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Sinead McEniry

Institute of Technology, Tralee, sinead.mceniry@students.ittralee.ie

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South African Child & Youth Care from a Social Care Student's Perspective

Sinead McEniry

Sinead.McEniry@students.ittralee.ie

Introduction

Enjoying the picturesque visions from Table Mountain to the captivating vineyards of Stellenbosch, South Africa paints an enchanting picture of peace and serenity. The harsh reality however is that South Africa is a nation of extreme inequalities, severe poverty, immense unemployment and a place that is stricken with HIV/Aids.

It is estimated that there are approximately one million street children roaming South African streets, unsupervised and unprotected. (*The White Paper for Social Welfare, Pretoria, 1997*)¹ Drug abuse, prostitution, child exploitation, exposure to criminality and abuse are risks that these children face everyday. These street children are also at an increased risk of contracting HIV/Aids. 10 % of the South African population are infected with HIV putting South Africa in amongst the worst affected countries in the world. (*BBC news*)² The future outcomes for South Africa look to be bleak as Unicef estimate that by 2010, 9 - 12% of South African children will be orphans as the result of HIV and AIDS. (*Unicef*)³

Nature and Practices of Vulindlela

I spent my 3rd year college placement working with ex-street children in a place called Vulindlela House, a residential home for ex-street boys in a township situated in the mists of these charming vineyards in Stellenbosch. Vulindlela House is a relatively new initiative set up two years ago by a small group of concerned local businessmen and a local community centre with the aim of trying

to tackle this rising social problem of homeless street children in South Africa. Vulindlela is presently home to ten teenage ex-street boys. All of these boys have come from broken homes where one or both parents are generally alcoholics and most are unemployed. All of these boys have suffered some form of abuse in their lives. This reality rings true for the majority of street children throughout South Africa. Alcoholism, family disintegration and abuse constitute significant factors responsible for the street children phenomenon in South Africa. (*Family Dysfunction and Child Abuse*)⁴

Bridging Gaps in the Community

When I decided to work in Vulindlela house the local community workers did not think that it was an appropriate work placement for me. Their reasoning for this was simple- I was white and female. Even though apartheid ended over 10 years ago South African communities are still very much segregated into racial groups. Communities were built with the purpose of upholding this outrageous regime and the consequences being that even now with their newly found freedom, multi racial integration in a country with such a diversity of cultures is still extremely uncommon. For too long in South Africa have black and coloured communities been restricted from important aspects of life and labelled dangerous and unsafe. I feel that for these communities to see white people socialising and working with them it may in the long-term help to start bridging together this historical gap between South African communities.

While working in South Africa I lived in a black township called 'Kaya mandi'. So while it was rare for a white person to be working in a coloured township where Vulindlela House is situated, it was apparently even rarer for me, a white person, to be living in Kaya mandi, a black township on the outskirts of Stellenbosch. White local people confessed to me that they had never actually gone in to Kaya mandi and had no intention of doing so in the future. Although it is clear that there is a higher rate of crime in Kaya mandi than the surrounding areas due to the

extremity of poverty and unemployment their perception of crime and violence is unfounded.

The Role of Religion in Social Care Provision

Vulindlela house is run with a strong religion ethos as evident in its mission statement 'The Vulindlela project was initiated out of our Christian calling and duty to the underprivileged and out of this source we seek to reconstruct the boys in the love and acceptance, which God has for all of us' (*Vulindlela Business Plan and Funding Proposal*)⁶. In fact I became instantly aware of the significant role that religion plays in a great deal of South African peoples lives and in particular the considerable role religion plays in community work. The vast majority of community work done throughout South Africa is linked with churches and religious institutions. With this religious ethos in mind, strong similarities can be seen between the social care system of South Africa today and that of Ireland 20-30 years ago.

My Personal Experiences

It is hard to convey in words my experiences in South Africa. South Africa is like another world in comparison to Ireland. I had really positive experiences while working with the boys and they seemed to respond well to me. I carried out an informal sex education programme with the boys as I found that in a country so stricken with HIV their knowledge and reality of sexually transmitted illnesses was quite vague and uncertain. I helped the boys improve their English and taught them a little Gaelic while they taught me Afrikaans. The boys involved me in every aspect of their lives, from going to football matches to celebrating their school graduations.

I gained invaluable work and personal awareness while in South Africa. I have grown in confidence and I feel I now have a greater understanding and appreciation of the social care area.

Conclusion:

Economically and socially, South Africa is only beginning to overcome the effects of Apartheid. Many children have become street homeless as a result of these effects with the combined social problems of family dysfunction, poverty and child abuse. These children are vulnerable to sexual exploitation, drug abuse, criminality and are at an increased risk of contracting HIV/AIDS. It is homes such as Vulindlela set up by local citizens who are willing to take the responsibility of addressing this social problem that helps save the lives of these street children. Vulindlela house is a shining example of how a community can bridge together to make a real difference in a society.

I am aware that a number of other colleges have overseas placements. I would like to see greater coherence and co-operation between the colleges involved. Thus, students who have been abroad could come together to share their experiences and the colleges could 'pool' their expertise and connections. Places such as Vulindlela house benefit greatly from student volunteers. This relationship is however a two-way partnership; students are given the opportunity to work and make a difference in agencies operating in the developing countries, while whilst on the other hand the students are gaining invaluable personal experience. These experiences in turn will be carried forward in to the social care profession in Ireland.

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Prader Willi Syndrome – ‘A Family’s Experience’

Emma Walker

Department of Social and General Studies

Cork Institute of Technology

Email: walkeremma@yahoo.co.uk

Abstract

Prader Willi Syndrome – ‘A Family’s Experience’

Genetic research has offered, and continues to offer, a medical explanation of chromosomal disorders such as Down Syndrome and Asberger Syndrome and more recently the rare chromosomal disorder Prader Willi Syndrome. This research gives a pathogenic explanation of disorders which includes historical background, genetic defects and clinical features. This study set out to offer an insight into the effects of PWS on the child and his/her family. It also aimed to highlight what support systems are in place in the Co. Louth area of Ireland for individuals with PWS. Unfortunately, PWS is not curable at this time. Between 1995 and 2003 there were 39 diagnosed cases of PWS in Ireland, an average of 4.3 per year. On average there are four infants or children diagnosed in Ireland with PWS per year. (Turner, 2004, National Centre for Medical Genetics).

This study is an exploratory and descriptive case study. This case study drew on multiple sources of evidence to construct a valid and unique illustration of PWS. The primary source of data was derived from in-depth interviews with the parents of a 3-year-old girl who has PWS. She was diagnosed during the third week of life. The evidence of this study suggests that non-specialist medical staff are *not* generally familiar with PWS. Training in relation to diagnostic criteria for chromosomal disorders would be extremely beneficial to them and to families that are affected by the syndrome. This study highlights the need for parents to be their own child’s advocate in obtaining desired support services in their area. Support Services in the North East region have been greatly increased due to the setting up of the North Eastern Health Board (now known as Health Service Executive, North East Region) Early Intervention Services (EIS), in 2000.