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Child and Youth Care

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



**Why adults strike back:
Learned behavior or
genetic code?**
Nicholas J. Long

**Nonduduso...
the girl who died because
no-one cared enough**
Katrien Auf de Heyde

**Mobilizing for Action:
Advocacy and Lobbying**
Annette Cockburn

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When a child's life has no value

Annette Cockburn writes a guest editorial after the recent slaying of a street child in Cape Town.

The headlines were about the Tsars - the mountain goats that were being culled on Table Mountain because they did not belong there. It was the day after a city street child had been shot dead, allegedly by a man who left a strip club at 06h00 on a Sunday morning.

The boy, Siyabonga who had lived in a dilapidated alley off Jameson Street, known to street workers and street kids as "Die Gat", was shot as he ran away from the gunman - shot by a gun so powerful and destructive even the police and security guards are not allowed to own them. The blood ran in the gutter, the ambulance came by, left and eventually a van from the morgue arrived.

The next day his friends put flowers on the pavement and an 11 year old sobbed inconsolably for the loss of Siyabonga. It hardly caused a ripple - a couple of letters to the paper. The next morning driving to work I turned on the radio.

"Capetonians are aghast and incensed by the arbitrary and senseless slaughter of".....I thought, at last the media are reacting...."of the Table Mountain Tsars"....

Letters from a Children's Rights Activist and a member of the public as published in The Argus, Wednesday 19 May, 2004 follow...

"Rapcan is outraged at the death of 17 year old Siyabonga Malawi on Sunday morning. He is dead because he was poor and lived on the street and happened to be in the wrong place at the wrong time. The man accused of killing him is rich (he drives a Mercedes Benz and was leaving a night club) and he was angry because someone had broken into his car. He callously and in cold blood, without bothering about the facts, allegedly shot an adolescent with a hollow-point bullet then drove away. They say a nation is judged by the way it treats those within it who are weakest and most

vulnerable. Children who live and work on the streets are some of the most vulnerable among us, and they are subject every day to multiple infringements of their rights as human beings and as children.

We do not know why Siyabonga lived as he did, or whether he was involved in breaking into Mr. Trigger Happy's car - and now we never will. We sincerely hope the suspect in this uncalled-for and hideous crime is pursued to the full extent of the law and that a strong message is sent out that ordinary people, even those with powerful weapons, are not above the law. And we renew our call for tighter firearms control. We remind those who are developing the regulations which will govern the implementation of the Firearms Control Act that the argument that one needs to have a gun for self-defense is made nonsensical by the death of Siyabonga.

And we extend our sympathy to the friends and family of this young boy - built by circumstance, by association and by being the in wrong place at the wrong time.

Carol Bower
Executive Director
Resources aimed at the
Prevention of
Child Abuse and Neglect
(Rapcan)

"Your juxtaposition of a photograph of a street kid shot dead by an unknown killer with the headline "Snipers shoot tsars" raises two questions. Is the moral climate of this city fit to host anything whatsoever? And are the killers of the tsars - themselves as non-indigenous as the mountain survivors - unaware that cruelty to animals is the mark of a psychopath?

What your front page exudes is a profound absence of compassion."

Peter Wilhelm
Cape Town

There will be more about this case in next months journal in which we will describe the advocacy steps undertaken by Children's Rights Activists in this case.

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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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.

Why adults strike back:

Learned behavior or genetic code?

Nicholas J. Long

“Through the eyes of counter-aggression, all events in life take on a new meaning.”

Those who work with troubled youth do not begin the day by saying, “I’d better schedule some time this afternoon to be sarcastic to Sarah, to yell at Sam, to threaten Sylvia, and to smack Seymour.” Yet, staff frequently find themselves in counter-aggressive struggles with young people. How do we explain adult counter-aggression when our intentions are to help troubled young people, not fight them? Is counter-aggression a function of personal inadequacies, a lack of self-control, a derivative of early child-rearing experiences? Or is counter-aggression a biological ‘instinct’ that all humans possess.

Psychologists are guided by the principle that a biological explanation of behaviour has priority over any psychological interpretation of behaviour. For example, we are born into this world with powerful instincts, drives and impulses that have been refined over thousands of years to guarantee the survival of our species. The drive to seek food by stalking and killing animals made us predators. The needs for water, shelter, and an available source of new gene pools made us assailants, rapists, and conquerors. Similarly, the need to protect our lives, families, food supply, and properties made us counter-aggressive.

The skill and strength of being counter-aggressive guaranteed that primitive humans could survive another day. It became an asset; and over the centuries, the law of the jungle was replaced by the law of the land. Counter-aggression was reinterpreted as a necessary act of self-protection and self-preservation against attacks by barbarians, invaders and assassins. Walled cities and formidable castles were built to withstand any siege.

The number one reason for the increase in student violence in schools is staff counteraggression

Stockades were constructed along critical waterways to protect new settlements. And after World War II, the policy of the large nations was to be prepared militarily at all times and to let every nation know that there would be a massive retaliation against any attack.

Counter-aggression can be seen in a nation’s armies and a town’s police force. It has become so much a part of the fabric of our society that it is difficult to recognize how counter-aggression has shaped our thinking and attitudes. Currently, we applaud politicians and police, who are tough on criminals. We would like them to solve our fears of being a victim in the same counter-aggressive ways in which our military forces have dealt with our foreign enemies: “Let’s punish them!” The biological instinct for counter-aggression exists in all of us. Perhaps even in our DNA.

Looking beyond the simple solution of punishment we all wish for a psychological aspirin to relieve our worries and pains. We would like someone else to solve the problem of violence in our society. We want the police, the courts, and the prisons to do their jobs and to protect us from criminals. However, there is one area where we can influence aggressive behaviour; that is to learn how to control our own counter-aggressive actions.

The number one reason for the increase in student violence in schools is staff counter-aggression. While staff do not initiate young person aggression, they react in ways that perpetuate it. Staff counter-aggression is a complex issue. It is part of our history. It is part of our society. But counter-aggressive acts should not be a part of our helping process with troubled children and youth.

Fritz Redl (1966), in his study of delinquent youth, was among the first psychologists to write about staff counter-

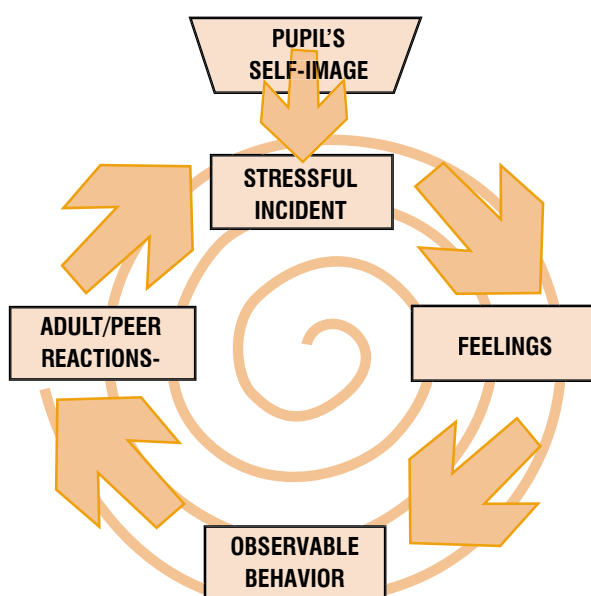
aggression. He described the underlying reasons why staff become counter-aggressive. I have taken his creative concepts and have expanded them for the next generation of professional helpers.

Seven Reasons Why Adults Become Counter-aggressive

1. Counter-aggression is a reaction to being caught in the young person's conflict cycle.

The most frequent reason for reasonable staff to behave aggressively toward troubled young persons is that staff become caught in the dynamics of the young person's conflict cycle. About 50% of staff's counter-aggressive behaviour can be explained by this cycle.

The Young Person's Conflict Cycle



The conflict cycle describes the circular and escalating behaviour between a young person and a staff member during a conflict. It teaches one of the most important principles of interpersonal behaviour.

When a young person is in stress, his emotions will echo in the adult. If the adult is not trained to own and to accept his or her counter-aggressive feelings, the adult will act on them and mirror the young person's behaviour. This means an aggressive young person will always create counter-aggressive feelings in the adult. Whenever adults act on these feelings, do what seems normal, and follow their impulses, the situation will become more emotional, irrational, and volatile. For example, when a young person yells at a child and youth care worker and says, "I'm not going to do it!" the normal impulse and desire are to yell back, "Yes, you will do it!" Once this happens, the conflict cycle escalates.

During the heat of this battle, the child and youth care worker frequently refuses to back down or to acknowledge his or her role in furthering the crisis. The adult becomes locked into a rigid pattern of thinking, feeling, and behaving and tries to break down the door of the young person's resistance. The professional term for this adult behaviour is "Retaliatory Resistance." The adult retaliates because he or she has internalized the young person's aggressive feelings; and instead of using them as a diagnostic indicator of what the young person is feeling, the adult acts on them and behaves counter-aggressively.

Once this cycle begins, the adult fulfils the aggressive young person's prophecy: "All adults are hostile, and this incident is another example of a hostile adult who enjoys pushing me around." Even when the young person loses the battle with the child and youth care worker and is punished, the aggressive young person wins the psychological war. The young person's irrational belief that adults cannot be trusted to treat him or her fairly is reinforced. Therefore, the young person has no need to change patterns of thinking, feeling, and behaving toward adults now or in the future.

The knowledge of the Young person's Conflict Cycle enables a staff member to understand the source of counter-aggressive feelings. That is, those feelings come from the young person in stress. Adults who understand this can learn to accept these feelings, rather than to act on them.

2. Counter-aggression is a reaction to the violation of our personal and cherished values and beliefs.

The second most frequent reason for staff counter-aggression occurs when young persons attack and deprecate adults' internalized and cherished belief systems regarding how they should behave. Most of us have been taught to believe in selected values. In some families, these values were seen as virtues that could be attained only at the expense of rejecting their opposite values. For example, to be clean, we had to learn to dislike or hate dirt. To be neat, we had to view messiness as repulsive. To be hardworking, we had to spurn laziness or see it as a form of depravity. As we internalized beliefs as cherished virtues, we also internalized the beliefs that being dirty, messy, tardy, lazy, lying, crude, sloppy, sexually impulsive, emotionally explosive, sullen, and angry are vices to be purged, renounced, and despised. Unfortunately, that list includes many of the common traits of disturbed children and youth.

When troubled young persons look filthy and foul, are unorganized and untidy, procrastinate and turn in their assignments late, are not motivated to succeed, are passive, are unwilling to apply themselves, lie and cheat, are careless and have low standards, are abusive and insulting, are sexually primitivel, or are hot-tempered, excitable, menacing, glum, sad, and grim, their attitudes and actions can trigger strong emotions and counter-aggressive behaviours in adults.

Staff members often define problem behaviour as the discrepancy between what they observe and what they

believe is proper and acceptable behaviour. Unless we become aware of this, our internalized concepts of virtue and vice will continue to interfere with our effectiveness with troubled young persons. The solution to staff counter-aggression begins with staff self-awareness, not with the young person's behaviour.

3. Counter-aggression is a reaction to being in a bad mood.

Helping staff are not robots. They have the same developmental, psychological, and physical stresses as all adults have. At times their personal lives become overwhelming and emotionally exhausting. While these staff members usually are competent, dedicated, and supportive of the young people, they feel rotten today. They have a bad taste in their mouth and a bitter attitude toward life. They cannot stomach the acid irritation of the normal and annoying behaviour of the young people and are ready to spew out their exasperation on any young person who crosses them.

Then Jason decides it would be clever and fun if he added a little excitement to the classroom by making sounds with his armpits. The adult overreacts and becomes counter-aggressive. After the heat of battle, the adult usually can acknowledge his role in the crisis and realize that he overreacted to the young person because he was stressed and in a bad mood.

4. Counter-aggression is a reaction to not meeting professional expectations.

The staff member views himself as a professional. He has earned his degrees and is certified to help troubled children and youth. He understands the importance of developmental psychology, personality theory, group dynamics, and behaviour management skills. He is not naive about the complexity of helping and usually has the insight to see trouble before it happens. But today, instead of using his professional judgment, he is in a good mood and agrees to let Warren and Jeff sit together, though he knows they rarely get along. He allows Matthew to keep the sea shells he brought to school because he promised not to play with them, though he also knows that Matthew has Attention Deficit Disorder. He permits a dodge-ball game to continue beyond the scheduled time because everyone is having a good time, though he knows it is an aggressive game. However, Warren and Jeff end up in a fight and have to be restrained. Matthew provokes his peers by saying, "I have something you can't see," until two of his classmates grab Matthew's shells while he screams, and Jennifer and Andrea are crying because Randy hit them with the ball during the final minutes of the game.

These conflicts could have been avoided if the staff member used normal strategies and skills. Instead, the adult becomes angry for not doing the "right thing" and reacts by taking it out on the young people. "If they had behaved properly, I would not have all these problems. It's all their fault!"

5. Counter-aggression is a reaction to feelings of rejection and helplessness.

We have a special relationship with one or two troubled young persons. We feel very compassionate and have a great deal of empathy for them. We understand them and are committed to helping them succeed, change, and improve. We are in their corner and ready to treat any of their psychological cuts and bruises. We are ready and willing to go the extra mile or stay an extra hour to support them. These children and youth also appear to enjoy and respond positively to our involvement, so the relationship seems to be mutually satisfying and rewarding. Over time, however, this relationship begins to deteriorate. These "special" young people become demanding and make unusual requests that we cannot grant. Most of all, they are suspicious of our intentions; and at times they misinterpret what we say.

How do we explain these changes in their feelings and behaviours? Why would they regress when they were making such clear progress? Our first reaction is to say their behaviour "makes no sense". After all, we have not changed, and their programs have not been altered. All we know is that they are treating us unfairly and we do not like it! Considering all we have done for them, they should appreciate our help, unless, of course, they are deliberately taking advantage and exploiting our friendship and kindness! At second glance, they seem to be looking for reasons to reject us and to discover why their relationship with us and the progress they are making is a fluke or a freak occurrence. They act like we are the enemy and not the supporting adults.

What do these negative attitudes and rejecting behaviours mean to us and these "special" young people? For these young persons, the covert issue motivating their behaviour is the fear of closeness. The importance and strength of our relationships are frightening to them. The problem is not one of rejecting us, but of liking us too much. Prior to our relationship, their irrational beliefs and defences protected them from having to change or modify their attitudes or behaviours. Now we come along, and the warmth of our relationships over time melts some of their defences. Because of us, they are feeling exposed, fragile, and ambivalent. They struggle between believing in their new and meaningful relationship with us and wanting to hold on and protect their "pathological self." They are experiencing a painful intra-psychic battle. They want the warmth and affection of the relationships, but they also remember the fear of being rejected and abandoned by adults. While they are wrestling with this covert issue, the drama centers on us. They test the relationship by trying to get us to reject them. If they are successful, and we give up on them, they reaffirm their basic assumption that the adults in their lives are hostile and uncaring.

This is a painful time for us because we feel rejected by the young people we like the most. We feel angry and exploited. We have done more for these young people than we have for any other young person. But they are biting the

caring hands that feed them. If we are not aware of their fear of closeness, we will do what seems natural and react with righteous indignation. We will tell them how ungrateful and inconsiderate they have been: and with justifiable fury we will reject them.

By understanding troubled young people's fear of closeness and their attempts to reject what they want the most, we can bring new insight amid hope into our relationships with these young persons and support them during this difficult stage of psychological change.

6. Counter-aggression is a reaction to prejudging a problem young person in a crisis.

A social structure exists in every school, and young persons are assigned and assume specific group roles. One group role is the instigator or troublemaker. Everyone knows who this young person is. His reputation is acknowledged by the staff, and peers follow him around like shadows on a sunny day.

If this young person is involved in a crisis and the sounds of trouble are all around him, there is a high probability that this young person will be prejudged as the instigator before all the relevant information is obtained. The staff member who intervenes is likely to say, "I knew it would be you!"

Whether you call this process flawed insights, or defective conclusions, it happens to the nicest of adults. Judgments are made that are not true, and the targeted young person is accused of some act he did not do. In this sequence, the young person becomes upset, and the adult is convinced the young person is lying to protect himself. The result is an unfortunate incident that can turn into an ugly counteraggressive crisis.

7. Counteraggression is a reaction to exposing our unfinished psychological business.

Stress is inevitable in life. No staff member enters the classroom or crisis room with a symptom-free history or has the perfect psychological fit to work successfully with all the young persons assigned to him. All caregivers have their pressures and problems. If the staff member's parents were authoritarian, alcoholic, explosive, and unpredictable, he or she might grow up fearing aggression and aggressive people. When the staff member is faced with a troubled young person who yells, curses, and threatens, the young person's behavior reactivates the adult's childhood fears and feelings of vulnerability. The adult thinks only about how to escape from this unpleasant situation. The adult hopes the young person's behavior will stop. When it does not stop, the adult frequently is so upset he or she intervenes in a counteraggressive way.

Another example of how a teacher's unfinished psychological business affected her ability to work with an aggressive young person took place during the supervision of one of my graduate young persons. Ms. Powell was teaching at a day treatment program for seriously disturbed

children, and she was complaining about how the boys in the oldest classroom, ages 10 to 12, seemed to delight in teasing the younger girls, ages 7 to 9. She was most upset by Tacuma, age 11. After she observed him provoking and tormenting Cheryl, age 8, on the playground, Ms. Powell said with irritation, "The teacher on duty didn't do anything, although the staff say they protect children from verbal abuse." I asked if she shared her observations with his teacher. She said she did not, and I urged her to talk to this teacher because this seemed like an important issue for her. I also suggested she think about why she was so upset by this incident and wanted Tacuma to be punished. She replied, "This is just like you! I come in describing an unfortunate young person problem, and you turn it around and try to make it my problem!" I replied, "It may feel like I was accusing you, but I was only stating a thought."

Ms. Powell left feeling unappreciated and angry. Two days later, she appeared in my office door and asked to talk with me. I invited her in, and she appeared embarrassed. In a quiet, reserved voice, she said: "Remember the incident I told you about Tacuma and Cheryl? Well, last night when I was reading, it came to me. I could hardly believe it! Cheryl was me and Tacuma was my older brother, Raymond! He would torment me and make me promise I wouldn't tell our parents. He was cruel; and when I saw Tacuma picking on Cheryl, all those old feelings of anger welled up in me. If I were in charge, I would have punished Tacuma with pleasure.

Ms. Powell was able to identify and uncover a powerful and buried life event that triggered her counteraggressive feelings toward Tacuma. In reality, we carry our personal histories into our classrooms or activity rooms every day. Unfortunately, a few young persons have the key to expose our unfinished psychological business, provoking a counteraggressive response.

Summary

Staff counteraggressive behavior has no therapeutic purpose in helping relationships with troubled young persons. Counteraggressive behavior destroys the effectiveness of staff intervention and succeeds only in reinforcing troubled young persons' beliefs that all adults in their lives are rejecting and punitive. Our ongoing professional struggle is to become more aware of how the seven underlying reasons for counteraggression affect us personally. Preventing or controlling our counteraggressive behaviors does not increase our professional dedication or will power, but using our normal counteraggressive feelings as a signal does allow us to stop and think about why we are feeling so angry. Remember, with insight comes choice, change, and the changes to build more rewarding relationships.

Reference

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Nonduduso.....

the girl who died because no-one cared enough

By Katrien Auf de Heyde

I have been clearing out the rockery over the past few weekends. It used to be completely overtaken by brambles, their growth so thick and stubborn that there was no way to walk among the rocks, let alone to see what else might grow there, given the chance. In the past year we have been relentless in cutting them back, again and again and again, digging up and out their gnarled, bulbous roots. Bit by bit, leaf by leaf it seems other shrubs have appeared, at first only the most sturdy and confident ones, almost defiant in their new shoots, and oh, so beautiful. The more dried-out prickly bramble cuttings I clear, the deeper I dig for them, the more rocks I lift to trace and pull at the rope-like bramble root, the more I discover. Although I wear thick gloves, and am armed with a severe pair of secateurs, the bramble thorns get in and under my skin - bruising, scratching, burning, ripping. This weekend I have been noticing how many ferns there are. I love these plants, for their gentle determination to claim their space. Most of them look fragile and delicate, yet I also consider what it takes to survive in the place they come from, and not simply shrivel up, dry out and be no more. Most of them seem to be growing out of cracks between rocks, pushing their way out of the dark into the light. I want to take special care of them and nurture them in a way the other plants do not seem to need. I want to see them grow big and strong and spread out.

Yesterday it occurred to me that this might be a helpful way of reflecting on Nonduduso, a 12 year-old girl who died on Wednesday. I make no claims

to having known her well and no assumptions about knowing much of her short life. All I do know is that she died on Wednesday, in hospital and probably alone, because no-one really cared that much.

The first time I went to see her "family" she was squatting over a tiny twig and stick fire, stirring a pot of water with a few cabbage leaves in it. She was crying softly and would only look through us, making no contact. She seemed beyond reach. The physical environment was one of disrepair, filth, and abandonment. The place was empty also of any human feeling, care or connectedness.

On that first visit we took Nonduduso to the local school to have her enrolled, organise school uniform and settle the fees. None of this seemed to touch her in any way. How long she attended that school no-one knows.

We would return bringing food and also some clothes for her. Once her little emaciated body was covered in scabies scars. She became more and more ghost-like. Another time a group of leering, half-naked adolescent boys hovered around the rondavel, and when she started crying her grandmother simply laughed. At that point we took her from that place then and there, and she spent some time staying with one of the project "volunteers" who said that Nonduduso vomited a lot and cried.

When her mother started to get too sick to take care of her, Nonduduso had been sent to her maternal grandmother's "home" where we had first found her,



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because she was not wanted at the homestead of her maternal grandfather. In the latter homestead there was a step-grandmother, and a group of boys obviously well cared for and adored. The step-grandmother was hard and hostile, the grandfather cautious to appear appeasing when we went to meet them and find out why Nonduduso was not welcome there. After her mother died, she returned here briefly, only to be asked to leave soon after. It was like she was an untouchable, an outcast, and I wonder if (even if no-one else did) her mother ever loved her. Yes, it was difficult to like this girl. She appeared so removed, so inaccessible, so utterly an island unto herself, she never smiled, and seldom spoke. This must have been the only way she knew how to survive.

By the second to last time I saw her, the light in her eyes was not even dim any longer, it was out, and she haunted me in the way that she had become a walking dead person among the living. There was nothing of life left in her. Her left ankle was swollen, and it was clear that the life force was beginning to drain out of her organs. I had a strong impulse to take her home, but we took her to the hospital instead. A diagnosis was made, kwashiorkor. I hope I shall always remember that moment sitting on a hard bench on the children's ward, three hours after we first arrived at the hospital, while the nurses completed the paperwork. She started half-dozing leaning against the wall, and when it seemed she no longer had the strength to keep herself upright, she curled into a ball, and lay down in my lap. Not a

single word passed between us. At that moment I felt unspeakable remorse at not simply having taken her home with me. I still feel that. Not because I could have saved her life, but merely to have offered a temporary safe, warm shelter.

Both her ankles were swollen the last time I saw her, at yet another place with some or other distant relative, in a homestead full of round, laughing children, animals of all shapes and sizes, a shebeen, and huge pots of something cooking on the fire. Nonduduso was sitting, alone, on the side of the rondavel where there was no hustle bustle, hunched over a plate of stew and pap, and she barely acknowledged us. Shuffling her food around on the plate, we watched her eat a few tiny spoonfuls, mere morsels. The rest she placed untouched inside a cupboard. She really was not with us any longer. Two weeks later she was dead.

As I continue to work in the rockery, I will think of her - her outer life, the armour she wore bramble-like, enduring, rooting deep and menacing. Her vulnerability the shyness of a fern hidden within the rocks, the tenderness of a new shoot on a stick long brittle. Work it, create space, nurture and take care, heal so that you may live. I am so sorry that this was not for her.

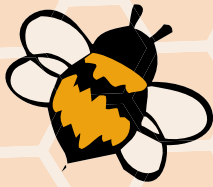
For you Nonduduso, whose name means "to care for":

May you now be at peace.

May you now be free from pain and suffering.

May you now be free. ▲

No Money Activities!



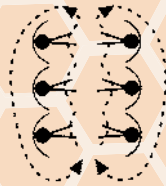
Midnight

Equipment: None
Playing Space: Flat area
Formation: Single line of children facing the leader - 'fox'

Instructions:

One player is the fox and stands at one end of the play area (the den). The other players are sheep and go to the other end of the play area (the barn). On a signal, they walk toward the player that is the fox and call out, "What time is it, Mr Fox?" If the fox answers "10 o'clock"; "4 o'clock"; and so on, the sheep are safe. Should the fox answer "midnight" the sheep run back to the barn and the fox chases them. The game is repeated and all persons caught by the fox join that player and help catch the remaining sheep.

- Number each pair and that pair jumps when their number is called
- Try other ways of moving, e.g., leaping, hopping, walking sideways or backwards (carefully).



Jumping Square

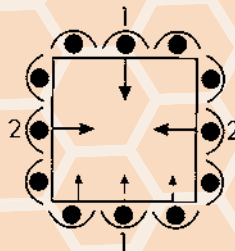
Equipment: None
Playing Space: A small rectangle or square marked outside or indoors
Formation: Children stand evenly spaced on the four sides of the square

Instructions:

Number opposite sides 1, and the other two sides 2. A child calls 1 and all children on these two lines jump across to the opposite line without touching: Child calls 2 and the other lines jump across without touching. When the child calls 3, all sides jump to the opposite side without touching.

Variations:

Try alternative ways of moving, e.g., walking, hopping, skipping, spinning and so on.



Ladder Game

Equipment: None
Playing Space: Indoor space or flat, even area
Formation: Two lines of children sitting opposite each other on the ground about a metre apart with their legs stretched out in front of them

Instructions:

Each pair of children moves through the ladder by jumping, with feet together, over the other children's legs. At the top of the ladder, children run around to the bottom of the ladder and jump back to their places.

Variations:

- Make a circular ladder

Bee Stings

Equipment: None
Playing Space: Area marked with a boundary
Formation: Random

Instructions:

Children walk within the space. One child is selected as the bee. The bee chases other children either walking or hopping. The bee stings the other players by touching their backs. Change bees frequently.

Variations:

- Change the types of movement, e.g., run, gallop
- Increase the number of bees.

Jumping Jo

Equipment: None
Playing Space: Large open space
Formation: Free space

Instructions:

Select one child to be Jumping Jo. He or she has to perform a number of actions which the other children imitate - frog jumping, jumping forwards, backwards, sideways. This continues until Jumping Jo stands still and claps hands. On this signal, the children jump away as Jumping Jo tries to catch one. The person who is caught becomes Jumping Jo for the next turn.

Water Under The Bridge

Equipment: None
Playing Space: An even, flat area with boundaries
Formation: Pairs

Instructions:

Children skip around the defined area in pairs. One pair of children tries to

tag the other pairs of children. When a pair is tagged, they stand still, face each other and form a bridge by joining hands and holding them above their heads. To release these children, a free pair of children must skip under the bridge.

Variation:

Vary the movement, e.g., gallop or run.

Nosey Tag

Equipment: None

Playing Space: Flat area

Formation: Random within a boundary

Instructions:

The game is similar to a simple tag game. Players can avoid being tagged by holding their nose with one hand and a foot with the other. The player tagged becomes 'it'.

Variation:

Place your arm under your leg then grab your nose.

Under The Bridge

Equipment: 1 medium soft ball per group

Playing Space: Flat area

Formation: Groups of three

Instructions:

One child stands with legs astride. The other two, standing either side, roll the ball to each other between the middle child's legs.



In and Out

Equipment: 1 ball per group

Playing Space: Open area

Formation: Groups of five in a circle with child 1 in the centre

Instructions:

Child 1 throws the ball to child 2 who catches it one-handed and runs into the centre to take 1's lace. Child 2 throws to child 3. The game finishes when child 1 is back in the centre.

Variations:

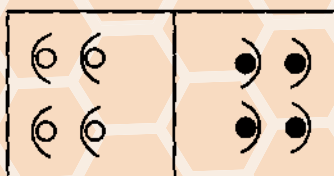
Encourage left- and right-handed catches, high and low one-handed catches.

Force Them Back

Equipment: 1 ball per group

Playing Space: Area, size of half a netball court, divided in half

Formation: Teams of four. Team 1 stands in one end of the court with the ball. Team 2 stands in the other half



Instructions:

In turn, children throw the ball into the other team's end. If the ball is caught that team can move forward three metres. Attempt to force the opposition to the end of the field. Encourage children to move well into the path of the ball to trap and catch.

Kick The Can

(PINBALL SOCCER)

Equipment: Soccer ball, five large cans, cartons per group

Playing Space: Large, flat open space

Formation: Two parallel lines 10m apart with 8 - 10 players per group

Instructions:

Divide players into two teams, each team standing on its own kicking line. Distribute cans randomly around playing area. Kicking lines are 10 - 20m from centre line, depending upon skill of players. Give soccer ball to a player on one team, who kicks the ball at a can from her own kicking line. Opponents trap ball with their feet as it rolls to them, and kick from their line. Game continues until all the cans are down. A team makes one point

for each can it knocks down. When all cans are down the team with the highest score is the winner. A player may block the ball with his/her body but may not touch it with the hands unless it goes out of bounds, in which case it is carried to the kicking line and kicked again. If the ball is touched with the hands, it is a foul, and opponents win one point.

Through The Legs

Equipment: 1 medium playball per group

Playing Space: Flat area

Formation: Three children, spaced three metres apart in a straight line

Instructions:

End children pass the ball between the middle child's legs. Each time the ball is passed successfully move back one step. Change the child in the middle after ten passes.



Protect the Bin/Cone

Equipment: 1 medium playball, 1 bin or cone

Playing Space: Flat area

Formation: Circle, with the bin in the centre and one child as the guard near the bin

Instructions:

Kick the ball to hit the bin/cone. The guard protects the cone/bin with the body and feet but not the hands. Children may retrieve a ball inside the circle but must return to the perimeter of the circle to kick. After each successful hit, the guard is changed in rotating order.

Variations:

Alter the size of the circle to make it harder or easier.

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Playsport, Teachers Resource Manual, National Sports Council of South Africa, PO Box 15510, Doornfontein, Johannesburg, 2028, South Africa

Caring For Caregivers

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What caregivers say about occupational stress, what causes it and what we need to do.

Thea Patterson and Batya Reckson

Introduction

"I am feeling a little weird lately," begins Kevin a child and youth care worker (CYCW), "just little things you know..... like when I am driving I forget to switch off the indicator, and at home I am more restless and irritable. I am finding it difficult to relax, my mind keeps flashing over events of the day: Linda's mom telling me that Linda (16) had just taken an overdose, Christopher (10) screaming at me to get out of his room, the social worker phoning to remind me that Nosi's (14) anti-psychotic medication has yet again been increased.....It is not as if I am not coping or anything like that, I am just feeling sort of strange, not myself completely."

A Nursing Assistant scolds and humiliates a colleague in front of others for feeding Fanie 10 minutes late. Fanie is a 3 year old boy, who has had both his legs and his right arm, amputated due to gangrene. He is also blind due to a brain injury. His mouth and face is scarred due to the gangrene. He is unable to talk or swallow and requires tube feeding via a gastrostomy. Fanie has been abandoned by his family. Many visitors to the ward cannot bear to look at him, others are moved to tears.

Frontline caregivers such as nurses, CYCW's and social workers, are frequently called upon to make sense of unthinkable human behaviour and tragedy. They

are required to provide appropriate emotional and professional responses to the individuals in their care, as well as of caring work and it is a major source of the stress that caregivers feel. This article explores the personal, organisational and institutional aspects involved in caring for caregivers. It argues for greater recognition and ongoing support for frontline care-workers and discussed the concept of secondary traumatisation: what causes it and what we need to do to look after ourselves as helping professionals.

Process Practice and Context

Secondary traumatisation refers to an occupational hazard for those who work closely with people who have survived catastrophically shocking and/or life threatening events: the death or abandonment of a parent; contracting a chronic or life threatening illness; abuse at the hands of a beloved family member; being paralysed as a result of an accident. Each of these constitutes catastrophically shocking events.

These are traumatic events for any child. Working closely with these survivors usually means having to continually contain their conscious and unconscious feelings. For example, a sick child throwing a plate of food in the face of a nurse or a child, swearing at a caregiver. In this way traumatized children test the inner fibre and character of those who come

to work with them. The children need to learn alternative ways of managing their inner confusion and anxiety, and the staff need to function as containers for them. Caregivers are required to respond in ways that calm anxiety, of the children in their care. In order to do this staff must have created and built the inner resources to manage, teach, discipline, love and act as role models for the children. Without this staff are likely to respond impulsively and inappropriately by for example swearing or manhandling a child.

It is in this process that problems can occur and a worker can over time become vulnerable to secondary traumatisation particularly when considering the social-political contexts of workers.

Many caregivers live in crime ridden and under-resourced areas. They are often confronted with gang violence and even getting to and from work is an ordeal. Transport is costly and very time consuming. Care workers earn low salaries and are often burdened by huge debts. Their own families are also needy and demanding of their time, e.g. their own children may be involved in criminal activity or suffering from HIV/AIDS. In addition, increased pressure on social agencies and health institutions to maintain programs with limited resources. All these contribute to stress levels of workers and increases vulnerability to secondary traumatisation.

Secondary traumatisation occurs as coping mechanisms aimed at managing stress are no longer able to contain the stress and the person gradually reaches breaking point. This point can take weeks, months or years to develop and those concerned can experience a cluster of symptoms such as:

- blunted emotions
- sleep disturbances and nightmares
- overwhelming feelings of helplessness
- feelings of guilt
- increased alcohol and drug use
- aggressive behaviour and anger
- taking on more work
- loss of ideals-despair about society
- lowered belief in the value of one's work
- relationship problems

For management staff, the lack of coping with stress manifests in the following:

- regular absenteeism

- aggravation of pre-existing illnesses, e.g. spiking of high blood pressure, asthma attacks, etc.
- irritability with colleagues
- inability to work as a team member
- neglecting tasks/duties
- procrastination and postponement of tasks

The responsibility for supporting caregivers in developing emotional skills and resilience falls on managers of organizations and institutions.

Recommendation

The need to recognize the impact of the social and political context on the individual and the concomitant stress that caregivers feel is fundamental. This includes recognizing the emotional component of care giving work, and motivating for psychological support. Ongoing political transformation is usually long term. This means that many of the chronic social problems in the community and working conditions of staff are not going to change in the near future, therefore support needs to be ongoing. It is clear that certain conditions for institutional containment are needed to help staff cope with the challenges they face. These conditions include:

- clear role definition and boundaries
- clarity regarding lines of authority
- regular supervision
- ongoing and adequate staff training
- acknowledgement by superiors and management of work done
- team decisions being made as opposed to individual decisions

Another essential aspect of the managers' role is to address and engage other players in the wider community/to assist with 'caring for the carer' – One thinks here of the possibility of Social Workers and Psychologists in private practice perhaps earning their C.P.D. points in this way!

Summary

Working with disturbed, handicapped or chronically ill children especially in residential treatment settings is a very challenging and demanding task. Commitment to and caring about children is not enough. ▲

Mobilizing for Action:

Advocacy and Lobbying

There are no set rules for effective advocacy but **Annette Cockburn** draws on her years of experience showing that the best advocacy campaigns are very carefully planned.

What is Advocacy?

Advocacy is speaking up, drawing attention to an important issue or problem, and directing decision-makers towards a solution. Advocacy involves people taking part in decisions which affect their lives. Advocacy is strongest when many people and organizations support the same issues.

What is Lobbying?

When we try to influence people in decision-making positions, we are involved in lobbying. Lobbying is using any lawful means to influence politicians.

In the past many South Africans were involved in protest politics against the government. They organized marches, pickets and boycotts in an attempt to influence the apartheid government to change its policies and laws. Although South Africa is a democracy now it does not mean we always agree with the laws and policies of the government. It is still necessary to influence and pressurize the government to make sure that it safeguards the needs and interests of all South Africa's people especially those groups who have been most disadvantaged and marginalized, like people with disabilities and women and children.

So we can say:

Advocacy:

is about informing and persuading people to change and improve laws and services.

Lobbying:

(one of the tactics used in an advocacy campaign) is influencing decision-makers.

An advocacy campaign on inclusive education for instance may involve parents lobbying school governing bodies to provide wheelchair access for children with disabilities.

The Advocacy Process

- **Issue**
Identify the problem
- **Goal and Objectives**
Be clear about your purpose
- **Target Audience**
Who are you aiming at?
- **Building Support**
Networks are essential
- **Message Development**
What will you say and do – and how?
- **Channels of Communication**
Understand the system
- **Fundraising**
...and mobilizing other resources

Collecting Information

Monitoring and Evaluation

Important Things to Know about Lobbying

Basic rules for lobbying

- Be clear about your issue, your facts and your position.
- Use lobbying only for important issues that will improve the life in the community and make very sure that your position is the right one before you start lobbying.
- Be careful not to speak “on behalf of people” unless you have consulted them and involved them in your lobbying strategy.
- Target the right people – analyse who has the power to make a decision on your issue and target your lobbying at these people.
- Build a lobby group – analyse people (individuals and organizations) who can influence the decision makers and try to mobilize them to support your issue – never try to lobby alone. People with political power are often most sensitive to grassroots mobilisation that represents their voters.
- Think about your target audience – how the decision maker can benefit from agreeing with you and include this in your arguments – most decision-makers will agree more easily if they can see how your proposals link to their concerns.
- Never use blackmail or bribery or even gifts and favours to persuade someone. That is corruption, not lobbying.

Publicity

Media attention is a powerful persuader and the more the publicity you can get for your issue the better. It always helps to make individual contact with a reporter who is prepared to follow the issue through.

Petitions

Petitions are a useful way as showing popular support for your issue. You can use a petition to use as many signatures from people in the community who are affected by the issue. Or you can get a smaller amount of key individuals or organizations to sign a petition in support of your submission. Keep very careful records of all the communications with the decision maker.

Questions to Ask Yourself as you Begin an Advocacy Campaign

1. What exactly do you want to lobby for? (Be clear on the result you want to achieve.)
2. Who has the power to make a decision on that issue?
3. Who else can influence the decision maker and how can we mobilise them?
4. What will your opponents say, what will be their argument?
5. What will you say, what will your argument be?
6. How will the decision-maker benefit from the result we want to achieve?
7. What lobbying methods should we use?

Keywords

Access	Able to get, have or use something. Example: access to education, information Or a building.
Accessible	Easily available or easy to use.
Discrimination	Being treated differently. Example: Because you are black, a woman or Living with a disability.
Exclude	To be left out on purpose.
Testimony	People telling in their own words about their lives
South African Constitution	The highest law in South Africa
Monitor	To check up on, or to follow the progress Of a campaign, law or an organization
Vulnerable	Easily hurt, damaged or at risk. Example: People with Disabilities are Vulnerable to abuse.
Negotiate	When you enter into a conversation with the Aim of finding a solution to a problem.
Mobilize	Get people together around a particular cause

Taken from: Disabled People South Africa, Advocacy Training Manual

Days to Remember

JUNE

Youth Development Month

- 1ST International Children's Day
- 4TH International Day of Innocent Child Victims of Aggressions – UN
- 8 – 14TH National Stroke Awareness Week
- 12th World Day Against Child Labour
- 12th Nelson Mandela Imprisoned “for Life” – 1964
- 15th International Conscientious Objection Day
- 16 – 21st National Epilepsy Week
- 16th Youth Day (South Africa)
- 16th Day of the African Child
- 17th Boipatong Massacre, South Africa – 1992
- 17th World Day to Combat Desertification and Drought
- 20th World Refugee Day
- 21 – 28th SANCA Drug Awareness Week
- 21st First Nations Day
- 26th International Day Against Drug Abuse and Illicit Trafficking – UN
- 26th United Nation's International Day in Support of Victims of Torture

Implications of formula feeding to reduce hiv transmission

Prof. Frederick J. Veldman

School of Health Technology,
Central University of
Technology, Bloemfontein,
South Africa



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Summary

This research study looked at the levels of nutrition as well as the levels of germs in the bottles given to a group of babies in an area near Bloemfontein. The risk of HIV infection when breast feeding means that many mothers are encouraged if HIV positive, to bottle feed their babies. But this study shows that in unhygienic living conditions it is very often that bottles contain many germs that can lead to babies becoming ill. While the nutritional levels of the feeds was found to be acceptable, the feeds were found on the whole to be unfit for human consumption because of the germ levels that they contained. This study therefore shows that great care needs to be taken in preparing bottles, if those who are caring for babies are to avoid risk of other serious illnesses to babies.

Background

The global HIV epidemic has had a major impact on the health and survival of infants in sub-Saharan Africa (Brahmbatt and Gray, 2003). Recent advances in reducing the transmission of the HIV virus from mother to child during the intrapartum¹ period have been made. The postpartum² risk of transmission of the HIV virus through breastfeeding remains a challenge in resource constrained settings. It is believed that

the rate of HIV transmission via breast-milk ranges from 12 to 26% (Brahmbatt and Gray, 2003; Leroy **et al.**, 1998). Historically, breastfeeding is believed to bring multiple benefits to infants and improving the health of mothers (Coutsoudis **et al.**, 2001). The most serious threat to this practice in modern times was the replacement of breast milk through promoting the use of artificial milks, particularly, but not only, in developing countries. It is generally accepted that bottle feeding could decrease the risk of vertical HIV transmission associated with breastfeeding. However, it is also known that supplementary feeding is an important source of disease transmission. The most prevalent infections among children are respiratory and diarrhoeal infections. Children become most susceptible to these infections when weaning foods or liquids complement or replace breast-milk. Diarrhoea is believed to be the most common cause of child morbidity⁵ and mortality⁴ in developing countries. It is also suspected that almost 70% of these diarrhoeal episodes could be due to pathogens (organisms³ causing disease) transmitted through food.

Aim

The aim of this study was to investigate the level of microbial contamination present in a representative sample of weaning feeds given to infants in the

Mangaung region of Bloemfontein. Other social, environmental and economic factors believed to contribute towards the preparation of bottle-feeds were also examined.

Methods

The study followed a cross-sectional design. 200 randomly selected households were visited and caregivers of bottle-feeding infants in the selected area were requested to provide a sample of the infants' bottle feed. Nutritional and microbial content of each bottle feed were measured. Bottles were classified as unfit for human consumption using a standard plate count greater than 50 000 organisms per millilitre, or a total coliform count greater than 10 coliform organisms per millilitre feed.

A total of 84.5% of all the bottle feeds were classified as unfit for human consumption.

Findings

A total of 84.5% of all the bottle feeds were classified as unfit for human consumption. However, there was no major difference in nutritional quality of the bottle feeds from the fit and unfit groups. The infants receiving unfit bottle feeds were younger compared to those receiving fit bottle feeds (11.1 ± 6.9 months compared to 14.0 ± 7.6 months, respectively) with a concomitant lower body weight.

Interpretation

Results from this study show that while the nutritional content of bottle feeds were adequate, the level of bacterial contamination was unacceptable. Common factors such as unhygienic living conditions with unsafe water supplies, inadequate refuse removal and disposal of excreta, contamination of food and kitchen utensils and the decline in the prevalence of breast-feeding, are believed to be directly associated with high levels of bacterial contamination of food sources. Yet, the importance of food safety in the prevention of diarrhoeal disease is often overlooked or neglected. Diarrhoea has a direct effect on the nutritional status of the infant which not only prolongs the individual diarrhoeal episodes, but also increases the risk of mortality (Hansen and Bac, 1995). Yet, health professionals blame mainly energy-poor weaning foods and liquids as the major cause of malnutrition in infants receiving complementary feeds (Piwoz *et al.*, 1998). Nutritional content of bottle feeds in this study were acceptable. This finding is very important, especially to those responsible for instructing the caregivers. The risk of transmission of the HIV virus to the infant associated with exclusive bottle-feeding is

in theory, negligible. However, non-breastfeeding and weaning is associated with increased infant and child mortality and morbidity even in the absence of HIV (WHO Collaborative Team on the Role of Breastfeeding the Prevention of Infant Mortality, 2000). This study underlines the need to address the content of feeding literacy programs. Bottle feeding in Mangaung is not a safe alternative to breastfeeding and should therefore not be promoted.

Glossary

¹intrapartum: during birth

²postpartum: after birth

³organism: a living being capable of reproducing

⁴mortality: death

⁵morbidity: unhealthiness

Acknowledgements

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Mandy Goble

**Regional Chairperson
–KwaZulu Natal**

As a newly graduated social worker I began my career in the Child and Youth Care field at the Durban Children's Home, in 1990. Just a few months after having taken up this position Lesley Du Toit was appointed as my supervisor. This supervisory relationship had an enormous impact on my career, and provided me with the direction I needed as a fledging in the field.

Some years later, I had the privilege of receiving guidance from both Ernie Nightingale and Roger Pitt, two elders in the Child and Youth Care field.

My first few years of social work at the children's home taught me basic child care skills. The lessons I learnt were hard and often cut me to the core, but they taught me valuable lessons about the developmental approach. It was just that I did not realise this at the time. After a year I was charged with the supervision of our child care team, and this opportunity convinced me that I knew very little about Child and Youth Care! In order to provide an effective service to the child care team, I grabbed as many NACCW courses as I could!

Four years later our principal resigned and I was requested to assist the organisation in an acting position, until a suitable person could be found. After six-months I applied for the position and, amidst some reservations due to my lack of experience and age, was appointed. In congratulating me my predecessor gave me two pieces of advice. He said, "just add 10% onto the budget each year and make sure the gutters are kept clean". Well 10 years later I can tell you that leading and managing a child and youth care program requires much more than a 10% increase on budget and clean gutters!

Looking back, the past 14 years have been exhilarating. Being part of the transformation of our program has been an experience which has stretched me both on a professional and personal level. The transformation of the child and youth care field which began in 1996, offered many opportunities which I grabbed with both hands. Many of these opportunities came through the NACCW.

In the short space of six years we have moved from a program providing custodial care to one which offers four relevant programs - a residential treatment centre for young people abusing substances, a special care centre for young people dying of AIDS, a residential program which focuses on family reunification and the pilot of the "Isibindi" model.

Through all these experiences I have always been able to count on and draw from the expertise and support of the NACCW. I clearly remember sharing with Merle Allsopp a painful experience which had had a profound effect on me. What I remember so clearly was her sincerity, her non-judgemental response and her willingness to understand my pain. This experience influenced my leadership style and reinforced my belief in the importance of belonging to an organisation which could provide support on a professional as well as a personal level.

In 2000 I was elected as NACCW Regional Chairperson for KwaZulu Natal, an office that I still hold. This has afforded me the opportunity to attend national Leadership Gatherings where I have had the honour of meeting wonderful and special child and youth care people from around the country. 2001 saw me venturing back into studying when Zeni Thumbadoo encouraged me to register for the 4th year of the B Tech degree. I have gained much knowledge from my studies and am looking forward to completing the course.

I can honestly say that I LOVE my work. I enjoy the challenges, the wonderful people I work with, and the child and youth care practitioners I have spent time with in training and meetings - and the young people who have allowed me to share in their lives. Some people search throughout their lives to find some meaning for their being, I am grateful that Child and Youth Care found me! ▴

Announcing...

The NACCW 15th Biennial Conference

"Vuyisanani: Professional Practice in the Life Space of Children and Youth"

This event will take place at the University of Western Cape, Cape Town on the 5th, 6th, and 7th of July 2005.

The keynote speaker is **Dr. Thom Garfat.**

The Fullness of a Moment

By Sue de Nim

Today, for just a moment, I was ten years old. I hadn't done my homework. It was art homework. We had drawn floating bubbles and were expected to complete the design using our knowledge of colour. I hadn't done my homework. I don't know why. Maybe I didn't like the project very much. Maybe I had too much other homework to do. Maybe I was distracted by an activity more interesting or satisfying. Maybe I was too tired. Maybe I forgot. Or something had happened ... We had art class with Mr Bransom. Howard Bransom. I know his name is Howard because he's also the head of Howard House, the yellow house. Howard House is named after John Howard, an educator and prison reformer. Mr Bransom is in his thirties with longish hair and broad sideburns. He is different to the other teachers. He smokes a pipe and puts his feet up on the desk while he's teaching us. Lots of the girls seem to like him and I think he flirts with them a little bit, especially if they're in Howard House. I'm sitting in the art room, towards the far left corner. There are easels, art materials and unfinished paintings around the room. All the desks, about thirty I would think, are placed in a horseshoe facing Mr Bransom's desk and the chalkboard. Hanging next to the board is a large wooden ruler with a geometry tool - a protractor, I think - attached to the end. It's useful for drawing straight lines and measuring angles on the chalkboard. I suppose Mr Bransom uses it for his technical drawing classes. Mr Bransom wants to know whether we all completed our homework. My unfinished work lies on the desk in front of me. Somehow, Mr Bransom discovers that I have not done my homework. Maybe he asked me and I told him. Maybe he saw for himself. I don't know. He asks me why I haven't done my homework. Why? Why?

I don't know the answer to the question. Why didn't I do my homework? I usually do my homework. I like school. I like art. I think I even like Mr Bransom. Why didn't I do my homework? I think he's asking me again. Silence. I have to give an answer but I don't know what to say. I think there's a half-smile on his face between those thick, hairy sideburns. Maybe this is just a joke or a bit of teasing. I'm sorry I haven't done my homework. Perhaps he'll let it go. The question comes again. Why didn't I do my homework? I'm not sure if it's Mr Bransom's voice or my own that I can hear. But I can't speak. There's a hard object stuck in my throat and I'm struggling to breathe. The silence is waiting for me to fill it with something, something which will appease Mr Bransom so we can carry on with our art lesson. A thin voice manages to escape from my throat, "I didn't have the right colours." Mr Bransom is looking at me. I'm sure some of my classmates are looking too, wondering if this explanation will save me. Perhaps now, Mr Bransom will laugh and it will be over. But he doesn't look like he's about to laugh. "I couldn't finish my work because I didn't have the right colours." I blurt out as the hard object in my throat threatens to choke me. It's Mr Bransom's turn. What will he say? What will he do? I think the half-smile is still there but he isn't satisfied. He wants me to come to his desk, bend over and be walloped by the large wooden chalkboard ruler with the protractor on the end. I keep looking at my picture of the bubbles - the unfinished picture - and all there is towards the top of the page is a large purple bubble. There are other bubbles in the picture. I can't see them but I'm aware of their presence. I can see only the large purple bubble. And Mr Bransom's large wooden chalkboard ruler with the protractor on the end. The bubble and the ruler are the only two things

I can see in that room despite the other presences. My classmates. They form a blur, and I suspect, that many of them have their eyes down in sympathy with me or my shame. Mr Bransom is waiting. Maybe he's waiting for a better answer. I don't have one. "I didn't have the right colours," I repeat. Maybe if I say it enough times, it'll become a more acceptable explanation. Maybe he'll tell me it's okay, that I can do the work for next week and that he's just been joking with me. But he's asking me again to come to the front and to bend over. I can't move. If I move, all will be lost. I know that if I go to the front of the classroom, I will die. I think the only way I'll go there is if I'm dragged from my chair by Mr Bransom. I feel my eyes darting, meeting no one's eye except the eye of the purple bubble. My throat has almost closed. I can barely breathe. How many times must I say it? "I didn't have the right colours. I couldn't finish my picture because I didn't have the right colours." Please let the joke be over. I don't know what to do. But I can't go to the desk, bend over and be walloped by the large wooden chalkboard ruler with the protractor on the end. And suddenly, Mr Bransom seems to change his mind. Perhaps, he didn't really want me to come to the front of the class and bend over. Perhaps, he just wanted to teach me a lesson, to give me a fright so that I would do my homework. Perhaps, it was just a little joke. But nobody is laughing. There is something different in the air and everyone of us in the room has breathed in its foulness. But he has let me go. I am safe again. Today, for just a moment, I was ten years old, despite the fact that I was born almost forty years ago. I heard a woman's story of pain and fear and violation and it felt so familiar. My throat constricted so much that it hurt as though there was a hard object stuck in it. I struggled to breathe. My eyes were stinging and I hung my head in shame. I had no words. Past and present merged together. Time and space ceased to exist. I was aware of Mr Bransom and a class of my peers. I was aware of having not done my homework. And through my tears, all I could see was the large wooden chalkboard ruler with the protractor on the end and the purple bubble floating towards the top of the page. ▀

Making a Case for Including

INDIGENOUS KNOWLEDGE SYSTEMS

in South African Child Care Programs.

Tom Suchanandan

Child and youth care programs in South Africa are often based on an understanding of Western systems of knowledge. However it is indigenous¹ child care practices which provide the context needed to evolve a contemporary guiding philosophy for caring for children from indigenous and local communities. Indigenous children are being asked on a daily basis to acquiesce² to Euro centric theories of child and youth care. In many ways they are asked to validate a western label, alien to their own worldview. There is a proliferation³ of programs and training modules being imported from America and Britain, and regretfully little from the African, South American and Asian continents.

Given this situation, child and youth care may be said to undermine indigenous knowledge in three ways. Firstly, it fails to put forward indigenous knowledge as a worthwhile alternative for the child care practices. Secondly, it limits the exposure of children to the local knowledge of their communities. Thirdly, it creates attitudes in children that militate⁴ against the acquisition of local knowledge. The combination of the trauma of cultural change and dislocation of indigenous children and youth from their home environment, is likely to lead to dysfunctional coping methods (such as the use of alcohol, drugs and violence) and presents a severe barrier to care. The high incidence of problematic behaviour in child and youth care facilities is due in part to a disjunction⁵ between the program content, practice procedures and personnel.

Many child and youth care practices within the South African context will need to be transformed in an enhanced program for indigenous children. This may pose a problem in contemporary urban residential settings where the use of Indigenous Knowledge

Systems (IKS) is unfamiliar. Incorporation of IKS may challenge both child and youth care practitioners and children and youth. Children and youth will have to make sense of their conventional knowledge in the context of their own background learning. Indigenous children and youth bring into child and youth care facilities what they already know, and in a sense make the institution an interactive environment for knowledge production, which engages both the child and the practitioner.

Across all indigenous communities, recurrent themes in child care involve holism, ecological contextualism, and community-embeddedness. Holism⁶ refers to the notion that in indigenous communities, child development is viewed holistically, with the many aspects of a child's body, mind, and spirit seen as intertwined and requiring nurturance, guidance, and respect. Ecological contextualism refers to providing a culturally safe (i.e., free of racism and culturally respectful), socially supportive centre for parents to be consulted about their child and offered opportunities to participate. Indigenous communities have strong family values that are rarely endorsed or understood by authorities. Children are not just the concern of the biological parents, but the entire community. Therefore, the raising, care, education and discipline of children are the responsibility of everyone – male, female, young and old. Indigenous child care education stresses the relationship between the child and its social and natural environment, which children learn by close observation and practice.

Thus, the child care practitioner training will have to be embedded in IKS. The belief behind this approach is that ensuring indigenous knowledge inclusion will assist graduates to provide culturally stronger and more appropriate child and youth care services in their community. The author is under no

illusion that current child and youth care practice is hard. It will be even harder to be a child and youth care practitioner because the practitioner will have to work between two worlds.

The challenge for child and youth care facilities is to develop strategies to contextualise their practice through deliberately including the child or youth's cultural background as part of the caring process. In addition, learning from elders of indigenous practice is an educational method accepted by a number of African communities. Holders and practitioners of indigenous knowledge systems recognize the importance of passing on indigenous knowledge. A compelling argument can be made for the inclusion of indigenous healers and local chiefs in the treatment team as they can direct attention towards helping to establish an enduring, trusting relationship between the traumatized child and family members. These interventions are also intended to re-establish spiritual harmony, notably that between the child and its ancestral spirits. There is no doubt that the inclusion of indigenous healers are instrumental in building family cohesion and solidarity, and in dealing with the psychosocial and emotional side of the child's problems. Sadly however, practitioners underutilize this valuable resource. Programs will have to be developed by child and youth care practitioners, parents, and children and in consultation with indigenous knowledge holders who understand the traditional transmission of indigenous, as well as the learning styles and behaviours of indigenous and local communities.

As we approach the second decade of our democracy we need to take a sober look at where we have been and where we are headed in providing quality care. Firstly, we must become painfully aware of what has happened to our children across South Africa, and then we must seek ways to resolve those problems. We need to have a paradigm shift and find resources to ensure all children to have rights as outlined in the United Nations *Convention on the Rights of the Child*. Indigenous communities must take the initiative in reclaiming their indigenous knowledge systems, and asserting themselves as equal partners in childcare programs. ▴

Glossary: ²Acquiesce – agree to; ³Proliferation – many; ⁴Militate – battling; ⁵Disjunction – lack of linking; ⁶Holism – an approach which recognizes the whole child; ¹Indigenous – relating to the country or culture in which a practice is rooted

Recognition of Prior Learning and Child and Youth Care Work

Sandra Oosthuizen

Recognition of Prior Learning (RPL) is just one more process in the whole SAQA picture which needs to be understood within the context of this field.

In the field of child and youth care work there are many people who have worked and practiced child care for many years, but due to past injustices in the education system, have not had access to training. The RPL-process can assist such persons to access education and receive recognition for experience and knowledge gained in non-formal (life experience) as well as informal (working environment) ways.

On the other hand it is possible people might have worked in the field for many years, but have not learnt much. They may have continued doing things the same way year after year without taking responsibility for their own development as a child and youth care worker. This person might think that they should receive recognition for what they do and know, but if this is not according to the standards generated by the field, it is not of much worth to the individual, the child or the field.

The SAQA definition (No 18787 of 28 March 1998, issued in terms of the SAQA Act 58 of 1995) for RPL is as follows:

Recognition of prior learning means the comparison of the previous learning and experience of a learner(howsoever obtained) against the learning outcomes required for a specified qualification, and the acceptance for purposes of qualification of that which meets the requirements.

This definition makes clear a number of principles in the development and implementation of RPL:

- Learning occurs in all kinds of situations – formally, informally and non-formally
- Measurement of the learning takes place against specific learning outcomes required for a specific qualification
- Credits are awarded for such learning if it meets the requirements of the qualification.

Underlying principles and philosophy

While it is recognised that transforming education and training is not the responsibility of the RPL alone, in the context of this policy, transformation includes:

- A holistic approach to the process
- A developmental and incremental approach to the implementation of RPL, particularly in terms of sustainability
- An acknowledgment of the differing contexts within which RPL will be implemented
- Opening up of access to education and training
- Redress of past injustices
- An acknowledgement of the dynamic nature of the construction of knowledge that will come into play as the system matures.

In order to obtain credits through the Recognition of Prior Learning process a person has to find a training provider that offers training in the area of work in which this person needs recognition. The learner applies to the provider for recognition of prior learning in a particular course. The learner needs to provide evidence of what he/she knows. The provider uses the standards and qualifications generated by the sector as assessment criteria for this evidence. The provider could request the person to submit a portfolio (a range of information) and if required the training provider might need to observe the learner in the workplace in order to assess practice and measure it against the standards or qualification for which the person seeks accreditation.

This process is not a quick and easy way of obtaining a qualification. Learnerships make provision for recognition of prior learning. The process needs to be understood and seen in the context of the bigger picture of skills development. Ensure that you make every effort to obtain all the information relating to recognition of prior learning as it will impact on your professional development in terms of time-frames and how you direct your career. Although it is a lengthy and costly process, recognition of prior learning is a developmental approach towards skills development in South Africa. ▲

Ref: SAQA Policy document – 12 June 2002 (Decision SAQA 0242/02)

Please submit any questions to: The Director, P O Box 36407, Glosderry, 7702.

Effective Assignment Writing

Kathy Scott



Many of us are in the process of assignment-writing at this point. I often get asked, “How do I go about writing a good assignment?” Here are some suggestions:

- Firstly make sure that you read your study guide material. I would suggest that you first skim the material and gain an overview of it. Secondly, read the material in more detail so that you have a thorough understanding of each chapter. One way of testing this is to write a summary of what the chapter is about once you have completed the reading.
- If you are reading journal articles ensure that you know the author, the date the article was written, for whom it was written, the reason it was written and (most importantly), how it relates to your assignment.
- It helps to make notes whilst you read so as to have the main points written down. Make sure that you know where your notes come from so that you can reference the notes properly in the assignment!
- Referencing correctly is important from first year onwards, and I recommend that you refer to the TSA/UNISA referencing booklet to ensure you reference according to academic standards. Getting this process right as early in your studies as possible will save you a lot of time over the course of your studies. Throughout your studies you will be required to reference your work. Learn how to do this accurately right away.
- Make a summary of the chapter or article that you have read. If done properly a summary it can replace the set learning material nearer to exams. So ensure that you summarise according to the structure of the material that you have been reading. Getting to the end of your preparatory stage with a pile of scrappy, unrelated notes is not going to be of any use to you!
- Another idea that works for some people is to use diagrams in whatever form is meaningful to you. If you are able to understand and absorb material in this form, get into the habit of developing these “pictures”.
- Another way to remember notes is to use a highlighter and use this to highlight the key points in the material that you are reading.
- If you do not understand the material do contact your tutor and discuss the relevant section of the material with him/her.
- Once you have read the material, plan the process of completing your assignment by setting yourself due dates to complete the various tasks related to the assignment. Breaking down the whole task into bite-size pieces can help to give a sense of control, and enable you to feel successful about your steps towards your goal.
- If you have more than one assignment due, decide on certain times to be allocated for different subjects so that you spend enough time on each subject.
- Work at a time of day when you are most alert and when there are few interruptions.
- Read the questions in the assignment carefully and ensure that you understand what is being asked of you. This means that you are going to analyse what is

required and expected. Do not jump to conclusions and make assumptions about what is being requested of you in the question. If you are unclear about the meaning of the question, check it out with other students.

- Answer the questions as required. For example, if the question asks you to discuss the topic, do so and do not list or use tables. Ensure that you know what you are being asked to discuss. If the question asks for a list, then supply a list. Use practical examples when asked as the marking structure will relate to the examples as well.
- An example of task words used in assignments and their meaning is included.
- Always begin your assignment with a 'Contents' page and end with a list of references that you have used in the assignment. You always need to acknowledge your sources - even if it was only the study guide that you used.
- Ensure that you make a copy of your assignment when you have finished as assignments can get lost in the post. Also ensure that you submit your assignment on or before the due date as late assignments are rejected by the system and returned.

Remember that to succeed in your learning you need to plan your studies and stay committed to this plan. Make contact with the tutor and other students so that you can encourage each other and so stay motivated. You have started a journey. Believe in yourself and take responsibility for your journey. ▲

Reference: Technikon SA. 2002. Learner's Companion. Technikon SA, Florida

Let's look at some task words that are often used:

Task words used in assignment and essay questions

Task word	Meaning
Analyse	Examine closely; examine something in terms of its parts and how they are related to each other
Argue	Present a case for and/or against ...
Assess	Decide the value of ...
Compare	Discuss two or more things in terms of their similarities and differences

Criticise	Give a judgment about the value of with evidence ... and support that judgment
Define	Make clear what is meant by ...; use a definition or definitions to explore the concept of ...
Describe	Present a detailed account of ...
Discuss	Consider and offer some interpretation or evaluation of ...; present and give a judgment on the value of arguments for and against ...
Enumerate	Give an item-by-item account
Evaluate	Attempt to form a judgment about ...
Examine	Inspect ... in detail and investigate the implications
Explain	Make clear the details of the means which ... ; show the reason for, or underlying cause of, or by ... occurs
Illustrate	Offer an example or examples to show how, or make concrete the concept of ...
Interpret	Make clear the meaning of ... and its implications
Justify	Give reasons why certain decisions should be made, or certain conclusions reached
Outline	Go through and identify briefly the main features of.....
Prove	Show by logical argument
Review	Report the chief facts about ...; offer a criticism of
Summarise	Describe ... concisely
Trace	Identify and describe the development or history of ... from some point, or from its origin

Adapted from: Marshall, L. & Rowland, F. 1993. *A guide to learning independently*. 2nd edition. Milton, Queensland: Longman Cheshire.
 Peters, P. 1985. *Strategies for student writers*. Melbourne: Wiley.

*Help us to change.
To change ourselves and
to change our world,
To know the need for it,
To deal with the pain of it,
To feel the joy of it,
To undertake the
journey without
understanding the
destination.*



Source unknown