The child care worker

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Nasional Vereniging van Kinderversorgers

Internasionale Geaffilieerde

CWLA
Child Welfare League of America

The Proof of the Pudding

It is not true that everything that happened in America in the Eighties will happen in South Africa in the Nineties. However, societies do pass through cycles, through ups and downs, and through fads and fancies which tend to replicate themselves sooner or later in other societies.

In a recent novel, Yevtushenko has one of his characters say "The study of history is mankind's warning to itself", and we do know that overseas trends are often advance information of what we might soon expect here.

Certainly the euphoria of deinstitutionalisation and permanency planning reached us in the Eighties as punctually as Hong Kong 'flu — and now comes the suggestion that these phenomena may prove just as ephemeral; that the problems presented by homeless children and troubled youth are not just going to go away.

In a note in this issue (Page 6), Jerry Beker observes that the solution for less-than-perfect residential services in the past cannot be simply to close them down today. "It seems clear that there will be significant and possibly growing numbers of young people in various kinds of residential group care programmes (treatment, educational, corrections, custody) in the US for the foreseeable future, for whom we have an obligation to provide as constructively as possible. For a variety of reasons, we are not about to close such programmes on a large scale ..."

Indeed, on page 15 (See "Discarded Children in America") we publish details of a very recent (December 11) report which reflects disturbing and dramatic increases in out-of-home placements in the USA in all three of the child welfare, juvenile justice and mental health systems. Also reported were dismal failures in some of our most cherished child care ideals: "There has been no significant progress in reducing the average length of stay in foster care. The number of children placed in foster care more than once nearly doubled between 1983 and 1985. In 1988 a greater proportion (42%) of the children entering foster care were under six years old".

A number of reasons are advanced for the poor American results. South Africa has its own set of circumstances which complicate the challenge to child care services. Grand Apartheid held up the provision of child care services for Blacks until the early 1980's, and the resulting backlog is now being addressed piecemeal by a bewildering number of fragmented state departments. Just as in the education system, continuing apartheid structures cause long-established facilities to close down and sell up or run empty, while across town new facilities are built — at great cost and with no experience in the field.

In South Africa, in response to the new Child Care Act, a number of institutions have produced most impressive results in shorter lengths of stay — only to have their whole programme and staff structure jeopardised by archaic subsidy schemes which seem incapable of responding to messages from the field. And beyond that is the abiding shame of child care in South Africa: the recent increase in Black subsidies to the point where they are still *one-half* of those paid to other races.

What are the plans for child care for the 1990's? Who makes these plans? What will the figures look like at the end of this decade? Who cares? Who is responsible? It is hard to say: the NACCW deals with no fewer than twenty four state departments who have a finger in the child care pie, so the buck stops in a whole lot of places. It seems nobody is really responsible. Worse still, as this journal has observed before, it seems that one consequence of our apartness is that South Africa has no plan for its *children.* Unless we are prepared to work at this together, there is little room for complacency in our profession or in our field. American child care, it seems, ended the Eighties with egg all over its face. What forecasts for the face of South African child care at the end of the Nineties?

From the National Chairman

This first issue of *The Child Care Worker* for 1990 gives me the opportunity to wish all who are involved in child care work throughout South Africa every happiness and fulfilment in their work for children in the coming year.
— *Ashley Theron*

The Bereaved Family – the Child's Perspective

Astrid Berg

Astrid Berg is a psychiatrist in the Department of Psychiatry, Groote Schuur Hospital, Cape Town.

None of us would deny the profound impact that a death within a family has on its members. There has been an increasing awareness and understanding of the grief and mourning processes that bereaved adults experience. However, the surviving children have often been neglected and even ignored. The reasons for this are twofold: firstly, we cannot bear to think that they too could be experiencing pain and suffering; and secondly, we feel that children are not affected and that life goes on for them. In this paper I am hoping to show you that children are indeed deeply affected by death albeit in different ways to adults. As family therapists we have to be aware of children's needs. There are certain situations that call on us to have specialised knowledge. I believe that bereavement is one of these and that a system's model alone is insufficient to really help us understand these families. I am thus deliberately focusing on the child within the family.

Children's understanding of death

At some point each child must learn about death. A century ago this knowledge was part of life and no child grew up without the experience of at least one death-bed scene. However, Western society has become "death-denying" and death has become a "taboo topic", with adults being reluctant to allow discussion around it. *But* children do think a great deal — both about the beginning of life, as well as its end. The understanding of death is complex involving several interactive processes and I shall not elaborte on these here.

THE EXPERIENCE OF BEREAVEMENT

Three definitions will be helpful:
Bereavement: The reaction to the loss of a close relationship through death.
Grief: The overt emotional response to the loss.

Mourning: The psychological processes that occur in bereavement. This means the individual's effort to accept the fact in the external world and to effect corresponding changes in the inner world (Anna Freud). The psychological bonds that bound the bereaved to the deceased gradually have to be undone.

Phases of bereavement

Bereavement reactions have been divided into different stages. The phases described by Kubler-Ross (1968) (denial, anger, bargaining, depression and acceptance) fit more into the reactions seen when confronted with the news of a fatal illness.

Bereavement reactions *per se* can also be viewed according to Bowlby's (1960) model of attachment separation theory. John Bowlby advances the thesis that the sequence of responses to separation seen in young children is characteristic of all forms of mourning. The infant's attachment to his primary love object, usually the mother, is mediated by instinctual response systems. From the age of six months onwards the child reacts to the separation from his mother with a series of responses manifested by Protest, Despair and Detachment. Bowlby regards these as being parallel to the phases of mourning.

Phase One

The urge to recover the lost object is likened to the phase of Protest. The bereaved weeps, searches and yearns for the deceased. Anger at having been deserted is expressed. The response system is focused on the lost object and the aim is to reverse the loss.

Phase Two

The phase of Disorganisation is similar to the Despair that the child experiences when the mother does not return, despite his strenuous efforts to recover her. The response systems are no longer focused on the lost object, since there is now a gradual realisation that it may be permanently absent. Consequently behaviour becomes disorganised and the effect of depression predominates.

Phase Three

Two outcomes are possible: Reorganisation or Detachment.
If the first two phases have been allowed to develop and the affects been worked through, the third phase completes the work of mourning in that reorganisation takes place. New patterns of behaviour, adapted to new objects have been developed.
Detachment occurs when the mourning process has not been negotiated successfully and this represents a pathological outcome. While from the outside it appears as though the person has withdrawn his libido from the lost object, the yearning for it persists unconsciously and is being strongly defended against. The question arises, do children mourn according to these processes and patterns? Viewpoints on this issue differ considerably. As described above, J. Bowlby proposes that infants from six months onwards are capable of mourning as adults do. On the other extreme there are those therapists who have concluded that mourning is not possible during childhood (Deutsch, 1937 and Wolfstein, 1966). Between these two positions are clinicians who have observed mourning to occur during childhood.
Robert Furman draws attention to the fact that it is important to distinguish between a child not mourning and his apparent incapability of mourning. He considers children from the age of three and a half to four years as having the mental functions required for the work of mourning to occur. There are, however, important differences between the mourning of children and adults and these will be mentioned briefly.

Characteristics of the young child's bereavement reactions

● The death of a relative constitutes a developmental interference which may lead to distortion of development and symptoms of a diverse nature. Unlike the adult, the child is in the midst of developmental processes. The child cannot afford to suspend these, and mourn, and then start where he left off. Instead the child has to accommodate his bereavement reactions within his developmental needs and it is this that clouds the picture and leads to complications.
● Because of the child's low tolerance of psychological pain and because of his curiousity, mobility and flexibility of interest and attention, he exhibits a "short sadness span". The protracted mourning as seen in the adult, cannot be sustained. This accounts for the seeming lack of feeling on the part of the child.
● Another characteristic is the child's dependency on adults and familiar surroundings. Children are only able to

show their mourning reactions if these dependency needs are being met. If the bereavement coincides with other stressful experiences, such as moving house and losing the nuclear family structure, the child's ego is overwhelmed. These children do not show a mourning reaction, simply because they have to reserve whatever energy they have to cope with and survive the external stressors.

● The child's incomplete, immature ego development accounts for some of the "atypical" (from the adult's point of view), reactions they exhibit. The denial of the painful loss, the inadequate reality testing, the concrete thinking and egocentricity are illustrated by the child's reaction to the loss (by suicide) of her mother. Instead of grieving for her mother in a direct way, she was haunted by her mother's ghost for three years. The ghost followed her, frightened her, but also provided her with a link to the deceased mother. It required two years of individual psychotherapy to undo these bonds and to work through the loss.

MAIN FEATURES OF CHILDREN'S REACTIONS TO LOSS

The young infant
The young infant reacts to change in the quality of his sensory experience, e.g. a new mothering figure will handle and hold the infant differently than the original mother and it is this difference that the baby picks up. Similarly, a mother who is grieving or who is depressed because of a loss, will be less able to respond to her infant and again it is this subtle difference that causes the child distress.

The older infant
He or she is aware of the mother as a whole person and will respond to her loss by protest, despair and detachment as described by Bowlby.

The pre-school child
These children exhibit variable behaviour. They may not seem to understand the death fully and are likely to ask again and again about it. There may be regression and clinging behaviour and a return to earlier modes of functioning, e.g. soiling. The child may become aggressive, naughty and wild and at the same time show heightened attachment to adults. He or she may also idealise the deceased and have fantasies of reunion.

The young school child
These children may resort to denial of the reality of the death and their own feelings about it. There may be excessive guilt such as the six-year-old boy who lost his father and conceded that it was in a

way quite good that his father died as he could now have his mother all to himself and sleep in her bed. The child may also have fear about the physical safety of the surviving parent and show distorted concepts of illness and death, as well as distorted attitudes towards doctors, hospitals and God.

> **They may not seem to understand the death fully and are likely to ask again and again about it.**

The older school child
Older children may show many of the above behaviours and concerns of the younger child. There are, however, a few outstanding features:
Fear of their own death may lead to phobic behaviour and hypochondriasis. They may become fearful of sleep, darkness and look for symptoms of disease in their own bodies. These children may also compensate for their feelings of helplessness and dependence by having an independent and coping exterior, by being bossy or showing compulsive care-giving to younger siblings. Teachers are particularly important in this age group. The child may perceive the school situation as a safer forum for him than the emotionality at home.
Family functioning is always disturbed, either temporarily, or also often permanently.
Parental mourning has a particular impact on the following areas of family functioning:
● Communication may become inhibited, distorted and indirect, so that difficulties are not resolved.
● Emotional expression may either be restricted or there may be an overproduction and lability of affect with sadness and anger predominating.
● The emotional involvement of the family members with each other may develop into deviant patterns, most often with the parent/child relationship being one of over involvement and over protection.
● The roles in the family may change in various ways. The child may have become the care giver for the mourning parent or may take the place of the deceased.
What I have just described are normal

reactions if they are temporary up to 6-8 months after the death and if they do not interfere with the child's general functioning.

Pathological bereavement reaction in children
These are defined by two criteria: (a) the presence of persistent clinical symptomatology and (b) the need for psychological care.
In an Israeli study where 25 kibbutz children who had lost their fathers were followed up, it was found that 50% had severe and persistent behaviour problems sufficient to be called 'pathological bereavement reaction' (6, 18 and 42 months after death). Similarly, in the UK, Dora Black (1984) found that one-third of bereaved children showed behaviour problems one year after death. My own findings are as follows: thirty-one children of 25 families were seen within a three-year period with ages ranging from 3-5 years. The presenting symptoms varied tremendously as did the psychiatric diagnoses which were as follows:
● adjustment disorder
● affective disorder
● post-traumatic stress disorder
● anxiety disorders.
From this it can been seen that the spectrum of symptomatology is wide unlike the picture with bereaved adults who can be more easily fitted into one or two categories.

Helping the bereaved child
Each death, each family and each child is unique so that generalisations are impossible. However, there are some guiding principles:
● 'Psychological immunisation' has been described by Kliman (1968). This concept is analogous to the one in physical medicine, namely, a low dose of anxiety which the child is exposed to in order to prepare him/her for the difficulties of life. A 'trial action' of exposure to death and burial can be rehearsed in various ways with children, such as the death of a pet, distant friend or relative. Talking about what happened, allowing the child to bury his pet, all these are important steps towards showing children that sadness can be tolerated and death can be integrated into life.
● Let us now move from a death that is more distant and less threatening to a death in the family situation. When a parent or sibling is dying, it is helpful to maintain personal contact between the sick person and the child for as long as the person has not drastically altered in appearance or in ability to communicate. It is also important to keep communication open and direct, i.e. to answer the

child's questions about the cause of death and what happens to dead people. In a study of bereaved families Siegel (1985) found only 59% of the parents even mentioned the subject of death in the family to their children under the age of 16. Twenty percent told children fairy-tales about death and another 20% told children something about what was consistent with their own belief, but did not include the concrete important facts about death. This, more than anything else, points to the defensiveness of adults when it comes to the subject of death.

• Once the person has died, it is important for the child to see the deceased, unless disfigurement is severe. Viewing the dead helps to allay fantasies of death and gives the child the last concrete opportunity to say goodbye. Similarly, the attendance at funeral ceremonies should include the children if they so wish and most do. A study again by Black (1984) showed that funeral attendance was related to increased crying, but less, shorter lasting deviant behaviour. However, it must be stressed that children need during such times an adult who can support them and remain in touch with their feelings. Unsupported children could become severely frightened and confused. After the funeral and for the time that follows, visits to the grave serve as important reminders of the finality of death. Photographs and other objects are of importance during the period of remembering. One should not try to forget about it, but rather reminisce, talk and 'give sorrow words' and allow oneself and the child to feel the sadness.

Much of this is done naturally by many families, but there are just as many who cannot communicate and express their feelings, and cannot allow their children to do so. These are often the families where the chldren become the 'identified patients' and help is then sought from mental health professionals. But even mental health professionals are often not sensitised sufficiently to the impact of bereavement on children.

In the sample I quoted seven children were seen initially without diagnosis and were discharged only to be re-referred years later with serious psychiatric disturbances requiring long-term intervention.

Indications for management
Of the sample of children seen personally the following pattern in psychiatric management emerged.
In the initial stage the family should always be seen together. This accounts for the relatively large proportion of the crisis intervention in my sample. When the children have not been told about the cause of death, they need to be told but in a family context and preferably by the

surviving parent and not the professional. The parent may often need prior preparation and support in order to do this difficult task.
Family therapy is indicated when the main difficulties lie with maladaptive ways of communicating and expressing feelings. It has been advocated as being the most effective way of preventing sub-

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Unsupported children could become severely frightened and confused.

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sequent behaviour problems in children (Black, 1984).
However, there are certain situations that call for the lengthy process of individual play therapy for the child. The criteria used for starting individual therapy are as follows:
• The severity of the phychiatric symptomatology, for example a severe depression shown in a child's drawing of a still life — 'Table with vase'. The quality of feelings of gloom and sense of nothingness in this drawing reflects accurately this child's mental state.
• Secondly, the severity of the psychological trauma of the actual mode of death.
When the child has been exposed directly or indirectly to excessive violent sensory stimuli these first need to be dealt with. Clearly this is a task impossible to demand of a surviving parent and often children do not have the means to put such images into words.
In the case of a picture done by a boy whose younger sister was raped and murdered, he had great difficulty in verbalising his thoughts and feelings, but had an intense need to draw. He drew a collection of weapons and the perpetrator had a case of goodies with which he lured the frightened monkey away.
In summary, I would like to reiterate that the child's reaction always needs to be viewed within the context of the child's developmental level as well as his external circumstances. The child's grieving and mourning need to be encouraged so that the loss can be integrated. If insufficient attention is paid to this necessity, the end result may be a disturbed child or even adult.
I would like to make a plea for early intervention: The first three categories, i.e. unnatural causes of death, the extent of the

child's involvement in the death, and multiple death, warrant psychiatric management even in the absence of symptomatology in the child.
In other cases intervention should be on a family level, with careful monitoring of the bereaved child and its adjustment and progress. Should there be any doubt about the latter, referral to a child psychiatric unit is not only appropriate, but in fact of utmost importance.

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A Letter from America

Jerry Beker spent most of 1989 on a Fulbright scholarship in Israel. Some notes on what he took back to the USA

My interest in residential group care programmes for children and youth sparked my selection of Israel, reputed to have made broader and more effective use of such settings than we seem to have been able to manage here, as the site for my Fulbright work last year. Although there is some evidence that such programmes are not doing as well there as they have in the past, I was not disappointed by much of what I saw.

At the very least, the Israeli programmes appear to demonstrate that residential approaches are not intrinsically negative and abusive, as many observers here seem to feel, although this may be heavily dependent on the social and cultural traditions in which such programmes are imbedded. In any event, it seems clear that there will be significant and possibly growing numbers of young people in various kinds of residential group care programmes (treatment, education, corrections, custody) in the United States for the foreseeable future, for whom we have an obligation to provide as constructively as possible. For a variety of reasons, we are not about to close such programmes on a large scale (although their form may change in some cases, e.g. the group home movement), and it seems likely that in some sectors (e.g. corrections) they will continue to grow. It would be irresponsible to abandon these children even though — and especially because — such programmes here have frequently proven themselves to be flawed and destructive in the past.

The relative quality and lack of stigma of residential group care in Israel reflects several traditions. Residential religious education for the elite has been provided in the yeshiva setting for centuries, a model developed more fully in Eastern Europe before World War Two and transplanted to Israel and the United States in the wake of the holocaust. Although yeshivas in the United States have been largely invisible to those outside the "yeshiva world", those in Israel have played a larger role in the development of that society; as a result, their approaches have had influence on the evolution of group care models and images beyond their own boundaries. Leading European figures in the development of residential group care, particularly Eastern Europeans such as Korczak in Poland and Makarenko in Russia, also seem to have been more influential in Israel than they have here.

In addition, secular communal ideas, reflected most notably in the kibbutz movement, were central in building the infrastructure that made the emergence of the state possible. Thus, group care was "socio-syntonic" in ways that it would not have been in American society. Coupled with the need to provide for large numbers of refugee youth, usually unaccompanied by adult relatives, and the nation-building thrust that required the social and cultural integration of young people from a variety of eastern and western cultures, this gave such settings a prestigious position in the emerging state. In Europe, incidentally, where the needs of displaced youth during and after the war usually did not include new national roots, the response included the development of a new professional role, that of the educateur, which also has important implications for youth services with the homeless street youth with whom we increasingly find ourselves confronted, but that is a story for another day.

There were two main thrusts to my work in Israel, perhaps clearer in retrospect than they were when I went. The first was to become thoroughly familiar with the group care "scene" there — its strengths and weaknesses, what might be usefully applied here, and the like. In addition, I worked closely with Reuven Feuerstein, whose theoretical and practice insights have revolutionised much work with the retarded and whose ideas have begun to penetrate work with disadvantaged and at-risk youth in schools and other settings literally around the world. We developed the notion of the modifying environment, and I became familiar with his thinking about the importance of attention to cognitive deficits in working with such populations as well as the potential for alleviating such deficits and their consequences, even in adolescence, through "mediated learning experience", modifying environments, and other approaches.

My current activities and plans, based on or influenced in large measure by these encounters, include the following:

● Finishing touches on a book I am editing with Zvi Eisikovits that emerged from a study group we convened several years ago in Haifa, focused on knowledge utilisation in direct group care work with children and (primarily) adolescents; it will be published by the Child Welfare League of America, which has undertaken a vigorous programme of book publication in its field in recent years. An unanticipated final round of editing requested by the League is currently being completed.

● Completion of an article offering observations on group care in Israel, directed primarily to an Israeli audience. I also prepared a short, invited statement on Israeli group care for the committee working on Israeli compliance with the UN Draft Convention on the Rights of the Child.

● A series of articles for journal submission is in process; these will explicate what we mean by a modifying environment in the context of other environmental conceptualisations in child and youth care, including implications for direct practice, programme administration, and policy. Some of this material will deal with the effects of the social environment on personality, the role of work in youth development, and the assessment of environmental characteristics in residential group care settings.

● A small research proposal and other materials are being developed to look at the cognitive variable mentioned above in the context of youth services, including its applicability in informal education programmes such as 4-H.

● Two small proposals have been developed to begin to assess the perceptions and expectations of residential group care programmes (1) cross-nationally, as held by leading scholars in the field, and (2) in our area, as held by parents of young people who might be placed in such settings, by such young people themselves, by placement decision makers, and by group care administrators.

● Reuven Feuerstein and I are to host a meeting in Washington where we will be discussing the potentialities of his theoretical formulations to enhance group care services in the United States, and I am hopeful that he will be here in Minnesota to meet with interested colleagues later in the year.

More broadly, I am engaged in thinking and conversations with colleagues here and around the country about how my information from here and from Israel and elsewhere might best be integrated in the course of ongoing research concerned with residential group care and extended, as appropriate, to such related modalities as special foster care and home-based services. Questions and suggestions from colleagues are always welcome and appreciated.

Trevor arrives from out of town with that infinitely poignant Checkers bag of worldly possessions. He looks clean, well looked after, he's 16, had never been to school — a child labourer on a farm. He's diffident, desperate. I say, "It's okay, we'll sort out something, you can stay here, we'll take care of you". He begins to cry as I try to reassure him and I find myself in tears. The next day he tells us a dreadful tale about his dog tied to a tree in the bush near Worcester, and he sobs and sobs. Linda, Annie and I are quite beside ourselves in pity and horror. The following day he leaves with Christopher's new shoes!

Sydney has a wicked smile, and is cheeky to just about everyone. When he is good, he is very, very good, but when he is bad ... He came to us from Bonnytoun and at first settled well, then he began to truant from school. We threatened and cajoled, until finally I snarled at him: "Well! Why didn't you go to school today? Why?" He smiled, looked me straight in the eye: "I forgot", he said.

The Bergies outside the Homestead got hold of a bottle of tequila and were having a fine time. Then Jan arrived at the door. "A bietjie sout vir my tamatie asseblief". We said, "Bring your tomato, we'll give you salt".
His face fell — but we gave him the salt anyway, and they drank the bottle in the proper way with salt and lemon and many flourishes. They are a dreadfully sad lot — but they also have a drunken exuberance. All over town pushers of stolen trolleys full of cardboard, call out "Hello Principaal" and I think:
"There but for the grace of God and the intervention of the Homestead go Abraham, or Petrus, or Johannes!"

Petrus was a well organised and ambitious street child who arrived at the Homestead with his birth certificate, and school transfer card. He left, quite sensibly, a situation of abject poverty and misery. He settled quickly, but proved to be quite demanding. During his time with us he has expressed a desire for a circumcision, which has been arranged, a reclassification from black to coloured which we have done, speech therapy for his stutter — this has been effected — and Confirmation classes, which are· under way. He now has requested piano lessons, and (what is in our opinion quite unnecessary) orthodonty. Knowing Petrus, he will get these too. For some the Homestead is a shelter from the cold, for others a land of milk and honey! PS. Petrus would also quite like a room of his own and driving lessons. He does

Images of

Street

Kids

not like secondhand clothes or cheap shoes.

Jeffrey went back to the streets and got badly stabbed, head and chest. He comes back to us now from Somerset Hospital for weekends, and is getting better. He can no longer speak at all, so Quinton looks after him. The clinics tell us Quinton is psychotic and is ineducable and unemployable. They are quite excited today because they are going to collect for 'our Children's Day', the Child Welfare Society street collection. We imagine them in Claremont, speechless injured Jeffrey, and strange limited Quinton. When they leave the office we don't know whether to laugh or cry. They're our boys, lost and damaged and quite precious.

Acknowledgements: the Homestead

The Diet of a small dog in the Southern Suburbs of Cape Town

Breakfast
A little Pronutro or baby cereal and/or Weetbix and/or uncooked Jungle/Tiger oats with tepid milk — not too warm — mixed to a loose paste plus a teaspoon to half an egg yolk (raw) twice a week. Note: oats to be soaked overnight with a little warm water. A little scrambled egg, maximum three times per week.

Morning/Afternoon tea or coffee break
A saucer of lukewarm milk with a quarter teaspoon honey (optional).

Lunch
A tablespoon of raw, lean mince with a little puppy meal or crumbles, e.g. Epol Stage 1 (pink) and later Stage 2 (blue).

Supper
Saucer of cooked meat/fish (fish never raw) plus grated carrot plus small clove of garlic (mashed) plus some wholewheat bread and/or puppy crumbles plus half a teaspoon bonemeal, e.g. Calsup (ask your vet). Twice a week add half a teaspoon sunflower or olive oil.

Bedtime snack
Marie biscuit/rusk/Beeno/small piece dried sausage — have your pick.

General tips
Never give chicken bones — they splinter — only solid bones. A little dirty tripe, or raw (scalded) ox liver (a little only — too much causes diarrhoea) is very healthy. A little grated cheese will be appreciated by some dogs. Cod liver oil/soya oil in place of sunflower or olive oil is very beneficial.

The diet of a child living on the streets of Cape Town ...

Breakfast
Bread. Milk, if there's money.

Lunch
Hot chips

Supper
Water with bread, Coke, or a tomato, if there's money.

While in America, I was fortunate enough to be able to attend a conference at the Anderson School in Staatsburg (incidently there are seven ILEX people there this year — an agency really committed to the idea of exchange). The keynote speaker was Larry Brendtro, one of the authors of *The Other 23 Hours*. He gave the most riveting talk which I would like to share with you.

He began by warning people in child care to beware of falling into the rut of deviance in our orientation; as a society we blame behaviour-disordered kids more than any other group. He used

together — there must be a sense of shared values. When we in child care think of running our institutions like a business we so easily become bureaucratic and in the process the kids get lost in the impersonal structure. If we don't have a system that supports us, then the kids modify *us*.

Using Cooper-Smith's model, having identified some essential unifying values for us in child care, we have to have a *positive* view with self-esteem as the core of the programme. These are the questions we need to ask of ourselves: am I *significant*, am I *competent*, do I have *power* and do I have (practice) *virtue*?

girl carries her first small stick to add to the fire, she is praised, her success is shared — it is the possession of the many. In this way a sense of competence is built. Along with this goes the sense of independence which must be built from the start. So a child is given choice. The Indians believe that respect is powerful, while obedience is feared. (We teach our kids obedience above all). The small Indian child is given constant feedback by adults and is taught inner controls from the start.

The final value taught from an early age too is generosity — children are taught to share, to give away, not those things they don't want themselves, but rather their most prized possession.

All of these together create a resilient youth, a person who feels part of a supportive community, is good at something, can run his own life and is able to shed labels. For us to create resilient youth we too need to learn how to tie together things that seem opposite — belonging/independence, mastery/generosity.

Learning child rearing from the Sioux Indians
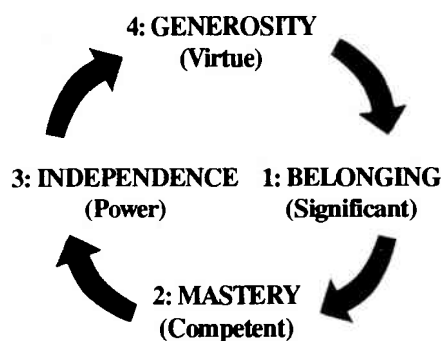
Jeannie Karth reports on a Conference

'the big D word' to explain the way we think in terms of deviance: the church talks about the Devil and Depraved people, while medicine thinks in terms of Disease, psychologists talk of Disorders, Disturbance, Delinquents and educators set apart those called Disabled. We have to think differently. It is the Japanese who have inspired American business men to think differently if they wish to run their businesses more successfully. The old authoritarian military model does not work to build corporate cultures or communities. We need an ethos, a core set of values which bind people

4: GENEROSITY
(Virtue)

3: INDEPENDENCE   **1: BELONGING**
(Power)   (Significant)

2: MASTERY
(Competent)

The Sioux's Wheel of Growth

Larry then turned to an indigenous American Indian (native American) model of child-rearing and gently chided Americans for not being aware of the richness within their own people, namely the Sioux tribe. (Does this not make all of us in South Africa ashamed?) He put Cooper-Smith's model alongside the Sioux's wheel of growth (and we think we've learnt something new!)

For the Sioux, the child is a sacred being; he is a child till 15, a youth till 40, a man till 60, and then he becomes a real man!

The first thing a Sioux child learns is a sense of belonging. He is related somehow to everyone he knows. All members of the society he lives in feel a sense of responsibility — all women are "mother" to a child. If you think in terms of relationships, this changes the way you deal with people. No one is left out of the circle of relatives. In our own society do we not alienate children in all areas — by age, by sex, at school — we don't give them a sense of belonging.

Secondly, the Sioux recognise the child's natural need to master things. We should feed this natural appetite with games, work, art, etc. When a little Sioux

We need to change the way we think, not to think in terms of independence as independence of our attachments — rather we must learn to widen the nest, not empty it. Only people who are secure in their belonging are truly autonomous. Our alienated youth don't build relationships — they find things like Satanic cults to make them feel they belong — this is the allure. Young prostitutes try to attach people to themselves through their bodies and then through a baby. People who are not nurtured never want to grow up; you have to feel nurtured to become independent.

In our success-oriented society we must *have* — we climb over one another to get *it* or *there*. For Indians the purpose of mastery is *to serve*. Altruism is the best antidote for stress — this is a solution for our troubled youth. We must make kids responsible for their own behaviour and teach them to serve one another. Larry ended his talk by telling us of the best child care worker of the 20th century in his opinion, namely Janos Korczak of Poland, who lived and died so courageously during the Second World War while working with children. There wasn't a dry eye in the place when he finished.

Motivation and the Role of the Tutor

Susan Ellenbogen writes on aspects of the Education Programme at Oranjia Children's Home in Cape Town

Motivation determines both activation and direction of human behaviour. Individuals vary in the degree of intensity of their motivation, objects of motivation and in how soon they must meet their goals before motivation turns to frustration. The fundamental strivings toward maintenance (aiming at self-protection) and actualisation (self-enhancement) give rise to the drive of motivation. Feeling adequate and capable of dealing with the problems confronting one is an essential prerequisite for motivation. A person who feels adequate, who has developed the competencies he needs to cope with adjustive demands, in whatever field, will have the self-confidence to direct himself in his search for further achievement. Values, meaning and hope mobilise one and lead to the development of new competencies. One's goals and plans are important in that they provide a focus.

Each individual has a particular motive pattern incorporated into his lifestyle. It is characterised by his strivings or goals, the direction he takes and, the energy he expends in reaching them.

Four sources

A seminar on motivation which was attended by the tutors of Oranjia and which solicited their participation in analysing the components of motivation yielded some interesting food for thought. Briefly, they identified four (often overlapping) sources or components of motivation: (1) social, (2) self, (3) object and, (4) surroundings (environmental). By drawing on their own experience and their experience with their pupils they listed certain factors as either motivators or demotivators under each heading.

● *Social*: Positive reinforcement (be it something tangible like a sweet, or other verbal or non-verbal reinforcement), expressed interest and responsiveness and encouragement and active participation by significant others are seen as motivating factors. Over-involvement and swamping are demotivators.

● *Self*: In order for the individual to be motivated from within he must see some personal gain arising from taking a certain course of action. There must also be decisiveness over which course of action he will adopt. Lack of confidence, fear of mistakes, obstacles and feelings of annoyance are demotivating.

● *Object*: The object or goal of an action must appeal to the individual and draw on his potential and creativity. Although it must provide a challenge, the goal must be seen as being attainable in order for it to inspire action. Obscure goals, perceived futility and dealing with something in a routine way for prolonged periods will dull one's motivation.

● *Environment*: Motivation is also seen to be derived from the interest awakened by a learning-oriented, stimulus enriched environment.

Education programme

It is often found that children in residential care display learning difficulties and have a lower academic achievement level than their peers ("non-residential"). Probably two of the most obvious causes are under-stimulation at a crucial learning phase of the child's life and the pervading trauma of being separated from one's parents and living in an unfamiliar and inconstant "pseudo-home" environment.

One cannot expect a child to be able to separate his personal life from his academic life. Under favourable circumstances the one reinforces the other and in turn reinforces the child's self-confidence. The converse is more than true. A sharp drop in academic results is often indicative of a problem in the child's personal life. Often it is too late, once the root of the emotional problem has been diagnosed, to remediate the academic problem.

Oranjia Children's Home has subscribed to an education programme over the past eight years designed to deal pertinently with the children's specific educational needs.

Briefly speaking, goals of the programme include:

● consolidating work learned in class;

● developing skills in the children enabling them to work independently without the framework of the classroom and teacher;

● developing initiative and a sense of responsibility;

● developing perseverence skills;

● providing specialist resources where necessary;

● emotional enrichment and language stimulation.

The work method employed includes:

(a) The use of an Education Supervisor to co-ordinate the programme.

(b) Compilation of an educational profile of each child.

(c) Tutoring system — three children are assigned to a tutor and where needed a one-to-one relationship is provided. Homework time is from 5.00 to 6.00 p.m. (primary and high school) and 7.00 to 8.00 p.m. (high school). Each tutor completes a Scholastic Progress Evaluation Sheet on a termly basis and each child's motivation level is assessed. Termly tutor meetings provide the tutors with an opportunity to express problems, seek guidance and improve on teaching or study method/skills. Matric is the basic prerequisite for the tutoring position.

(d) Liaison with schools — tutors and the education co-ordinator attend PTA meetings.

(e) In-service training and tutor education is carried out on a monthly basis. Teachers are invited to address tutors in specific issues related to helping our children.

(f) Environmental Enrichment and Language Stimulation incorporates the use of specialist resources (e.g. Remedial Therapy), educational outings, reference library and availability of reading material, educational games and teaching aids.

Why tutors?

This article deals exclusively with the tutoring system and explores the role of the tutor within the children's home. This function is not so much the remediation of existing learning problems as the remediation of the child's negativity toward schoolwork. The rationale behind using tutors as opposed to care workers for homework supervision is that the tutor represents a neutral figure. The care worker-child relationship is often extremely volatile and neither party can be expected to call a truce for an hour each afternoon to co-operate over homework. As an outsider, the tutor is removed from the dynamic which allows him to act as a buffer. He can use the child's confidence and trust in him to get him to settle down to work. Also having a tutor as opposed to a care worker sets the time spent on homework apart from the routine of the rest of the day.

A healthy fear of failure will usually mobilise a child to work. Generally this is true for the child with a record of average to above average academic achievement with a stable working pattern and who does not have any real or debilitating learning disabilities. On the other hand, the child who has been faced with scholastic disappointments and who

therefore has little confidence in his ability will often be paralysed by scholastic challenges. Add to this the consideration that the child in residential care will have pressing emotional issues and it becomes clear that schoolwork will be perceived as an unnecessary source of frustration. Perhaps this can explain why the issue of schoolwork is often met with fierce resistance and aggression.

Thus, although the tutor's job is to help the children with problems in their schoolwork, perhaps their main function is to stimulate the child's interest in his work. From the outset the tutor must show enthusiasm and inspire confidence in the child. Because schoolwork is often such a taboo, if there is not this initial confidence it is likely that the child will be embarrassed to disclose poor results and it will be difficult for the tutor to discover and deal with problem areas. The tutor must set out to convince the child that making mistakes is not a crime.

It is important that the tutor sees himself as a study aid rather than a ready-made answer to all questions. That is, he should exemplify how he would tackle a problem, model a thinking approach to the child by verbalising his logic. It is imperative that the tutor gets the child to understand the problem-solving process in order for him to be able to work independently. It is often found that a child does not possess the skills to reason a problem logically. So a vital part of the tutor's job is to mentally take the child by the hand and show that there is a definite and logical way of working through a problem and arriving at a correct solution.

In conclusion, it is difficult to devise an all-encompassing theory of motivation. However, by individualising existing theories of motivation and taking into account personal issues it is possible to devise motivational programmes on an individual or group basis (taking groups of children with a similar motivation and behaviour pattern).

The traditional teacher-child relationship can be seen as existing on a vertical plane with information flowing from teacher to child with very little chance for feedback. The tutor-child relationship, on the other hand, exists on a more horizontal plane with scope for much interplay of ideas. For the child with motivational problems the tutor and the circumstances (close one-to-one) of tutoring provide an opportunity to break down the child's resistance to schoolwork.

The tutor who uses his imagination in firstly, establishing a relationship with the child and, secondly, in stimulating his interest in his work will most likely succeed in instilling in him a more positive attitude towards his work.

Managing the Move

How to leave your job or join a new organisation with more skill

Di Levine has adapted to the child care setting this material from
Emotional Process in the Market Place by E.H. Friedman.

It is that time of the year again — not only does your organisation have to deal with an influx of new children, but it is also most likely that you have to face one or more new staff members. While there is a sensitivity to the needs of the "new" child and a recognition of the importance of group work to help these children integrate into the unfamiliar setting, there is less attention to the emotional needs of the new staff members.

The literature on family therapy provides rich material on transitions. Transitions are defined as a passage or change from one set of circumstances to another. Some of these concepts are relevant to entering and leaving a work system. Friedman writes "the capacity of any new relationship to 'take' depends primarily not on the partner's own personality or even the interpersonal transactions but, rather on the residue carried over from the unresolved aspects of the previous relationships". In a child care setting where new workers may be faced with distrust, and even hostility, from the children, it is very helpful to be aware that they have to deal with that which was "left over" or "unresolved" in the children's relationship with their previous caretaker. When a child care worker leaves in a situation of heightened stress (e.g. if they were dismissed) one would expect a heightened level of emotion, and an increased need for the new worker to work through the children's feelings about the predecessor. This issue becomes important in any orientation course for new staff members.

Friedman lists four interconnected strategies for leaving work systems that "minimise pathological residue":
● Regulate one's emotional reactivity to others.
● Permit emotional reactivity in others.
● Be a non-anxious part of the transition process.
● Stay in touch after leaving.

Emotional reactivity
A high level of emotional response inflames the wounds of separation rather than healing them. The most intense forms of reactivity in divorce, for example, are battles over parenting, visiting rights, refusal to let the other partner see

the child. These are all evidence that the couple has *failed* to separate. The continued struggle inhibits further separation. People find it very hard to separate from the highly emotional setting of child care. This is particularly true of senior staff who have nurtured an organisation. It is understandably difficult to cut the ties and it is not uncommon to hear of ex-staff members who continue to try to influence the course of events after they have left.

The message to child care staff is clear: when you leave take your emotional baggage with you!

Permit reactivity in others
It is important to allow emotional reactions in others. Just as most family members would prefer that their relatives die in the middle of the night rather than suffer a slow process of deterioration, and most marriage partners who leave would like to steal away in the middle of the night, never having to deal with their partner again, so members of a work system would like to have as little time as possible between the announcement of their resignation and the actual termination of the contract. Yet, in any kind of separation it is precisely such avoidance responses during the exit that "shake" the future.

When we deal with children who have undergone repeated traumatic separation, it becomes essential that child care staff are trained how to permit and deal with heightened emotional responses. The ability to allow or even to make room for reactivity in others, without reciprocating, creates the best chance for those concerned to go on to their next relationship with the least amount of baggage.

Stay in touch after the separation
Friedman suggests that the capacity of any work system or former employee to make a success of his or her next relationship is somewhat dependent on a continuing disengagement process after the "divorce". However, there are many dangers to this approach. The most common one is those who gather around the departed child care worker to gossip about the attributes (usually negative) of the new incumbent of the post.

Such contact is more frequently used to retain emotional links rather than facilitate separation. The dynamics of on-going contact of old staff members require careful observation and monitoring.

Strategies for entering a work system

There is of course no guarantee that our predecessors have handled their leaving well. Even if they have, there will always be some residue. Each of us inherits the unresolved part of our predecessor's relationship with other staff members and children. Two major variables contribute to such residue. One is the length of the predecessor's "marriage" to the organisation. The second is the nature of the previous separations and how these break-ups were handled.

In any divorce, a highly emotional separation after a short-term relationship is more easily worked through than a less intense separation in a relationship nurtured by long-term, deep rooted, emotional interdependency. The worst possible outcome is when both conditions are satisfied, that is, the nature of the separation was traumatic and the relationship had lasted many years.

Friedman suggests a three-fold strategy for entering an established relationship system:

- Avoid interfering with, or rearranging the interpersonal relationships.
- Be wary of efforts by members of the system to triangulate you with the "departed" or with other members of the system.
- Work at creating as many direct one-to-one relationships as possible with key members.

Avoid interfering with interpersonal relationships

It is helpful to keep in mind that when there is a strong emotional reaction to an otherwise harmless suggestion for change, the content of the suggestion is not the problem, but rather it is what the suggestion portends for change in the emotional process of the relationship system. Trying to introduce change too quickly can have disastrous results.

Avoid triangles

A new staff member may be greeted with initiatives to get him/her on one side or another. The informal social system of any organisation will consist of complex alliances and antagonisms. For a new leader it is particularly important not to become emotionally committed to one front of "the family". There is also a tendency for one member of the organisation to become the scapegoat, so that problems can be conveniently dumped. Falling into established patterns can constitute a trap for the person entering the

system and may effectively disempower him/her or negate future efforts.

Create one-to-one relationships

The third element in the strategy for entering a new work system is the creation of one-to-one relationships with as many members as possible, particularly those in positions of influence.

This point is particularly relevant for those entering senior positions. To become a leader of a new family one must become its head. If it is an established family, one does not become its head simply as a result of the joining process. Time must be allowed for the "graft" to take. When it comes to top positions, if entering directors, managers, and others would make this joining their main priority for the first year, rather than hurrying to introduce new programmes, not only would they increase their chance for a long-lasting "marriage", but they would be also more likely to see their programme ideas accepted when they are introduced.

Before accepting a job in a working environment it may be helpful to assess the emotional climate by asking the following questions:

- To what extent are the founding members still in power?
- In what ways do the articles of incorporation reflect the intensity of its origins?
- How many different leaders has the system had? Is the average time span of these partnerships significantly different from the overall average for that type of organisation?
- What has been the nature of the work system's previous separations from people who occupied a given position? To what extent have they been mutual, to what extent has the work system been the initiator, and to what extent has the employee been the initiator?
- If any of the previous separations have been stormy or traumatic, what has been the nature of subsequent separations or relationships?
- What major adjustments have recently occurred in the overall emotional system? For example, has there been a geographical relocation, a completion of new plant or even a wing, any major changes in leadership, or any recent departure of other professionals (and administrative secretaries) who have been there a long time? Has any other new feature surfaced recently?
- What is the relationship of the work system to the local community as well as to similar systems in the industry? What is its reputation in those extended systems and the extent of its involvement? Has there been any recent, abrupt change?

- How do members of the work system talk about the person being replaced? To what extent is there clearly unresolved intensity, positive or negative, and to what extent do they immediately try to triangle you with that person? (How much and in what way do they mention him or her in the interview and early interactions?)
- Test the emotional system. Take stands about what you believe and observe the response of the system. To what extent do the interviewees respond with their own "I" positions, and to what extent do they try to engage you argumentatively?
- Listen for the triangles (factions) within. Do they seek a well-defined leader or just someone to keep the peace?

A decision based on this information is probably more reliable in ascertaining the emotional system one is about to enter than is the hearsay of colleagues. This list will give an indication of some of the issues that are likely to burn out its executive officers.

In personal or work families, entering really has to do with leaving, and the nature of new connections may link with the nature of previous separations.

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Enhancing Residential Care through effective Volunteer Programming

Gerald Mykytiuk

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It is not difficult to identify the need for an active volunteer programme in residential care. What is more difficult to establish is an ongoing programme that fully utilises a volunteer to his or her potential and to the greatest advantage of a young child or youth.

Children and youth in residential care require contact with individuals who are going to maintain their link to the community, provide them with opportunities to use their leisure time, and enhance their interpersonal skills. One way to provide this connection is to supplement the existing residential programme with a volunteer component.

This idea is supported by Corrick and Detweiler (1980) who state that citizen participation can enhance an agency when the individual performs various volunteer tasks under the supervision of programme staff. This compliments the overall impact and effectiveness of the programme by keeping it responsive to the community and the community responsive to the needs of the programme. A volunteer programme offers ways of expanding an agency's range of services by accessing resources and people not presently available. It is an excellent way for an agency to gain a broader objective view of its treatment programmes while maintaining community contact for the client. A good volunteer programme also offers more opportunity for client advocacy, enhances programme prestige, and provides excellent public relations for the facility. Good public relations and a high profile in the community attracts funding.

The purposeful use of volunteer programme enhancement has the potential to free up funding for additional staff or to allow a more efficient and greater range of use of existing staff.

Essentials

In this assessment, there are four areas that are essential for good volunteer programming. These are volunteer recruitment, volunteer selection criteria, volunteer motivation and training mechanisms, and volunteer support, which includes supervision and evaluation. This assessment is supported by Schindler-Rainman (1980) who presents several generalisations that she relates to volunteer motivation and motivation for professionals who use volunteers. She maintains that motivation will be sustained best if there are regular mechanisms for supportive feedback from clients, co-workers, and administrators, and for recognition from the agency and community. In addition, a continuing source of motivation and growth stems from participation in meaningful training activities both inside and outside the organisation. Schindler-Rainman also stresses the value of ongoing evaluation. It is important for volunteers to hear how well they are doing their job, to be able to tell the supervisors how they feel about the services they are providing, and to offer suggestions about the work and workplace.

Professionals become motivated to use volunteers when agency policy makers and administrators establish a climate that shows that they value the use of volunteers and encourage the use of professional time for recruiting, training, co-ordinating, and consulting with volunteers.

Well-trained volunteers are effective when rendering their services. They also are secure in their knowledge about the quality and value of what they do. The allocation of time and money also motivates professionals to use volunteers.

Schindler-Rainman (1980) outlines areas that help a volunteer programme become a part of the total organisation. She highlights three important administrative practices that are necessary for a good volunteer programme. The administration of the programme benefits by
(a) involving volunteers and staff on an ongoing basis;
(b) the provisions of regular feedback and staff/volunteer meetings; and
(c) opportunities for orientation, training,

competence improvement, and personal growth for individual volunteers.

Ideally, a volunteer programme should comply with the standards outlined by accrediting bodies. It is important that the agency have or develop a network of personnel who are responsible for maintaining contact, support, and appropriate evaluation for volunteers. In conjunction with this, the agency should develop a specific, identifiable, separate training programme for prospective volunteers. A minimum time commitment requirement of about six months also should be established.

Helpful resources

Raue (1972) has outlined several guideline questions she feels an agency should be able to answer affirmatively when formulating a volunteer programme. Is the chain of command in your programme clearly established? Is one person designated as overall director of the programme? Do volunteers know to whom they are imemdiately responsible? Is there always some experienced person available to work with new volunteers and show them what to do? Do you keep track of how volunteers are getting along in their jobs through an adequate system of records, personal contact, and conferences with the supervisory personnel?

Benne (1970) also offers guidelines for a successful volunteer programme. He feels that the agency should provide a briefing packet for new volunteers. The packet should include literature about the background, purpose, and policies of the programme, resources used to implement the programme, and a document outlining volunteer responsibilities. He recommends a monthly in-service training programme. The programme should be conducted in a formal classroom setting and focus on problem-solving discussions and programme changes. It also should provide an opportunity for socialising. Supervision should be ongoing, planned, and in a form that encompasses housekeeping topics and goal setting/planning topics. This can be accomplished through casual supervisory chats or formal or informal group supervision.

The final area discussed by Benne is volunteer evaluation. Knowledge of the performance of individual volunteers will assist in the development of a continuous training process that leads to self-renewal.

Co-ordinator

In order to utilise volunteers, an agency should designate a volunteer co-ordinator or a specific individual who can work with the agency staff in planning, developing, and supervising a meaningful volunteer programme. According to Martin (1975),

the co-ordinator may recruit, interview, select, orientate, train, place, supervise, motivate, recognise, and evaluate volunteers. He or she also may be responsible for public relations, publicity, funding, budgeting, and record keeping. Inherent in the volunteer co-ordinator role is the responsibility for training volunteers. Schindler-Rainman (1980) states that there are forces discouraging the use of untrained and inexperienced helpers because the idea conflicts with the professional thrust in the child care field. The idea that volunteers with relatively brief training can be expected to do some of the things the professionals spend years getting trained for is hard to accept. Ainsworth (1981) feels that proper training is the best way to negate these forces. He advocates for training that supports practitioners while they acquire confidence, competence, and a sense of their own personal style.

Schindler-Rainman (1980) agrees and states that there are several assumptions that must be reviewed before initiating training. Volunteers participate in training events because they want to learn to do their jobs well. Consequently, training must be related to the jobs they do. Volunteers have a number of non-agency roles that compete for their time. Consequently training should be planned to take into consideration the limited time available to most volunteers and to accept the legitimacy of their loyalties. The volunteer training format and content may be out of date. Consequently, each training event should be reviewed and revised to fit the needs of the participants at a particular time. This implies that each training event, if possible, should be planned by trainees and potential participants to meet current needs.

Schindler-Rainman states that an ideal continuous training plan for volunteers would have five phases. The first phase would incorporate preliminary training, during which some orientation or training of volunteers would be provided before the volunteers begin to work. The second phase would involve start-up support, during which assistance would be given to the volunteers as they begin their work. The third phase would entail maintenance of effort, since regular times would be needed for asking questions and offering additional job-related knowledge throughout the volunteer's period of service. The fourth phase would focus on periodic review and feedback because both the supervisors and the volunteers must have an opportunity, either in face to face conference or in group meetings, to discuss whether goals are being accomplished, how the volunteer feels about his services and the organisation, and so on. The fifth phase would include

transition training, during which the volunteers would be exposed to additional experiences that would expand their skills and knowledge.

Dimock (1966) also stresses the importance of training and states that too much training is opportunistic, not related to any overall design, and handled on a "let's get together and we'll play it by ear" basis. This is simply not good enough if agencies are going to give a high priority to volunteer use.

Emphasis on training is critical, particularly if many of the volunteers lack related experience. Without related experience, the need for training should be a high priority for volunteers. If training is needed, but not accessed, the volunteer experience ends up being unpleasant and more stressful than anticipated. Consequently the volunteer is unlikely to establish long-term commitment.

Training mechanisms

Dimock (1966) states that people learn most in activities in which they have been involved in planning and that are related to their needs and interests. It also is clear that learning is closely related to the amount of involvement and participation of the trainees and the extent to which a secure, supportive climate can be established. He also suggests that after the volunteers are on the job, follow-up will be helpful in determining the relevance of their training.

Schindler-Rainman (1980) advocates a training method that incorporates lectures, slides, films, video presentations, simulations (of situations that are anticipated or have occurred), role play, practice, apprenticeship, computer programmes, and conferences. Ainsworth (1981) outlines curriculum topics that focus on four core areas: child development, policy study, research in child development, and child care methods of practice.

Volunteer support

Part of the process for the successful use of volunteers focuses on the support system available to them. A major aspect of this is volunteer supervision. Champagne and Hogan (1981) define supervision as that set of procedures, skills, organisation, and relationships used with individuals for the improvement of learning. They stress that the main goal of supervision is to establish an environment in which trainees become more independent, competent, and more autonomous. This is a never ending task. If volunteers are unable to receive accurate, useful feedback, they will have little information to use to evaluate their own behaviour.

Benne (1970) also advocates for proper supervision. He states that supervision

must be ongoing and that every volunteer should relate directly to a staff person or to another experienced volunteer leader. Volunteers need to know whom they should report to for work, to get help or advice, or to contact if they are unable to meet their schedules. Ideally, no individual should supervise more than five volunteers. Benne points out that the purpose of supervision is to provide motivation and counselling, to give advice, discuss concerns, share experiences, develop commitment and loyalty and to gather evaluative data.

Difficulties supervising volunteers can be expected. Complaints from front line staff about the effort needed to support a volunteer, poor volunteer performance, time constraints, numbers of volunteers, time intervals between programmes (if more than one), and varied days volunteers visit with the child interfere with appropriate supervision. This, in turn, presents problems for constructive feedback, support, and information sharing with each volunteer and makes proper evaluation difficult. When contact is minimal, maintaining appropriate, updated records becomes a futile, frustrating exercise. Staff who are supervising volunteers require a training programme to sensitise them to the needs of volunteers. This type of staff training is supported by Martin (1975) who states that there is ready recognition of the need to train volunteers, but often little is done to help staff members to understand, accept, and assist volunteer participants. This also was pointed by Benne (1970).

Volunteer motivation

Much of the motivation and commitment of volunteers also depends on the values, attitudes and behaviours of their supervisors, co-ordinators, and on the policies of the agency. Schindler-Rainman (1980) states that a programme manager can categorise factors that decrease commitment or lead volunteers to discontinue their volunteer work. These are: (a) unreal expectations given in recruitment; (b) lack of appreciative feedback; (c) relationships with the professional staff or supervisors; (d) disapproval or devaluation of their commitment by others; (e) general morale; and (f) working conditions.

The writer assumes that the lack of training and support contributes to a lack of volunteer commitment. Without the proper background, experience, training, regular staff contacts, sporadic orientation, and supervision, a volunteer will end up feeling isolated. Once this occurs, it is difficult for the volunteer to adjust. He or she may feel overwhelmed and terminate the contact.

This also affects the way the volunteer programme is viewed by agency staff. The

relationship between volunteer and unit staff is not favourable when numerous complaints exist about volunteer performance and the staff is reluctant to pursue a client-volunteer relationship for the child who may need one. Many employees view a volunteer as a burden due to the amount of support needed and the length of time it takes for a volunteer to begin functioning independently.

Structuring a volunteer programme
In order to understand a programme fully and to determine its future direction, one must understand how it is structured. Without this understanding the programme will not be representative of the needs of the programme, clients, staff, and volunteers. If an organisation intends to develop a volunteer programme or examine it's existing one, several considerations should be taken into account.
Ross (1976) states that people who are meaningfully involved in a planning process tend to be committed to the strategies that emerge. Thus it is important for people who will be affected by the plan to be involved in the process. The writer suggests that all staff, including front-line workers, should be involved in developing recruitment criteria, orientation processes, training programmes, and in establishing both supervisory and evaluative procedures. This will ensure the development of a standardised process of volunteer apprenticeship for the programme.
It is imperative for a volunteer programme to have consolidated administrative support. This support ensures official sanction for the programme and validates the importance of volunteer involvement. This translates into a highly visible profile for the programme and a commitment for time, and policy support for volunteers which, in turn, ensures the continuity of the programme.
Another consideration is the assignment of a volunteer co-ordinator who is responsible for the overall implementation and continued development of the programme. To prevent volunteers from being dealt with in a vacuum, the co-ordinator should recruit and select volunteers and co-ordinate training with front-line staff through joint training sessions.
Supervision, support, and evaluation should come from an identified front-line worker in the unit. Thus, information processing will come from staff who are directly in contact with the volunteer on a regular basis and who are most familiar with the client. This role includes unit orientation, training, task assignment, task review, assessment, supervision, allocation of on/off property visits, time lines for volunteer contacts, and task completion

and evaluation. The front-line worker not only ensures that records are maintained and updated, but provides feedback and supervision. The assigned worker will be aware of the type of curriculum needed, knowledgeable about the unit, and can use this information for training. The staff member also monitors and implements changes in the training curriculum as both unit and volunteer needs change.
It appears that a combination of training and supervision works best. Training alone is beneficial, but volunteers also need support and encouragement to know if they are reacting appropriately and in accordance with the knowledge they have assimilated. The supervision component is integral to maintaining and aiding a volunteer. Supervision has the added benefit of being able to reinforce training. Supervision alone supports a trial and error approach and utilises the expertise of the volunteer supervisor. However, individual volunteers who receive only supervision feel that they lack a framework from which they should function.
Supervision and training promotes a feeling of security because individuals who receive both feel guided and supported despite making mistakes. They also benefit from the volunteer supervisor's expertise because they are able to gain additional knowledge and a reference point not based solely on their interpretation of the training curriculum. They feel that they are provided with a framework within which to perform their volunteer role and a way to seek resolutions to issues that arise.
While it is clear that curriculum is beneficial, some support and monitoring of its implementation is needed. If an individual volunteer is provided with a frame of reference (knowledge base), he or she also requires support and interpretation in order to be effective in putting this knowledge and training into use with the child.
Ideally, volunteer evaluation should focus on individual performance in four areas:
(a) what did the volunteer do;
(b) what should the volunteer have done;
(c) if there is a discrepancy, why, and
(d) how did volunteer performance affect services and clients?
Both staff and volunteers should participate in evaluations and information should be gathered through client and staff contact in formal evaluation meetings. The evaluation should provide the volunteer with information that indicates present performance and areas for further improvement of skills. Formal evaluation should occur once every six months.
The general outcome that results from reviewing these considerations is a volunteer programme that provides each child

the greatest benefit possible from a volunteer relationship. The programme should include a specialised component programme designed to meet the needs of the volunteer and a system of supervision that is supportive and beneficial to the volunteer. Through proper training and supervision the performance of volunteers will improve. Because of this improvement, staff will view volunteers in a more favourable light and the number of complaints and general dissatisfaction with the volunteers will be reduced.

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WORLD FILE

A digest of news and child care information

Wages: Key to Quality Child Care

At a press conference on October 17, the Child Care Employee Project released its long awaited National Child Care Staffing Study, documenting the fact that very low wages paid to child day care workers have led to a tripling of staff turnover in the last decade, posing a severe threat to the quality of care in America's child care centres.

The study examined quality of care in 227 child care centres in Atlanta, Boston, Detroit, Phoenix, and Seattle, and established a positive correlation between wages of child care workers, child care worker turnover, and quality of care in child care centres. The most important predictor of the quality of care children receive is staff wages.

Children attending lower quality centres and centres with more staff turnover were found to be less competent in language and social development. Staff turnover was up to 41 percent in 1988, and the most important determinant of staff turnover was staff wages. Despite having higher levels of formal education than the average American worker, child care teaching staff earn abysmally low wages, an average hourly wage of $5.35. Child care teaching staff earn

less than half as much as comparably educated women and less than one-third as much as comparably educated men in the labour force.

The study also found that non-profit child care centres are providing better quality care than for-profit centres, have better child-staff ratios, more developmentally appropriate activity, pay better wages, offer better staff benefits, spend a higher proportion of their budgets on teaching staff (60 percent compared with 40 percent), and had lower turnover rates. Better quality centres were more likely to be non-profit, accredited, and located in States with higher standards.

CDC Predicts Infected Teens Next AIDS Crisis

Citing 415 reported cases of AIDS in young prople ages 13-19, and an unknown number of unreported cases in this age group, the Center for Disease Control (CDC) is predicting that AIDS infection among teenagers will be the next crisis. The number of reported AIDS cases in teenagers has increased by 40 percent in the last two years, and studies indicate that, in this age group, the virus is being transmitted through heterosexual activity. National experts maintain that there is an urgent need to do a better job of teaching adolescents that they are at risk.

Discarded Children in America

On December 11, the Select Committee on Children, Youth and Families of the US House of Representatives issued a report, *No Place To Call Home: Discarded Children in America*, detailing the Committee's current findings on the status of children in out-of-home care. Nearly 500 000 children are currently estimated to be in out-of-home placements in the USA. If

current trends continue, by 1995, that population is projected to increase by an estimated 73,4% to more than 840 000.

● In the **child welfare system**, the number of children in foster care has risen by an estimated 23% between 1985 and 1988 in contrast to a 9% decline between 1980 and 1985. There were an estimated 340 300 children in foster care in 1988, compared to 276 300 in 1985. There has been no significant progress in reducing the average length of stay in foster care. The number of children placed in foster care more than once nearly doubled between 1983 and 1985. In 1988, a greater proportion (42%) of the children entering foster care were under six years old.

● In the **juvenile justice system**, the number of youth held in public and private juvenile facilities in 1987 had increased by 27% since 1979, 10% between 1985-87 alone. There were 91 646 juveniles in custody in 1987, compared with 83 402 in 1985 and 71 922 in 1979.

● In the **mental health system**, there was a 60% increase in the number of children under age 18 in care as inpatients in hospitals, in residential treatment centres or in other residential care settings between 1983 and 1986. At the end of 1986, 54 716 children were in care, compared with 34 068 in 1983.

Reasons for the dramatic increase are:

● *Drug and alcohol abuse*: The number of infants born drug-exposed (an estimated 375 000 nationwide in 1988) has nearly quadrupled in the last three years. Many of these children are abandoned or neglected, often becoming "boarder babies" in hospitals or foster children.

● *Other deteriorating social conditions*: Between 1981 and 1988, reports of abused or neglected children rose 82%, reaching 2,2 million. The US Conference of Mayors reports an 18% increase in requests for shelter by homeless families. Many cities cannot accommodate homeless families with children, resulting in family break-up and the entry of ,children into substitute care.

● *Service systems overwhelmed*: State and local child services sys-

tems report the serious impact of substance abuse on their caseloads. An estimated 70-80% of emotionally disturbed children get inappropriate mental health services or no services at all. Foster family homes are far too few to meet the demand. Excessive caseloads overburden the systems' ability to provide minimal care and appropriate services.

● *Failures of federal leadership, funding and oversight*: Despite soaring increases in the number of children in care, federal funding has not kept pace. Funding for child welfare services that provide prevention and reunification support has not yet reached the authorised 1980 level of $266 million. While the number of youth in juvenile facilities increased 27% between 1979 and 1987, funding for the Juvenile Justice and Delinquency Prevention Act has declined from $100 million in 1979 to $70 million in 1981, to $66,7 million in 1989. Despite new data demonstrating that millions of children need mental health services federal support for those services has decreased. Weak federal monitoring and oversight have undermined implementation of protections and services under P.L. 96-272, *The Adoption Assistance and Child Welfare Act of 1980*. The Office of Juvenile Justice conducts little monitoring of state activity under the juvenile justice law. There are no complete and accurate national data on children in publicly funded substitute care, and this seriously compromises planning and service delivery.

News material – CWLA media

Newsbriefs

TRANSVAAL

Forward planning for the Region

The Transvaal Region started its year with a fascinating workshop on 18th January in which children's homes were challenged to approach their own forward planning in a novel way. Each was asked to imagine it was the year 2000 — and then to report on what they had achieved since 1990. Di Levine introduced the morning by outlining some of the major themes and preoccupations in child care overseas. Major influences on our practice were reviewed, and the ongoing impact of these trends were evaluated. All agreed that rapid changes in the political and social structure of our country would present major challenges both in the short- and long-term.

Orientation course

The Orientation course is designed to provide an introduction to the field of residential child care for all new staff members of children's institutions.

In 4 sessions we look at basic concepts such as: Understanding Child Neglect; The Structure of the Child Welfare System; The Concept of Total Care for the Child, and some fundamental principles in dealing with children.

This course is run only in Johannesburg — sorry those a little farther away will have to travel. It is recommended that staff members who have joined your organisation in the last six months attend.
Dates: February, 6th, 13th, 20th and 27th.

Integration of training

All homes with staff attending the BQCC will be asked to work more closely with NACCW to ensure that the material presented to the child care workers is used in practice. A meeting of training supervisors will be held at the NACCW offices on the 15th February.

Non-injurious physical restraint of children

A 4-session training course of non-injurious physical restraint will be offered in February (7th, 14th, 21st and 28th).
The aim of this course is to enable the child care worker to physically control the child who is out of control and constitutes a danger to himself or to others. Each session will be divided into two parts: the emotional and the physical. A psychologist with American experience in "bringing down" children will lead our discussion on when to use these techniques, how to deal with the child and the skills that the staff require in handling their own feelings and the feelings of those around him.
An expert in self-defence will teach the techniques necessary to control the child or youth without harm to oneself or the child concerned.
All enquiries to the Regional Office — (011)484-2928.

Institute of Child Care

The first meeting of the Institute of Child Care will take place on Tuesday 13th February 1990 at 09:00 at the NACCW offices.

WESTERN CAPE

New Place of Safety in the Cape

The Cape Provincial Administration has recently opened the Siya Khathala Place of Safety at Koelenhof near Paarl. This child care complex initially provides for awaiting-trial youth, but will soon be expanded to include a children's home. Giel Maritz, until recently principal of Tenterden Place of Safety in Wynberg, has been appointed principal of Siya Khathala. Giel was recently one of a small group who attended a special course held by Lesley du Toit in Durban for trainers in Masud Hoghughi's Problem Profile Approach (PPA).

Learn to Live programme finds new home

The educational/vocational programme initiated by The Homestead, Learn to Live, is to reopen at the Don Bosco Centre at the Salesian Institute in Cape Town. A team of nine or ten staff, both full -time and voluntary, will be available. Children will be admitted from shelters or directly from the streets.

Orientation Course for new child care workers

An introduction to child care work for newcomers to the field will be provided in a three-session Orientation course in February. Annie Starck Village will be the venue for this course to be held at 09:00 on February 13th, 20th and 27th. The cost of the course is R16.00 for NACCW members, R24.00 for non-members. Enquiries: Vivien Lewis 461-9721.

People

Mr E. Odendaal, formerly of the Department's Piketberg office, has been appointed as the new principal of Tenterden Place of Safety, and we welcome him to his new post.
Leon Rodrigues wishes to thank all concerned for their prayers and support while he was in hospital.

Developments

A number of organisations have recently been involved in building developments. Teen Centre has opened its new aftercare centre, St Francis Home has built two new cottages, and Marsh Memorial Homes have completed phase one of their renovation programme. Bonnytoun is halfway through a major building programme expected to end in October, and The Homestead is fundraising to renovate property given by St Pauls Church which effectively doubles their accommodation.

Diary for January

TRANSVAAL

06 09:00-12:00 Orientation Course. *TMI*
07 09:00-11:00 Non-Injurious Physical Restraint Course. *Linksfield Primary School Hall*
13 09:00-12:00 Orientation Course. *TMI*
13 09:00-10:30 Meeting of Institute of Child Care. *NACCW Offices*
14 09:00-11:00 Non-Injurious Physical Restraint Course. *Linksfield Primary School Hall*
15 09:00-12:00 Meeting of all Supe-r visors of BQCC. *NACCW Offices*
20 09:00-12:00 Orientation Course. *TMI*
21 09:00-11:00 Non-Injurious Physical Restraint Course. *Linksfield Primary School Hall*
27 09:00-12:00 Orientation Course. *TMI*
28 09:00-11:00 Non-Injurious Physical Restraint Course. *Linksfield Primary School Hall*

WESTERN CAPE

06 08:30 Regional Executive Meeting. *Boys Town, Belhar*
13 09:00 Orientation Course. *Annie Starck Village*
16 09:30 Principals' Group meets. *St Josephs Home, Philippi* (ring 934-0352 for directions)
19 09:30 Child Care Worker Forum (Ring Joy April on 952-3594)
20 09:00 Orientation Course. *Annie Starck Village*
27 09:00 Orientation Course. *Annie Starck Village*

28 09:00 Social Workers' Group meets. *Friedrich Schweizer Kinderheim*

NATAL

02 09:00 Regional Executive meets. *Ethelbert*
13 08:30 BQCC Module I. *St Philomenas*
14 08:30 BQCC Module IV. *St Philomenas*
20 08:30 BQCC Module I. *St Philomenas*
21 08:30 BQCC Module IV. *St Philomenas*
22 08:30 PPA Course begins. *Venue to be announced*
23 09:00 Special Regional Meeting. *St Theresas*
27 08:30 BQCC Module I. *St Philomenas*
28 08:30 BQCC Module IV. *St Philomenas*

BORDER

10-11 Seniors' Weekend Course. *King Williams Town*
14 Regional Meeting. *Venue to be announced*
16-17 BQCC Module IV. *King Williams Town*