

Die kinderversorger



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Journal of the
National Association of
Child Care Workers

International Network Affiliate

CWLA

Child Welfare League of America

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Practice Abuse

In a classroom situation a child care worker seeks help from her colleagues during a lecture on child management. She describes the behaviour of an adolescent boy with whom she is having considerable difficulty. The behaviour described is frankly bizarre, out of control and menacing, both to the child care workers and to the other youngsters in the unit. After discussion, the class members conclude that no easy advice can be offered. They have no doubt that there needs to be a much fuller historical and diagnostic work-up on the youngster concerned, and the student is advised to take what is clearly a highly disturbing case back to her supervisor and team for urgent attention. Her reply: "I have no supervisor; I have no team." It transpires that the child care worker is anxious about the adolescent from his own point of view, and that she experiences a sense of defeat as a result of her failure to understand or help him improve his behaviour. But equally, she feels embarrassed and inadequate in her job, since she is not meeting the levels of behaviour and discipline demanded by her employer. She is terrified that her principal will visit at a time when the cottage is in a state of turmoil — or even during the hour or so after one of the boy's episodes, when everyone's feathers are ruffled and when the timetable has been blown off schedule. This is a clear case of practice abuse. Extraordinary pressure is being brought to bear on a staff member from whom results are expected but who is not given the wherewithal for her obviously difficult

job. We see here on the part of the child care worker's employers a form of magical thinking whereby problems like this are either wished away or (in the rule book if not in fact) are simply not allowed to happen. There is certainly no understanding either of the type of child being admitted or of the complex nature of the remedial work required to help. The child care worker will probably not see the year out ("She wasn't very good at managing the children anyway, you know") — and worst of all, the adolescent himself remains unhelped, probably also about to be shunted (as "unmanageable and incorrigible" no doubt) to some other organisation in the child care system.

A mitigating factor would appear to be that at least this child care worker was attending a training course. Even this is doubtful, since the training and the contact with fellow students may have done little more than to accentuate the conflict in her mind between desirable practice and the reality of her work situation. One is not asking for chromium-plated first-world clinic standards here — no more than experienced and competent seniors who understand the nature of the work and can share the responsibility for the difficult tasks down the line. There can be no equivocating or ambiguity about this. A child care worker who is expected to work with troubled youngsters in whatever circumstances has an inarguable right to professional support and back-up. An organisation which cannot provide this will be exposing both staff and children to abuse and should not be in the business.

Social Workers

The Johannesburg Child Welfare Society is the largest private non-racial welfare organisation in South Africa.

We invite registered Social Workers to apply for positions in a variety of challenging fields, including foster care, adoptions, fieldwork and community work. A competitive salary is offered along with generous leave, medical aid and pension fund.

Call Mrs Fiona Plani or Mr Hilton Barnett on (011) 331 0171 or send a curriculum vitae to: The Director, P.O. Box 2539, Johannesburg, 2000

Male early twenties (completed Std.9) seeks employment in residential home. Preferably Western Cape area. Please write to Shaun Lewendon, 205 Protea Place, Culm Road, Plumstead 7800, or telephone 021-762-2392

The Johannesburg Children's Home are looking for live-in child care workers (couples or single women). Experienced people with relevant qualification and excellent references need only apply. A drivers licence is essential. Tel: Joan Rubenstein (The Director) on 011-6481120.

**Johannesburg
Children's Home JCH**



Who is a Child Care Worker?

Arie Verkaik

Acknowledgements to *Journal of Child and Youth Care Work*, published by NOCWA

At a recent Midwest Conference for child care workers in Rockton, Illinois, Arie Verkaik, a child care worker from Michigan, delivered a moving keynote speech to almost 200 colleagues. His presentation addressed three major questions: 1. Who is a child care worker? 2. Why are you a child care worker? and 3. Where does a child care worker get educated? A portion of his address, in which he attempted to answer the first question, is printed below.

I have the privilege of being one of the instructors for the Michigan Association of Children's Alliances child care training programme. One of the homework assignments that I require students to complete is to answer the question Who is a child care worker? Allow me to share a few of their answers:

1. A child care worker is a helping person who uses his skills from experience and training to help better the lives and future of children. A child care worker may act as a parent, big brother, teacher or friend at any given time. Patience is required as well as the ability to verbalise your feelings.
2. A child care worker is someone who works with children in a place where delinquent children are cared for.
3. A child care worker must be a people-oriented person, a person who wants to work with people and desires to help them. There are many positive traits that effective workers have in common. A worker need not have all the traits, but the more he/she has, the better. These traits include: sensitivity, ability to listen, consistency, flexibility, giving, thoughtful, creative, confident, tolerant, and responsible.
4. A child care worker is someone with deep respect and a caring attitude to

children, regardless of their previous life experience or background. They are willing to be patient and tolerant of the emotions and behaviour of children who need help. With the aid of a college education and practical life knowledge, a child care worker blends all of the best human qualities into his/her role as a teacher and model in order that a child may benefit and grow from each encounter.

5. A child care worker is a person who gains satisfaction and reward from knowing that he/she can be a positive influence in a young person's life. The child care worker plays many roles in an attempt to reach the goal of re-educating troubled youths to re-enter their home environments. Some of these roles include: teacher, parent, disciplinarian, and probably most important: caring friend.

* * *

So the question remains: Who is a child care worker? I have mentioned several different opinions. Did you draw any conclusions?

Our eldest son graduated from college this past June. He is also the athlete in the family, a cross-country runner. As a father, I can honestly say that he is a pretty good runner. His mother would say he is really good. He doesn't have olympic qualities, but he has earned his share of medals and awards.

I can ask the question Who is a runner? The answer is that we all are. All of us can probably get up and run around the room. For some of us that is all we can do. Those of us who are in better shape can run around the whole building, or perhaps even a mile. And still others who are in training can run several miles. In other words, the more we train, the further and faster we can run. But to train, we need dedication, consistent dedication. If a runner doesn't train for a couple of weeks, he loses something which can

only be regained by more training. The runner also needs to know his physical limitations, to have a good mental attitude, and to be self aware. He also needs to have the medical knowledge of his body and the ability to go beyond his limits in order to finish the race, and then be able to come back and do it again. A runner might also belong to a team, and therefore he runs both for himself and for the team.

But all this means absolutely nothing if the runner doesn't have that *certain something* that makes him a great runner. For want of a better word, let's call it talent. The runner must have those innate qualities that make him good at what he does.

I believe the same is true for the child care worker. Hence, my answer to the question "Who is a child care worker?" has three parts. First, a child care worker is a person who is constantly seeking new knowledge. Second, the child care worker has dedication which consists of patience, "I don't want to give up" and "Never say die" attitudes, self-understanding and the abilities to be consistent and to 'bounce back' after periods of stress. Thirdly, a child care worker has that certain something, talent, which knowledge and dedication will help build him/her into a good child care worker. Not all of us are great, but with the right combination of talent, dedication and knowledge, we can be good child care workers. This does not mean that everyone can be a good child care worker. You can't take anybody off the street and make them a child care worker.

A child care worker is a unique breed. It's not easy to be a child care worker, because —

It is not easy to apologise
It is not easy to begin over
It is not easy to take advice
It is not easy to be unselfish
It is not easy to admit error
It is not easy to face a sneer
It is not easy to be charitable
It is not easy to be considerate
It is not easy to keep trying
It is not easy to avoid mistakes
It is not easy to endure success
It is not easy to profit by mistakes
It is not easy to forgive and forget
It is not easy to think and then act
It is not easy to keep out of a rut
It is not easy to make the best of little
It is not easy to subdue an unruly temper
It is not easy to shoulder a deserved blame
It is not easy to recognise the silver lining
It is not easy to be a child care worker, but in order to be a good child care worker you must be able to do all of this — and more.

If "Out of Sight, Out of Mind", then "In Sight and In Mind?"

Further Notes on Street Kids

by

Prof Mike Baizerman
University of Minnesota

If the old adage, "out of sight, out of mind" is true (Freudians and others notwithstanding!), does it follow that the inverse too is true?: "In sight and (thus) in mind?" In the case of street children, I think not. The deeper question is: "What accounts for the persistence of this phenomena in Western societies since early Greek times (in the form of child abandonment)?" The more surface question from another point of view is "Why allow the phenomenon of street children to be visible?" Correlative questions are: "How in practice (in different communities) are the phenomena made and kept visible? i.e., what are the social structural and social processes which sustain a visible street youth culture?"

A simple playful wording change sharpens further the issue: "Is the visible (which is always see-able, i.e., potentially available to be seen, in a phenomenological sense) always seen? Clearly not, and this is a lead to yet another understanding of street children.

Street children constitute an aesthetic phenomenon, one resulting from their presence and visibility in a community. A 'child welfare' aesthetic finds horrible this picture of kids living in the cracks and crevices of a city. Street kids are part of the background of city life for some adults, while for others they live in the foreground. That is, their visibility-as-seen to adults depends upon their place in the everyday life of these adults.

Police see them and see them up close, while the business person who arrives in a chauffeur-driven car may not see them at all. Visibility is a function of intention, and, hence, a function of the place of this group in one's everyday life.

And visibility, thus is related *via* intention to whether those phenomena are accepted as part of the urban landscape. Street children as a phenomenon are part of the modern urban scene and, hence, an item in a modern urban aesthetic.

What keeps a phenomenon from being seen, especially a material phenomenon such as children? Mental health explanations include the psychological defence, denial. "Selective inattention" is a social structural explanation, while "intention" is a phenomenological approach to explanation. Phenomenology joins art criticism in the concept of "cliche" and the invisibility brought by overuse, and its link to the taken-for-granted and thus invisible. These explanations deal with how something can be materially present and yet invisible in the sense of not seen. A second level of analysis shows how the invisible (i.e., not seen) may be related to the community's acceptance or non-acceptance of a material phenomenon:

	UNACCEPTED	ACCEPTED
Invisible	We have no problem; There is no problem	—
Visible	A constant reminder that we are doing our best	We are not doing enough; Enough is not being done

Street children's Function

The ongoing presence of street children functions to reaffirm each person's pre-existing prejudices about families, substance abuse, birth control, street crime, governmental incompetence, corruption and the like.

The ongoing presence of street children functions also to reaffirm usually unstated notions about the incorrigibility of children and adolescents or, in a positive view, their inherent resilience.

The ongoing presence of street children contributes to the affirmation of theological notions of sin, corruption (corruptibility) and other evils (the daemonic in Man).

Street children by their presence define moral boundaries, and define in part the nature of adult society, as well as a com-

munal sense of the nature of children and adolescents — who *are* these human beings? What makes them tick?

The street children in the urban landscape have become as common as big buildings, stores and parks. They are part of the picture and will remain so because we are both unable and *unwilling* to prevent this phenomenon and we are unwilling to put these children out of sight. We accept them in our urban aesthetics because of the parts they play in the everyday performance of ordinary city life.

Street children have been "functional" in the sense of being necessary for modern urban life as it is organised now. There are social, institutional and process issues which sustain their presence and visibility in the city.

Part of the Urban Landscape

Street children are part of the street cultures of petty crime, drug selling and prostitution which constitute part of the criminal subculture of the street. They are part of the job market as unskilled, energetic, available, low cost and short term employees. They are also part of the entertainment subculture of the streets, both by their place in the illegal entertainment world and by their place as groups of playful kids who literally entertain themselves, other street people and those who use the streets to and from work and during lunchtime.

As members in these (and other) street worlds, and as marginal members of their own biological families as well as current street families (groups, gangs, etc.) these youth are in regular contact with other street people and yet others who need, want, and use the streets and its people.

Older street youth gangs use younger street kids in a variety of ways. Police are in daily contact with street children and youth; so too those throughout the child welfare and juvenile justice systems. The taxi drivers who queue up near a park often are tied into these subcultures and these youths, as are the legitimate and illegitimate business persons who need a runner or "gofer" to deliver a package. These and similar "fits" between and among street children, street life and modern urban life place street children within a larger urban image where they contribute to the picture of everyday life. That this phenomenon is functionally related to others does not *per se* explain why it persists: rather, it suggests *how* it is sustained. In an academic sense, it may be fruitless to try to answer the 'Why' question because it may be *a priori* unanswerable. For example, what kind of response would constitute an answer? The answer to why the street children phenomenon continues may be ap-

proached usefully on at least two levels, one social psychological and the other social-philosophical.

Why?

The social psychological approach focuses on demographic pressures, family structure, social class and the like, and weaves these together in a (smaller or larger) explanatory cloth. This is a common and commonsensical, as well as scholarly approach. A more unusual perspective is found in a social-philosophical view which perceives "street children" as a socially constructed phenomenon. Let us explore this.

By asserting that "street children" is a socially constructed phenomenon, is meant that while there have "always" been abandoned children and adolescents and enduring groups of these youths (in some societies), the presence of groups of these children and child groups has not always been defined by adult society as a "problem" or phenomenon. Before these definitions organised the facts of child abandonment and peer living, these were "simply" abandoned children and child groups. There was no problem status assigned to the children or their parents, that is, putting one's child out of the house is a moral offence only to those who believe it should not be done and who hold moral and personal values about this. This is not an *a priori* immorality or an *a priori* social problem. The views of "child savers" and other advocates of a particular view of children, families and personal development, become communal views and standards, e.g., child welfare, when the phenomena of putting one's child out and children living in age groups come to be "problems" as in "community problem" or "social problem", in the everyday senses of these terms. So it is that Foucault taught that knowledge, power and discourse invent social phenomena.

To those practical folks who care about street children, all this, however interesting, is likely to be merely academic. And so it may be, if one's concerns are about concrete, specific kids on the street today in a particular city. A rich and complex preventive and control program could find its source in these layered games of social construction and, through this, better understand its possibilities, practices, and effects.

Where are we after this exercise? Hopefully, with a sense that the phenomenon of street children is "man made", that it can be understood in various ways, and that scholarly analysis will not make the phenomenon disappear (except verbally). The task, in the words of Martin Luther, remains: To understand and act, because one can do no other.



Early Childhood Educare Symposium

The final programme for the SA Association for Early Childhood Educare's National Symposium has been announced. The symposium, "In the Name of the Child", to be held at Natal University, Durban from 9 to 11 July this year, will be a benchmark event in terms of linking teachers, parents, communities and the private sector in the name of all children in South Africa.

Bringing together grassroots educare workers from around the country is vitally important. Often these very talented and hard-working individuals, many of whom work in rural areas, feel isolated and cut off from support systems. The symposium will allow people from all regions to interact with each other, hear about the latest research and development, participate in practical workshops and discuss new strategies to cope with the vast problem of lack of education and care for millions of our youngest citizens.

Elaine Davie, National Co-ordinator for SAAECE says, "The conference has three themes — Education, Social Issues and Physical Care. When studying the needs of the young child, we need to look at the total environment within which he is developing, including his family and socio-economic conditions within the community."

"While a great deal of lip-service is paid to the importance of early education, very little support is being given to parents in disadvantaged communities to provide a better start for their children. Many successful local educare programmes exist, but are hampered by lack of state funding, limited private sector involvement and parent apathy."

SAAECE is actively campaigning for co-operation and networking between these groups. It provides training for parent education co-ordinators, advice for firms setting up day care centres for children of staff, and supports an accreditation system for paraprofessional training courses in early educare. It also plays an active role in accrediting existing educare facilities to protect children and parents against unscrupulous operations and abusive treatment.

This conference, "In the Name of the Child", will provide a strong thrust to grassroots demands for further affirmative action for children by state, private enterprise and communities. The conference programme has been confirmed and is available from CSIR Conference Co-ordinators, C125, P O Box 395 Pretoria 0001.

Further information from Bronwen Eckstein (011) 787-1358

THE STAFF OF CAPE TOWN CHILD WELFARE SOCIETY CONTRIBUTE A SERIES OF ARTICLES ON ACTION RESEARCH, CHALLENGING US ALL TO MOVE SYSTEMATICALLY TOWARDS BETTER PRACTICE

The Agency Research Programme

PART 1: THE WHY AND THE HOW

You may think that research and research programmes are of no relevance to you. Before turning the page please have a look at the questions below. The more of these questions that you cannot answer, the greater is the need in your organisation for a research programme on the lines of that described in this article.

Questions for Children's Homes

1. How has your intake varied over the past 3 years?
2. Is your kitchen working to budget?
3. What proportion of children get better on the treatment you offer?
4. How long do the children stay?
5. Do you know how much each staff member is paid?
6. What percentage of host placements break-down?
7. What proportion of children pass in each school standard?
8. What are your transport costs?
9. How many children need to gain weight?

Questions for Agencies

1. Do you know anything about intake trends over the past six months?
2. Do you know what proportion of children are removed from caregivers?
3. What is your telephone budget?
4. How long does it take to manage the average case?
5. What is the Agency's total contribution to pension and medical aid schemes?
6. Do you have clear criteria to judge effective outcome?
7. How likely are two workers to reach similar case management decisions on independent review of any file?

A Service Research Programme

None of these questions (or any number of others) can be addressed unless your Children's Home or Welfare Service Agency has an accounting procedure *and* a service research programme in place. Service research programmes are to the service delivery side of an organisation what the accounting procedures are to the administration side. Most organisations have budgets, and you will find some of the above questions relatively easy to answer. Few service organisations have research programmes in place, and some of the other questions you

would have found unanswerable. When these kinds of questions are raised they tend to evoke feeling of anxiety and incompetence in practitioners. We know we "should" know — but it is often just not possible to say. Some time ago Bayley (1984) described the many benefits to local human service agencies of introducing agency-based social research posts. She argued that such research should involve "the systematic examination of the agency's relationship to the community, the administrative structure of the agency, and the service programmes offered by the agency" (p. 224). The recent switch to programme-based funding within the welfare service delivery system was also partly as a result of the conviction at government level that services should contain a built-in research component. Despite such initiatives and groundswell movements to incorporate a research ethic into all practice, it is embarrassing how few human service delivery organisations can answer (with confidence and on the basis of reliable information) the non-financial questions posed above (Herman 1988).

Why are Service Research Programmes not in use?

Coulter et al (1985) described several sources of tension and conflict of interest which arose when they attempted to introduce a research programme into an existing service to abused children. The 'lack of fit' which they described between the researchers and the practitioners may underlie much of the scepticism and impatience which even senior staff in many human service organisations still express. Some of the difficulties are listed below. One of the problems mentioned was that the researchers wanted to include in their sample all children meeting the research criteria, whereas service providers wanted to "protect" the more vulnerable children and families from the strain and exposure of the researchers' tests and evaluations.

Another problem arose out of the fact that the researchers' assessment was designed to produce information that the researchers wanted, and did not address some questions which would have helped practitioners in their work. Direct service workers became frustrated when re-

searchers would not obtain this additional information, and also resented the "cold-hearted" rejection on sampling criteria grounds, of children, who in the practitioners terms needed to be assessed so that the best case management would occur.

Thirdly there was disagreement about what was in fact the vital information to collect. The researchers wanted to collect information about the psychological functioning of the child, while the practitioners wanted help with decisions like: "can the child safely go home?", or "should the perpetrator be prosecuted?" The research question unilaterally selected by the researchers — that of psychological functioning — was seen as a useless luxury and any work involved for the practitioner in pursuit of this question was resented.

Fourthly, practitioners expected the researchers to make themselves available as expert witnesses and to consult on how a particular child could best be helped through the service delivery system which over time, in some respects, the researchers understood better than many practitioners. The researchers in turn resented this as it made it impossible for them to complete their tasks on time. Other problems arose from the researchers wanting information from collaterals, some of whom did not see themselves as a resource for child abuse management — and who came to resent the service agency as the source of this unwanted intrusion.

Finally, the researchers were interested primarily in *group* data, whereas the practitioners had to deal with *individual* clients. This meant that the long-awaited findings were of little practical use, and there was scant reward for the effort the busy practitioners had made to accommodate their at times unwelcome guests.

Academic versus Action Research

The above difficulties arise primarily out of the fact that the research programme described by Coulter was essentially academic in origin.

Academic research is essentially based in, and is designed to advance, theoretical knowledge. As the Coulter experience illustrates, its aim is to refine knowledge at the level of principles, in this case principles of psychological functioning. Its methods, selection of "subjects", priorities and notions of accountability all cause points of friction with the world as seen from a practitioner's perspective. An alternative way of approaching research (amongst many different ways as listed for example by D'Aunno) is *action research*. In action research the research is much more actively influenced by the

practitioner. Elden (1981) describes how all research programmes involve the making of at least four decisions:

- What is the problem?
- How is it to be studied?
- What do the findings mean?
- How can the findings be used?

Research is action research when it aims at producing "local context-bounded knowledge in the service of participant-managed change" (p. 258). That is, when practitioners have an effective voice in each of the four decisions identified above. It is academic research when participants have little or no influence over any of these four decisions. In the Coulter example the researchers went on to negotiate how they might select children for assessment, what "non-research" tasks they would take on, what assessments they would do, and how the results would be presented. Once these accommodations were made, the whole process functioned much more smoothly and the product was valued by the practitioner as well as by the researcher. In well-conducted action research this process of accommodation starts right in the beginning and practitioners themselves collect the research data, as part of the normal daily practice.

Benefits of Action Research

The Child Welfare Society Cape Town has had an action research programme in place for the past three years. Before identifying its main components some advantages of this effort will be identified. Firstly, it has been a *joint effort*. We have made mistakes and learned over time — and one of the learnings was that decisions about what the problem is and how it should be studied must be negotiated carefully with staff at all levels within the Agency. Not only does this result in a better understanding by Social Workers, Supervisors and Managers of everybody else's needs, but also it generates for everybody an experience of working as a team and of seeing how each may contribute to a common goal. Secondly, it has encouraged the development of generally agreed *conceptual frameworks*. This means that all staff in a large agency can immediately understand what aspects of case management are being discussed, they have a shared language for discussing what decisions need to be made, and it is also much easier to teach new staff members what they will be doing. Thirdly, it has clarified thinking about what are the *practice issues that cause concern*. When a diverse group is asked to identify "the problem" for example in foster care work or abuse management, each has their own view at first. Often there are unquestioned myths about what

"the problem" is ... "caseloads are too high", "clients are too demanding" which dissolve once even very simple information is systematically collected and made available. Once there is consensus about what "the problem" is — activities to resolve it are not resented and all involved share in a sense of increasing competence.

It is not possible to manage an organisation where accurate and reliable information is not circulating

Fourthly, once the main arguments are settled, attention can be given to specifying and then to testing *decision-making models*. When a group of practitioners decides to tackle a specific task in a defined way and to keep reliable records of what they find — then what is to be decided and how it is to be decided and in what order, can be written down and can be put in the form of a procedure for all to follow. Future articles will describe the decision-making models at present used in foster care, child abuse, and inadequate care (caregiver neglect or communal deprivation). It is for us no longer entirely true what Herman (*op. cit.*) says in relation to child abuse management, that "daar bestaan steeds geen duidelike riglyne wat nagevolg kan word deur die besluitnemers nie" (p.5).

Lastly, since practitioners themselves are now actively involved in fine-tuning and *improving their practice* and since accumulated knowledge of their work is made available to them and is understood by them — practitioners are and feel both expert and competent. The creation and constructive use of desired and beneficial knowledge is very affirming. The availability of systematic and accurate information also makes enquiry into service outcome possible. Conviction that they are rendering an effective service is a big fillip to anybody's self-esteem, and a vital part of occupational survival. Apart from the benefits of a research programme, there are serious negatives in *not* having a research programme. For one thing, it is not possible to manage an organisation where accurate and reliable information is not circulating. Under these conditions each individual survives as best they can, and

managers lead a frustrating and stressed existence. Feelings of incompetence and of being burned out are then common experiences. It is not possible to hold anybody accountable, nor is it possible to teach, or hold meaningful case discussions. Working in such an organisation is like driving a car with your eyes closed. It is dangerous and often damaging to driver, passenger and pedestrian — to worker, client and funders.

Child Welfare Society Cape Town Research Programme

Having argued the case for research programmes in human service organisations in general and having argued that the research itself should be conducted within a certain style, it is proposed finally to outline research projects at present underway within the Society. These projects will in subsequent articles be described in more detail by those in charge of each project. There are at present research undertakings within the fields of street children, foster care, parenting, residential care, adoptions, child abuse, and inadequate care. The final phase of action research is the use to which findings are put (Elden *op. cit.*) and it has been decided by those involved, to write up what has been achieved and to submit brief articles on each of the above projects. The style and content will vary, but each will demonstrate that research if undertaken in a spirit of determination to improve daily practice, plays an essential part in the delivery of an effective, appropriate and accountable service.

The next article to appear will describe research within the context of services to street children.

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"No, I won't, I won't, I won't go with them.
Who are they, coming up the steps to take me away? Why should I go, why mommy? I don't want to go" I run and hide behind the curtains.

Don't open the door daddy. Don't let the bad people in. Don't let them take me away. Daddy opens the door. He doesn't listen to me, but how white his face is. But daddy, they're only little ladies, you're much stronger than they are. Why do you smile when you don't like them? Bad, bad ladies, who want to take me away from my mommy and daddy. My daddy is so strong, he can take a stick and hit them. He can throw them into the sea.

The red one says "Is Paul ready? Have you packed his things for him?" My daddy says "yes", but he's holding my furry elephant bag next to his heart and saying "Is there no other way?" Mommy is crying. What must I do mommy? Can't I stay with you? Don't cry, please don't cry. I won't let them take me; I won't leave you. My mommy loves me, look how sad she is if daddy sends me away.

Mommy puts on her music. She sits next to the music and cries. She holds her tummy tight and rocks backwards and forwards like she's on a swing. She doesn't listen to the ladies. The one in red whispers but I can't hear what she is saying. She puts her arm around my mommy's shoulders, but mommy pushes her away. "Hey, you leave my mommy alone!" I want to shout at the ladies; I want to go and sit on mommy's lap, but then they'll catch me and they'll take me away. I have to stand here behind the curtain, and be very, very still. Even not breathing, or the ladies will take me.

My mommy is singing. It's our special song, we always sing when we are scared and want to feel happy. "I whistle a happy tune, and every single time, the happiness in the tune, convinces me that I'm not afraid." But now the song doesn't work and mommy can't get happy. The tears fall onto the record player like a puddle and the music sounds like meowing. Daddy switches it off and calls "Pully, come... please Pully." I don't breathe. I'm not going nowhere. Why do they want me to? Don't they love me anymore?

The other one says to daddy "Let's get Paul. I know this is very painful for you Hermann and Minna, so the quicker we get things moving, the better." But my daddy walks up and down, up and



ANTHONY S. BROWN

Paully

*Sharon
Bacher
writes
from
Israel*

down, he hits his head with his hands "Oh that it should come to this, that it should come to this. My only son...to lose my son..." And he roars at mommy like an angry lion "Its your fault, yours! You should be the one to go into a Home, not Paully. You are the mad one who runs screaming into the street! You are the one who dresses him in girl's clothes. Why should they take my son away!"

And the lady says, "But this is terrible, Sandra. Surely Paul's going into Arcady has been discussed with the family? It feels like they're all totally unprepared."

And the other one says "But of course we've talked and talked, and it was stated quite clearly at the Court Enquiry. Everyone agreed that for the meantime it would be best ... I suppose talking about it is not the same as the actual going, though. Look Hermann, Minna, I know this is tearing you to pieces, but you are making it much worse for Paully. What must he think when he sees how upset you are about what you are doing? Can't you try and be positive ... for his sake at least?"

I know what I think. They are bad, bad people to make us unhappy. I have to stay and look after my mommy, can't they

see that? Otherwise, when daddy is cross and shouts she will be frightened and have nobody to hold in her arms and kiss her better. They don't know what daddy does when he's cross. They didn't see him when he threw the cups on the floor and broke mommy's record player. He's so strong, if he wanted to he could just pick up the bad ladies and bang them together and lock them in the room. He could! He could!

The other one sees me. Oh, no, she's coming to get me. She's a big witch who steals other people's children. "Leave me alone, leave me alone." I'll scream so loud the police will hear and then they will all get into big trouble. I can shout bad words "don't touch me you fuckingfucking!" Her ugly face us smiling at me. She thinks I'm stupid but I will hit her if she touches me even with her little finger. I pull a face at her; its the ugliest face I've got. Daddy says "Pauly, that's not nice. The lady wants to help us." "I hate you daddy, for telling lies. The lady doesn't want to help me. she wants to take me to that place. You told me. You told me." Well first they'll have to catch me, an' I can run very fast. I am The Incredible Hulk. I can bash that lady and bite her hand.

She's talking to me. What's she saying? "Pauly, do you remember me? I'm Delia, from Arcady. Remember you came to visit and you played with the toys in my room? Mmm? Do you remember? I showed you the children and the room you will sleep in when you come to stay at Arcady?" She has a soft pretending voice. Now she says, "Lets get you things together Paul, and get going. Mommy and daddy will come too, and they can stay and have dinner with you and be with you until you are ready for them to go home. They will come and visit you very often, I'm sure."

I run past her and into my mommy's bedroom. I'm going to lock the door so nobody can get in. But the lady says to daddy "Let me try alone? Okay? If we all follow it'll be worse. Sandra, can you talk to Minna and Hermann? She rushes after me and pushes the door. I push hard and try to lock it, but she's got her foot in the door. I stand on her foot, "Get away, get away!" I scream in my worst, fiercest voice. But she manages to get inside the room, and now she closes the door. She stands against it and looks at me. "You can't catch me, you fuckin", I shout, and jump onto the bed. She says "I'm not going to try and catch you Pauly. when you've finished jumping on the bed and fighting, then we'll go."

"Well, I'll never finish jumping on the bed." I jump higher and higher and pull a tongue at Delia, and then I pick up the newspaper on the bed and throw it at her. Now we'll see, now we'll see what she'll do.

She doesn't do nothing. She just stands and says, "You don't want to come to Arcady, eh, Pauly." "Shuddup", I say, "Don't talk to me. I hate you, you fuckin'."

"You're so angry, you don't even want to talk to me."

I throw the pillow at her. She throws it back at me. She's making me so mad. I jump off the bed and open mommy's cupboard. I take out mommy's shoes and throw them at Delia. Whack! Whack! I got her on the arm. Mommy's got lots of shoes, I can throw them all at her. "Now whatyagonna do?" I say, wrinkling my face.

Watch how frightened she'll be. I make my hands into fists. I can beat her all by myself!

She holds her arm ... "When you throw things at me you hurt me, Pauly. I guess you hate me so much right now, you want me to be sore. Well, let's see, what can we do? I know you're very mad at me, and I can't help that. But I can't let you hurt me Pauly. I don't like being sore, so I have to stop you from hurting me."

Suddenly she grabs me by the arm when I'm not ready, and puts her arms around me, tight. What's she doing, I can't breathe, I can't breathe. "Let me go, let me go you bladdy ... I hate you," I kick her hard as I can, in her knees with my strong shoes. Her face is crumpled and I can see I hurt her. That'll teach her. I pull away, and pull and pull. But, she's quite strong for a lady. I can't get away, and even how much I push and struggle, I can't move. "Get off me! I push right from my tummy, "GET OFF!!"

Now she's sitting on me, and holding my hands so tight I can't move. When I kick she moves so fast that my feet are stuck. she's talking all the time "You're very angry Pauly. You wish you could hurt me so that I'll go away and leave you and not take you to Arcady. You really don't want to come. I know this is not comfortable for you, but, I can't let you hurt me Pauly. As soon as you stop fighting me, I will let you go. I don't want to hurt you, my boy. I know you're upset and frightened." Then she's saying, "its alright Pauly, I know, I know ... its alright my boy," and her voice is very soft and sad, and maybe its true. Maybe she doesn't really want to hurt me.

I can't breathe. I'm so tired. I don't like this. I can't struggle. I don't want to cry but the tears are coming into my eyes. I don't want her to see she's won. "I want my mommy, I want my MOMMY!" There, I let go. Horrible bladdy... she also lets go.

She says "its okay Pauly. Just take a deep breath. You'll see everything will be okay. She looks tired, like me. I think she wants to cry too. Her nose is wet and her face is red. I don't know what else to do, but I can't fight any more.

She says "Can we get up now, and go into the lounge Pauly?" I get up. "You're very strong, did you know that? It was really hard for me to hold you." She shows me how a big bump is coming on her leg. "If you're planning to bash me around often, I'm going to have to learn karate!" Then she whispers in my ear. "A big fellow like you can manage to get to Arcady without a big noise now, can't you? Let's show mommy and daddy how strong you are inside."

Mommy and daddy are waiting with their tired, sad faces. Daddy is holding my elephant bag. He says, "Come son. There's no other way." Mommy isn't crying any more, she's just quiet and her eyes look far, far away. She doesn't even kiss me goodbye. I don't take daddy's hand. I don't love him any more. They don't want me, and I don't care. I'll never come and visit them, ever, ever again.

Delia says, "well, let's go then". And I follow her, but I won't hold her hand.

CHILD CARE INFORMATION CENTRE

Directory of Services 1990

Information on assessment, treatment, education and welfare services available for children who need any kind of special attention. Also includes local services and provisions for handicapped adults. Copies R15.00 including postage, available from:

**Child Care Information Centre
Institute of Child Health
Red Cross Children's Hospital
Rondebosch 7700
Tel.6891519 (08:00—16:30)**

The Information Centre offers free counselling and an advisory service which is available to parents and professionals concerned with children who have any disabilities or problems.

There are some simple things we need to understand about the children we work with and about ourselves if we are interested in ...

Staying Sane as a Child Care Worker

As a child care worker in daily contact with children, you assume an extremely important adult role with respect to those children. You spend a great deal of time with them, you observe them and interact with them, you come to know them and their ways. From this interaction with parents and other adults, all growing children need:

- confirmation of their positive growth and achievements;
- reassurance and assistance through periods of doubt and difficulty;
- teaching of new age-appropriate behaviours
- comment and correction when their behaviour is unacceptable or maladaptive.

You as a child care worker are entrusted with this task of upbringing. You represent the values and norms of your society as well as the philosophy and goals of the agency you work for. In turn, you also represent the children in your group, and share their hopes and aspirations for their futures as mature, responsible and independent adults. Your daily task is one of working at this interface between the children and their world, helping them to understand both themselves and the society in which they are living, and giving them the confidence and skills they need to cope with the demands of life and to fulfil their own individual goals. This would be challenge enough for any parent or educator, but child care workers have the added challenge of having to work with difficult, deprived and troubled children. Such children often bring into the group the disadvantages of their past lives, distorted attitudes and experiences, and much behaviour which has to be unlearned. And although, like all children, they require both understanding and firmness, the care-giver working in such specialised circumstances needs considerable knowledge, skill and sensitivity. It is this which makes the way we react to children's behaviour so critically important, and which makes child care work generally so difficult and demanding.

Ruling, reacting or responding?

In child care practice one sees two ex-

treme methods of coping with the behaviour of difficult children. On the one side are those who rule children, prescribing desired behaviours and not permitting any expression of behaviours which may be disquieting or threatening. The problem with this is that the children's behaviour is imposed, standardised and uniform, and there is no way of seeing how they would really behave if the constraints upon behaviour were removed, or whether or not they have learned for themselves how to handle their impulses and feelings. The danger is that perhaps we will only discover this too late, when they leave the children's home, when the strict regimen is removed, and with it our last opportunity for helping.

At the other extreme are those child care workers whose lives are in turn regulated by the children's behaviour. Many child care workers start their day with a sense of pessimism and foreboding — what sort of a day will the children give me today? — and they wait for the problems and incidents to be thrust at them, and without fail they come! Such workers often go to bed physically and emotionally exhausted, having done little more than attend to the crises, stop the battles and put out the fires. They feel they have worked hard, and they have, but it is questionable whether progress has been made either in individual lives or in the group as a whole; enough that the fort has been held for one more day. The initiative has been left in the hands of the children and their problem behaviour. The child care worker has simply reacted and through the day has become less and less self-possessed and resourceful, and may well come to wonder whether it is all worthwhile.

If the child care worker is to see himself as a teacher, guide, counsellor and parent-figure to the children, then she must at least retain the initiative, together with the responsibility for what happens in her group. By simply *reacting*, she loses this initiative and the children call the shots — and the child care worker's role is then very much in doubt. By the same token she needs to be aware of how each child is doing, and therefore she needs to

give the children opportunities for making choices and decisions, for trying out new behaviours and for testing out the possibilities and limits of their environment.

The child care worker's role is not unlike that of a tennis coach who may have some very promising and very unpromising pupils. Child care, like a tennis match, is a dialogue. The pupils must show what they can do and the coach must encourage and correct — and then both try again. There are times when the coach directs the activity, directing his efforts towards a specific limitation or failing in his pupil; there are times when the pupil dominates the dialogue, asking for help with a special skill; there are times when they will play against each other, when each has a chance to serve and so control the movement and pace of the game. The pupil will never develop exactly the same playing style as his coach; contrary to his coach's advice he may prefer a certain grip or technique or speciality stroke. But the end result, the criterion for the coach's success, is whether or not his pupil can hold his own in the game of tennis, either modestly or with high achievement.

That analogy is easily translated into the terminology of child care. The child care worker needs to be aware of the limitations and failings of his charges, and must be ready to respond to the special needs the children demonstrate from time to time. As the children grow they, too, need to "play against" the adults to reassure themselves that they can master their own world in their own way. And though the children will never adopt exactly the same lifestyle as the care worker, he will have helped them to the point where they can hold their own in the game of life, whether modestly or with high achievement.

Understanding unacceptable behaviour

We often forget that behaviour is a language, the medium through which people express their inner selves, and that insofar as residential care and treatment is concerned it is the underlying message which is often more important than the grammar and syntax of behaviour. Child care workers often make the mistake of giving all their attention to the correctness and acceptability of behaviour without also attending to its underlying causes. Difficult behaviour is usually the symptom of a problem and not the problem itself.

If we were asked for a list of difficult behaviours, we would probably include the following: rudeness, vulgarity, lying, stealing, cheating, defiance, laziness, unwillingness to contribute, running away, swearing, disruptive behaviour, bullying,

fighting, sexual acting out, sulkiness, rebelliousness, bed-wetting or soiling ... and lots more. These behaviours are difficult, but often we experience them as threatening and unacceptable because we feel helpless in the face of them, we do not understand them, we wish they would stop. They are often, in fact, the problems of the children as we experience them, *our* problems with the children.

Here is another list of problems with children: fear, resentment, sorrow, anger, loss, poor ego control and impulsivity, mistrust, hostility, over-stimulation, lack of verbal skills, anxiety, poor socialisation, cultural deprivation, poor adult models, insecurity ... again, lots more. Could this be the same list as before, but this time the problems as *they* experience them? If so, then we may find ourselves saying, in the South African idiom, "Ag, shame!" instead of, in the case of the first list and in the same idiom, "Ag, sies!"

There are a number of factors which negatively influence children's behaviour, and these factors are particularly active in children in need of care. These factors include:

Different social and cultural experience.

Deprived children often come from a social and cultural milieu which is foreign to us. Poverty, unemployment, low educational attainment, inadequate and overcrowded housing, poor social environment, and perhaps alcoholism and violence, often constitute the child's early environment from which he has learned much of his behaviour and language which we may consider "bad" but which are, for him, normal. For such children swearing may be common currency and stealing a method of survival, and child care workers must distinguish carefully between what may be called immoral and what amoral.

Level of socialisation. Social norms differ from suburb to suburb, from household to household. A child may have learned to conform to norms and values which we would reject. Or worse, with inadequate parenting the child may be poorly socialised since nobody has reflected for him his acceptable and unacceptable behaviour. Such children cannot be judged for not knowing what they have never been taught.

Nobody "to behave for". Except for the autistic, behaviour is a transitive phenomenon, and behavioural training is only effective within a relationship with a significant — valued and valuing — other person, normally the parent. Socialisation outside of such a mutual and caring relationship is a grim and joyless thing. "Every child needs at least one person who is really crazy about him" says Bonfenbrenner, and until he finds that per-

son, confident growth and socialisation must wait.

Ego awareness and ego strength. The neglected child has often not built up an ability to make sense of his environment, to mediate in an acceptable way his needs and desires, to tolerate frustration and wait for his needs to be fulfilled, or a sense of personal responsibility for his actions. Such children may be pitifully anxious and impulsive.

It is difficult to be spontaneous and resourceful when one is physically and emotionally tired.

Attitude. Many children feel deserted and abused, angry at the way they have been treated, and they distrust authority or adult figures in general. Such children cannot be expected automatically to give their allegiance to a system until it has proved itself and they feel confident in it, and they may present with aggressive or anti-social behaviour.

Temperament. We need to be reminded that no matter what their backgrounds, children are not all alike temperamentally, that some are naturally reserved and quiet while others are naturally more boisterous and loud. Temperament is being recognised anew as a major factor which distinguishes children and their styles of behaviour from one another and we need to bear this factor in mind when considering depression and withdrawal on the one hand and anxious over-stimulation or rowdiness on the other. In summary, our response to children's behaviour requires some knowledge of the dynamics of behaviour generally, and knowledge of particular children's limitations and incapacities. We then know where we need to address our best efforts in each specific case. When children are just naughty, then it is their behaviour which concerns us. But for most children in care it is the problems underlying their behaviour which need our understanding and attention.

Understanding our own reactions

As stated above, child care may be seen as a dialogue, and if an understanding of the child is important on one side, then an understanding of ourselves as child care workers is equally important on the other. What are some of the factors

which influence our reactions to children's behaviour, and which make it difficult for us to respond helpfully and constructively (like the tennis coach)? *Fatigue, time pressure and burn-out.* Most child care workers have to cope with large numbers of children overextended periods of each day. It is difficult to be spontaneous and resourceful when one is physically and emotionally tired. This could be due to external factors such as unreasonable agency demands, child-staff ratios and working conditions. It could be due to internal factors such as our own physical and mental condition, our planning and management of our time. Whichever, this is an area which must be attended to before we can expect to be able to respond positively to children's behaviour.

Conflicts in agency priorities. We may work for an organisation which has difficulty in seeing that a group of hurt, anxious or angry youngsters will produce some disturbing behaviour. The organisation may value "good" behaviour above treatment needs. We, in turn, are anxious that the children's troubled behaviour will reflect negatively on our ability to handle the job: we need to show our superiors that we have the situation under control. Yet we also want to respond to the children's real needs ... One would wish to avoid any conflict of loyalties where one's employers are concerned, but this leads to considerable staff anxiety, and perhaps some renegotiation and discussion of the agency's purpose and philosophy will be necessary.

The protection of others in the group. Aggressive and acting out behaviour, for example, is experienced as threatening not only by us but also by the other children in the group, and we have a duty to them to preserve a controlled and safe environment. Thus there are some behaviours which we cannot permit. At the same time, remember that other children can only benefit by observing the constructive resolution of conflicts in the group, and we certainly shouldn't over-protect them to the extent that there are never any "family rows". Children may come to trust an environment in which they see problems together with the solving of problems.

Our own values and standards. We may react punitively and appear rejecting when children offend against our own codes of conduct. We are also members of the living group and also have rights, and bad language, for example, may be offensive to us. There is no harm in expressing our preferences, but we should bear in mind the social and cultural factors in the children's lives which we discussed earlier, and be careful not to convey rejection because of an essentially

cosmetic failing on their part. *Rigidity and sensitive issues of our own.* Further to the above, we need a deep understanding of ourselves and our own susceptibilities, for few of us reach adulthood having disposed of *all* our problems of childhood and adolescence. At some stage we have experienced strong feelings of fear or hurt, and we often bring with us into this work some unresolved material of our own, usually related to such human themes as parental acceptance, authority, sexuality, death, etc. When children present behaviour related to these areas, we are unable to tolerate it or deal with it objectively, and we freeze. This may make children even more anxious about similar areas in their own lives, and for all concerned we need to recognise and face our personal "keep off" issues which lead to rigidity.

Insufficient knowledge. Behaviour which is beyond our understanding is often frightening and we prefer to deny it or eradicate it. When we are confronted by bizarre or exaggerated behaviour we should never hesitate to discuss it with our supervisors. In fact whenever there is anything in children's behaviour which troubles us, for example failure to learn from their experience or repetitive episodes which don't respond to our interventions, we should refer them to colleagues or superiors. In this way we gain insight into and mastery over our work, and so widen our own repertoire.

Idealism. Many of us come into child care work with high ideals which we are reluctant to let go. The reality of hurt and pain and anger in the children's lives conflicts with our expectations of warmth and gratitude, of being able to preside over "one big, happy family". Such idealism may lead us to prefer not to see the reality, and children may feel guilty and unacceptable for spoiling our fantasy and not fitting into our dreams.

Impatience. Child care workers, probably more than any other professionals, often have to wait a long time to see results. The mending of broken lives may take years. Children take a long time to regain trust in themselves and in others; they reach plateaus in their healing and development when not much seems to be happening, when no progress is visible; often they stumble, lose confidence and hope, are hurt again, and seem to go backwards. We sometimes have to face the fact that some children are not going to get better at all. This is very discouraging for the worker who may have no comfort beyond that of knowing that he is doing his best, with perseverance, and skill, and great generosity.

Ownership of the problem. Many child care workers tend to make the children's

problems their own, and so may become more anxious than they need to be when confronted by problem behaviour. As a child care worker you have offered to assist in the solution of problems, but the problems are not yours. The problems belong to the children; you may be sympathetic and empathetic, you may do your best to help clarify and objectify the problems of the child, you may be with him whilst he works through the feelings

We sometimes have to face the fact that some children are not going to get better at all

associated with the problems, you may assist the child in seeking solutions, but in the end they should be his solutions to his problems, and not yours.

These are some of the factors which often cause child care workers to react rather than respond helpfully to children's behaviour. Knowing ourselves and understanding our expectations and motivations can overcome many of these. However, the worker should not bear all responsibility for this alone, for he is part of a wider profession and part of a wider team, and must draw on the strengths and resources of both.

Things to take on the journey

Child care workers often see themselves as lone adults in groups of children. Unlike other categories of workers, they have no tools in their hands; they work with neither typewriter nor notebook, neither hammer nor saw. It seems to them that in their work they must use themselves as the tools of their trade, and this means risking themselves.

Sula Wolff warns against child care workers gaining their rewards from the intrinsic relationships with the children and other staff, for, as is to be expected when working with troubled children, there is usually more give than take, and in such an economy the books of job satisfaction will not balance.

There are four essential anchors which the child care worker needs to prevent the dangers of personal exposure in residential treatment which lead to reaction rather than response:

A Philosophy of Child Care. The worker needs a clear understanding of the aims and goals of child care against which to

measure each interaction with a child. "What I am doing now, does this fit with our philosophy?" The ability to step back from a situation to consider it in this light makes it easier to respond helpfully — and less easy simply to react.

Knowledge of oneself as a member of a team. No child care worker should be left entirely to his or her own devices in the residential treatment of troubled children. Workers must know that they can refer matters at all times to superiors or colleagues, and so gain an objective picture of a child's behaviour and the task which that behaviour implies. It is essential to be able to share with colleagues questions such as "What is actually happening here? What is the best response to make?"

Participation in a treatment plan. Many children's homes fail to define the tasks which need to be accomplished in respect of individual children, and workers are left with a vague and generalised idea of what has to be done. If some systematic assessment is done, then for each child there are specific goals to be reached, and child care workers are greatly helped in their work when these are clearly spelled out. Our responses may then be made in terms of these goals, and everything we do with the children becomes more purposeful — and, again, less likely to be mere reactions.

Practice skills. We never stop learning how to listen, how to respond. We often answer youngsters in an oppositional way which forbids further discussion; with an air of hasty judgement or finality which allows no exchange of ideas; or we ask literal, intellectual questions ("Why?" being the worst) which the children cannot answer. They walk away frustrated and unlistened to, often with negative behavioural consequences. The skill of being able to listen, and making time to listen ("Tell me about it") draws much of the sting of their hurt, indecision and anger — and teaches us more and more about the children we work with.

Conclusion

The kids you work with are going to be difficult. That's part of the deal. This can be scary and discouraging. But we will cope with the work better if we understand the background and meaning of their behaviour, and if we understand our own shortcomings and skills, our own abilities and vulnerabilities. Above all, we should refuse to go into the field without a battle plan, a shared philosophy, and without the back-up and support of superiors and colleagues. Above all, it is our own responsibility to see to it that our personal skills and knowledge are honed and sharp at all times.

Children (and Child Care Workers) in a Future South Africa

I am interested by your idea of discussing children in tomorrow's South Africa. But what about us adults? The children will look to us. What about us child care workers? We are the leaders of the children. As a black child care worker I have a special experience in South Africa which I want to tell you.

People have to realise that liberation for Blacks is much, much more than getting a vote and a place in the sun. For all my life, being Black has meant getting the message that I am less than White, that I am inferior and worth less. That has been the message of apartheid, and liberation for me is also finding what it is like to have my own dignity as a person. That will not come easy, and it will be awkward for me to work towards that new thing about myself. All of us Blacks will have to learn what it is like to be "an acceptable person".

But as a child care worker I have a great advantage. My friends who have jobs in factories or shops feel just like Blacks who are nothing else but "workers" for "bosses". This makes them feel about themselves like that. But I go to NACCW meetings and to the child care basics course, and so already I have been living in that world where I am respected for what I do and for the person I am. The child care workers and others that I meet there already treat me just as a person with dignity who does a useful job, and there is no black and white. Child care workers have been learning something they can maybe teach other adults in the future South Africa.

— A Child Care Worker

Die Kwaliteit van Versorging

In *Die Kinderversorger* van Januarie 1990 verskyn daar 'n artikel onder die opskrif "Wages: Key to Quality Child Care". Ek voel dat hierdie stuk eerder 'n Suid-Afrikaanse studie moes gewees het aangesien die artikel veral van toepassing op plaaslike toestande is.

Op verskeie kere het ek die motivering wat ek nou aan u rig deur die gewone kanale probeer deurstuur maar Departementale rompslomp het gesorg dat my pogings telkens verydel word.

Ek is die afgelope twee jaar in diens by 'n Plek van Veilige Bewaring. Voordat ek hier aangesluit het, het ek derde jaar Maatskaplike Werk afgelê en drie jaar vrywillige diens as vrywillige berader by FAMSA voltooi. Ek het twee jaar diensplig asook al die prakties vir Maatskaplike Werk voltooi. Ten spyte hiervan word slegs my St. 10 sertifikaat en elf maande diensplig in aanmerking geneem vir die bepaling van my salaris. Tydens my pligte as versorgingsbeampte het ek die volgende afleidings gemaak:

1. Daar is 'n direkte verband tussen loon en die kwaliteit van die versorger.
2. Die salarisse van sommige versorgingsbeamptes vergelyk swak met die salaris van selfs onopgeleide arbeiders in ander Staatsdepartemente.
3. Sommige persone wat aangestel is het nie die mentaliteit vir hierdie tipe werk nie.

Omdat ek bevoorreg was om op 'n stadium aan beide kante van hulpverlening aan die kind te staan, kan ek met vrymoedigheid sê dat dit 'n spesiale tipe persoon verg om hierdie werk te doen. Hy speel 'n sleutelrol in die kind se lewe. Indien dit die doelstelling van enige instansie is om kosbare jong lewens weer op die regte pad te plaas, behoort die volgende punte 'n dramatiese verskil aan die kwaliteit van die versorgingsbeamptes te maak.

1. Beter besoldiging. Huidiglik vergelyk die oord met 'n werkskeppingseenheid.
2. Streng keuring. Geen maatskaplike-klënte nie.
3. Formele opleiding met verpligte bywoning.
4. Praktiese indiensopleiding deur 'n behoorlike gekwalifiseerde beampte.
5. Betrokkenheid by assessering, vergaderings, die opstel van verslae en deelname aan besluitneming.
6. Deel wees van 'n terapeutiese groep met 'n gedefinieerde rol en posisie.
7. 'n Unie wat aktief na die belange van die versorger omsien.

As ons die rol van die versorger (soos ek dit verstaan aan hand van u tydskrif) ontleed, kom ek tot die gevolgtrekking dat die vereistes en die praktyk pole uitmekaar verwyder is. Dit is jammerlik om te dink dat 'n versorger, wat 'n dramatiese rol in die lewe van ontwrigte kinders speel, tevrede moet wees met 'n salaris wat in party gevalle beswaarlik dag-tot-dag oorlewing verseker. Ons kinders het die reg op goed opgeleide en gebalanseerde versorgers en ek doen hiermee 'n bykans wanhopige oproep op die NVK om hierdie saak indringend te ondersoek. Dit gaan nie slegs oor my persoonlike posisie nie — dit raak die hele stelsel.

— Anton van der Merwe
Port Elizabeth

Drugs and Health Care Issues

It is generally agreed that the milestones achieved and the behaviour norms planted in a child during the first seven years, are the guidelines which affect and control him for the rest of his life. With this in mind one can only address the problems of drug abuse as a weed, planted with the good seed, during these seven years. Children see a great deal of time and money spent on the treatment of ills, but little of the financing and application of preventative medicine. Society has moved away from the health care systems common twenty or thirty years ago. As families are split up and single parents burdened with having to go out to work, little opportunity exists for the warm cossetting of the past, for the application of nature's remedies. Thus health care becomes from the earliest age "Take the medicines and drugs as prescribed".

"How cute!" we say when we see Polly following her mother around with a duster and a small broom. Son John loves to help Dad in the garage or tinker with his own toy cars. Observation of adult behaviour takes up so much of children's lives. Consequently, along with the good habits, they are going to learn the bad ones: tired Dad or Mum lighting a cigarette or pouring a drink. "Ah! That's good!" they say.

Similarly parent has a headache or back or stomach ache — two tablets, glass of water ... big smile, all better, just like in the TV advertisements.

Medical Aid schemes have opened the door to frequent and often unnecessary visits to the overloaded G.P. He prescribes antibiotics. Medicine is taken for colds and coughs, to go to sleep and to wake up.

We as parents and child care workers have a duty here to restore balance, to use medicines and drugs infrequently, never to use them unnecessarily and always to investigate alternatives. Robert Hey, discussing the legalisation of drugs (*The Child Care Worker*, February 1990) notes that "most (law professors) personally dislike drugs, want their widespread use ended, and think the way to succeed is to treat drug use as a public health issue, and not a legal one." He is of course addressing the problems of hard drugs, heroin, cocaine and the like. But indeed, why must we wait until the drug problem is pandemic and requiring legal action?

— G.M. Crowley
St Michaels, Cape Town

As part of the process of exploring the theme of
children in tomorrow's South Africa
the Transvaal Region of the NACCW holds

Two Workshops on Child Care in the Coming Decade

Earlier this year the Transvaal Region held a workshop on the future of child care in the coming decade. Arising out of the perception of a need for the development of multi-racial services, a study group was formed. The co-ordinator of the group, Anita de Coris Wagner, arranged a two-session workshop on "Fear – Facing the Future." These workshops were run by three skilled facilitators who assisted the 20 participants to examine their own racial attitudes.

In the first session the group were asked to get in touch with the things they did *not* like about their own particular group – the group that they felt closely affiliated to, and the things that they felt most positive about in their own group. Allowing people to express negative as well as positive feelings certainly facilitated openness and sharing in this multi-racial meeting.

In the second session we examined our stereotypes of different racial and religious groupings, and how these differed from one person to another. The group then proceeded to work in small sub-groups answering the following two questions – "What are our worst fears and anxieties about the integration of our Children's Homes" and "How could we deal with these fears".

In answer to the first question – worst fears – the following were mentioned:

- The child care staff will discriminate against children of different races – there might be victimization.
- How will the neighbours and the community react – will they reject "other" children? Is the community ready for integration?
- Will there be racial conflict amongst the children, how will they accept the change? Could we see the formation of gangs based on race?
- How will we cope with language barriers – will these create barriers between us?
- Will we be introducing a form of cultural "imperialism" – how can a "white"

home rear a child in a way that is culturally appropriate? Will such children be able to integrate back into their own communities when they leave us?

- What about the food – black organisations felt anxious about how a white child would take to *mieliemeal*!
- A black child from an impoverished community (particularly if he came from the rural areas) could feel overwhelmed and inferior in the more sophisticated material conditions prevailing in the white homes.
- White children might use Black children as servants. Would the white children dominate the Black children who have been brought up to accept a more subservient role?
- Would the Black child lose the independence he has in terms of his ability to do things for himself?
- How would a White child manage more domestic tasks such as washing and cleaning in the "Black" setting?
- Will White children respect Black staff members, and will Black staff members feel comfortable in disciplining White children?
- Will we need to re-evaluate the role of the domestic worker and the child care worker?
- Our staff "profile" will have to change to accept Black *child care* staff – How will we cope with a new influx of staff members?
- Group members simply expressed fear of the unknown.

In response to the question "How do we deal with our fears" the following positive suggestions were made:

- Workshops such as this are helpful for us to face ourselves, our prejudices and our fears.
- We need to learn each others languages.
- We need to undertake community education and train ourselves as trainers for this task.
- There needs to be on-going evaluation

of the process of integration. We need to be in tune with the dynamics in the organisation – monitor and evaluate constantly.

- The staff should be integrated first. We have to get to know the staff that we work with. We should meet socially and spend time understanding each other as human beings.
- Expect conflict – allow room for it to be expressed rather than going underground.
- Prepare White children to be more independent and responsible.
- Study our cultural differences together so that we can come to grips with our fantasies and face the reality issues.
- The team need to be committed to the policy. Contracting with staff is necessary. Those people who cannot adjust may have to leave.
- In order to gain the staff's commitment they need to be involved in the development of policy.
- Similarly children should be involved.
- Institutions should ideally be situated in "open" or already multi-racial areas.
- Children's homes may have to develop bridging programmes to help remediate educational deficits so that children can cope at school.
- Children should ideally be placed in multi-racial schools.
- All staff members should be valued for who they are, not for their position on the organisation's hierarchy.
- Equal pay for equal work – there are to be no discriminations on the grounds of race.
- Accurate job descriptions will help.
- Equality of grants for children of all races is necessary.

* * *

The above mentioned facilitating factors contain tasks that can be handled internally, within an organisation willing to tackle integration. However, there are a number of points raised that fall within the context of the broader socio-political community. Several Children's Homes in the Johannesburg area have committed themselves to working pro-actively – in other words they are not waiting for the society to make it comfortable or even obligatory to introduce change. They are active participants in the introduction of change.

These were two valuable and interesting workshops. One person remarked that this was the first time that she had sat with people of all races and talked openly and honestly about racial fears and prejudices.

Many thanks to the skilled facilitators, Frankie Correll, Shirley Shochot and Debbie Silver.



WORLD FILE

A digest of news and child care information

ters, and its activities will include: research and evaluation, working groups, standards, library and information services, programme exchange, peer consultation and accreditation. But eat your heart out, Institute of Child Care: the new American Institute starts life with a staff of eight professionals!

CWLA Media Campaign on Child Abuse

Reproduced on this page is one of the six powerful magazine and newspaper advertisements

in CWLA's campaign aimed at the national crisis of child abuse in the US. CWLA's Director David Liederman says "Nearly one million children were abused or neglected last year, and on any given night more than 100 000 are homeless. We face a national crisis, and there is a critical need for a concerted effort by citizens, advocates and lawmakers to make 1990 the year for real progress."

Still Children in Prison in SA

This month five children aged between eight and 12 have been

held in Pollsmoor Prison "because no suitable place of safety could be found for them" the Minister of Justice reported in Parliament on April 23. The children were held for between eight and eighteen days pending hearings on charges of theft and housebreaking. The Simon's Town magistrate had indicated that no suitable place of safety mentioned in the Child Care Act was available for their detention. On the same day the Minister of Education and Culture (House of Assembly) reported in Parliament that there were 24 834 vacant places in hostels at white schools at the end of 1989.

Seeking a National Policy

There have been demands in child care circles in South Africa recently for a national policy for children, to replace the present multiple policies based on 'own affairs' administrations. It is interesting to see the USA also seeking a national policy. On February 7 Sen. Christopher Dodd, chairman of the State Subcommittee on Children, Family, Drugs and Alcoholism, held a hearing on street kids and runaway and homeless youths. He urged Congress to approve the Young Americans Act, a measure he introduced last October that would outline a national children's policy. The Act would also provide incentive grants to encourage states to coordinate their services for children. It calls for another White House Conference on Children and the creation of a Federal Council on Children.

Institute in America

The CWLA has established an Institute for the Advancement of Child Welfare Practice with aims not dissimilar from those of our own Institute of Child Care. The new Institute aims to expand knowledge and stimulate the development of new ideas and directions by encouraging research, programme evaluation and practice innovation. The Institute will seek out "nuggets" of good practice as standard set-

Prepared as a public service by Buzzell. Photography by Gregory Harker

**SINCE 1981, CHILD ABUSE IS UP 80%,
CHILD SEXUAL ABUSE UP 277%,
FATALITIES FROM ABUSE UP 36%*,
AND FEDERAL FUNDING TO HELP STOP
THE PROBLEM, DOWN 10%.
TOO BAD KIDS CAN'T VOTE.**

As the statistics above—which are based on most recently published data—clearly demonstrate, child abuse has now reached epidemic proportions. With fatalities alone increasing 36% from only 1985-88.* The net proceeds of your \$5 call to the number below (which will be billed to you through your phone bill) will do more than help us fight child abuse. It will help us convince Washington it's time funding for child protective services became a priority.

WE NEED YOUR VOICE AS MUCH AS YOUR DOLLARS. FOR MORE INFORMATION, CALL 1-900-740-4400.

THE CHILDREN'S CAMPAIGN
THE CHILD WELFARE LEAGUE OF AMERICA

NATAL

Plight of Families and Children

13,000 refugees, mainly women and children, have sought refuge in churches and camps in Pietermaritzburg and Durban. These people have suffered untold pain and loss and witnessed unspeakable horrors. We are deeply concerned about the present and the future of the thousands of deeply traumatised children. We wish all our members to know that many of our child care people live and work in the midst of the violence in Edenvale and Durban and we share our deepest concern for them, and respect for the work that they do under the most stressful of circumstances.

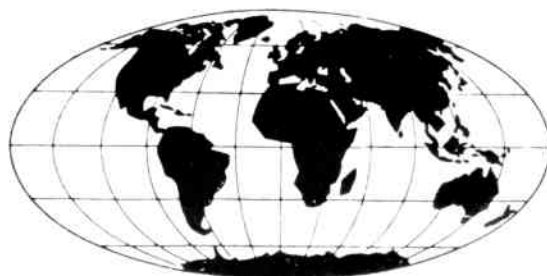
Tomorrow's South Africa

A small team of residential social workers led a lively and informative debate on "preparing our children for the future" on 17th March at St. Philomena's. Inevitably, this led to a discussion around integration and programmes for the future. The topic will be pursued on an ongoing basis in the Natal group.

WESTERN CAPE

Fire

Ons Plek, recently registered as a Home for Girls in central Cape Town, was devastated by fire in mid-March and the girls have been temporarily housed at St Johns



Newsbriefs

Hostel in Upper Kloof Street. The girls hope to return to their own premises in June.

New Principal

Keith Harcombe has been appointed to Friedrich Schweizer Kinderheim as the new principal. The Harcombes were at Marsh Memorial Homes for some years, where in addition to being houseparents, Keith was the estates manager. We wish them every success in this new position.

EASTERN CAPE

Regional Meeting

Over ninety people attended a General Meeting of the Region at Erica Place of Safety on Thursday 19th April. Most of the children's institutions in Port Elizabeth were represented. Roger Pitt, Chairman of the Border Region, travelled down to be present, and the meeting was

addressed by Brian Gannon, recently retired National Director of NACCW. In his talk he explored the Mission Statement together with aims, principles and other statements of intent of the Association, specifically referring to the current discussions around these. Several matters were raised from the floor. The issue of child care worker salaries and conditions of service was dealt with at length, with the NACCW being asked to research this and advocate more actively on behalf of members. Following on a lively discussion, helpful contributions regarding the educating and preparing of children for the future South Africa were considered.

TRANSVAAL

Social Workers' Group

An orientation for social workers new to residential care was held on 17 April. On 10 May there is to be a

workshop entitled "Managing Yourself to manage Others" presented by Jacqui Michael. Next planned is a morning session on 15 May on "Working with foster parents — Understanding the process of recruitment, screening, training and preparation of the child". On June 28 and 29 a workshop on "Training for the Trainers" is planned. The social worker's role has to be seen as a facilitator, a person who enables other people to do for themselves. This is effected not only in supervision but in the worker's role as educator in the provision of in-service training for staff.

BQCC Courses

The courses in Johannesburg, East Rand and Pretoria are all under way and the Evaluation will be completed by mid-June. Students have been busy with reading assignments during April, and in May will be working on a more challenging assignment on the theme of Methodology in Child care.

Career Paths

There is widespread concern that there are too few opportunities for promotion for child care workers, with the result that after a few years it can seem like a dead-end job. The Transvaal Regional Director points out that programmes have been successfully implemented for building better career structures within agencies, and offers consultations with senior staff on this subject. Di Levine can be telephoned on 484-2928.

May 1990 Diary

- Natal**
- 01 09:00 BQCC Mod 1 St Philomena's Home
 - 02 09:00 BQCC Mod 4 St Philomena's Home
 - 03 08:30 PPA Workshop for '89 Group
 - 04 08:30 Regional Executive Workshop
 - 08 09:00 BQCC Mod 1 St Philomena's
 - 09 09:00 BQCC Mod 4 St Philomena's
 - 15 09:00 BQCC Mod 1 St Philomena's
 - 15 09:00 Zulu BQCC Mod 3 begins
 - 15 11:30 Mary Cook Children's Home
 - 15 11:30 PMB Principals, Social Workers and Middle Management Group.
 - 16 09:00 BQCC Mod 4 St Philomena's
 - 17 PPA Workshop St Theresa's Home
 - 17 09:00 Social Worker's "Communication with difficult children" led by Manet Slabbert. Excelsior Place of Safety
 - 22 09:00 BQCC Mod 1 St Philomenas
 - 22 09:00 Zulu BQCC Mod 4 Mary Cook Children's Home
 - 23 09:00 BQCC Mod 4 St Philomena's
 - 25 Regional Meeting

- Border**
- 05/06 Seniors Weekend Training. Speakers: Ashley Theron and Lesley du Toit. KWT Home PE, Border groups combine.
 - 07 09:00 Regional Meeting. Speaker: Ashley Theron — Chairman of NACCW. King Williams Town
 - 12 09:00 BQCC Module 4 Part 2
 - 13 09:00 BQCC Module 4 Part 2 King Williams Town
- Transvaal**
- 02 09:00 BQCC Johannesburg TMI
 - 02 09:00 BQCC East Rand Jubileum
 - 07 09:00 BQCC Pretoria Louis Botha
 - 09 09:00 BQCC Johannesburg TMI
 - 09 09:00 BQCC East Rand Jubileum
 - 09 12:30 Regional Executive meets NACCW Offices
 - 10 08:30 Morning Workshop: Managing Yourself to Manage Others Venue announced later
 - 16 09:00 BQCC Johannesburg TMI
 - 16 09:00 BQCC East Rand Jubileum
 - 17 08:30 PPA Children's Foundation Group Guild Cottage

- 21 09:00 BQCC Pretoria Louis Botha
- 22 08:45 PPA NACCW Group NACCW Offices
- 23 09:00 BQCC Johannesburg TMI
- 23 09:00 BQCC East Rand Jubileum
- 24 09:00 Child Care Workers' Support Group St Georges
- 28 09:00 BQCC Pretoria Louis Botha

Western Cape

- 02 09:00 BQCC Annie Starck Village
- 03 08:30 PPA Oranjia Childrens Home
- 08 08:30 Regional Executive meeting
- 08 09:00 Forum Annie Starck
- 09 09:00 BQCC Annie Starck
- 11 09:00 Namaqualand special BQCC
- 15 09:30 Regional General Meeting G.C. Williams ph:637-1254
- 16 09:00 BQCC Annie Starck
- 18 09:45 Principles Group Nazareth House ph:461-1635
- 18-19 NACCW Staff meeting
- 23 09:00 BQCC Annie Starck
- 30 09:00 Social Workers Group Friedrich Schweizer
- 30 09:00 BQCC Annie Starck