child and youth care

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

ISSN 0258-8927

VOLUME 21 NO. 6
JUNE 2003

GUEST EDITORIAL

Human Shields and Child And Youth Care

As the days progressed towards the war in Iraq, I listened with amazement and admiration to news of people who believed so strongly in their cause that they were willing to be "human shields", literally standing up for a cause and making a statement on peace and human rights! I think that there are lessons in this for child and youth care workers!

Shouldn't we as child and youth care workers be human shields for the children with whom we work? By this I do not suggest that we should become over-protective adults, but rather that we become the advocates for children's rights that we should be; facilitating the principles in child and youth care to which we all subscribe; being where the children are and creating human shields that will nurture, protect and lead them through the hazards of life. Being human shields in their lifespace!

As child and youth care workers we can draw inspiration from these human shields and become human shields for children by:

- knowing what we stand for and why we stand for these principles
- knowing that children are our priority rather than the "system" (or the politics)
- showing care in the worst of circumstances
- standing up for what is best for children no matter how big the onslaught
- understanding that dedication and commitment has seldom anything to do with logic
- going to places where we would be unlikely to go
- having our beliefs tested by family and friends
- enduring being called crazy by many people for what we do and what we stand for
- being confident that we are making a difference despite what others might say or feel
- getting our energy from joining hands with those with similar believes
- getting out of our comfort zones and doing what our hearts lead us to do.

The call is to be there: to be involved, to be passionate, to do what is best and right for those who are most vulnerable, especially those who do not have a say in what happens to them. We should be advocates for their rights – we should be their human shields.

André Viviers

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Child & Youth Care is published on the 25th of each month except December.
Copy deadline for all material is the 10th of each month.

Subscriptions: Individual Membership of NACCW is R50.00 p.a. which includes a free copy of the journal.
Non-members, agency or library journal subscriptions: R50.00 p.a. post free. Commercial advertising: R312 per page pro rata.
Situations Vacant/Wanted advertisements for child and youth care posts are free to Corporate and Individual Members.
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Dates to Remember

August 2003

4-10 National Child Injury Prevention Week

9 - National Women's Day

9 - International Day of the Worlds Indigenous People

10-16 National Organ Donor Week

12 - International Youth Day

17 - Southern African Developing Countries Day

23 - International Day for the Remembrance of the Slave Trade and its Abolition

24-30 National Deaf Awareness Week

24-30 Cerebral Palsy Week

Cover picture: © Fanus Oosthuizen Back page photo © Benny Gool

A successful youth development program's approach to youth development and participation

Voices of youth

What is Youth Development?

Resilience research shows that young people living in high-risk conditions are able to transcend their environments and overcome the odds to lead successful lives. Youth who are socially competent, have problem solving skills that include critical and creative thinking strategies, a sense of identity, a sense of purpose and belief in a bright future have the traits that will enable them to successfully manoeuvre through difficult life circumstances.

Youth development is a process in which children and adolescents learn to meet their personal needs and build skills needed to function effectively in their daily lives. Rather than focus on problems and deficits, a youth development approach addresses the common causes of high risk behaviour - alcohol and drug use, emotional problems, family problems, violence, school
failure and dropout, crime, pregnancy, etc. By working with youth to address issues such as self esteem, coping skills, appropriate use of time, building of adequate supports, identification of healthy relationships, and setting of personal goals the occurrence of the above mentioned high risk behaviours can be effectively minimized. By giving youth skills and support as well as the opportunities to practice these newly learned skills and test the supports, youth will build additional protective factors while reducing risky behaviours.
In short, youth development is the ongoing process in which all youth are engaged in attempting to:

- meet their basic personal and social needs, and
- build skills and competencies that allow them to function and contribute in their daily lives.

For youth involved in systems of care, this is a radical new approach to service delivery. A young person must be actively and meaningfully involved in those systems in order to be a truly nurtured, empowered, and resilient youth able to effectively meet life's challenges. Youth must be active participants in the decisions that impact their lives, including those decisions that have direct impact on them as an individual as well as the systemic issues that impact the system in which they live.

Core Elements of a Positive Youth Development Approach

Promote Youth Involvement

Youth should be assigned meaningful roles. Not just be given token opportunities. The young person is meant to learn from the experience since they contribute a unique and valuable perspective to the process. A commitment must be made to integrate their suggestions and follow up on ideas.

Value Individual Strengths

Programs must build on the strengths of youth, their family, and their community. This begins with the recognition that every youth, and family has strengths which must not only be identified in service plans but be clearly evidenced in steps for achieving goals. All services should be individually and developmentally based, and youth must be reached in a way that matters to them. Central to the idea of valuing individual strengths is the belief that we must help our youth to find their individual creativity. Often youth report that this creativity, whatever it may be, is

a strength that is often overlooked when planning services for them.

Learn By Doing
Youth learn best through hands-on experience. Opportunities must be available that allow them to actively practice and experience new skills. Work ethics, values and attitudes, for example cannot by learned solely through classroom-style teaching. Rather they must be learned through active participation. This can be done through community partnerships with youth involved in community service through volunteerism or paid service work. Youth often need realistic opportunities for work and career in the community so this could serve dual purposes.

Support and Empowerment
Adults can help young people contribute to their community by creating meaningful and challenging opportunities providing young people with the skills they need to meaningfully participate. This may be their first experience on a task force or in a meeting, so they may need help understanding what is going to happen and how they can participate. Debrief experiences after they happen and ensure more than one young person is involved so that they don't feel isolated.

Flexible Schedules
Youth have different schedules and priorities than adults especially in regard to their school schedules. They may also be involved in many other activities that are equally important such as sports, clubs, jobs, etc. Meetings should be regularly scheduled but should be flexible to allow time for their other priorities. Follow up with the young person if they do not attend a meeting. Youth appreciate knowing they were missed and may need encouragement to continue participation.

Reflection, Evaluation and Celebration
Set clear expectations so that both the adult and youth understand what is expected of them. Check in regularly and make adjustments as needed. Make sure the young person has tangible projects to work on. It is important for them to see the impact of their involvement. Celebrate successes and address challenges. Meetings that are fun, involve food and are respectful of all participants will encourage both youth and adult participation. ■

VOICES OF YOUTH, a project of the Southwest Key Program, Inc is a program based on the theories of a positive youth development model of practice. We operate our own, youth-serving programs based on our philosophy of encouraging and creating opportunities for young people to be meaningfully involved in a variety of projects that meet their specific and unique needs. Our programs empower youth to actively engage in their own development while contributing to the larger community in which they live. These combined efforts are inextricably linked and in our experience demonstrate the greatest promise for achieving positive outcomes for adolescents both in the present and for the future.

Youth Voices are the vital contributions young people can and do make to their communities. It's also about giving young people the opportunity to make these contributions. Youth Voice doesn't mean talking loudly or shouting to be heard or drowning others out, but rather it is about considering the perspectives and ideas of young people, respecting what everyone has to say, taking risks, listening, sharing and working together.

> "I love to give back to the community it feels good to serve. To me it means that I can help someone along the way. It gives me a sense of importance. I can use my leadership skills in every way possible form rally's, meetings, groups and other things." — VOY Youth

To learn more about Voices of Youth and the Southwest Key Program please visit our website at www.swkey.org or e-mail info@swkey.org

Inclusion in the Deaf Society: Education Ignoring the Signs

Annette Cockburn, presently working as a consultant with DPSA (Disabled People South Africa), discusses the particular educational needs of deaf children.

Although inclusive education is considered by many educationalists to be an essential part of the education system, deaf people would argue that including deaf children in mainstream education would not be a good thing. It is not wanted by most deaf people and, as experience has shown, it is not effective. For the deaf child, inclusion would mean exclusion. "The education of deaf children should not be carried out by placing them in hearing schools if a proper interpreting service is not available during all lessons. Deaf children have the right to education in sign language and deaf children have the right to be educated in their own schools." (World Federation for the Deaf, 1995)

The deaf community might also argue that not having access to their own natural language is what makes them disabled, rather than the fact that they cannot hear. Many deaf people see themselves as part of an oppressed linguistic minority, in that they are users of a natural sign language that does not have the same rights as other languages in South Africa.

Did you know that more than 1.5 million people regard sign language as their first language? Four of South African's eleven languages have fewer speakers than this.

Laws and Policies

The Constitution, in Section 29(2), says, "Everyone has the right to receive education in the official language or languages of their choice." South African sign language is not yet an official language, but the government has acknowledged its responsibility for promoting and facilitating the development of sign language. The South African School Act 94 of 1996 states: "A recognized sign language has the status of an official language for purpose of learning at a public school". (Dept of Education 1996, 6(4)

The Integrated National Disability Strategy and the Report of the National Commission on Special Needs in Education and Training both admit that more creative ways need to be found to accommodate deaf children, since they differ very importantly from children with other special needs. The only group that uses a different language - signed language.

Past Failures

The use of sign language in the education of deaf children is the simplest, most natural, most effective way for these children to learn, but many schools in the past have insisted in trying to teach the children to read lip read and to speak. This oral approach has had a poor success rate. A deaf child cannot hear or be taught to hear. To lip read effectively you have to know the language being spoken. Deaf

children can only be taught to speak up to a point. In deaf schools time was spent on speech training, assessment, speech therapy, etc, rather than on all the other things children do. Teaching deaf children was firmly rooted in the medical model. Often deaf schools produced learners who were uneducated, illiterate and not well prepared to be productive members of society. Because they were illiterate, it was difficult for them to get jobs. Many deaf people therefore find themselves dependent on disability grants. Most deaf adults attending adult literacy classes did not have sign language as a medium of instruction at school.
Consequently the average reading age of deaf adults in South Africa is at 4th Grade (Standard 2) level. Schools for the deaf have tried to label deaf children "normal", through the oral approach, but all over the world this approach has not been very successful.
Inclusion in mainstream education may have even less success, having the effect of excluding deaf children almost completely.
To have sign language in every classroom in the country is not possible. Even having assistants in sign language would be very expensive; it would also take many years to train enough people.

Often deaf schools produced learners who were uneducated, illiterate and not well prepared to be productive members of society.

SA Sign Language Centres

In mainstream schools, teachers would have to learn sign language, which would take as long as the learning of any other language. If the teacher cannot communicate with the child, a full-time sign interpreter will be needed. This would be extremely expensive. Various reports on special needs education have proposed that deaf children be taught in separate sign language centres or in signed language units in mainstream schools. Signed language schools would not be called schools for the deaf but centre or schools that use signed language as the medium of instruction; anyone could attend them.
At these centres/schools there would be no emphasis on speech training, therapy, etc, so children could spend all the time at school learning exactly what other children learn. Only teachers who are properly trained in South African sign language would be employed. The adult deaf community may well be involved as language models. The centres would be placed where deaf learners could develop and explore their culture.

... the average reading age of deaf adults in South Africa is at 4th Grade (Standard 2) level.

After twelve years of learning in the medium of sign language, young deaf learners would be able to study as teachers, lawyers, administrators, social workers, etc. At the moment, deaf people are mainly employed in manual work in factories, etc.
If signed language is used to teach, deaf children will learn, but probably the most important need is to become literate. Signed language does not have a written form, but the learners could then be introduced into reading and writing in their second language, which could be English, Zulu or whatever. This has been found all over the world as the most effective way for deaf learners to become literate. It is generally agreed that using sign language as the medium of instruction provides an empowering, cost effective, and workable alternative to either inclusion (in its basic sense) or oral schooling methods.

Inclusion in mainstream education may have even less success, having the effect of excluding deaf children almost completely.

Professional interpreters have a key role to play in the communication between deaf and hearing people, but they are in very short supply in South Africa. They must be expert at South African Signed Language, have a good understanding of deaf culture, and a whole range of other skills.
Money will have to be spent on setting up signed language courses for teachers, teacher trainers, second language teachers, and interpreters. Training courses have been developed but have not as yet been funded.

Acknowledgments

The author acknowledges her great debt to Debra Aarons and Philemon Acach's paper, "Inclusion and the Deaf Child in South African Education" in Perspectives in Education, March 2002, Vol.20 No.1, and to personal communications from Merryl Glaser of UCT.

From Children First
February/March 2003

A fundamental skill in a child and youth care worker's repertoire, this article succinctly outlines do's and don'ts of

ENCOURAGEMENT

In all behavioural techniques, positive reinforcement of appropriate behaviour is of prime importance. At times, reinforcement is tangible, as in the case of awarding of stars, or "goodies".

Most positive reinforcement however is verbal, and includes praise, congratulations, and encouragement.

The adult who encourages:

- places value on the child as he/she is
- shows faith in the child that enables the child to have faith in him/herself
- has faith in the child's ability; wins the child's confidence while building self-respect
- recognize a job 'well done" and gives recognition for "effort"
- utilizes the group to facilitate and enhance the development of the child
- integrates the group so that the child can be sure of his or her place in it
- assists in the development of skills sequentially and psychologically paced to permit success
- recognizes and focuses on strengths and assets
- utilizes the interests of the child to energise instruction
- builds on assets and strengths to minimize mistakes and deficiencies
- emphasizes the activity not the results

Dinkmeyer and Dreikurs (1963)

BASIC DIFFERENCES BETWEEN PRAISE AND ENCOURAGEMENT

Praise	Encouragement
Focuses on external control	Focuses on child's ability to manage life constuctively
Focuses on external evaluation	Focuses on internal evaluation
Is awarded for only well-done, completed tasks	Recognises effort and improvement
Focuses on self-evaluation and personal gain	Focuses on assets, contributions and appreciation

Dinkmeyer and McKay (1976).

TYPICAL STATEMENT OF PRAISE AND THEIR EQUIVALENT IN ENCOURAGEMENT

Praise	Encouragement
"I am pleased that you topped the history test"	"I am pleased that you enjoy studying"
"You did a good job putting away the sports equipment"	"Thanks for putting the sports equipment away"
"You played very well at the concert last night"	"You have really practised hard on your violin this year"
"You are the best monitor we have"	"I appreciate your help in the classroom"

Dinkmeyer and McKay (1976).

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TEN VERBAL APPROACHES TO ENCOURAGEMENT

1. 'You do a good job of...'
Children should be encouraged when they do not expect it, when they are asking for it. It is possible to point out some useful act or contribution in each child. Even a comment about something small and insignificant to us may have great importance to a child.

2 'You have improved in...'
Growth and improvement is something we should expect from all children. They may not be where we would like them to be, but if there is progress, there is less chance for discouragement. Children will usually continue to try if they can see some improvement.

3. 'We like (enjoy) you, but we don't like what you do.'
Often a child feels he or she is not liked after he has made a mistake or misbehaved. Children should never think they are not liked. It is important to distinguish between the child and the behaviour, between the act and the actor.

4. 'You can help me (us, the others, etc) by ...'
To feel useful and helpful is important to everyone. Children want to be helpful; we have only to give them the opportunity.

5. 'Let's try it together.'
Children who think they have to do things perfectly are often afraid to attempt something new for fear of making a mistake or failing.

6. 'So you do made a mistake; now, what can you learn from your mistake?'
There is nothing that can be done about what has happened, but a person can always do something about the future. Mistakes can teach a children a great deal, and they will learn if they do not feel embarrassed for having made a mistake.

7. 'You would like us to think you can't do it, but we think you can.'
This approach could be used when the child says or conveys the impression that something is too difficult for him or her and they hesitate to even so much as try it. If they try and fai, they have at least had the courage to try. Our expectations should be consistent with children's ability and maturity.

8. 'Keep trying. Don't give up.'
When a child is trying, but not meeting much success, a comment like this might be helpful.

9. 'I'm sure you can solve this problem, but if you need any help, you know where to find me.'
Adults need to express confidence that children are able, and will resolve their own conflicts if given a chance.

10. 'I can understand how you feel but I'm sure you'll be able to handle it.'
Sympathizing seldom helps another person, rather it suggests that life has been unfair. Understanding the situation and believing in a child's ability to adjust to it is of much greater help to him.

Reimer (1967)

PERSONALITY PROFILE

NAZLI FINCH

Nazli entered the child and youth care field at the tender age of 18. She served as a volunteer and relief worker at the Lakehaven Children's Home whilst studying for her degree in social work. The team at Lakehaven acknowledged her commitment to children and young people, and she was offered a position as a part-time Child and Youth Care Worker. She participated in relevant training and received her BQCC certificate in 1988. At that point, she knew that she was hooked!

Since graduation, she served as a social worker at three children's homes, viz: The Aryan Benevolent Children's Home (1989–1993), Lakehaven Children's Home (1993–1995) and Durban Children's Home (1995–2002). Her work focused extensively with young people and families, systematically re-uniting young people with their families and their communities, planning and implementing staff development programs, supervising child and youth care workers, reporting to Boards of Management and whilst at the Durban Children's Home, she had the opportunity of working together with the Principal in planning and initiating innovative programs in keeping with the transformation of the Child and Youth Care system.

Nazli has been involved in advocating for young people in trouble with the law, through exploring diversion programs for them. This experience led to broadening the partnership in the child and youth care field.

Another passion for Nazli has been her work with young people who are terminally ill, with special focus on HIV/AIDS. She has made concerted efforts to ensure that these young people enjoy a quality of life whilst struggling with embracing death and dying as a natural process of life. Nazli participated in the Minimum Standards training workshops facilitated by the NACCW. She has been called on to offer ad hoc consultancy to child and youth care workers and social workers, linked to issues of transformation. As a social worker, she possessed the commitment and integrity required by the profession and demonstrated ethical practice.

Nazli has attended five leadership development programs – one of which was co-ordinated by the IMC and facilitated by Professor Jim Anglin. The latter four leadership development programs were facilitated by the NACCW. She confirms that the NACCW has contributed greatly towards her professional and personal growth, and through the Association, has had the privilege of presenting papers at national and international conferences.

She has trained the first pilot course on HQCC for the NACCW in KZN and is currently facilitating the Minimum Standards Training in the Midlands area. She has also served as an assistant marker and tutor for TSA.

Nazli has had a long and consistent child and youth care background. She has had a significant role to play in the NACCW. Besides being a supportive member for many years, she was for four years in succession nominated as co-ordinator of the social workers forum. She also served for six years on the KZN Regional Executive Committee and is presently the Vice-Chairperson and Acting Chairperson.

As she evolves along her professional child and youth care journey, she has recently taken up a leadership position as Principal of the Wylie House Child and Youth Care Centre in 2002. Her personal and professional growth continues to blossom as she faces new challenges.

Check against Delivery

Rosemary McCreery, UNICEF Area Representative for Russia and Belarus, presenting at the Stockholm conference on Residential Care and Alternatives.

Introduction

We know a great deal now about what institutional care does to children. Deprived of a family environment, children receive less stimulation, individual attention and love. Their lives are often lived in a parallel world that does not prepare them for life elsewhere, nor for healthy social interaction. Their voices are not heard. In the worst scenarios, children lose contact with their families, suffer physical and psychological abuse, are denied access to appropriate medical care, education and other services, and may become the victims of trafficking. In short, we know that institutional care, unless used only when there is absolutely no other alternative and carefully regulated, violates the very principles of the CRC as well as many of its articles.

We are also coming to realize what institutional care does to societies. It perpetuates discrimination, by providing tacit approval for the idea that certain groups of children, whether orphaned, abandoned, living with disabilities, from families affected by AIDS or by poverty, should live apart from society. It absorbs resources...institutions are always an expensive proposition. Allocated differently, these resources could provide the services needed to help families keep their children with them, and thus build communities. It creates an underclass; young people and adults who lack the experience and skills to function effectively in the wider world. In short, in addition to being an obstacle to a child's healthy development, the use of institutional care also impedes the healthy development of communities and societies as a whole.

Situation Analysis – using the Protective Environment Framework

We know change is needed. But how do we determine what change should be?

UNICEF recognizes that societies are best able to protect children when protective policies and legislation are in place; and attitudes, practices and customs are protective of children. There is a need for public openness and debate, government commitment to fulfilling protection rights, including through appropriate services and relevant monitoring and reporting. Children need to have the opportunity to express their opinions regularly regarding their own care, and to develop skills for self protection and eventual successful adult lives. Taken together, these elements constitute a protective environment framework which will help address institutionalization both through prevention and the development of alternative approaches, and which can help serve as an entry point for addressing other child protection concerns.

So how can this protective environment framework help bring about change? Firstly by leading us to ask the right questions. For it is only by understanding what the gaps are in the protective environment, and how they lead to the overuse and poor oversight of residential care that we can develop appropriate strategies. And, secondly by reminding us of the range of issues to be addressed, and different actors, from children, parents and caregivers, to policy makers and the media, who need to form part of this effort.

Learning lessons, and learning from one another

1. Children without families, and children in institutions, are not necessarily the same.

The vast majority of children in residential care in Central and Eastern Europe do have families, who, for various reasons, felt or were persuaded that leaving them in institutions was the right thing to do. During the last ten years in many of the countries of CEE/CIS, the actual numbers of children entering state care have increased significantly while birth rates have fallen precipitately. In

Russia, the rate of children aged 0-3 entering state care has doubled since 1990.
Understanding these trends, and how they can be reversed or slowed, is key to preventing the situation from continuing. Identifying alternatives for the 1.5 million children already in public care is clearly a regional imperative.
However, in many African countries, and increasingly in Asia, the primary issue is the loss of family members or caregivers, as the HIV epidemic cuts short adults lives. In many such countries, institutionalization has not become a widespread response, but the well-being of these children is nonetheless threatened. In such communities, it is important to build upon existing positive family and community practices of caring for children, while recognizing and addressing the need for protective legislation as well as economic and social mechanisms to support families and communities who take on guardianship and care-giving. Perhaps successful models from Africa can provide some useful lessons.
Nevertheless, although currently the issue of institutionalization affects a much smaller proportion of children without family care than in any other region, pressures to create more of them in response to the HIV epidemic are growing and must be met by appropriate alternatives.

2. When institutions are built, they become magnets.
As in so many things, the demand always appears to increase to meet the supply - an experience documented over and over again in many countries. Institutions may begin as the response to a perceived need, but they often continue because of the vested political and economic interests they serve, including job creation and the perpetuation of bureaucratic fiefdoms.

3. The elderly are the most frequent providers of alternative care.
This is usually the case in Eastern Europe, both for guardianship and informal fostering as well as in those instances where formal fostering has developed. It is certainly true in Sub-Saharan Africa. It means that those with fewer resources are often the most willing caregivers, and that support should be available, whether through informal community structures or more formal government mechanisms, to assist them with this responsibility.

4. Discrimination and prejudice are underlying contributors to the recourse to institutional care, the variable quality of care in those institutions, as well as to the hardships faced by children who remain in their communities without family care. Disability, HIV status of children or their family members, and ethnicity, are among the common grounds for these different forms of marginalization.

5. Institutional life creates additional risks for children.
Institutions are often used as intermediaries for inter-country adoptions. In some cases, such adoptions are not conducted in accordance with the Hague Convention. This presents a particular risk for babies and younger children, who lose the possibility of being reunited with their families or of an alternative local solution. The risk may be particularly high for children in situations where policies and mechanisms to protect children from the interests of others are not in place. The passive neglect and lack of interest of consistent caregivers which most institutionalized children experience often puts them at increased risk for more deliberate violations of their rights, including violence and sexual abuse. Recurrent physical and psychological abuse, by staff, older children, and others, has been documented in most countries.

6 New risks present themselves as institutionalized children grow into adulthood.
Having grown up isolated from their communities, without the opportunity to develop the skills needed to function effectively, young people leaving institutions are unprepared for the challenges of adult life. Unable to integrate,

they are more likely to get involved in activities which can cause themselves or others harm. Research in Russia has shown that children leaving institutions are over-represented among young people in conflict with the law, suicides, and are highly vulnerable to drug abuse and sexual exploitation. They have little knowledge of the risks they face, including that of trafficking.

7. While the conditions in many institutions clearly do not meet the letter or spirit of the CRC, we do not yet have specific international guidelines to offer. Much work has been done in recent years around adoption and juvenile justice, providing standards and guidelines on which countries agree, and to which they can turn as they seek to adjust their own policies and laws. The same is not true for children's institutions or other forms of care.

So what do we propose? First, let's start with some basic principles, many of which are already stated in the CRC, on which we can probably all agree:

- The starting point in any decision making should be the child's best interests, including taking account of the child's opinion's about his or her care.
- Governments and communities should support efforts to ensure that children are not deprived of family care in the first place.
- When these efforts have failed, residential care should remain as a last resort and as a temporary response.
- Alternative systems of care need to be developed, publicized, financed and monitored. And wherever it makes sense, the goal of returning children to their family or community should remain a priority, so long as it is in the child's best interests.
- Inevitably, most societies will still need to have a residential care option for children not able to function in a family environment. Legislation, monitoring and reporting are needed to ensure these institutions, as well as alternative care options, meet national and international standards.

It is worth noting that the concerns we are discussing here are not limited to countries of the south and those in transition.

So, how can these principles be put into action? Firstly, by listening and responding to the children themselves. Actions taken will of course vary from country to country, influenced by how societies view children, the practices that have developed and the resources available. But meanwhile, based on what we know and what we learn from children themselves, here are some ideas for action which can be put on the table now.

Policy and legislative framework
Clearly, enforceable legislation and policies are needed to back up national efforts to commit to the principles. Work is also needed at international level to develop a consensus on standards and guidelines for children in public care to which all countries should aspire.

Prevention
To prevent recourse to institutionalization, as well as other forms of discrimination against children without family care we need to:

- Promote open and public dialogue to change attitudes about children without parental care, from families affected by HIV, or with disabilities, and promote alternatives for them.
- Build government commitment to protection and ensure integration of children in all these groups within their communities, including schools.
- Support open and public dialogue about institutions, discrimination, and their affects on families, communities and the society at large.
- Ensure that those who seek to build orphanages and children's homes are fully aware of the risks posed by institutional solutions.

Capacity Building
To ensure that non-institutional solutions are widely available, it will be important to reinforce the capacity of:

- Families to care for their children.
- Extended families and communities to take on the temporary or long term care of children who are unable to stay within their families of origin.
- Social workers to strengthen and support families and communities.
- Governments to develop, manage and allocate resources to family support systems to help keep children with their families or to provide alternative care when required.
- Children, to have a voice in decisions around their care, in line with their evolving capacities.

Monitoring and Reporting

There is still much we don't know, and so much information that is needed to inform positive change. Monitoring and reporting are themselves useful for changing public attitudes, promoting better practices, and increasing accountability. Periodic reporting on the CRC is one a major opportunity for highlighting progress and continued concerns around children in public care; there are many others.

It is worth noting that the concerns we are discussing here are not limited to countries of the south and those in transition. The experience of minimizing the use of institutions is a very recent one in many industrialised and the middle income countries, whose experiences may often be relevant to those who are now taking this on.

While we've had some good news this week with specific country examples, we know that much remains to be done. Fortunately, we also trust that much will be done to put the rights and interests of the child first, given the examples and commitment from so many quarters demonstrated at this conference. Acting at country level to transform the principles agreed to here into actions with real impact on children's lives is now an imperative. And developing international standards and guidelines to reflect and support these efforts can help add weight and urgency to this work, and provide a roadmap for those grappling with a way forward. UNICEF looks forward to moving ahead on this task with our partners all over the world, buoyed by the energy, interest, concern and innovation demonstrated at this Conference. ■

Next month we publish a summary of the South African country report presented by Ashley Theron at this international conference.

Reflecting on Child Protection Week

Yearly we celebrate Child Protection Week, making commitments and undertakings to leave no stone unturned in curbing atrocities committed against young people in our country. However the challenge facing young people seems to be far from being over. We hear daily of the increasing reports of brutalities committed against young people.

We hear loud declarations and commitments of many of the stakeholders and service providers pledging to root out all inappropriate actions and acts committed against children. We see protest marches and banners highlighting the plight of children. Yet the abuses seem to be on the increase in our homes, communities, villages, residential facilities, suburbs, churches and schools. We see allocations of resources too small to address the increasing demands and needs of the young people. We see contradictions between what is being said and done with regards to programs for children. We hear the slogans "children first," "children are our future," and see little investment in the future of this country. One sees the disparities experienced by the children of this country in resource allocations.

The learners from a farm school who have to travel fifteen kilometers daily to and from school, half naked and bare footed in winter, touched me. What are the responsibilities of various stakeholders in this context? Perhaps we are preparing some young people to be servants and hewers of wood. The school is under-resourced and dilapidated. Where is social responsibility? You become perplexed by the realities of South Africa when seeing a bus daily transporting learners and yet daily other children will have to walk fifteen kilometers. These increasing disparities and what children have to endure should touch us all.

It is indeed our obligation as Child and Youth Care Workers to advocate for the children in our care and wherever we find them. As we reflect on celebrations of Child Protection Week we should perhaps remember our reasons for being in this profession. As the theme indicates, 'child protection is everybody's business'. For us Child and Youth Care Workers it is our daily business. Whatever contact we make with young people should bring forth a difference in their lives. Therefore the Child Protection Week celebrations should have been a reminder to reflect and assess whether the young people in our care are really safe and our whether our interactions really make a difference in their lives.

NKWAPA D. MOLOTO

Life Story Book Work

Weaving together the strands

An introduction from a practical perspective

Renée Rossouw, Deputy Director, Ons Plek Projects for Girls

We are woven out of our own histories. As human beings we need to know our own stories. How do we know our own stories, specially the stories of our early childhood? Usually they are remembered in our families and communities. Yet children who are looked after by others often find their place in family and community disrupted. In the early days at Ons Plek, a dozen or so years ago, I remember a child care worker saying that she was going dizzy trying to understand the family circumstances of a 13 year child. The three of us sat down together at the big dining room table with a large piece of paper. The girl was intrigued at our efforts, and became very captivated by the idea that her memories could make sense. Her story included erratic placements between four different foster families, some related to her and some not, a biological father who never left his address but appeared to drop a gift every few months, no idea about her biological mother, a history of running away from the one foster family to the other when things got tough, eventual trouble with the law, an opportunity to abscond from industrial school to the streets, and now this new journey at Ons Plek. As the three of us were working away, Director Pam Jackson said: "You know, what you need is a whole life story book." This was my first introduction to the idea, which has become a cornerstone of much of our ongoing counselling work at Ons Plek

Ons Plek runs a range of projects for girls who have been 'street children'*, including two small residential facilities where they live for as long as it takes (days, months or years) to help them return to their families and communities.

Life story work has been in use for a long time, especially in work with children in foster care. The Social Care Association (UK) describes a life story book as "A collection of information and memorabilia collected by and for a child or young person whose life has involved multiple placements and/or trauma to enable the child or young person to make sense of their past."

Like the girl mentioned above, many children who are looked after have experienced complex sets of circumstances including abuse, many moves or separations. They can not always remember things about their early lives clearly, and sometimes the information they have been given is not accurate.

The life story book gives children and their caregivers an opportunity to write about their strengths, including their gifts, survival skills, mastery of new skills and their capacity for growing and changing. The life story book can help with identity formation, assist in resolving separation issues, help build trust in adults, resolve strong emotions linked to past events, help separate fact and fantasy, and identify both positive and

negative aspects of family lives. Life story work can be done with very young children, as well as otherwise-abled young people. At Ons Plek the book has become a special treasure for the mentally challenged girls, for whom its concrete presence and constant reminders mean a great deal. The work must be done at an appropriate developmental level. Children experience 'doing life story' as something positive, of which to be proud. While children and young people (and most of us) may well avoid sharing that we are going for counselling or therapy, they are happy to share far and wide that they are working on their life story.

Resources

Life story work can be done in a file or book. Most of the children I work with prefer a nice solid fat hardcover A 4 book. Perhaps it is about not wanting anything about their 'life story' shifting any more than it already has. If they use the book, they will sometimes need a file or box as well, for memorabilia. In addition, all manner of crayons, paints, brightly coloured paper, glitter and cheerful stickers are useful to have.

Yet one can make do with much less. A box decorated with magazine pictures or a handmade book of salvaged paper is fine,as long as the images and words can recall memories from which to re-member and re-weave one's story. It is important though to use recycled material only if there is absolutely no other option. Children and young people in alternative care may already have a fragile sense of self, and having them record their life story on 'rubbish' is not a good idea.

Ideas

There are as many different ways of making one's life story book as there are people. Children have the capacity to be very inventive and when a number of children in one place are all doing life story books, new ideas circulate fast. From the children's' side they bring little objects from their childhood or home (even just a little leaf or stone), a ticket from an outing, a lock of hair, magazine pictures of their current heroines and heroes... a list to which we can just keep adding. Family and community members are often happy to share memories and family history. Child care workers who spend time visiting families and interviewing families play a key role.

When working in the book it is best to let the young person prioritise who he or she wants to write about first. For instance, when a relationship with his parents is fraught with pain, he may first want to write about other people until he feels ready and safe to include the tough things.

It is wonderful to have photos, and important to write the date, place and names of people in a photo on the photo as soon as it is developed. If family members loan valuable old photos and items, it is very important to keep them safe and make copies for the children.

The book can be attempted in chronological order, but what often happens is that the young person prefers to start with the things that are important here and now, or

even his future dreams, before delving into the past. It is very important to write the date on which each entry is made, and to indicate when the actual events happened. Once the overall picture becomes clearer, it is often a great delight to the young person to do a year-by-year time-line in their book, so that they can keep adding to it.

Who can do life story work with young people

Almost any caring adult can make a life story book with a child. Yet where children have been through multiple disruptions and trauma, working on a life story book inevitably raises painful issues. In that context it should be done by a trained professional skilled in counselling children. The counsellor can organise family and community members, colleagues and volunteers to participate.Ons Plek child care workers do home visits and family re-unification work, even as far afield as the Eastern Cape, and come back with beautiful narrative and photo epics of their journeys with the children. In addition to being well trained in family interviewing, the additional requirement is knowing how to use the camera well!

Where to keep a life story book

The life story book is often a custodian of many ambivalent feelings and events. It is very important to keep it locked in a safe place. Some of the younger girls like to make additional little albums or show books to carry around with them, and some teenagers may want to keep an entirely private diary. Children often want to share their books with others, such as project staff, school teachers, peers and family members. The child and the counsellor need to arrange the conditions of the book's outing carefully to make sure it comes back unharmed, having been shared appropriately.

Letters

Letter writing is very important. Where the letters are actually given or sent, it is good to keep a copy in the book (depending on resources, it could be a photocopy, computer printout, carbon page or just the rough version). Letters can be to teachers, parents, caregivers. They can be for special occasions, to apologise when there has been a quarrel, to express feelings directly when somebody has let the child down, and even to put on a grave to help process grief and loss.

"Dear Mommy, I am so sad that you did not come on Saturday. I also feel sad that you always drink with your friends. I am your only child now that my baby sister has died. I cry and worry for my little sister. Please do not forget me. I love you. You are a star." This child gave it to her mother together with a pretty little bracelet she is keeping to put on her sister's grave. Her mom was shocked at how deeply her 8 year old child feels and thinks. The letter helped them grieve together, a sad but healing moment for both of them. Although her mother still drinks, the copy of the letter in her life story book helps the child remember that healing moment with her mom. "When I gave my mommy this letter she cried, and I also cried. We miss our little baby."

In conclusion

There is so much more to say about this work. One girl wrote 'The End' in her book, when her counsellor at that time left. Recently she went to show her school teacher her book, and was excited to show that her life story book didn't end there, it still goes on. It is perhaps the same with learning about our work, and the many creative ways in which we can enrich the lives of children, young people, and ultimately also our own. The story goes on...

Notes

This article is based on a developing hands-on practice in a professional residential care environment. There is literature available, largely in the fields of foster care and adoption, for those who want to make a more scholarly study of life story work.

Internet bibliography

Fahlberg, Vera *The Life Story Book* on the website of Pact, An Adoption Alliance (California US)
Devon County Council Social Services UK government Social Care Association, Surrey, UK
SNAPS - Special Needs Adoptive Parent Services Inc. IDAHO, US.

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* 'Street children' is a technical term, used in the international body of knowledge and practice needed to work with children who have experienced the specific configuration of trauma of living without adult guidance on the streets of the world's cities. It is not a label to be attached to any particular child or group of children.

A new approach to dealing with juvenile offenders, based on Native American wisdom, involves a shift away from punitive, authoritarian attitudes and towards the development of self-esteem, individual responsibility and a sense of inclusion.

Transformation in Education – the Western Cape moves to Youth Care Centers

Beth Peterson

The new South African Constitution demands the transformation and Child and Youth Care systems so that we properly protect the rights for the child. Dealing with juvenile offenders and youth in need requires a whole new model, a completely different set of attitudes and the physical transformation of institutions. In the Western Cape an evaluation of the 15 schools of industry and reform was undertaken. Some of these facilities were simply closed down while others are being substantially transformed. There is now a network of four Youth Care Centres and two Special Youth Care Centres.

But the new infrastructure is not clearly as significant as the new philosophy and approach. In essence, a 100 - year - old punitive, authoritarian system has been completely uprooted. The Specialized Learner and Educator Support (SLES) components at the EMDCs are tasked with the implementation of a new approach that has rehabilitation, re-integration and inclusion as its primary goals.

This requires a shift in the mindset of all educators where they no longer invest in control over children but actively seek to engender self-esteem and self-discipline instead. This does involve all educators - not just those employed in the Youth Care Centres. Our society is such that the effects of poverty, violence and abuse manifest in children's behaviour in every school in South Africa. All educators are exposed every working day to youth at risk and youth in need.

The core of the new approach is a model called the Circle of Courage which is based on Native American wisdom and backed up by contemporary psychological studies of self-esteem. The Circle of Courage includes four core values: belonging, mastery, independence, and generosity. 'Difficult' children exist in circles of discouragement marked by rejection, destructive relationships, fear, a climate futility, purposelessness, irresponsibility, external authoritarian control mechanisms, internal self-destructiveness and destructiveness.Anthropologists have long known that Native Americans reared courageous and respectful children without using aversive control. It is sophisticated philosophy that empowers children and equips them for productive and positive adult life. The values of belonging, mastery, independence and generosity are validated by contemporary child research. They are synergetic with Coopersmith's bases of self-esteem: significance, competence, power and virtue.

The Eureka Youth Centre outside Rawsonville can cater for 120 children, providing them with individual development plans (IDPs) that encompass both general and individual rehabilitation. Eureka has blossomed form a dank, prison-like reformatory to a safe and understanding home. Typically, a young person will arrive with a police escourt. But the situation changes from that moment onwards. The learner is personally welcomed. He is assured that his offence is kept private. He has access to psychologists, social workers and other educational specialists who consult with him to arrive at his own IDP. He chooses whether he wants to attend welding or art classes, he signs a contract. The focus is on the future, not the past.

The young person's child care workers don't judge them or label them. The emphasis is on what they can do right, not what they might have done wrong, the environment is well-disciplined, productive and tranquil. No-one pretends they are not there because of hardships; everyone believes they can do better. They play, create, they participate in vocational training programmed such as woodwork, welding, building skills, arts and crafts-making furniture, braais, fences and so on. They enjoy forging relationships, they trust, they realize they have talents and contributions to make, they achieve and they give back.

Perhaps the most important thing to bear in mind is that young people change easily. In an environment of acceptance and encouragement and a circle of discourage turns into a Circle of Courage. ■

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The first in a three-part series in which Jacqui Gallinetti provides an overview of legislation that defines the

Minimum Standards for Children deprived of their Liberty

The minimum standards for children deprived of their liberty primarily relate to children who are in residential care as a result of their coming into conflict with the law. However, the minimum standards extend beyond the scope of the child justice sector, as children who are in residential care in terms of the welfare system are also entitled to care that is governed by minimum standards. There are a number of sources that guide South African law and practice pertaining to minimum standards for children deprived of their liberty. These range from binding and non-binding international conventions and documents, our Constitution and Acts of Parliament, to protocols developed by our national departments.

This series of articles aim to briefly set out the minimum standards that guide the treatment of children in our places of safety, secure care facilities and children's homes in order to provide a point of reference for the care of children.

The South African Constitution

Section 28 of the South African Constitution[1] constitutes a "mini-charter" for children as it contains a range of rights specifically afforded to children. Apart from section 28(2) that states a child's best interests are of paramount importance in every matter concerning the child, inter alia, children are guaranteed the following rights:

- To family care or parental care, or to appropriate alternative care when removed from the family environment[2]
- To basic nutrition, shelter, basic health care services and social services[3]
- To be protected from maltreatment, neglect, abuse or degradation[4]
- Not to be required or permitted to perform work or provide services that -
  (i) are inappropriate for a person of that child's age; or
  (ii)place at risk the child's well-being, education, physical or mental health or spiritual, moral or social development.[5]

Of particular significance for the purposes of this inquiry are the provisions of section 28(1)(g), which state that every child has the right:

" not to be detained except as a measure of last resort, in which case, in addition to the rights a child enjoys under section 12 and 35, the child may be detained only for the shortest period of time, and has the right to be —

(i) kept separately from detained persons over the age of 18 years;

and

(ii) treated in a manner, and kept in conditions, that take account of the child's age."

The references to sections 12 and 35 are to rights that are afforded to every person under the Constitution, not just children. Section 12 deals with freedom and security of the person and states:
"(1) Everyone has the right to freedom and security of the person, which includes the right —
(a) not to be deprived of freedom arbitrarily or without just cause;
(b) not to be detained without trial;
(c) to be free from all forms of violence from either public or private sources;
(d) not to be tortured; and
(e) not to be treated or punished in a cruel, inhuman or degrading way

(2) Everyone has the right to bodily and psychological integrity,

which includes the right –
(a) to make decisions concerning reproduction;
(b) to security in and control over their body; and
(c) not to be subjected to medical or scientific experiments without their informed consent."

Section 35 deals with arrested, detained and accused persons and encapsulates the due process provisions of the Constitution. Of importance are the rights contained in Section 35(2) which states that everyone who is detained, including every sentenced prisoner, has the right:

"(a) to be informed promptly of the reason for being detained;
(b) to choose, and to consult with, a legal practitioner, and to be informed of this right promptly;
(c) to have a legal practitioner assigned to the detained person by the state and at state expense, if substantial injustice would otherwise result, and be informed of this right promptly;
(d) to challenge the unlawfulness of the detention in person before a court and, if the detention is unlawful, to be released;
(e) to conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material and medical treatment; and
(f) to communicate with, and be visited by, that person's –
(i) spouse or partner;
(ii) next of kin;
(iii) chosen religious counsellor; and
(iv) chosen medical practitioner."

This article will be continued in next month's issue. ■

Endnotes

1. Act 108 of 1996
2. s.28(1)(b)
3. s.28(1)(c)
4. s.28(1)(d)
5. s.28(1)(f)

Matete Matches Secure Care Centre

Matete Matches is a secure care centre that provides for the physical and psychological protection and development of 40 children between the ages of 11 and 17 years who are awaiting trial and/or are considered as threat for their own welfare or the welfare of other persons in the Free State Province.

Manager Post 1
Manager: Matete Matches Secure Care Centre

Salary: 109974 – 120971 (negotiable)

Requirements
- A recognised B.A Degree/ Diploma or equivalent qualification
- A minimum 5 years experience in the field of Child and Youth Care work
- Good financial, training and administration skills
- Computer Literate
- Ability to work independently and with team
- Willingness to work irregular hours

Duties
- Manage the residential care centre
- Facilitate and plan developmental program for young people
- Capacity building of personnel
- Financial Management
- Facilitation of staff and board meetings

Social Worker 1 Post
Social Worker: Matete Matches Secure Care Centre

Salary: 71 502 -78 652 (negotiable)

Requirements
- A recognised B.A Degree/Diploma in Social Work
- Registration with the S.A. Council for Social Service Professions
- A minimum 3 years experience in social work
- Knowledge of Child and Youth Care Work and Principles of Restorative Justice
- Computer Literate
- Ability to work independently and with terms

Duties
- Render social work service to children in conflict with the law
- Facilitate the development and implementation of developmental programs for children awaiting trial at the centre
- Liaise with other stakeholders and service providers
- Compilation of reports for efficient service delivery

Recommendation
- A valid code 08 Driver's Licence
- Conversant in the official languages of the Free State

Closing Date: 1 August 2003
Enquiries: S.B. Tladi Tel: 056-212 3445

Interested applicants should forward their CV plus relevant supporting documents to:

The Acting Manager
Matete Matches Secure Care Centre
PO Box 552, Kroonstad, 9500.

No faxes will be accepted and only shortlist candidates will be invited for interviews.

Play and Young Children

Babies and young children like to play. They can be helped to play better. Better play makes children grow and learn well. It helps their brains and bodies develop. Better play helps children and parents to understand one another. Babies need to be stimulated from the time they are born. Stimulation is provided by playing with children, talking with them and thus helping them to use their bodies and minds as much as possible. Older children can learn how babies develop and how to play with them in different ways and at different stages and to help them develop. A child who does not play and is not stimulated cannot develop quickly. A child who hears no language does not learn to talk. Children who lack play and stimulation when they are small may be affected for the rest of their lives. All babies and young children like to play from an early age. Babies like to watch things moving, like the shadow of a tree against the sun. Later, they like to reach out to grab hair, or some pretty beads or a dish. When they can walk and run, they also like to hide, to jump, to skip and to twist around. As soon as they can understand and begin, to talk, they like to play games using words: "Where's my nose?" or "Find the ball." We encourage them to do all these things and even more. Older children love playing with little ones, particularly when they can see them respond, see them learning to do and say new things, see them smile and laugh.

Why better play?

- Better play makes the baby or young child more lively, using all parts of its mind and body together.
- Better play uses voice, eyes and hands. This helps the child and older people to understand one another and communicate better, which will help at school.

Better play helps young ones to:

- look at things around them
- try out new actions and activities
- make their own small experiments with their hands, their eyes, their voices.

In this way they are always learning new skills and finding out for themselves about new things, and learning how to:

- use their bodies well
- use all their five senses, seeing, hearing, speaking, smelling and touching
- talk and use language better
- think and later solve problems
- use their imaginations.

As they get older, better play helps children to learn to share and co-operate with others and make them happy.

Different kinds of play

Children need to play for many reasons. They need different kinds of play at different ages. Sometimes children need toys to help them play, but often the environment around them and the people around them give them all the stimulation they need. What is most important is how children play and not what they play with. Sometimes plan the way children play and help them play better, but often they will find their own ways of playing and we should encourage them. Everyone can enjoy and learn from playing

It is not just the babies and young children who learn from play. Older children learn from making toys and inventing games for them. This can require a lot of skill and imagination and can be great fun, particularly when older children plan and make things together. When children and parents play together with babies and younger children it brings them close together.

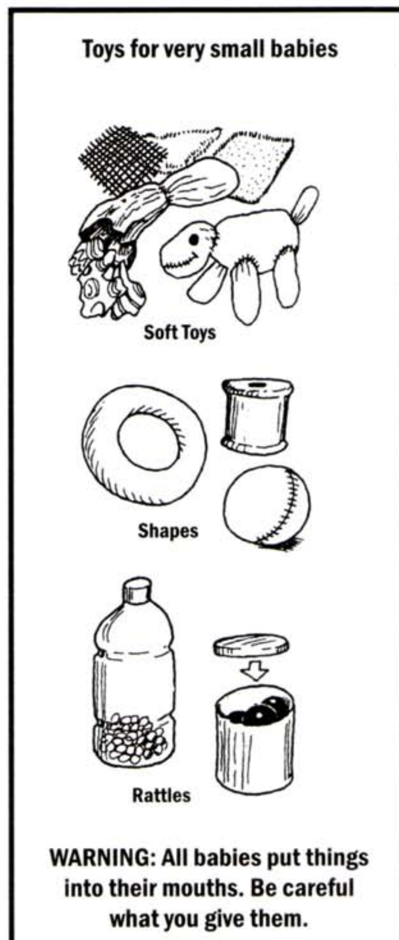
Playing with babies as they grow

A baby's brain must grow and develop. A baby cow or sheep is born with its brain and limbs well developed so that it can stand and follow its mother a few hours after its birth.

The human baby has a much larger brain, but it is not fully developed at birth. It goes on growing, especially during the first two years of the baby's life. After this time, it grows much more slowly. During these first two years, children need food, love and stimulation to help their brains grow as fast and as well as possible. If children do not have enough food, love and stimulation in these years, it can affect how they succeed at school and their future lives.

All over the world families love and care for their children, but unless they play with them and stimulate them, something will be missing in their development. Every child is different, and babies develop at different rates. Babies who have not had enough to eat, or who have been ill, need extra help and play. They may need the materials and support you would usually give to much younger children.

Toys for very small babies



WARNING: All babies put things into their mouths. Be careful what you give them.

How to stimulate children

There are many things to do and games to play with young children at different ages and stages of development.

Play from birth to 3 months

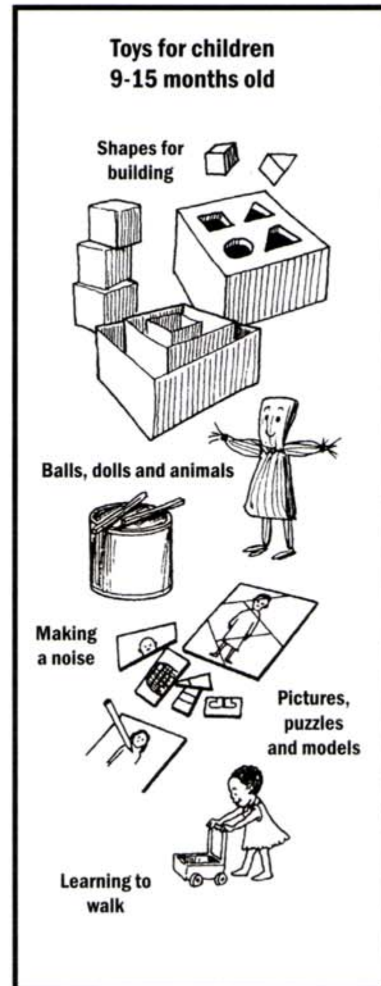
During this time the baby develops very quickly. Watch the baby. Hold the baby. Talk to her. Sing to her. Gently rub her cheek. She will turn her head towards it. Put your finger in her hand. She will hold it. After about 6 weeks she may begin to smile. If you move a bright object like a flower or a spoon she may turn her head to look at it. Babies love to hear your voice. Talk and sing to the baby when she's awake, even when she is very small. Keep on talking to her all the time she is growing up.

Play between 3 months and 6 months

Now the baby will begin to show you how much she likes you to play with her. She will smile or make happy noises, and often stops crying if you stimulate her. Here are some things you can do. There are many more.

- Hang a mobile made of circles, cut out of cardboard on which faces and bright patterns are drawn, near where she lies, but out of reach. If this is difficult to make, use any small light moving objects.
- Tie or hang objects like spoons close to where she lies so she can reach and hold on to them.
- Make a sound with a spoon and tin, or clap your hands so that she will look to see where the sound comes from.
- Cut a smooth ring out of bamboo, let the baby reach for it and take it to her mouth. Make sure it is clean and that there are no splinters or insects on it.
- Find or make a smooth object and give it to her to hold. You will see that she drops it when you offer her a second one.
- Find games that make her smile and coo. These baby sounds are the very beginnings of speech. When you carry her about tell her the names of objects.
- If one child is carrying the baby on its back, the others can play with it and make it laugh.

Toys for children 9-15 months old



Play between 6 months and 9 months

- Help her to sit up for games. Support her if needed. Talk to her while you play. Call her name, or sing a song from different places in the room, and see if she can turn her head to find you.
- Hide your face and then suddenly look at her again, making some sounds at the same time to attract her attention.
- Begin to teach her to drink from a clean cup.
- Make her a rattle to shake, or give her a spoon to bang.
- Hang some of her toys on pieces of string near where she lies so that she can just reach them.
- Give her two, then three and four, smooth objects.

Encourage her to pass or give them to you, or pass them from one hand to another.

- Give her a block or a tin and she will enjoy throwing it on the floor and then looking for it. She will do this again and again.
- Play games with her fingers and toes.

Play between 9 and 12 months

- Play games to encourage her to crawl, stand and walk. For example, pretend you are a mother animal and she is a small one. Hold her hand. Take her for a walk. Show her things and talk about them.
- Get her to give you a hug, clap her hands, or wave 'Good-bye', and so practice all the skills she has learnt. Hand her objects that she can hold between her finger and thumb. Watch out! By now she loves throwing things, not just dropping them. Make a soft ball out of grass or cloth to throw.
- Give her two objects and you hold two more. Bang yours together. Can she copy you?
- Make clay or mud animals for her to hold. Get her to imitate their noises.
- Give her a box and things of different sizes to put in and take out of it.
- Hide something under a cup or piece of cloth as she watches. See if she can find it.
- Tell her stories and sing songs with actions. Sing songs you learnt when you were small.
- Make a doll and tell her stories about it.

Play between 12 and 15 months

- When she can walk, let her run and jump into your arms for a hug. See if she can walk a few steps backwards. Watch that she does not hurt herself. She will learn to climb up stairs and steps but will need help getting down. At first she will come down backwards.
- Make her a toy on wheels that she can push as she walks, like a box with wheels and a handle.
- Help her use a crayon to scribble on paper. Make drawings in sand or mud with your stick or finger and talk to her about them.
- Roll a ball to her and get her to roll it back.
- Put one object on top of another or arrange them on a row. See if she can copy you. Let her make things with bricks and blocks. Wrap an object in paper. Let her unwrap it.
- Encourage her to feed herself. Talk to her. Encourage her to fetch things and take them to her mother. This shows how much she understands. Encourage her to name things around the home.
- When you do things together, talk to her all the time. Soon she will tell you what she is doing.

Often babies of all ages can be quiet. They may be sleepy or not very well. Play with them quietly; sing) them. They still need play. ■

Reference

Child-to-Child: A Resource Book; Part 2; Child-to-Child Activity Sheets; Child-to-Child Trust, 1992

Child & Youth Care Workers Technikon SA can help you make a difference!

There are so many children and youth crying out for quality care. Here's your opportunity to help them. Enrol for studies you can put to work immediately in the child and youth care/youth work environment.
Technikon SA invites you to register for the National Diploma and BTech: Child and Youth Development from 4 August 2003 to 27 September 2003.
Note that the closing date for postal registrations, applications for credits, recognitions and exemptions, and first-time BTech applications is 12 September 2003.

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Mental snapshots

When we work regularly with certain kids, or see a lot of them during a day, we can get used to them and therefore perhaps not see what a casual visitor might see at a glance. Muriel (15) has had the mutters for the past day or so, so when she comes in to breakfast this morning looking rather sulky we don't notice – she just looks the way Muriel has been looking for a while. Here is a quick – and wholly unscientific – exercise. Before you start your time with your group, go through their names in your mind, and for each one pull out the current mental snapshot you have of them. When you look at this snapshot, is the youngster smiling or not, happy or not ...
When you think of James and imagine his picture, what do you see? Think of three or four words which describe his snapshot: "worried", "unsure", "down" ...
When you think of Sharon, what do you see on her snapshot? Some words: "comfortable", "OK", self-assured" ...
And then when you think of your mental snapshot of Muriel? "Irritable", "short-fuse", "ill-at-ease" ...
If we regularly use our objective observation skills, we will have realised that Sharon is doing fine, and that James and Muriel need our special attention. But in a busy program we may be too group focussed or activity focussed to notice. Check them out before you get immersed in the work — look through your mental snapshots.

From CYC-NET
http://www.cyc-net.org

DO YOU UNDERSTAND THE CHILD AND YOUTH CARE LINGO?

One of the challenges facing students in any profession is understanding the language used. All professions have common terms and concepts which are familiar to those with experience, but "learning the lingo" can be daunting for newcomers. A conversation between seasoned child and youth care professionals may sound much like a foreign language to other people including children and families! The following activity is provided for you to test your own knowledge of some of the terminology used regularly in child and youth care work. Each clue is followed by four possible answers. You must choose the answer which you think matches the clue. The answers are provided at the bottom of the page. Try not to look before completing the activity.

Good luck!

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1. The UNCRC, an important piece of international legislation about children:

A. United Nations Charter on the Rights of the Child
B. United Nations Convention on Rebellious Children
C. United Nations Charter on Refugee Children
D. United Nations Convention on the Rights of the Child

2. An approach to justice which emphasises social harmony and putting wrongs right:
A. Retributive justice
B. Restorative justice
C. Renaissance justice
D. Rigid justice

3. The 3 components of the KSS model:
A. Kids, school, society
B. Karate, singing, storytelling
C. Knowledge, skills, self
D. Kindness, spirituality, structure

4. A model about belonging, mastery, independence and generosity:
A. The cycle of courage
B. The cycle of circles
C. The circle of children
D. The circle of courage

5. A phase in the process of relationship-building when young people may break the rules:
A. Limit-testing
B. Pushing their luck
C. Bouncing off the walls
D. Rebellion

6. A child and youth care residential facility for young people in trouble with the law:
A. Secure care centre
B. Prison
C. Foster care
D. Rehabilitation centre

7. A group of different professionals working together:
A. Multi-purpose team
B. Multi-coloured team
C. Multi-disciplinary team
D. Multi-millionaire team

8. A process whereby people are provided with opportunities to learn from their mistakes:
A. Getting away with murder
B. Trial-and-error learning
C. Punishment
D. Failure

9. The place in which a person lives and functions:
A. Children's home
B. Life-span
C. Private space
D. Life-space

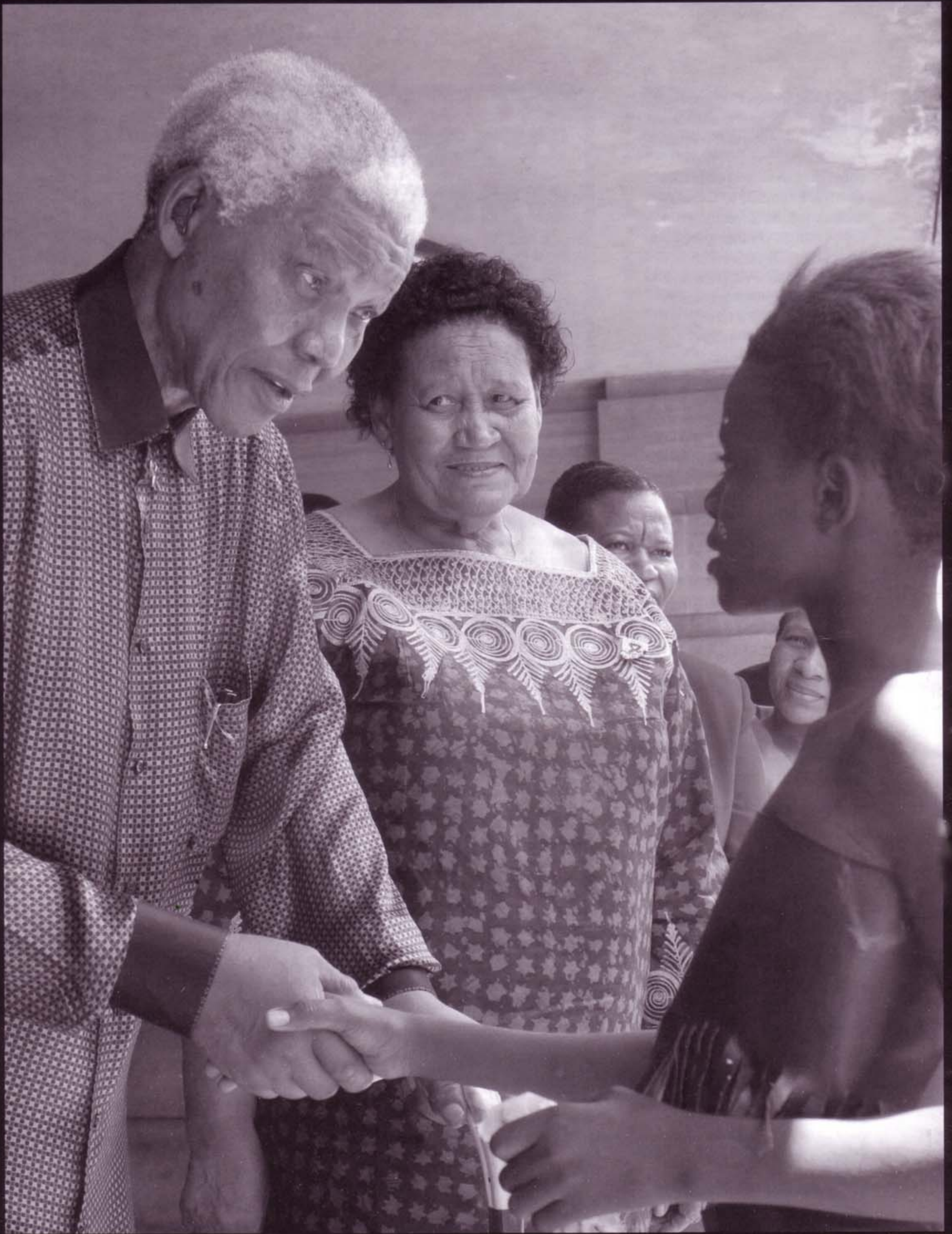
10. A principle, philosophy and practice which aims to keep families together:
A. Family group conferencing
B. Family preservation
C. Families R Us
D. Families forever

11. The emotional and psychological process associated with change:
A. Transformation
B. Translation
C. Transition
D. Transparency

12. A model which helps child and youth care workers to understand how power struggles develop:
A. The medical model
B. The reclaiming approach
C. The developmental perspective
D. The conflict cycle

Answers

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



“It is never too late to be what you might have been.”