

Dr ALLISTER BUTLER CONSULTANCY PRACTICE

Dr ALLISTER BUTLER
BASW Hons (University of Port Elizabeth)
MSW (University of Iowa, USA)
PhD (University of Port Elizabeth)

TRAINING AND CONSULTANCY SERVICES

SECONDARY EDUCATION – SUPPORT FOR LEARNERS AND TEACHERS

Services:

a) Student Learners

Individual Support and Counselling

Provide supportive counselling around a number of presenting issues, for example:

- Confidence and self esteem
- Sexuality, sexual health and relationships
- Stress management
- Peer pressure
- Managing conflicting and competing demands and pressures
- Depression
- Anorexia and bulimia
- Bullying
- Anti-social behaviour
- Utilising support services effectively
- Substance use and misuse
- Violence
- Stressful home environments
- Providing primary care for an ill parent and/or sibling
- Amongst other areas

Family supportive counselling

In certain instances it may be appropriate to include members of a learner's family in the counselling session.

Working in small groups

- Study skills
- Leadership training
- Public speaking
- "What does excellence and achievement really mean?"
- Post matric preparedness
- Assertiveness/marketing your talents and skills training
- Critical and lateral thinking skills
- Working with diversity and differentness
- Citizenship and social responsibility

Working in plenary sessions

I could provide workshops to a broader group of student learners i.e. the grade 10 group. These workshops would cover any of the aforementioned areas, or I could tailor

workshops to your student learners' specific needs and requests.

b) Teaching Staff

I would be in a position to work alongside your pastoral care team and the teaching staff (life orientation and life skills). These services would include:

- Developing new and innovative life skills curricula
- Provide support to teachers who may, at times, feel overwhelmed by a specific incident – or the emotional and psychological pressures inherent in engaging with a large body of learners. This could be conducted at an individual level, or facilitated within a small group environment. This would afford teachers and opportunity to “offload” in a neutral and confidential “space.”
- Provide ongoing training for the teaching staff. These training programmes would cover those issues which impact upon the lives of your learners (above), or issues which have been raised directly by the teachers as a collective concern or issue.

c) Referral base

I would also serve as a referral source for both student learners and teachers. If I feel a particular issue is beyond my professional remit and expertise, I would refer a learner to an appropriate community service provider. This would be done in consultation with the relevant teacher and the young person's family.

d) Evaluation and Feedback

As a professional I have always had a commitment to best and evidence based practice. Thus, part of my service would include monitoring and evaluating my services, learner and teacher evaluation and satisfaction audits, and feedback reports to the Principal and School Governing Body.

Details:

Venues: Sessions held at schools venue
Times: Scheduled to suit schools availability
Fees: Hourly, daily and retainer rates

Contact:

Cell Phone: 0797747245

E-mail: consultancy@allisterbutler.com

Web page: www.allisterbutler.com

INNOVATIVE CURRICULUM AND TRAINING DEVELOPMENT

Health and Social Care training has undergone significant restructuring and modifications, with increasing pressure on HEI's and FE's to develop curricula that are innovative, ready for practice and market driven. Allister can assist your training intuitions, corporate bodies and institutes of higher leaning in developing, validating and accrediting, and delivering training packages and modules (generic and specialist). Allister has extensive experience in curriculum and training development, in both the academic sector (e.g. developing one of the first MA in Social Work degrees in the UK), as well within the private sector (e.g. developing team building and leadership training for middle management).

Services:

- Develop curricula/training in response to your organisational needs
- Conduct a thorough training needs assessment
- Develop and deliver a Continuous Professional Development (CPD) programme for your staff
- Deliver and evaluate specific training packages
- Identify learning needs for your organisation and construct subsequent learning outcomes
- Develop "train the trainer" models of in-service training and development
- Facilitate Team building and Leadership workshops

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INNOVATIVE TEACHING AND TRAINING PACKAGES

In order to fulfil the requirements of the South African Council for Social Service Professions regulations for social work education and training, it is imperative that new and innovative models of teaching practices are developed and delivered. The same challenges faces the private/corporate sector i.e. the need to deliver training packages that are focussed not only on their employees training needs but also within the corporation as a whole (including the commitment to provide financial support in developing grassroots training to disempowered and marginalised communities). Allister is able to draw on his 20 years of international teaching and training experience in supporting your organisation in reviewing your existing training methods and support your staff in developing and delivering models of training practice which are cutting edge, challenging, relevant, and with the goal of developing a workforce and student graduates who have an underpinning in inter and multi-professional working practices, as well as a clear set of independent practitioner skills. (read more: Scholarship and Research – International Conference presentations AND Social Work Teaching Practices

Services:

Dr Allister Butler has provided health and social care teaching and training in various settings, namely: Secondary Education (High Schools), Further Education, NGO's and CBO's, Higher Education (Universities and Colleges), and the Private and Voluntary sector, amongst others. This has involved developing/writing teaching and training modules and packages, delivering these sessions, as well as assessing and evaluating trainees' outcomes and overall quality of delivery. These training packages have been delivered in an interactive, didactic, engaging and multi-media manner. The following list provides an indication of areas of teaching and training specialisations.

- Human Behaviour in the Social Environment
- Policy into Practice
- Service user and carer involvement
- Community Development and Social Action
- Applied Social Work Studies
- Loss and Bereavement
- Practice Education
- HIV and AIDS
- Human Sexuality
- Organisational Systems and Management
- Supervision and Management
- Work Based Training and Assessment
- Team Building and Leadership Skills
- Project Management
- Evidence Based Practise
- Building Research Capacity
- Programme Evaluation

- Methods of Enquiry
- Research Methods
- Assessment, Planning, Intervention and Review
- Introduction to Social Work Practice
- Groups Process and Dynamics
- Models and Theories of Intervention
- Communication and Interviewing Skills
- Social Work and the Law
- Principles of Social Work
- Values and Ethics
- Anti oppressive practice
- International Social Work Practice
- Gay and lesbian issues
- Homophobia
- Social Work, Oppression and Inequalities
- Adolescent mental health
- Young Carers
- Psycho-Social Aspects of Health and Social Care
- Sex education
- Children and Families
- Child Protection
- Domestic Violence
- Adult Protection
- Health and Safety
- Complementary Therapies
- Sociological Perspectives of Health and Social Care
- Health and Psychology
- Socio-Economic Aspects of Health and Social Care
- Lifespan Development
- Workforce development

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PRACTICE EDUCATION

Social work and social service education in South Africa (and internationally) has become a far more practice-based curriculum (as opposed to the priority of knowledge generated and built primarily in the classroom setting). With these changes in focus and priority, Allister will be able to support HEI's, training colleges and service providers in developing more rigorous evidence based practice based education for health and social care students and practitioners. Allister will be able to draw on his extensive leadership experience in practice education, and facilitate training intuitions in forging stronger links with placement providers i.e. welfare agencies, government bodies, NGO's, voluntary and private sector etc. This will be developed in partnership with all stakeholders, and within a framework of working towards an underpinning of collaborative practice.

Services:

- Provide practice/practicum assessment in work based learning contexts (for students, practice learners and assessors/supervisors). This would also serve to strengthen the quality assurance aspects of practice education.
- Develop rigorous learning opportunities for social work and social service students and practitioners
- Develop and deliver a work based learning programme for your organisation/agency, within a Continuous Professional Development (CPD) framework
- Identify new practice learning opportunities in the various communities
- Facilitate "ready for practice" workshops i.e. ensuring that students and learners are for direct practice engagement in their practicum sites. This could include fitness for practice observational assessments
- Write a succinct evidence based practice curricula/handbook for your academic institution or organisation (which could support student/practitioner and Practice Learning Facilitators in their supportive learning environments).
- Facilitate training workshops for existing (and new) Practice Learning Facilitators re: how to link students practice and skills development to clearly defined evince and outcomes

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EQUALITY AND DIVERSITY

The New Constitution of the Republic of South Africa (Act No 108 of 1996) found expression in the Promotion of Equality and Prevention of Unfair Discrimination Act (No 4 of 2000). It is a pivotal tool for facilitating South Africa's transition from a history of legislated discrimination to a future where equality is actively promoted through legislative measures. (in respect to race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, birth. (<http://www.csvr.org.za/papers>).

The introduction of this Act sees the biggest change in equality law in South African history. Challenging and eradicating discrimination is an important role for all public bodies as they have a duty to deal proactively with issues that may lead to discrimination. Through the introduction of the Act the government has made a commitment to introduce a statutory duty on all public bodies to prohibit discrimination in the exercise of public functions. This Act applied to all public and private bodies, including those who provide care services. Throughout his 20 year carer Allister has had lead responsibility for developing and delivering training around equality, diversity, social inequality, social justice, values, ethics, working practices, welfare legislation and anti-discriminatory practice.

IS OUR WORKFORCE IN SOUTH AFRICA TRAINED AND PREPARED FOR THESE CHALLENGES

Services:

- Provide extensive anti-discriminatory practice training packages/workshops, for example:
 1. Social inclusion and exclusion
 2. Working with disenfranchised and marginalised youth
 3. Gay and lesbian youth issues/adolescent mental health
 4. Working with student learners in schools re: oppression, discrimination and social justice
 5. Support organisations and community based projects in developing and delivering effective and accountable ADP working practices
 6. Support your workforce in not only understanding, but more importantly, applying anti-discrimination legislation in their everyday working practices
 7. Understanding the social construction of discrimination, and developing effective corporate strategies to deal with these obstacles
 8. Support your organisation (front line workers and managers) in meeting these challenges around social inequality and social justice

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ORGANISATIONAL, PROGRAMME AND PROJECT EVALUATION/ SHORT AND LONG –TERM RESEARCH

In order to ensure that health and social care practice is constantly underpinned by best practice; it is imperative that service provision (at project and programme level) is monitored and rigorously evaluated (including authentic service user and carer involvement).

Allister's research and programme evaluation (R &PE) skills could be a "fit for purpose" link to your organisation/project. My R&PE background includes various methodological designs and conducted in a diverse range of national (Cornwall, Sheffield and Canterbury) and international settings (UK, South Africa, USA, Australia, Norway, Sweden and Holland). I have over 15 years experience in the field of social research. Both my MA and my PhD were focussed specifically on social research methodologies. I have conducted numerous research studies and programme evaluations during this time. Furthermore, I have been responsible for numerous aspects of the Social Research Methodology training in the Faculty of Health and Social Care at Canterbury Christ Church University, and will be able to bring an extensive background knowledge and experience to your organisation/project.

My PhD study was titled "A qualitative study of the coming out process for gay and lesbian youth in post Apartheid South Africa." (read more Doctoral Dissertation AND Scholarship and Research – annotated bibliography). Upon completing my Ph.D. in South Africa in 2000, I took up the post as a Research Fellow for the Cornwall and the Isle of Scilly Health Action Zone (read more Scholarship and Research – Health Action Zone). I supported research and evaluation capacity building with 28 children and young people's project leads from the various statutory and voluntary sectors, including the Cornwall Young Carers project (CYCP).(read more Scholarship and research – Young Carers). As part of the University of Plymouth evaluation team I was commissioned to conduct the first evaluation of the CYCP.

I have been published in a wide range of specialism's, ranging from young carers, gay and lesbian youth, homophobia in secondary education, and support for parents in coping with their child's homosexuality, workforce development, and international social work practise, amongst others. I have been invited as an international Socrates scholar to teach and disseminate my research findings at various higher education institutions in Europe (Sweden, Holland, Denmark and Norway). I have recently (2005/2006) presented papers at international conferences in Norway, Australia and South Africa. Furthermore, I was invited to present two papers at the International Child and Youth Care conference in Canada (2003). In 2005 I had two articles published in the first International Encyclopaedia of Youth, Education and Sexualities. (read more Scholarship and Research – International Conference Presentations)

All of the research and programme evaluation I have conducted has been done within the context of partnership working and active service user/client participation and involvement. As stated earlier I was responsible for

evaluating 28 different children and family projects in Cornwall. All of these projects had a significant element of user participation and direct involvement in the evaluation process. In light of this I developed a programme evaluation model called AAAQI (Aims, Assumptions, Activities, Research Questions and Indicators), which tracked the direct participation and involvement of families and social care agencies in the direct work being carried out by the various projects. All of my research has been embedded in a context of partnership working in order to deliver not only rigorous and solid social science research and evaluation, but furthermore, to ensure that the research findings have a direct impact on informing practise.

Another example from my research practise is a study I conducted titled: "An oral history of gay men living with HIV/AIDS." This study utilised a qualitative paradigm of data collection and analysis and relied not only on the perspective of gay men themselves, but also focussed on the critical link between the research participants and their social environment i.e. their experiences of the partner health and social care agencies providing support services. Additionally, one aspect of my Doctoral study evaluated the impact of gay and youth experience of their socio – political environment. This required developing research partnerships with various educational, social services, religious and community based organisations (NGO's and CBO's).

I was also commissioned to conduct two separate a 5-year programme evaluation study with the Cornwall Young Carers Project. as well as the Isle of Wight Young Carers Project. This demonstrated the significant way in which I included all the various partner agencies in the development, administration, analysis and dissemination of the research findings. (read more Scholarship and Research – Young Carers AND International Conference Presentations - CYCP Conference Cornwall 2005).

I have lead the research methodology and methods of inquiry modules at Sheffield Hallam University (at undergraduate levels) and served as the research methodology and dissertation leader at Canterbury Christ Church University (at post graduate level). Furthermore, I have been responsible for overseeing the supervision of MA dissertations. As part of the Faculty's RAE submission (for 2007/2008) I have provided 4 (out of a possible 4) peer reviewed publications for submission. I continue to be research active.

Services:

- Developing Research and Project Evaluation (R &PE) designs with clients and partner agencies/stakeholders
- "Walking" an evaluation through its various stages of development – inception, conceptualisation, planning, costing, proposal writing, data collection and analysis, report writing and dissemination
- Developing evaluation proposals that are client/market driven. This has included tailoring R&PE proposals to the clients' needs, specifications, remit and financial considerations.

- Developed rigorous and robust evaluation strategies, with a triangulated methodological perspective.
- Understand and respond to the market – proactively procuring research grants/pots of research money
- Action orientated research praxis. Given my background and training as a social work practitioner, researcher and educator, I have always had a strong commitment to the facilitation of a process whereby research findings/outcomes have a “very real” impact on direct health and social care service delivery and policy formulation.
- R&PE capacity building/workshops/ project based research training
- Developing and delivering R&PE at the oftentimes complex interface between partner agencies. These have included:
 1. Between the statutory and PVI sector
 2. Between Local Health Authorities, Social Services and Local Education Authorities
 3. Between University/HEI’s and funding bodies
 4. R&PE strategies driven by DOH/Health Action Zone – wherein competing agenda’s and prospective targets have to be sensitively defined, negotiated and ultimately achieved in a partnership context
- Service user consultation, inclusion and feedback at the core of my R&PE strategies
- Linking research to national policy and legislative frameworks e.g. Every Child Matters, Carers and Recognition Act (1995), National Service Framework for the Assessment of Children and Family in Need (DOH), amongst others.
- Dissemination of research findings, in both oral and written formats, for example.
 1. Discussion papers
 2. Final R&PE reports for funders
 3. National and International Conference paper presentations re: dissemination of ideas around good practice
 4. Writing peer reviewed articles for publication
 5. Key note addresses re: presenting findings from my research
- Research around national and international workforce development
- Developing and delivering longitudinal studies i.e. tracking identified themes and intended outcomes, changes, development and modification in service delivery, service user consultation, etc

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CHANGE MANAGEMENT/BUILDING EFFECTIVE TEAMS AND WORKFORCE DEVELOPMENT

Governmental, private and voluntary, and NGOs and CBO service providers (Health, Urban renewal, Education, Social Welfare etc) and providers of health and social care training (HEI's, Technicians, in-house training etc), have had to respond to massive socio-political transformation and social policy initiatives in workforce development. This has resulted in an increasing pressure on: i) recruitment and retention ii) skill mix and modernising the workforce iii) working across historically embedded professional boundaries and roles iv) pressure on managers to support their workforce within a climate of change and conflict. Given Allister's international experience in managing teams in conflict/change status (in both practice and educational settings); he would be able to provide your organisation/agency with insightful and thoughtful support in managing your "teams in transition." Allister adopts a strengths based and ecological model of consultancy practise i.e. using the inherent skills and experiences of teams as a building block to enabling a modern and flexible workforce strategy. (see paper presented at International Allied Health Care conference in Australia)

Services:

- Identify areas of conflict and uncertainty in your organisation, and link these to appropriate in-service training packages
- Engage with managers as they support their teams through transition and change
- Provide strategic thinking re: working across professional boundaries and embracing a modern workforce philosophy of skill mix
- Forecasting future workforce needs and relevant individual, group and corporate training development needs
- Management and leadership development
- Organisational structure reviews
- Independent advise to CEO's and senior managers
- Developing new roles and role enhancement strategies

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INTERNATIONAL PRACTICE AND ORGANISATIONAL DEVELOPMENT

Globalisation and mobilisation has altered the landscape for health and social care service provision. Models of good practice are now reliant upon a sensitive and thoughtful understanding and knowledge regarding international trends and realities. Allister's has extensive experience in working at the interface between CBO's, NGO's, HEI's and global service providers (web to crossroads, HIV and Iraq). Student graduates and experienced practitioners alike have to be able to negotiate their own working practices within an international and global context. An isolationist worldview on health and social care provision is no longer an option for a modern workforce.

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CORPORATE SOCIAL RESPONSIBILITY AND BROKERAGE SERVICES

South Africa has undergone exponential socio-political transformation since its transition to a modern democratic civil society. With the commitment to the principles of Black Management Empowerment (BME), corporations and the private sector have a far greater responsibility to disadvantaged and marginalised communities. Bodies of evidence have clearly demonstrated that simply “throwing money at an impoverished community” has no long-term sustainable benefits. Social responsibility is more than fiscal commitment – it is more about supporting and enabling communities to nurture and empower their own people, with their ideas and vision, towards a long-term sustainable and ultimately independent reality. Allister can serve as a **broker** at the complex interface between your organisations social responsibility commitment and sustainable community empowerment and development.

Services:

- Procuring national and international project funding
- Self starting community based projects e.g. in Khayaletsa and Gugulethu, New Crossroads
- Developing youth empowerment schemes
- Linking sports development and youth activities in marginalised communities
- Project leadership re: programme conceptualisation and development, building systems and infrastructure support,
- Developing and strengthening community involvement and ownership,
- Reporting to funders and financial accountability structures,
- Monitoring and evaluating service provision and outcomes,
- Staff recruitment, training and retention, and skills development
- Supporting community projects in building effective relationships with governmental structures, responding to national and local policy initiatives, funders (nationally and internationally), private and voluntary service providers, links with the media, and writing and dissemination of annual reports etc.

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HIV AND AIDS TRAINING

Allister has extensive international experience in the HIV and AIDS field. He has developed and delivered tailor made curricula/training packages, conducted international research and developed evidence based evaluation and practice guidelines, served as an international consultant around HIV and AIDS in Sub-Sahara Africa (e.g. consulted in the UK, Canada, Holland, Sweden and Norway); practised as a social worker with NGO's and CBO's; developed practice models alongside people living with AIDS (PLWA); included service users and carers in all my training, research and lecturing; provided training at student, practitioner, and management levels; presented workshops focusing on prejudice and discrimination in terms of HIV and AIDS; developed anti-oppressive models of health and social care practice; worked in both the social care and health fields in this arena; explored and applied international evidence to both my practice and research.

Southern Africa remains the region worst affected by the HIV/AIDS epidemic. A combination of factors seems to be responsible for this including: poverty and social instability, high levels of sexually transmitted infections, the low status of women, sexual violence, high mobility (particularly migrant labour), and lack of good governance.

South Africa has the sixth highest prevalence of HIV in the world, with 18.8% of the population estimated to be infected. The UNAIDS 2006 Global Report, estimated that 320 000 people died of AIDS related deaths in South Africa during 2005. South Africa is regarded as having the most severe HIV epidemic in the world

New infections are still increasing with no signs of reaching a natural limit. The total number of South Africans living with the virus at the end of 2005, was estimated by UNAIDS to be in the region of 5.5 million. This annual survey uses a statistical model to estimate the prevalence of HIV in the population based on the prevalence among women tested at state antenatal clinics. The national average of HIV+ women attending antenatal clinics in 2005 was 30.2%. The province of Kwa-Zulu Natal continues to have the highest prevalence at 39.1% followed by Mpumalanga at 34.8%.

The South African Government's **response to the epidemic** is grounded in the HIV/AIDS and STD Strategic Plan for the period 2000 – 2005. The purpose of the plan is to provide a broad national framework around four priority areas: **prevention; treatment, care and support**; research, monitoring and evaluation; human and legal rights. In November 2003, after considerable sustained pressure from advocacy groups, the government adopted the Operational Plan for Comprehensive HIV and AIDS Treatment and Care, which included the provision of antiretroviral (ARV) therapy in the public health sector. The roll-out of the **ARV programme** is proving a slow process. This is partly because the Department of Health needs to address major capacity and infrastructure

constraints but also because it continues to broadcast confusing messages about the role of nutrition and **traditional medicine**, and the safety and efficacy of registered drugs that have been provided in the private sector (<http://www.aids.org.za/hiv.htm>).

The AIDS Foundation of South Africa recognises that the most effective avenue by which to support successful prevention efforts and secure access to effective, comprehensive treatment in vulnerable and marginalised sectors of society is to work in partnership with local community-based organisations (CBOs). The Foundation is a strong advocate of the view that communities should be participants in addressing their needs rather than objects of charity. Communities must be allowed to identify their own concerns and the responses that are feasible with the available resources. Civil society organisations, particularly CBOs are well placed to play a very strategic role in addressing the HIV/AIDS epidemic because of their close proximity to those affected. CBOs can draw on the support of committed community members, which is essential if interventions are to be affordable and sustainable. For this to happen, more funding needs to be leveraged for community responses.

While government policy supports the important role of CBOs in the fight against AIDS, its national and provincial AIDS programmes face many challenges in providing financial and technical support to these organisations. There are frequent delays in the approval and disbursement of funds; funding is usually only committed for a year at a time, with no guarantee of further funding; capacity building activities are often haphazard and are not built into a broader programme of ongoing monitoring and technical assistance.

In addition, government and donor funding in South Africa is skewed in favour of national mass media programmes and scientific and academic research, with only a limited level of funding being directed at community driven responses to HIV/AIDS. There is a pressing need to scale up community interventions, for this is where the greatest degree of vulnerability exists and where the consequences of the epidemic are being most acutely felt.

Services:

- Provide HIV and AIDS awareness training workshops at various levels in the community, e.g.

Community

Health care workers

NGOs

Government

Business

Donors

- Provide HIV and AIDS training for the health and social care workforce, and student groups
- Provide HIV and AIDS, Sex and Sexuality training in various educational settings (high schools, universities etc)
- Provide pre and post HIV test counselling services – in both medical and community settings
- Provide therapeutic and supportive counselling services to People Living with AIDS (PLWA)
- Support community projects

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