

EDITORIAL: WHO PAYS FOR SERVICE DEVELOPMENT? 2 THE TREATMENT PLAN — III: PRINCIPLES 3

OFFICE: INTERNATIONAL FEDERATION OF EDUCATIVE COMMUNITIES 6 THE MALMÖ DECLARATION 7

NEWSBRIEFS 9 HOOFARTIKEL: KINDERVERSORGERS SE ROL IN FAMILIE-INGRYPING 11

REPORT ON THREE JOHANNESBURG CONFERENCES 16 NEW BOOK: READING ALOUD TO CHILDREN 16

Die **Kinderversorger**



**NATIONAL ASSOCIATION OF CHILD CARE WORKERS
NATIONALE VERENIGING VAN KINDER-
VERSORGER**

**National Executive Committee
Nasionale Uitvoerende Raad**

National Chairman/Nasionale Voorsitter
Ernie Nightingale NHCRC, Dip Pers Man
AICB, Ethelbert Children's Home, 93 Ethelbert Road, Malvern 4093. Tel: 031-44-8555

National Treasurer/Nasionale Tesourier
John Saxey AIAC FICB(SA), P.O. Box/Posbus 3212, Cape Town/Kaapstad 8000. Tel: 021-71-7591

Members/Lede
Jacobus Michael (Transvaal), Revd/Eerw Roger Pitt (Eastern Province/Oostelike Provinsie), Ernie Nightingale (Natal), Ashley Theron (Western Cape/Wes-Kaap)

Directorate/Direktoraat

National Director/Nasionale Direkteur
Brian Gannon, BA (Hons) MA
P.O. Box/Posbus 199
CLAREMONT 7735
Tel: 021-790-3401

Regional Director/Streekdirekteur (Transvaal)
Di Levine, BA (Hons) MA
P.O. Box/Posbus 8021
JOHANNESBURG 2000
Tel: 011-337-7010

Regional Secretaries/Streeksekretarisse

Transvaal
Cynthia Green, P.O. Box/Posbus 49106, Rossentown 2130. Tel: 011-26-4146

Natal
Dr Jeannie Roberts, 104 Windmill Rd, Berea, Durban 4001. Tel: 031-21-5894

Eastern Province/Oostelike Provinsie
Lesley du Toit, The Children's Home, P.O. Box/Posbus 482, King Williamstown 5600. Tel: 0433-21932

Western Cape/Wes-Kaap
Merle Allsopp, St Michael's, Hoofweg 63 Main Road, Plumstead 7800. Tel: 021-77-4409

**THE CHILD CARE WORKER
DIE KINDERVERSORGER**

P.O. Box/Posbus 199, CLAREMONT 7735
Tel: 021-790-3401

The Child Care Worker is published on the 25th of each month excepting December. Copy deadline for all material is the 10th of each month. Subscriptions for NACCW members: R5.00 p.a. Non-members: R10.00 p.a. post free. Commercial advertisement rates: R2.50 per column/cm. Situations vacant/wanted advertisements not charged for. All enquiries, articles, letters, news items and advertisements to The Editor at the above address.

Die Kinderversorger word op die 25ste van elke maand, behalwe Desember, uitgegee. Kopie afsluiftyd is die 10de van elke maand. Subskripsieged vir NVK lede: R5.00 p.j. Nielede: R10.00 p.j. posvry. Kommersele advertensies: R2.50 per kolom/cm. Betrekking advertensies is gratis. Alle navrae, artikels, briewe, nuusbriekies en advertensies aan Die Redakteur by bogenoemde adres.

Editorial Board/Redaksiekommisie
Merle Allsopp BA HDE NHCRC, Peter Harper MSc (Clinical Psychology), Dina Hatfield BSocSci (SW) (Hons) PSW MSocSci, Peter Powis MA (Clinical Psychology), Renee van der Merwe BA (SW) (Stellenbosch)

Editor/Redakteur
Brian Gannon

**Developing Programmes:
Who Pays?**

Last month we published the first of two articles reflecting international viewpoints on the need for institutions to develop their role into the family context, and warned that children's homes, to remain relevant over the coming decade, would have to demonstrate their preventive contribution as *helpers* of families rather than remaining as *substitutes* or *replacements* for families. Following on the Australian contribution in our June issue, this month we publish, in Afrikaans, an American viewpoint, to be followed next month by a review of South African practice in this area. We have to face the fact that long-term institutional care is not justified either in terms of cost or, generally, in terms of results, and also that state policy is clearly shifting funding priorities from institutional to community-based programmes. Alongside of family programmes we also see good development of a number of other programmes in child care -- educational, therapeutic, recreational -- all of which are taking the child care worker nearer to a usable interim service for incorporation into agency treatment plans rather than as a dustbin when all else has failed.

What is not keeping pace with developments in this area is state subsidy practice. Those children's homes which have developed active and successful family programmes, for example, are faced with the anomaly of reduced monthly income every time a child is returned to its family -- and this then jeopardises the financial viability of their family programmes! It is wrong that a subsidy scheme should be such as to encourage institutions to hang on to children and to penalise them when they succeed in doing what our new legislation expects of them. Come conference time this year it will be two years since the NACCW made representations to the state concerning a subsidy scheme which took into account such factors as qualified and experienced staff, the quality of programmes and declining subsidy rates as the length of a child's stay increased. In the meantime we are informed by the Department of Health Services and Welfare (House of Assembly) that children's homes are not included in the new dispensation in which subsidies can be based on approved programmes.

Contrary to the expectations of some, children's homes are not going to disappear in the next couple of decades. On the contrary, they will be playing in-

creasingly significant roles with a more difficult clientele and over a wider range of systems. They can no longer be expected to pioneer and develop appropriate services for the future with a creaking, inflexible and out-dated subsidy system.

FICE

Earlier this year the NACCW established contacts with the International Federation of Educative Communities (FICE) based in Geneva, with a view to eventual affiliation. FICE represents a wide spectrum of European child care with which South African practice is less familiar, and this month we publish information on this organisation together with the Malmö Declaration adopted at the recent FICE Conference in Sweden. There will be inevitable obstacles in the way of affiliation, but there is no harm in opening the discussion and we hope that readers will find the report of interest.

**Part-time Social Worker
Resident Child Care Worker**

Applications are invited for the above posts in a well-developed multi-disciplinary team working with on-campus and off-campus residential units and community projects. For further information contact the Principal, The Children's Home, P.O. Box 482, King William's Town 5600 or telephone 0433-21923.

Durban Child and Family Welfare Society
Require houseparents for their children's home in Sherwood, Durban from December 1, 1987. The housemother would be employed by the Society, and the housefather must have outside permanent employment. Preference will be given to houseparents with no encumbrances, and the position requires maturity and an interest in children. Please apply in writing with personal details to the Director, P.O. Box 47569, Greyville 4023.

Warden/Principal

A suitably qualified and experienced person is required to take charge of St Monica's Children's Home, Bluff, Durban. The home falls under the Anglican Diocese of Natal and applicants should be practising Christians who are able to accept responsibility for the material and spiritual care and development of approximately 80 children from 5 years to 18 years of age, mostly girls. Salary is negotiable and a family cottage is provided on the premises. Please apply giving full details and recent testimonials to the Chairman, 28 Reiger Road, Austerville 4062.

The Treatment Plan — III

Some Principles of Treatment Planning

Peter Powis, Merle Allsopp and Brian Gannon

Peter Powis is Clinical Psychologist at Tenderden Place of Safety in Wynberg, Merle Allsopp is a Unit Manager at St Michael's Home in Plumstead and Brian Gannon is National Director of the NACCOW

INTRODUCTION

A treatment plan is essentially the translation into practical or operational tasks those need areas highlighted in the assessment of the child. We defined a treatment plan earlier as "a systematic set of steps followed by an agency in order to define what treatment tasks need to be done, how they should be approached and by whom, in order to reach agreed objectives within a given time frame". Perhaps the most important word in this definition, and the one which calls for most discipline from child care workers, is "systematic". DED defines this word as "methodical, according to a plan, not casual or sporadic or unintentional".

Conceptual Clarity

Probably the single most important reason for the relatively undeveloped state of our child care programmes is our failure to conceptualise or systematise our work. When a child improves we too often heave a sigh of relief without taking the trouble to review the process in order to identify *what* helped the child to improve. So our practice becomes vague and indiscriminating. The treatment plan works on this problem from the other end, so to speak, by attempting up front to hypothesise about a problem in conceptual terms, and then specifying a course of action which either works or doesn't work. This result then tells us something about our hypothesis and our course of action, and our practice is sharpened. The important element in this sequence is reaching clarity in conceptual thinking about a child's problem. To give an example, our categories of thinking are often too

vague. We may think of children as "good" or "naughty". There is no treatment plan which can start at "naughty" and aim towards "good" unless we first take the word "naughty" apart in terms of actual behaviours, the circumstances which lead to these behaviours, the context in which they occur, and the direct or indirect rewards obtained from the behaviours which then reinforce the behaviour sequences. It is into these behaviour sequences that our treatment plans must intervene, often at the motivational stage, if progress is going to be made. Simple disapproval or punishment may well be feeding some unrecognised reward for the child and sustaining the sequence instead of breaking it.

When the word "naughty" gets broken down into clearer components like impulsiveness, aggression, stimulation-seeking, not coping with routine, dominant behaviour, and so on, we have categories about which we can hypothesise and get our planning teeth into.

The assessment exercise at Lelebloem House reported on in last month's issue illustrated another conceptual model, namely dividing children's development for the purpose of evaluation into such categories as physical, educational, social, emotional, cultural and spiritual. It was pointed out that this made for a more discriminating view of the child than simply saying "John is doing OK".

HALFWAY TO GOOD TREATMENT

What puts a lot of people off treatment planning is the fear that by implication it will turn on them with impossible time demands and skill demands. "There is enough to do around here every day without getting into treatment plans as well."

For South African child care workers for whom the "ideal" of ten children per client group has been set, this is an understandable reaction. In an attempt to allay some fears, the following points may be helpful:

Treatment plans vary in their complexity

To put this into perspective, consider the staff ratings of the degree of difficulty of the children worked with in Gannon's (1987) report on the recent Natal "Do-it-Yourself" research project. The following average figures were reported:

Size of children's groups: 13.35
Average, easy to work with children: 3.05
More difficult, harder to work with children: 3.28
Disturbed and very hard to work with children: 2.05

For the average child care worker's group of 13 children it would appear then that two children would have complex treatment plans, three would have less complex treatment plans, and eight would have relatively simple plans.

We are already executing important points of good treatment plans

Very many social workers' reports at Children's Court Inquiries recommend that the child be placed in a secure, predictable, stimulating and disciplined environment. On the whole this is something which children's homes in South Africa do well, and we should not underestimate the value of what we are already doing. Eva Frommer (1972) pointed out that many children improve spontaneously when removed from home circumstances which were, for them, intolerable, and are placed in rational and responsive environments.

Individual and group approaches

Associated with this last point, Siderman-Pam (1986), in talking of her work at the Oranjia Jewish Children's Home in Cape Town, stated that what is important "is that the group programmes are as carefully planned as the individual programmes. Alongside the therapeutic programme, therefore, the emphasis is on high quality group programmes (i.e. well-planned and well-structured and which between them meet the needs of the children) . . . Such attention to well-run group programmes makes them purposeful in terms of the overall goals of the home . . ." The critical point here is that in treatment planning, thought will inevitably go into individual, staff-intensive tasks necessary for the child, which are demanding in terms of staff time and skills. But equally the treatment plan may simply assign children to appropriate existing group programmes which are not staff-intensive. Allsopp (1986) and Gannon (1986) have dealt extensively with developing group programmes as resources for the treatment plan in their respective articles on programming and curriculum development. The message is that we don't have to regard treatment plans entirely *critically*. There is a great deal we

can achieve as good educators and good youth workers if we commit effort to the development of good group programmes.

PURVIEW OF THE TREATMENT PLAN

The treatment plan as a whole will inevitably have a very wide scope. In the first place it must address all of the developmental and clinical areas in the child's life, and even though many of these may be satisfactory and require little more than mention, their inclusion serves to maintain a holistic view of the child and his functioning.

Systems

Perhaps more important is the need for us to see the child as operating within a number of systems, within each of which he has different roles, status, relationships, opportunities, problems, and levels of functioning.

These systems may be graphically represented as multiple intersecting circles. Each of these systems is particularly important, and each child represents a unique intersection of these systems. The treatment plan is faced here with a difficult paradox. On the one hand the plan needs to exercise a certain level of control within each of these systems. Failure to do so may leave an "open end" which a child may exploit, thus negating the gains made in other areas, and also splitting off areas into those where he maintains maladaptive coping methods and those where he appears to be improving. On the other hand the "separateness" of the systems (and the roles the child plays and the status he enjoys) needs to be maintained, since one would want to avoid the situation which Goffman (1963) would call the "total institution" where blotting one's copybook in one area is to blot it in all areas. All of us, children and adults, need to be able to put certain areas of our life "on hold" for a moment and to escape to warmer climates for respite and recreation.

This paradox can be resolved if we are careful to evaluate the relative significance of these systems and if we distinguish between the levels of control we must exert and which can range from simple *information-sharing* through *influence* to *actual control*.

It will be understood that some of these systems may be positives for the child and are therefore considered *resources* in the treatment plan. Other systems may be critical in the sense that the child is not handling them successfully and these will then become the focus of our closest attention. School, for example, may be itself a well-controlled system which is not operating obliquely to the treatment plan, requiring no more than good information-sharing. The family or the neighbourhood may be operating

counter to the treatment plan and will need either to be influenced as part of the plan, or actually controlled.

Short-term goal-setting

The treatment plan, to repeat, is "a set of systematic steps". That is, one doesn't dump a long-term treatment plan on a child care worker and tell her to get on with it; one takes the plan one step at a time. This approach is important for both staff and children since the successful negotiation of each step towards an ultimate goal is encouraging, rewarding, and hence motivating. For the staff who will do most of the leg-work, bite-sized tasks which are clearly defined and clearly operationalised, will be more easily accepted and more likely put into effect than complicated long-term tasks. Operationalising tasks, that is translating them into easily understood and practical "things to do", is a key to success, and is also the responsibility of the treatment planner which then passes to the supervisor. Middle management staff must always see to it that tasks are such that they can be tackled by child care workers. (See the Practice Hint box with this article for an example).

Prioritising

Taking a treatment plan one step at a time also requires decisions as to which step is next. A clear guideline for deciding sequences is: first, work at incapacitating clinical problems, second, approach tasks developmentally.

The most common clinical problem will be excessive anxiety which is associated with threatened loss of ego control. The alleviation of anxiety then becomes a priority, and the plan will attempt to reduce anxiety-raising regimens and to provide some experience of reassurance for the child. If this means temporarily shielding the child from some of his age-appropriate responsibilities, then this should be considered, since a child is unlikely to gain from full exposure to life's demands when he is most vulnerable. Our approach, however, should always be designed to build strengths and not only to console, since we do not wish to encourage a too-ready escape from realities. The operative word here is *excessive anxiety* or *disabling anxiety*; an optimum level of anxiety is always necessary in a child's life. The point is that in our prioritising, before we tackle developmental tasks, we must tackle incapacities.

Developmental prioritising is less complex. Before we tackle task C on the developmental scale we need to check whether the child successfully negotiated task B, and before that task A. Much of the work of the child care worker is working with children at seemingly age-inappropriate tasks, but such is the legacy of deprivation and abuse

THE CHILD'S ROLE IN THE TREATMENT PLAN

Although the staff retain the responsibility for the implementation and the management of the treatment plan, they should be careful not to do all the work! It is a basic principle of therapy that workers respect children's capacities for solving their own problems – indeed respect their need to solve their own problems – and that workers recognise their function as being to manipulate (control, reconstitute, stimulate, make safe or temerarily make more helpful) the environment, and to make available to children the relationships within which they are freed and encouraged to improve. However much children may learn from precept and example, it will always remain true that they learn most in the management of their lives by *doing* – by trying, by failing and by trying again, and the true therapist is he who "waits upon" the child in this way while he does his own learning. There are three principles which have relevance here.

Contracting

Contracting, though not appropriate across all situations, can be a valuable method of clarifying the child's roles and continuing responsibilities in the treatment plan. Assessment and treatment planning which excludes the child himself can be antitherapeutic insofar as it is prescriptive and externally motivated. Too often it is we adults who want to change children's behaviour to suit our preferences, rather than wanting to help children build their own attitudes and competence to manage their own life tasks.

Children always want to know the "results" of any evaluations or tests which concern them. There are instances, however, when our sharing of evaluation findings with a child must be very cautious, perhaps only emphasising strengths and underplaying problems and weaknesses, mention of which may be less motivating than actually confirming guilt-feelings or negative self-image. Contracting has a place in behaviour issues which a child has some control over, or which he himself has raised asking for assistance, or which are frankly anti-social or illegal and constitute a danger to himself or jeopardy to others. For things which the child has no control over, for example lack of self-confidence, contracting is gratuitous, and indeed in such cases the treatment plan is most helpful when "invisible" to the child and operated in the child's interests from "behind the scenes".

Contracting encourages shared commitment to successive stages of the treatment plan. It makes clear what the programme can offer to the child, but equally makes clear what the pro-

programme expects from the child, and the extent to which the child retains responsibility for his own life.

Contracting is a way of opening the treatment dialogue and establishing the ground-rules for the interactions which follow. Where there has been no contracting, child care workers often find it difficult or threatening to broach sensitive subjects. By having it said up front that "this is the area we are going to be working on and talking about" communication lines are established and staff interventions are expected.

Bootstrapping

The saying that a person has "pulled himself up by his own bootstraps" is common enough. In genuinely helpful programmes for children, our job is often to provide the bootstraps. One finds that a child who is unconfident in all areas of his life needs just one area of achievement from which he gains self-confidence, and this can change his attitude to and performance in all the other areas. This emphasises our need to

build strengths within children rather than trying to manage and control their life tasks for them. It also highlights the value of identifying strengths as well as weaknesses in the evaluation, for it is often these strengths which will provide the "bootstraps" or toe-holds for children in the treatment plan. Sometimes it proves to be the case that this is all that is necessary in our treatment.

Self-determination

While adults always (but decreasingly) have to exercise certain levels of control over children, it is stultifying, and often terrifying, for children to feel that they have no control over circumstances in their lives. Essential in any treatment plan is giving to children the maximum possible opportunity for making real choices about their lives. Again, this will be developmentally appropriate, and again children learn by doing, and clearly they will learn to make better choices when they experience for themselves the consequences of the choices they make. Healthy children always want to

do things for themselves, and one of the most energising things we can do for children in treatment is to let them have a hand on the tiller, even though our hand may be on theirs from time to time.

LEVELS OF INTERVENTION

As long ago as 1970 Beedel identified a number of modalities for residential treatment of children. Where we have talked about anxiety-reduction and reassurance, he talked of "holding". Where we have talked of developmental tasks, he talked of "nurturance" or socialisation. When it comes to treatment planning which goes beyond mere upbringing tasks, he divides the work into *education* and *therapy*. He points out that "both are enabling processes from the point of view of educator and therapist, and ways of learning as experienced by the pupil or patient". For Beedel, the educative component consists of helping the child to "own" his life, past, present and future, the child care

Continued >

Practice Hint

"Not just now, Dear, Mommy's busy"

Familiar words in any family, but I was struck during a recent visit to a children's home how children demand - and get - immediate attention from child care staff, and I was not too sure how good this really is for them. I had been invited to discuss a problem with a staff member and we had 45 minutes scheduled for our meeting. No fewer than seven times we were interrupted by children and on all seven occasions the adult conversation was suspended for periods of 30 seconds to four minutes.

I have no doubt that the children on this occasion had business of varying degrees of urgency, and that they themselves had various capacities for waiting. What I didn't see was any distinction being made between them, all receiving full and immediate attention.

One of the commonest problems amongst children in care is *impulsiveness* which is related to a combination of heightened anxiety and insecurity, a demand for immediate gratification of needs, a low frustration tolerance and an inability to wait. It also represents a deficit in self-control with which the children need help, for developmentally this is an infantile position and one which children should be growing out of - or helped out of. Our sense of responsibility

to the children, or because we regard it as part of our job - or just an attitude of "anything for a quiet life" - prompts us to meet needs immediately they are presented, without realising that we are perhaps feeding a furnace of impulsiveness which will become more voracious as the children get older. Ann Sinoklin referred to "the insatiable need to be given to which is so frequently associated with the severely socio-culturally and emotionally deprived and traumatised child". She also went on to say that into this situation "there needs to be immediate and appropriate intervention to stop these pathological processes". It is here that the real work of the child care worker lies, far more important than being seen as the responsive "provider of all things" upon whom children become subtly dependent - *dependent not for what you give but because you give immediately*. Note that in a children's home, attention is a commodity as solid as candy, and in normal children "attention-seeking" is regarded as an oblique and worrying behaviour.

It is here that the evaluation and the treatment plan play their part. It is a datum of emotional development that a child is impulsive in this way. It is part of the treatment plan to build inner controls. The child care worker should therefore know the anxious or impulsive

child's capacity to wait (five seconds? one minute? half an hour?) and should actively help the child to extend this to age-appropriate levels.

When Tony, aged fourteen, wants some help with a project, you may be able to say "I'm busy with John right now but I'll be free at 4 o'clock - that's twenty minutes, OK?" Twenty minutes may be a lifetime for Tony, and knowing this, the child care worker may have to say "Come on in and sit down, and I'll be with you as soon as I've finished with John". We want Tony to be able to wait for twenty minutes, and hopefully he will soon be able to do so without undue anxiety, but inviting him in, where he nevertheless has to wait, is a way of reassuring him while he learns to wait.

Liz, aged eight, may be far more anxious than Tony. When she wants your attention she wants it now, or else she persists or has a tantrum. Maybe for her twenty seconds is a long time. The child care worker (with one eye on the treatment plan) will also want to extend this capacity for waiting, perhaps today just to 30 seconds. The reassurance she may need is to be held or picked up for those 30 seconds *while you finish dealing with John*. Liz may not be able to understand the verbal message. She may totally misunderstand an impatient "Wait!". But being held while she waits conveys a strong message: "I am here, I hear your need, I am going to listen to you, but I am still busy with John".

With a smug and satisfied grin, tonight that child care worker can chalk up for Liz's emotional growth "Got her waiting up to 30 seconds". Who knows, next year like ordinary nine-year-olds, Liz will handle twenty minutes.

worker being the catalyst in the encounter between the child and external reality. The therapeutic component is divided into ego-building (both making up for past deprivation and putting right misconstructions), actual psychotherapy aimed at personality resolution and integration, and the provision of primary experience which involves relaying the basic trust and relationship experiences missed in early life.

These are useful modalities, or levels of intervention, for use in the treatment plan. It is vital for staff to know what level they are working on at any given stage. Is this a time when a child needs comfort and help, or is this a time when he must be challenged to rely on himself? Is this a situation which the child can make sense of by himself, or do we have to stop and do some teaching or build some experience before he is exposed to it?

These levels of intervention are also useful in identifying which staff should handle which tasks, since levels of knowledge and experience needed are directly related to these levels of work with children.

CONCLUSION

We have looked at a number of headings under which we can group tasks in the treatment plan, and inevitably this will form a multi-dimensional model. We have looked at clinical and developmental categories. We have looked at the various systems within which children operate. We have looked at Beedel's suggested modalities of treatment. In our next article we will present evaluation material, and using the principles discussed here we will present some suggested formats for treatment plans.

Bibliography

- Allsopp, M. Programme Development and Management. *The Child Care Worker*, Vol.4, No.11, 1986.
- Beedel, C. *Residential Life with Children*. Routledge and Kegan Paul, London 1970.
- Biderman-Pam, M. Oranija Jewish Children's Home. *The Child Care Worker*, Vol.3, No.7, 1985.
- Frommer, E. *Diagnosis and Treatment in Clinical Child Psychiatry*. Heinemann, London 1972.
- Gannon, B. Curriculum Building in Child Care. *The Child Care Worker*, Vol.4, No.11, 1986.
- Gannon, B. The Child Care Career. A Do-it-yourself Research Project. *The Child Care Worker*, Vol.5, No.1, 1987.
- Goffman, E. *Stigma — Notes on the Management of Spoiled Identity*. Perquin Books, Harmondsworth 1963.
- Stricklin, A. *A Psychological Study of Children Legally Removed from Parental Care*. Unpublished doctoral thesis, UCT 1972.



Fédération Internationale des Communautés Éducatives
Internationale Gesellschaft für Heimerziehung
International Federation of Educative Communities

About FICE

The NACCW's Constitution includes amongst its Aims and Objects the establishment of international child care links. We have in the past enjoyed helpful contacts with Britain, Holland, Israel, North America and Australasia — all celebrated in our involvement in the First International Child Care Conference in Vancouver in 1985. Earlier this year we established contacts with FICE with a view to possible affiliation, and below is a brief introduction to FICE compiled by Dr Karen Vander Ven, Professor in Child Development and Child Care at Pittsburgh University, with whom our National Director spent a few days in 1985, and Ray Peterson, the Co-ordinator of the Clinical Child and Youth Work Program at Western Oregon State College who is well-known to several South African child care workers.

Purpose

The International Federation of Educative Communities (FICE) focuses on children and youth with difficulties and their welfare and education. Its major purpose is to develop and improve residential care and other forms of child service provided outside children's own homes, including alternative or non-residential models such as foster care, day care, therapeutic communities, and others. More specifically, it embraces the following major areas:

- Problems and issues in the nature of services: These include such areas as the nature of activity, forms of democratic participation for children and youth, family/group orientation, individual self-determination.
- Legislation and advocacy: This includes working for FICE, participation in national and international legislation,

and attempting to influence public opinion about children.

- Training, education and professionalisation of work with children and youth. Promotion of means of international communication and collaboration is FICE's primary mode of achieving its goals: it is attempting to overcome barriers to international exchange due to technical, social and linguistic differences.

It should be noted that the concept of *education* in European work with children transcends the more traditional Western view of education as being synonymous with schooling. In Europe, education is concerned with overall development of social competence and skills for living, as well as with provision of academic knowledge. For exceptional or problem children and youth, education is viewed as a therapeutic function, particularly as delivered in the milieu or life space.

Background and Membership

History. FICE was created in 1948, following World War II, as a result of the movement for children's communities. Founded in co-operation with UNESCO, FICE is recognised as a non-governmental organisation of the United Nations, and as an international organisation working in education and day and residential child and youth work, and has a consultative status in UNESCO. Initially the organisation was called "The International Federation of Children's Communities". Since, following the aims of the United Nations and UNESCO, it has subsequently broadened its scope and mission, and is now called "The International Federation of Educative Communities".

Membership: National sections representing approximately 15 Eastern and Western European countries comprise FICE. Countries with participation in FICE include France, England, Denmark, Sweden, Belgium, Germany, Luxembourg, Austria, Switzerland, Ireland, The Netherlands, Poland, Czechoslovakia, Hungary and Israel. Section heads are persons holding such positions as directors of public or private agencies for children and youth with difficulties, faculty in schools of social work, social pedagogy (child and youth care work), special education, representatives of ministries, governmental agencies, and various persons with professional background relating to serving special needs children and youth.

English, French and German are the languages of FICE. Meetings are conducted with translation and proceedings are disseminated in all three languages. Currently FICE is looking towards expanding its area of service both eastward and westward, and is working to develop FICE affiliations in, for example, North America.

Activities

General Areas: FICE's activities are organised around the following endeavours:

- International meetings of experts: These include FICE conferences held in various countries, as well as a number of regional events. These provide national sections the opportunity to share experiences and results, and FICE as a whole to orient its efforts towards the programs of UNESCO addressing the needs of disadvantaged and needy children and youth. This work often leads to publication, e.g. *The Socialpedagogue in Europe: Living With Others as a Profession*.

- Exchange of care workers and children: For mutually beneficial reasons, FICE attempts to support international exchanges of both staff and children.

- National level activities: Some national sections of FICE conduct their own events, projects and publications. These are made available to the organisation as a whole and to other interested persons, thereby increasing international sharing and communication.

- Work in special commissions: Special commissions of FICE persons with expertise in problems of extra-familial education provide input to various international bodies working towards improvement of educative services to children and youth.

- Consultation and public relations: In addition to more direct intervention in activities related to its mission, FICE also works to indirectly shape public opinion and support positive practice through providing consultation, participating in legislative activities, producing publications and utilising the media to

inform the wider public.

- Training and education: FICE is working to encourage educational preparation in socio-educative practice through the development of programs for both initial preparation and continuing education.

Current Activities: These include:

- The recent publication of *The Socialpedagogue in Europe: Living With Others as a Profession*, English Edition. This extraordinary and seminal work has been translated into English by Haydn Davies-Jones and should be of great interest to the child and youth care com-

munity.

- Planning events in line with the International Year of Peace, the 40th Anniversary of FICE, the United Nations and UNESCO; and similar events.

- Conducting the recent international FICE Conference in Malmö, Sweden on the theme "Community Care — Inside and Outside Residential Settings". The "Malmö Declaration" which flowed from this Conference, is printed below in full.

- Serving as a network and resource for the planning of study tours to various European educative and treatment programs.

The Malmö Declaration

At the biennial Congress of FICE, the International Federation of Educative Communities, held in Malmö on August 28, 1988, we the delegates drawn from 20 countries wish to express our great concern for the plight of children and young people who are unable either temporarily or permanently to grow up at home with their natural parents.

"These children require residential or other out of home services that are threatened by financial cutbacks. The current financial crisis adds further deprivations to the existing problems of these children and their families.

Even in times of economic crisis society cannot afford to ignore or damage its weakest link.

Even in times of economic crisis society cannot afford to ignore or damage its weakest link. In our view it is essential that ways of caring for neglected children are directly related to their real needs and are not considered only in terms of cost.

Community care is an important task of society

Children and adolescents who grow up in homes, in supervised living groups, in foster homes and other youth care settings often have a heavy biographical load to carry. Most often, the personal and social difficulties of adults are the reason why young people can no longer remain in their families. They are in danger of bearing the brunt of the adult world's errors as if in place of their parents. They are dependent on the help of society for an improvement in their living conditions. Various forms of com-

munity care give children and adolescents a chance to develop in this direction. They thus fulfil one of society's tasks and need the corresponding social support.

Community care is in a period of transition

From mere custodial care in past generations, community care has developed into a really qualified and efficient aid to education in recent years. The dominating position of large institutions, insofar as they have not developed into well-organised pedagogical centres with a differentiated choice of school and training programmes, is being challenged more and more. Treatment-oriented, interdisciplinary institutions employing people with a variety of backgrounds are springing up next to the traditional institutions, or even replacing them. The youngsters usually stay in the home for a limited period of time only; very small homes of foster families are often available to provide an alternative or an addition to traditional institutional education. The most important feature of this form of care is that the tasks, working hours, and time off of the personnel in these various facilities overlap.

Finally, the tendency towards increased co-operation between homes, youth care facilities and members is notable, with the goal in mind of reintegrating the child in his own family as soon as possible. This development needs even more support, however.

The sphere of action "Residential care — community care" includes a variety of different environments today. These include among others:

- houses for children and very small homes, in which children and adolescents live together with adults;
- communal residences for young peo-

ple focusing on life and development in the peer group.

- relatively independent living groups on the ground of an institution or external living group in the context of the wider educational system;

- pedagogical, therapeutic facilities providing special treatment and protection;

- qualified schools and vocational training for subnormal children connected to an institution serving children and young people from the surrounding area;

- flexible care for young people living in their own flats and receiving support and counselling;

- day care groups of children who live in their own families and environment, where they receive intensive care and support during the day;

- foster homes, sometimes in connection with institutional education.

The goal of all these differentiated possibilities is to find individual solutions for each child, thus minimising his handicap and increasing his chances in life.

Community care is making a profession of living with others

Modern community care is not limited to keeping children in the custody of various institutions; rather, it is a therapeutic-pedagogical approach to furthering behaviour and practical, intellectual and social capacities in the child. Qualified personnel is necessary to fulfil this goal, and that costs a lot of money.

Decisions concerning appropriate educational help must not be taken from the financial viewpoint alone. No one who has taken on a responsibility in working with the young can afford to rest on the achievements of the past years. Every youngster who comes to a home only after a long and painful ordeal is an example for help that was not proffered early enough. Education in a residential setting still remains the last chance for human development for many children and adolescents. A modern conception of community care, however, should most definitely not allow homes to be labeled as the last resort for children in need of help. Residential institutions should not be isolated social services; they should, rather, take their place in a regional network of various family and community educational support structures.

Community care requires favourable conditions

Young people who cannot grow up in a family due to a set of special conditions have a right to humane, active, qualified, and enduring educational personnel. Care in residential settings must continue to provide a positive atmosphere and a comprehensible environment for those who live in them, giving them the opportunity to create their own network of dependable social relationships

Strong hierarchies, strict working rules for educators, detailed petty regulations to govern every possible eventual-ity, and a rigid handling of guidelines prevent such an institution from developing the independence and equality needed for its daily work. In order for group education to stay close to reality, creative freedom as well as funds for pedagogical projects are necessary. In order to assure the educator's optimal freedom of decision in their pedagogical work, maximum leeway in the distribution of financial means and personnel resources is necessary.

People working in this field need good working conditions in order to cope with their difficult daily tasks. They need qualified counselling and continued vocational training. Personnel and money must be available to fulfil these needs. Older educators should benefit from increasingly flexible working conditions, making it possible for them to continue working in their field or to change over into another, appropriate, line of work. All those responsible are asked to take even more initiative in this vein. Precisely those who have worked in education for long periods of time should be given a chance to take occasional leaves of absence allowing them to gather renewed strength and to improve their own qualifications.

Community care needs new models for development

In addition to the trend towards smaller size and greater differentiation within the large institutions, leading to family-like units, the fact that homes are opening up to the community and to a combination of residential and non-residential care also plays an important part. The inclusion of parents, the social network, neighborhood, and community in their work has become an ever more important concern for educators, for this helps to create a much more real, supportive environment for children and adolescents.

Education in a residential setting still remains the last chance for human development for many children and adolescents.

There is a tendency to create more closed forms of institutional custody in spite of professional criticism of this development. Isolation (walls and keys) as a prerequisite for intensive individual and group work can usually be seen as a defeat of pedagogical goals, and their therapeutic advantages are overruled. Other alternatives, such as independent living groups or various forms of individual care which have already been tried

and tested successfully in a number of countries should be encouraged, instead.

Older children are not usually released back into their families but are sent out to make their own way into life, equipped with the training they have received. More than for anyone else, the motto "No future!" must not apply to youngsters raised in residential institutions. Community care, too, serves to develop meaningful concepts for life. Financial resources for developing new ways of integrating work in daily life are especially needed. This also holds true for education in residential settings as well as for urgently needed after-care.

People working in this field need good working conditions in order to cope with their difficult daily tasks.

The participants at the international FICE Congress 1986 in Malmö urge all persons holding responsible positions in society and government to do their utmost to make the demands in this paper possible in the interest of children and young people everywhere, even under today's difficult economic conditions.

- to consider "Children's Homes" and comparable provisions not as a last resort for children needing care but as an important available intervention to be used at an appropriate time in the development of those children for whom it is desirable.

- to recognise that residential care and education is a legitimate pattern of education which makes a distinctive contribution to the nurturing of many children and young people. For some it will be the preferred experience.

- to assure that children's placements and care are determined by their real need and not by financial expediency.

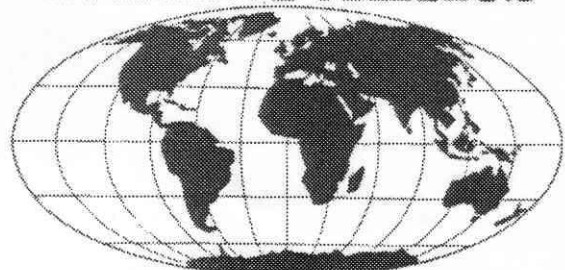
- to encourage and support the growth of professional training (both initial and in-service) for educators and child care staff.

- to seek greater stability and continuity in the care of children with special needs.

- to promote research and evaluation in this field, aimed at securing a service more effectively geared to children's interests.

We, members of FICE, as educators, child care workers, administrators, trainers, public representatives and policy-makers, are ready to continue to invest all our energies to improve the life of children in our care. To do this we need the moral, political, public and financial support which will allow us to meet an urgent and pressing social need.

Nuusbrokkies



Newsbriefs

Western Cape

Open Day
All are welcome to attend the Open Day of The Friedrich Schweitzer Kinderheim in Bell Road, Kenilworth, from 14h00-17h00 on Saturday, 29th August. Various projects and activities of the children will be on display and refreshments will be served.

Farewell to Wastells
A group of NACCW colleagues bade farewell to Frank and Selma Westell at a champagne breakfast at the Vineyard Hotel on July 1st prior to their departure for East London later in the month. Well known in child care circles over the past ten years, Selma takes up her position as Director of Malcomess House at the end of July, and Frank will have an administrative post at the home.

Schooling Problems in Western Cape Homes
As hard to serve youngsters become more represented in children's institutions, the problem of those for whom local schools are inappropriate comes to the fore, and the NACCW has been asked to raise the matter with the Department of Education. In the local places of safety there are many high school pupils who cannot attend school. Some children's homes dealing with highly disturbed youngsters or those who have to be included in secure programmes are seeking alternative schooling opportunities. One local principal has pointed out that often children's homes are in a position to manage difficult children but the local school is unwilling to retain the child. With no educational alternatives available, children have to be transferred

unnecessarily to child care schools. This initiative may well be related to the joint study being undertaken by Child Welfare and NACCW on the wider educational needs of children in care, including those chronically deprived youngsters who come into care in their teens and who have never attended school or have not progressed beyond the lower primary standards and who therefore require an alternative educational provision.

Courses Resume
On July 22nd both the Cape Technikon's National Higher Certificate course and the two Basic Qualification in Child Care courses resumed in Cape Town. Some 120 students are enrolled in courses in the Cape Town area, and this semester the staff of the Tenterden Place of Safety in Wynberg are joining the BOCC course which was being run especially for the Bonnytown and Faure places of safety. This is the first time that the modular course has been applied to a student group working with a specific clientele in this way.

Natal

New Regional Director Expected
Lesley du Toit, until now social worker and Programme Director at the King William's Town Children's Home, takes up her appointment as NACCW Regional Director for Natal and the Eastern Province at the beginning of August. The NACCW is indebted to the Homes and Orphans Fund for its generous support towards this appointment. Lesley will be based in Durban and until her



Lesley du Toit
office routine is established she can be contacted through telephone 031-44-6555 or at the NACCW's Natal address, P.O. Box 28323, Malvern 4055. During her first few weeks in Durban she will want to meet child care personnel and establish contacts with all children's organisations.

New Principal for Durban Creche and Children's Homes
During May 1987 Maurice Fouché was appointed as the new principal of this organisation after three years' of service with the Durban YMCA. His experience in child care goes deeper than most since Maurice was himself a pupil at St Michael's Home and then at St John's Hostel in Cape Town. He worked for several years at the Observatory YMCA with Rob Paterson, the doyen of child care in Cape Town, and took his BA degree in Fine Arts at UCT. He was then in charge of the Education Department at the SA National Gallery for several years, involved in PRO work and with the art education syllabus for schools in the Cape Town area.

NACCW Promotion at Game Stores
As part of their Gold Cup promotion, Game is contributing to NACCW funds for every purchase made in their stores during this period. This generous gesture will be an important assistance to the developing work of the NACCW in the Natal region and Game are to be thanked and commended for undertaking so helpful a project.

Courses Resume
The BOCC course resumes on Wednesday 12th August. During this coming semester Module II of the BOCC will be offered. This module deals with Child Development in the theoretical lectures and with Conceptual Models and Evaluation in the practical course.

Regional Meeting
There is a full Regional Meeting of the Natal Region on Friday 31st July which takes place at the Open Air School. The subject of the talk to be given is Genetic Disorders in Childhood. This will be the first time that an Association meeting has been hosted by the Open Air School, which serves children of normal intelligence but who due to a variety of physical handicaps cannot attend regular schools.

Eastern Province

Training Course
The next residential weekend training course for the Eastern Province Region takes place at Eastern Province Children's Home in Port Elizabeth from Friday night 28th August to Sunday 30th August. Module III of the BOCC course will be completed and a number of practical seminars for senior staff will be offered. Amongst



Marcellie Biderman-Pam
the lecturers on this occasion will be Marcellie Biderman-Pam, former Programme Director of the Oranjia Children's Home in Cape Town and member of the Editorial Board of *The Child Care Worker*. Mrs Biderman-Pam is presently involved in a number of children's homes and assists in NACCW consultative panels.

Transvaal

Orlando Appeal
The Orlando Children's Home holds its annual street collection on Friday 7th August and would appreciate collectors in Rosebank and the city centre. Anyone who can help for an hour or two is asked to telephone 011-993-1832.

Pretoria Course

Child care staff from the Louis Botha Children's Home, Bramley Children's Home and the Andries Hendrick Potgieter-Huis came together in Pretoria on June 26-27 for a two-day course. As usual on this type of NACCW course, the student group was divided into those completing Module I of the Basic Qualification in Child Care (BQCC), and senior staff who



Juan Nienaber, Principal of Louis Botha Children's Home

attended a series of seminars which included on this occasion Self-motivation for Care Workers, Developing New Roles for Children's Homes, Management of Children with Low Frustration Tolerance and the use of film in staff development. Two further courses will be offered in Pretoria during the second half of 1987.

Johannesburg Seminar

55 senior staff including principals, social workers, psychologists and middle management personnel attended a seminar on Psychosexual Development in Adolescence run by National Director, Brian Gannon, at Guild Cottage in Parktown on June 25th. It was pointed out that child care workers too easily studied Human Development only up to the stage of adolescence, since this seemed appropriate to their clientele, forgetting that the tasks of adolescence were themselves a preparation for young adulthood, and that child care workers were certainly responsible for "follow-through" at least to this stage. It was common for children in care to develop rigid and stereotyped psychosexual identities in the absence of secure role models through childhood, and this needed urgent intervention before they tackled Erickson's "intimacy vs. isolation" resolution in young

adulthood. The seminar concluded with discussion.

Module IV of the BQCC Course Starts

There are two themes in this module: (a) Problems of Childhood and (b) Communication and Counselling. In covering the first theme — Problems of Childhood — the child care workers will examine a broad spectrum of difficulties that children may present. This ranges from bedwetting, stealing, to anxiety, depression, etc. The workers will be helped to understand the origins of such problems by looking at the concept of ego development. These behaviours will also be linked to child development theory. This will be dealt with in the first four sessions at Rand Afrikaans University. When we move into our second theme — Communication and Counselling — we will change venue to the St Mary's Children's Home in Rosettenville. The reason for this is that skills in communication need to be taught in small groups, and St Mary's has kindly offered to allow us to use the home for the small group work. In these sessions the focus will be on understanding ourselves and our own needs in working with children, and a strong emphasis on the skills needed in communicating effectively. It must be emphasised that students registering for these sessions will be expected to attend *all* of them.

Each group will be small, and if people come on an irregular basis this will disrupt the progress of the entire group. These groups will be led by the social workers from the various homes.

The dates for the next module are: August 12th, 19th, 26th and September 2nd (all at RAU — D Block 202). We then move to St Mary's Children's Home, Zinnia Street, Rosettenville, September 8th, 16th, 23rd, 30th, October 14th, 21st, 28th and November 4th. Test November 11th.

Please Note: Those people who were unable to write the test for the last module, will be offered the opportunity to write it on Wednesday, July 29th at RAU, usual venue at 10h00.

Principals' Group

At the last meeting the principals asked for an opportunity to share the

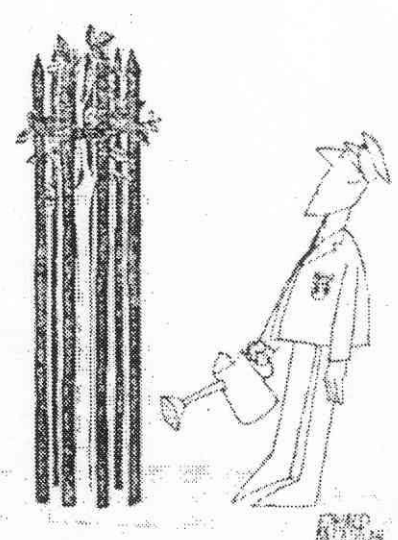
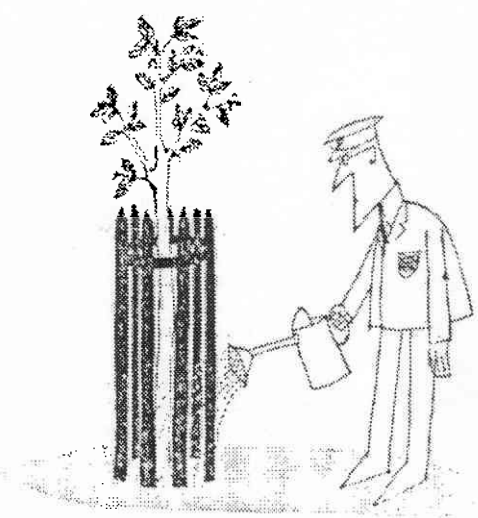
problems they have had in implementing the Child Care Act. Representatives from each of the state departments have kindly agreed to be with us at this meeting and we should be able to crystallise the areas of difficulty. If there is time the journal club will continue with a report on some interesting articles that have appeared in journals over the last few months. The principals are requested to attend this meeting as we will start to look at the formation of resolutions for recommended changes to the Child Care Act that will be brought forward at the Conference. Any social workers who would like to attend are also welcome. This meeting will take place on

August 6th at Guild Cottage, Guild Road (next to Milpark Hospital) at 10h00.

Social Workers' Group

The next meeting of the social workers' group will be held on Thursday 27th August at 09h00. The meeting will start with the journal club presentation, the theme "Placement of Older Children". All those with articles in their possession, please ensure that you are ready to present them. The second part of the meeting will focus on screening and selection of staff. The meeting will be held at Strathyre Girls' Home, 11th Avenue, Kensington (Strathyre is parallel to Broadway, opposite Queen's High School).

THE PERILS OF INSTITUTIONALISING



Kinderversorgers se Rol in Familie-ingryping

Diana S. Richmond Garland

Diana Garland is by die Carver School of Church Social Work, Southern Baptist Theological Seminary, Kentucky werksaam.

Sedert die veertiger jare is die konsep van residensiële kindersorg nie meer een van 'n permanente substituuat sorg vir kinders wie se gesinne as ongeskik beskou word vir hul kinders se groei en ontwikkeling nie. Residensiële sorg is nou 'n tydelike maatstaf terwyl kinders en hul gesinne die nodige dienste ontvang om die gesin te herstel na 'n funksionerende eenheid wat tot die kind se bevordering strek. Wanneer gesinne volgens hul eie mening, en dié van ander, as ongeskik beskou word om hierdie veranderinge aan te bring, is residensiële sorg veronderstel om 'n korttermyn maatstaf te wees terwyl reëlins getref word vir die alternatiewe permanente huisvesting van die kind.

Die vernaamste funksie van residensiële sorg het dus verander van familie-substituut na familie-ingryping. Die residensiële kindersorg beroep beskou ouers nie meer as nadelige invloeders nie, maar erken eerder die lewensbelangrikheid van die kind/ouer verhouding en die behoefte om hierdie verhouding te beskerm en aan te sterk (Letulle, 1979). Vir die afgelope dertig jaar beklemtoon leesstof wat vir kinderversorgers geskryf word dat *niemand* 'n substituuat ouer kan wees nie (Mayer, 1958). Eikeen het 'n gesin nodig. Selfs kinders wat nooit by hulle biologiese ouers sal woon nie het 'n familielid nodig, 'n gesin wat omgee, 'n vriend wat vir hulle lief is en vir hulle sorg en wat sal aanhou om 'n familielid vir hulle te wees, selfs wanneer hulle oud genoeg is om vir hulself te sorg.

Hierdie funksie verandering is in residensiële sorg ingestel deur ouers dikwels te betrek by ouer-opleiding programme, deur hul besoek aan kinders-huise en agentskappe aan te moedig, en

veral deur ouers te betrek by raadgeving wat die wanfunksie in die gesin sal herstel sodat die kind na sy ouerhuis kan terugkeer. Dit gebeur dikwels dat 'n maatskaplike werkster die ouer-opleiding en gesinsraadgeving waarnaem, gewoonlik in weeklikse sessies. Die maatskaplike werkster organiseer ook familie besoeke wat onder toesig van die kinderversorger plaasvind. Die wysiging in die doelwitte van residensiële behandeling het dus ook die personeel, wat as uiters belangrik beskou word om die oogmerke van die agentskap te bereik verwissel — van die kinderversorger wat funksioneer as substituuat (en hoër staande) ouer, na die maatskaplike werkster, wat ingryp en veranderinge aanbring in die interne dinamika van die kind en wie die gesin in raadgeving betrek sodat die kind na 'n minder nadelige, en selfs 'n versorgende omgewing kan terugkeer.

Nietemin lewer hierdie struktuur vir familie-ingryping dikwels belangrike strategiese probleme op. Hoe kan 'n maatskaplike werkster, binne 'n uur of twee per week, of dikwels minder, 'n gesin help om nuwe verhoudingspatrone aan te leer wanneer die gesin nie 'n voortgesette lewe saam het waarin hulle hierdie patrone op proef kan stel nie? Meeste modelle van familie-ingryping wil voorstel dat die probleme wat deur die gesin ondervind word nie by die ouers of by die kind lê nie, maar eerder by hulle daaglikse interaksie met mekaar. Meeste kinderwelsyn agentskappe bied intensiewe dienste aan wat ontwerp is om kinders, waar moontlik, in hulle eie huise te hou. Wanneer 'n kind dus residensiële sorg bereik is die familie situasie reeds as te onbestendig of afbrekend gaag vir die ouer en kind om verder saam te woon. Sulke gesinne was reeds dikwels betrokke by en het "misluk" in familie raadgeving of terapie.

Wanneer dit nodig is om 'n kind na 'n beskermende omgewing te verwyder

moet ingrypingspogings dus 'n nuwe rigting inslaan. Dit beteken nie noodwendig 'n verskerping van pogings nie, maar eerder 'n ander fokus van pogings en 'n ander modaliteit van ingryping. So 'n alternatiewe model van ingryping is ontwerp om 'n gesin van 'n kind in residensiële sorg buite die perke van raadgeving sessies te betrek, in hierdie model vind ingryping plaas namate gesinne waargeneem en voorgelig word in daaglikse aktiwiteite en gesinsorganisasie wat rondom daaglikse gebeure plaasvind. Ravnsborg (1982) en Cocklin, Miller, en McHugh (1983) het programme ontwikkel waarin hele gesinne by die agentskap of residensiële eenheid inwoon. Weens beperkings op fasiliteite, begrotings en ander familie verpligtings van kliënte, is die inname van 'n hele gesin in 'n residensiële eenheid dikwels onprakties en ongewens. Baie van hierdie gesinne het veelsaggende ontwirgting ondervind in werksomstandighede.

Lewensomstandighede en miskien ook in die gesin self deur egskeiding. Ingryping behoort versterking eerder as uitdagings te bied aan die standvastigheid van die familiesirkel en die struktuur van hul sosiale netwerk. Cocklin, Miller en McHugh (1983, 461) beweer dat die ver-eiste vir voltydse bywoning deur gesinne "beteken het dat die aanvanklike verbintenis dikwels moeilik was en soms heeltemal misluk het. Baie innames is nou van veel korter duur en sommige gesinne het vir so min as 'n dag, of selfs 'n half-dag per week bygewoon".

'n Gewysigde benadering waarin ouers op 'n sinvolle wyse by die daaglikse lewe van hul kinders betrek word, maar nog apart woon, blyk meer belowend te wees as bruikbare model met die meeste van hierdie versteurde gesinne en dit werk vir agentskappe met beperkte hulpbronne. Webster, Somjen, Sloman, Bradley, Mooney, Mack (1979) en Peterson en Brown (1982) het die

weg getaan met hierdie benadering in kindersorg, en Johnston en Gebor (1981) het 'n model ontwikkel vir pleegsorg waarmee pleegouers opgelei word as ouer-raadgewers en die primêre rol in familie-ingryping aanvaar.

Hierdie model kan op verskeie maniere in residensiële kindersorg toegepas word. Meer hieroor later. Kom ons veronderstel 'n metode van betrokkeheid waar die ouers en broers of susters van 'n kind in sorg, miskien een of meer aande per week, by die residensiële eenheid aansluit vir die voorbereiding van 'n aandere, skottegoed was, huiswerk toesig en ontspannings aktiwiteite. Ouers aanvaar verantwoordelijkheid vir interaksie, dissipline, en genot van hul kinders met die bystand en leiding van kindersorgpersoneel. Die kinderversorger stel voor dat die ouer leer om te luister wanneer die kind probeer verduidelik waarom hy 'n swak eksamenpunt behaal het. Hierdie bekwaamheid om te luister word in sueroopleiding geleer. Die personeel bespreek dan die geval kortliks met die ouer, versterk bekwaamhede en maak verdere voorstelle.

In hierdie model program word ouers en kinders afgeng in 'n verskeidenheid interaksie optredes wat hulle reeds in sueroopleiding en gesinsgroepe geleer het. Hulle word ook aan 'n verskeidenheid modelle van gesinsinteraksie blootgestel waar hulle kinderversorgers en ander gesinne in 'n verskeidenheid verhoudings en kontekste waarneem. Vir die meeste gesinne in ons gemeenskap is geleenthede om gesinsinteraksie bekwaamhede aan te leer heelwat beperk, die enigste modelle van ouer-kind interaksie wat ons wel gehad het was die van ons eie gesinne of di van televisie situasie komedies.

GRONDREDE VIR DIE MODEL

Een grondrede vir die verandering in professionele verantwoordelikhede vir familie-ingryping is dat die wegbeweging van residensiële kindersorg van substituuat sorg na familie-ingryping die kinderversorger sonder 'n lewensvatbare rol gelaat het. Kinderversorgers word herhaaldelik herinner dat hulle nie substituuat ouers kan wees nie en dat niemand die plek van 'n ouer kan inneem nie. Watter rol bly dan vir die kinderversorger oor? Selfs as die beroepsliu die kinderversorger nie as 'n substituuat ouer beskou nie, doen die ouers dit wel — hulle beskou kinderversorgers as mededingers. Hierdie houding is sigbaar wanneer die ouer kla dat die kind se klere nie behoorlik versorg word, of dat die kos nie goed genoeg is nie — die verborge boodskap, "Jy is ook nie so 'n waffers-ouer nie."

Wanneer die kinderversorger geen ander rol behalwe die van substituuat ouer in die gesin speel nie, kry ons 'n

tipiese drie-generasie konflik, herkonbaar in ander gesinne met die ouma, die nodeloos ontoereikende moeder en die probleem-kind (Minuchin, 1974). Die kinderversorger is slegs 'n plaasvervanger vir die ouma, en die ontoereikende moeder se rol kan deur een of albei die ouers, of enige ander sinvolle familielid gespeel word. Die gevolg is 'n selfbeslindigende kringloop:

1. Een of ander tyd in die verlede het die ouers hulp uiters nodig gehad en kon dit nie kry nie.
2. Krisisse in die gesin het so hoog geloop dat hulle dit nie langer kon hanter nie en daar moes van buite ingegryp word. Die kind is uit die ouerhuis verwyder omdat die ouers self, of 'n gesag buite die gesin, besluit het dat die ouers of ongeskik is, of dat die kind se probleme bu hulle vuurmaakplek is.
3. Die kinderversorgers neem oor en sorg vir die kind omdat die ouers dit nie kon doen nie.
4. Ouers onttrek hulle, hulle voel beskaamd oor hul ontoereikendheid wat hulle nie die hoof kan bied nie. Hulle mag selfs gereelde besoeke staak of vermy om hierdie rede of omdat hulle steeds

Hoe meer die ouers probeer betrokke raak, hoe meer ontoereikend kom hulle voor.

- oorweldig is met krisisse (siekte, werkloosheid, huwelik sellende, ens).
5. Die kind ontwikkel probleme, of, versterkte gedrag, wat tot inname gelei het, vererger.
6. Die agentskap skryf die kind se gedrag toe aan die ouers se ontrekking en begin meer eise aan ouers stel, byvoorbeeld vir hulle te se dat hulle meer verantwoordelik moet optree, en meer betrokke moet raak by die kind.
7. Terwyl die ouers probeer om op hulle eie terme betrokke te raak, identifiseer die agentskap die maniere waarop hulle ontoereikend is en probeer hulle die kind beskerm deur reëls en strukture vir besoeke op te stel. Ouers is dikwels onvertrou met perke — baie het moeite om in hul eie lewens perke te stel en beskou dit as kritiek op hulle manier van dinge doen.
8. Ouers onttrek hulle van hierdie strukture wat hulle aan hul ontoereikendheid herinner en wat hulle pogings tot oortrekkingskritiseer.
9. Die kind openbaar afreagerende gedrag.
10. Die agentskap bepaal die ouers se ontrekking as oorsaak en teken protes aan.

En so hou dit aan. Hoe meer die ouers probeer betrokke raak, hoe meer ontoereikend kom hulle voor. Die kinderversorger word voldoende gedwing om

oor te neem as substituuat omdat sy meer effektief as die ouers is.

As familie-ingryper, verwyder die kinderversorger die stelsel uit hierdie valstrik, omdat dit die kinderversorger verwyder uit 'n mededingerde rol met die ouers na 'n rol van sifgrter, helper en instruksie terwyl die ouers met hul eie kind asook met 'n groep ander kinders in die agentskap interaksie het. Dit verskil heelwat van die normale wewek besoek waar die kind huis toe gaan, of saam met die ouer uitgaan, terwyl die agentskappersoneel durn vashou dat niks verskriklik gebeur nie. Dit kan ook nie vergelyk word met die ouer wat die kind besoek nie — meestal 'n ongemaklike situasie omdat dit nie duidelik is wie eintlik die ouerfiguur vir die kind voorstel nie — die ouer wat "besoek" of die kinderversorger.

In hierdie nuwe model word die kinderversorger "gesinsteraapeut", hoewel nie in die sin van 'n georganiseerde gesinsvergadering waar gevoelens bespreek, en kommunikasie gebou word nie. Dit is eerder ingryping wat dag-tot-dag plaasvind in die interaksie van die kinderversorger met die gesin, die kind, en met die gesin en die kind saam. Dit erken dat elke interaksie met die kind — hetsy goed of kwaad — ingryping in die gesin se lewe is. Hierdie konsep van 'n nuwe rol vir die kinderversorger word al hoe meer deur die beroepsliu in kindersorg ondersteun (Ainsworth, 1981; Kufeldt, 1982; Zuckerman, 1983).

So en behalwe die opklaring van die kinderversorger se rol en die erkenning dat ouers slegs beter ouers kan wees wanneer hulle toegelaat word om verantwoordelikhede te aanvaar in die rol van ouers, is daar ander redes waarom hierdie model bekawend is. Eerstens is die beste plek om ouerbekwaamhede aan te leer een waar mense in 'n groep saamwoon. Interaksie vind nie slegs tussen ouers en hul eie kinders plaas nie, maar ook met ander kinders en ewe-eens sien hulle die kinderversorger met daaglikse aktiwiteite bezig met 'n verskeidenheid kinders. Interaksie rondom die daaglikse lewe saam is dikwels baie minder emosioneel as interaksie in 'n formele raadgewing sessie. Aangesien dit moeilik is om eise in 'n angstige situasie te leer, beteken dit dat kommunikasie, konflikbestuur en dissipline bekwaamhede waarsynlik makliker geleer word as in 'n formele raadgewing sessie waar angst vermoedelik hoog is. Daar vind ook meer interaksie voorvalle plaas, sodat daar altyd geleentheid is om weer te probeer, en om dit wat reeds deur herhaalde oefening geleer is, te versterk.

Tweedens ondervind die kinderversorger die veesleggende probleem van negatiewe druk wat dikwels deur portuurgroepe uitgeoefen word. Navorsing bewys dat hegte bande met ouers die uitwerking van kinders op mekaar ver-

minder (Maier, 1981). Dierdens gee navorsing ook aan die hand dat die doeltreffendheid van residensiële sorg beter gekorreleer is met wat in die gesin aangaan as met die aard van die behandeling-ondervinding vir die kind in die residensiële omgewing (Maier, 1981). Vierdens doen dit weg met die konsep van ouers wat kinders besoek en kinders wat hulle oerhuse besoek. Die term "besoek" is ongepas wanneer ons probeer beklemtoon dat plasing tydelik is en dat ouers steeds ouers is wat heeltemal betrokke by die lewe van hulle kinders is. Daar bestaan 'n merkbare verskil tussen 'n besoeker aan iemand se huis, of die woon-eenheid van die residensiële kindersorg sentrum, en 'n familie, hierdie verskil het 'n dieper betekenis — dit verteenwoordig die verantwoordelikhedsplasing en verpligting van familielede teenoor mekaar. Laastens, verduur die meeste gesinne met 'n kind in residensiële sorg krisisse wat vir hulle onhanterbaar is. Hulle is sosiaal afgesonder, sonder 'n toerekenende sosiale netwerk om taabare hulp en bystand te verleen in hierdie krisisse. 'n Ingrypingsbenadering wat slegs gewend word tot die intrafamiliale verhoudings kwessies, en die ekologiese sisteem van die gesin ignoreer, mag vind dat dit wel die gesin se spanning verlig terwyl die kind in plasing is, net om te vind dat die gesin waeteens oorweldig voel wanneer die kind terugkeer na 'n gesin wat nog steeds probeer om sy onopgeloste krisisse die hoof te bied. In hierdie model speel die maatskaplike werkster die rol van sisteem-ingryper deur die gesin met hierdie probleme te help. Bowendien bly die maatskaplike werkster voortdurend betrokke by die gesin selfs nadat die kind teruggekeer het om sodoende veranderinge te versterk en bykomende dienste te bied wat ontwerp is om die gesin se hanteeringsvermoë te versterk.

RIGLYNE VIR TOEPASSING

Struikelblokke

Daar bestaan 'n hele aantal struikelblokke met die toepassing van hierdie model van familie-ingryping. Dit vereis, eerstens, uitgebreide opleiding en opvoeding van die huidige posisie van die kinderversorger in sommige agentskappe.

Tweedens, stuit ouers se volledige betrokkenheid die meeste agentskappe en baie van die beroepsliu teen die bars — ouers kan storend wees, hulle het ander verpligtings wat hul tyd saam met hul kinders beperk, hulle het hul eie behoeftes, en ander gesinslede verg te veel van die personeel. Dit is sigbaar in studies van eintlike betrokkenheid van ouers met kinders in sorg. Kufeldt (1982), het by ondersoek tot watter mate natuurlike ouers van kinders in tydelike pleegsorg by hulle lewens inges-

luit word. Sy het gevind dat pleegouers en maatskaplike werkers dikwels verkies dat ouers eerder uitgeluif word wanneer dit kom by aktiwiteite soos klere inkopies, beplanning van besoeke, besoeke aan dokters, oer-onderwyser onderhoude, hantering van minder belangrike gedragsprobleme en die opstel van reëls vir die kinders. Wat oer-besoeke in pleegsorg betref, het Proch en Howard (1984) in 'n studie van staatsregte en gebruik gevind dat oer-besoeke hoofsaaklik gebruik word om oer-betrokkenheid te dokumenteer en dat dit nie van belang is by gevalsbepalning nie.

Dit is laastens moeilik vir kinderversorgers, wat liewe geword het vir kinders in hulle sorg, om nie krities teenoor ouers te wees nie, maar om objektief te bly. Ouers voel ongemaaklik in die teenwoordigheid van kindersorgpersoneel — hulle beskou hulle steeds as 'n dreiging, word herinner aan hul ontoereikendheid en is bevrees om waargeneem en beoordeel te word. (Wie het nog nie so gevoel onder supervisie nie?)

Quers moet of hulle rol as ouers aanvaar, of hulle moet dit prysgee . . .

Ons doen nie afstand van hierdie model weens die struikelblokke nie. Daar bestaan verskeie riglyne — strategieë — vir die agentskap.

Strategieë

1. *Bring die ouers op 'n gelyke vlak met die kinderversorger (Minuchin, 1974).* Kinders sal aan hierdie verhouding doen wat hulle aan enige oerpaar sal doen — die een teen die ander probeer manipuleer. Ouers en kinderversorgers moet dit verstaan en moet kommunikasie ontwikkel om hierdie misverstande uit die weg te ruim en om hulle verskille op te klaar sodat hulle nie daardeur uitmekeer gedryf word nie. Dit kan dan 'n betekenisvolle model word van die soort kommunikasie wat in die gesin nodig is.

2. *Verwag dat ouers gereelde, aktiewe deelnemers in die lewe van die agentskap word — dat hulle "familielede" met regte en verantwoordelikhede word en nie slegs besoekers bly nie.* Volgens Keith-Lucas (1977) is ons grootste gevaar dat ons ouers halfpad glo en dat ons ouers laat glo dat ongereelde besoeke, bnewe en verbroke beloftes beter as niks is nie. Ouers moet of hulle rol as ouers aanvaar, of hulle moet dit prysgee sodat alternatiewe permanente reëlings vir 'n gesin vir die kind getref kan word. Dit mag ongevoelig klink, maar dit is minder ongevoelig as die werklikheid van 'n kind in die vergetelheid van residensiële sorg sonder hoop van 'n gesinslede. Fanshel en Shin (1978)

beweer, nie onverwags nie, dat die hoeveelheid oer-betrokkenheid die waarskynlikheid van die kind se terugkeer verhoog.

3. *Verwag dat ouers verantwoordelikhede neem in die residensiële woon-eenheid.* Verantwoordelikhede moet duidelik uitgespel word sodat ouers, kinderversorgers en kinders presies weet wat van die ouers verwag word en wat nie van hulle verwag word nie. Hierdie verantwoordelikhede sluit interaksie met hul eie kinders, ander kinders, dissipline, besluitneming aangaande skool sake, klere en ander aangeenhede in. Die vervulling van hierdie verantwoordelikhede stel ouers in staat om hulle oer-bekwaamhede in 'n verskeidenheid familie interaksies te ontwikkel met die ondersteuning en leiding van personeel. In 'n kindersorgagentskap waar ouers van sorgbehoewende kinders byna onbeperkte besoekregte geniet, toon evaluering dat ouers met "ernstige probleme" hulle ouerskap kan uitbrei, handhaaf en verbeter (Simmons, Gumpert en Rothman, 1973). In 'n ander program is die doelwit van oer-betrokkenheid om ouers te leer hoe om op 'n meer produktiewe wyse met hulle kinders te kommunikeer. "Ouers leer hoe om hulle kinders te beheer, en hoe om keuses van ingryping te evalueer" (Finkelstein, 1981).

4. *Spoor ouers daadwerklik aan tot interaksie met ander kinders sowel as met hul eie.* Interaksie met ander kinders is miskien minder emosioneel en bied dus 'n gepaste geleentheid om bekwaamhede soos luister en empatiese kommunikasie te oefen.

5. *Moenie verwag dat kinderversorgers perfekte bekwaamheidsmodelle moet wees nie.* Dit is vertroostend vir ouers om te besef dat alle ouers en selfs "beroeplu" foute begaan. So ook, deur erkenning dat hulle nie veronderstel is om perfekte modelle te wees nie, voel kinderversorgers vrymoedig om af die houdings en bekwaamhede van goeie ouerskap te demonstreer — wat vergiffenis van kinders en self-vergiffenis insluit.

"Vir die kinderversorger, asook vir ander professionele personeel beteken verhoogde oer-betrokkenheid, ten minste aanvanklik, 'n verlies van die "superpersoon" status. Ouers begin besef dat kinderversorgers, maatskaplike werkers en ander kliniese personeel nie al die antwoorde het nie, dat hulle ook probleemgedrag moeilik vind, dat hulle ook foute begaan en dat hulle ook soms kort van draad reuk met kinders. Kortom, beskou ouers die kinderversorgers ook as mense soos hulsself (Whitaker, 1981, 20).

6. *Laat ouers deelneem aan die beplanning vir hul eie kinders asook aan die vir aktiwiteite en veranderinge in die organisasie en woon-eenheid.* Dit behels die insluiting van ouers in personeelver-

opderings wat hul kinders betref. Dit kan ook die stigting van 'n ouergroep beteken wat in die besluitneming van die organisasie verteenwoordig word. Deur ouers by beplanning te betrek, gee ons hulle verantwoordelikheid en word hulle rol in die lewe van hul kinders en dié van die organisasie beklemtoon.

7. *Betrek ouers by spesifieke projekte, bv. verfwerk, vermaak, uitstappies en die opknapping van die Louelkamer.* Trek voordeel uit enige bekwaamhede wat hulle toon. Sommige ouers mag openbare toesprake namens die organisasie lewer — hulle betugings kan vir ander veel beteken. Ondervinding met groepwerk bewys dat as jy iemand by iets wil betrek, jy hom iets moet gee om te doen. Deur ouers op 'n sinvolle wyse in te span, kan hulle bydrae lewer sowel as dienste van die organisasie gebruik. Sodurende aanvaar hulle verantwoordelikheid en is hulle nie slegs kliënte wat bedien moet word nie.

8. *Kinderversorgers kan maatskaplike*

Selfs kinders wat nooit by hulle biologiese ouers sal woon nie het 'n familielid nodig, 'n gesin wat omgee.

werksters op familie besoeke vergesel. Ons kan ons beter vereenselwig met mense wanneer ons sien hoe en waar hulle woon. Kinderversorgers ontwikkel dus 'n beter begrip van die gesin se waardes en agtergrond. Die span van kinderversorger, maatskaplike werkster en gesin word beklemtoon deur hulle betrokkenheid in mekaar se aktiwiteite.

9. *Indien ouers geografies te ver afgeleë is, of te siek is om aan die daaglikse aktiwiteite van die organisasie deel te neem, moet die kinderversorger ten minste een maal per week telefonies met hulle kontak maak.* Daaglikse gebeure en probleme asook prestasies moet meegedeel word. So word ouers verseker dat hul kinders goed versorg word en dat hulle nieemin betrokke bly al is hulle afwesig. Sulke telefoniese kontak word ook gebruik om ouers by beplanning en besluitneming te betrek.

10. *Wanneer die gesin by voorligting met die maatskaplike werkster betrek word, moet die kinderversorger as spanmaat ingesluit word.* Die kinderversorgers leer dus meer oor die gesin se dinamika en doelwitte, deel hul hanteringsvermoëns met ouers, en kan enige besluite of beplanning na die wooneenhed oordra. Die professionele rol van die kinderversorger word ook vir die ouers en kind opgehelder. Die kinderversorger begryp die gesigspunte van beide ouer en kind en kan altes onderstaan. Terselfdetyd kan die kinderversorger die maatskaplike werkster oor die kind en sy ouers inlig a.g.v. haar eer-

stehandise waarneemings.

Die Rol van die Maatskaplike Werkster

In hierdie model sluit die rol van die maatskaplike werkster die volgende in:

1. *Voorstander van die opgradering van die rol en verantwoordelike van die kinderversorger.* Baie instansies bring lippehulde aan die kinderversorger as professionele persoon, maar in die praktyk het lang werksure, klein salarisse, en 'n tekort aan ontwikkelingsgeleenthede 'n hoë omset van personeel tot gevolg. Ons slaag dus nie daarin om kinderversorgers die bekwaamhede wat slegs met ervaring opgedoen word te laat ontwikkel nie. Boonop ervaar kinders gedung nuwe gesigte terwyl hulle kontinuiteit bitter nodig het. Personeel wat wel aanbly word dikwels ontrugter: "Die gevolg is dat uitgeputte kliënte dikwels deur uitgeputte personeel bedien word en dit veroorsaak 'n bese kringloop van frustrasie en ontmoediging" (Sinanoglu, 1981, 16).

2. *Konsultant en Spanmaat vir die Kinderversorger.* Die maatskaplike werkster moet daardie teoretiese konsepte, waardes en ingrypingsvermoëns identifiseer wat die kinderversorger in staat stel om bekwaam met gesinne te werk. 'n Paar maatskaplike werkvaardighede wat die kinderversorger kan leer sluit in: herkanalisering van boodskappe, wat ouers en kinders met mekaar laat praat in plaas van deur die kinderversorger te praat; die gebruik van ek-boodskappe om empatie te kommunikeer; konfrontasie bekwaamhede — die kragte en probleme daarvan. Die kinderversorger moet kennis dra, o.a. van sogenaamde driehoek, bv. ouer-kind-kinderversorger, en hoe om binne hierdie driehoek doeltreffend op te tree.

Die maatskaplike werkster poog nie om kinderversorgers in maatskaplike werksters of gesinsterapeute te verander nie; sy maak liever gebruik van die kinderversorger se daaglikse aktiwiteite met kind en ouer as grondslag vir ingryping. Kinderversorgers het andersyds hulle eie vaardighede, bv. groepsbehandeling en -beplanning en die ontwikkeling en bestuur van terapeutiese omgewings. Op hulle beurt moet hulle hierdie teorie en praktyk met maatskaplike werksters deel. Kinderversorgers en insatskaplike werksters ontwikkel saam 'n model wat albei beroepe insluit om gesamentlik familie-ingryping aan te pak.

Omdat die kinderversorger daaglikse so volledig betrokke is by die gesin, kan die maatskaplike werkster 'n sinvolle rol speel deur 'n nuwe perspektief by gesinsprobleme en aangeleenthede te voeg.

3. *Over-opleiding.* Die maatskaplike werkster kan vir ouers kinderonwikkeling, effektiewe dissipline en kommunikasie leer. Daar bestaan nie 'n

gevestigde program vir hierdie taak nie en dit word op individuele basis na gelang van elke gesin se behoeftes benader (Garland, 1983). Over-opleiding kan sekere opdragte in die wooneenhed behels, bv. om empatiese kommunikasie te beoefen en om kinders waar te neem en dan daarvoor verslag te doen. Gesinsopleiding kan kinders en ouers betrek en kinderversorgers kan aan sulke groepe deelneem.

4. *Ingryping in die ekologiese sisteem van die gesin.* Dit kan maklik gebeur dat daar slegs binne die gesin gewerk word sonder om hulle breër sosiale omgewing, wat eintlik die probleme veroorsaak of vererger het, in ag te neem. 'n Sisteemse benadering moet dikwels die familie grense oortree, "en dit help die gesin om hulle omgewing te herbou of te verryk met die gevolg dat dit meer bevorderlik is ten opsigte van hulle positiewe funksionering" (Maluccio, 1981, 30). Die maatskaplike werkster kan ook ander hulpbronne identifiseer of ontwikkel.

Kinderversorgers ontwikkel dus 'n beter begrip van die gesin se waardes en agtergrond.

kol indien self-verandering vir die gesin onbereikbaar is. Kortom, terwyl die kinderversorger binne die gesin as katalisator werk, kan die maatskaplike werkster buite in die ekologiese sisteem beweeg. Hierdie taak vereis 'n groot mate van skeppingsvermoë, 'n duidelike begrip van sisteem-funksionering en 'n individuele benadering tot elke gesin se omstandighede. Daar is 'n naglike ewewig tussen die veelvoudigheid en ingewikkeldheid van faktore wat tot die gesin se probleme bygedra het aan die eenkant, en die behoefte aan 'n eenvoudige model wat die interaksie van hierdie faktore kan verklaar en ingryping kan vergemaklik aan die ander kant. "Mens is kwelend bewus dat 'een grootte nie almal pas nie' en dat simplistiese formules en ideologies oor wat werk en wat nie werk nie geen plek op hierdie gebied het nie" (Sinanoglu, 1981, 5).

5. *Verkafing van nasorgdienste.* Wanneer die kind na sy ouerhuis terugkeer, termineer die maatskaplike werkster nie, maar verskerp sy eerder, haar dienste aan die gesin. Wanneer die gesin se sistemiese veranderings op die proef gestel word, kom die intra- en ektrafamiliale swakhede te voorskyn. Verskillende drukke word op die sisteem uitgeoefen en die maatskaplike werkster gaan voort om die gesin se groei te verstewig.

Bibliografie

Ainsworth, F. The training of personnel for group care with children. In Ains-

minder (Maier, 1981). Dordens gee navorsing ook aan die hand dat die doeltreffendheid van residensiële sorg beter gekorreleer is met wat in die gesin aangaan as met die aard van die behandeling-ondervinding vir die kind in die residensiële omgewing (Maier, 1981). Viertiens doen dit weg met die konsep van ouers wat kinders besoek en kinders wat hulle ouerhuse besoek. Die term "besoek" is ongepas wanneer ons probeer beklemtoon dat plasing tydelik is en dat ouers steeds ouers is wat heeltemal betrokke by die lewe van hulle kinders is. Daar bestaan 'n merkbare verskil tussen 'n besoeker aan iemand se huis, of die woonseenheid van die residensiële kindersorg sentrum, en 'n familielid, hierdie verskil het 'n dieper betekenis — dit verteenwoordig die verantwoordelikhedsplasing en verpligting van familieledede teenoor mekaar.

Laastens, verduur die meeste gesinne met 'n kind in residensiële sorg knisise wat vir hulle onhanteerbaar is. Hulle is sosiaal afgesonder, sonder 'n toereikende sosiale netwerk om tastbare hulp en bystand te verleen in hierdie knisise. 'n Ingrypingsbenadering wat slegs gewend word tot die intrafamiliale verhoudings kwessies, en die ekologiese sisteem van die gesin ignoreer, mag vind dat dit wel die gesin se spanning verlig terwyl die kind in plasing is, net om te vind dat die gesin weereens onweldig voel wanneer die kind terugkeer na 'n gesin wat nog steeds probeer om sy onopgeloste knisise die hoof te bied. In hierdie model speel die maatskaplike werkster die rol van sisteem-ingryper deur die gesin met hierdie probleme te help. Bowendien bly die maatskaplike werkster voortdurend betrokke by die gesin selfs nadat die kind teruggekeer het om sodoeende veranderinge te versterk en bykomende dienste te bied wat ontwerp is om die gesin se hanteringsvermoë te versterk.

RIGLYNE VIR TOEPASSING

Struikelblokke

Daar bestaan 'n hele aantal struikelblokke met die toepassing van hierdie model van familie-ingryping. Dit vereis, eerstens, uitgebreide opleiding en opvoeding van die huidige posisie van die kinderversorger in sommige agentskappe.

Tweedens, stuit ouers se volledige betrokkenheid die meeste agentskappe op baie van die betoepslu: teen die bors — ouers kan steurend wees, hulle het ander verpligtings wat hul tyd saam met hul kinders beperk, hulle het hul eie behoeftes, en ander gesinslede verg te veel van die personeel. Dit is sigbaar in studies van eintlike betrokkenheid van ouers met kinders in sorg. Kufeldt (1982), het by ondersoek tot watter mate natuurlike ouers van kinders in tydelike pleegsorg by hulle lewens inges-

luit word. Sy het gevind dat pleegouers en maatskaplike werkers dikwels verkies dat ouers eerder uitgeluif word wanneer dit kom by aktiwiteite soos klere inkopies, beplanning van besoeke, besoeke aan dokters, ouer-onderwyser onderhoude, hantering van minder belangrike gedragsprobleme en die opstel van reëls vir die kinders. Wat ouer besoeke in pleegsorg betref, het Proch en Howard (1984) in 'n studie van staatsregte en gebruikte gevind dat ouer besoeke hoofsaaklik gebruik word om ouer betrokkenheid te dokumenteer en dat dit nie van belang is by gevalbeplanning nie.

Dit is laastens moeilik vir kinderversorgers, wat lief geword het vir kinders in hulle sorg, om nie krities teenoor ouers te wees nie, maar om objektief te bly. Ouers voel ongemaklik in die teenwoordigheid van kindersorgpersoneel — hulle beskou hulle steeds as 'n dreigement, word herinner aan hul ontoereikendheid en is bevrees om waargeneem en beoordeel te word. (Wie het nog nie so gevoel onder supervisie nie?)

Quers moet of hulle rol as ouers aanvaar, of hulle moet dit prysgee . . .

Ons doen nie assistansie van hierdie model weens die struikelblokke nie. Daar bestaan verskeie nlyne — strategieë — vir die agentskap:

Strategieë

1. *Bring die ouers op 'n gelyke vlak met die kinderversorger (Minuchin, 1974).* Kinders sal aan hierdie verhouding doen wat hulle aan enige ouerpaar sal doen — die een teen die ander probeer manipuleer. Ouers en kinderversorgers moet dit verstaan en moet kommunikasie ontwikkel om hierdie misverstande uit die weg te ruim en om hulle verskille op te klaar sodat hulle nie daardeur uitmekeer gedryf word nie. Dit kan dan 'n betekenisvolle model word van die soort kommunikasie wat in die gesin nodig is.

2. *Verwag dat ouers gereelde, aktiewe deelnemers in die lewe van die agentskap word — dat hulle "familieledede" met regte en verantwoordelikhede word en nie slegs besoekers bly nie.* Volgens Keith-Lucas (1977) is ons grootste gevaar dat ons ouers halfpad gie en dat ons ouers laat gie dat ongereelde besoeke, briewe en verbroke beloftes beter as niks is nie. Ouers moet of hulle rol as ouers aanvaar, of hulle moet dit prysgee sodat alternatiewe permanente reelings vir 'n gesin vir die kind getref kan word. Dit mag ongevoelig klink, maar dit is minder ongevoelig as die werklikheid van 'n kind in die vergeetheid van residensiële sorg sonder hoop van 'n gesinslewe. Fanshel en Shin (1978)

boweer, nie onverwags nie, dat die hoeveelheid ouer-betrokkenheid die waarskynlikheid van die kind se terugkeer verhoog.

3. *Verwag dat ouers verantwoordelikhede neem in die residensiële woonseenheid.* Verantwoordelikhede moet duidelik uitgespel word sodat ouers, kinderversorgers en kinders presies weet wat van die ouers verwag word en wat nie van hulle verwag word nie. Hierdie verantwoordelikhede sluit interaksie met hulle kinders, ander kinders, dissipline, besluitneming aangaande skool sake, klere en ander aangeleenthede in. Die vervulling van hierdie verantwoordelikhede stel ouers in staat om hulle ouer-bekwaamhede in 'n verskeidenheid familie interaksies te ontwikkel met die ondersteuning en leiding van personeel. In 'n kindersorgagentskap waar ouers van sorgbehoewende kinders byna onbeperkte besoekregte geniet, teen evaluering dat ouers met "ernstige probleme" hulle ouerskap kan uitbrei, handhaaf en verbeter (Simmons, Gumpert en Rothman, 1973). In 'n ander program is die doelwit van ouer-betrokkenheid om ouers te leer hoe om op 'n meer produktiewe wyse met hulle kinders te kommunikeer. "Ouers leer hoe om hulle kinders te beheer, en hoe om keuses van ingryping te evalueer" (Finkelstein, 1981).

4. *Spoor ouers daadwerklik aan tot interaksie met ander kinders sowel as met hul eie.* Interaksie met ander kinders is miskien minder emosioneel en bied dus 'n gepaste geleentheid om bekwaamhede soos luister en empatiese kommunikasie te oefen.

5. *Moenie verwag dat kinderversorgers perfekte bekwaamheidsmodelle moet wees nie.* Dit is vertrouwend vir ouers om te besef dat alle ouers en selfs "betroepslu" foute begaan. So ook, deur erkenning dat hulle nie veronderstel is om perfekte modelle te wees nie, voel kinderversorgers vrymoedig om af die houdings en bekwaamhede van goeie ouerskap te demonstreer — wat vergiffenis van kinders en self-vergiffenis insluit.

"Vir die kinderversorger, asook vir ander professionele personeel beteken verhoogde ouer-betrokkenheid, ten minste aanvanklik, 'n verlies van die "superpersoon" status. Ouers begin besef dat kinderversorgers, maatskaplike werkers en ander kliniese personeel nie al die antwoorde het nie, dat hulle ook probleemgedrag moeilik vind, dat hulle ook foute begaan en dat hulle ook soms kort van draad raak met kinders. Kortom, beskou ouers die kinderversorgers ook as mense soos hulsell (Whittaker, 1981, 30).

6. *Laat ouers deelneem aan die beplanning vir hul eie kinders asook aan die vir aktiwiteite en veranderinge in die organisasie en woonseenheid.* Dit behels die insluiting van ouers in personeelver-

- worth, F. and Fulcher, L.C. (eds.) *Group Care for Children*, Tavistock Publications, London, 1981, 225-244.
- Beker, J. *Critical Incidents in Child Care: A Casebook for Child Care Workers*, Behavioral Publications, New York, 1972.
- Brotan, A.M. *Houseparents in Children's Institutions. A Discussion Guide*, University of North Carolina Press, Chapel Hill, 1962.
- Burmeister, E.E. *Tough Times and Tender Moments in Child Care Work*, Columbia University Press, New York, 1967.
- Corkin, A., Miller, A.C. and Moriugh, B. An institution for change. Developing a family day unit. *Family Process*, 22, 453-468, 1983.
- Fanshel, D. and Shin, E.B. *Children in Foster Care: A Longitudinal Investigation*, Columbia University Press, New York, 1978.
- Finkelstein, N.E. Family-centred group care — The children's institution, from a living centre to a centre for change. In Maluccio, A.N. and Sinanoglu, P.A. (eds.) *The Challenge of Partnership: Working with Parents of Children in Foster Care*, Child Welfare League of America, New York, 1981, 89-105.
- Garland, D.S.R. *Working with Couples for Marriage Enrichment*, Jossey-Bass, San Francisco, 1983.
- Johnston, E. and Gabor, P. Parent counsellors: a foster care program with new roles for major participants. In Maluccio, A.N. and Sinanoglu, P.A. (eds.) *The Challenge of Partnership: Working with Parents of Children in Foster Care*, Child Welfare League of America, New York, 1981.
- Keith-Lucas, A. and Sanford, C.W. *Group Child Care as a Family Service*, University of North Carolina, Chapel Hill, 1977.
- Klein, A.F. *The Professional Child Care Worker. A Guide to Skills, Knowledge, Techniques and Attitudes*, Association Press, New York, 1975.
- Kulferdt, K. Including natural parents in temporary foster care: An exploratory study. *Children Today*, 11(2), 1982, 14-16.
- Letulle, L.J. Family Therapy in Residential Treatment for Children. *Social Work*, 24, 49-51, 1970.
- Maier, H.W. Essential components in care and treatment for children. In Ainsworth, F. and Fulcher, L.C. (eds.) *Group Care for Children*, Tavistock Publications, London, 1981.
- Maluccio, A.N. An ecological perspective on practice with parents of children in foster care. In Maluccio, A.N. and Sinanoglu, P.A. (eds.) *The Challenge of Partnership: Working with Parents of Children in Foster Care*, Child Welfare League of America, New York, 1981.
- Mandel, B.R. *Where are the children?*, Lexington Books, Lexington Mass., 1973.
- Mason, E.M. The importance to a child of his family. In Tod, R.J.N. (ed.) *Papers on Residential Work. Children in Care*, Longmans Greens & Co., London 1968.
- Mayer, M.F. *A Guide for Child Care Workers: For Houseparents, Counsellors, Children's Supervisors, Attendants and Child Care Workers in Children's Institutions and Hospitals*, Child Welfare League of America, New York, 1955.
- Mayer, M.F., Richman, L.H. and Balcerzak, E.A. *Group Care of Children, Crossroads and Transitions*, Child Welfare League of America, New York, 1978.
- Minuchin, S. *Families and Family Therapy*, Harvard University Press, Cambridge 1974.
- Peterson, R.W. and Brown, R. The child care worker as treatment co-ordinator and parent trainer. *Child Care Quarterly* 11, 188-203, 1982.
- Proch, K. and Howard, J. Parental visiting in foster care: law and practice. *Child Welfare*, 63, 139-147, 1984.
- Ravnsborg, I.S. The in-patient care of families at Vikersund in Kasiow, F.W. (ed.) *The International Book of Family Therapy*, Brunner-Mazel, New York, 275-290, 1982.
- Ryan, P., McFadden, B.J. and Warren, B.L. Foster families: a resource for helping parents. In Maluccio, A.N., Sinanoglu, P.A. (eds.) *The Challenge of Partnership: Working with Parents of Children in Foster Care*, Child Welfare League of America, New York, 189-199, 1981.
- Seaburg, J.R. Foster parents as aids to parents. In Maluccio, A.N. and Sinanoglu, P.A. (eds.) *The Challenge of Partnership: Working with Parents of Children in Foster Care*, Child Welfare League of America, New York, 209-220, 1981.
- Simmons, G., Gumpert, J. and Rothman, B. Natural parents as partners in child care placement. *Social Casework*, 64, 224-232, 1973.
- Sinanoglu, P.A. Working with parents. Selected issues and trends as reflected in the literature. In Maluccio, A.N. and Sinanoglu, P.A. (eds.) *The Challenge of Partnership: Working with Parents of Children in Foster Care*, Child Welfare League of America, New York, 3-21, 1981.
- Webster, C.D., Sonjeh, L., Stomen, L., Bradley, S., Mooney, S.A. and Mack, J.E. The child care worker in the family: Some case examples and implications for the design of family-centred programs. *Child Care Quarterly*, 8, 5-18, 1979.
- Whitaker, J.K. Family involvement in residential treatment: A support system for parents. In Maluccio, A.N. and Sinanoglu, P.A. (eds.) *The Challenge of Partnership: Working with Parents of Children in Foster Care*, Child Welfare League of America, New York, 67-68, 1981.
- Zuckerman, E. *Child Welfare*, Free Press, New York, 1963.

English Summary

The function of residential care has changed from rescuing children who are homeless or in unsuitable homes and providing them with substitute parenting. It now offers services to a family designed to reunite the family and strengthen parent-child relationships. The roles of the child care worker and the social worker are therefore also changing. One basic premise of most residential care is that every child needs to live in his or her own family. If biological parents cannot provide that family for the child, then services need to be geared to relinquishing parental rights and moving toward a permanent family for the child. Most services, however, are geared to developing the family system's resources and capabilities so that the child can return home. This calls for a revision in our understanding of professional staff roles in residential child care. The child care worker is no longer a substitute parent, but a guide and support for the parents as they develop a family system in which the child can live. The social worker complements the child care worker's role by teaming with the child care worker to intervene in the family and on behalf of the family in the family's larger ecological context. This intervention undergirds and extends the services provided in the residential living environment.

A few programmes are experimenting with this model of services and are finding it successful in increasing the number of children who are able to return home. Further exploration with pilot studies and reports of practice experience in this model are needed.

Vice-Principal: Programme Director

Senior appointment for a person experienced in residential child care to undertake programme management. Resident post in cottage-style home. Further information from the Principal, Eastern Province Children's Homes, Lenox Street, Port Elizabeth 6001.

Eastern Province Children's Homes

St Joseph's Children's Home

Senior Child Care Worker, white/coloured, experienced in staff supervision, driver's licence, resident post. Salary negotiable.

Social Worker. Second social worker to expand social work services of the home. Accommodation available, salary is negotiable.

Apply to The Director, St Joseph's Home, Private Bag 2, Westhoven 2142.

'Conference Junkies'

Di Levine

In the first two weeks of July, three conferences of interest to the helping professions were presented. The first one was the convention of the Society for Social Workers. The theme of the conference was "Society in Crisis — The Changing Roles and Needs of Social Workers". The theme was established in the opening address by Dr Alex Boraine who sketched a picture of South African society. He portrayed major crisis areas in the inability of the majority of the population to benefit from the economy, in government control of the media, in the inadequate provision for education for black children and the constitutional crisis caused by the exclusion of blacks from the political process. Mr Jeff Budlender from the legal resources centre also gave a grim description of the increasing power of the police and the decreasing ability of the law to contain the use of power by the government to maintain its own political ends. There was a great deal of concern expressed about the proposed new welfare policy, which the delegates saw as a forced extension and imposition of apartheid against the will of the welfare organisations. Overall there was a strong emphasis on community work, and the need for social work services to become relevant in tackling the major issues in society was emphasised. These same concerns were carried through to the *Wits School of Social Work Golden Jubilee Conference* held to commemorate the fiftieth year of the Social Work department at Wits. The contribution of social work in educational settings, in family life, in health services and in industry was examined. Again the predominant feeling was that there are major breakdowns in each of these areas, mainly because of long-term political factors. Despite the gloomy portrait of a society in crisis that emerged in both these conferences, one was nevertheless left with a feeling of optimism. There was a clear commitment on the part of social workers to work for a more just society, a perception that there is a great deal of work to be done, and a vision of a non-racial democratic future for South Africa. By the time the third of these conferences was presented, many social workers looked like conference junkies — eyes glazed, moving obediently from one venue to another as the programme unfolded. This was the national biennial conference of the *Southern African Society for Prevention of Child Abuse and Neglect*. Some of the highlights of this conference included a thorough and

careful introduction to the subject presented by Dr William Winship of Addington Hospital, an overview of some problems in the field of residential care presented by Joe Araujo of Boys Town, and a presentation by Dr Veldman, Deputy Minister of National Health and Development and Manpower. He mentioned the government's concern about the lack of pieces of safety and detention for black children. Precilla McKay, Director of Pinetown Child Welfare Society, presented an outstanding paper on detention of children. This was followed by Jill Swart, Chairlady of

Streetwise, who in simple but moving terms described the street children, who they are, and how they survive on the streets. The next day focused on the sexual abuse of children. Detective Sergeant Grant Robinson from the Durban CID impressed us all by his specialist knowledge in the field, and we were all left hoping that his work would be spread to other centres in the RSA. Dr Jillian Key outlined what she called secondary abuse of the children by the legal system, and gave a clear account of the problems that surround cases brought to court for prosecution of sexual offenders. Overall, three stimulating and thought-provoking conferences which challenged our ideals on the role of the helping professions.

Books

Reading Aloud to Children

Storytime
Jay Heale
Tafelberg

Jay Heale is through and through a books man and through and through a children's man. Having dabbled in publishing he became a schoolmaster and housemaster at a Somerset West prep school where, apart from being a child care worker after hours, he taught English and set up the school library. The least prescriptive of librarians, books to him were "good" if they were read and enjoyed by the children. Today he is probably South Africa's best known expert on children's books. He publishes an excellent newsletter and regularly broadcasts on children's literature. Who better to have compiled South Africa's first "read-aloud" story book especially for South African children? The 96-page book contains some forty stories and poems, nineteen of which conclude with a short "Did you know?" box containing a snippet of further information on the subject matter. The book is beautifully illustrated by Aldo Bothma, whose black-and-white pictures are quite as charming as those in colour. Children in care need so much the stimulation of being read to, and though this book is intended for children aged 5 to 8 it will "work" in children's homes for youngsters up to 12, many of whom will also want to read it for themselves. Storytime, says Jay Heale in his insightful introduction to *The Art of Reading Aloud*, is a time of physical as well as

mental contact with your child, as you share the pages together. Listening to stories, your child develops imagination, and starts to appreciate basic moral values. He goes on to advise, "Do not stop reading aloud just because your child has learned to read alone. His need for stories remains just as great, and your own reading encourages the process and sets the seal of approval. Reading is not merely something done at school. That is a most vital point to establish". STORYTIME is a unique compilation for its South African settings. It is an opportunity for you, the child care worker, to get into reading aloud to your younger children. It is going to set your book budget back by R19.50 + GST. And it is a must for the bookshelves in your home.

