

The **child care worker**



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Nasional Vereniging van
Kinderversorgers

International Network Affiliate

CWLA

Child Welfare League of America

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Redaksiekommissie. Lede: Merle Allsopp BA, HDE, NHCRCC; Annette Cockburn LTCL, Dip.Ad.Ed.(UCT); Peter Powis MA (Kliniese Sielkunde); Rose September BA (MW), BA (Hons), Dip.Ad.Ed.; René van der Merwe BA (MW) (Stellenbosch). Verenigde Koninkryk: Peter Harper MSc (Kliniese Sielkunde); VSA: Dina Hatchuel BSocSc (SW) (Hons) PSW, MSocSc.
Redakteur: Brian Gannon

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The National Association of Child Care Workers is an independent, non-racial organisation which provides the professional training and infrastructure to improve standards of care and treatment for children in residential settings. Die Nasionale Vereniging van Kinderversorgers is 'n onafhanklike, nie-rassige organisasie wat professionele opleiding en infrastruktuur verskaf om versorging en behandeling standarde vir kinders in residensiële omgewings te verbeter.

National Executive Committee/Nasionale Uitvoerende Raad

Nasionale Voorsitter/National Chair-
man: Ashley Theron BA (SW), BA (Hons),
NHCRCC, MICC, 102 Ultra Ave, Ber-
nidino Heights, Kraaifontein 7570. Tel:
021-418-1730 or 021-934-8789.

National Treasurer/Nasionale Tesourier:
John Saxey AJAC, FICB(SA), P.O.
Box/Posbus 3212, Cape Town/Kaapstad
8000. Tel: 761-7591.

Members/Lede: Roger Pitt (Border),
Ernie Nightingale (Natal), Leon
Rodrigues (Wes-Kaap), Barrie Lodge
(Transvaal).

Directorate/Direktoraat

National Director/Nasionale Direkteur:
Brian Gannon BA (Hons), MA, AICC, P.O.
Box/Posbus 23199, Claremont 7735. Tel:
021-790-3401.

Regional Director (Transvaal): Di Levine
BA (SW) (Hons), MA, MICC, P.O. Box
95129, Grant Park 2051. Tel: 011-728-
3728.

*Streetdirekteur (Oostelike Provinsie en
Natal):* Lesley du Toit BA (Soc.Sc), Hons
BA (SW), Hons BA, MICC, Posbus 28323,
Malvern 4055. Tel: 031-44-1106 or 031-
44-6555.

Streeksekretaresse/Regional Secretaries

Transvaal: Joan Rubenstein, P.O.
Box/Posbus 27791, Yeoville 2143. Tel:
011-648-1120

Natal: Kathy Mitchell, P.O. Box/Posbus
28119, Malvern 4055. Tel: 031-44-6555

Border/Grens: Sarah Burger, Pos-
bus/P.O. Box 482, King Williams Town
5600. Tel: 0433-21932

Wes-Kaap/Western Cape: Nicola van
Rensburg, St Michaels, Hoofweg 63
Main Road, Plumstead 7800. Tel: 021-
797-4186

NACCW/NVK



Codes of Ethics for Child Care Workers

On Monday 18 September your editor had the privilege of attending a ceremony at St Georges Home in Johannesburg where the staff committed themselves before a Commissioner of Oaths to a Code of Ethics for child care workers.

Thom Garfat (keynote speaker at our 1987 National Conference) remarked in a recent personal communication how strange it is that the child care service seems to demand from workers the maximum possible contribution in time, service and loyalty for the minimum possible return. Thom was speaking from Canada, but similar observations may be heard in the USA, where child care workers rank in the lowest of US wage earners (Time, 22 June 1987). Rod Durkin puts this more bluntly: Many child care workers earn less than those caring for animals in the zoo! In South Africa, too, the profession is not characterised by generous salaries and considerate working conditions.

Yet, far from waving banners and threatening industrial action, we see a group of child care workers in Johannesburg making an open commitment to a high quality of professional practice in relation to their clients and of loyalty to the agency which employs them.

Three hours later your editor was back in Cape Town putting the finishing touches to a new booklet just published by the NACCW *Hiring and Firing: A Guide to Fair Employment Practices for Child Care Organisations in South Africa* by Di Levine and Barrie Lodge. Here was the other side of the coin, the responsibility of the agency to adopt an employment philosophy which "is in total accord with the values of our profession which emphasises care and concern for the well-being of each individual." This booklet makes the point that "both employer and employee need to have a clear understanding of their mutual obligations and rights".

Such signs of *rapprochement* and goodwill between employer and employee in the service are none too premature since there are clear signs that child care workers are less and less willing to wag their tails and roll over. In one Region of the NACCW, for example, it is seriously being questioned whether training to produce better child care workers should really be coming before professionalisation in the search for recognition. "One of the philosophies we are taught to respect" says one child care worker, "is that children shouldn't have first to behave well in order for us to care about them; rather, we should care about them in

order that they can behave. Why shouldn't this apply also to child care workers?"

Certainly the Constitution of the NACCW affirms the mutual responsibilities of employer and employee in child care. The very first of the Association's Aims and Objects is "to work towards professional standards for child care workers in respect of their knowledge and skill, their status, their material circumstances and conditions of service". No ambiguity there: knowledge and skill, status and employment conditions all wrapped up into one single deal. 'You can't have one without the other.'

The commitment of child care workers to a Code of Ethics might at first sight appear to be the same dedicated willingness we have come to expect of them in the past. But there are more compelling challenges in this. A professional gesture demands a professional response.

New Book

New books on child care are always of interest, but Di Levine and Barry Lodge have been concentrating on an altogether different level of practice in putting together *Hiring and Firing*, referred to above. They have made a practical contribution to our field by studying labour legislation and employment practices in relation to child care, and producing guidelines for management committees and for staff. The book came off the presses on the first day of our Biennial Conference and proved to be a fast seller amongst delegates.

Empty Pages

This is the 65th issue of *The Child Care Worker*, a monthly journal published by the NACCW since 1983.

Most of our readers agree that its pages are generally filled with interesting material for our profession. But there is at this stage no guarantee that when you open the 66th issue next month, you will find anything in it at all!

A very devoted (but very small) Editorial Board meets month by month in Cape Town, desperately planning and inventing ideas for future issues and goading unsuspecting writers and practitioners into producing articles. But from our vantage point in the Cape, we cannot be aware of all that goes on in child care, and so we rely on our readers to keep us in touch, to make suggestions, and also to contribute material. Or has the last word in child care been spoken? Is there nothing left to say?

THE WHO CARRIES YOUNG PEOPLE

Jim Allison

Jim Allison is an associate professor with the Faculty of Social Welfare, University of Calgary. He is one of the founding members of the WHO CARES Society (Alberta) and has been actively involved over the past several years in promoting opportunities for children in care to speak out about their experiences.

When the WHO CARES Society (Alberta) was formed in 1980, its purpose was to provide opportunities for children in care to speak out about their experiences. The Society was simply trying to promote the common-sense notion that children in care should be actively involved, not just in planning and decision making affecting their personal lives, but in commenting more generally about the array of services set up on their behalf. There was some modest success achieved by the Society. Over a period of approximately four years, a core group of five children in care and five interested adults arranged a conference for children in care, set up several speaking engagements and workshops, produced a small book, *Say Hi To Julie*, and most recently participated in the production of the WHO CARES videotape programme.

This last project was prompted by an initiative from the Communications Media Department of the University of Calgary. It was their belief that a videotape version of *Say Hi To Julie* would have considerable appeal to a potentially wide range of audiences. Thus far only a few student and professional groups have seen the videotape. However, initial reactions have been very favourable, and the Communications Media Department intends to begin an extensive promotion programme for the videotape in the fall

of 1984.

The purpose of this article is not to repeat the plea about listening to children in care. Rather, the intent is to highlight one important theme that emerges very clearly from the videotape programme. The theme is about relationships and about the high probability that many young people in care approach adulthood and independent living unwilling to invest themselves in close relationships with others. One might speculate that their fearfulness in this regard has been reinforced, if not caused, by their experiences while in care. If true, this is a strange legacy from a system charged with their care. Indeed, if feeling alone and emotionally isolated is a common outcome of being in care, then that care is often tragically inadequate.

The comments which follow are taken from the videotape programme. Five young people, all of whom were in care for several years reflect on their experiences while in care.

If I had been born to a decent family I'd be somewhere by now.
— Darlene, age 18

The impact of this statement is greater on videotape than in print. As she begins Darlene is looking down; there has been a long pause; the sentence builds and she ends it by looking up into the camera, defiantly challenging the viewer to dispute her claim. She shows a disturbing mixture of anger, fear, and despair. She

says she's getting weak; she's been strong for so long.

One cannot help but be moved by what Darlene says and how she says it. One cannot help either in sharing Darlene's frightening uncertainty about her future. She is an attractive, bright, articulate young woman, but she has some significant handicaps. She is Indian. She has spent most of her eighteen years in care; in receiving centres, foster homes and group homes. She has moved a lot, so much that she talks of a pattern of restlessness that she feels powerless to break. Most disturbing is her statement that she doesn't get close to people anymore because they always leave.

One time I cried and she touched me. I couldn't stand for her (foster mother) to touch me, so I never cried again while I was there. — Leah, age 17

When she said this on camera, Leah's mouth looked rigid and her lip movements, as she mouthed the words, seemed excessive and unnatural. Later, quite a while in fact after she had seen the tape, she figured out that she looked like that because she was angry when she said it. She was talking about one of the many foster mothers she had had since coming into care when she was five. She said she was determined not to cooperate with a system that kept unexpectedly moving her. Each foster mother failed to live up to a romantic fantasy Leah had constructed, and so she would persevere, in a detached way, grimly determined to hang on until the next move.

Leah does some unrehearsed introductory comments about the young people in the videotape. She says, when she gets to her picture, that her motto is that "she survived". She survived all right, but at what cost? As she asks herself, was my making it worth the wrecked lives of my mother and my sister? Surely, she says, the social workers could have helped her mother be a better parent to her children. She believes that she shouldn't have been apprehended in the first place. Like Darlene, Leah is extremely cautious about entering new relationships.

"That's not me (pointing to his file). You've got to be kidding if you think that's me. Spend a couple of days with me and maybe you'll begin to know who I am."

— Don, age 18

Five years ago Don was an appealing wise-cracking youngster, small for his age, but obviously perceptive and intelligent. Now he is a young adult, in appearance at least, and he has become reserved, withdrawn, very fidgety, and easily provoked into frightening anger. Most of the time he has contempt for professional helpers and their reports, but lately he's worried enough about his intense, hair-trigger rage that he thinks he should talk to a psychiatrist. He's in jail awaiting trial for a drug charge.

Don came into care when he was eight because his mother was murdered and his father had long since deserted. He was made a permanent ward and for the next ten years was placed in a staggering number of foster homes and group homes. He had regular psychiatric treatment because it was assumed that he would have severe emotional trauma about his mother's death. This was his "treatment" focus as he was moved from place to place.

The fact that he is currently in jail may seem a sign that the treatment failed. A far more significant fact, however, is that from a group of at least thirty caretakers (foster parents, social workers, child care workers, etc.) no one, not one has maintained an interest in him. He is a classic example of foster care "drift". He says on tape, "I don't get close to anyone anymore" as if he's reached a normal developmental stage. He sits on the other side of the plexiglass talking into the telephone about his intention to kill a friend who has spent six hundred dollars belonging to him. He chain smokes, he pushes his shoulder length hair out of his eyes, and he once in a while betrays that he knows that he's absolutely alone.

Drift and Permanency

Research in the Child Welfare field in the last two decades has essentially confirmed what most practitioners already feared. While we can take heart that

many children have been protected from abuse and neglect, we must be discouraged by the evidence about what happens to children after they are taken into care. The best, and now classic studies (Jenkins and Norman, 1972; Gruber, 1978; Knitzer, 1978; Rowe, 1973; Fanshell and Shin, 1978) have substantiated that children typically "drift" in care without a sense of where they are headed, and often, presumably, without a sense of attachment to any significant adult.

Similarly, the two books by J. Goldstein et al., *Beyond the Best Interests of the Child* (1973) and *Before the Best Interests of the Child* (1979) have been of considerable influence in the evolution of the concept of permanency planning and the emergence of the important practice principles promoting stability and continuity of care in placements of children in care. Their contribution is highlighted by their reference to the concept of the "psychological parent", an idea which lends support to preserving those situations wherein children and adults sense a constructive emotional attachment. They contend that such relationships, whether blood ties or not, are fundamental for optimal child development. This concept, according to the authors, provides perhaps the only solid predictive criterion for subsequent growth of children. They contend that other theory and information about children is less reliable, which leads to their second important argument, that of choosing the least disruptive alternative if protective intervention is required. Again the implication is clear. When there is already in place a constructive relationship between a child and adult(s), we must do our best to support and preserve it. If it is not there, then our task is to do everything possible to facilitate the creation of a new "psychological" relationship.

Love relationships

In her book *The Needs of Children* (1975) Dr Mia Pringle, a former director of the National Children's Bureau in Britain, echoes the significance of the "reciprocal love relationship" between the child and its mother as the foundation for all future learning. She states: "the essential driving force of the will to learn has its roots in the quality of relationships available to the child right from the beginning of life" (Pringle, 1975). Later she indicates: "Such love is extremely difficult to replace and hence it makes the child vulnerable when it is lost to him, temporarily or permanently. In most cases, the best that community care can offer is impartiality — to be fair to every child in its care. But a developing personality needs more than that, it needs to know that to

someone it matters more than other children; that someone will go to *unreasonable* lengths ... for its sake" (Pringle, 1975 p.36-7, italics added). And then, in a review of factors associated with successful outcomes in institutional care, she states, "What seemed crucial was that someone cared sufficiently to maintain a stable, *enduring* relationship." (Pringle, 1975 p.136, italics added).

In another study examining the adaptation of young adults leaving institutional care, the researchers concluded: "That the factors most significantly associated with post-discharge adaptation were the *child's perception* of family support after discharge, and other factors that may be interpreted as continuity of family support before, during, and after discharge" (Taylor, et al., 1973, 51, italics added).

These thoughts are perhaps best summed up by the American psychologist, Urie Bronfenbrenner who stated, in a videotape lecture (Cornell 1976), his first and most important proposition for child development, "every child needs a sense of an enduring, irrational commitment from at least one adult".

Moreover, it is this sense of belonging to someone, of being attached for better or worse, that provides the foundation for the child's subsequent growth and learning. The relationship must be perceived by the child as long-term care, and care without reason.

Certainly comments like these from researchers and theorists are neither new nor surprising. Indeed, most practitioners are aware that children in care who do best in any of the usual programme forms (foster homes, group homes, residential treatment centres) are the ones who believe that some adult, parent or not, does have this enduring, irrational commitment to them, a commitment which is demonstrated by that adult's involvement in planning and visiting during the in-care experience. Conversely, for children who do not have this sense of belonging, treatment objectives, no matter how sensitively applied are seldom achieved. How is it, if this proposition for child development is readily apparent to practitioners and is reinforced by research, it is not made more prominent in our work with children in care? I would like to offer two possible explanations.

The first has to do with the "irrational" aspect of the relationship. As Bronfenbrenner notes in the aforementioned videotape lecture, children must sense that someone is "crazy" about them. Such language is simply not included in the list of ideas used to prepare and train

professionals in the child care field. Instead, we are taught that our relationships with children are indeed important, but they are purposeful; that they are instrumental for subsequent treatment and problem solving. Moreover, while the old adage of remaining objective is thankfully losing prominence in professional training, there is nevertheless a proper caution not to lose sight of the reasons for one's involvement. This is how it should be. My contention is that professional helpers cannot and should not aspire to be part of long-term, irrational commitments to children. In behaving as if lasting relationships are possible, we run a high risk of becoming yet another major disappointment for a child.

When a child in care does have a sense of an unconditional attachment to someone, there is a much greater probability that he or she can perceive the true nature of the formal helping relationship, including the important fact that it is time limited. For this child, the primary relationship serves as the security and the reason for trying to learn and change. It also provides precedent and incentive for the child to risk the benefits of additional relationships, and as noted, our practice confirms that these children are more likely to do well in care.

The much greater challenge, however, is to be helpful to the unattached child. In these cases, I believe it is imperative to appreciate the sequence of primary relationship first, and significant learning, second. Thus, despite how difficult and long the task might be, we must try, as the highest priority, to provide a context within which a reciprocal irrational commitment may develop. And until it does, our efforts to help may have limited success.

One further point must be stressed. The professional helper is not in the best position to make judgements about whether the primary relationship is in fact in place. Instead, as has been noted by authors writing about permanency planning (Maluccio et al., 1980) it is the child's perception of attachment and permanence that counts. Only the child can sense when wishful thinking has been supplanted by hard evidence of commitment over time. It happens or it doesn't. We cannot create such attachments for children but we can surely be most helpful by appreciating how vital they are, and by ensuring that what we do does not interfere with opportunities for their development.

The second suggested reason for losing sight of the importance of primary relationship is likely to be more contentious, and it brings us back to the young people in the WHO CARES videotape programme. Those who have seen the

programme confirm that it has dramatic impact because it forces the viewer to have at least some response to the unmistakable and disturbing portrayal of what it's like to be alone. The programme contains no abstract rhetoric about primary relationships, and offers no comfortable distance from which to screen out impact. Instead the message is abundantly clear and painful to see. Despite knowing these young people for close to five years, the adults involved in the project did not appreciate, until the videotape was prepared, how awful it has been, and for some still is, to feel alone, belonging in the irrational sense to no one.

My point is that our efforts to understand children in our care typically do not reach this level of awareness. To truly know a particular child's aloneness cannot help but be overwhelming, especially because we can do so little about it. It is much easier and less painful not to be close enough to be able to understand. Yet one could argue that without this understanding, we cannot be as motivated as we should be to give this need the prominence it deserves.

And so we hope the videotape programme, if nothing else, will remind those who see it that behind all of the things we try to do as professional helpers is the first and primary developmental need of children, of them knowing that by someone they are cared for, without reason. When that need is met, chances are good that we can in fact be helpful to children in care; that we can do things with them that will promote the development of their personal competence. If we ignore it or behave in such a way as to interfere with its development, then we will continue to hear what Darlene and Leah and Don have so forcefully told us.

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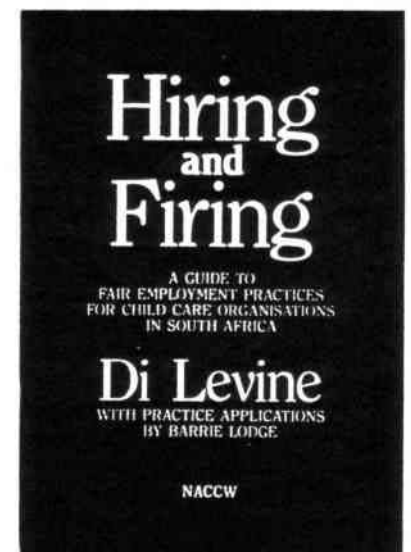
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A Primer on the Phenomenon of Street Children

Some work for them and others against them

Street Children: A Growing Urban Tragedy: A Report for the Independent Commission on International Humanitarian Issues

Susanaa Agnelli

George Weidenfeld & Nicolson, London, 1986

"Life's aspirations come in the guise of children." — *Tagore, R. 1928*

The phenomenon of street children in the modern era is at least one hundred years old, with documentation for Colombia, South America and London, among other places. It is also no stranger to you who live in Johannesburg, Durban or Cape Town, among other places. This report for the International Commission on International Humanitarian Issues (ICHI), on which Archbishop Desmond Tutu serves, was intended to review street youth, for the general reader, its incidence and prevalence, theories of cause, preventive approaches and exemplar programmes.

This is a good, broad-stroke overview of street children, useful for practitioners, administrators, agency board members and politicians. It is quick reading, not technical; and suggestive of practical actions. It is somewhat stronger on Latin America than on Africa or Asia, and relatively weak on the phenomena emergent in the United States and, presumably, in Europe.

The phenomenon of street children is put first into demographic context. By the year 2000, half the world's population will be under 25 years, with about 233 million, ages 5-19 in urban areas in developing countries, where 35% of the population will be under the age of 14. This population structure is placed into economic structures, and, in turn, into rural to urban migration, and then to urban work opportunities, living conditions, schooling, and the resulting socio-economic structural strains on families and community resources. These are shown to have psychological consequences on the family which in turn raise the risk to children for a variety of hurts and pain. One way a child has to deal with

these intra-familial tensions is to leave home. One place to go is to the streets. The familiar and useful UNICEF distinction between children "on the streets" and "of the streets" is introduced (but not used well in the text); the former retain familial ties, while the latter show none. Both, however, may come to be part of the street children culture (but no doubt to differing degrees). In the USA, while there seems to be a growing population of youth on the street, there clearly is a group who in effect *visit* the street. However, this may be simply one side of the on the street continuum). Both groups are "morally abandoned", the report claims, rightly. The larger adult community treats street children through selective inattention or, more psychologically, by using defences which make the children almost invisible. (In an

aesthetic sense, the children are a cliché, the strategy of which is to be made invisible through ordinariness and repetition). Truly, out of sight, out of mind. Both groups are out of the public, communal mind, and they are present presumably only for their families and for those in government and private social service, including the churches, who work with them and on their behalf. (Some work for them and others against them, as is seen in *Pixote*, the classic Brazilian film about street kids and in the new film *Salaam of Bombay* about street youth in India).

Exemplar programmes are few. Each is small, none has sufficient funds, and all are focused on intervention after the child is on the street. Clinical level prevention is proposed, as is community mobilisation, while larger social structural prevention is noted but not discussed. Too idealistic, no doubt! The text is in tension between the "affront to human dignity" found in societal indifference to these children and the hope necessary for psychological and spiritual survival — for adults as well as for the kids. A society, a community must also walk that narrow ridge, and it is us (as human beings, as citizens and as child and youth care workers) who must keep our focus on our children, including the children who live on the streets.

— *Mike Baizerman*

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Young Adults

DEVELOPMENTAL AND CLINICAL CONSIDERATIONS

Clive Chamberlain

Clive Chamberlain graduated in medicine from the University of Toronto and did postgraduate work in psychiatry in Toronto and Britain. Dr Chamberlain has worked extensively with adolescents in a variety of clinical and non-clinical settings.

Western industrial societies have had a hard time understanding and acknowledging the special needs of young adulthood. Perhaps this is a kind of nostalgic refusal to relinquish the notions of an earlier and more agrarian time when young people reached maturity several years after pubescence and by the late teens were well established in work and founding families. In recent years, for example, the interest of clinicians and developmental experts has focused mainly on childhood and adolescence. Literature on adolescence tends to characterise the period of life between about twelve years of age and fifteen or sixteen as a time of upheaval and rapid change. The social stereotype of this period is a youngster given to rapid shifts of emotion, driven by much energy but still physically and socially awkward. In short, a time of much stress and strain and possibly of special risk of emotional disturbance.

This kind of thinking, in my view, has distracted us from thinking about the period of life during which, in our society, the real shift from dependency on parents and school to independence is achieved or at least is expected to be achieved. During childhood and early adolescence some promise for future success is often sufficient — potential whether intellectual or social is rewarded in itself, without performance requirements. All this promise, however, has at some time to be delivered on. It is the later period of adolescence and young adulthood when the credit runs thin and the hard-nosed accounting is done. This is a period when the pieces have to be put together, values, attitudes, and the expression of these into coherent activity must take shape. Thus, the crunch is on. This is also a time when family really gets left behind; when friendships and work relationships are vital. Choices regarding work or the pursuit of specialised train-

ing will no longer be delayed and the rush is on to find a place in the world. In addition to the above realities in contemporary society, demographic and economic factors seem to be reducing the number of places in the world relative to the number of seekers, thus the intensity of competition increases. We are also told by those who make a living on the speech circuit talking about the future, that existing social and occupational niches are likely to be changing over time and thus a high degree of adaptability will be expected of the generation now reaching adulthood.

In spite of this most young people will see opportunity in uncertainty and learn to exploit it. It is, therefore, not the young people who have been equipped by luck and good circumstance to cope with these difficulties that we need to be especially concerned about. In fact too much adult and professional assistance may well hold them back. There are, however, a not inconsiderable number of stragglers. These do not fit the myths or behavioural norms and there is legitimate concern that, given the times we live in and the nature of our society, they will be unable to find satisfying places in the world.

Why are there stragglers? Let us first review what groundwork is necessary to allow each developing person the energy and confidence to achieve escape velocity at this particular time of life.

To begin with the infant has to acquire a sense of the world as reasonable and predictable. Erikson captures this requirement with the notion of the need to develop a sense of trust as a firm basis upon which to take further developmental steps.

Having achieved a reasonable amount of confidence that the world can be managed and predicted the next requirement is to learn to control and shape one's own behaviour. This, of course, requires the discovery that moments of tension and stress can be survived and that there is strategic value in postponing gratification.

The next period after having established a reasonable level of control over one's

body concerns learning to conduct relations with others with as much poise as possible. Extreme selfishness must yield to cooperation, and boogeymen and ghosts must be exorcised. No sooner have these things been consolidated than a whole new range of skills are demanded. Skills of the body and skills of the mind, skills of relating to other people and later more abstract entities, teams, schools, cultural ideas, and so on. It is during this period, the early school years, that the gradual process of separation from parents and family begins and the world widens and extends. Around the time of physical puberty the job of crystallising a sense of personal style or, in old fashioned language, of character allows for and demands the integration of preceding developmental work. All of this is required in order to equip a person of fifteen or sixteen years of age with some hope that delivery on promise and investment will be made. Because prior to this period existence is somewhat parasitic, faulty development in any of these themes often sits quietly as a land mine waiting to explode.

As I have indicated there used to be a great deal of talk about the storms and stresses of puberty. We were asked to imagine intense sexual and aggressive drives threatening the young adolescent's emotional equilibrium. In reality, if we look at clinical data, early adolescence has not seen it very clearly because in the past decade or so this time of life has been romanticised.

In some ways as a society we have wanted to identify with the struggles of early adolescence and have selected from this age group many of our cultural heroes. But times have changed. Those of us who were adults in the sixties and seventies speak nostalgically of those times and often refer to our contemporary troubles in words suggesting that we have emerged from a dreamy period and are now faced with hard and stark reality.

I think it is worth pausing here for a moment to briefly document the major argument of this presentation which is that in our society there is a sharp discontinuity requiring something of a leap between the end of adolescence and the beginning of young adulthood. Suicide rates do not really amount to much prior to about the age of fifteen and if one looks at the suicide rate in this province or in any western societies the incidence begins to skyrocket in the mid-teens and reaches a plateau in the mid-twenties. Early rates of alcoholism and serious entanglement with drug abuse begin to escalate rapidly at this point. Looking elsewhere the incidence of psychosis may similarly be used as a rough index of stress on the or-

ganism. Like suicide it is in the late adolescent-early adult period of life that one sees a dramatic increase. These figures seem to tell us that the stress is really on this latter period. The performance requirements and the separation from dependency on parents are much more significant pressures than the imagined surges in emotional drives of the early teens. Suddenly, and it is very sudden, people are perceived by others as autonomous and responsible for their own behaviour. Paternalism dies very quickly. The person at the age of sixteen and over is no longer needed to satisfy adults' romantic illusions about their own benevolence. They stop being cute and they begin to look just like other adults. They are, therefore, very abruptly separated from the comfortable moratorium — the nest is suddenly too small. Youngsters who have had problems with aggression suddenly become much more frightening. A thirteen or fourteen year old being aggressive threatens few adults and may indeed cause them to smile and indulge this behaviour. In some ways the aggressive young adolescent is serving adults, playing out a fantasy or rebellion that many of us secretly enjoy watching. It is safe because they are small, but once they are larger that permission suddenly dissipates or disappears and abandonment and rejection is close at hand. If we have the courage to recall this period in our own lives I think many of us will admit that it is a period of great loneliness. For the straggler, particularly, the separation from parents may seem more like a push than a joyful flight and for those that are even mildly isolated the pressure to be paired or part of a group and the unreadiness to do this confidently can yield anxiety and despair. I suspect that more people fall off the developmental conveyor belt at this period than at any other. These considerations have, I think, profound implications in terms of our service needs. Because of our romanticism about childhood and early adolescence there has been a tendency for our programmes to be preoccupied with the concerns of young children with all the paternalism and care that goes into that. Programmes that are oriented chiefly around a concept of a child or young person as essentially dependent, and needing continuing care and nurturance do not easily accommodate themselves to a young adult whose even faltering attempts to achieve autonomy and self-direction tends to frustrate our beneficence. Thus for the stragglers there is a gap in services just at a time when needs are acute. In the ideal world we would have designed children's services and adults'

services which completely overlap at this period of life. There are people ages sixteen, seventeen or eighteen who have achieved autonomy and quite appropriately wish to find a place in the world of adults and adult reality. There are others, however, who get lost in this world and its services who have needs. I think for instance of youngsters with various degrees of brain damage, psychotic illnesses, and intellectual hand-

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Successful programmes must be able to bear the embarrassment of not being successful

.....

icaps who defy the conventional description of what people are supposed to be doing at this age. These are people whose development is proceeding on a different schedule and who may be only seventeen or eighteen in a physiological or chronological sense. Our programmes that are working with adolescents need, therefore, to be able to "hang in" with young people until they are twenty-one or even beyond for the stragglers, and make it possible for these people to find some place in the service system much more related to their developmental needs than their chronological ages. Because of the complexities of life and the needs of this stage our programmes have to be similarly complex. It is evident now, certainly with hindsight, that one of the real failures in our service system with all the talk over the last twenty years about co-ordination and putting pieces together has been serious recognition of the needs of this age group. Services that wish seriously to serve this transitional group must place a high priority on finding and training for employment, securing places to live, assisting with peer group connections; and all of these interlocked in a manner that makes sense. The stragglers in this age group are as yet unable to case-manage their own service programmes. They are unable to go out and shop for specialised components that must be assembled and yet their continuing development depends critically on such service integration. Professionals who are sensitive to the needs of this age group are aware that young people need to make their own mistakes and frequently will refuse assistance — indeed they often need to go through a progression of cycles before they begin to make progress and this means patience and a willingness to

"hang on for the long haul". Paradoxically, successful programmes must be able to bear the embarrassment of not being successful, for otherwise the temptations to control and overprotect undermine long-term results. The business of assisting socially marginal and isolated young people in establishing relationships with members of their own age group is usually left to chance. While "matchmaker" services have developed rapidly in the past decade to assist middle-class adults in making friends, finding spouses, and sharing travel or accommodation, this younger and less confident group is often left to street predators or cults to assist in the achievement of some sense of social belonging. To make these considerations more concrete let us reflect how this "tail end" of the baby-boom generation may be in service jeopardy. While a large and aggressive twenty to thirty-five year old group struggles to grasp its share of diminishing jobs, and an expanding fifty plus generation prepares for comfortable and long retirements; while expansion of day care and other child support services are eagerly sought by the most articulate and best educated young parents we have ever seen, there is little focused advocacy for stragglers in a transitional age group. While the new Young Offenders Act could make possible extended service to the age group between sixteen and eighteen who have run a foul of the law, service expansion will be required to meet these needs. Similarly the loss of the Ministry wardship arrangement and general increased stringency in child welfare services to adolescents will likely result in reduced services at a time when need seems to be increasing. In a similar vein programmes established to create and expand job opportunities and programmes of assistance in preparing for work run the risk of tokenism. Finally, beyond concerns regarding quantity and quality of service, no one yet has invented an agency or organisational framework which would promote consolidation and integration of all the needs and services dealt with in this brief presentation. After the Second World War governments established veterans organisations to co-ordinate services as disparate as health, education, housing, and income support on behalf of a deserving, needy and needed generation. That effort bore results. Can anyone say that this much smaller group, the "wounded" among the no longer children, the not yet independent, are any less vital, for themselves and for all of us?

With permission: Journal of Child Care.

A recent Government report found that "all attempts to set up group housing or 'satellite houses', as recommended by the De Meyer Committee, have thus far failed". Not so, say **Marcelle Biderman-Pam** and **Kim Witkin** who write here of the Oranjia experience in Cape Town, one of several successful group home programmes operating in South Africa today ...

A Group Home which is Working

For many years we have attempted to normalise the living experience of children placed in our care. Our tireless efforts to integrate the children into the community, to make this large building more "home-like", and to bring an atmosphere of intimacy into the daily lives of the children, are both necessary and evident. However, the fact remains that this is an institution. Research has shown that living in an institution for an extended time has damaging effects on a child's development. Current trends suggest that long-term planning for children in substitute care should involve, if necessary, a short period in institutional care and thereafter a more permanent alternative offering a community-based, normalised living experience.

Oranjia Children's Home responded to the permanent planning needs of its children by establishing a group home which accommodates a maximum of six children, and this has been operating for the past three years.

Goals of Residential Care

A primary aim of residential care is to return children to the community with a level of competence in their day-to-day functioning. We found that it was not always possible to place children back into the community due to a limitation of the usual resources (e.g. unavailability of foster parents or poor family reconstruction prognoses). For some of our children this meant that they would con-

tinue to stay in a large institution with many other children for a very long period. A removal without time limitations was proving detrimental rather than therapeutic.

In 1983 Oranjia established a satellite unit, the group home. When planning for a permanent placement here for some of our children, we identified those who would benefit from a more normalised living environment. It was hoped that the structure of the group setting in the smaller unit, which is more directly integrated into the community, would offer children intimate and consistent relationships with peers and careworkers. 'Normalisation' refers to the opportunities provided by the programmes of a children's home which offer life experiences congruent with those encountered in normal homes.

By developing the group home programme, Oranjia was addressing the negative aspects of the institutional setting. The group home is situated in a socio-economic area in which the children feel comfortable, and their involvement in the local neighbourhood gives them a sense of community integration. The house is approximately 3km away from Oranjia, which facilitates support for the careworkers while at the same time enabling the children to function independently. The feeling of living in a 'house' rather than in an institution helps to reduce stigma for the children.

Who does the Group Home cater for?

Criteria for admission to the group home include:

- Children who require a form of long-term alternative care, and for whom return to family or foster care placement are not indicated.
- Children who require competency building before return to their families. In such a case placement in the group home is seen as a transitional phase for the child about to return home.
- Children whose natural growth and development is being retarded by the artificial and protective environment of the institution. Such children would benefit from a more normalised living environment.
- Children who would benefit from a family model of substitute care in a more contained environment.

Today five youngsters, two boys and three girls aged 13 to 17, live at the group home.

How the house operates

The house follows a family model approach to treatment. This involves the decentralisation of responsibility for the child's treatment programme, from an administrative, clinical, supervisory level, to a primary care level. The caregivers assume responsibility for the total care of the child, having a significant role to play



in the child's development, as it is in the context of this relationship that much learning and growing will occur.

Staff and programme

A senior child care worker is employed both to see to the administrative functioning of the unit and to implement and facilitate each child's daily programme. A full-time residential worker, and two part-time workers, constitute the rest of the on-line team who care for and work therapeutically with the children in the group home. The high staff ratio ensures that in the intense, smaller group, the individual child's needs are recognised and met, and provides necessary support and relief for care workers. This structure, together with the in-service training and supervisory support from the main campus, helps to prevent burnout in the on-

line staff, and hopefully prevents the problem of high staff turnover.

Together with the Oranjia team, the care workers at the group home are responsible for drawing up the daily programmes for each individual child.

Independent from Oranjia, they carry these out, and this includes

- Managing the child's behaviour
- Liaison with schools, therapists, etc.
- Routine management which, in the smaller environment is more individualised and flexible.
- Socialisation skills are developed within the small group.

Relationships

The smaller living environment and the low staff turnover allows for consistency in relationships with adults, and this helps children to develop healthy relationship skills. The children at the group home learn to problem-solve, as they are unable to avoid situations or other people. As a result of the small and



strong staff team, there is less splitting. The children are encouraged to become active in their own care, and are empowered to make democratic decisions about their own programmes. The children have more contact with everyday life experiences, such as shopping, and these in turn have their own advantages, e.g. developing budgeting skills.

Life skills development: An evaluation

The children have benefited greatly from their experience of this more 'normal' setting. The smaller spaces give them a sense of responsibility, for example, for their own rooms. Greater involvement with the local community has resulted in greater independence, for example, managing their own transport. Self-reliance is also evident in that the children take responsibility for daily tasks like homework, chores, etc.

The children in this unit have learnt to be



on their own and are less reliant on adults to entertain them as is so often the case in larger institution settings. Lack of stigma gives them greater confidence socially and in their use of community resources. They have, in the smaller building, a feeling of togetherness and a sense of belonging.

Conclusion

The group house promotes a more normal, personal and democratic living environment. The child has more individualised experiences and carves a secure niche for himself in this more secure environment where he senses he has more control over his circumstances. He is helped to be a participating member of the local community. As a result of this experience we feel committed to move towards smaller therapeutic units which are more cost effective and which seem to fulfil many of the primary aims of our residential child care programmes.



CASE STUDY FOR STAFF MEETINGS

So much to do ... So little time

Linda Smiling is the housemother in a cottage of ten children. These include two pre-schoolers – one boy and one girl, three children aged 6, 7, and 9 years, two girls aged 12 and 13 years, two teenage girls of 15 years, and a boy of 17 years.

Linda is responsible for seeing to the needs of these children and her morning routines include waking the children, preparing breakfast, getting the children ready for school, attending to household chores and seeing the children off. The pre-schoolers are driven to nursery school at 8.00 a.m.; the others leave at 7.30 a.m., except 13-year-old Sue who catches a bus at 7.05 a.m.

Linda also has to cope with the following:

- Two pre-schoolers who cannot dress themselves or make their own beds.
- Tony (7 years) whose bed is nearly always wet or soiled, or both, and he is unbelievably time consuming in his passive-aggressive style of dealing with routine expectations.
- One teenage girl who "always" wakes up in a bad mood.
- Bobby (6 years) who wakes up before anyone else and causes a general disturbance.

Mornings are not happy times in Linda's cottage and there always seems to be friction among the children.

Questions

1. What must Linda do in order to get the day off to a good start?
2. What possible routine should be followed in Linda's cottage?

The Principles of the National Association of Child Care Workers state that every child admitted into alternative care has a right to expect three things:

1. Knowledge and understanding of his past;
2. Appropriate care, education and treatment in the present;
3. Positive commitment to his future as a mature and independent adult.

Some reflections on these Principles from the point of view of a youngster in care ...

"Knowledge and understanding of his past"

I need you to know where I am coming from, where I've been, the road I've travelled. The only 'me' that I know is the me that I am now and the me that I have been (and maybe the me that I hope one day to be), and I need to know that that 'me' is welcome while I am staying with you. Maybe I come from the other side of the railway tracks, and probably my life was very different from yours, but I need to know that you accept me all the same. I am bringing a lot of my personal stuff with me, too. Much of it is ugly stuff, painful stuff, from my home and my folks, and I still need to work a lot of it out, so its no good my leaving it at home.

In an important way, my past is my future, too. It's very likely I shall go back where I came from, to the same sort of streets where I got into difficulties, to same sort of people with whom I failed. Your part of town is unfamiliar to me, and the people are different. The people back home are my kind of people, and I need to know that I am going to be able to manage back there when I return someday.

So I need you to have some *knowledge* of my past, and some respect for my past, because its all I've got of my own really. But I also need you to have some *understanding* of my past so that you can help me make sense of it. I need to understand what went wrong. Was it all really my fault? How much will it affect me? You know about these things: you can understand the kind of attitude I've developed, to other people, to the world. You can understand my mistrust and my suspicion, my lack of confidence, maybe even my anger and the stupid things I do...

"Appropriate care, education and treatment in the present"

When I say that I need 'care', I realise I am not too clear about what I mean. Yes, I do need to be reassured that life goes on here, that there's somewhere to sleep and that there's food to eat. I have brought some of my own clothes, but I am probably going to need others in

time. There have been ~~some~~ rituals in the past which meant 'care' for me. I remember my mom used to make me hot cocoa at night, and that was good. But then she also left us kids to get our own breakfast in the morning, and that was alright too.

Some Reflections on the Principles of the Association

It makes me feel good when someone cares about what happens to me. I feel good when someone seems pleased to see me when I turn up. But I don't feel comfortable when people fuss over me, or worse, when people care for me like eggshells. Protect me, please, from the horrors of life, but don't protect me from the cuts and bruises, because I learn quite a lot from them. I learn quite a lot when I can explore new things, even some scary things, by myself. I think, also, I need to feel that a *person* cares for me, not an organisation. It doesn't quite ring true when you say "We care for you here". But I can understand "I care". The education part is something you probably know more about than I do. I'm not just talking about school education, and I suppose that my new school will pick up what I need for school learning. But I realise that back home I missed out on a lot of other things I need to make it in the world, and very likely I learned a lot of wrong ways. I really need you to work out what I still need to know and to teach me — as a grown-up to a child. Sometimes adults seem to get cross with me for not doing something properly,

and the truth is that I never learned *how* to do it. Sometimes they punish me and say "That will teach you!" but it doesn't teach me; it leaves me knowing just as little as before. I feel that I learn most when new things happen and when we do things together, when we are making something or trying to solve a problem. Please be present with me in my daily life and teach me like that, the way I missed out at home.

The idea of treatment confuses me, and I have to trust you here. I know that a lot of kids like me are overwhelmed by some stuff, or frozen with fears and hates, and we don't know how to find our way through all that by ourselves. If I ever need help like that for some serious problems, I hope that you will see that I get it. As I said, I just have to trust you about that. I also have to trust you to be discreet and spare me the embarrassment that can go with having to see a shrink or something.

"Positive commitment to his future as a mature and independent adult"

For me there are two main ideas here, and I'd like to start with the second one. Maturity and independence are two things I hope will come to me in time, and I would like you to help me to *progress* there. It helps me not at all if you keep me immature and dependent throughout my childhood, and then launch me into my adult life expecting me to make it by myself. I hope that when I'm 14 you will be expecting me to do 14-year-old things, and giving me the opportunity to try for myself; when I'm 16, to do 16-year-old things, etc. That way I am going to be less anxious about the 18-year-old responsibilities when I get there and when I'm on my own anyway. I hope that every day you will be expecting me to be able to do more for myself, to solve more of my problems, to make more of my personal decisions, so that I get increasingly good at those things. But the other idea, the first one, is maybe going to be the most important of all: your positive commitment to me. When I look at other young people in care, it seems to me the one thing they miss most is someone who will stand by them, no matter what. I guess like most kids I'm going to screw up and make mistakes at times — and the worst possible thing for me will be that as a result you will reject me, send me away, "transfer" me. I think most people do alright in life even though there were tough times in adolescence, because no matter what, they went on being accepted as members of their families. I envy them the security of knowing (in Robert Frost's words) that "home is the one place, that when you have to go there, they have to take you in!"

Die laaste van vier artikels waarin Ashley Theron sy indrukke van kindersorg programme in Amerika en Engeland weergee

Kindersorgdienste in Engeland

Ashley Theron

Ek het my reis vanaf die VSA onderbreek en 'n paar dae in Engeland aangebly om 'n studiebesoek af te lê. Weereens was daar gekonsentreer op voorkomings- en behandelingsprogramme vir die jeugdige oortreder. Dit was nie moontlik om 'n algehele beeld te kry van die dienste wat gelewer word ten opsigte van die jeugoortreder in Engeland nie. Die rede hiervoor is dat elke plaaslike owerheid verantwoordelik is vir die hantering van die probleme in hul gebied. Dit bring mee dat daar 'n verskeidenheid van programme aangebied word. Dit blyk egter dat sommige inrigtings soos Aycliffe Skool op streek, sowel as nasionale vlak funksioneer. Dit was nie moontlik om alle streke te besoek nie. Dit is my mening dat hierdie program goed nagevors behoort te word want dit kan met vrug toegepas word in veiligheidsplekke. Die prinsipaal van die skool het 'n uitnodiging van die NVK ontvang om 'n mini-konferensie in Augustus 1988 in Suid-Afrika toe te spreek oor die assesserings- en behandelingsprogramme van gedragsmoeilike kinders. Dit was duidelik uit die ondersoek dat jeugdige ook lewenslange vonnisse opgelê kan word. Dit beteken dat hulle tot op 18-jarige leeftyd in 'n kinderinrigting opgeneem word en daarna, afhange van die omstandighede, kan hulle oorgeplaas word na 'n geestes-gesondheidsinrigting of 'n gevangenis. Dit was ook skokkend om vas te stel dat sogenaamde kindertrone in Engeland bestaan. Daarna word verwys as "Youth Custody Centres" en huisves seuns tussen die ouderdom van 14 en 17 jaar. Ek het ongelukkig nie self die inrigting besoek nie, omdat ek reeds op die laaste dag van my besoek daarvan by 'n proefbeampte van een van die plaaslike owerhede, gehoor het. Hy het verwys na 'n sentrum genaamd "Glen Parva Youth Custody Centre" wat voorsiening maak vir 700 seuns, maar wat verder uitgebrei word om 1 100 te akkommodeer. Hierdie inrigting is volgens die proefbeampte nie op assessering of behandeling ingestel nie, maar slegs daarop dat kinders in veilige bewaring aangehou word. Ek wil nie oor hierdie negatiewe tipe inligting verslag doen nie, omdat ek van mening is dat dit nooit in Suid-Afrika tot stand moet kom nie. Dit blyk ook dat slegs 20 persent van die

jeugdige wat met die geregtelike dienste hanteer word deur alternatiewe programme in die gemeenskap behandel.

Ek het ook die indruk gekry dat dit baie duur is om kinders in inrigtings te behandel. Die gemiddelde uitgawe per week per kind is £400 (ongeveer R1 600 per week of R6 400 per maand), maar daar word op gewys dat by Aycliffe Skool £750 per week per kind spandeer word. By die jeug behandelingsentrums (vir gedragsmoeilike kinders wat nie beheer kan word nie) wat 24-uur per dag diens lewer, is die uitgawe £1 250 per week per kind. Dit bring mee dat daar baie personeel aangestel word om met die kinders op 'n individuele basis te werk.

Aycliffe School, Durham

Ek het die voorreg gehad om vir een dag besoek af te lê by Aycliffe Skool en nadat ek op 'n besigtigingstoer geneem was, het ek vanaf 15h00 tot 22h00 ingeskakel by die programme van Royston, een van die 12 wooneenhede wat spesiaal ingerig word vir die assessering van verhoorafwagende jeugdige. Soos reeds vroeër genoem, is Aycliffe Skool een van die min inrigtings wat, behalwe kinders uit die streek van die landdrostdistrik waarin dit geleë is, ook kinders opneem vanaf alle landdrostdistrikte in Brittanje, asook vanaf ander Europese lande. Met ander woorde, dit voorsien in 'n streeks- sowel as 'n nasionale behoefte. In baie gevalle het die ander inrigtings hoop opgegee met sekere kinders en dan word Aycliffe Skool as die laaste uitweg gesien. Aycliffe se onderliggende beleid is om geen kind dienste te weier nie.

Die programme van die inrigting word bepaal deur die behoeftes van die kinders. Hulle bied dienste op die volgende wyse aan:

- Kinders wat by hul ouers woon en die sentrum bedags besoek en deelneem aan die skool- en ander programme.
- Kinders wat oor naweke by die inrigtingsprogramme inskakel.
- Vyf-dag per week programme, waar kinders by die inrigting woon en elke naweek by hul ouers deurbring.
- Jeugoortreders wat vir die tydperk van die vonnis, vir 365 dae per jaar in die inrigting woon.
- Jeugdige wat voorberei word vir 'n onafhanklike lewe, sommige wat reeds 'n

werk bekom het.

- Kinders wat slegs vakansies by hul ouers of gasouers deurbring.
- Kinders wat slegs opgeneem word vir assessering doeleindes.

Dit kom dus daarop neer dat die inrigting: se dienste op 'n buite-pasiënt basis aangebied word; as 'n veiligheidsplek met die oog op assessering dien; as 'n kindershuis funksioneer; en as 'n korrek-tiewe inrigting (verbeteringskool in Suid-Afrikaanse terme) funksioneer. Die skool bestaan uit die volgende losstaande geboue:

- Twaalf aparte wooneenhede wat elk 11 to 16 kinders huisves: Drie wooneenhede word gebruik vir assessering waarvan een, Royston, 'n bewaringsfasiliteit is ses wooneenhede waar 'n oop stelsel gehandhaaf word en waarvan een gebruik word om 4 to 6 jeugdige voor te berei vir 'n selfstandige bestaan; drie wooneenhede vir beveiligingsdoeleindes ("secure units") vir die jeugoortreders wat daarheen gevonniss word. Hierdie kinders se beweging word beperk in hul eie belang sowel as dié van die gemeenskap.
- Administratiewe gebou wat die kantore en opleiding afdelings huisves.
- 'n Gesondheidskompleks.
- 'n Gesinsondersteuningsentrum wat die maatskaplike werk en sielkundige personeellede se kantore en geriewe, onder andere, eenrigting spieëllokale, spel terapie kamers, ens. huisves.
- 'n Skoolgebou. In die wooneenheid wat verhoorafwagende jeugdige en die wat die jeugoortreders huisves, word ook vir klaskamers voorsiening gemaak.
- Ontspanningsgeriewe wat, onder andere, 'n binnemuurse verhitte swembad insluit. Tydens my besoek het dit genee en ten spyte daarvan het van die seuns gaan swem. Die swembad word ook vir terapeutiese doeleindes aangewend.

Filosofie van die Inrigting

Die dienste van die inrigting word gebaseer op wat hulle die MCAT model noem. Dit sluit die volgende in:

- "Referral. No child becomes subject of intervention unless he presents (negative) characteristics which, in a particular setting, are deemed to justify intervention
- Management. Nothing can be done with the child until the impact of his problems on the agency have been reduced to tolerable levels and he and the agency can coexist without undue threat to each other.
- Care. Physical, emotional and social succour are necessary to ensure the survival of the child and make it possible for a specialist agency to carry out the two major professional tasks of assessment and treatment.

- **Assessment.** This is concerned with the description of the child's problem and the determination of what should be done to alleviate it.

- **Treatment.** Having discovered what should be done to ameliorate the problem, treatment is concerned with determining how the aims should be achieved and implementing the necessary measures.

- **Termination.** When treatment has been achieved, and the problem is no longer outstanding, intervention is terminated. As new problems emerge, the involvement with the child can take new turns through the continuous process of monitoring and re-referral".

Praktyk Teorie ("Practice Theory")

Die inrigting het as gevolg van toepassing van die sogenaamde MCAT model soos in die filosofie omskryf, asook die gereelde evaluering daarvan, geleidelik sy eie teoretiese basis daargestel waarna die prinsipaal van die inrigting, Dr Masud Houghugh, verwys as "Practice Theory". Dr Houghugh is verantwoordelik vir die skryf van ses boeke, waarvan twee spesifiek die resultaat is van die ontwikkeling van hul praktyk teorie. Die twee boeke se titels is *Assessing Problem Children* en *Treating Problem Children*. Hy is 'n kliniese sielkundige en het vanaf 16 tot 19 Augustus 1988 as leier opgetree by 'n nasionale werkswinkel wat in Suid-Afrika deur die NVK gereël was. Ek het tydens my besoek, nadat ek oortuig was dat Dr Houghugh die gewenste kandidaat is, die ooreenkoms met hom beklank om Suid-Afrika te besoek.

Royston

Soos reeds genoem, is Royston een van die 12 wooneenhede wat vir assessering doeleindes vir versteurde, verhoorafwagende jeugdige gebruik word. Baie van die kinders wat in Royston opgeneem word, was al gemiddeld by 13 ander plasinge. Die meeste van die vorige plasinge het misluk en gevolglik word Aycliffe Skool as die laaste uitweg beskou. Derhalwe word die plasing beskou as 'n doelgerigte en positiewe manier van ingryping.

Die assessering begin by opname en eindig wanneer voorbereiding gemaak word om 'n Individuele Behandelingsplan (Individual Treatment Plan (ITP)) op te stel. Inligting word van die volgende bronne bekom: Vorige plasinge en dienste aan kinders; sistematiese waarneming van kind se gedrag tydens sy verblyf (hierdie waarnemings word in verslag vorm vasgelê); onderhoude met die kinders en hul ouers; en gespesialiseerde ondersoeke. Royston bied akkommodasie aan 14 seuns en dogters tussen die ouderdom

van 10 tot 18 jaar. Tydens my besoek was daar 12 seuns en 2 dogters. Kinders word opgeneem ingevolge Artikel 53 van die Kinder- en Jeugwet, 1933 of Artikel 21(a) van die Kindersorgwet, 1980. Die jeugdige was betrokke in verskillende vorms van misdaad. Sommige van die meer ernstige misdade sluit in: Moord, manslag, verkragting, brandstigting, roof en gewapende roof. Een van die jeug-

Dit is vanselfsprekend dat die personeel konsekwent moet wees in die hantering van die kinders.

diges wat beampte ontmoet het, het haar grootmoeder vermoor, terwyl 'n ander 15-jarige, 'n groot fris swart seun, swanger vrouens verkrag het.

Die gedragsprobleme van die kinders sluit in: Verbale en fisiese misbruik van personeel; fisiese misbruik van diere en eiendom; brandstigting; seksuele wan-gedrag; misdadige neigings; swak sosiale vaardighede; lae intelligensie; verwyderd van ouers; swak gesinsagtergrond; was onderhewig aan fisiese en seksuele mishandeling.

Personeel

Daar is 14 kinderversorgers, 2 nagwagte, 2 senior kinderversorgers en 1 hoof-kinderversorger wat in Royston werksaam is. Die personeel werk skofte en daar is gemiddeld 4 personeellede aan diens wat vir die versorging en behandeling van die 14 kinders, verantwoordelik is. Hierdie lae personeel-kind verhouding verseker dat die kinders individuele aandag kry. Vanweë die moeilikheidsgraad van die werk wat die personeel verrig, hanteer hulle elke probleem situasie in groepe van twee. Daar is 240 personeellede by Aycliff Skool wat verantwoordelik is vir 150 kinders se versorging, assessering en behandeling.

Royston is 'n veilige bewaringseenheid en daar word baie klem gelê op sekuriteit en veiligheid. Hier word veral verwys na die doelstellings, naamlik veiligheid van die kinders, veiligheid van die personeel en veiligheid van die eiendom. Elke kind slaap in 'n enkel kamer waarin daar geen losstaande meubels is nie. Alles is ingebou. Alhoewel die vensters geen diefwering het nie, is die ruite onbreekbaar. Vanweë die feit dat die kinders saans toegesluit word, is die kamers met 'n klokke toegerus wat gebruik word om vir die nagpersoneel aan te dui dat hulle 'n probleem het. Die kinders word terdê

bewus gemaak van die gevolge indien hulle baklei, eiendom beskadig of personeel beseer.

Dit is vanselfsprekend dat die personeel konsekwent moet wees in die hantering van die kinders. Derhalwe hou die personeel wat van diens afgaan en die personeel wat aan diens kom, 'n vergadering aan die einde van die een skof en die begin van die ander skof, tussen 14h00 en 15h00. 'n Vergadering om alle gebeure te bespreek, insident registers en sleutels te oorhandig.

Die personeel is onderworpe aan 'n deeglike oriënterings- opleidings- en supervisie program.

'n Tipiese dagprogram sien as volg daaruit:

07h00-09h00 Opstaantyd, ontbyt, voorbereiding vir skool en vergadering tussen personeel en kinders.

09h00-12h00 Skool vir die kinders. Personeel gebruik tyd vir verslagskrywing, supervisie en ander werksaamhede.

12h00-14h00 Middagete en vergadering tussen personeel en kinders.

14h00-16h00 Skool vir kinders. Oorhandiging vergadering vir personeel, supervisie sessies.

16h00-21-00 Aandete en aktiwiteite. Vergadering en voorbereiding vir slapenstyd.

Algemeen

Uit bogenoemde inligting en veral wat die assesseringsfunksie betref, is dit duidelik dat die programme van Aycliffe Skool met vrug, nadat dit aangepas was, toegepas kan word by die veiligheidsplekke in Suid-Afrika. Ek het sekere van die skool se dokumentasie bekom en het ook vir myself die twee boeke waarna verwys is, aangekoop. Dr Houghugh het ook genoem dat hy aan my enige ander dokumentasie wat ek sou benodig sal stuur, en 'n uitnodiging gerig dat ek vir 'n langer periode 'n studiebesoek by sy skool kan aflê.

Outward Bound

Die aanvanklike doel was om vas te stel wat die moontlikheid sou wees dat die organisasie se avontuur programme toegepas kan word in die behandelingsprogramme vir gedragsmoeilike jeugdige en jeugoortreders. Die rede hiervoor was dat baie van die kinders, alhoewel in die negatiewe sin van die woord, voor opname by, onder andere, Bonnytoun Veiligheidsplek, 'n lewe vol avontuur gelei het. Hier word verwys na die kinders op straat (straatkinders) wat voortdurend van ouer seuns, polisie en ander volwassenes moet weghardloop. Die gedagte is dan juis om 'n gesonde avontuurgees te ontwikkel sodat hulle hul tyd meer konstruktief kan benut en dieselfde behoefte ontmoet. Tydens die besoek was dit vasgestel dat

"Outward Bound", wat 'n avontuur terrein, soortgelyk aan dié van Veld en Vlei in Lesotho besit, reeds programme in hierdie verband van stapel gestuur het. Dit was tydens hierdie besoek verneem dat Veld en Vlei SA gebaseer is op Outward Bound en dat Veld en Vlei SA die volgende maand samesprekings sou hou met Mnr Fothergill om die moontlikheid van nouer skakeling te bespreek.

Een van die programme waarna daar in bogenoemde punt verwys word, word in Coventry toegepas. In hierdie geval het "Country Intermediate Treatment Association" (CITA) vir Outward Bound gevra om 'n avontuur program daar te stel vir jeugoordreders. Gevolglik het daar as gevolg van die samewerking van CITA en Outward Bound 'n intermediaire behandelingsprogram tot stand gekom wat deur die howe aanvaar word as 'n alternatief tot opname in, onder andere, 'n korrektiewe inrigting of 'n gevangenis.

Die CITA program word op drie beginsels gebaseer, naamlik: (i) elke oortreder moet die primêre verantwoordelikheid aanvaar vir sy optrede; (ii) jeugoordreders is in staat om te leer en te ontwikkel; (iii) betrokkenheid by nuwe aktiwiteite wat elemente van uitdaging inhou kan die proses van volwassewording versnel.

Daar word baie klem gelê op die verantwoordelikhedsin van die jeugdige omdat hulle van die veronderstelling uitgaan dat alhoewel die opsluitproses sekere definitiewe gevolge vir die jeugdige se oortreding inhou, neem dit die persoonlike verantwoordelikheid weg van die jeugdige.

Jeugdige, 14-jaar en ouer, word na die CITA projek verwys deur proefbeamptes of die hof wanneer gemeenskaps-gebaseerde alternatiewe oorweeg word bo opname in 'n inrigting. Elke geval word dan deeglik geassesseer om te bepaal of hulle baat sal vind by die CITA program. Daar word tydens hierdie 2-week periode drie tot vier onderhoude met die jeugdige gevoer en omdat leer slegs kan plaasvind deur persoonlike betrokkenheid moet die jeugdige toon dat hulle die onderhoude stiptelik kan bywoon, en met die uitsondering van die eerste onderhoud, dit alleen bywoon. Indien 'n jeugdige gekeur word vir die program wat vier maande duur, word 'n persoonlike jeugwerker aan hulle toegeken om hulle vordering te monitor. Daar is drie fases, naamlik:

Fase 1: 8 tot 10 weke intensiewe program binne en rondom Coventry.

Fase 2: 19 dae Outward Bound kursus by een van hul vyf residensiële sentrums in Groot Brittanje.

Fase 3: 4 weke aktiwiteite binne en rondom Coventry.

Die program het vier elemente:

- Deelname in buitemuurse aktiwiteite wat die element van uitdaging inhou.

- Praktiese opleiding in, onder andere, hoe om te kook, hoe om te begroot.

- Gevoelens van slagoffers in ag neem en ander se regte.

- Reël van onderhoude vir voorstelling van opleiding (skool of kollege) of vir in-diensneming.

Die beginsels van die organisasie hou verband met die doelstellings van die behandelingsprogramme. Dit is as volg:

- "Outward Bound is open to all without regard to race, social class, occupation, sex or nationality, with special emphasis on 16-25 age group.

- It uses direct, dramatic experience in new and unfamiliar surroundings to help those taking part to discover their strengths to build those taking part to discover their strengths to build their confidence and to re-examine their ideals and values.

- It provides training through social challenge, the mountains, the sea and other natural elements as a means of personal development.

- It fosters the ideals of practice of active participation in the setting of a supportive residential community.

- Outward Bound demand adaptability, self-discipline, resourcefulness and perseverance in face of challenge and uncertainty.

- It encourages participants to cooperate with others, to give service to and to accept responsibility for others.

- It stimulates the imagination and the sense of adventure and fosters true appreciation and concern for the environment.

- It lays emphasis on practical work in small groups, with adequate time for reflection, discussion and critical appraisal".

Daar word aanvaar dat dit baie moeilik sou wees om 'n groep soos van bv. Bonnytoun te neem om deel te neem aan 'n program van, onder andere, Veld en Vlei. So 'n reëling sou van toepassing wees by die programme van 'n kindershuis, nywerheidskool of verbeteringskool waar kinders vir langer periodes opgeneem word. Dit behoort egter ook deel uit te maak van misdaad-voorkomingsprogramme vir jeugdige. Intussen kan ondersoek ingestel word hoe van die programme aangepas kan word om op die kampus van die inrigting of op 'n nie-residensiële wyse, geïmplementeer te word.

Wistaria Lodge Children's Resource Centre

Hierdie organisasie is 'n tipiese kinders- en gesinsorg organisasie wat dienste aan gesinne en hul kinders lewer. Deel daar-

van is residensiële sorg aan kinders. Baie kinders wat met die gereg gebots het, word deur howe na hulle verwys as 'n alternatief vir 'n korrektiewe inrigting.

Die organisasie het ook 'n kindersorgplan opgestel en hulle doelwitte kan van belang wees vir die kinder- en gesinsorg diensveld van die Departement. Die doelwitte is as volg:

- "To reduce the number of children admitted to the care of this Local Authority.

- To increase the proportion of children placed in substitute family care as a ratio of the "in care" population who are not living with their natural families.

- To reduce the overall number of children in care.

- To reduce the number of juveniles receiving custodial sentences.

- To increase the proportion of black children already in care, placed in substitute families of the same race.

- To reduce the number of children appearing in the juvenile court in criminal proceedings, or care proceedings initiated by the LEA.

- To increase the proportion of children admitted to care, accompanied by a written placement contract.

- To reduce the average length of time spent in care by children of all ages, with special reference to the age group 0-5 in 1988.

- To minimise the number of changes of placement for all children in care.

- To reduce the number of days per annum spent by Coventry children in Local Authority or Department of Health and Social Services (DHSS) Secure Accommodation.

Die volgende dienste word gelewer:

- Om residensiële sorg en behandeling te bied aan kinders vir 'n periode tot ses maande.

- Om 'n uitreikingsdiens te lewer aan gesinne om te verhoed dat kinders onnodig uit hul sorg verwyder word (voorkomingsrol).

- Om dagversorging met of sonder opleiding te voorsien.

- Om sateliet eenhede vir semi-onafhanklike jeugdige te onderhou en te ondersteun.

- Om 'n nasorgdiens te lewer.

- Om deel te neem aan die maak van beleid van die streekowerheid.

- Opleiding aan jeugdige in vaardighede om 'n selfstandige bestaan te voer.

- Om voorsiening te maak vir werkevaring vir die jeugdige. In die verband was 'n program ontwikkel om die jeugdige bewus te maak van gesonde werkgewoontes, onder andere, stiptelikheid, gereelde bywoning, veiligheid binne die werksplek en verstaanbaarheid en respek vir die verwagtings van werkgewers.

