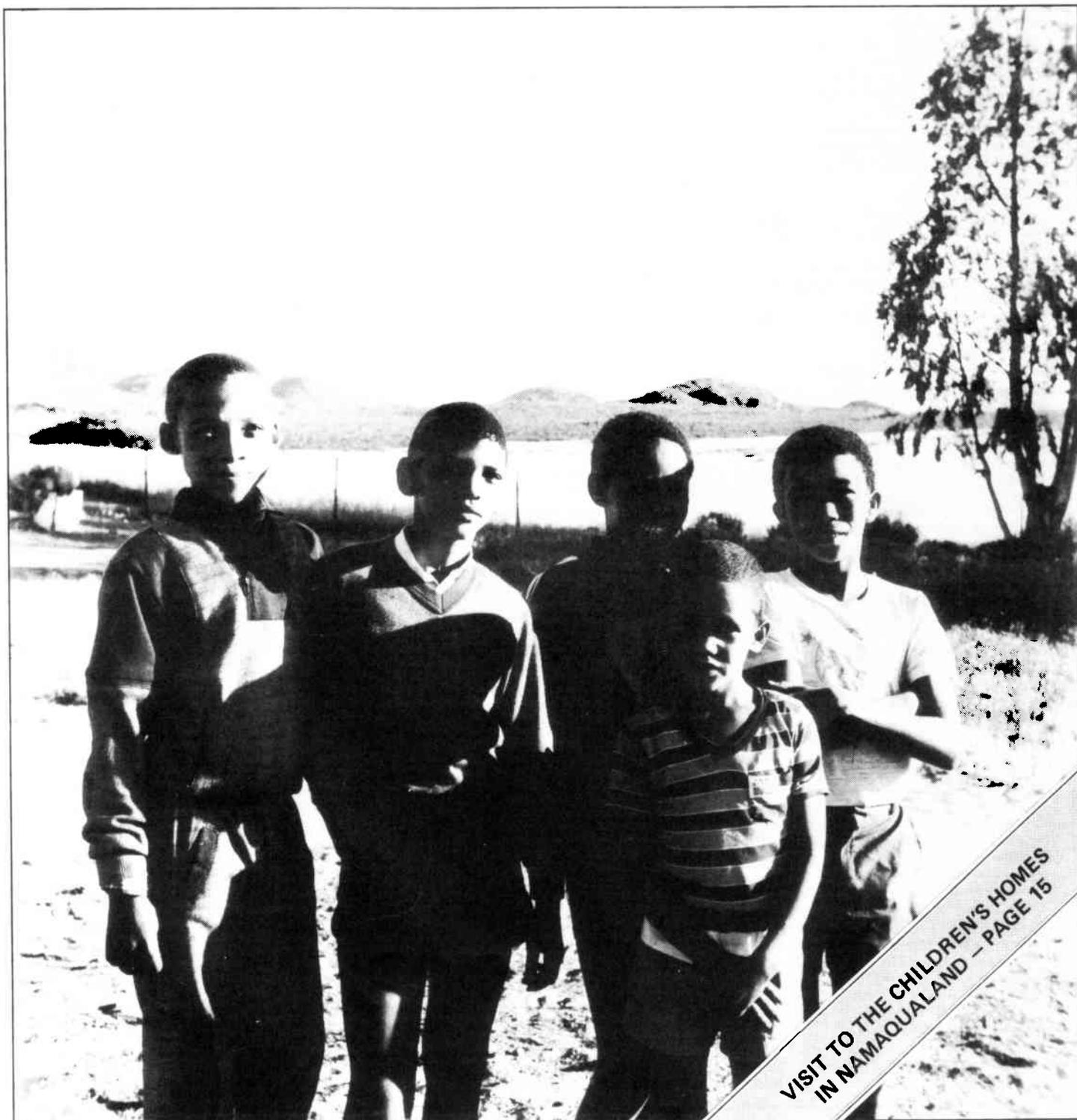


Die **Kinderversorger**



VISIT TO THE CHILDREN'S HOMES
IN NAMAQUALAND — PAGE 15

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

**National Executive Committee
Nasionale Uitvoerende Raad**

National Chairman/Nasionale Voorsitter
Ashley Theron BA (SW) (Hons) BA (Hons),
Bonnytown Place of Safety, 41 Rosmead
Avenue/Weg, Wynberg 7800. Tel: 021-71-5057

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

Members/Lede

Jacqui Michael (Transvaal), Revd/Eerw Roger
Pitt (Eastern Province/Oostelike Provinsie),
Ernie Nightingale (Natal), Ashley Theron (West-
ern 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 Directors/Streekdirekteure

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

Natal/Eastern Province/Oostelike Provinsie:
Lesley du Toit BA (SocSci), Hons BA (SW), P.O.
Box/Posbus 28323, Malvern 4055. Tel: 031-44-
1071

Regional Secretaries/Streeksekretareesse

Transvaal

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

Natal

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

Eastern Province/Oostelike Provinsie

Sarah Burger, P.O. Box/Posbus 482, King Wil-
liam's Town 5600. Tel: 0433-21932

Western Cape/Wes-Kaap

Merle Ailsopp, St Michael's, Hoofweg 63 Main
Road, Plumstead 7800. Tel: 021-797-4186

THE CHILD CARE WORKER

DE 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: R15.00 p.a. Agen-
cies/Libraries: R20.00 p.a. Commercial adver-
tisement 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
afsluittyd is die 10de van elke maand. Subskrip-
siegeld vir NVK lede: R5.00 p.j. Nie-lede: R15.00
p.j. Agentskappe/Biblioteke: R20.00 p.j. Kom-
mersiële advertensies: R2.50 per kol./cm. Be-
trekking advertensies is gratis. Alle navrae,
artikels, briewe, nuusbroskies en advertensies
aan Die Redakteur by bogenoemde adres.

Editorial Board/Redaksiekommissie

Merle Ailsopp BA HDE NHCRC, Peter Harper
MSc (Clinical Psychology), Dina Hatchuel,
BSocSci (SW) (Hons) PSW MSocSci, Peter
Powis MA (Clinical Psychology), Renee van der
Merwe BA (SW) (Stellenbosch)

Editor/Redakteur

Brian Gannon

1988: The Year of the Child Care Worker

The fact that Conference resolutions continue to reflect calls for "recognition and protection for child care work as a profession" and for "generally accepted conditions of employment including maximum working hours and the availability of medical aid and pension schemes", indicates that on-line child care staff still have an agenda before them. In a seminal paper delivered at the NACCW's Fourth Biennial Conference, and which merits frequent re-reading (*Child Care Worker*, February 1985, Vol.3 No.2), Herb Barnes described child care work as "the only role which is absolutely central to the work of residential treatment". He suggested that professionalisation was not something to be conferred patronisingly by other professionals ("Give them more status, call them paraprofessionals, put them on the treatment team") but that it was inherent in the work itself. "The professional task is the whole of everyday life, making that into a rehabilitation/re-education process through simultaneous use of the actual milieu, individual and peer relationships, and co-ordinating the multitude of resources, professional, vocational and social."

Another conference resolution on the empowerment of child care workers highlighted the misuse of their role as

the "errand boy" of the other professions: "In order for child care workers to make adequate commitment to treatment plans for the children they work with, it is essential that information regarding the children and their families be appropriately shared with child care workers. *Those who feel they cannot trust workers with such information should regard this fact as a staff education and training responsibility of their agency.*"

The message is clear: If you feel you cannot treat us as professionals, then teach us more. Herb Barnes would go on to argue that what child care workers do, provides the single justification for the existence of residential institutions. *The Child Care Worker* has decided, then, to make 1988 "the year of the child care worker" and to concentrate on the role and practice of the on-line worker as much as on those of other professionals involved in child care. Hopefully we will come out at the end of the year with more clarity about child care workers' "specific role in the life of the child and in that child's ecological system". Hopefully also with some confirmation of the centrality of the child care workers' function — and their professionalism.

1988: Die Jaar van die Kinderversorger

Die feit dat konferensie voornemens deurgaans aandring op "erkentlikheid en beskerming vir kinderversorging as beroep" en vir "algemene aanvaarbare arbeidsvoorwaardes soos maksimum werksure en beskikbaarheid van mediese en pensioen fondse", dui aan dat "frontlyn" kindersorgpersoneel steeds 'n agenda voor hulle het.

In 'n sinvolle referaat wat by die NVK se Vierde Tweejaarlikse Konferensie gelewer is, en wat dikwels oorgelees behoort te word (*Kinderversorger*, Februarie 1985, Vol.3 Nr.2), het Herb Barnes kinderversorging beskryf as "die enigste rol wat absoluut sentraal is ten opsigte van residensiële behandeling". Hy het voorgestel dat tot beroepmaking nie iets is wat deur ander beroepslui begunstig kan word nie ("Gee vir hulle meer status, noem hulle paraberopslui, skakel hulle by die behandelingspan in"), maar dat dit onafskeidelik verbonde aan die werk self is. "Die professionele taak is die geheel van die daaglikse lewe, wat dit in 'n rehabilitasie/heropvoedingsproses omsit deur gelyktydige gebruik van die wesenlike milieu, individuele en groepsverhoudings, en om die menigte bronne, professioneel, beroeps- en sosiaal te koördineer."

Nog 'n konferensie resoluë, oor die

volmagtiging van kinderversorgers, het die verkeerde gebruik van hul rol uitgelik as "boodskappers" van die ander profesies: "Om kinderversorgers toereikend aan kinders se behandelingsplanne te laat deelneem, is dit noodsaaklik dat inligting aangaande die kinders en hul gesinne toepaslik met kinderversorgers gedeel word. *Diegene wat voel dat hulle kinderversorgers nie met sulke inligting kan vertrou nie, moet hierdie feit as 'n personeelopvoeding en opleiding verantwoordelikheid van hul instansie beskou.*"

Die boodskap is duidelik: As julle ons nie soos beroepslui kan behandel nie, leer ons dan meer. Herb Barnes voer verder aan dat dit wat kinderversorgers doen, op sigself die bestaan van residensiële instansies regverdig.

Die Kinderversorger het dus besluit om 1988 "die jaar van die kinderversorger" te maak en om net soveel te konsentreer op die rol en praktyk van die "frontlyn" kinderversorger, as op die van ander betrokke beroepslui. Hopelik sal ons teen die einde van die jaar meer helderheid hê oor kinderversorgers se "spesifieke rol in die lewe van die kind en ook in daardie kind se ekologiese stelsel". Hopelik ook met bevestiging van die belangrike rol van die kinderversorgers en hul professionalisme.

'n Naskoolse Aktiwiteitsprogram

Floyd J. Alwon

Floyd Alwon is by die Walker Home and School, Needham, Massachusetts werksaam

Rondmalery ... rondslentery op straathoeke ... die koshuis sitkamer. Hierdie uitdrukkings beskryf die vrye tyd van die oorgrote meerderheid van ons inrigtings. Waarom? Aansienlike literatuur bestaan reeds oor goeie programmering as deel van die behandeling van kinders met gedragsprobleme (Bettleheim, 1950; Redl en Wineman, 1951, 1952; Konopka, 1954; Green, 1965; Whittaker, 1969). Nietemin, pas ons nie ons teoretiese kennis toe in die praktyk nie. Die stap tussen die idee en die aksie word dikwels verhinder deur die vraag "Hoe nou gemaak?" Hierdie artikel poog om so 'n vraag te beantwoord in terme van die skepping van 'n naskoolse aktiwiteitsprogram. Deur die saak prakties te bespreek help dit ons miskien om van gesê tot gedaan te beweeg.

Sulke programmering is nie slegs in residensiële inrigtings waardevol nie; van alle gemeenskapsdienste word toenemend verwag om kinders se behoeftes te verstaan en daaromheen te beplan. Dikwels is die kind se onvermoë om konstruktief in sy onbeplande naskoolse ure te funksioneer 'n struikelblok ten opsigte van sy terugkering na die gemeenskap.

Programme wat smiddae deur skole aangebied word is oor die algemeen beperk tot diegene wat in een of ander sportsoort of aktiwiteit uitblink. Daarbenewens, is die skoolorkes, die debatvereniging, die skoolkoerant of dramaklub meestal van toepassing by die ouer kinders.

Naskoolse ure kan beskou word as die oorgangperiode tussen skooltyd en tuis wees. Bettleheim (1950), asook Redl en Wineman (1952) het sterk beklemtoon dat hierdie ongestruktureerde tye besonder moeilik is vir kinders met egogebreke. Almal wat in residensiële omgewings werk sal ongetwyfeld saamstem.

Naskoolse gemeenskapsbronne, indien enige, is gewoonlik tot seunsklubs, die CJMV, Padvinders of sportklubs beperk. Elk van hierdie verwag dat die kind relatief goed sosiaal en motories geskik is. Hoewel die ratio tussen volwassenes en kinders in hierdie organisasies toereikend is vir normale kinders, is dit onvol-

doende vir die kind met spesiale behoeftes. Die keuses vir laasgenoemde kinders is of om tuis te bly (wat hulle nog verder afsonder van hul portuurgroep terwyl dit meer druk op ouers plaas en die kind se gevoel van verwerping vererger), of om hulle toevlug te neem na soortgelyke vervreemde kinders om hulle behoefte aan behoortheid te bevredig. Laasgenoemde is dikwels die enigste lewensvatbare keuse vir die behoeftige adolessent, want om tuis te bly is teenstrydig met die ontwikkelingsbehoefte van sy ouderdomsgroep.

Daar is 'n duidelike gaping tussen die behoeftes van hierdie kinders en bestaande naskoolse gemeenskapsdienste. In hulle alomvattende oorsig van kindersorg in Noord-Amerika het Mayer, Richman en Balcerzak (1977) ontspanningsfasiliteite as noodsaaklik uitgelig vir die kontinuum van dienste, veral vir kwesbare kinders en adolessente. Die naskoolse program wat in hierdie artikel bespreek word poog om hierdie probleem aan te pak. Hopelik sal dit beide die praktisyn en die administrateur baat.

DIE KLUBPROGRAM

Die klubprogram maak 'n belangrike komponent uit van die algemene behandelingsprogram by die Walkerskool in Needham, Massachusetts. Die Walkerskool is 'n voltydse residensiële dagbehandelingsentrum wat as gespesialiseerde primêre skool optree vir seuns met ernstige emosionele of leerprobleme. Meeste van die seuns kan as gedragsafwykend, hiperaktief, voordelinkwent of versteurd beskryf word; sommige is baie teruggetrokke en passief van natuur. Hulle het almal moeilikheid tuis, by die skool en in die gemeenskap ondervind.

Van die 51 kinders bly 33 in vier residensiële eenhede terwyl 18 die dagprogram bywoon. Byna al die studente keer naweke en skoolvakansies na pleegouers of hul eie gesinne terug. Dagstudente woon die skool op ons kampus tussen 08h45 en 14h15 by. Tussen 14h15 en 16h15 neem hulle deel aan die spesiale klubprogram saam met die inwonende studente. Familie ingryping en individuele terapie word weekliks aan almal verskaf. Die gemiddelde verblyfsperiode is ongeveer drie jaar. Vir meer inligting oor die Walkerskool word die leser verwys na die beskrywings van die

program en die filosofie daarvan deur Small (1976) en Trieschman (1976).

Alhoewel die skool se benadering as eklekties beskryf kan word, het die personeel 'n leerplan ontwikkel waardeur kinders akademiese, sosiale, emosionele en ontspanningsvaardighede aanleer. Die rehabilitasie ondervinding berus op die onderrig van sulke bekwaamhede. Die bou van bekwaamhede is 'n duidelike aspek van die milieu, in die klaskamer, in roetine en lewensruimte, asook in gesinswerk en individuele terapie.

Voordat ons die huidige klubprogram geskep het, het kinders om 14h15 na hul koshuise teruggekeer terwyl dagskoliers saam met personeel aan naskoolse aktiwiteite deelgeneem het. Kinderversorgers het hierdie model ontoereikend gevind, aangesien dit slordige programmering tot gevolg gehad het. Aktiwiteite was op 'n dag-tot-dag basis beplan, en dikwels het weinig meer as "vryspel" onder toesig van personeel plaasgevind.

In 1972, met die styging van ons inskrywings van 20 tot 50 kinders, was 'n meer gestruktureerde program benodig. Die kinderversorgers, supervisors en programleier het saam 'n klubprogram ontwerp om 'n meer prikkelende naskoolse program te skep. Maar, Rome is nie in een dag gebou nie, en die program het oor die afgelope vyf jaar ontwikkel en verander, terwyl dit 'n positiewe bydrae tot die behandelingsprogram gelewer het.

Daaglikse funksionering

Die skooljaar is onderverdeel in twee semesters van vyf maande elk. (In die somervakansie word 'n spesiale kampprogram aangebied wat geringe akademiese werk insluit). Met die aanvang van elke semester kry elke kind 'n brosjure (deur die kindersorgdepartement saamgestel) waarin klubs, die leiers se name, en 'n kort beskrywing van elke klub se doelwitte en aktiwiteite gemeld word. Hierdie afgerolde brosjure word aantreklik ontwerp en sluit illustrasies asook woordelike beskrywings in. Hieronder is 'n lys van die klubs oor die afgelope paar jaar onderverdeel in vier kategorieë.

Atletiek (groot-motories): Fietsry en herstelwerk, spierontwikkeling, wandelsport, skaats, swem

Handwerk (klein-motories): Werktuigkunde, skeppende kunste, elektronika, leerwerk, modelleerwerk, houtwerk, houtsniewerk

Avontuur: Avonture, ontdekking, "Hoe om" klub, internasionaal

Spesiale Belangstelling: Diere van die wêreld, kamera, kampeer, skaak, kookkuns, padvinders, fotografie, drama, towerkuns, filmmakery, natuurkunde, koerant, wetenskap, wetenskap navorsers

Met die hulp van sy kinderversorger, kies die kind vyf van hierdie klubs. Die seun word dan vir twee klubs aangewys gebaseer op (a) sy eie keuses, (b) inligting van die behandelingspan (kinderversorger, onderwyser, terapeut, gesinswerker) en (c) die samestelling van die groep. Soms word ouers se idees in ag geneem. Ons probeer altyd om die kind se hoofkeuse te respekteer. Inskrywing is beperk tot vier kinders vir een volwassene, en daarom is dit nie altyd moontlik dat elke kind in sy verkeuse klub geplaas word nie, veral wanneer daardie klub of personeelid gewild is.

Die klubprogram vind tussen 14h15 en 16h15 van Maandag tot Woensdag plaas. Elke kind neem weekliks aan twee klubs deel, en kan sy eie keuse op "nie-klub" dae uit 'n verskeidenheid aanbiedings maak. Die kind leer gou sy weeklikse rooster en onthou gewoonlik wat hy elke middag doen.

'n Tipiese rooster vir Jannie kan so lyk: Maandag: leerwerkklub saam met drie ander seuns deur Anton (kinderversorger) gelei; Dinsdag: swemklub saam met sewe ander seuns gelei deur Elmarie en Piet (kinderversorgers); Woensdag: vrye keuse: by middagete kies Jannie drie of vier aktiwiteite en op grond van sy voorkeur en die supervisor se mening word hy vir een aangewys.

Onder andere, sluit sulke vrye keuse aktiwiteite die volgende in: gimnastiek, speletjies, speelgrond, uitstappies na winkels of na 'n park, biblioteek of museums. Spesiale seisoenale keuses sluit die volgende in: sleery, visvang, kersmaking, fietsry, of om kaartjies, versierings of geskenke te maak vir Kersfees, Moedersdag of Valentynsdag.

Kinders vergader om 14h15 in die skool se kafeteria waar die groepleiers hulle inwag met die naskoolse etes. Binne ongeveer tien minute vertrek die groep — laatkommers ontbeer hul uitstappies en moet die periode in 'n spesiale gebou deurbring waar hulle TV mag kyk of stil speletjies mag speel.

Hierdie gebou dien as 'n plek waar kinders wat wanordelik of onbeheerbaar in groepe optree in toom gehou kan word. 'n Supervisor of senior kinderversorger is altyd beskikbaar om hier 'n oog te hou.

Om groepsontwikkeling in die residensiële eenhede te vergemaklik word Donderdae gewy aan programme binne die wooneenhede. Dagstudente neem ook op Donderdae aan spesiale programme deel en bly soms laat vir aandete. Hoewel Donderdae op die ou naskoolse model gebaseer is, hou dit sekere voordele in: wooneenhede kom almal bymekaar, verveeldheid met klubaktiwiteite word vermy en almal sien uit na hierdie informele namiddag.

Al die kinderversorgers neem deel aan die naskoolse program. 'n Voltydse

werker is normaalweg verantwoordelik vir twee klubs weekliks en een vrye keuse aktiwiteit, en help ook met die programme op Donderdae. Supervisors lei weekliks een klub.

Personeellede van ander departemente word aangemoedig om aan die klubprogramme deel te neem — sodoende kry bv. die wiskunde onderwyser geleentheid om soms balspele saam met kinders te speel. Sulke "grensoortredings" maak deel van die skool se filosofie uit. Die finansiële direkteur het as wiskunde onderwyser opgetree; twee kokke het 'n Padvindergroep gelei; die nutsmanne het gehelp met onderrig in hande arbeid.

Terwyl elke klub gewoonlik by hul eie terrein hou, wyk hulle soms vir deel van die sessie af: bv. die kookklub spring miskien vir 'n halfuur trampolien, of speel op 'n warm dag met die tuinslang. Daar word dikwels op klub aktiwiteite deur die klublede self besluit. Hoe beter die groep ontwikkel is, hoe meer neem hulle aan leierskap en besluitneming deel. Die model vir die stadium van groeppontwikkeling wat deur Garland, Jones en Kolodony, (1965) beskryf is, word in ons bespreking en personeelopleiding gebruik.

Party klubs bly jaar in en jaar uit gewild terwyl ander se ledetal afneem. Personeel is bewus van kinders se angs teenoor onbekende aktiwiteite en hulle probeer dit deur middel van geselsies voorstel. Redl en Wineman (1951) verwys na hierdie angs as "nuwigheid paniek". Kinders se verset teenoor nuwe aktiwiteite (nuwigheide) is baie algemeen, veral in die eerste stadiums van die groepsproses. Ons het dus 'n beleid waar seuns verpligtend ten minste drie sessies moet bywoon. As hulle nog daarna die klub wil verlaat, kan hulle daarvoor met die supervisor onderhandel. Hierdie plan het baie gehelp om kinders by nuwe aktiwiteite te betrek.

BESPREKING

Voordele van die program vir kinders

Die hoofvoordele van die klubprogram is: 'n lekker, genotvolle ontspanningsprogram; 'n toename in selfgating; beter interpersoonlike bekwaamhede. Afgesien van die ooglopende voordele soos genot en ontspanning, is die primêre doelwit van elke klub die bou van selfgating. Dit word bereik deur daardie bekwaamhede aan te leer wat nodig is om kinders bevoegd te laat voel in basiese lewensaktiwiteite. 'n Kind wat bv. nooit 'n bal kon vang, 'n spyker kon inslaan of pannekoek kon bak nie, sal outomaties trots op homself voel wanneer hy een van hierdie bekwaamhede bemeester.

Nuutgevonde vaardighede vergemaklik kinders se onderlinge verhoudings. Ons neem aan dat 'n kind meê aantreklik vir die groep voorkom wanneer hy op 'n

besondere gebied iets kan vermag.

Andries se ma berig dat hy nou ten volle betrokke is by sy bofbalspan en dat spanmaats selfs by sy huis kom oefen. Toe Andries eers by Walker aangekom het, was hy so onbevoegd dat hy nie eers 'n bal kon slaan nie — en niemand wou hom in hulle span hê nie.

Dit wil nie sê dat bofbal Andries se enigste prestasie by Walker was nie, maar dit het hom gehelp om sy plek in die gemeenskap vol te staan, en sy verhoudings met vriende en volwassenes versterk. Ons weet dat volwassenes meer goedgesind voel teenoor die meer bekwame kind.

Sulke vaardighede sal die kind in sy interpersoonlike verhoudings bystaan tot in sy volwasse lewe. Dus sal 'n kind wat bv. skaak by Walker leer, dit altyd sosiaal kan gebruik.

Nog 'n voordeel van prestasie in die klubprogram is die kind se verhoogde status in sy gesin. Moeders wat gewoon was om afkerende briewe van onderwysers te ontvang, se seuns bring nou handgemaakte leergordels, tuisgebakte brood of geskenke huis toe. Vaders wat vroeër klagtes oor stukkende vensters en diefstal moes aanhoor, word nou uitgenooi om hul seuns se Padvindesplegtighede by te woon.

Wanneer 'n kind op een gebied presteer, is hy meer gewillig om iets nuut aan te pak. Iemand wat bv. nie kon swem nie, maar nou sy vrees vir water baasgeraak het, en sy eerste swemtoets geslaag het, sal nou miskien meer selfvertroue ervaar met nuwe wiskunde probleme. 'n Seun wat onbehandig was en syns insiens altyd lomp voorgekom het, reageer positief op nuwe uitdagings nadat hy suksesvol 'n voëlhok gebou het. Hy besef dat dit nie onmoontlik is om te leer lees nie, of hy stel meer belang in sy persoonlike voorkoms. Vooruitgang is gewoonlik geleidelik en is 'n gevolg van al die komponente van ons behandelingsprogram — opvoeding, lewensruimte (daglikse roetine), terapie en gesinswerk.

Oor die algemeen funksioneer hierdie kinders swak as groeplede. Wanneer hulle as leiers moet optree, is hulle geneig om af te knou; wanneer hulle moet volg, word hulle jandoois; wanneer hulle hul op die buitekering van die groep bevind, voel hulle soos verwerpte sondebokke. Die klubprogram poog om vir hulle gesonder maniere van interaksie aan te leer. Hoewel dit makliker gesê as gedaan is, weet personeel dat die klub se doelwitte is om verhoudingsbekwaamhede aan te leer, en nie slegs praktiese bevoegdhede nie.

Voordele van die klubprogram vir die skool

Die program laat personeel se begaafdheidsontdooi, en versprei hulle talente eweredig in die program. Onder die ou stelsel sou 'n beperkte groep kinders

baat uit een personeellid se talente; die klubprogramme maak sy talente vir al die kinders beskikbaar. Kinderversorgers word toegelaat om verhoudings met kinders buite hul wooneenhede aan te knoop.

Die formele struktuur van die klubprogram het gehelp om die opvoedingsrol van die kinderversorger na vore te bring. Die personeel was uiters skeppend in die voortbrenging van die leerpotensiaal van pret en ontspanning. Kookkuns is 'n goeie voorbeeld hiervan, en die kookklub was besonder gewild onder die seuns. Bo en behalwe die pure genot om disse voor te berei en te eet, het groepleiers hierdie aktiwiteit as fokus vir sinvolle opvoeding gebruik. Leerplanne het bv. tydskedule en mate en gewigte ingesluit. Kinders het ook basiese kennis oor goeie voeding opgedoen.

Uit die kind se oogpunt, word die kinderversorger meer waardevol beskou wanneer hy vakkundig in 'n besondere vaardigheid as instrukteur optree. Brendtro (1969) meld dat wanneer volwassenes vir kinders meer aantreklik voorkom as gevolg van sulke aktiwiteite, word die bou van verhoudings bevorder. Kinderversorgers se rol as opvoeders word opgehelder terwyl hulle hul bron repertoire uitbrei.

Oor die algemeen was dit moeilik om vordering in die geestesgesondheidsgebied te meet. Kinderversorgers het nie dieselfde gestandaardiseerde toetse as onderwysers om die vordering van hul leerlinge te bepaal nie. Die klubprogram stel ons in staat om die aanleer van spesifieke vaardighede te dokumenteer, en sodoende het ons 'n meer konkrete basis om die doeltreffendheid van ons werk te meet. Tans word dit deur informele waarneming verrig, maar kinderversorgers moet meer stelselmatige metodes ontwikkel.

Die klubprogram het die skool van 'n ideale formaat verskaf vir praktiese opleiding in groepwerk vir studente van maatskaplike werk, opvoedkunde, sielkunde, psigiatrie en kindersorg.

Ons kon ook vrywilligers konstruktief in hierdie program gebruik. Hulle word gewoonlik as helpers vir kinderversorgers aangestel, en is veral behulpzaam met klein-motoriese takies asook met aktiwiteite wat tyd en geduld verg soos bv. leerwerk, fotografie, modelleerwerk en so meer. Vrywilligers word slegs aangestel indien hulle vir 'n volle semester beskikbaar is. Hierdie gebruik is verkieslik bo vrywilligers in residensiële programme aan te stel.

Vrywilligers, internes, en personeel vanuit ander departemente word dikwels in groepwerk opgelei deur die kinderversorger, wat waardigheid en status aan die rol van die kinderversorger verleen. Kinderversorgers staan dikwels verwonderd om hulself in die rol van opleier of supervisor te bevind teenoor lede van

die meer bevestigde beroepe. Bv. twee internes (kinderpsigiaters) werk tans onder toesig van kinderversorgers. Die klubprogram verskaf dus die geleentheid vir kinderversorgers om as supervisors opgelei te word.

Die klubprogram het tot die opnameproses by Walker bygedra. Kinders en hul gesinne het 'n meer positiewe en konkrete indruk van die skool gekry d.m.v. die fotos en klubplakate wat op die kampus tentoongestel word. Opnamevergaderings is gedurende klubtye geskeduleer wat seuns en hul ouers die eintlike aktiwiteite laat besigtig het. Die angste wat gewoonlik met 'n nuwe plek gepaard gaan, word verminder wanneer hulle Walker as 'n prettige asook 'n leer-same omgewing sien.

Die aard van die klubprogram dien as aansporing vir baie kinders om hul skoolwerk betyds te voltooi en dus nie na skool gehou hoef te word nie. Nietemin word drie of vier tog ingehou. Die kinderversorgers was so entosiasies oor die program, dat hulle 'n 30-minute rolprent daarvoor gemaak het.

'n Paar probleme

Alhoewel die program 'n belangrike komponent van ons behandeling uitmaak, ontstaan die vraag of dit voldoende geleentheid vir selfprogramering aan die kinders bied. Hierdie is 'n moeilike gebied vir sulke kinders. Ons het ook die "Disneyland-verskynsel" ondersoek, en moes onself afvra of so 'n ryk en aktiewe program regverdig is wanneer hulle later in skole en gemeenskappe beland waar soveel minder in vergelyking aan gebied word.

Ons het ook nie sekerheid oor die effek van die program op verhoudings tussen kinders en kinderversorgers nie. Aan die een kant kom kinders met baie meer volwassenes in aanraking; aan die ander kant kan die tyd wat met 'n paar betekenisvolle volwassenes spandeer word afneem. Hierdie probleme is tot dusver nie sistematies geëvalueer nie.

Bibliografie

- Bettleheim, B. *Love is not enough*. Glencoe, Illinois: Free Press, 1950.
- Garland, J.A., Jones, H.E. & Kolodny, R.L. A model for stages of development in social work groups. In S. Bernstein (ed.) *Explorations in group work*. Boston: Boston University School of Social Work, 1965.
- Green, R.K. & Clark, W.P. Therapeutic recreation for aggressive children in residential treatment. *Child Welfare*, 1965, 44(10), 578-83. Also in J.K. Whittaker and A.E. Trieschman (eds.) *Children away from home*. Chicago: Aldine, 1972.
- Konopka, Gisela. *Group Work in the Institution: A Modern Challenge*. New York: William Morrow, 1954.
- Mayer, M.F., Richman, L.H. & Balcer-

zak, E.A. *Group care of children*. New York: Child Welfare League of America, Inc., 1977.

Redl, F. & Wineman, D. *Children who hate*. New York: Free Press, 1951.

Redl, F. & Wineman, D. *Controls from within*. New York: Free Press, 1952.

Small, R.W. A summary of the Walker School Program. *Child Care Quarterly*, 1976, 5(2), 136-43.

Trieschman, A.E. The Walker School: An education-based model. *Child Care Quarterly*, 1976, 5(2), 123-35.

Trieschman, A.E., Whittaker, J.K. & Brendtro, L.K. *The other 23 hours*. Chicago: Aldine, 1969.

English Summary

We have described how an after school activity club program has become an essential component of an overall treatment milieu at the Walker School. Some details of implementation, some advantages to the children and to the agency have been addressed. Other age groups, other settings, or other levels of handicapping or disturbance would, of course, necessitate variation in this model. A dialogue on these variations would benefit the entire field of child care.

It is important to underline the role of child care. Much of the impetus for activity programmes is left to the child care workers. If his or her job is not to be only stopping and preventing behaviour (keeping bad things from happening — a negative agenda), some form of positive programme needs to be implemented. At Walker we believe that fun, skill building, and competence development through our club programme offer child care a clear positive agenda. Perhaps one of the most interesting adaptations of this model will be its use in the public school systems. We know of two local school systems who have already developed a similar programme.

There seem to be many alternatives that the public schools could explore in the utilisation of the after-school hours for regular and special-needs children. There is clearly the space and personnel available if the necessary funds can be obtained. With the increase in both parents working, there is a greater need to supervise children during the after school hours. We have already mentioned that the special child requires more help than the normal child during this period. With the current thrust to return special-needs children to their communities, we will need to find ways to respond to the special child's need for programming and supervision. We can envision an increasingly prominent role in all of this for the child care professional skilled in activity programming.

Vertaal met verlof van Child Care Quarterly

A discussion of a paper presented by Fitzgerald (1986) at the 11th International Congress of the Association for Child and Adolescent Psychiatry and Allied Professions in Paris

Child Care Consultancy

Suzanne Shuda

Dr Suzanne Shuda is attached to the Department of Psychology at the University of Pretoria

Background

The need for a child care consultancy service in Britain arose from the apparent inability of the social service departments to prevent children from experiencing physical and emotional drift within the care system. Some of the issues in Britain are certainly relevant to the situation in South Africa. Major decisions are made about children and their families and the ability to make clear assessments is critical. Research has shown that accurate assessment of needs and planning on how to meet these needs is not a common feature of social work. The lack of clarity as to the executive responsibility often contributes to plans not being executed, i.e. who is responsible for executing decisions? One of the conclusions reached was that social workers and their seniors are not offered the opportunities to acquire sophisticated skills, knowledge and qualitative experience to equip them to deal confidently with the complex and extremely emotive issues raised by work with children and their families. What is required is the development of the knowledge and skills of social service practitioners in conjunction with other disciplines, rather than prescribing a set of recommendations by an outside 'expert' which is frequently ignored or misunderstood.

The Bridge child care consultancy service was developed to try to meet some of the abovementioned needs.

Goals of child care consultancy

The goals of The Bridge child care consultancy service are to:

- develop a non-residential, non-clinic model for the evaluation of the needs of children;
- enable the local staff to develop their own knowledge and skills in the following ways: by finding ways to evaluate

more accurately the needs of children; by formulating detailed plans to meet those needs; by designing detailed programmes of work to put the plans into operation; by making more use of inter-disciplinary specialists.

The aim of the service is to help agency staff members to evaluate a child's needs systematically, using the knowledge and information which they already have access to. The emphasis is on co-operation, with the staff of The Bridge assisting agency staff to reach conclusions. The time scale for the process is agreed in advance. When an evaluation does not prove conclusive, specific inter-disciplinary consultants are used and the time scale is extended by agreement. All the material is collated and shared with *all* the people in the key group.

Staff members

The Bridge has six permanent staff members. Consultants are employed on a sessional basis and there is an advisory group including different disciplines.

The process of consulting

Initial agreement

After an inquiry is received, a meeting is arranged to explore the appropriateness of using this service.

If a decision to proceed is reached, a date and place is arranged for a meeting with the key people in the child's life and a contact person with the referring agency, and a written agreement is drawn up regarding the expectations of both parties — for example on access to information — and an estimate of costs. The process only begins when the written agreement has been signed and returned to The Bridge.

Allocation of tasks

At the first meeting of key people a series of tasks designed to facilitate the evaluation of the child's needs would be formulated, agreed and allocated to/by the group. The aim would be to ensure that each member of the group had an allotted task. The following are exam-

ples of the types of tasks that are allotted:

Historical context: This task was originally developed to understand the disruption experienced by children in care. It is used to record in chronological sequence the changes that have taken place in a child's life up to the present. An impact chart gives an indication of the impact on the child of each of the changes recorded in the flow chart. A collation is made of all health and social work reports, previous assessments and school reports. The ordered presentation of this information usually has a profound effect on those working with the child in that new understanding and insight is achieved.

Present context: A behaviour pattern chart is used to provide a daily log of a child's behaviour over a specific period. A social adjustment scale is completed in relation to the child's current adjustment at school. Lastly, present height and weight measurements are plotted on a growth chart.

Birth family contribution: An indication is given of the family's contribution to the flow and impact charts. An eco-map of the family is drawn to give information on the family's relationship with the world around it.

The child's contribution: An assessment is made of the child in terms of his or her identity and how family members are perceived. Family photos are used in a discussion with the child to enable the child to reflect on his or her life.

Execution of tasks

The tasks would be completed within a time scale agreed in advance, after which the agency contact person would collate the information, send it to The Bridge and circulate it to all key people. The key people are requested to make their own analysis of the material.

The staff of The Bridge, together with any other consultants considered necessary, would then consider the material. If it appears that conclusions could be reached on the basis of the material presented, the staff of The Bridge meet with the agency personnel to determine what the child's needs are and to plan for the child's future. A programme is designed to meet these needs. The programme is designed so that each of the needs are met.

Where conclusions can not be reached, the use of other consultants from a range of disciplines is arranged, after which the process is concluded as above. Once the process is completed, a written report, agreed on by the group of key people, is sent to the agency together with an invoice for the cost of the service provided.

Monitoring of the service

In their work as consultants, The Bridge staff emphasise certain aspects of their work with children. It is important to encourage agencies to organise their notes in such a way that both the child's needs and options open for him or her become clear. Information must be recorded in a systematic way and a system of notes ensures that any information which might be needed is always recorded. In this way a broader picture of the process of evaluation is obtained and communication between key people is enhanced.

One year after referral, the agency is contacted to determine the extent to which the original goals for the child have been achieved.

The Bridge child care consultancy service seems to be meeting an important need as systematic flow charts are being used in different services.

The South African context

To date no child care consultancy service of this nature exists in South Africa. Children's files contain a large amount of information which is not structured into a format. A lot of work is done to obtain information which is not always put to use. The flow-, impact-, and growth-charts as well as the eco-maps could be valuable in organising information about children and aid planning and decision-making processes. This could also provide a framework for communication and assessment by different agencies.

Another area which needs attention is the implementation and follow-up of plans. Often plans are discussed, but not executed or followed up. We are in dire need of services to structure our decision-making processes and bring order to the field of child care.

The work done by The Bridge illustrates the importance of working in a systematic way. Perhaps the issue is not to change what is being done, but to work more systematically with what is being done at present.

BRIEF REPORT**A Socio-Sexual Identity Programme for the Mentally Handicapped**

Joanna Kistner and Jeanette Schmid

Joanna Kistner and Jeanette Schmid have developed a nine-session programme which those who work with mentally-handicapped clients may wish to make use of. The writers may be contacted through the Society for the Care of the Mentally Handicapped, P.O. Box 88078, Newclare 2112, and would be happy to send outlines of the programme and to discuss it with potential users.

This programme was developed in response to the need expressed by staff working with people who are mentally handicapped. Staff had come across problems of a sexual nature which they were uncertain how to respond to. Many immediately felt uncomfortable attempting to cope with problems of this type.

Research points to the fact that individuals can cope far more appropriately and responsibly if they are informed about how their bodies work and have a good understanding of their socio-sexual identity. It is also evident that where parents and significant others often find it difficult to provide their children with the necessary information, someone in the community needs to accept this responsibility. This issue is even more pertinent for persons who are intellectually disabled, who thus usually cannot read, cannot abstract or generalise from one situation to another, and who are very influenced by the media.

This programme is intended to be an experiential one for staff who will through the process hopefully clarify their own values regarding sexuality, and learn skills to offer a socio-sexual identity programme to the disabled peo-

ple they work with. This programme is not offered in a vacuum and participants are encouraged to clarify their own value base. That is, nothing is going to be imposed on participants that they don't want to accept.

The programme is also in a sense hierarchical in that it begins with less threatening issues and moves slowly to concepts one tends to feel more awkward about, and also moves from the basic understanding needed before more complex issues can be tackled.

The individual sessions are similarly structured and it is important to go through the warm-up exercises if participants are to respond actively later in the sessions. Where it is recommended that discussions take place in smaller groups or dyads, this is to facilitate openness and honesty.

Before this programme is used with residents, workers or pupils, staff should consult with parents. Again, issues should be worked through slowly moving from what parents are comfortable with to more awkward issues. Many parents are likely to be resistant. It is important to stress that the programme will develop their child's value base and is intended to minimise, not increase, possible problems around sexuality.

It is felt that if pupils, workers or residents participate in this programme, the facility will in the long term encounter fewer problems around the issue of socio-sexual identity. However, it may be insufficient to run this programme once. Concepts raised will need to be constantly reinforced.

The programme does not allow one to answer all questions around mental handicap and sexuality, but the authors believe it certainly is an adequate beginning.

St Johns Hostel**Registered Social Worker**

64-bed children's home entering an exciting phase of new development requires a Social Worker with drive, enthusiasm and experience of work with children. She will play a leading role in directing child care practice and in guiding the home's development.

This important post offers commensurate salary, medical aid and other fringe benefits. Apply to the Principal on telephone 021-23-1316.

CHILD CARE WORKERS

Cottage-style children's home with units of maximum ten children requires live-in child care workers who should be bilingual and matriculated. Added training and experience a recommendation.

The home offers competitive salary, board and lodging, training, medical aid and pension. Telephone the Principal on 011-827-5732

EPWORTH
CHILDREN'S HOME LAMBTON GERMISTON

'n Kwessie van Opvoeding

Dr J.A. Breytenbach

Dr J.A. Breytenbach is Senior Onderwysadviseur by die Transvaalse Onderwysdepartement en lid van die waarnemingskomitee van Norman House Plek van Veiligheid

Die groot, imposante gebou van die Randse Afrikaanse Universiteit staan voor my op die hoogte terwyl ek hier wag vir 'n bus om my na die stad te neem. Ek het pas 'n lesing gegee as deel van die konferensie van die Nasionale Vereniging van Kinderversorgers. Nou staan ek hier "in the midst of my confusion" soos die hoofspreek, Thom Garfat, so treffend vertel het. Ek wonder oor baie dinge: Het die konferensiegangers verander deur wat hulle geleer het?; Het ek self dalk net genoeg gesê om verwarring te skep?; Wat gaan dit alles vir die honderde kinders in kinderruimtes beteken?

Hoe...? Wanneer...? Waarom...? Die verwarring sleep my in alle rigtings. Gelukkig kom die bus. Ek spring na die veiligheid van 'n struktuur. Daar is 'n voorkant, 'n rigting van beweging en twee rye netjiese sitplekke onder en bo. Daar is waarneembare orde. Lekker! Die volgende dag is Saterdag. Terwyl ek graaf-in-die-hand probeer orde bring in my tuin, kry ek ook meer perspektief in my gedagtes. Ek herleef die lesings, sien weer die baie mense by die teetafels en die heerlike etes; luister weereens na gesprekke en standpunte. Daar was sielkundiges. Sommige van hulle het breedvoerig verslag gedoen van ondersoeke, tegnieke en gespesialiseerde remediëring van 'n lang lys probleme by kinders. Daar was maatskaplike werkers wat geredeneer het oor wette en programme. Daar was hoofde en komiteedele wat geleer het van effektiewe bestuur en hantering van personeel. Daar was ook teoloë of geestelikes wat al die kennis binne 'n bepaalde waardesistiem inpas.

En dan was daar die ander... Dit is hierdie "ander" met wie ek graag wil gesels: die mense wat elke dag en heeldag met die kinders besig moet wees.

"Besig met wat?", vra ek myself. Met opvoeding natuurlik. U is besig om kinders op te voed. Nou sal u dalk vra:

"Is die daaglikse gesukkel met ander

mense se stout kinders ooit opvoeding? Ek moet net aanhou vermaan, kyk dat al die reëls nagekom word, luister na klagtes, en... en... en... Is dit regtig die mooi naam 'opvoeding' werd?" Ja. Beslis. Opvoeding vind juis in nederigheid plaas. Niemand besing die taak van die opvoeder nie. Dit bring nie baie geld in nie. Daarvoor word nie sertifikate en bekere uitgedeel nie. Professor Landman sê opvoeding is "'n neerkniel om waterpas (die kind) van aangesig tot aangesig te kan ontmoet" (Opvoedkunde vir Onderwysstudente, bl. 271).

'n Mens kan leer om kinders beter te hanteer, maar dan moet jy bereid wees om in die proses as mens te ontwikkel.

Sonder u teenwoordigheid in die alledaagse verloop die kind sy sekuriteit: "Vir 'n kind sonder 'n bekende volwassene daarin is 'n huis, 'n vertrek en selfs 'n speelplek met alles daarin en daaromheen bedreigende en beklurende ruimte. Dit is vreemdheid met gevulde dinge wat vreesaanjaend aandoen" (Professor C.K. Oberholzer: Prolegomena van 'n prinsipiële pedagogiek, bl. 273).

U wat eintlik deurlopend saam met hierdie kinders is, het die belangrikste taak in hulle lewe. In *Die Kinderversorger* Vol.5, Nr.9, September 1987, stel die skrywers van *The Treatment Plan* — V dit soos volg:

"Unless care workers are committed to both the philosophy of treatment planning as a methodology as well as to the individual plans devised, the entire process will have little practical value".

Dit wat plaasvind tussen u en eikeen van die kinders, word *opvoeding* genoem. Niemand kan 'n ander mens leer hoe om 'n opvoeder te wees nie. Tog is daar beter en swakker opvoeders. Elke mens wat kinders opvoed, kan 'n beter opvoeder word. Dit beteken egter dat hy of sy as mens moet verander om nog meer begrip, nog meer insig, nog meer geduld, nog meer liefde te hê. 'n Mens kan leer om kinders beter te hanteer, maar dan moet jy bereid wees om in die

proses as mens te ontwikkel. Want wanneer 'n mens 'n kind opvoed, is dit asof jy voortdurend in 'n spieël kyk. Jy sien jou eie onvermoë, jy ervaar jou eie tekortkomings en telkens besluit jy: volgende keer sal ek dit beter doen. As jy dalk *nie* self ontwikkel in hierdie werk nie, sal jy 'n paar ernstige vrae oor jou eie menswees moet vra. Dit is harde, veeleisende werk wat nie materiële rykdom bring nie. Maar daar kan baie geestelike wins wees. 'n Geleerde uit Nederland het vanjaar in 'n toespraak by Unisa gesê die beroep van die kinderversorger (opvoeder) "is naar mijn idee dan ook een van de zwaarste op aarde" (*Pedagogiekjoernaal*, Vol.8, Nr.2).

Bo en behalwe alles wat tot dusver gesê is, is dit ook waar dat opvoeding 'n verskynsel is wat bestudeer kan word. Dit is moontlik dat 'n mens baie kennis oor opvoeding uit boeke, praatjies en lesings kan opdoen. Om hierdie kennis in die praktyk te gebruik, is dit nodig om dit deel van jou lewe, deel van jou menswees te maak. Om weer die skrywers van *The Treatment Plan* aan te haal:

"... it is essential that the care worker is able to operate by informal instinct rather than constantly through itemised intervention".

Daarom:

"... the aim is for the treatment plan to become a habitual manner of dealing with any one child".

Opvoeding het 'n bepaalde struktuur en beginsels wat 'n mens kan gebruik (a) om te kyk of jy werklik besig is om op te voed, en/of (b) om die voorskrifte van die behandelingsplan wat vir 'n kind voorgeskryf is, behoorlik in die praktyk uit te voer.

Die volgende strukture of afdelings van opvoeding word kortliks genoem:

- Opvoedingsverhoudings: Dit is die drie pilare waarop alle opvoeding rus, naamlik wedersydse begrip tussen volwassene en kind; wedersydse vertroue en wedersydse gehoorsaamheid.

- Opvoedingsverloop: Dit is die wyse waarop 'n volwassene en kind in enige situasie met mekaar kommunikeer.

- Opvoedingsbedrywighede: Dit is die dinge wat 'n volwassene en 'n kind saam doen.

- Opvoedingsdoel: Dit is die doel waarop die volwassene en die kind afstuur.

Dit is belangrik dat alle verwarring voortdurend opgeklar word. Langs hierdie weg is 'n poging aangewend om by te dra tot meer insig in die werklike taak van die sogenaamde "front line worker". Hoewel dit 'n taak is wat in nederigheid uitgevoer word, is dit 'n verhewe taak waarvoor reeds baie studies gedoen is en waarvoor die finale woord seker nooit gespreek sal kan word nie. Dit is die bedoeling om nog verder hieroor gesprek te voer in opvolgartikels.

Briewe met kommentaar of vrae sal welkom wees.

Nuusbrokkies



Newsbriefs

Wes-Kaap

Nuwe Streekvoorsitter

Pas verkose Nasionale Voorsitter, Ashley Theron, het by die Uitvoerende Komiteevergadering op 12 November uitgetree as Voorsitter van die Weskaap sodat hy sy aandag op sy nuwe pos kan vestig. Leon Rodriques, 'n maatskaplike werker en vise-hoof van Boys Town, Duin en Dal in Philippi, is in Ashley se plek aangestel. Rose September, prinsipaal van Annie Starck Village is tot vise-voorsitter verkies.

G.C. Williams House Opens

A new children's home, G.C. Williams House, run under the auspices of the Cape Town City Mission Homes, admitted its first children on 12 October 1987. For many years the CTCMH recognised the urgent need for alternative child care in Cape Town to supplement the work of its first child care centre, Bruce Duncan House. It has taken many years of fund-raising but the dream has finally come true and G.C. Williams House in Bridgetown hopes to live up to the same standards of evangelical child care as its sister home.

Open Day

St Michael's Children's Home in Plumstead held an Open Day on Thursday 5 November. A large number of friends, and colleagues from family welfare agencies, children's homes and the Department, visited during the morning to see over the home and to hear about some of the programmes in operation. NACCW Director, Brian Gannon, spoke on *Meeting the Challenges of the Future*, and emphasised that children's homes would have to be as creative in their funding

and cost-effectiveness as in their professional tasks during the coming years.

Report Back

On Thursday 12 November a Conference Report Back was held at St John's Hostel. Four conference delegates reported on different aspects of the conference to the 55 people who attended. One of the matters raised was the relatively small number of child care workers who had presented papers or workshops at the conference.

Eggs, Bacon and Certificates

Thursday 19 November saw the Western Cape Region's End-of-Year Breakfast which included the presentation of certificates by the Institute of Child Care to those who had completed the BQCC course in Cape Town. The function, which has become a traditional way of ending the year in this Region, was held at the Holiday Inn on Eastern Boulevard.

Residential Social Workers' Group

This group meets regularly on the fourth Thursday of each month. Meetings are always held at Marsh Memorial Homes from 09h00-10h30.

The Chairlady this year has been Jane Payne, the Children's Homes Liaison Worker from the Child Welfare Society. She is assisted by a small committee which organises the programme for the year.

Topics covered in meetings this year have included:

- A visiting social worker discussed her work in a children's home in Kamieskroon. This was most enlightening to those of us to whom so many resources are available in Cape Town.
- Members of the Department

of Health Services and Welfare spoke about administrative changes which have come about with the new Child Care Act. This was most helpful.

- The August meeting took the form of a most interesting and mind-boggling visit to Lentegeur Hospital. We were all most impressed by the size of the place and the facilities provided.

- Sian Hasewinkel, a social worker from Child Welfare, gave a talk on "Child Sexual Abuse" at the September meeting. The attendance at this meeting was disappointing. Sian gave us impressive insight into the type of work which she and others at the agency are doing in this area.

- The subject for the October meeting was "The Role and Input of the Psychiatric Social Worker", by a member of the Child Guidance Clinic at UWC.

Natal

Meetings

On Monday 16th November the Regional Executive hosted a meeting at Ethelbert Children's Home to determine the needs of black children. Apart from child care representatives, the Durban Corporation who are dealing with the problem of street children, was also invited to participate. This meeting was followed by a Regional Executive meeting where plans for the new year programme was finalised. The final regional meeting was held on Friday 20th November at St Philomena's Home and speakers were invited to inform child care workers of the needs of children in crisis. The purpose of this meeting was to sensitise child care workers to the needs of children in the community. During his visit to Durban Thom Garfat addressed a specially convened regional meeting at Philomena's Home.

Aryan Benevolent Home

An Annual Awards Day is planned by the Aryan Benevolent Home for Friday 27 November. The programme is to include dance, music and drama presentations by the children. The Guest Speaker is Lesley du Toit, Regional Director of the NACCW. Awards are to be given in such areas as Sportsperson of the Year, Culture, Creativity, and even a "House and Garden Competition". A message to parting children from

housemother Miss S. Deolall will be followed by a presentation of farewell tokens. Abeida Mohammed will reply on behalf of the children. Such "rites of passage" mean a great deal to the children, and the Home's Board of Management and Staff are to be congratulated on planning such a full programme.

Eastern Province

Principals Meet in Port Elizabeth

On Wednesday 11 November a meeting was held with the principals of all of the children's homes and places of safety in the Port Elizabeth area to discuss the setting up of a regular group for principals, social workers and other senior and professional staff. The meeting also explored the possibility of establishing the BQCC course on the basis of weekly lectures. The following institutions were represented at the meeting: E.P. Children's Home, MTR Smit-Kinderoord, Protea Place of Safety, Nazareth House, Nerina Place of Safety, Oosterland-Kinderhuis, KwaZakhele Place of Safety and St Nicholas Home. The NACCW's National Director answered a number of questions about the role of the NACCW and the content of the BQCC course, and the group ended on a positive note, deciding to meet again towards the end of January 1988.

Transvaal

Celebrity Concert

The Christmas Decoration Competition in aid of the NACCW sponsored by Sandton Sun and First National Bank reaches its climax in a Celebrity Concert hosted by Des and Dawn Lindberg at the Gazebo, Sandton Sun Hotel, on Sunday 29 November from 17h30 to 19h00. At the concert the winning entries will be auctioned and the Christmas Decorations will be sold. Tickets are available at R5.00 from Di Levine, telephone 011-337-7010.

BQCC Awards

At a ceremony at the Strathyre Girls' Home in Johannesburg on Wednesday 18 November, 21 students received their certificates for the BQCC course from the Institute of Child Care. A number of students received certificates of attendance.

The Borderline Mentally Retarded Child

Jackie Wijker

Jackie Wijker is a social work student who compiled this paper during a placement 'at St Michael's Children's Home in Plumstead, Cape Town

Introduction

This article will firstly explore the psychological perspective of borderline mental retardation. A basic definition of mental retardation will be given. Following this, I will discuss the different theoretical approaches to have emerged around the subject. It will then be necessary to discuss the actual IQ test and what may influence the score. The last aspects which will be discussed are emotional and behavioural factors.

I have divided the educatory aspect into two subdivisions: the first will answer the question, "Is it necessary to send such a child to a special class or school?"; the second will look at the positive and negative aspects of a special class and school.

While looking at the sociological perspective, I will try to answer the pertinent question, "Does society accept the mentally retarded individual?"

Definition

Before any formal definition is attempted, I would like to mention some general criticisms of the definitions used thus far by theorists. Gearheart and Litton suggest that any definition tends to reflect the socio-cultural standards of a society. This is problematic as these standards usually change over time.

- Different disciplines such as medicine, law, education and psychology make up definitions appropriate to their own fields.

- The actual concept of mental retardation is a difficult area with different theoretical viewpoints.

- Since our westernised society places such a high value on intellectual ability, any description can be discriminatory and would thus have negative effects. The above factors should be kept in mind whilst reviewing any definition of this sort.

The Diagnostic and Statistical Manual (DSM) III seems to offer the most comprehensive definition. It states that "Mental retardation refers to significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behaviour and it is

Town clinical psychologist suggested

that low IQ is generally irreversible even though this has occurred as a result of an unstimulating environment. As a result a cycle occurs and this argument is put forward by Sandler and Denton (Fig 1).

A psychologist at the Child Guidance Clinic in Rosebank suggests that if low IQ is the result of an unstimulating environment, then the IQ could improve with increased stimulation (she is thus supporting the nurture viewpoint). This stimulation has to increase to such an extent as to compensate for the lack of stimulation experienced earlier on in life.

One interesting factor emerged at the

A specific flair or skill needs to be identified and nurtured so that the person can lead a more fulfilled life.

Batavia Special School. The psychologist pointed out that most of the children in the school came from a low socioeconomic background and she suggests that this has probably affected their disabilities. One variable must not be overlooked here and that is that often parents of the middle or higher classes will feel stigmatised if they send their children to a special school and perhaps this contributes to an apparent correlation between low socioeconomic status and low IQ.

Following the nature versus nurture debate was the interactionist approach which was led by Piaget in the 1950's. Although such theorists superficially realised the importance of hereditary determinants, they placed a great deal of attention on environmental factors.

The IQ test and factors which may influence the score

A test commonly used for children is the Wechsler Intelligence Scale for Children (WISC). The test is divided into two main sections: verbal and non-verbal. What is important is that many institutional children's verbal skills seem to be impaired. They tend to think more concretely versus abstractly, and do poorly in the comprehension and information areas. The information section tests general knowledge, and poor performance in this could suggest cultural deprivation.

It could also indicate that these tests themselves are not culture-fair, which could have pronounced effects on IQ score.

What is important when considering the IQ score, is that the person who administers the test should check on major discrepancies between verbal and non-verbal skills. One can thus pick up several important aspects, especially if background information is available to back up your hypothesis, for example, damage in a specific area of the brain. Positive aspects should also be kept in mind, as some of these children might generally have a low IQ score but nevertheless have a specific flair or skill. This needs to be identified and nurtured so that the person can lead a more fulfilled life.

One must also consider the individual's emotional state whilst doing the test, as this could affect results. Lack of motivation, anxiety and impulsivity will all affect the IQ scores and these factors need to be taken into account. Thus, generally one should not see the IQ score as the be all and end all of everything. There are several other factors which come into play and these should be seen as part of the process.

Behavioural and emotional factors

A psychologist at the Child Guidance Clinic suggested that although some of these individuals may have behavioural problems, e.g. speaking loudly, acting impulsively, being aggressive, etc., this is not necessarily because they are mentally retarded. There could be many factors involved, especially emotional ones, and she related this specifically to the children's home. The children here, for instance, have all been found in need of care, and thus the home environment must have been a tremendous emotional strain on them. Being removed from at least familiar surroundings could also produce an emotional trauma, especially since many of them have unsatisfactorily negotiated some of the Eriksonian developmental stages like trust versus mistrust. Thus, because they haven't worked through these stages, they often find it difficult to adapt to new situations and people (trust vs mistrust) and they could have a low concept of themselves (industry vs inferiority).

There are certain points I would like to enlarge on:

- The first is that of emotional trauma. It has been found that because these chil-

dren think so concretely, they have difficulty with conflict resolution. They are unable to think through, and thus work through their problems, and what restricts this process even more is their lack of verbal skills. They often can't verbalise their feelings, and say for instance "I feel angry", thus they cannot define their feelings easily. This in turn leads to frustration and aggression as they feel that nobody understands them.

- It has also been found that their self-worth and self-esteem is low. This is especially so if they attend a normal academic school where they cannot cope, as these two factors are often linked to external factors such as school achievement.

- There is often a need for immediate gratification, and if their demands are not fulfilled, behavioural problems could result, e.g. tantrums

- A last factor, which influences the above three, is that often these individuals have a low level of frustration tolerance, and this in itself will have implications for them in all areas of their lives.

Behavioural learning

There are two methods which I'd like to discuss here: (a) the token system; (b) vicarious learning or modelling. Both of these fall under the behavioural learning theory.

(a) A Child Guidance Clinic psychologist suggested that the token economy system could be useful. A token system works on the basis that if a correct behaviour is performed, the individual receives a token reward, perhaps a star on a star-chart. When for example, five stars have been collected, the person gets a more concrete reward he would like, e.g. going on an outing or getting a bar of chocolate. With each token given, positive reinforcement should be applied so that eventually the symbolic token can be replaced by appropriate normal rewards. There would be some problems in this method as when these children require immediate gratification, and receiving a token will delay this even if they are being positively reinforced. This method would not be easy at a children's home as there are not enough staff constantly to watch the children for positive behaviours, and thus the positive reinforcement would not be consistent.

(b) It has been found that many of these children have missed out on vicarious learning. They have had nobody to model on or to copy. Thus, several forms of play are often left out of their lives. This is also related to the fact that many children are brought up without any toys, and thus they have nothing to inspire their imaginations. As a result of this lack of play, some of these youngsters are clumsy, being unable, for example,

to co-ordinate hand-eye movements. Due to the lack of stimulation, it has been found that their verbal and audial capacity is low.

Education perspective

Is it necessary or obligatory to send a borderline mentally retarded child to a special school?

The answer to this requires a look at legal aspects and the Mental Health Act No.18 of 1973.

Here it is identified that the borderline mentally retarded person's IQ falls between the score of 70-85. These children are educable and need to attend special classes or schools. What is interesting is that they point out that the IQ score is only an *indication* of the person's capabilities.

The right to human fulfilment includes the fulfilment of social and sexual needs.

Legally, these children do not have to attend special classes or schools, thus parents who find it hard to accept their child's condition could continue to keep them in normal academic schools.

Positive factors of special classes and schools

- It is known that these children tend to have a low frustration level and thus when they are placed in an academic school where they cannot cope, this frustration seems to come to the fore. According to Beck, it has been found that they usually function very well once school pressure and the quest for academic achievement has been removed. Contributing to this, of course, is the parents' ability to accept the child for what he is and not to apply pressure for better performance. If this is done, one is actually rejecting the child and wishing for one who would perform better — an attitude which any child would pick up.

- It has been found that many children, who move from an academic school to a special school, have a poor self-image and lack self-esteem. As a result of the academic pressure being removed, this often improves.

- Many of them now enjoy the option of practical courses, and they can follow these as trades once they leave school.

Negative factors of special classes and schools

- Beck points out that those who are less retarded are more aware of being different, especially if they attend special classes in an academic school. They have enough insight to realise that they are of lower intelligence than the other

children and this seems to frustrate them even more.

- Stigmatisation now comes to the fore, and this seems to be prevalent in both special classes and schools. Children are degraded and their disabilities are focused on. This in itself decreases their self-esteem.

- Beck also points out that many of these children have specific learning disabilities. As a result the children are placed in a special class where all the subjects are drilled into them and this would be unnecessary if a child, for instance, had only a spelling problem. She thus suggests an increase of specialisation on the part of teachers' training.

- Dunn criticises special classes and schools from a different viewpoint. He points out that children who show behavioural or emotional problems are placed in these classes and are seen as "misfits", while children who are unable to cope with the curriculum, but who are no problem in the classroom, are allowed to stay. He also points out that the school system is middle-class, and thus, if one comes from a lower class, one must adapt to this system. If conformity does not occur, such individuals are seen as deviant and thus retarded.

Sociological perspective

Our modern society is not geared towards people of low intelligence. It "relies heavily on a high level of cognitive functioning and general social competence" (Sociology Research Project). It is therefore not easy for a person who is mentally retarded, or the family, to adapt to a society which so often condemns them. Because there is a lack of community support, a characteristic of big cities, the onus lies with the parents to support their children who have this problem. The burden of such a child could become overwhelming for many families, both emotionally and financially. As a result the "blaming game" often results, i.e. blaming the child for what he is, and this then leads to rejection. This stunts the child even further as he picks up this negative attitude and thus develops a poor self-concept.

The problem actually lies within the society. The society takes care of those who are severely or profoundly retarded as they are placed in institutions, but what about the mild or borderline cases? They usually exist in the social system which is bound by hierarchical positions, obligations and expectations. Therefore, the person with this condition cannot fulfil the expectations placed on him by society which are unrealistic because they are the same as those for normal people.

Martha Dickenson discusses the rights of the mentally retarded person. The first is the client's rights to services. These include: treatment, training and

support services.

- The parents supervise the medical, dental and psychiatric needs of the child as with any child, but as the retarded person reaches adulthood, he should take responsibility for this.

- The right to training includes the right to attend a special class or school where specialised attention is given. It is important to send such children to school so that relationships with peers can be formed and social skills can be learned. Pre-vocational programmes also need to be taught: how to handle a job, to learn personal and social skills, how to follow directions, remember instructions, be punctual and how to get to their place of work.

- The social worker plays a major role in the supportive services, especially as far as behaviour modification is concerned.

The rights of self-discipline refer specifically to self-control and to management

Several forms of play are often left out of their lives.

of one's own behaviour. This is necessary to learn if the person is to feel fulfilled. If he is socialised appropriately and he behaves in a responsible manner, there will be less chance of him being ostracised by society, for example, for bizarre behaviour.

The right to human fulfilment includes the fulfilment of social and sexual needs. It has been noted that many such individuals are ignorant about their sexuality, and this is largely because caregivers, parents, etc. ignorantly believe that they don't have sexual needs.

Conclusion

The above is a mere skeleton of information surrounding the area of borderline mental retardation. Since this is a grey area of study, the literature regarding this subject is sparse, and hopefully there will be a time when more writers research this area.

Bibliography

Beck, H.L. *Social Services to the Mentally Retarded*

Dickenson, M. *Social Work Practice with the Mentally Retarded* The Free Press, USA, 1981.

Gearheart and Litton *The Trainable Retarded* USA, 1975.

Lax and Carter *Social Acceptance of the EMR in Different Educational Placements* Magazine on mental retardation.

Maloney and Ward *Psychological Assessment: a conceptual approach*. 5th ed.

Meyer and Salmon *Abnormal Psychology* USA, 1984.

Sociology research carried out at Dr Stal's rehabilitation centre (obtainable at the Sociology Dept. UCT).

The first in a series of articles in which the major South African child care organisations and agencies have been asked to write about their services

Child Welfare Society, Cape Town

Helen Starke

Helen Starke is Director of Child Welfare Society in Cape Town

Background

The Child Welfare Society, Cape Town is the oldest child welfare society in South Africa, having been founded in April 1908.

"The birth of the Child Life Protection Society was not a sudden one. During the years 1906 and 1907, public attention was aroused by statistics issued periodically from the office of Dr Jasper Anderson, M.O.H. for Cape Town. These statistics showed such an alarming mortality among infants, that busy men and anxious-hearted women pondered over them and asked if nothing could be done to minimise this slaughter of the innocents." (First Annual Report) For the first 70 years of its existence this Society was called the Society for the Protection of Child Life, which was usually shortened to "Child Life".

The Society has expanded over the years and its services have been adapted to meet changing needs. However, its basic mission of protecting the interests and promoting the well-being of children has not altered.

Many services for children in Cape Town can trace their beginnings to "Child Life". Tenterden Place of Safety, Bonnytown Place of Safety, Association for the Physically Disabled (Western Cape), Maitland Cottage Homes (for physically disabled children), Barkly House (for the training of pre-primary teachers), orthopaedic clinics, maternal and child welfare clinics, dental clinics, mothercraft training for nurses. In line with the Society's policy at the time, these services were pioneered, their necessity demonstrated, and they were then handed over to the suitable, responsible authority — whether private or government.

The services provided by the Society today can be divided into five broad areas:

General Social Work Services

These services are provided by five teams of social workers, four of which are situated at the Society's head office



Helen Starke

in Wynberg and the fifth team operates from a decentralised office in Athlone. A wide range of child welfare problems are addressed on individual, family, group and community levels. Children's court work is undertaken, with foster care forming an important component. In an effort to improve reconstruction services, specific social workers are designated as children's homes liaison workers. These social workers are responsible for reconstruction services for all the Society's children in a particular children's home. Such workers have close contact with the children's home and regularly attend case review meetings.

Adoption Centre

The Society is an accredited adoption agency, with an Adoption Centre situated at Struben House in Claremont. Non-disclosure adoption of children with selected adoptive parents is undertaken as well as disclosure (usually family) adoptions, in which all parties are known to each other.

The Child Care Act, 1983 which since February 1987 enables adoptees to have access to adoption records, has meant that the adoptee, the adoptive parents and the parents who gave up a child many years ago and who may now

come face to face with the child, are coming forward requesting services from the Adoption Centre.

Parent Education and Counselling

Family Focus, also located at Struben House in Claremont, provides an important preventive service and reaches a wide cross-section of the community. Services provided for parents include:

- Individual counselling;
- STEP (Systematic Training for Effective Parenting) programmes;
- STEP Teen Programmes (for parents of teenagers);
- Mother and toddler workshops;
- Informal coffee mornings;
- Lectures and workshops on a variety of parenting issues.

Training is also provided for professionals working with parents.

Day Care

The Society directly provides centre-based care and education for 470 pre-school children of working mothers at four educare centres — two in Guguletu, one in Silvertown, Athlone and one in the Hout Bay harbour area. A further 789 children are in five educare centres which operate as projects or branches of the Society.

Family Day Care (childminding) projects provide day care for approximately 200 children in Nyanga, Khayelitsha and Philippi. Training, certification and supervision is provided for the day care mothers (childminders) and the children attend stimulation centres at least once a week.

Residential Care

Annie Starck Village, which has been in operation since December 1981, is situated in Silvertown, Athlone. Provision is made for 60 children in a cottage-style children's home with six cottages, each accommodating ten children. The children, both boys and girls, range in age from five to twenty years, with the majority being teenagers.

To date the Village has been staffed by a principal, social worker, senior child care worker (who supervises the child care workers), twelve residential child care workers (some of whom have their husbands and/or children living with them), recreation officer, housekeeper, secretary, gardener, handyman and domestic staff. The treasury function is undertaken by the Society's head office staff, tutors are employed on a sessional basis and the Society's clinical psychologist also does sessions at the Village.

A recent evaluation of the child care staffing has resulted in a system being introduced whereby each cottage will be staffed by a residential child care worker (who could have his/her family living with him/her) and a non-residential home help. In addition each pair of cot-

tages will share a residential child care worker, who will operate as a relief worker.

Besides the religious, cultural and educational programmes offered regularly at the Village, eighty percent of the children are involved in extra-mural activities in the community. These include ballet, modern dancing, netball, soccer, karate, Girl Guides, Boy Scouts.

If the Society is fulfilling its proper function, the type of work done is bound to change in character from year to year.

Sixty percent of the children spend weekends and holidays with host parents, who form an important part of the treatment team, providing for the following needs of the children:

- Assisting in the growth of long-term relationships to provide stable and consistent development in the children's lives;
- Helping to develop long-term relationships with specific individuals, rather than with a group;
- Providing the opportunity for the child to experience family functioning of families outside of the children's home.

At the Village we strive to develop and implement an individual intervention programme for each child. These programmes are followed up and reviewed by means of regular case discussions. Every effort is made to return children to the community as soon as possible, and during the 1986/87 year, sixteen children left the Village.

Street children: The Society has a social worker specifically concerned with services to street children. This worker co-ordinates existing services and encourages the development of new services.

The Homestead, a branch of Child Welfare, operates an intake centre (Homestead) and a second-stage unit (Patrick's House). A principal and two social workers are employed by Child Welfare and seconded to The Homestead.

The Homestead is registered as a Place of Care for fifteen boys, who are admitted straight off the streets and are accommodated in one large room.

Patrick's House is registered as a children's home for thirty boys, who mostly come from Homestead. It is geared to the needs of the more settled boys who attend school regularly, who do not present with gross behavioural problems and who no longer abuse solvents. The unit is spacious, simple and functional. Both Homestead and Patrick's House are situated in the city centre, where the

majority of street children are to be found.

The need for alternative educational opportunities has been identified as many street children "fail to thrive" within existing educational structures. A number of innovative and exciting alternatives are being planned.

A number of embryo organisations concerned with street children are being guided and assisted by Child Welfare's street children social worker and before long two more shelters should open — one in the city centre and the second in Hout Bay.

Sable House, an old farmhouse in Hanover Park, is an after care hostel for girls leaving children's homes but having no family to which to return. The hostel provides accommodation for six girls at a time and is staffed by resident house-parents.

Once at Sable House the girls are assisted in finding employment and a permanent base in the community.

Community emergency homes: Six children at any one time are accommodated in two community emergency homes, which operate as temporary places of safety for young children under the age of two years.

These homes are not registered children's homes. They are ordinary houses in the community which have been equipped by Child Welfare and in which the family have contracted with Child Welfare to provide this service. The mother of the family receives the state place of safety grant plus an honorarium from Child Welfare.

Most of the children in the community emergency homes are awaiting foster or adoption placement and the maximum period for which they are accommodated is three months.

The Future

In the Society's Annual Report of 1929 it was stated that "If the Society is fulfilling its proper function, the type of work done is bound to change in character from year to year."

This is as true today as it was in 1929 and Child Welfare Society, Cape Town today is very different from the Society it was seventy years ago, or even seven years ago. By the same token, the services of tomorrow will differ from those of today.

A few examples of services in the planning stages are:

- A decentralised social work office for Khayelitsha;
- A children's home for 24 preschool children in Khayelitsha — primarily to address the problem of abandoned babies;
- Utilising an existing educare centre to provide comprehensive non-residential services to "at risk" families.

The Therapeutic Letter

Greta Galloway

Greta Galloway is a social worker at St Martin's Children's Home in Durban

Introduction

As a result of Connie Valkin's stimulating presentation *Family Therapy, when it is not a family* . . . at the recent Biennial National Conference, I am stimulated to share an example of my work, using family therapy techniques at an individual level.

The Case

Sandy-Lee (pseudonyms are used in this report) is a twelve year old survivor of sexual abuse. She was repeatedly raped by her step-father "from as far back as I can remember". Sandy-Lee cannot remember when the abuse stopped, but says that it could be about two years ago, shortly before her mother divorced her step-father.

Being removed from home only protected her from the frequency of the abuse, as 'Dad' continued to interfere with her sexually when she went home for weekends from the institutions at which she stayed.

Intervention

A family interview was conducted by the reconstruction social worker at the children's home. Both mother and former step-father were present. The family discussed Sandy-Lee's past openly. Mother stated that she had totally mistrusted and disbelieved Sandy-Lee's 'stories' until recently — this despite previous irrefutable medical evidence. About six weeks after this interview, Sandy-Lee came to see me of her own volition. She talked explicitly, if haltingly, about her sexual abuse. Sandy-Lee reported that even now she continued to have nightmares, from which she would awaken crying and fearful. She also reported stomach pains, and a feeling that she was somehow different from the other girls, and that she believed that people could tell what had happened to her just by looking at her. We had a discussion, after which, I sent her this 'therapeutic letter' . . .

*Dear Sandy-Lee
I enjoyed meeting with you the other*

day to talk about your personal history. It must have been very difficult for you to talk to me about your past, especially the episodes with Mr Brown. I admire your courage.

Some people believe that the past is very important, and it makes you into the person that you are. In some ways, I think that you might believe this too. Your past — or part of it — was dirty and disgusting to you, so now you think that you are dirty and disgusting, and not quite like the other girls.

Other people believe that the present (or now) is much more important than the past. They say that the present determines the future, leaving the past behind, and unable to catch up even if it wanted to. These people would say that at the moment you are attractive, clean, polite and like the other girls, so that is how you will be in the future. They believe that the past is so far behind, that every day it is even more behind and will never catch up with the present or future.

I think that your body is trying to get rid of the past completely. Your dreams are one way that your body is using to get rid of the past. All of those thoughts are just escaping out of your head at night. Maybe they would like to get out during the day too. Perhaps it is you who is not ready to let them go yet, and that's why they have to sneak out in your dreams at night. Keep having those dreams — it means that the awful parts in your past are escaping and being left behind. One night you may discover that you are no longer having the bad dreams, which cause you distress now, because all of the dirt and ugliness has escaped.

Your stomach pains may be another way of getting the past out of your body. The ugliness hurt when it was going in, so it may be that ugliness hurts when it goes out too. One day you may discover that you no longer have the stomach pains, because all of the ugliness has gone out. Perhaps you should even be glad when the stomach pains come, because it now means that you have less ugliness and hurt inside of you.

Sandy-Lee, I'm not sure whether you believe that the past is more powerful than the present or future, or that the future and present are leaving the past way behind. I would be interested to know.

Yours sincerely

Greta Galloway

Rationale

- This approach has its roots within a respected theoretical framework: the Milano Family Therapy approach.
- Teenage girls love receiving letters, and will therefore be receptive to a message presented in this medium.
- Within western culture generally, I

believe that the written word carries more significance and meaning than that which is spoken. A letter is often a summary of a former discussion, presented in a specific way.

• Therapeutic letters can be (and are) read and reread. They are a subtle way of inducing a reframe of former experiences and behaviour, so that when/if they recur, it cannot happen within the old context, so must be viewed differently.

• Metaphors can be introduced, and themes reiterated. I deliberately make my analogies and metaphors sound confusing. I have found that people will then ask questions about them to seek meaning. To quote Thom Garfat, "confusion leads to clarity".

• It allows the child (helpee) dignity.

• Therapeutic letters are an excellent way of keeping case notes.

• This approach is an effective and efficient use of a social worker's, psychologist's or family therapist's time and skills.

• It is a useful tool in working with families, individuals, or small groups. People who will not attend an interview, or who are, in the old terms 'resistant', do read their mail!

• It is fun!

And in the end . . .

Five months later, Sandy-Lee smiles at me through eyes that no longer look haunted from midnight terrors and the resultant lack of sleep. She assures me that her nightmares and stomach pains are gone. I warn her that nightmares and stomach pains are tricky, and that there might be some pain left, just working itself up to escape. She winks at me. Teenage girls can be tricky too.

Situations Vacant

KAMIESKROON RK Sending-Kinderhuis bied 'n pos vir 'n Afrikaanssprekende, geregistreerde maatskaplike werkster. Vir verdere inligting bel Vader Cloete by telefoon 0257-608.

Situations Wanted

DURBAN Young man recently completed Montessori Pre-Primary Teaching Diploma seeks child care position. Contact Jürgen Brügge, 7 Glen Court, Deodar Avenue, Umbilo, Durban 4001

CAPE TOWN 36-year-old married man, bilingual, driver's licence, seeks part-time position in child care whilst studying for Social Work degree at UWC. Contact Mr M.J. Meyer, 19 Acacia Circle, Belhar.

CAPE TOWN 21-year-old graduate, BA in Psychology and English, seeks child care position. Contact Susan Lee, 29 Parkchester Avenue, Pinelands 7405 or telephone on 021-53-8621

Eerste Kursus in Namakwaland



Die studentgroep neem 'n ruskansie tussen lesings

Op die pad noordwaarts van Kaapstad na die dorre halfwoestyn van Namaqualand gaan mens by naamborde soos Bitterfontein, Gifsberg en Pofadder verby. Op regterhand is Middelpaan, op linkerhand is Droe Middelpaan, hoewel die verskil tussen die twee nie so ooglopend is as wat nie name wil voorstel nie. Die name weerspieël die ruheid van die lewe hier namate die landstreek al hoe droër word. Somerverdriet, Moedverloor.

Kamieskroon is 'n klein plattelandse dor-



David Miller en Ben Engel, prinsipale van die kinderskole by Pofadder en Kamieskroon



Mev S. Steenekamp en Mev Burger, maatskaplike werkers van Diakonale Dienste, saam met Ds. Burger van Springbok

pie met 'n stuk of twaalf paaie. Plantegroei is skaars en die weerkaatsing van son op sand is verblindend. Hier is daar twee kinderskole. Die een word deur die RK Sending bestuur, en die ander deur die NG Sendingkerk. Drie-honderd kilometer Noord-oos, in Boesmanland, is daar nog twee kinderskole, een op Pofadder en een op Onseepkans.

Dit was vir die personeel van hierdie vier kinderskole wat die NVK 'n naweekkursus van 23-25 Oktober aangebied het. 33 studente het die kursus bygewoon. Hulle het prinsipale, maatskaplike werkers, kinderskolewerkers en helpers ingesluit. Twee maatskaplike werk su-

pervisors van die Sinodale Kommissie vir Diakonale Dienste van die NG-Sendingkerk was teenwoordig, een van Springbok en die ander van Marydale, 600 kilometer ver!

Die dosente was Ashley Theron, hoof van Bonnytoun Plek van Veiligheid en ook die NVK se nuwe Nasionale Voorzitter, Keith Balie, 'n kinderskolewerker met twaalf jaar ondervinding op die gebied, en Brian Gannon, ons Nasionale Direkteur. Ons eerste aand was gewy aan 'n werkwinkel om die opleidingsverwagtings van die groep te identifiseer. In sulke afgeleë plekke is leerprobleme onafwendbaar gekoppel aan ernstige praktiese probleme, en afgesien van die behoefte aan opleiding, het 'n hele paar ander probleme kop uitgesteek. Die volgende oggend is daar gewerk aan die bepaling van 'n stel langtermyn doelwitte vir die kinders wat sal dien as praktiese riglyne.

Daarna het Keith Balie sy jarelange ondervinding op die gebied met die kinderskolepersoneel gedeel, terwyl Ashley Theron en Brian Gannon 'n aantal administratiewe en finansiële probleme van kinderskole in die area met die senior en professionele personeel bespreek het. Na teetyd het die studente die probleem van oorgang van toesighouers tot kinderskolewerkers aangepak. Vervolgens het Ashley Theron verduidelik hoe so 'n oorgang die afgelope jaar by Bonnytoun volbring is.

Daarna het ons na die film *The Loneliest Runner* gekyk wat oor enuresis (bednatmaak) handel. 'n Vruggbare bespreking oor die oorsake en hantering van dié probleem in kinderskole het daarop gevolg.

Daarna het ons 'n vraag en antwoord sessie gehad ten opsigte van 'n aantal praktiese aangeleenthede wat by die kursus ingesluit kan word. Die kursus begin in alle erns met die aanvang van 1988. Die formaat van die Basiese Kwalifikasie in Kinderskolewerkers kursus en die NVK oor die algemeen is aan die studente voorgestel.

Die dosente het geleentheid gehad om die twee kinderskole op Kamieskroon te besoek en hulle was beïndruk deur wat met beperkte bronne verrig kan word. Die nonne by die RK Kinderskole gee onskatbare ondersteuning aan die geringe kinderskolespan, en almal is bewus van hulle behoefte aan verdere opleiding en bekwaamhede. Die hoof by die NG-Sendingkerk Herberg het indrukwekkende administratiewe vaardighede in sy instansie toegepas, en het ook persoonlik aansienlike verbeterings by die geboue en fasiliteite aangebring.

Die studente was opgewonde oor hulle nuutgevonde verbintenis met die NVK, en die dosente was verheug oor die tyd wat hulle saam met so 'n geesdriftige groep kinderskolewerkers, wat so ver afgeleë van die res van hulle kollegas in Suid-Afrika werk, kon spandeer.



**International
Learning Exchange
In Professional
Youthwork**

**JOINT
SPONSORS**

**Academic
Sponsor**



University of Minnesota's
Center for
Youth Development
and Research
386 McNeal Hall
1985 Buford Avenue
St. Paul, MN 55108
(612) 376-7624

**Administrative
Sponsor**

youthorizons

Route 115 and
Mayall Road
Box 788
Yarmouth, ME 04096

**EXCHANGE SCHOLARSHIPS 1988
Applications**

Experienced child care workers who are confident of their ability to practise in established on-line posts in residential care and treatment centres in the United States of America are invited to apply for exchange placements from August 1988 to August 1989.

Closing dates for final applications:
Monday 29 February 1988.

**Application Forms obtainable from
The South African Representative,
ILEX, P.O. Box 261 Camps Bay 8040**

INDEX TO VOLUME 5

- AIDS No.2 5
Ainsworth, Frank No.6 3
Allsopp Merle No.5 3, No.6 13, No.7 3, No.8 3,
No.9 5
Alwon, Floyd No.11 3
Anorexia Nervosa No.4 12
Assessment No.6 13, No.6 15
Australia No.3 9
Bührmann, M. Vera No.3 3
Bacher, S. No.2 3
Bechtel, Lynn No.6 5
Black Child Care No.4 6
Book Reviews:
How Can I Help? Dass, Ram & Gorman Paul No.5
11
Stress Management: Gillespie & Bechtel No.6 5
Too Close Encounters: Stones, Rosemary No.9 14
Moenie Stilbly Nie: Wachter, Oralee No.2 11
The Facts of Life: Petropolis, Marina No.1 12
Reading Aloud to Children: Heale, J. No.7 16
Borderline Mentally Retarded Child No.11 10
Breytenbach, Dr J.A. No.11 8
Canada No.4 11
Child Abuse No.2 7
Child Care Act No.2 15, No.8 15
Child Care Career No.1 7
Child Care Consultancy No.11 6
Child Welfare League of America No.5 7
Child Welfare Society No.11 12
Children in Detention No.5 2, No.6 2
Christmas Promotion No.9 10
Conference No.8 2, No.8 9, No.10 2, No.10 3,
No.10 4
Conferences No.7 16
Containment as a Therapeutic Tool No.2 3
Courses No.11 15
Crafford, Susan No.2 11
Crisis Management No.3 3
Crowley, Margaret No.8 11
Dass, Ram No.5 11
Davison, Margaret No.3 8
De Meyer Committee Report No.2 4
Dempers, Katy No.2 4
Depersonalisation No.9 12
Du Toit, Lesley No.5 12
Early Education No.9 3
Education No.1 5, No.3 9, No.9 3
Emosionele Ervaringswêreld van die
Kinderhuiskind No.4 3
Ethelbert Children's Home No.9 4
FICE No.7 2, No.7 6, No.10 9
Family Work No.6 2, No.6 3, No.7 11, No.8 11
Faul, H. No.6 10
Fiction No.3 11
Frankel, Cecile No.2 11
Frederich Schweitzer Kinderheim No.3 8
Free to Be Conference No.9 16
Galloway, G. No.11 14
Gannon, Brian No.5 3, No.6 13, No.7 3, No.8 16
No.8 3, No.9 5
Gardening Tale No.3 11
Garfat, Thom No.4 16
Garland, Diana, S. Richmond No.7 11
Gee u Kind 'in Kans No.1 4
Gesinswerk No.6 2, No.7 11
Gillespie, Peggy No.6 5
Gordon, Mitchell No.8 13
Gorman, Paul No.5 11
H.S. van der Walt No.6 6
Handleiding vir Besture No.1 5
Hansson, Patricia No.6 3
Hatchuel, Dina No.2 5
Heale, J. No.7 16
Helping No.5 11
Home-making No.5 16
Hoosen, I. Goolam No.3 5
ILEX No.4 8, No.8 9, No.9 10
Institute of Child Care No.4 2
Instituut vir Kinderversorging No.4 2
International Conference No.10 9
Interviews: Helen Starke No.2 15, Lynette
Rossouw No.4 8, Lesley du Toit No.5 12
Johannesburg Children's Home No.8 13
Karth, Jeanny No.10 12
Kennisgewingborde No.5 5
Khayalethemba No.2 9
Kinderhuis en Familie No.10 10
Kinderhuiskinders No.4 3
Kinder mishandeling No.2 7
Kistner, J. No.11 7
Konferensie No.8 2, No.10 2
Kwessie van Opvoeding No.11 8
Lane, Dr M. No.9 16
Legislation No.2 15
Leliebloem Assessment Exercise No.6 15
Levine, Di No.4 6, No.8 15
Levinstein, Stanley No.5 9
Lingér, Michelle No.6 5
Lodge, B. No.4 11
Malmo Declaration No.7 7
Management Principles No.2 13, No.3 14
Manhinga Village No.9 10
McClelland, Jerry No.10 13
Minnaar, G.K. No.2 7
Movement Therapy No.6 5
Namaqualand No.11 15
Naskoolse Aktiwiteitsprogram No.11 3
National Chairman's Report No.10 4
Nightingale, Ernie No.2 13, No.3 14, No.10 4
Norris, D.L. No.4 12
Noue Ontkomings No.9 14
Oasis Association No.8 8
Onderhoud: Lynette Rossouw No.4 8
Parents No.3 8
Pelcher, J. No.5 5
Permanency Planning No.3 12
Powis, Peter No.3 11, No.5 3, No.6 13, No.7 3,
No.8 3, No.9 5
Practice Hint No.5 5, No.7 5, No.11 14
Prins, Helmién No.10 10
Programmes No.1 3, No.7 2, No.9 4
Psycho-social Development No.1 12
Psychosomatic Illness No.5 9
Public Policy No.9 2
Quintrell, Gillian No.8 11
Rech, L. No.2 7
Robertson, Barbara No.9 3
Ross, John No.9 4
Rossouw, Lynette No.4 8
Rubenstein, Joan No.8 13
Schmid, J. No.11 7
School Phobia No.3 5
Selfmoord No.1 9
Sexual Abuse No.2 11
Shuda, Dr S. No.11 6
Slingsby, Maggie No.1 3
Socio-sexual Identity Programme No.11 7
Starke, Helen No.2 15, No.3 12, No.11 12
Stones, Rosemary No.9 14
Storytime No.7 16
Street Children No.10 6
Stress Management No.6 5
Strydom, Ansie No.1 4
Subsidies No.1 5
Substance Abuse No.5 13
Swart, Jill No.10 6
Television and Child Care Work No.10 12
Therapeutic Letter No.11 14
Thomson, Mary No.10 15
Treatment Plan Formats No.8 3
Treatment Plan No.5 3, No.6 13, No.7 3, No.8 3,
No.9 5
Trieschman, L. No.1 5
Tsoosoloso Place of Safety No.4 6
Van Breda, Rita No.9 12
Van Rensburg, Nicole No.9 16
Van Zyl, Annette, M. No.1 9
Van der Merwe, R. No.4 3, No.9 14
Verstandelik Gestremde Kinders No.6 10
Volunteers No.10 15
Wachter, Oralee No.2 11
Wastell, Selma No.5 5
Werkstevredenheid No.10 13
Whole Days, Whole Lives No.1 5
Wijker, J. No.11 10
Wolins, Martin No.8 16
Wright, Jean No.2 11
Ziervogel, C.F. No.5 13