of training opportunities around the world, and with the many pressing and emergency issues (AIDS and other diseases, wars, disasters, famine, crime, substance abuse) which inescapably divert our profession from its organic growth. That child and youth worker should be liberated from these constraints – indeed, that it is possible for us so to be liberated – this collection from Garfat et al. admirably illustrates.

Two aspects of this book impress. One is that rather than being a text book which describes and

develops a specific method of working with families, it offers an extensive "read-around" on the subject. A book which offers a detailed exposition of a single theory or method tends to exclude rather than include; one would find so many differences between the author's theoretical and practice position that we easily conclude that the book is "not for us". Reading this volume, on the other hand, is like spending a few days with a group of "people like us", all of whom are fellow child and youth care workers, with whose diversity we are familiar and whose interest in family work we share. Rather than be scared off, we are welcomed into existing collegial ideas and actions.

The other is the wide range of thinking and practice which already exists around the application of the child and youth care approach in work with families and which is reflected here. Clearly there is the secure common base of a shared philosophy of children, youth and families, but to find ourselves in the company of the whole gamut of direct practitioners, experienced agency workers, consultants, trainers and teachers is to find the ethos and values of our profession validated in the very book itself.

The Editor introduces the volume and offers a recapitulation of the child and youth care approach which transposes seamlessly into the family context. Those who might be dipping an anxious toe into the cold water of something seemingly new and foreign will realise that their grounding in self-awareness, relationship, life-space work and intervention at the level of the daily life events, will prove relevant and useful in work with families. Though not simplistically, for families, especially those who are working at (or reluctant to work at) difficulties and conflicts, are system-wise inevitably more complex than the more familiar worker-youth dyad or the all-youth group. How many newly-qualified social workers have not heard the client challenge of "What do you know, at your age?" Korsmo (2004) offers an object lesson in the resolution of this dilemma.

That this is a new literature is demonstrated by the fact that all of the contributors to this volume (on work with families, remember) are best known to the field of child and youth care work – nine from Canada, four from the US and one each from Scotland and Ireland. That I can vouch for the relevance of (and the hunger for) this volume in a country as diverse as South Africa, suggests that *A Child and Youth Care Approach to Working with Families* will have an immediate and universal appeal. ▲

Brian Gannon
Editor, CYC-NET



The Children's Bill

- Child And Youth Care Centres

Donald Nghonyama

The parliamentary process of scrutinising the draft legislation on children (the Children's Bill) reached the stage of public hearings early this month. I was able to represent our sector, and had the opportunity to speak to the NACCW submission on the Bill in a twenty minute input to the Portfolio Committee on Social Development. Our attempts to influence the decisions made by parliament centred on the areas that affect child and youth care work in residential facilities and at community level. These issues are contained mainly in Chapter 14 of the Bill and are summarised below.

We said that we really supported the expansion of the definition of Child and Youth Care Centres in the Bill, which requires centres to run therapeutic programmes to help children overcome difficulties and traumatic experiences. These must be an essential element of any residential care program. Residential care should be reserved as a short term option for children, with an intensive service being offered, since it is always expensive. In all Child and Youth Care Centres there must be adequate provision for programmes that addresses education, recreation, social work services and permanency planning.

The Bill should be adjusted to clearly indicate that free state services to children in statutory care should be offered - funded by the state. By definition, child and youth care services are a responsibility of the state. Therefore resources should be provided to enable the requirements of legislation to be met.

The state should use the "purchase of services approach" to funding non-governmental child and youth care services. This should replace the current arrangement where the state subsidises non-profit agencies, and fully funds state-run facilities. This clause is required since it has always been difficult to run programs with very limited support.

The Bill as it stands requires the accreditation of organisation providing services to children and youth. We explained that while the Child and Youth Care sector welcomes this provision, the Bill does not clearly define the criteria for accrediting organisations. The sector believes that the definition should include the notion of private non-profit registered organisations and should state the duration of the accreditation status.

It was strongly suggested to the Portfolio Committee that the Bill should clearly recognise that South Africa already has professionals serving the sector. Instead of describing them as "staff", which could refer to any employee in a Centre, it must be stated that trained Child and Youth Care Workers should serve in this field. It is the Child and Youth Care

Worker to child ratio that must be carefully monitored, not as it currently stands in the Bill, the "staff to child" ratio.

The submission also covered Chapter 15 which is concerned with shelters and drop-in centres for street children. The section defining shelters and drop-in centres must clearly indicate that such facilities must specifically be used for street children, and not just any child because they will often not benefit from the programs and this could be a waste of resources.

It is vital that the Department of Social Development recognise that sufficient Child and Youth Care Centres in all provinces are needed, including drop-in centres and other services for street children. The Bill makes this the responsibility of the provinces (specifically the MECs in this department), but the importance of there being sufficient services was stressed in our submissions.

A clause on reunification of street children with their families has been removed from the Bill. It was suggested that this clause be brought back since it will be important to emphasise the procedure and the relevant services that goes along with reunification.

In representing the NACCW, I indicated that the training that is offered to Child and Youth Care Workers has also been highly appreciated by other professionals including Social Workers, Teachers and Health Care professionals working in the Child and Youth Care centres. They benefit from the training and it makes their jobs with children at risk easier. I also indicated that with the recognition of Child and Youth Care Work as one of the Social Services Professions, a good number of Child and Youth Care Workers are studying towards a degree, and a lot of training is being offered.

Giving this submission was a good experience for me. I learned how Parliament deliberates on different issues regarding the making of the law. It felt encouraging that the Members of Parliament were in agreement with a good number of the issues raised in our submission.

The Chairperson of the Parliamentary Portfolio Committee – Ms Josephine Tshivase – indicated that an invitation will be sent to the Children's Bill Working Committee to join and assist the Portfolio Committee once the drafting of the Bill starts. The NACCW looks forward to participating as a member of this working group in this process. ▲

For more information, or a copy of the NACCW written submission please contact:
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Getting-to-know-you GAMES

By Edna Rooth

Positive Labels

- Give each participant a large label and a thick marker pen.
- Instruct the participants to write their names and a *positive* word to describe themselves, on the label. They must then display the label in a prominent place, such as on their chests.
- The descriptive word should start with the first letter of the person's name. Examples are *Novel Nosisa*, *Joyful Jeremiah*, *Adorable Andile*, *Super Sonwabo*, *Attractive Amin*, *Gregarious Gladys*, *Zany Zainab*.

- Help participants who are unsure. Encourage them to ask the people sitting near them for ideas. If they are really stuck, give them a few tips.
- To make it easier, allow participants to use any language they want for the positive adjectives.
- Ensure that all labels are positive. Have extra labels available. Often, participants first write negative labels for themselves: we are so used to focusing on our negative traits that negative words come to our minds very easily.
- Ask the participants to share their positive labels with the people on either side of them and to explain briefly why they chose those particular descriptions of themselves.
- Reflect briefly on the purpose of this exercise. What happened? What did I feel? What did I learn?

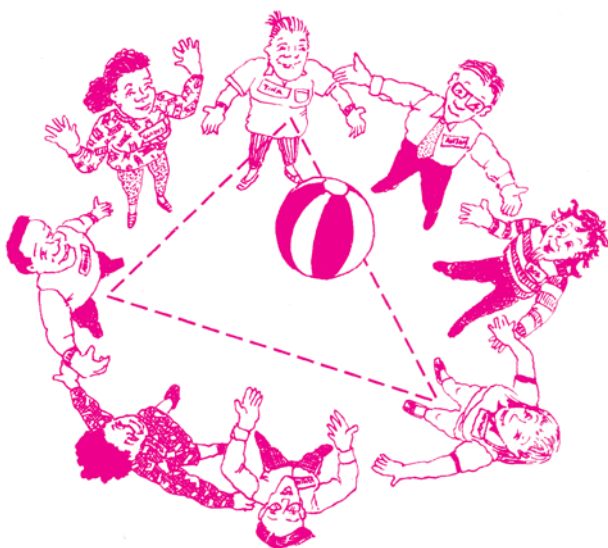


Magic Ball Game

- Use a large, soft ball. Tell the group that the ball has magic properties and that the moment one catches it, one has to get rid of it, otherwise it transforms the person holding it into an air bubble! The only way to get rid of the ball is to *make eye contact* with another person in the group, and to shout out the person's *name and positive label*.
- Encourage people to get rid of the ball immediately. At the same time, the facilitator must not make an issue of it if people stammer, flounder or keep the ball for too long. They are under pressure and are doing the best they can.
- Allow the game to go on for a few minutes. Then end it and start a discussion. The discussion is as important as the game itself.



- Ask the group what the purpose of the game was. Comments may include 'fun', 'laughter', 'getting to know names real fast', 'relaxing' or 'energising'. Thank all participants for their contribution. Say things like 'correct', 'right', 'good', 'yes' to affirm each contributor. It is extremely important to start the course by acknowledging participants' contributions. This gives participants the confidence to continue to comment, speak, share and encourages further participation.
- Ask participants if they noticed anything about the way the ball was passed. Depending on what occurred in the group, comments will include: 'everybody had the ball', 'those with *difficult* names did not get the ball that often', 'some people got the ball more often' or 'Some of the people never got the ball'. Use these comments to point out that everybody likes to get the ball. Discuss what people do to get noticed. Talk about people's need to be



involved and tell participants that they all share the responsibility of ensuring that everybody gets the ball. The facilitator can keep coming back to this when one person does too much talking. Use the ball as a symbol of participation throughout the course and remind the group that everyone should have a turn with it.

- Point out that if the game had continued for a longer period, a clear pattern of throwing might have emerged. (This sometimes happens even after a few minutes. If it does, point it out.) The ball would probably have travelled in a triangular pattern, between the three tallest people in the group. Use this as an example of what often happens to communication within groups: the dialogue is between three or so individuals and the rest of the participants are left out.
- Explain how people feel when they are left out, and ask for comments. Give the example of participants who do all the writing, cutting, pasting and talking and even dominate the feedback session while other group members feel increasingly frustrated and ignored. Ask for ideas to counter these feelings.
- Remember to keep using the ball as a symbol throughout other workshops. 'Has everybody had the ball?' is a fairly diplomatic way of saying 'Shut up and give the others a chance!'

Name Buzz

Ask the participants to stand in a circle. Each person gets to say his or her name out loud. Tell them that their tone of voice must reflect the way they are feeling. For example, Mavis may be feeling very confident and will say '*Mavis!*' in a loud, strong voice. The whole group must then repeat '*Mavis!*' three times in the same confident tone. Sabeena may be feeling a bit shy. She may therefore whisper 'Sabeena'. The group must then whisper 'Sabeena' three times with the same note of hesitation on the last syllable. Takalani may be feeling happy and will sing out his name. The group will do the same three times.

This exercise often creates a very special atmosphere in the room. In addition, it gives participants the opportunity to practise pronouncing other people's names, affirms each person verbally and provides an indication of how people are feeling. The exercise also helps to focus participants' attention.

Try to ensure that the participants do not mispronounce anyone's name. It is important to make an effort to get every name right on the first day. Encourage participants to use their preferred names, and discourage the group from regarding names as difficult, strange, or unpronounceable.

Picture Story

- Select a wide variety of pictures from magazines. Cut out the pictures and paste them on brightly coloured paper. You should have at least 60 pictures per group of 20 people. Display the pictures on a few tables and ask the participants to walk around, look at all of them and select one they find interesting, are attracted to or want to spend some time with.
- Ask participants to sit on the floor in a circle and spend a few quiet minutes looking at the pictures they have chosen.
- Divide them into small groups of not more than five people. An easy way is to number the participants randomly from one to five, putting all 'ones' together and so on as this ensures a good mix. The five pictures in the group will probably be very different, like the pictures alongside, and each participant must share what their picture means to them.
- Now ask each group to create a story with a beginning, middle and end, using all the pictures in the group. The theme of the story must be communication, and they should give it a title. The five pictures in the group will be very different, but participants should find a way to combine them, to find connections, and create their story.
- Give the groups Prestik to stick the pictures onto large sheets of newsprint and marker pens to write the title of the story. Again, repeat that their task is to turn their pictures into a story in some way. They can draw arrows to link the pictures. Tell them that their stories will have to be presented to the large group.
- Allow 15 minutes or so for the activity.
- Before the feedback session, ask the participants to reflect, within their small groups, on the group



- process. They can use the following questions:
- How did we get started?
 - Who did what?
 - Did we work well as a group?
 - Could we have worked better?
 - What will we do next time?
 - What helped the group?
 - What hindered the group?
 - Did anybody feel left out?
 - How did individuals feel?
 - Was anybody too much in control?
 - Did anybody not participate?
 - What really helped the group?
 - How did I feel as a participant in the group?
 - What did I learn about myself in a group context?
- Allow up to 20 minutes for this discussion, as it is important for participants to start becoming aware of their group interaction and group skills.
 - Following the above discussion, ask for general comments. The facilitator must remember to write down what participants are saying. Their contributions are valuable and should be viewed as adding up to a kind of manual on communication. If you have a co-facilitator, get her to write participants' comments on newsprint and to put them on the wall. The flow of the exercise may be impeded if the facilitator has to write and listen as well.
 - Put all the picture stories up on the wall and let the groups take turns to present their stories. They may choose to delegate one member of the group to tell the story or they may decide to present it as a group. Sometimes groups role-play, or sing or enact the story.
 - After each presentation, have a discussion about how the group got to the point of connecting all the pictures into a story. For example, one group may have had a picture of a woman doing a rasta dance, a picture of an advert for condoms and a picture of people marching, but may nevertheless have managed to create a story with a profound message about communication. The aim of this exercise, apart from the communication which takes place within the groups, is to show that we can create together even if we bring very different things to the group effort. It shows us that *none of us is as smart as all of us!*

Participants indicate that this exercise helps them to communicate with each other, stimulates creativity, focuses on similarities and leads them to a clear understanding of the meaning of group work. The fact that every picture is used is also important: participants feel that what they bring to the group, their individual contribution, is accepted as an integral part of the group. ▀

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Breakfast on Table Mountain

Mark Gamble

Sunday evening, family asleep. I sit peering at the illuminated screen of my PC. In bold type “Tasks for the week”. I reach for the cup of tea next to me and take a gulp. It is cold, it is Rooibos, it has no sugar. Healthy, but not very tasty. What could be called an acquired taste. The list includes among others; Enquire for section 18c tax relief; account payments; plan community consultation meeting; finalize disciplinary; confirm date for AGM. Also on that list is the name Gavin.

The job of Director entails a whole lot of sitting, compiling reports, submitting applications, setting budgets and the like. My vocation however, is Child and Youth Care. My life is about creating opportunity for young people to live into their potential. I am 11 years old in my vocation, and have been only three years in this job. It took two years, but I have come to love what I do, for the simple reason that I have embedded Child and Youth Care practice into my leadership. I am a child and youth care worker first and a director second.

Hence, Gavin is on my list. Nine years old, the only resident remaining at James House for the holidays. All sorts of labels could be placed on this kid, but he is quick to smile, does an amazing somersault and has asked me to take him for a walk in the mountains.

Friday morning, six am, I am scrabbling in our shed to find our hiking stove, my old backpack and a box of matches, cursing as I cannot find any matches until I remember that my wife now keeps them under the kitchen sink. Kissing children and wife goodbye, I grab our aging dog and head for work. It is a beautiful day. A day that calls for bacon sandwiches, fresh air and laughing children.

Gavin is waiting for me at the gates of James House, beanie on his head, set for adventure. He explores the contents of the shopping bag: “What’s this?” he asks referring to the bacon and “Oh lekker!” seeing the fruit juice. He greets Sebastian the dog, who kindly submits to a pat on the head.

What conversation is to be had between a 36-year-

old and 9-year-old? Not much perhaps. I certainly wasn’t walking along the base of Table Mountain to engage in a counseling conversation with this youngster. I also have very little interest in Spider Man, and he no doubt wouldn’t care much to hear about my struggling meditation practice. No, we were going to kick pine cones, look at spider webs, slide on pine needles, run with the dog, and then eat bacon sandwiches.

A rock outcrop became our restaurant, Gavin informing me that he has many restaurants, one next to a waterfall where he and I and a few other youngsters had walked some months ago. He also has a restaurant close to the beach. “That’s where my mum lives.”

“So you own restaurants?” I ask.

“Ya, lots” comes the extravagant reply.

“Then you know how to cook?”

Big smile; “I know how to cook”.

“Well sir, I would like to order two bacon sandwiches for myself and my friend. Oh and please cook a few extra bits for the fine dog, Sebastian”.

And there is that moment of life now held in my heart. Gavin squatting next to a small hiking stove stirring the frying bacon around the pan with a rotting stick, smile on his face, life in his eyes. The dog lying close by with nose savouring the smell.

I needed the walk in the mountain as much as Gavin. I needed to remind myself of children, of potential, of the ever available quality of Spirit available to us in the Child and Youth Care field.

It is all too easy to get lost in that little office, behind the computer screen. Lost in busy-ness. I fear that my heart would then become a stone-like thing, and feeling would shrivel and become a distant scent no longer known to me.

But luckily I am a child care worker, I create opportunity for young people to live into their potential.

I know a really fine restaurant at the base of Table Mountain that serves a really fine bacon sandwich. Hope to see you there sometime. ▲

Ethical Dilemmas

In South African Research

The last of 3 Parts

Ethical and Social Dilemmas in Community-based Controlled Trials in Situations of Poverty: A View from a South African Project.

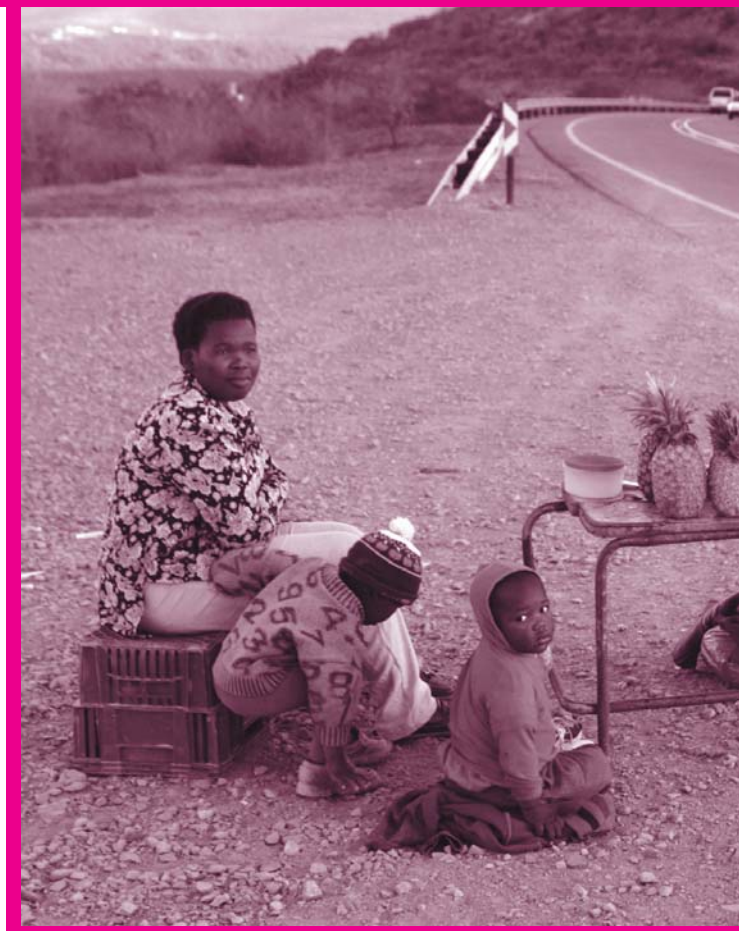
Nosisana Nama and Leslie Swartz from Human Sciences Research Council and Department of Psychology, University of Stellenbosch

Discussion: Science, Ethics, and the Local Politics of Responsibility

When our controlled trial was designed, it was approved ethically by the appropriate university committee. It is clearly essential from a research point of view to have a way of assessing the impact of an intervention free from contamination.

We have shown through various examples that local considerations, all related in some way to poverty and deprivation, have led to two important unintended outcomes. Firstly, in our case, the needs are so great that the question of breaking the research protocol such that assessors may intervene is raised exceptionally often. Secondly, the experience of working as an assessor under conditions of extreme poverty leads to what may be an exceptionally high level of distress and discomfort for the assessor.

In the community of Khayelitsha, where levels of education are not high, and many people are not accustomed to research, the concept of a controlled trial is completely unfamiliar. Notions of scientific ethics, or the ethics of policy appraisal and implementation, mean little to our respondents and their neighbours. These ethical notions depend not only on people being educated into



the rules of research but also on people's tolerance for participation in projects where benefit to the participants may be minimal. In well-resourced situations, being part of a control group in an intervention study may be an irritation or possibly interesting, and there may be a sense of achievement in contributing in a small way to the advancement of knowledge. Where there is endemic poverty, however, any contact with the relative wealth of a research enterprise may hold to some participants the promise of resources. Contact with a research project may represent a lifeline to the outside world and the possibility of a link with a more hopeful reality. It would be strange to expect people living in great poverty not to notice our resources and at some level to wish for what we have or may offer. The material goods that we have, furthermore, are less important ultimately than the human resources any good project will have. If any project is to succeed optimally, the personnel will be reliable, innovative, committed to the work, and trusted and respected by the community. It is only reasonable that such personnel in themselves should represent to community members a source of help and linking with the outside world.

This raises the more fundamental question of whether we should be doing psychological research

in this type of community at all. Indeed, it is commonly said that basic needs are more important than psychological needs (in this regard Maslow's hierarchy (Maslow, 1954) is usually cited), and that money spent on psychological research could better go into food or social upliftment programmes. For community psychologists, furthermore, endeavours which focus on prevention of deprivation and oppression should be prioritised. The fact is though that if we were simply to disburse the amount of money we spend on our project, it would make little impact on people's lives in anything but the very short term. In addition, if we are able to show that our intervention works, we will have developed an affordable model which has the potential to impact positively on the development (and hence the material lives) of millions of people. Furthermore, the psychological consequences of deprivation and oppression require intervention in themselves, and impact on the ability people may have to change their circumstances of poverty. Interventions such as ours, if they succeed in assisting mothers in their interaction with their infants, may form the basis for broader prevention initiatives. Prevention activities depend strongly on empowered interpersonal interaction (Galano et al, 2001; Wandersman, 2000).

The constant movement in our thinking back and forth from the local ethics of immediate need to the broader ethics of the design of community-based interventions is not unique to our work, and is a feature of any similar project conducted in a context of poverty. If community psychology is truly to serve one of its central missions - that of engaging with broad social issues and taking on the challenge of addressing these - then it will more and more be operating in very poor environments across the globe. It is important to consider, when designing any such project, the impact of this work on the workers themselves. It is well established that community health workers working in poor communities have high rates of work stress and drop out from these programmes (Wood, 1990). Researchers, for slightly different reasons, are at similar risks. If we believe that community psychology has something to offer, we need to anticipate and deal with these difficulties. There is no way to make the dilemmas go away - they are part of the work. What we can do, however, is to open discussion about them and to provide support for those who bear what may often be a large burden in important projects. This burden may often be invisible to the outside world. Further research focussing more widely than the discussion of our own case is necessary to establish in what ways our situation is either unique or similar to others; we hope, however, that we have contributed to beginning to broaden the debate. ▲

References for this 3 Part research article follows on the next page.



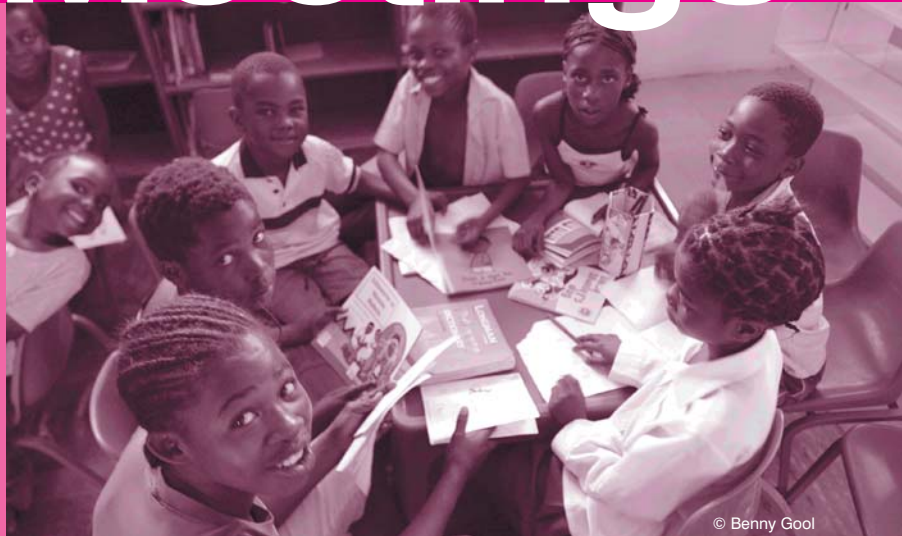
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Meetings

Continuing the series on Management ...



Adapted from: *You're not on your own, A Management Guide for Development Organisations in South Africa*

A meeting is a very popular form of communication that can help to build an organization.

Big meetings are useful for:

- Report backs
- Giving factual information
- Formalizing decisions

Smaller meetings are better for:

- Discussing issues
- Making decisions
- Planning action
- Evaluating action

Some issues that are important to ensure that meetings are a useful form of communication:

1. You must have an agenda
2. Someone must lead the meeting
3. The role of the participants must be clear
4. Someone must take minutes

1. The agenda

The agenda is the program of a meeting, and lists all the business which will be discussed. An agenda helps to plan and manage a meeting. It is important that all the people who are expected to attend the meeting get a copy of the agenda before the planned date of the meeting, so they can plan their input into the meeting.

When putting together the agenda for a meeting, you should go over the minutes of the previous meeting and list any activities that are not yet completed. These become points under the heading "matters arising from the previous minutes".

2. Someone must lead the meeting

The leader should do the following when *planning* a meeting:

- Decide with the other staff members on a set date in

each month for meetings

- Prepare the agenda a week before the meeting
- Make sure the other people coming to the meeting get a copy of the agenda at least a few days before the date of the meeting
- Make sure you have done what you said you would do

The leader should do the following when *holding* a meeting:

- Start the meeting on time
- Follow the agenda
- Guide the meeting
- Participate as a group member
- Run the meeting in a friendly, orderly way
- Encourage participation from everyone who has valuable input
- Retain the power to stop what is happening and change the format
- Limit the time of the meeting
- Summarise key actions and decisions.

The leader should *avoid* doing the following when planning and running meetings:

- Don't hold sudden meetings to suit you – it could mess up other people's plans
- Don't start the meeting late
- Don't take over the meeting – allow everyone an opportunity to give their input
- Don't come to the meeting with a quickly drawn up agenda, a couple of ideas in your head, and no idea as to what you want to achieve at the meeting. You're wasting everybody's time.
- Don't allow any one person to dominate the meeting.
- Be firm in controlling the amount of discussion on any item on the agenda.

3. The role of the participants in a meeting

A participant's role is more than just showing up. The success of the meeting depends on the enthusiasm, creativity, commitment and active participation of every person who attends the meeting. Participants in a meeting should:

- Know the purpose of the meeting ahead of time
- Confirm that they will attend the meeting
- Be on time for the meeting
- Keep an open mind and do not make premature judgements
- Share useful ideas
- Encourage active involvement of other participants
- Support established ground rules and any meeting guidelines
- Help to ensure group agreements.

4. Minutes of the meeting

The minutes are a record of the decisions made at a meeting, with just enough information on the discussion to give an idea of how the decisions were made. Good minutes will state who is responsible for carrying out each decision and by when the task should be completed. The minutes are usually written by the secretary or someone who agrees to take on the task. In some organizations, people take turns in writing up the minutes of meetings. Benefits of writing minutes of meetings are:

- Everyone ends up with the same record of the meeting
- They can be read by members who have missed the meeting
- They are available for later reference
- Future committees may find them a useful source of information on the past of the project.

The following should be remembered when writing minutes:

- Use the agenda items as headings for your minutes.
- Write in point form and listen carefully so you don't miss any important points during the meeting.
- When a decision is taken, write down the following:
 - the decision
 - the action to be taken
 - the person who is supposed to do it
 - the deadline for the action.
- Minutes should be written soon after the meeting so they are accurate and so that people can get on with the tasks they have been given, as soon as possible
- Send a copy of the minutes to everybody who was at the meeting, to those people who could not make the meeting and to any sponsoring body which may require it. Keep a master of the minutes taken. ▲

Reference

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The Essential Elements of a Definition of Child and Youth Care

Professor Jim Anglin

The history of child and youth care is a history of cycles of appreciation and neglect for the lives and challenges of children and youth, especially those on the margins who suffer the extremes of neglect and abuse. However, whatever society as a whole may think or do, those young people continue to be with us, and need the engagement and support of child and youth care workers.

What will steer us all to do our best work, whether in a contract or permanent position, or as an advocate, is to hold fast to the core values and principles of Child and Youth Care. My distillation of these core or essential elements includes the following:

1. Child and youth care work is child and youth focused: Understanding the perspectives and experiences of young people as a basis for our work with families and communities as well as the young people themselves.
2. Child and youth care work is holistic: Always seeing the "whole child", and engaging young people in their whole being with our full selves.
3. Child and youth care work is relational: Realizing that it is through the integrated personal/professional relationships that we form with young people, parents and other professionals that we are able to do our best work.
4. Child and youth care work is developmental: We look to what the child or youth IS doing and NEEDS TO DO NEXT, reaching out to their strengths and drawing forth their potential to grow the next step (rather than focusing primarily on problems and pathologies).
5. Child and youth care work is contextual: Child and youth care always happens within a complex set of family, societal and cultural relations, and we work through understanding and engaging in the child or youth's life space, whether that be on the street, in the home, in schools, or out of an office.

I believe that few others in the lives of children and youth are better equipped than child and youth care students and graduates to live out these vitally important values. Remember these, and speak to them when you apply for positions and engage in discussions; they can be your touch stones and your compass as you describe and advocate for our new profession.

As South Africa gears up for 2010, Pam Jackson, Director of Ons Plek Projects for Female Street Children, makes a sensible point to be noted by all South Africans

Duplication of Services Won't Help Street Children

© Homestead

Cape Town's Mayor wants to clear the streets of children and has started a process to do so. Her dream to help the children has been one which NPO's working with street children have lived, slept and breathed for many years. With such concern from so many people what seems to be the problem?

The answer is simply this: poverty is endemic in South Africa; poverty gives rise to street children; poor communities are under-resourced, and most resources are in CBD's (Central Business Districts). As children suffer neglect and abuse, there are few resources to solve their problems in their own communities. As with everyone else in South Africa, they migrate to cities where there is a chance of receiving help and making a living.

These children then become a problem for the wider public. Street children, business, and tourists do not go well together. To the City Council, C.I.D's and the Cape Town Partnership, all heavily under pressure from business, it may well look like the established street children organizations are not delivering.

NPO's in the street children field *do* help many children off the street! Ons Plek Projects for girls, rescues 95% of girls living on the street per year from street life. Most are reunited with their families on a permanent basis. The Homestead delivers the same continuum of services to 150 boys each month. Organizations with good track records work with children in programs to equip them to face the daily grind and responsibilities of life.

There is a small minority of children whom NPO's cannot help, despite all efforts. However the largest component of the child street population who remain visible to the public eye, is the latest influx of children who have run to the streets - who will be helped. The reality is that no amount of good work with the children in the city will stem the flow of new children onto the street!

The solution is twofold. Twenty-four hour centres which provide accommodation, assessment, education and counselling, while undertaking the complex family reunification process are essential in CBD's. As one small organization, Ons Plek is most effective operating in Town because we can help girls from all areas. If we moved into a township we would only help children from that area. Children from other areas would continue to run into the CBD. Yet if services were opened in all under

resourced areas, it would greatly reduce the flow to town.

NPO's have repeatedly pointed this out to various role players. More recently they have recommended to a City Partnership researcher that new services must concentrate on community-based resources and *not open another service in town*. Despite the logic in this, every few years a new idea is mooted which claims to have *the* answer to the street children problem! As politicians change, new policies are drawn up, and new NPO's who are prepared to play ball with funders money are found.

Those NGO's with over 16 years of experience in this field have watched many organizations announce solutions to the problem with great fanfare, only to fade out of the picture a few years later. Streets, Foundation for a Brighter Future and Street Universe are examples. The established organisations are anxious that once again progress will be disrupted by the introduction of inexperienced projects.

Once again the City Council wants to open a 24 hour Assessment Centre "pilot project" for street children in the Cape Town CBD. Street children will be taken to the Centre, assessed and referred. It's a very good idea! Which is why Homestead (for boys) and Ons Plek (for girls) have been doing just that many for years. The obvious question to the City Council, is why are services being duplicated in the Cape Town CBD at great expense? Why not start this service in another CBD area of the Cape Metropole? Former street child Allerease Mentoor says bluntly that there are so many children in Mitchells Plain which has few projects, that she doesn't understand why this area doesn't receive priority attention.

A networking body, the Western Cape Street Children Forum urges the City Council and its partners to open in new areas or to consolidate current services. The WCSCF is strongly against duplication of services - especially when no research has been done to add value to existing strategies. The Forum suggests that strengthening existing experienced services would be a cheaper more effective option. This proposed new service gives the impression that the concern is not so much for children, but to appear to be doing something to appease influential people! ▲

Alcohol as Risk Factor for HIV infection

Prof. FJ Veldman
Central University of Technology - Free State

A history of heavy alcohol use has been correlated with a lifetime tendency toward high-risk sexual behaviors, including multiple sex partners, unprotected intercourse, sex with high-risk partners (e.g. injection drug users, sex workers), and the exchange of sex for money or drugs (Windle, 1997). There may be many reasons for this association. For example, alcohol can act directly on the brain to reduce inhibitions and diminish risk perception (Cooper, 2002). However, expectations about alcohol's effects may exert a more powerful influence on alcohol-involved sexual behavior. Studies consistently demonstrate that people who strongly believe that alcohol enhances sexual arousal and performance, are more likely to practice risky sex after drinking (Cooper, 2002).

It is suspected that there is more than one pathway that could explain the increased risk of transmission associated with alcohol intake:

- Alcohol intake can reduce the ability of an individual to make informed choices and thereby increases the likelihood of unprotected sex: A recent national health survey conducted by the Zimbabwe Ministry of Health showed that 24% of all men reported two or more episodes of drinking to intoxication in the previous 30 days - and the frequency of HIV sexual risk behavior rose with increasing levels of alcohol use.

Alcohol can have a variety of harmful physiological, emotional and behavioral effects on women. One of the perceived effects of alcohol in the behavioral realm is a leniency in the use of condoms during sex (Weinhardt et al., 2001). The evidence for this claim is complex and less understood (Leigh and Stall, 1993). Some studies have focused on alcohol use directly prior to sex, and found that it markedly reduces condom use in that same incident (Weinhardt et al., 2001). Other studies report a negative relationship between frequent use of alcohol and condom use (O'Hara et al., 1998). A past history of condom use, however, can be a protective factor in the detrimental effect of alcohol on condom use. That is,

those who report using condoms when sober also tend to use them under the influence of alcohol (Weinhardt et al., 2001). In the particular case of women sex workers, those who report working under the influence of alcohol report lower instances of condom use (de Graf et al., 1995). The failure to use condoms as a result of alcohol use is considered a high risk factor for HIV infection.

- People who frequent shebeens are more likely to have sex with more casual partners (not due to alcohol per se). Findings of a study conducted in Harare, Zimbabwe, suggest that HIV is spreading among beer hall patrons at a rapid rate and that alcohol use contributes to its spread (Fritz et al., 2002). Having sex while intoxicated was the single strongest determinant of recent HIV sero-conversion¹. Men who engaged in sex while intoxicated reported more recent episodes of unprotected sex with casual partners, and sex with sex workers than did men who reported no sex while intoxicated. In this study, beer halls may therefore serve as an amplifier of HIV infection by providing a place where high-risk sexual encounters can easily unfold.
- Alcohol consumption may increase susceptibility² to infection upon exposure: The health consequences of problem drinking among primary care populations are well documented. Heavy drinking is associated with a myriad of medical problems including liver disease, pancreatitis, hypertension, cardiovascular disease, depression and trauma. Alcohol use is also associated with variety of cancers including oropharyngeal³, esophageal⁴, hepatic⁵, and breast. In addition, studies have well established that hazardous alcohol use has detrimental impact on strokes, blood pressure, cirrhosis⁶ and depression. Many of these health consequences have been found to be related to the quantity and frequency of alcohol consumption. Bagby et al. (1998) hypothesize that once infected with HIV, alcohol intake renders the individual less able to control the virus. The authors infected Rhesus monkeys with simian immunodeficiency virus (SIV) after they had been given regular doses of alcohol. A 64-fold increase of SIV was measured in the blood of the monkeys approximately one week after SIV infection. The specific mechanism through which alcohol may increase HIV infectivity is unclear. Furthermore, there are indications that alcohol consumption may increase susceptibility to infection upon exposure to HIV. However, these proposed mechanisms should still be investigated further as they are not yet proven.

Alcohol abuse is associated not only with the risk of HIV infection, but also other social issues that highlight the importance of control. Women's alcohol consumption often places them at risk for violence from men (Melnick et al., 2002). In some cases it has also been established as the cause of conflict and violence against the woman (Jewkes et al., 2002). Also, research studies have shown that alcohol use is associated with child neglect or abuse (Wisdom and Hiller-Sturmhofel, 2001). Current heavy or frequent drinking in an economically disadvantaged

sample has shown to have a negative impact on the quality of the child rearing and children's development associated with alcohol related family dysfunction (Jester et al., 2002).

It can therefore be concluded that alcohol abuse programs should be an important part of any public health program. Alcohol does pose a direct and indirect threat to the health of those we love and care for most. ▲

Glossary

¹sero-conversion - the change of a blood test from negative to positive; indicating a response to infection or immunization

²susceptibility - easily affected

³oropharyngeal -pertaining to the mouth and throat

⁴esophageal - the tube that transports food from the mouth to the stomach

⁵hepatic - liver

⁶cirrhosis - hardening of the tissue

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Rosaline Claasens

**Southern Cape Regional
Chairperson and Project
Manager at the Masizame
Children's Shelter**

I was born in the most beautiful town of Knysna. As a child I always wanted to do things differently, and not take account of what my family expected me to do. When I was at primary school my best friend was sent to a School of Industry. This friendship did not have the blessing of my parents and family, but in this relationship I learned about caring for those who are hurt and neglected. When my friend left the institution, she had two children at the age of 18 and asked me to be her children's godmother.

In 1982 I finished my diploma in Social Work at the Minnie Hofmeyer College, and started working at Child & Family Welfare. Due to the sudden death of my father to whom I was a "right hand", I had to quit my job. After a break of a few months, my father's saying "keep on keeping on" was my inspiration. In 1998 I started at the Masizame Children's Shelter. It was quite a challenge for me because there was no structure and no formal orientation program! I had never worked with 'Street Children' before, but the children made me aware of what was actually within me. From day one I had many 'aha moments'!

The first NACCW Leadership Gathering that I attended at Robben Island was my breakthrough in this field of Child and Youth Care. Within three years, a good foundation was laid at the Masizame Street Children's Project. I realized then that I could be of assistance to other projects. I had to present the Project as a best practice model in George and Pretoria. This was only possible because of the support I received from the NACCW. I had a painful experience during the year 2003, but I will never forget a call from Kathy Scott during this crisis early one morning, before I could even start my working day. Her words were "just remember wherever you end up, the NACCW will use your skills to serve our country's children". What a blessed and caring reassurance this was!

I met the most dedicated and committed colleagues at the NACCW Leadership Gatherings, and they motivated me to go for my B. Tech Degree. In 2004, I was chosen to be the chairperson of the Southern Cape/Karoo Region. I feel very green for this position, but with the NACCW, you are never alone. Our leaders live what they preach, and are always in support of services of quality for children. I have a passion for my work, and am a great supporter of what Louie Pasteur once said "When I approach a child, he or she inspires in me two sentiments: tenderness for who he or she is, and respect for who he or she may become".

I am grateful to be part of an organization that really puts children and youth first. ▲

Where Can I Find the Policy?

This is the second in a series of articles on the policy requirements in relation to services to children. It deals with Orphans and Vulnerable Children in the context of HIV/AIDS and the National Integrated Plan.

Merle Allsopp

Introduction

Working through policy in order to locate services within these requirements can be an onerous exercise. Prospective service providers are required not only to know the different policies, but also to know how they fit together to form a comprehensive framework. Hence the question often asked "Where can I find the policy?" This article is adapted with permission from the comprehensive publication by Sonia Giese, Helen Meintjies, Rhian Croke and Ross Chamberlain (2003) entitled "Health and Social Services to Address the Needs of Orphans and Vulnerable Children in the Context of HIV/AIDS: Research Report and Recommendations".

The National Integrated plan (NIP) for children infected and affected by HIV/AIDS

Background

The HIV/AIDS STD Strategic Plan for South Africa (2000-2005) was initiated by the National Department of Health in July 1999. The plan is intended as a "broad national strategic plan designed to guide the country's response to the epidemic ... It is a statement of intent for the whole country, both within and outside of government" (Department of Health, 2000:1). The strategy outlines four key priority areas for reducing the number of new HIV infections and for "reducing the impact of HIV/AIDS on individuals, families and communities" (p.12).

These priority areas are:

- prevention
- treatment, care and support

- research, monitoring and evaluation
- and human and legal rights.

The goals for the treatment, care and support component of the strategy are particularly relevant. They are to:

- provide treatment, care and support services in health care facilities
- provide adequate treatment, care and support activities in communities
- develop and expand the provision of care to children and orphans.

The plan recognises the need for collaboration between many sectors, ministries, departments and organisations, and calls for all stakeholders to use the broad strategic plan to guide their own strategic and operational interventions.

A meeting of the Directors General of the national Departments of Health, Education, Social Development and Finance (December 1999) identified children and youth as the focus of the integrated response from the social cluster, together with an emphasis on meeting the needs of women as the primary caregivers of children. The meeting laid the foundation for the first draft of the National Integrated Plan for Children infected and affected by HIV/AIDS (NIP). The overall objective of this National Integrated Plan was "to ensure access to an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV/AIDS" (South African Government, 2000). The Plan looks at broad areas of responsibility for primarily

the Departments of Health, Education and Social Development and, to a lesser extent, the Department of Agriculture.

NIP programs and achievements

The three core components of the NIP are as follows:

- Lifeskills program (delivered predominantly by the Department of Education)
- voluntary counselling and testing (VCT) (delivered through the Department of Health)
- home- and community-based care and support (HCBCS) programmes, responsibility for which is jointly shared by Health and Social Development.

Home- and community-based care and support

The HCBCS arm of the NIP aims to (Mabetoa & De Beer, 2002):

- ensure access to care and follow-up for children and families through a functional referral system
- integrate a comprehensive care plan into the informal, non-formal and formal health and social development system
- empower the family/community to take care of their own health and welfare
- reduce unnecessary visits and admissions to health facilities
- ensure that children and families who are affected by HIV/AIDS have access to social development services in the community

In terms of achievements, the Department of Social Development set as one of their targets for the HCBCS programme the support/establishment of 300 HCBCS projects by March 2003 (Mabetoa & De Beer, 2002). As of December 2002 the DSD noted that they were supporting 271 HCBCS programmes (the majority of which were NGO-driven and support from the department was therefore financial). Further achievements include the appointment of provincial co-ordinators (joint Health and Social Development posts), the training of "volunteers" in home-based care skills, the drafting of practice guidelines for social services for children infected and affected by HIV/AIDS, and the training of "policy makers and government planners".

Both the Departments of Health and Social Development report that the vast majority of HCBCS services on the ground are delivered through non-governmental, community-based and faith-based organisations. According to Departmental representatives, the Departments' contributions to HCBCS on the ground (apart from funding) is primarily through the provision of professional assistance and support to organisations rendering home- and community-based care services, monitoring and supervision and making available the necessary home-based care supplies.

HIV/AIDS Lifeskills programs in schools

The goal of the Lifeskills component of the NIP is to implement an HIV/AIDS education programme that will assist youth to acquire knowledge, develop skills and establish values that will enable them to make responsible choices. The objectives are to train teachers to facilitate HIV/AIDS Lifeskills education within Curriculum 2005, establish mechanisms for the provision of care and support to affected learners, make available HIV/AIDS learner support material, and pilot the training of teachers as lay counsellors (Smith, 2002). While the role of the Department of Education in the NIP to date has largely been limited to Lifeskills education, recent statements and presentations suggest that their role is being expanded and that the importance of their involvement in HCBCS programmes is recognised (Mabetoa, 2002; Smith, 2002).

HIV/AIDS voluntary counseling and testing

The Department of Health stated as their target for this programme the provision of HIV counselling and testing to 12.5% of the population aged 15 to 49 years within 3 years (from 1999), with special emphasis on youth and rural communities. By 2003 the plan envisaged that 100% of health facilities and many non-medical testing sites such as youth centres would have VCT (South African Government, no date).

As of 2002, achievements included the development of guidelines for pre- and post-test counselling, for establishing VCT programmes, and for the training of counsellors, trainers and mentors. The Department have also developed VCT materials, including posters, pamphlets and signboards. There are reportedly 438 operational sites nationally with rapid testing and counselling (less than 10% of health facilities), 2 master trainers per province, 4800 HIV/AIDS counsellors, 300 trainers for rapid test training, and 50 mentor trainers as part of the counsellor support programme (Marshall, 2002a).

Conclusion

While progress appears to have been made with the implementation of the National Integrated Plan, there is a clear need for a more collaborative response from the 3 principle departments. The need for transparency and civil society involvement in the implementation of the strategy was further evident from the wider consultations with representatives of NGOs, which revealed that very few organisations were aware of progress made with respect to the NIP. ▀

Reference

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Trafficking of children

- the role and nature of law reform

Carol Bower, Executive Director, RAPCAN

The full extent to which children are being trafficked in South Africa is unknown. We do know, however, that it is happening and that children are being trafficked for purposes of commercial sexual exploitation, and for domestic and agricultural labour. We know also that this is a growing problem, and that the deep poverty affecting so many South African children exacerbates children's vulnerability to being trafficked.

Various pieces of local and international research have highlighted that:

- trafficking is taking place
- South Africa is a transit country – children are brought here before being taken to other countries
- South Africa is a destination country – children are brought here from other countries and remain here
- South Africa is a source country – South African children are removed from South Africa and taken to other countries
- children are trafficked within South Africa

Trafficking in persons is a global problem, and is increasing globally. Increasingly, countries are being encouraged to ratify international instruments (such as the Palermo Protocol) and to develop and implement domestic legislation to combat trafficking. South Africa is no exception. The South African Law Reform Commission initially intended to deal with the issue in the Sexual Offences Bill and the Children's Bill. The issue is indeed dealt with to some extent in these two pieces of legislation. However, in 2003 and at least partly in response to lobbying from the child rights sector, the decision was taken to also develop specific anti-trafficking legislation. A Draft Discussion Document and Interim Draft Bill were developed

and released for comment late last year. Both these documents can be obtained from RAPCAN (e-mail rapcan@iafrica.com) or from the South African Law Commission web site.

A Task Team comprising various role-players has been set up, and there has been significant activity around this issue, particularly in the Western Cape. Several issues related to the Draft Legislation have been raised and addressed in a joint submission to the South African Law Reform Commission:

- definition of trafficking in persons
- prevention, investigation and punishment of trafficking
- measures to reduce trafficking and measures for support and care of victims

The current **definition** of "trafficking in persons" in the Interim Draft Bill closely follows that in the Palermo Protocol, and identifies the crime of trafficking and its component activities. However, there is concern that the scope of comprehensive legislation should not be limited to organised criminal groups alone as stated in article 4 of the Palermo Protocol, and should further not be limited only to trafficking that is transnational in nature. The application of the definition of trafficking in persons should take into account the South African situation (in which there is a significant amount of inter-country trafficking).

The SALRC has been asked to consider the inclusion of categories of severe forms of trafficking in comprehensive legislation. The categorisation of severe forms of trafficking should be based on the following criteria:

- age of the victim
- nature of the abuse

- psychological and physical effects of the abuse and exploitation
- the length of time the victim was deprived of their freedom
- the conditions in which the victim was held
- in the case of a child, whether the child was denied the right to education

These factors should also be considered as aggravating circumstances during sentencing. Comprehensive legislation should also make provision for courts to impose higher sentences where such aggravating circumstances have been found to have existed.

There is also a need for the anti-trafficking legislation to include definitions on what constitutes forced and exploitative labour, and the definitions provided in international human rights instruments that have been ratified by South Africa such as the Convention on the Rights of the Child and the ILO Convention 182 concerning forced labour of children should be used.

With regard to **prevention and intervention**, there should be an obligation to report placed on certain categories of professionals (such as police officers and social workers), with a resultant penalty for failure to do. Police personnel should receive particular training and information so that they can be more alert to the crime of trafficking and its component acts.

Trafficking in persons can be reduced through education and awareness-raising programmes and strategies that encourage members of the public to individually and collectively, especially at community level, take responsibility by reporting the crime to the police. This is seen as an obligation held by government, which should also be obliged to ensure that education and awareness-raising are multi-sectoral, integrated and mainstreamed, and include all departments within government but especially those departments that are most likely to deal with the crime and its effects (these include; Communications, Education, Foreign Affairs, Health, Home Affairs, Justice, Labour, Safety and Security, and Social Development and Poverty Alleviation).

With regard to the prosecution of victims of trafficking for offences committed as a direct result of their having been trafficked, comprehensive legislation should not provide general indemnity in such cases, but should rather consider each case with due regard for extenuating circumstances that might have led to the commission of the offence. As the trafficking chain consists of various categories and groups of people, legal provisions should be as broad as possible so as to include all possibilities from those who facilitate access to vulnerable persons to those who subject victims of trafficking to long-term exploitation and abuse.

With regard to **service provision**, all victims should have the right to medical treatment (physical and psychosocial), shelter, food, legal representation and the right to communicate in their own language, including Sign Language and Braille through a translator.

Children who have been exposed to commercial sexual exploitation should be given particular attention and specialised training should be provided for caregivers and service providers. Residential treatment facilities should also be provided. Particular provision should be made for instances where families or family members were complicit in the trafficking of children so that counselling rehabilitation and re-integration can be facilitated. Provision should be made in legislation that places an obligation on the government to provide resources that will facilitate the effective rehabilitation and re-integration of child victims of trafficking as well as child victims of commercial sexual exploitation.

South Africa has begun the process of putting effective anti-trafficking legislation into place. The Draft Bill is currently being revised, and we anticipate that there will be opportunities for civil society to engage with it thereafter to make sure that our children are effectively protected from trafficking, at least at the legislative level. ▲

Useful resources:

Annex, 2002: *Children in Domestic Service - The Case of the Western Cape*

Molo Songolo, 2000: *The Trafficking of Children for Purposes of Sexual Exploitation - South Africa*

UNICEF Innocenti Research Centre, 2003: *Trafficking in Human Beings, especially Women and Children, in Africa*



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The Child and Youth Care Work Standards Generating Body is making rapid progress

Sandra Oosthuizen

In the November 2003 issue of *Child and Youth Care* the establishment of the Child and Youth Care Work Standards Generating Body (SGB) was announced. Nine months later *Child and Youth Care* is pleased to report on the rapid progress made by the SGB.

This is due to a very committed group of SGB members! This progress is considered excellent by the South African Qualifications Authority and the Health and Welfare SETA! The shoe-string budget on which the SGB has achieved this is also quite remarkable as the group is representative of most province. The South African Council for Social Service Professions has assisted in this by kindly making their conference facility available at no cost for two meetings.

The SGB has met on four separate occasions – in December 2003, and February, May and July of this year. The focus of those meetings has been on generating standards for the field. Due to the highly technical requirements of writing standards, the services of a consultant who is a professional standards writer has been used to assist the process. Brian Wood from The Learning Network has very ably and accurately grasped the language and substance of our field. He has crafted carefully worded standards from the information given to him by the “subject matter experts” on the SGB.

To date the SGB has generated 12 unit standards on NQF levels, 3, 4 and 5 and has conducted the outcomes analysis for a further 10 on NQF levels 4, 5 and 6. The SGB intends submitting a Level 4 qualification to SAQA shortly for consideration for registration, which will enable the Health and Welfare SETA to register a Learnership for Child and Youth Care Work at Level 4. The qualification may be registered as early as December 2004. More unit standards and qualifications on NQF levels 5, 6 and 7 are being written and these should be completed and registered by July 2005.

Below is a list of the unit standard titles generated at the different NQF levels. These are still in preliminary stages and as yet are not registered with SAQA.

Level 3

1. Demonstrate a basic understanding of the fundamentals of child and youth care work.
2. Promote and uphold the rights of children and youth at risk.
3. Use basic communication skills in interactions with children at risk.
4. Demonstrate basic caring skills for children at risk.

Level 4

1. Demonstrate basic interpersonal skills with children and youth at risk, and their families.
2. Describe and explain key child and youth care work concepts.
3. Act as an advocate for child and youth rights.
4. Demonstrate understanding of the importance of professional development in the provision of service delivery to children and youth at risk.
5. Implement aspects of an individual development plan, for children and youth at risk, as part of a team, under supervision.
6. Participate in a developmental assessment.

Level 5

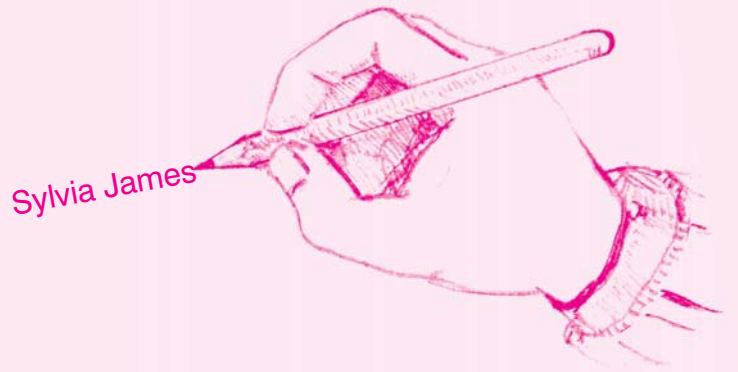
1. Implement care and development plans.
2. Demonstrate care practice in a child and youth care context.

You might ask, what will these unit standards mean to child and youth care workers and to children and youth at risk? The standards are there to ensure that the learning which takes place in our field is of a certain standard and contains the correct information for the South African context. The envisaged result is child and youth care workers who are well equipped to work competently with children and youth at risk. ▀

Please submit any question to The Director, NACCW, PO Box 36407, Glosderry, 7702.

An Open Letter to My Child and Youth Care Teacher

Sylvia James



Those of us who were fortunate enough to attend well resourced schools, and have a parent concerned about acknowledging others, may remember writing a 'thank you' letter to our teachers at the end of each school year. My letters were generally short and sweet, and at times, heartfelt. At other times, when the experience of the teacher was unpleasant, they were simply a polite recognition of the time spent together. As I write to you today, I do so with a greater capacity to articulate the skills that you as a teacher brought to this recent time spent together on a child and youth care training course. My continued reflection on the complexity of life has borne fruit, and I am able to discern within my own framework some patterns to life, some connections between events and their outcomes that are meaningful for me. I am aware of the personal nature of these observations, and intend you only to know in some greater depth what I have gained from you as a child and youth care teacher.

As I excitedly entered your class, I was thrilled to find myself in a familiar environment. I am an experienced child and youth care worker, and know that training and education in our field should be experiential. By that we mean not that we should have the tedium of lectures punctuated by games, but that in a training course we should experience the reclaiming environment that we so earnestly seek to craft for children. Surprisingly, I found myself learning about our extraordinary profession from the inside out! I was not taught *about* child and youth care but learned it in every interaction that took place in your class. We did not know each other at the start, but you set the tone in the room from moment one. We talk of

creating safe spaces for children. You taught us about that through creating a safe space for us. Thanks to you I have a place deep inside me that stores the memory of that sense of safety. I know now what I aim to create for young people. And I know the importance of that safe space for children, if it could make so profound an impression on me, a reasonably capable adult.

You created this safe space so gracefully, in an apparently effortless way. And yet as I reflect I see the separate elements of it, and some of the things you did to maintain it. It must have taken both intellectual and emotional stamina to keep it up throughout our long week together. We were an eager and cooperative group, but the safe space nonetheless was established and kept in place largely by you.

On the first day you began by saying that you were a little nervous. Was I impressed? Absolutely. You had come across to us as slightly wary, but certainly you seemed very much in control. You were not so apprehensive that an acknowledgement of this would have caused you to flounder and lose your authority as a senior practitioner. But that single, simple admission of your humanness brought a texture of feeling into that room. You told us in this utterance, that this was a place where our feelings would be acknowledged as part of what was taking place, and would not be scorned. I am a person who relies a great deal on my intellect. And yet I find that a highly cognitive environment not only does not reflect the world of my work, but also bores me. You noted in that little sentence what we know but usually remains unsaid - that in our week together we would rub up against one another. We would impact on one another,

and these interactions would have an impact on our learning. Some would be positive, and others difficult. Instead of ignoring them, and interacting on a level known to us as well socialized adults (but foreign to most of our children who live at so raw a level of feeling) we would without anxiety acknowledge that other dimension. Child and youth care is described as holistic. In carefully bringing in your self, you allowed us to bring in our selves, and our classroom became just that much more like our workplace.

What a relief! What a compliment to us as well! Most of our teachers talk in rather hollow terms of the privilege of teaching. You made us feel that we were valued enough for you to feel nervous about teaching us! But the overwhelming sense that you gave, was one of not being afraid of emotions, and we sensed your genuineness as a person.

I am not suggesting that it was this single factor that created that safe space. So many subtle skills

You also listened to our needs on the course. You knew when we were struggling to cope with the content, and flowed with our need to go over and over the material. Your teaching plan was clearly very elastic, stretching into the shape of our learning gaps. That was a fact that you had made explicit at the beginning of the course – and one that you honored. You adapted the exercises to suit our deficiencies, and never silenced a questioner. I felt that you remained sensitive to our venturing our thoughts, never once allowing any one of us to feel silly. Public humiliation is something feared by most people. As a teacher you were in a position to both humiliate and be humiliated. By listening so attentively to our needs, and being open to not knowing all the answers, you removed the possibility of embarrassment from our class. This I find is key to ensuring that our learning environments reflect our practice environments. Few teachers are able to resist the temptation to ridicule, even if this



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were applied at the right moments to create a safe space for us. One of the key factors was that you really did listen to us. You felt the difference between a student grumble and genuine tiredness, pushing us when we were unwilling and letting us rest when exhausted. You maintained a balance between high expectations of performance, and encouragement. I find intimidation at odds with child and youth care. In their keenness to impress, or their desire for power, teachers often seek to frighten learners into action. It does not work for me. I am an adult, and will give as much to any experience that I am able to, or choose to, at any one time. I am inspired to go beyond my capabilities not by silly threats, or tedious jokes about the authority of the teacher, but by the generation of new energy. You were able to generate that spark, not through coercion, but by making my being sing with enjoyment and pleasure. Your familiarity with, and synthesis of our field's knowledge was delightful, leaving me thrilled with excitement about the treasures in store for me in my studies.

is done in humor. Some strike back when wounded, telling all not to risk confrontation or outspokenness. Some are more subtle, biding their time to take revenge. You seem to know yourself. You modeled to us that critical 'self' aspect of our work - using our self-awareness to know our own triggers and so not respond to situations that bring in our own counter-aggression or negativity. You also seem confident in not knowing everything. You did not profess to profess! All of this meant you were free to be with us rather than with your own experience in the teaching environment.

You resisted what must have been a temptation at times to fill the space. You came to us with so rich an integration of knowledge and experience, that at times you must have been tempted to just talk on, and not stretch us to think for ourselves. I have often been in the company of clever folk like you, who bore even the most interested of their students – because they take up too much of the space by talking too much. You made us feel that *our* contributions were of value,

even if we were on the wrong track! Somehow you managed not to patronize us, and make the unworthy contributions suddenly worthy, but to clarify when we were wrong, and use misguided contributions to lead to the place we needed to go. Teachers and child and youth care workers who cannot discern the valid from the less-than-valid, do little for workers and children. That ability to confront the action and not the person, is again another of our fundamental tools. You taught me about this tool when it was not even part of the curriculum. The boundaries between us, and your authority as the teacher were set in this kind of interaction, contributing to the creation of that safe space.

Mercifully too, you resisted that apparent shortcut to creating a safe environment and did not tell us all that we were all 'A' students. You used your child and youth care skills to provide the safety, and did not rely on gratuitous patronizing. Statistically unlikely though it may be that an entire group is of equal competence, such a uniform approach to 'grading' appears to be a popular tool in establishing cooperative environments. My previous unfortunate experience of this approach left me without a true sense of my own capacity, and rendered the marks I attained meaningless to me. As a person considered 'historically disadvantaged' I try to avoid tokenism, and seek opportunities for true development. You gave me a mark signifying my performance in respect of a standard – as well as copious and detailed feedback in relation to my limitations. In telling me frankly about my capabilities, I was able to feel trusting towards you. This directness and caring honesty left each one of us feeling that we were in exactly the right place on our individual development paths!

You reminded me about one of the pillars of strengths-based work. You simply and without fanfare said nice things to people in the class. They were not imagined niceties, but things that you had genuinely noted in each of them. Because of this we felt you to be reliable, and when you talked of our developmental areas, we took the feedback positively and without hesitation. I learned through your example to take more careful note of people's strengths, to make the effort to put these into words, and to find the right opportunity to share my observations with them. So often I know that strengths are glossed over, being subsumed into an indiscernible mish-mash of the memory of a good experience. You reminded me of how alert we need to be to what is positive in every interaction, and to give this back to someone to assist in their path of development.

I learned from you that it can be safe to do role plays in training courses. I have seen trainers go into roles that puff them up, and cause them to lose perspective of the task that is to be learned. You used the technique with care, ensuring that people

went in and out of their roles gently. You yourself only assumed roles that you were accomplished in managing.

As a child and youth care worker it is important to be well prepared. We must be prepared for what we expect, as well as the unexpected. You came into our classroom prepared. We felt the respect that you had for us in this, and were strengthened simply by this way of regarding us as important. The teaching sessions took a different route from what you had anticipated, but you had more material on our subject up your sleeve! You added some new exercises that did not have us feeling that we were whiling away the hours. You did not simply take on topics in which you were interested, but consulted and then followed our requests. You said that you tend to over prepare. Well thank you for that. Our learning was very important to us, as is our time.

And at the end you requested feedback in an anonymous fashion. My experience of teachers who ask for direct verbal feedback is that they receive the affirmation they seek, rather than a candid assessment of learners' real feelings. Even this touch contributed to the authenticity of the whole experience.

So to you my teacher, I thank you for teaching me, not *about* child and youth care, but child and youth care itself. I once heard a saying "it is no use walking anywhere to preach unless your walking is your preaching". You did not come to teach us child and youth care work, you did child and youth care work with us, and we learned how to work with our children and youth. ▲

Days to Remember

OCTOBER

MENTAL HEALTH AWARENESS MONTH

5	World Teachers Day (UNESCO)
4	World Habitat Day (first Monday of October)
9	National AIDS Declaration Anniversary/ Partnership against Aids anniversary
9	World Sight Day
13 – 17	National Nutrition Week
15	Foetal Alcohol Syndrome Day
15	World Rural Women's Day
16	World Food Day
17	International Day for the Eradication of Poverty - UN
17	World Trauma Day
20	National Down Syndrome Awareness Day
21	African Charter on Human and People's Rights - 1986
22	Premature Baby Day
23	World Food Day
24	United Nations Day



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“Immediacy”,

the concept we use to capture the realm of occurrences as well as their rhythm and timing, includes the experiencing of a situation, becoming aware of its effect on oneself, and acting while it is occurring, as part of the flow of events. It is acting on an incident and knowing that as soon as it is over or most probably even before it is, another incident will follow, yet not knowing what that one will be like.

– Edna Guttman