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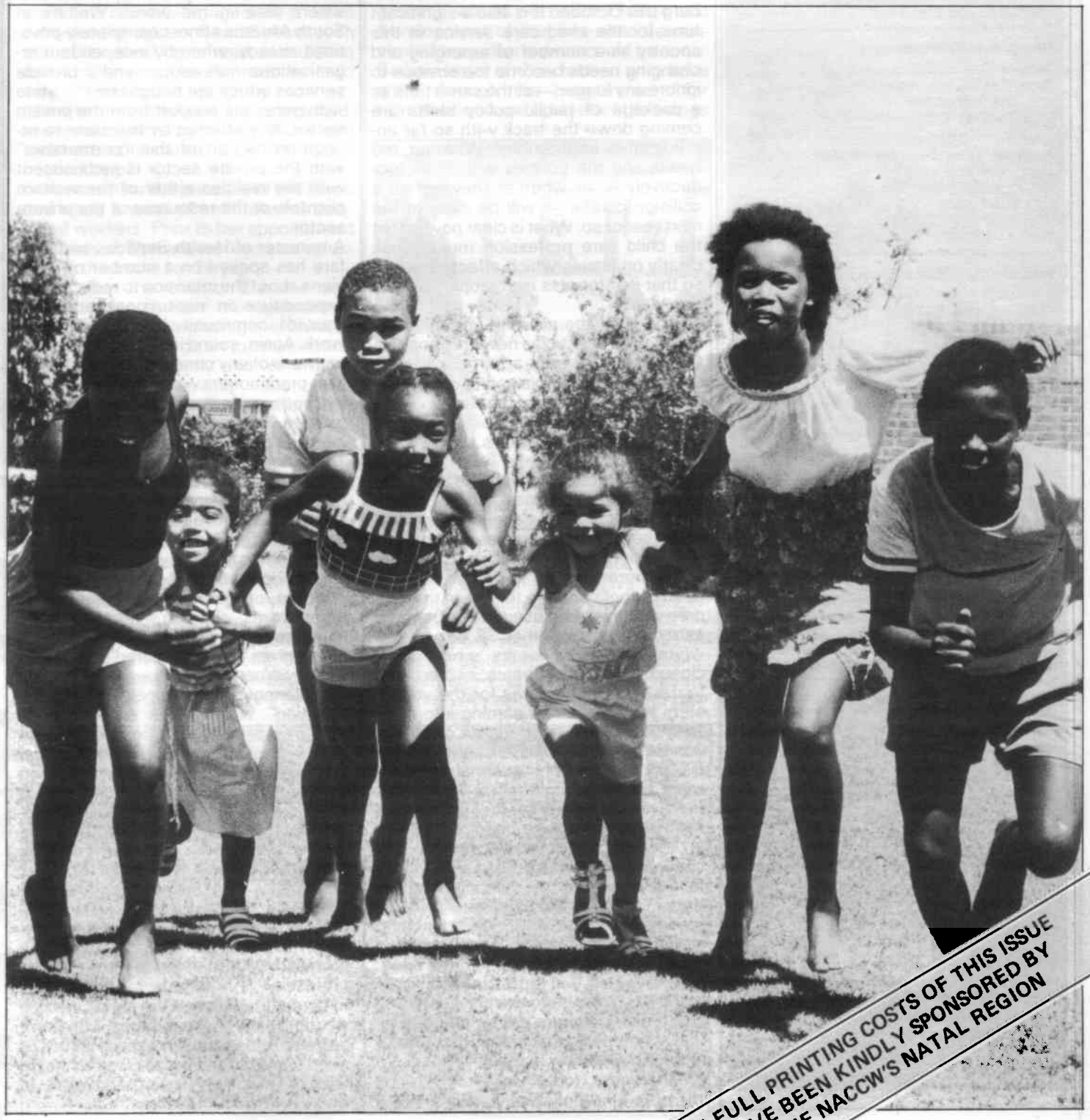
Die kinderversorger



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Practice and Policy — On a Collision Course?

"Our plans miscarry because they have no aim. When a man does not know what harbour he is making for, no wind is the right wind." — *Seneca*

South African child care workers from all levels of the profession meet at a significant National Conference in Johannesburg this October. It is also a significant time for the child care service in this country as a number of emerging and changing needs become too obvious to ignore any longer — at the same time as a package of public policy shifts are coming down the track with so far unpredictable implications. Whether the needs and the policies will mesh productively — or whether they are on a collision course — will be clear in the next year or so. What is clear now is that the child care profession must speak clearly on issues which affect its work, so that its progress isn't jeopardised by default.

At one level the clientele of children's homes is presenting a new challenge. In Cape Town recently a number of children's homes complained of drastically reduced enrolments at the same time as the local place of safety claimed difficulty in placing youngsters. When the NACCW brought these two views together in a meeting, it became clear that many children's homes had not developed the services necessary to deal with the older and harder-to-serve clients society was now asking us to work with. There seemed to be two choices open: either continue to expect the children we have been used to and become as extinct as the other 38 out of 110 white children's homes which have closed in the past 20 years; or start now to develop programmes for the youngsters who are in fact coming into care.

At another level, the need for child care services for black children, estimated by the Ministry of Constitutional Development and Planning itself at 150 places for every 200 000 of the population, seems hardly to have been addressed. In the six years since state policy changed to allow the building of black facilities outside the so-called homelands, scarcely half-a-dozen projects have been tackled, only four so far being completed, between them meeting only one-and-a-half percent of the need. Not only does this represent the single greatest challenge to the child care service today, but there is a terrible danger that solutions are being found in 19th or mid-20th Century models, whose appropriateness today, let alone to the 21st Century (only twelve years away) seems doubtful to say the least.

At a third level, child care is being challenged world-wide to develop services to families so that its resources are useful at a preventive level *earlier* in treatment planning and not only as a last resort. This requires the learning of new skills and the widening of our responsibility areas — not to mention some inevitable territorial negotiations.

Against these needs we need to look at looming public policy shifts. The proposals regarding "privatisation" of welfare seem to intend something very different from the meaning of that word anywhere else in the world. Welfare in South Africa is almost completely privatised already, whereby independent organisations develop and provide services which are bought by the state with generous support from the private sector. Any attempt by the state to renege on its part of this "partnership" with the private sector is inconsistent with the realities either of the welfare clientele or the resources of the private sector.

A minister of Health Services and Welfare has spoken on a number of occasions about the intention to reduce state expenditure on institutional care in favour of community-based preventive work. Again, sound in theory, but we are unaware of any consultations with child care practitioners which led to this thinking, and remain suspicious of theoretical policies "from on high" which may be out of touch with the reality of practice. The other side of this coin, however, is the warning made by this journal on a number of occasions that child care services *must* develop effective short-term, family-based preventive programmes themselves to remain relevant to both current legislation and the principle of permanency planning. In other words, children's homes cannot continue to shout the odds without themselves being prepared to develop their own contributions.

Simultaneously, the principle of "differentiation" which gives expression to the "own-affairs" welfare structure under the present constitution, hinders the co-operation so much needed between experienced and new organisations. It also perpetuates the wasteful proliferation of welfare bureaucracies, and worse, leaves residential child care as such small and fragmented parts of their respective state departments which then seem to warrant inadequate attention by all of them. The state's continued failure to provide realistic professional leadership to the child care profession is notorious.

In these times, when the child care service in South Africa is faced with compelling professional and social issues, it needs more than ever to close ranks, to make itself heard — but, above all, to know where it is heading.

NATAL FEATURE

An Ultra-Early Education Programme

Barbara Robertson and St Thomas' Children's Home are little heard of in residential child care — and yet tucked away in a quiet residential area of Durban is a children's home catering for 60 children between the ages of 0 and 6 years, with one of the most up-to-date, stimulating and challenging programmes in child care offered to that age group.

Many of these children are abandoned, many have suffered untold abuse and most are considered to be "damaged beyond help".

Barbara is now the principal of the home and leads a team of enthusiastic, dedicated workers. Prior to her appointment as principal, Barbara worked as a volunteer in the home for 25 years.

Soon after the children's home was handed over to new management in 1974, Barbara, recognising that children who left at age 6 to go on to other institutions failed repeatedly and were often regarded as mentally subnormal, formed an in-house primary school with 50 percent of the pupils coming from the outside community. It then became obvious that the St Thomas children showed vast gaps in their knowledge and abilities when compared with the children from the community — and so began a struggle to prove that babies and toddlers could receive education which would enable them to bridge those gaps.

In spite of warnings from experts that formalised educational programmes for toddlers might be hazardous, an ultra-early educational programme was initiated and has rapidly evolved over the past 5 years.

By taking one child as an example, and working intensively for one year, Barbara herself showed how this type of programme would work. The change and development of that one child demonstrated very clearly what could be done.

Barbara says of the children who have gone through the programme, "Far from the timid and apathetic little beings

of the past, they are now jaunty, brash and confident. Their own eagerness to learn is heart-warming and at the pre-school to which they graduate at age 3, it is now clear that *they* have a head-start on the children from the community outside!"

The staff are able to quote numerous cases of seriously disturbed toddlers, sexually and physically abused children, children with elective mutism and children who were to all intents and purposes autistic, who have become well-adapted children able to function quite adequately in primary schools. Barbara emphasises that the programme is not overly expensive to implement. They use what they have available, and what they don't have, they make from waste materials and donations from the community. Every bit of physical space has been used and adapted to fit in with the programme.

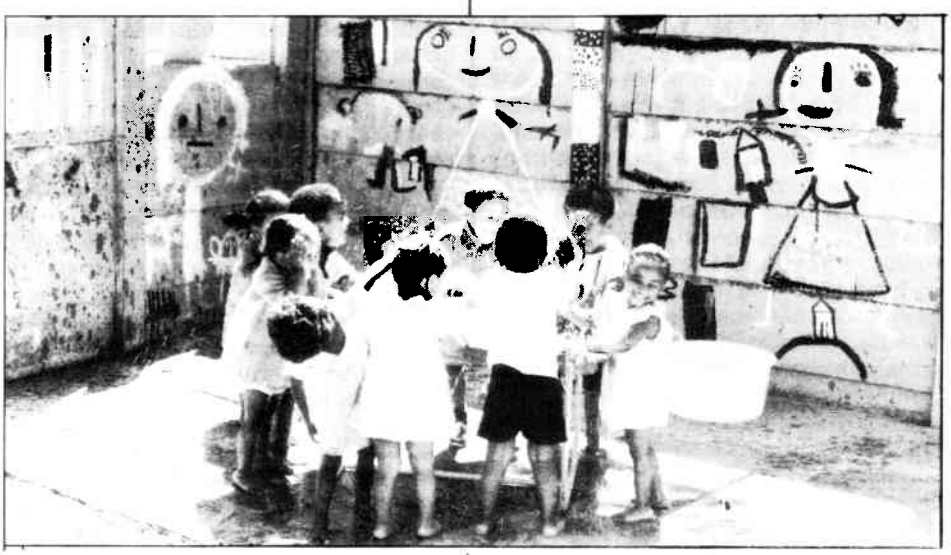
All staff, including the cooks, the gardener, nurses and social worker, participate in the programme. No one is exempt, and all reflect the same sense of excitement and enthusiasm which is so evident in Barbara Robertson's approach to the challenges that have faced her. St Thomas' Home has become a resource to community, welfare agencies and professionals. When no one else seems able to do anything, "Robertson" as the children call her, is prepared to give it a try.

The children are encouraged to develop at their own pace and those who are admitted after the age at which the ultra-early programme starts, are placed in stimulation groups first until they have caught up.

Barbara strongly believes that the programme offered by St Thomas' should be available to all children, and in 1986, after many lengthy discussions, the Minister of Health Services and Welfare granted approval for the home to be opened to children of all race groups.

Barbara serves as an executive member of the SA Association for Early Childhood Education and has been asked on a number of occasions to present reports on her work at conferences and workshops.

Parents, teachers and organisations throughout Durban frequently approach St Thomas' for teaching and guidance because Barbara is adamant that everything that they are learning at St Thomas' must be shared, so that the maximum number of children can benefit. Her concern for young children not only applies to those in institutions. She says, "There is a new and urgent problem which warrants our attention. Infants are placed in creches and day-care centres which are hard pressed just to provide for the material needs of the children and do not have the facilities for early stimulation. Even the concept of "quality time" may not be relevant in this situation, as all too many mothers arrive home physically and emotionally drained and are hard-put to manage the cooking and household chores, let alone find the time to stimulate their little ones. It is our feeling that the principles underlying the St Thomas Ultra-early Childhood Education Programme should form an integral part of the daily service provided by all creches and day-care centres.



NATAL FEATURE

New Programme Development at Ethelbert

The Ethelbert Children's Home has always had a deep and sincere commitment to do what is best for children, and as far as it has been within their power, to meet the needs of each child.
The home, which is situated in Malvern on the outskirts of Durban, is registered for sixty boys and girls of all ages. Ethelbert pioneered the cottage system of care more than 30 years ago and at present accommodates the children in six cottages. As needs have been recognised, so facilities have been developed to meet these needs.
It takes insight, courage and flexibility from management, staff and children to face the challenges of change and growth. This children's home, in response to a growing concern that the children's real needs are not being met, has planned to launch a new programme which addresses itself to the following problems:

- It is an accepted fact that reconstruction services and after care services are inadequate and have therefore been unsatisfactory in meeting the needs of children and their families. There will always be children who need long-term care — that is known and recognised. However, there are many who have remained in the children's home for longer than was necessary.
- Ethelbert Children's Home has come to recognise that they too have failed. They too have contributed to the problem in that they were prepared to accept the poor services, and the fact that children remained in care for long periods of time.
- Perhaps most significant of all, the children's home has experienced a confusion of roles — are we parenting or are we treating? "In all honesty, we've been dabbling in a little of both and been going around in circles" says Ernie Nightingale, principal of Ethelbert Home. Both staff functioning and programmes have been affected by this confusion.

Theoretically, it is well known that substitute parenting is not the beginning and the end of residential child care, and the children's home has sought to move away from this by providing professional care within a treatment-orientated approach. In practice, staff have been faced with the needs of children who have remained in care for long periods, who receive no parenting from their parents and no parenting from the children's home. Too often in child care, the rights of the parents have been emphasised while the needs of the child, particularly in respect of permanency planning, have been missed.

- The Child Care Act emphasises the two-year maximum period of placement. It also places the emphasis quite clearly on the on-going responsibility and capability of the parents. We are no longer looking after *children* in need of care as much as at *families* in need of help.
- In considering the *real* needs of the child, there is one fact which is absolutely clear: the child has a need to be with his/her parents. Nothing that the children's home can offer can substitute in this regard.

New Programme

The new programme aims at distinguishing between the children who need long-term care and those who will benefit from short-term treatment. Medium to long-term care will be provided for sixteen children and a short-term service for 44 children. Those who will remain in long-term care will be placed in the Ethelbert Children's *Home*, where they will receive "parenting" in a normative environment, probably off-campus in community or group homes. Relationships will become more established and services will be less "high powered". These would be the children who, for whatever reason, are unable to return to their families or be placed in foster care.
Short-term treatment will be provided in the Ethelbert *Hostel*. This programme will address itself to the five factors mentioned above.
Ecological treatment, which includes the child's whole family, social and cultural environment, will be an integral part of the programme. A five-day residential programme will be offered where children return purposefully to parents for weekends wherever possible. Maximum parental involvement, with parents playing the role of partners, will be actively encouraged, right from the pre-admission stage. They will be encouraged to make decisions for and with their children, take responsibility for clothing, school books, pocket money, etc. and will assist in daily programmes when possible.
The *maximum* period that a child will remain in the hostel will be two years. During this time the child and his family will enjoy the total commitment of staff and programme.
A *decision* regarding the child's future *must* be made within the two-year period and this will be clearly conveyed to the child and the parents. The child either returns to his parents or is placed in alternate care. Alternate care could mean foster care or placement into the Ethelbert Children's Home or another children's home.
After care services will continue to be provided for those in the children's home. Existing facilities and buildings will be utilised to convert the "Home" into a "Hostel". Admission into the home, where necessary, will be via the hostel programme.
This new programme represents a serious attempt to interpret in practice the intentions of the Child Care Act, and to render a meaningful supportive, educative and preventive service to children and their families, hopefully avoiding the need for long-term separations.

People

John Ross, Child Care Worker

John is a well-known and much-loved personality in the Natal Region, where he has worked as a child care worker for almost 12 years. John comes across as a quiet, unassuming person, but it doesn't take anyone very long to realise that he has a depth of knowledge, together with a good deal of practical experience of the child care field.
John's concern and interest in children began some 34 years ago, when he became involved in the Boy Scout movement. This involvement lasted for 22 years, for the last six of which, he held the position of District Commissioner.
John began as a non-residential child care worker at St Theresa's Home for boys in 1975. He obtained his National Certificate in Child Care four years later.
John has served on the Regional Executive of the NACCW for six years and is presently involved in lecturing for the BQCC course in Durban.
In a profession where child care workers come and go fairly frequently, it is a tribute to John that he has remained loyal, enthusiastic and consistently dedicated to his profession and the children in his care.

Regulation 33(2)(f) under the new Child Care Act (No.74 of 1983) for the first time requires children's homes to have on file a "treatment programme" in respect of each child. In this series of articles the authors explore the purpose and nature of such a document.

The Treatment Plan — V

Case Reviews — and some Problems

Merle Allsopp, Peter Powis and Brian Gannon

Merle Allsopp is unit manager at St Michael's Children's Home; Peter Powis is Clinical Psychologist at Tenterden Place of Safety; Brian Gannon is National Director of the NACCW

REVIEW: CASE STUDY I (Adél D'Issent)

Material presented to case conference one month after admission. The following headings from the treatment plan are reviewed:

Peer attachment. Attempts to attach Adél to Patricia and Cheryl failed. They showed her around and introduced her, but she immediately related to Susan and Bonnie (who share many of her problems) and avoids the first two who in turn lost interest in her. Susan and Bonnie are both "hard to reach" youngsters and this relationship is screening Adél from staff and the rest of the group to some extent.

School attendance. Adél accompanied the child care worker to school on the first morning, but claimed to be feeling unwell on the second morning. The child care worker reflected this as "feeling strange in a new school and finding it hard to get back into a school routine", and she has attended every day. She has shown some discouragement at the amount of work she has to catch up on, but ensuring that at least her homework is done each day has been a significant gain for her. The school as expected expresses concern over her ability to pass this year, but has reported no other difficulties.

Involvement of parents. The parents resisted invitations on several occasions to visit and have so far not come to the home since Adél's admission; nor have they telephoned. This has been interpreted as feelings of inadequacy and guilt following on the Children's Court Enquiry. The child care worker visited the parents twice informally simply to report on Adél's good progress, and they were more relaxed on the second visit.

Sexual activity. Marge (child care worker) was able to discuss quite openly the issue of contraception which has apparently been the boyfriend's responsibility so far. Adél has an understanding of the necessity for this, but has expressed fears about female contraception. Greig (the boyfriend) comfortably accepted invitations to visit, has related well to staff, and indeed seems a sensible and mature person. His role seems to be to some extent "fatherly" and Adél shows some over-dependence on him.

When child care workers can see where their day-to-day work is leading, their interventions can be seen in context and have meaning for them.

Communication. Adél was far more communicative than we had expected. Her language development is poor but she has been very willing to talk, to share feelings and express viewpoints. She has responded extremely well to listening. Once when she was laughed at by a group at supper time for expressing a naive view of a newspaper report, she fled to her room, but when the child care worker reflected her feeling of embarrassment and pointed out her right to express her own view, she returned quite easily to the table. She later discussed the issue with the same child care worker and was interested in being able to gain a better understanding of it. She has been generally polite and compliant in the living group and has therefore not yet communicated self-assertively towards staff.

Abuse of property. Nothing of this nature has occurred. Adél responded well to the child care worker's interest in her wardrobe budget.

Non-assertiveness and self-image. It seems that Adél has been finding her place in the group and issues and opportunities in this regard have not yet come clearly to the fore.

New observations

1. Undirected and aimless behaviour. Child care workers are concerned that Adél shows little motivation beyond sitting around or spending time in Susan and Bonnie's bedroom. We are unsure as to whether this is still "settling down" behaviour, a normal way of recreation, or avoidance of other activities. She declined three invitations to events during the month, choosing rather just to stay at home. The treatment plan suggested that we should respect her choices like this, but it is wondered whether this will lead to isolation, boredom, and a loss of opportunity for stimulation and extension.
2. Adél has been expressing anxiety about her future. "What will happen to me when I have to leave here?" has been asked more than once. It seems as if her poor school progress together with her removal from home has left her feeling vulnerable and insecure about her future.
3. Adél has telephoned her mother three or four times and seems to have nothing to say beyond "How have you been?" Neither of them have things to talk about and it seems that Adél's shares very little with her parents.
4. When she was invited to help decorate the lounge and plan for an evening entertainment in the cottage, she became helpless and giggly and felt unable to contribute. Also, when asked to help plan menus for the group, she expressed inability saying "I wouldn't know what to do". She seems embarrassed when expected to "perform" in any way.

Discussion

It appears that some of Adél's problems were situational in that they arose out of her parental home circumstances. The poor communication, for example, seems to be reflected in the parents' inability to visit the children's home, the school attendance is probably related to firm limit-setting, and the passive resis-

tance and subtle defiance seem to have been a response to the parents' own indirectness and ambiguity.
Three areas appear to come into prominence: the relationships within the family, her feelings of anxiety as she contemplates her future for which she will have to be self-reliant, and her own lack of resources and skills which continue to weaken her self-image and self-confidence. A management issue is her possible linking with and hiding behind a peer sub-group which is not exerting positive influences.

Treatment planning
The treatment plan outlined previously should be maintained as it stands, with only the following variations:
Problem 1: Affiliation with an unhelpful peer sub-group. Shown by her movement away from Patricia and Cheryl and towards a lot of unproductive time with Susan and Bonnie, (a relationship she may also be using to avoid engaging challenges and new learning).
Comment:
Adél's associatiion with Susan and Bonnie as like-minded, familiar colleagues, may be contributing to the relative ease with which she has settled. Their influence has some positive elements in that they are attending school regularly and this assists Adél with one of her major problems. At the same time we have to start getting Adél "out into the open" where the programme as a whole can have some impact, specifically on growth, competence and responsibility tasks.
Interventions:
- Use the three-member group as a resource. Staff should not begin to regard it as a group *apart from* the unit but as a group *within* the unit. Child care workers should devote time to being with the three girls, even if only to pass time and "do nothing" with them for periods. The three of them could be taken out for a burger or could be asked to discuss a unit problem or carry out a task together with the child care worker.
- At the same time, *regroup* the three girls for periods during scheduled activities such as chores, homework, games or shopping, so that all of them have more opportunity to do things separately.
- *Never* let them "share" responsibility as a group for misdemeanours committed together or for failures to carry out responsibilities. This only bonds the sub-group more firmly. Always deal with them in such cases separately and alone in terms of their individual responsibility.
- Emphasise Adél's personal responsibilities in the other aspects of this treatment plan.

Problem 2: Poor relationships and communication within the family. Shown by the parents' continued unwillingness to visit and the poverty of their contacts so far.
Interventions:
- Maintain the child care worker contact you have established. A sympathetic and listening approach will confirm your non-judgemental attitude towards them; continuing to keep them informed of Adél's progress confirms your respect for their roles and rights as parents.
- Convey the feeling that, from the children's home's point of view, it's good having Adél around, so that the parents have no reason to feel ashamed.
- Try to get Adél to phone her mother after she (Adél) has had some good experience (an achievement or an enjoyable activity) so that she has some positive content to offer to enrich the conversation.

The child's behaviour can appear very different in reality from what it seems on paper.

Problem 3: Psychosexual concerns
Shown by fears about female contraception and over-dependence on Greig (the boyfriend).
Intervention:
- Marge (the child care worker) should maintain contact at this level. Some objective information about female contraception (either from Marge or from the Family Planning Clinic) will help, not to exert any pressures for alternative forms of contraception, but certainly to remove any unrealistic fears.
- Any possible over-dependence on Greig will probably only diminish as her own self-confidence and self-image improve. The relationship seems satisfactorily contained at this time.

Problem 4: Anxiety over her future. Shown by her "What will happen to me . . .?" question and perhaps also by some avoidance of growth challenges.
Intervention:
- Adél is needing some clarity as to the options open to her on an "if this, then that" basis. This need is positive since it provides a real opportunity not only for reassurances that the programme includes transitional and after-care provisions, but also for presenting some choices for which she will be responsible. It appears that she needs some picture now of what might happen next year, and this should be explored together with the child care worker soon so that we have Plan A (e.g. if she remains at school) and Plan B (e.g. if we choose a vocational course — perhaps in hairdressing? — at the Technical College).

Problem 5: Lack of confidence and ability. Shown by her declining of invitations, her directionless behaviour and her inability to risk herself in making a creative contribution to the group.
Interventions:
- The child care worker should ask Adél to design a poster for her alone. Adél has had a bad experience of being laughed at by the group, and seems unready to have her efforts open to scrutiny by the whole group. The initial report referred to her creative abilities in making posters and styling hair, and this should probably be actively exploited now.
- Offer to undertake one of the cottage projects with her so that initially she can share the creativity and the credit, but not all of the responsibility. Your cottage is entertaining the management committee to tea before this month's meeting, so there is an immediate opportunity.
- Remember that we called better self-confidence one of the by-products of the treatment plan. Build patiently on this — we may have to wait some months yet!

REVIEW: CASE STUDY 2 (Mark Multiprob)

Material presented to case conference two months after formulation of the last treatment plan. The following headings from the treatment plan are reviewed:

Sense of trust and belonging. This has been an extremely difficult time for Mark — and for the houseparents and other children. If anything, Mark has become more uncontrolled and disruptive. His bedwetting has continued at the same levels. He has aroused hostility from the other children to the extent that they (Mr Nobody, of course!) defaced his picture which we added to the rest in the hallway and tore down from the wall and destroyed two pictures he had drawn with Mike (child care worker). In fact some of the children have taken to teasing him when staff are trying to spend time with him, and he retaliates loudly and aggressively, bursting away from staff. "Quality time" each day has been hard to schedule and plan.

He avoids coming when asked or arrives late, and then is restless if we talk, draw or cook, wanting to rush outside. At bedtime he falls asleep exhausted almost at once. The few personal possessions we have helped him build up are stuffed into his cupboard.

Containment and a sense of order. Mark's day starts so often in disarray and confusion because of his wet bed. He is involved in conflicts within minutes and child care workers are sort on "creative strategies" with so many oth-

er demands at that time of the day. Mark has invariably lost some item of clothing, argued over chores and is late for breakfast. Time out at that time of the day simply puts everyone behind schedule. Staff are not managing this aspect. The social worker has attempted to relieve child care staff by coming in to help with some routine care work in the mornings and evenings. She has feared that her own role in the home would be undermined by her having to chase Mark around in her attempts to contain him. She summed up everyone's attitude at a supervision session when she humorously suggested that what Mark really needed was a strait-jacket! Liz (housemother) twice gave him a sharp smack on his bottom when he behaved particularly destructively, but it had no effect of any kind.

Building self-image, peer relationships. Mike has been able to take him for physical activities fairly regularly, but has found it hard to do this alone with Mark. Other kids always want to join a jog around the neighbourhood or some ball play — and Mark's conflicts and disruption simply tag along with the group. When Mark has been found alone and invited to do something, *he* has gone off and collected others to accompany him.

Schoolwork. Oddly, this area has been better. His teacher reports that he has been working well, and she has been spending time with him after school with reading exercises.

Parents and family. The agency social worker visited the parents who were uninterested apart from making a number of critical and punitive remarks. "He just needs a good thrashing" and "The children's home is where he needs to be" were examples. His older brother Ray has had him home for a Sunday twice, but it is not felt that this is a regular or secure enough relationship to be of much value.

Discussion

It is easy to be discouraged by such a seeming lack of progress, but two things must be borne in mind.

Firstly, we need to look carefully at what *has* been achieved in the past two months. The unexpected improvement in the school situation and the fact that Mark and his teacher are spending productive time together is a positive gain, which has the potential to give Mark the experiences of growth and achievement he needs to build his self-image. We should also remember from the assessment report that Mark *expects* attachment to lead to rejection, and his seemingly increased level of anxiety may well signify his perception of growing relationships and attachment in his life. Mark will never have the courage to deal with the real issues of separation, loss, rejection and aloneness in his life until these relationships and attachments prove real and reliable, so we musn't fall for his hostile and despairing reaction of trying to push us away now. Follow-through with *Goal 1* of our treatment plan, to provide an environment where Mark can *slowly* develop a sense of trust and belonging, is vital. Secondly,

"The youth, his parents and the community should be viewed as parts of the problem and as important parts of the solution"

Mark has been through eight *years* of deprivation and rejection. It was not to be expected that we would remedy all that in eight *weeks*.

Treatment planning

The treatment plan outlined previously should be maintained as it stands, with only the following variations:

Problem 1: Mark's conflicted routine times. Shown by his disordered start to the day (with which the social worker attempted to assist) and his immediate involvement in conflicts.

Interventions:

- Smooth out his morning by tidying his clothes and cupboard in readiness the evening before. (Remember his developmental status as a toddler). Run his bath for him in the morning *before* you wake him. Forget the wet bed until the children have gone to school.
- Even though he falls asleep immediately, spend at least that minute or two with him at bedtime, sitting on his bed and being with him.

Problem 2: Difficulty with physical activities

Interventions:

- Accept Mark's desire to have other children along on these activities. He could be anxious about being alone with Mike, and having the child care worker along with the group he can at least manage and minimise Mark's conflicts with the others.
- Capitalise on Mark's energy by involving him in group games where there are neutral rules — anything from soccer (together with older boys he likes to be with) to Red Rover or Hide and Seek, and help him to handle the conventions of the games. (Remember his developmental stage as a toddler).

A management problem which the social worker should address (rather than filling in on routine duties) is the staff's real need for support. She should schedule regular time for them to express their feelings about Mark *to her* and so "bleed off" and deal with these feelings which might otherwise feed into frustrated and impatient interactions with Mark.

Finally, a quotation from the case meeting: "We are not failing with Mark. We would only be failing if we failed to listen, to try to understand and to act on what Mark is telling us by his behaviour".

SOME PROBLEMS WITH TREATMENT PLANS

Having advocated very strongly the advantages of the treatment plan over the past five months, let us end with a few problems, concerns and things to watch out for. In pointing out general problems and difficulties with regard to treatment planning we aim not to undermine previous standpoints, but to avoid undue discouragement which might arise upon discovery of practical implementation difficulties.

The treatment plan as a model

It has to be borne in mind that the treatment plan is *a model* for understanding the complexity of problems that occur, usually intricately interwoven, on both behavioural and emotional levels. Isolating and labelling problems is essentially a tool for dealing with the complexity of the human psyche. Thus we must begin by recognising the essential simplicity of the treatment plan. The very purpose of a treatment plan (and the reason for its usefulness) lies in its ability to synthesise very complex material into an accessible conceptual framework which is easily understood. As we get to know children, we uncover more and more information about them, and the treatment plan may seem rather thin in comparison with this rich and intimate view of the child. Dealing with this paradox is very important. The treatment plan should be viewed as only the skeleton of the child's existence in the world. It is precisely because of its skeletal nature that the treatment plan is useful. If child care workers are to become adept at using treatment planning effectively in their interactions with children, this paradox needs to be understood and managed. If this is not done, much care worker energy will be lost in trying to marry the two seemingly different perceptions of the same child.

We must also be careful to ensure that the model we create is an accurate reflection of reality, and not end up making the child fit the plan we have carefully put together. One tendency is to begin to see the *plan* after a time and lose sight of the *child*. Remember that our perceptions about the child came first and *then* the treatment plan as a model for understanding those perceptions. New information coming to light with an increasing knowledge of the child will

bring about valuable adjustments to the plan.

Problems

Let us look at the task of working effectively "on the floor" with the treatment plan. The danger is that the treatment plan becomes something discussed in a meeting slot on an intellectual level. If child care workers are not using the recommended interventions in their daily interactions with children, then treatment plans come to have only a weekly relevance at the case review for sorting information into categories. In this situation we end up with what on paper looks like a thorough plan for dealing with a child's problems, but in reality is yet another routinised information-gathering tool bearing no relation to what is happening with the child on an interpersonal level. The successful implementation of treatment plans can be undermined by a number of problems.

Child care workers may not be aware of or understand the long-term goals

It is common experience that assembly-line workers need to have a vision of the total finished product they are contributing to if they are not to become bored and demoralised. Child development and rehabilitation are slow processes, and care workers who work away at small behaviours in the treatment plan need to share the long-term goals we have for a particular child. When child care workers can see where their day-to-day work is leading, their interventions can be seen in context and have meaning for them.

Care workers may not have the skills required to perform in the manner the treatment plan indicates

Obviously skill level varies from person to person, and if at all possible child care workers should be assigned interventions that they are *able* to achieve. Failure to perform on one aspect of the treatment plan can often lead to disillusionment regarding one's own abilities and subsequent non-attempting of prescribed interventions. Alternatively feelings of incompetence on the part of the care worker are defended against by either an overt or covert rejection of the plan. The effective treatment plan coordinator has in mind a clear picture of individual care workers' abilities during initial planning meetings and uses this information realistically in drawing up those plans. Care must be taken to ensure that we plan interventions which we *know* are possible rather than things we would *like* to be possible. A positive spin-off of effective assessment of care worker skills is, of course, increased care worker confidence as they see that they are able to do what is expected of them.

A problem arises here when we need a uniform approach to a particular behavioural problem. We may, for example, advocate *ignoring* as an intervention to be used by *all* staff for certain attention-seeking behaviours and yet know that certain team members are poor in this particular skill area. Our choice under these circumstances is either to train staff in these areas (often easier said than done) and/or develop alternate strategies for them while they learn required skills. Unless we have a really high-powered team of experienced care workers, we must bear in mind that uniform approaches are often difficult to put into practice — therefore often yielding poor results.

Another problem arises when care workers have either a conscious or unconscious bias against a particular intervention. For instance, if non-violent physical restraint is decided on for the containing of a violent child and a team member is philosophically against this form of handling, the success of such an intervention is dubious.

Boys did not understand their treatment plans. Many did not even know that there were such things.

Of course if one takes these variations to their logical conclusions one cotnd well end up with as many treatment plans for one child as there are people interacting with the child! Is this perhaps not to some extent a realistic picture? We need to be aware that each individual has her own subjective way of interpreting data and both the child and the plan are going to be interpreted differently by various team members. One need not find this an impossible obstacle to overcome if the treatment plan coordinator or case manager is aware of individual variables in this regard. Anticipating and planning for subjective interpretation is fundamental if one is to avoid the nasty realisation that true consensus is difficult to achieve. Such planning requires from the supervisor a high degree of insight into what team members think, perceive and how they work.

Care workers may not be able to translate from the treatment plan to "real" situations

Often the way in which we write up treatment plans is unwittingly very artificial. In order to be able to use the treatment plan the care worker not only has to be able to perform the tasks listed in the interventions column, but also has to be able to discern the correct moment for that intervention. The child's behaviour can appear very different in reality from what it seems on paper. Frequently an interaction is over and done with before the care worker has realised that that was the very problem being talked about in the plan! Too often we hear "Well it sounds okay when we sit and talk about it here, but somehow it never works like that in practice". To some extent this is true: the plan is *a model* and can never take into account all the permutations of reality. Problem behaviours *will* be difficult to discern while they are happening, and *will* manifest in ways not anticipated in the plan. It is the supervisor's task to help the care worker to see the similarities in situations, to translate from paper to practice, and therefore not miss opportunities for putting recommended interventions into action.

Treatment plans may ignore the child's wider ecology

"Real situations" discussed above include not only the living group but also family, school, neighbourhood and wider community. What complicates this is that children often behave differently in each of these settings, and by leaving them out of our plans we may create in the children's home a "hothouse" situation where expected and approved behaviours are presented for our benefit, but quite split off from the child's behaviour and development elsewhere. "The youth, his parents and the community should be viewed as parts of the problem and as important parts of the solution" (Martin *et al*, 1976,277). To exclude, for example, the potentials and significance of spiritual growth, simply by excluding it from the ambit of our (too clinical) planning, is unnecessarily to impoverish the total impact of our programme on the children.

Care worker rejection of treatment planning

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. Few child care workers in South Africa are fortunate enough to receive on-line supervision, so very little supervisory time is spent in ensuring that care workers are carrying out the less obvious treatment tasks. Thus we rely heavily on the care workers' commitment to the plan, and it is the task of middle management to conduct planning in such a manner as to enlist this support. The literature on management is of benefit here for ideas on how best to elicit staff co-operation. Overt rejection of treatment planning is, of course, far easier to deal with than covert sabotage, and this can only be monitored by astute observations of team and care worker/child interactions. Often it is the experienced and efficient care workers who raise problems with regard to treatment planning as they have operated successfully for long periods of time on only their good "gut

feeling". Helping team members to see that planning is not replacing their instinct but helping to sharpen it, is important to prevent our working at cross-purposes. As Fant and Ross point out, "workers learn specific interventions from supervisors. Once they have had experience with the intervention, they find ways to revamp the intervention to fit their styles and personalities" (1979, 633). To such experienced workers the plan often seems to be stating the obvious. Such staff can perhaps be used in assisting others with the plan.

The children may not understand treatment plans

We have mentioned before the issue of contracting in areas where children can take responsibility for their own behaviour. Where appropriate, children should be included in planning, and for this reason alone treatment plans should be formulated in language which is readily understandable. Writing of treatment planning at Starr Commonwealth in Michigan, Dahms (1977, 197) writes: "Boys did not understand their treatment plans. Many did not even know that there were such things. For those who did know about treatment plans and had seen them, it was a rare youngster indeed who could comprehend the professional social work jargon.

Because they had no well-defined goals, boys did not feel a sense of purpose and direction. They were unsure of which issues had been resolved and which were yet to face them as their treatment continued. Lacking a cutting edge to their treatment experience, youngsters perceived the treatment process as a nebulous 'something' that typically lasted a year and was marked by starts, stops, and irregular surges of energy and motivation".

Treatment plan too complex

A further responsibility of the treatment plan co-ordinator or case manager is to ensure that the plan is not too confusing or impractical in its complexity. A care worker working with a group of 10 children with 10 suggested interventions for each child has to concentrate on 100 possible treatment interventions at any one time! Prioritising and focusing on key factors is important to avoid this kind of overload.

Lack of internalisation of the plan

Seemingly in contradiction to the above point it appears the only way in which a treatment plan can have direct usefulness for the care worker is if the interventions suggested become internalised or "second nature" in one's dealings with a particular child. It is unlikely that in everyday care work many opportunities will arise to stop, think and plan strategies of response to situations arising. Hence it is essential that the care worker is able to operate by informal instinct rather than constantly through itemised intervention. Off-the-cuff responses need to be in keeping with the plan and that only happens when the plan is part of the care worker's total understanding of the child. Thus, instead of being on the floor with 100 instructions in one's head, the aim is for the treatment plan to become a habitual manner of dealing with any one child.

The treatment plan as a summary of disussion

It is important to have the full team together throughout the planning and review process. Understanding a treatment plan is often (especially for inexperienced care workers) the end-product of the process of discussion and planning so that should certain members of the team be left out, one runs the risk of an uneven commitment to the plan.

Various formats may need to be tried until one can be found that meets the particular needs of your staff team.

Moreover, many child care workers do their best learning through participation in guided discussion and treatment planning. It is a major educative function of the supervisor to translate his or her conceptual and theoretical knowledge into practical and usable guidelines in the child care worker's daily practice. This builds solidly on the care worker's own experience and knowledge, which then feeds back into better case discussion and planning.

It is important to ensure that plans are as simple as possible without being unrealistic. This has implications for the manner in which plans are compiled, articulated and filed. Once the plan is written out in full it might be useful to write up a form which summarises the focus of the plan into single words so that a glance at a single sheet of paper can remind one of the plan. Various formats may need to be tried until one can be found that meets the particular needs of your staff team. This may be a process which requires a fair amount of energy, but be assured that it is worthwhile. Once developed, a uniform system that works will be a useful time-saving device.

Conclusion

The term treatment "encompasses an extended range of curative, ameliorative and health-promoting procedures. They are aimed at supporting the child's potential for healthy development, accelerating the reversal of potentially pathological trends or states, and enhancing the constructive forces in his environment while combating or neutralising the destructive, pathogenic ones" (G.A.P. Report 87, 1974, 60).

Child care teams have a unique methodology and ability to contribute to these goals of treatment. The authors express the hope that this series has not only opened the discussion on the subject, but has also illustrated some practical ways of setting about the task of devising a treatment plan which we defined as "a systematic set of steps followed by an agency in order to define what treatment tasks need to be done, how they should be approached and by whom, in order to reach agreed objectives within a given time frame".

We would like to conclude with this thought: Quite apart from the fact that the filing of treatment plans in respect of individual children is now required by the Regulations of The Child Care Act, it remains nevertheless a demanding and a time-consuming task which many of us would be tempted to minimise or even avoid. Don't! The gains that your staff team will make in deepening their conceptual understanding of the tasks of child care, and in improving both practice methods and service delivery, are enormous. But there are more benefits. Nothing is more debilitating for child care workers than to see their work as an endless round of routine days, with today being very much the same as yesterday — and nothing very different to look forward to tomorrow. When we take the time and trouble systematically to define and tackle treatment tasks today, tomorrow *is* different. Children *can* be seen to grow and change and improve. The problems we have come to anticipate tomorrow are suddenly no longer there, and we are stimulated and challenged by new problems.

Dahms writes: "Treatment plans are being used increasingly to guide team behaviour, to elicit meaningful involvement from all staff, to encourage a broad treatment perspective, to stimulate the right kinds of questions, and to develop a common language among participants in the treatment process — in short, to make the benefits of teamwork a reality" (1977 ,203)

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Nuusbrokkies Newsbriefs

At Christmas Competition Launch: Clive Webster, Manager of Sandton Sun, the NACCW's Director Brian Gannon, Louella Levine of Sandton Sun, who is organising the promotion, First National Bank Senior General Manager, Jimmy MacKenzie, and Suzaan Maree, the NACCW's Public Relations Officer

International

Official Opening of Manhinga Village in Zimbabwe
Manhinga Village is a rural child care development near Mutare in Zimbabwe which includes a number of families of 20 children grouped on an African village model, a school, and eventually a vocational training workshop. The village is to be offically opened on 26th September 1987. Manhinga also has a town house which acts as a reception unit and place of safety.

Lynette Rossouw in New York
Lynette Rossouw, die 1987/88 ILEX ruilstudent van Suid-Afrika, het die orientering week saam met maar mede studente van Europa van 21-28 Augustus bygewoon. Sy beklee tans 'n pos by "Children's Village", Dobb's Ferry in New York, wat een van die bekendste en oudste kinderdienste in die staat is. Haar werk bring haar in aanraking met die kinders, hul gesinne en die behandelingspan. Die organisasie is 'n ou een maar dit ontwikkel voortdurend en hou tred met hedendaagse standaarde.

National

Create a Christmas Decoration
A joint promotion by First National Bank and Sandton Sun was launched at the hotel on Friday 11th September to raise funds for the NACCW. A national competition to create a Christmas decoration offers prizes in primary and high school, college or university, professional or craftsman and open categories with cash prizes worth over R10 000 contributed by First National Bank. Jimmy McKenzie of First National Bank and Brian Gannon of NACCW launched the competition which is the brainchild of Louella Levine, promotions organiser of Sandton Sun Hotel. At the Christmas Dinner given to introduce the promotion, press, radio and television media representatives created their own decorations for the two Christmas trees in the hall.

Nuwe Maatskaplike Werk Joernaal
Die Department Maatskaplike Werk by RAU is besig om 'n nuwe navorsingsjoernaal, *Die Maatskaplike Werk-Navorser-Praktisyn* tot stand te bring in 'n poging om meer uitingsmoontlikhede te skep vir skrywers en navorsers op die gebied van maatskaplike werk. Die joernaal sal in albei landstale verskyn en die eerste uitgawe word in Maart 1988 verwag.

Natal

Pietermaritzburg Training?
Child care workers wishing to follow the Technikon course or the BQCC have always had to travel to Durban to attend classes. This has added a heavy time burden to training, and at a very well-attended meeting in Pietermaritzburg earlier this month the NACCW was asked to consider offering the BQCC in the capital. With the large number of children's institutions in this area, such a plan seemed feasible to the many who attended this meeting.

Social Workers Meet
15 social workers met at Wylie House on 10th September. Priscilla MacKay, Director of Pinetown Child Welfare Society, spoke on the problems of abused children. She emphasised the responsibility of children's homes in minimising or avoiding what she called secondary abuse, that is the failure to meet the special needs presented by the abused child in the institution, and adopting an unhelpfully negative or critical attitude towards parents and families when they most needed direction and support.

Western Cape

Open Day at Bonnytoun
Places of Safety and Detention can so easily have a grim and joyless image. This was far from the case at Bonnytoun's Open Day on 21st August when some 500 visitors including parents, social workers, volunteers, teachers, school children and colleagues from state departments and other children's institutions were given guided tours of the institution and viewed a number of exhibitions. The day included an athletics meeting, a soccer match and a variety evening, and a packed hall listened to an address by Mr Chris April, Minister of Health Services and Welfare, on the subject of "Give the child in the institution a chance". The whole day was testimony to the positive programme successfully implemented by principal Ashley Theron and his staff team.

Namaqualand Opleidingskursus
Die kinderhuise in die Namaqualand gebied, wat Kamieskroon, Onseepkans en Pofadder insluit, begin met hulle eerste opleidingskursusse wanneer die Basiese Kwalifikasie in Kinderversorging kursus by die Roomse Katolieke Sending Kinderhuis in Kamieskroon oor die naweek van 23-25 Oktober ingestel word. Ongeveer dertig kindersorgpersoneel sal hierdie kursus bywoon. Dit is al 'n hele tyd lank dat die personeel van hierdie kinderhuise opleiding aanvra, maar die tekort aan mannekrag in die NVK het dit moeilik gemaak. Die Oktober naweek sal die inleiding tot die BKK vorm, en die kursus self sal vroeg in 1988 begin.

Principals' Group Meets
The Principals' Group in the Western Cape Region has expanded to include all senior and middle-management staff in the Region, and is working on a planned curriculum for its meetings for the coming year. On 21st August, Helen Starke, Director of the Cape Town Child and Family Welfare Society, spoke on the subject of Time Management for staff of institutions. A major theme of her talk was the fact that time is a costly commodity, and that efficient decision-making and staff meeting time was a

financial necessity for organisations. It was a common experience in fields other than welfare that senior staff found themselves taking work home with them — and this "goes with the territory" for child care staff as well.

Farewell to Peter Harper
Peter Harper has been one of the familiar figures in child care in the Western Cape for the past ten years, and his departure with his family for the United Kingdom at the end of September will be a sad loss for many. Serving as clinical psychologist at St John's Hostel with Brian Gannon, and then at St Michael's Children's Home, Peter was an active NACCW member and served on the Editorial Board of *The Child Care Worker* for several years.

At a recent Farewell to Peter Harper: Merle Allsopp of St Michael's Home and Derrick Groep of Boys' Town

He has accepted the NACCW's request to serve as its representative and correspondent in Britain, so we shall continue to benefit from his interest. We bid Peter and Glynis farewell, and wish them every happiness and success in their new life in Northampton.

Regional Meeting
The Regional Meeting of the Western Cape Region has been postponed from 17th September to 20th October when it is hoped that we shall be able to entertain Thom Garfat during his post-conference visit to Cape Town.

Visit by John Webster
Principal of the Mary Cook Children's Home in Pietermaritzburg, John Webster, asked the NACCW to organise a one-week itinerary for him in Cape Town from 7th to 11th September. During this time he was able to visit and observe at a number of institutions including Oranjia, Marsh Memorial Homes, St Michael's Home, Bruce Duncan Home, Bonnytoun Place of Safety, Annie Starck Village and the H.S. van der Walt Child Care School in Paarl. This period of hard work was relieved by a mid-week dinner enjoyed by sixteen child care colleagues from Cape Town. John may be persuaded to write up his observations in a later edition of the journal.

Eastern Province

Eastern Province Elections
At an extraordinary meeting of the Eastern Province Region held during the recent weekend course in Port Elizabeth on 30th August, a new Chairman of the Regional Executive was elected following on the departure of Barrie Lodge to the Transvaal in July. Roger Pitt, principal of the King Williams Town Children's Home was elected Chairman with Sarah Burger as Secretary. Fred Wells, principal of the Eastern Province Children's Home, eremains as Treasurer of the Regional Executive.

Border Area Activities
On Thursday 27th August, Lesley du Toit attended the Social Workers' Group in the Border area before a larger meeting of principals and social workers in the area. One of the subjects discussed was the project for children of different race groups to meet each other informally. During the visit, Lesley also held case consultations with the staff at Woodlands Mission and shared in discussions over programme extensions with the staff of the King Williams Town Children's Home.

Acting Head for Khayalethemba
We said goodbye last month to Mzanywa Mketo as principal of the Khayalethemba Children's Home in Mdantsane (near East London) in the Ciskei, as he left to take up a new social worker post with the Ciskei government. Mfesane, under whose auspices the home is run, is presently advertising widely for a new principal. In the meantime the committee was fortunate to be able to appoint the Revd Hoyana as acting principal, and he and his wife will be holding the fort in the interreguum.

Transvaal

Inter-racial Project
Some months ago at a meeting of the Principals' Group and flowing from previous initiatives based on resolutions at National Conferences, it was decided that children's homes should make their own attempt at improving race relations through a project aimed at bringing children of different race groups together. This idea of bringing children together for guided group interaction was presented at the recent Social Work Conference at the University of the Witwatersrand by Peter Sadie, a youth worker with the Catholic Church. Peter attended our Principals' Group meeting on the 10th September and gave us some useful suggestions on how to structure such meetings to ensure positive and meaningful interactions between the children. He also kindly offered to share with us some of the games and other material that his Youth Division have put together over the time that they have been doing this work. It was interesting to note that a number of the children's homes had already developed informal programmes for inter-racial contact, and all were keen to participate in a more structured programme.

School Leavers' Group
Another co-operative project arising from the Principals' Group was a group for youngsters who have turned 18 and are due to leave their children's homes at the end of the year. The children from the various participating organisations will be brought together to share and discuss their mutual needs, and it is intended that this should become a regular project. The group will be led by Jonathan Pearce of Epworth Village and Janine Schlosberg from Strathyre Children's Home (Salvation Army).

After a recent Conference Planning Committee meeting at JCH: Di Levine and Joan Rubenstein

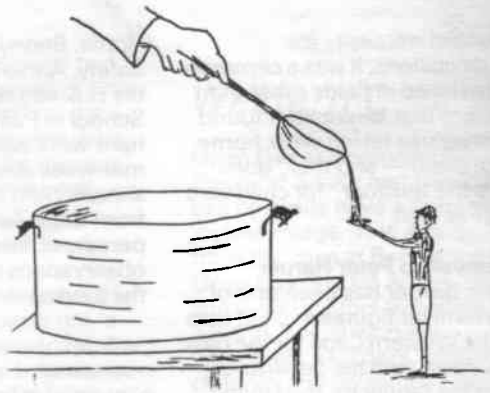
Conference Preparations
The small committee which has been planning the National Conference to be held in Johannesburg in October has been very hard at work. The committee consists of Joan Rubenstein, Jacqui Michael, Cynthia Green, Werner Sigmund and Di Levine. National Director Brian Gannon dropped in on their meeting on September 11th and was impressed by the calmness and sense of control which prevailed! "For our last Cape Town conference we had four times as many workers and four times as much panic at this stage of the planning", he remarked.

New Training Starts
The first meeting of the training group for staff working with infants and pre-schoolers was held at Othandweni in Soweto on Thursday 17th September. The grouip are working on the theme of stimulation of the young child. Four sessions on this subject are being offered by Dianne Nurse of Baragwanath Hospital.

Depersonalisation

Cape Technikon child care students had to prepare a seminar on Institutionalisation. Rita van Breda of Boys' Town chose to present Depersonalisation in pictures. Some excerpts....

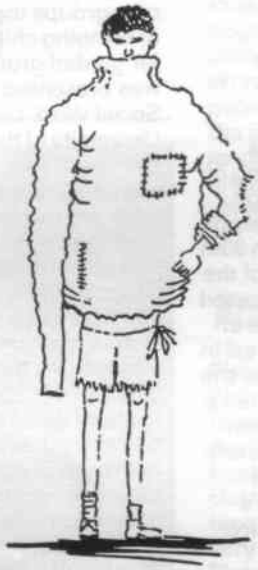
PART ONE – PROBLEMS



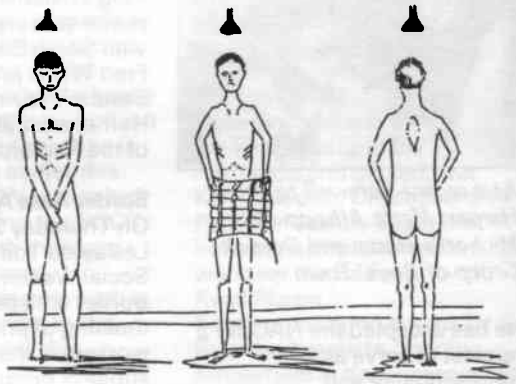
Lack of domestic scale

Institutional transport

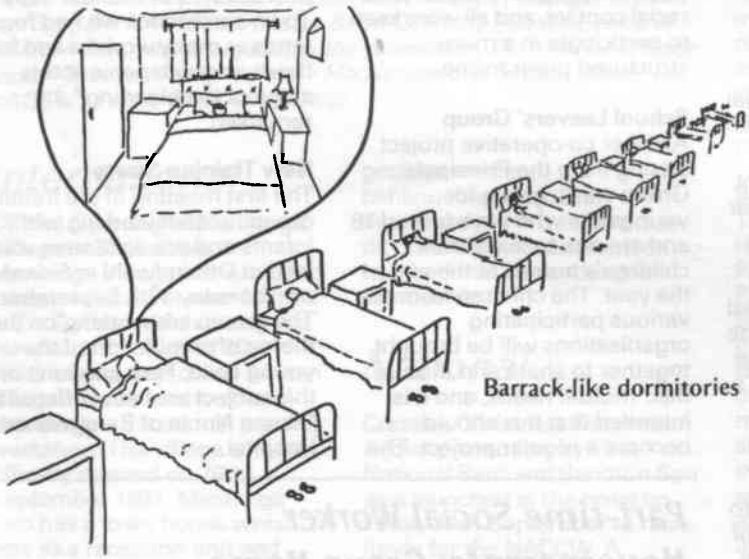
Just another child



Stockroom 'hand-me-downs'

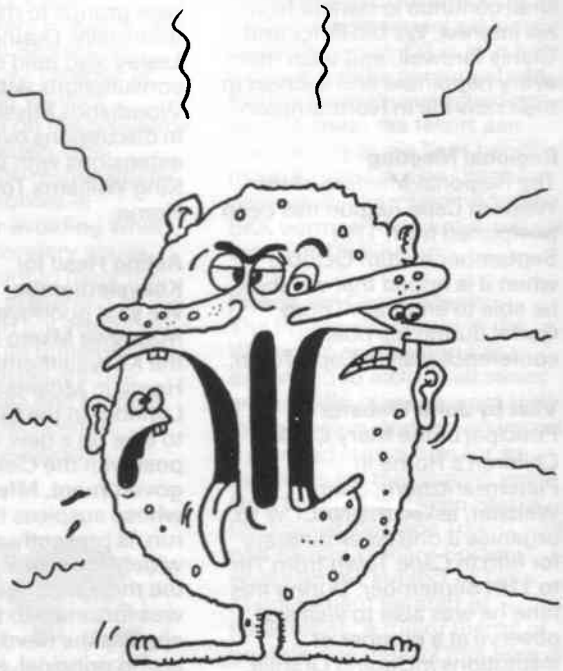


No respect for privacy



Barrack-like dormitories

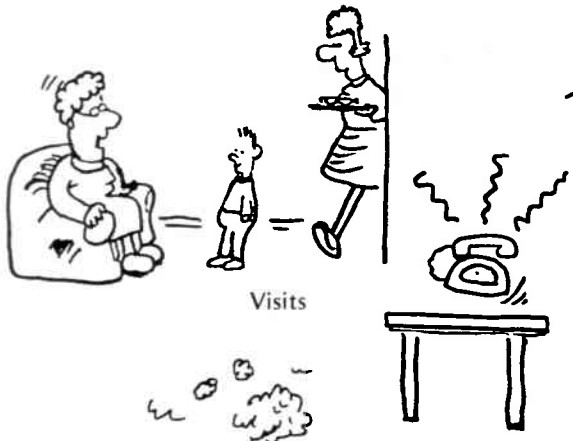
Bored adults who don't listen



These things confuse me -- and I am confused enough about myself!

PART TWO – SOLUTIONS

'Holding' in a secure environment



Visits

Letters

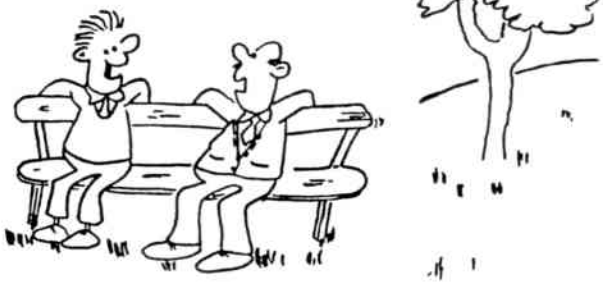
Telephone calls

Room to experiment – and learn from mistakes

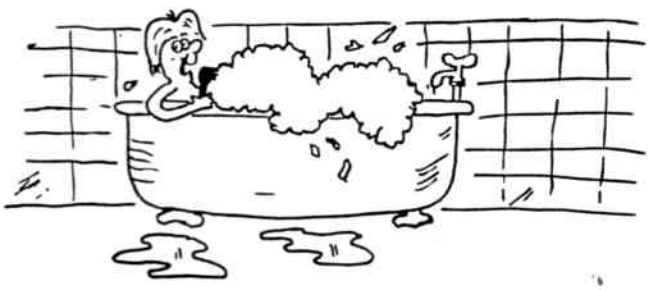
Taking responsibility for own actions

Freedom for own pursuits

Skilled helpers



Role-free encounters with adults



Privacy to do your own thing

Being accepted just for being ME!

Noue Ontkomings

Too Close Encounters — and what to do about them
Rosemary Stones
Magnet Books, R9.95

Hierdie is 'n slapband boekie van minder as 100 bladsye in eenvoudige, reguit taal geskryf wat van groot waarde sal wees vir alle tieners.
Die tema van die boek is persoonlike veiligheid: hoe om dit te bewerkstellig, hoe om hulp te kry of wat om self te doen in probleemsituasies.
In haar inleiding sê Rosemary Stones dat byna elke mens op een of ander tyd blootgetsel word aan ongewensde seksuele aandag. Dit kan ontstellend, angswekkend, en selfs gevaarlik wees. Hoe meer kennis ons het oor molestering en aanranding hoe makliker sal ons die gevaartekens herken en dan 'n strategie uitwerk om dit te hanteer.
Tieners is a.g.v. hulle aantreklike voorkoms en leefwyse baie kwesbaar vir seksuele molestering.

Strategieë vir Beskerming en Persoonlike Beheer oor jou Liggaam
Dit is die verantwoordelikheid van elke tiener om kennis in te win oor sy persoonlike ontwikkeling maar ook die plig van elke volwassene om tieners te help beveilig. 'n Sewe punt handves vir ouers is in die hoofstuk ingesluit. (Sien venster)
Persoonlike behoeftes en veiligheid word openlik en realisties bespreek. Volledige aandag word gegee aan metodes om jouself te verdedig en beveilig in algemene situasies bv. tuis, tydens duimgooi, wanneer jy werk soek en selfs in openbare plekke.

Seksuele Gevaarsituasies
Die boekie sluit geen seksuele onderrig in nie — dit beveel wel 'n aantal bronne aan.
In onomwonde taal word die houding van die samelewing ten opsigte van seks en seksualiteit bespreek. Privaatheid en naaktheid, persoonlike seksuele behoeftes en dagdromery, seks vir vergoeding, pornografie en weglopery word behandel. Die skryfster se boodskap aan die tiener is dat ingeligtheid en verantwoordelike optrede die skakel tot volwassenheid is en sluit besondere insigte in.

Waarom Seksuele Molestering en Aanranding Voorkom
Sekssterotipes en maatskaplike norme speel dikwels 'n rol in die voorkoms van seksueel onaanvaarbare gedrag. Een voorbeeld hiervan is die steeds bestaande, ofskoon verourderde. rolverwagting dat alle mans noodwendig seksbehep moet wees en dat alle vroue seksobjekte is. Dertien algemene reëls vir seksuele goeie maniere en sensitiewe gedrag word onderskei. "Hoe om Nee te sê" word ook simpatiek bespreek.
'n Ander afdeling onderskei die persoonlikheidseienskappe en gedragspatrone wat kan lei tot seksuele gewelddadigheid.
Dit is noodsaaklik dat slagoffers hierdie misdade aanmeld. Al is sommige van ons selfversekerd genoeg om so 'n situasie te kan hanteer is daar altyd andere wat meer skade kan ly.
[Obsene telefoon oproepe] kan vrees en angs veroorsaak al is daar nie direkte aanraking nie. Die skryfster stel oorspronklik voor dat ons 'n skril fluitjie in die telefoon blaas.
[Ontbloting] is ontstellend alhoewel dié tipe misdadiger selde gevaarlik is.
Wanneer ons [betas] word op 'n trein, 'n bus of ander groot massa situasie is dit wenslik om luidkeels ons verontwaardiging uit te spreek.
Dit is onaangenaam om die middelpunt van die [afloerder] se seksuele fantasering te wees en elkeen behoort hom te vergewis van sy privaatheid.
Hoewel [aanmerkings, aangapery en geluide] besonder venederend kan wees hou dit selde gevaar in, en kan suksesvol geignoreer word as ons die korrekte boodskap met ons liggaamshouding weergee.
[Seksuele molestering en aanranding op skool] volg dikwels uit onkunde en swak beplanning en organisasie, bv. swak plasing van kleedkamers of manlike voorligters vir dogters.
[Dubbele standaarde]: Dit is bejammerenswaardig dat skoliere steeds glo dat seuns se status verhoog wanneer hulle 'dit met 'n meisie maak', en dat meisies wat 'dit' toelaat slette is.

Verkragting en Seksuele Aanranding
Hierdie is 'n uiters ernstige saak en die slagoffer moet altyd dadelik hulp kry — as 'n tiener werklik nie sy ouers kan vertrou nie, dan by 'n onderwyser of selfs 'n vriend. Persoonlike beraad is altyd nodig om so 'n skokkende ondervinding te verwerk.
Praktiese wenke om die saak by die polisie aanhangig te maak word ook gegee, In 60 persent van gevalle van seksuele aanranding is die skuldige party bekend aan die slagoffer. Tieners kan maklik in gevaarlike situasies beland en beheer verloor oor die verloop van sake. Dikwels het die skuldige meer gesag en ondervinding en tieners meen dat hulle daarom gerespekteer moet word. Dit word beklemtoon dat wat die tiener se

A Charter for Adults to Help to Keep Teenagers Safe

1 **Adults (parents/guardians/doctors/teachers/priests etc.) should listen when a teenager tells them about being sexually harassed or assaulted and be prepared to believe her/him.**
2 **Adults should say: 'I'm glad you told me.'**
3 **Adults should not blame the teenager for being harassed or assaulted.**
4 **Adults should accept that a teenager who breaks family or school rules or takes silly risks does not deserve to be sexually harassed or assaulted and is not responsible for that harassment or assault. (If a rule has been broken, that can be discussed and dealt with at some other time.**
5 **Adults should tell teenagers that their safety is more important than anything else and that they are always prepared to help without getting angry and without prying.**
6. **Adults should work out safety strategies with teenagers so that if a teenager is ever in an uncomfortable or dangerous situation, she/he will immediately think of**
   - **phoning for adult help (reversing the charges if necessary)**
   - **asking to be met**
   - **asking to be rescued from something she/he can't handle**
   - **saying with confidence 'My mum/dad/teacher/guardian knows where I am and is expecting me back now'.**
7 **Adults should decide with teenagers on a reliable fall-back person to whom the teenager can turn when they are not available.**

rol of selfs gedeeltelike skuld aan die situasie ookal is, die werklike blaam altyd by die aanrander is. Wat die omstandighede ookal gegeld het, niemand het die reg om 'n ander aan te rand nie.

Bloedskande en Misbruik van 'n Posisie van Gesag/Opvoeding
Rosemary Stones verseker elke slagoffer in hierdie tragiese situasie dat daar vandag veel groter maatskaplike bewussyn van hierdie probleem is en dat dit noodsaaklik is om aan te hou vertel totdat hulp verkry is.

Waar om Hulp en Raad te Kry
Hierdie afdeling in die boekie is nie toepaslik vie Suid-Afrika nie. Ek wil voorstel dat ons 'n gemeenskapsidentifikasie doen in ons eie areas en die deel agter in die boek self vervang.
Dit is dikwels in die aard van die tiener om nie openlik te wees met die opvoeders/gesagsfigure wat naaste aan hulle is nie. Die keuse waar hy om hulp sal aanklop moet by die tiener berus en dit is ons plig om alle moontlike hulpbronne aan hom bekend te stel.

English Summary
Some people can laugh at sexual encounters that other people can't even bring themselves to mention. Some situations are frightening and potentially dangerous, but others, although offensive are simply embarrassing. Teenagers are confronted by a wide range of difficult situations and too often they feel guilt or shame and unnecessary anxiety. Rosemary Stones looks at these encounters and gives straightforward, practical advice on how to deal with them. Obscene phone callers, touching in crowded places as well as harassment, assault and abuse are discussed in this highly recommended book.

— Reneé van der Merwe

"Your mother thinks it's time we had a chat about the 'Facts of Life' son."

Vakante Betrekkings

Môrester Kinderhuis

Adjunk-direkteur
(Manlik of Vroulik)

Vereistes
- Verkieslik tersiêre opleiding in 'n toepaslike studierigting
- Lidmaatskap van een van die drie Susterskerke
- Toepaslike ondervinding (minstens tien jaar werkservaring)
- Verpligte inwoning
- Goeie organisasievermoë
- Dissipline kan handhaaf
- Goeie menseverhoudings handhaaf

Diensvoordele
- Salaris — R19 845 — R23 004
- Diensbonus
- Pensioenfonds
- Mediesefonds
- Ruim verlofvoordele
- Gratis losies (tweeslaapkamer woonstel plus etes)

Sluitingsdatum
13 Oktober 1987

Diensaanvaarding
Vanaf Januarie — 30 Maart 1988

Skakel 0361-27977 vir pligtestaat en aansoekvorms.

Situations Wanted

Married woman, matriculated, awaiting registration as registered nurse seeks non-resident post in Cape Town area preferably day shift work.
Telephone Susan Pnematicatos on 021-686-3225.

Young single man (28), completing B.Sc, interested in working with children, seeks part-time position in child care/education in Cape Town area. Interest in eurhythmy. Contact Carlo Janowski, 36 Main Road, Plumstead 7800 or telephone 021-797-1857.

LELIEBLOEM HOUSE

Registered Social Worker
The applicant should —
- have a minimum of 2 years' experience in a residential child care setting
- be able to communicate effectively with both adults and children
- possess administrative and organisational skills.

The applicant would *not* be required to live on the premises. Salary will be assessed in terms of previous experience and personal aptitude. The Home offers a range of benefits including medical aid scheme and pension fund. The successful applicant would be required to begin as soon as possible.

Child Care Worker
The applicant should —
- be over 28 years of age
- be an unmarried female with no dependants
- be willing to live on the premises
- have a Standard 8 certificate or higher qualification
- have the ability to work under pressure
- have contactable references.

Preference will be given to applicants with driver's licence and experience in child care or a related field.
The Home offers free accommodation and meals, salary based upon previous experience, training in the field of child care.

Houseparents
We require the services of a married couple. The wife would be required to fulfil all the basic functions of a child care worker, while the husband's participation in the activities of the home in the role of housefather would be expected. The successful couple should —
- be no less than 30 years of age
- have been married for at least 3 years
- have only one child.

The husband should be employed on a full-time basis and possess a consistent employment record.
Previous child care experience would be an advantage, particularly for the wife.
At least one partner should possess a valid driver's licence.
The successful applicant couple would be required to begin work on the 1st November 1987, commuting to and from work on a daily basis. They would be required to take up residence at Leliebloem House in mid-December or early January 1988.

Applicants are invited to apply in writing to The Principal, Leliebloem House, Korne Close, Belgravia Road, Athlone 7764, or, telephone 021-637-6890 during working hours for an appointment. Please include letters of reference and CV's with your letter of application.

Free to Be Conference in Cape Town

Nicole van Rensburg

The South African Association for Early Childhood Education held a three-day national symposium in July at UCT. It was the largest symposium held by the SAAECE. It was planned and hosted by Aspect who put considerable energy and time into this work.
The theme of the symposium was *Free to Be* with these main principles:
- Free to be a child who in his or her earliest years lives freely, richly and constructively.
- Free to be educated creatively and to reach his or her full potential.
- Free to be loved, cared for and respected.
- Free to be adequately nourished and medically cared for.
- Free to be raised in a spirit of peace and universal brotherhood.
- Free to become.

The three main themes covered during the symposium were:
1. *Educating towards excellence*, which explored educational issues.
2. *Social pressures in a changing society*, which looked at issues in future South Africa.
3. *The healthy, happy child*, which dealt with crisis and how it effects children.

There was a large range of subjects planned into the programme, with an average of fourteen lectures taking place at one time, making choices mind-boggling and almost impossible. The lectures were presented by speakers drawn from places as wide-ranging as Mafikeng, Edinburgh, Umlazi and Chicago.
450 preschools responded well to the idea of setting up exhibitions. The exhibitions were set up on five floors of the education building which illustrated different fields of interest. There was plenty to see and talk about. Field visits were also set up for interested parties. Streams of excited and concerned people from all over the country filled the Education Faculty, all of them eager to embark on an educational experience and having the same thing in common: the education of children.
It was a chance to meet preschool colleagues from every corner of South Africa and to learn from each other. It was a meeting of minds and hearts which created a spirit of unity in all who attended.

The symposium was opened with the "Free to Be" song, sung by students from Barkley House and Sallie Davies all of whom were dressed in the colours of the symposium's logo. This was followed by a speech from an overseas guest speaker, Dr Mary Lane on "The basic needs of successful learners". Her words of wisdom gained respect from the delegates. The second guest speaker, Professor John Farfar, professor of Child Life and Health at the university of Edinburgh, presented a paper on the global view of the health of young children.
The symposium drew to a close on the third day with delegates resolving to press for non-racial schooling from pre-primary levels upwards.
It was a memorable symposium giving delegates a chance to be involved in crucial issues, and which left us all exhausted but exhilirated.

The conclusion of Dr Mary Lane's talk at the Free to Be Conference

Most of what I really need to know about how to live, and what to do, and how to be, I learned in preschool. Wisdom was not at the top of the graduate school mountain but there in the sandpile at nursery school. These are the things I learned.

Share everything. Play fair. Don't hit people. Put things back where you found them. Clean up your own mess. Don't take things that aren't yours. Say you're sorry when you hurt somebody. Wash your hands before you eat. Flush. Warm cookies and cold milk are good for you.
Live a balanced life. Learn some and think some and draw and paint and sing and dance and play and work every day some. Take a nap every afternoon.
When you go out into the world, watch out for traffic, hold hands, and stick together. Be aware of wonder. Remember the little seed in the plastic cup. The roots go down and the plant goes up and nobody really knows how or why; but we are all like that.
Goldfish and hamsters and white mice and even the little seed in the plastic cup — they all die. So do we.

Everything you need to know is in there somewhere — the Golden Rule and love and basic sanitation, ecology and politics and equality and sane living. Take any one of those items and extrapolate it into sophisticated adult terms and apply it to your family life or your work or your government or your world, and they hold true and clear and firm. Think what a better world it would be if we all — the whole world — had cookies and milk about three o'clock every afternoon and then lay down with our "blankies" for a nap. Or if South Africa had as a basic policy to always put things back where it found them and cleaned up its mess.
And it is still true, no matter how old you are, when you go out into the world, it is best to hold hands and stick together.