

# Die Kinderversorger



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**Cover Photograph:** Lesley du Toit and Ashley Theron visit His Grace, Archbishop Desmond Tutu in Cape Town to present a citation from The National Organisation of Child Care Worker Associations in the USA. Archbishop Tutu was honoured for his exceptional contribution to humanitarian causes.

Journal of the  
National Association of  
Child Care Workers

**NACCW/NVK**



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## Is this your very last copy of The Child Care Worker journal?

Our Treasurer never counts his chickens before they hatch — especially since at this time of the year many of those chickens come home to roost!

Mixed metaphors apart, it has been discouraging for us to have been sending copies of this journal regularly every month to members whom, now that invoices for subscriptions have been posted, we discover to have moved, left, gone away or otherwise departed months ago. Somehow it is acceptable for the bulky journal in its expensively-mailed packaging to arrive faithfully at an expired address each month, but when that slim envelope with an invoice is sent, we are inundated by an avalanche of returned letters.

The mistake, it seems, is ours. There is a great deal of leeway in the NACCW's Constitution regarding *membership* and *membership subscriptions*: "Subscriptions shall become due and payable before the end of June in each year. A membership shall be deemed to have lapsed if the subscription is not paid within six months after the due date."

But this leeway does not apply to subscrip-

tions to the *journal*. An individual member pays R15.00 p.a. for membership, and as a member receives a one-year subscription to *The Child Care Worker* for the reduced price of R15.00. This means that an individual member pays R30.00 altogether which includes a year's personal subscription to the journal. (A non-member has to pay the full price of R25.00 p.a. for a one-year subscription to the journal.)

And now for the bad news. Because we, like everyone else in South Africa, are counting our pennies carefully, we will no longer be able to send *The Child Care Worker* to those whose one-year subscription has expired. This means that if you have not yet paid your 1991 membership or renewed your journal subscription, delivery of the journal will be suspended. That will be sad, but it will save us on printing and postage costs, and this will allow us to keep the journal going at an economic level.

Which is good news for those who enjoy the journal.

## Learning about our Profession

The questionnaire included in the February issue was part of an important research undertaking to discover the shape of the child care profession, and to get a picture of the people who serve in it and their career status. So far the picture is gloomy, but in an unexpected way. 3000 copies of the questionnaire were circulated with the journal,

and a further 1000 were distributed to the Regions. By the third week in March, eleven completed questionnaires had been received.

## Biennial Conference 1991

We have received short notice of the 1991 Biennial Conference, due largely to the availability of speakers and venues. We will all have received a post-card in the last fortnight, so we at least have the dates for our diary, and now we have an excuse to be in Durban from July 10 to 12.

The title of Conference is enough to make us want to come together at this time: *Old Limitations, New Challenges — Towards Unifying Values and Practice in Child and Youth Care Programmes*. In addition we will have a distinguished overseas speaker to introduce the theme of *Cross-cultural Child and Youth Care in the New South Africa*. In next month's issue full details of the 1991 Biennial Conference, together with registration forms, will be included. There will also be an introduction to Keynote Speaker, Dr Gary Weaver of the American University, USA, who has done helpful work on cross-cultural child care in his own country. Prospective delegates will have the opportunity to book their places at the various workshops which will be on offer. Durban is known as the place 'where the fun never sets'. May it also be the place where a new sun rises on South African child care.

### National Association of Child Care Workers Nasionale Vereniging van Kinderversorgers

The National Association of Child Care Workers is an independent, non-racial organisation which provides the professional training and infrastructure to improve standards of care and treatment for children in residential settings.

Die Nasionale Vereniging van Kinderversorgers is 'n onafhanklike, nie-rassige organisasie wat professionele opleiding en infrastruktuur verskaf om versorging en behandeling standaarde vir kinders in residensiële omgewings te verbeter.

**NACCW/NVK**

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Penelope Leach provides some follow-up guidelines on the recent article on EPOCH (End Physical Punishment of Children)

## A no-smacking guide to good behaviour

We all want good children. Looking after somebody else's children always means effort and stress but when things go well it can be a lot of fun as well. And whether you're taking care of a child whose parents are working, or making a home for children whose parents are unable to look after them for a while, you have the satisfaction of knowing you are doing a vital job. We'd all rather take care of 'good' children. Children who:

- don't do as they shouldn't;
- do as they should;
- are cheerful, pleasant and polite;
- are sensitive to our moods;
- don't let us down in public.

What kind of 'discipline' will help your children to be like that? The answer is positive discipline which builds on children's desire to please adults who are important to them. It's NOT the kind that tries to make children good by punishing when they're naughty.

It's CERTAINLY NOT the kind that relies on hurting their feelings ... and it's NEVER the kind that relies on smacking, even if a child's own parents expect it. Because smacking is a short-cut that doesn't lead where you want to go.

### What's wrong with punishments?

A punishment, like no sweets or TV, being sent out, or being shamed with a tongue-lashing, does nothing to prevent children being naughty right now. Only getting their co-operation or distracting or diverting them can do that. If you reach punishment-point it's already too late. And punishment doesn't teach children how to behave in future: It only tells them they've done wrong, not what would be right. Physical punishments like smacking or forcing a child to stay in a 'time-out' room can interrupt naughtiness (and relieve your feelings!) but they don't teach 'good behaviour' because the 'short sharp shock' wipes everything else from the child's mind so he remembers the smack, but not what he was smacked for, however much you explain. Smacking can even bring out the very feelings children must learn to cope with: anger, and loss of control. Smacking a toddler in a tantrum or a four-year-old for being rude is like pouring petrol instead of water onto a fire. Children learn what they should do mostly from watching what parents, foster-parents and child care workers do, so smacking a child for hitting, or biting one

who bit, cannot possibly teach him not to hit or bite.

**Rewards work much better** — thanks, approval and hugs as well as tangible things like ice-lollies or presents — because rewards motivate people and make them want to please. Think of yourself: would you work harder for a boss who offered overtime when you stayed five minutes late or one who docked your wages when you arrived five minutes late?

### AFRAID OF SPOILING?

Holding back on punishments and giving up smacking altogether does not mean going soft on discipline and it certainly doesn't spoil children. Children don't get spoiled because grown-ups are gentle with them and try to treat them as people, or because they get lots of attention, presents or treats. Spoiling isn't about what a child gets, it's about why.

**A child who can often blackmail you, by whining or throwing tantrums, into allowing or giving things against your better judgment, is bound to play the power-games that lead to spoiling. But if you keep the power in your own hands so that a 'no' means 'no', however much she/he fusses, you can indulge him or her all you like and the child won't get 'spoiled'.**

## Babies

With babies the key is prevention. Babies are 'into everything' because they learn by exploring. Of course it's a nuisance when they keep touching things that are dangerous or breakable, but you can't teach babies to leave particular things alone because they don't understand or remember yet. And you can't keep them in a playpen all the time because they need the freedom of the floor. Banish things they must not touch so there's nothing to quarrel about.

**Prevent danger — babyproof your home:** every fireguard, dummy electric plug, stairgate or childproof cupboard catch is one less danger for them to get into and you to worry about.

**Prevent damage — share out living space:** every time you swap a breakable

ornament from the coffee table for a wooden one from the shelf, or your precious tapes or discs from those low shelves for the old magazines from the high one, you prevent damage to your things while still leaving some for them to explore.

### BABYHOOD FLASHPOINT! STILL NO NEED TO SMACK

**If a hand's in danger, grab it and say 'no!'; it's quicker than a smack.**

**If a hand's got something it's going to break, don't smack or pull: offer a swap and the baby will let go.**

**If she's clinging round your ankles, whinning for attention, a smack or a push will make her worse. If you get down on the floor and give your attention for five minutes, she'll stop demanding it (at least for a bit!).**

**If you ever feel your temper going and there's no-one to give you a break, put her in a safe place like her cot and leave her while you get yourself together. A yell at being left is better than a yell at being hurt ...**

## Toddlers

With toddlers the key is steering.

A mind and will of his own is a sign of getting out of babyhood, not a sign of 'getting out of hand'. Toddlers often refuse to do as they're told and make scenes when they can't do as they want. They're often rough and 'selfish' with other children too. They don't mean any harm, though, or know that they are doing any. It's only around two that they even begin to be able to put themselves in someone else's shoes so as to be 'good' or 'naughty' on purpose. So punishments don't help learning; they just spoil the atmosphere! Toddlers have to be made to behave reasonably, (that's how they'll learn what reasonable behaviour is) but it's much easier to use your grown-up brain to get co-operation than to use your grown-up brawn to force obedience.

**Help toddlers to be 'good'** — help him want to do what you want him to do. If you order him to bed for his nap this minute, he'll probably refuse, 'let's go up for your story now' feels friendly to him and gets the behaviour you want.

**Help toddlers not to be 'naughty'** — use your superior intelligence to distract her and your size and strength to defuse situations rather than to punish. If she keeps doing something annoying, show her something different to do. If she won't come to the table or home from the park, don't tell and yell until you're furious and bound to smack. Ask, tell, tell again and then lift her ...

**Avoid battles you can't win** — and face



it, there are lots of them, like battles over eating, using the pot or picking up toys. You can scold, shout, threaten, smack, reduce him (and yourself) to a jelly of misery, but you can't actually force food into him or wee or work out. So don't give him a chance to 'defy' you: try 'Had enough? Down you get then ...'; 'Let's see if you can pick these toys up as fast as me ...'

**Remember you're the adult** — don't come down to toddler-level and join tantrums. If you haven't managed to divert a storm there's nothing you can do until it blows over because she/he won't hear sweet reason and anger or smacks will make things worse. If you're indoors, try turning away and busying yourself with something else, blotting out the noise and your desire to scream too by singing to yourself. If you're in public and too embarrassed to ignore tut-tutting passers-by (who have conveniently forgotten that all toddlers sometimes explode) try removing the child bodily to a more private place (carpark? toilets?) and then just waiting until the screams become sobs and you can have a cuddle and start again.

**Think before you say 'no' but then mean it.** It's fine to avoid clashes when you can and keep your limits wide, but once you've said 'no', stick to it. Children need to discover that there's no point in going on fussing or making a scene. It isn't that they'll get a smack; it's just that if the answer ever was 'no', it still will be.

**TODDLER FLASHPOINT!  
STILL NOT NEED TO SMACK.**

**Use your size and strength to protect and insist, never to hurt. Grab him to safety; lift her where she needs to be; carry him when he won't come; hold her until she stops hurting the dog. Interrupt defiant arguments by turning away so there's nobody to argue with. If the toddler won't listen, your patience has gone and your hand is raised for a smack, divert it to hit the table or your own knee. The sound will get his attention and he'll hear what you say because he won't be crying.**

**Pre-Schoolers**

With pre-school children the keys are showing and telling. You want the child to choose to be 'good' rather than 'naughty': be sure to make it clear which is which and to make being 'good' more enjoyable ... what she/he enjoys most is your friendly attention, but she/he'd rather have cross attention than be ignored ...

**Pay more attention when children behave well** than when they're 'naughty': if you ignore a child who's 'no trouble' but pay attention to fussing or rioting, you're

encouraging the very behaviour you'd like to stop. (Who gets sweets at the supermarket check-out? Usually the child who is being a pain!)

**Don't expect virtue for its own sake, yet:** when she/he tries to be good, it's because she/he want someone to be pleased. The easier you are to please, the more often she/he'll try.

**Do expect some showing off, and 'silliness':** 'rude' rhymes, noise and boisterous behaviour that tends to send things flying! This is an age for experimenting with words and physical actions, and copying children at nursery or playgroup. He doesn't understand why 'f\*\*\*' shocks you and 'fiddle' does not. Tell him, but keep it cool: he'll find it funny to be shocking. She actually does not know the length of her rapidly growing limbs. Make sure she gets some active play (could she romp on your bed on a wet day?) but keep precious breakables in safe places.

**From Pre-school to Adolescence:  
You are the key**

Positive discipline starts at around the age of three when children begin to understand what you want and can therefore choose to do as you ask and be 'good' or to resist and be 'naughty'. By five-ish, she/he can not only understand what you want but also the general principles of why, so she/he won't need to be told every little thing: your control can operate even when you're not together. A few years more and adults' control becomes the child's self-control. Good discipline won't be outside orders any more but encouragement of the inner discipline we call 'conscience'. Children learn how they should behave by watching, talking and sharing with the adults who care for them. If care is shared between you and the parents, it's important that you know each other and share ideas as well. Children get their values from what adults are like as people (with everybody, not just with them) and base their behaviour even more on what you do than on what you say. So the more you treat each child as a real, valuable person (rather than 'only a kid') the sooner she/he'll behave like one — most of the time.

**Spend all the time you can with the child:** playing, listening and explaining take longer than switching on the TV or doling out sweets or smacks but your time is really valuable to him or her.

**PRE-SCHOOL FLASHPOINT  
STILL NO NEED TO SMACK**

**If you're in the mood, a joke ends silliness and irritation in laughter rather than tears.**

**It's easier to ignore tiresomeness if you've got something else to attend to. Turning on the radio or phoning a friend. If things are really out-of-hand, you can vent your own feelings and pull the child up by clapping instead of smacking, or turning 'if you don't stop I'll smack you' into 'if you don't stop, I'll scream' and then doing it!**

**Introduce important values** like truth, honesty and unselfishness through everyday experience. Explain that you need to know if she/he truly feels ill so you can look after him or her properly; that the playgroup would have no books if everyone took them home; that everyone wants first go on the swing so it's fairest to take turns ...

**Do as you would be done by:** the more politeness, consideration and co-operation children get, the more they'll give. If you yell at her when she trips over your feet she's likely to yell at you when the comb snags her hair. If you're always too busy to listen to him it will be hard to make him listen to you. And if you want them to be extra polite to you when visitors come, never scold or tease them in front of their friends or their parents. You don't have to stand on your dignity to get a child's respect: if he loves and trusts you, you already have it. Children take it for granted that parents and other caretakers are perfect. So when you're wrong, don't be ashamed to admit it and apologise to him just as you like him to do to you.

**Always explain orders** (unless it's an emergency): Answering 'why?' with 'because I say so' teaches nothing that will be useful another time. And be positive; children like action and hate inaction so 'please let that alone ...' Ration 'don'ts' or they become background noise! The word works best for actual rules, like 'don't cross the road without a grown-up' or come straight home from school unless you've already told me where you'll be going'.

**Don't constantly watch for wrongdoing** so you're always nagging. Children, like the rest of us, have bad days and moods and sometimes do what they want instead of what they should. Choosing to ignore small things keeps the atmosphere pleasanter and saves your thunder for the things that really matter.

## Schoolchildren

The keys here are positive example, mutual respect and lots of talk. At this age discipline is aiming at the time, years down the line, when there'll be only self-discipline to control the child. Once there's trust and love between you, concentrate on helping him or her to apply specific do's and don'ts to wider behaviour.

Don't underestimate your child's intelligence — or the fun of talking together. A five- or six- year-old wants to know why some children watch late TV; a seven-year-old must sort out what's allowed in your house but not at home; A nine-year-old may long for a chance to raise difficult topics like bullying, or to get your reaction to gang-behaviours that go on when no adults are around. Talking together gives you the chance to offer your experience and values to the child in your care.

**Be honest about your feelings:** children always know when adults are angry or sad but they don't always know why and often assume they're to blame. If it is his fault, knowing why gives him a chance to learn for next time. If it's not his fault, knowing it gives him a chance to help, or at least keep out of the firing line until you feel better.

Give children space for private feelings and relationships: everybody has bad moods. If she doesn't want to talk about it, at least don't nag her into an outburst. Children who live together always quarrel. Interfering won't stop them for long and you'll often blame the wrong child. Trust them to work it out for themselves.

Show that you trust him or her to mean well even when she/he doesn't do well. You may be against a child's behaviour if you're never against the child: you hate him smoking, but that doesn't mean you hate him.

### SCHOOL CHILD FLASHPOINT! STILL NO NEED TO SMACK

If you're angry with a child, don't try to bottle it up: tell him or her what she/he's done wrong; what she/he should have done and what she/he can do to put things right.

If the child won't talk or listen, don't waste energy shouting, or smack to get attention. Crouch down to child-level, take him (gently) by the upper arms so the two of you are face to face, and then talk.

When you're so stressed you're beyond talking, remove yourself for five minutes peace and self-indulgence (brush your hair? run around the garden? look at a magazine?) Come back when you're in a 'let's start again' frame of mind.

## FIVE YEARS AGO

*For readers who weren't around then, this regular feature remembers items from the pages of this journal — this month five year ago*

**Maart 1986:** Die Redaksie beklemtoon dat in ons personeel- of gevallevergaderings moet elke kind gereeld en sistematies bespreek word, want indien ons slegs die "probleemkinders" insluit, kan die chroniese teruggetrokke of neergedrukte kind maklik onopgemerk bly. Een van die tragedies van kinderinrigtings is dat sulke kinders wat nooit verstourings veroorsaak nie kan as "goeie kinders" beskou word — nogtans is hulle dikwels die kinders wat ons hulp die meeste nodig het.

The news pages told of a National Executive meeting which had discussed subsidies, training and registration of child care workers. Following on Conference resolutions, it had adopted a Position Statement on the National Welfare Plan, and it referred back to Regions for approval and possible further suggestions the names of those who had offered themselves for membership of the Institute of Child Care. In the Eastern Province Region a residential weekend had been held which was divided into three courses: the BQCC, a senior child care workers' class and a leaders' group. Daar word gemerk dat die Basiese Kwalifikasie in Kinderversorging (BKK), wat tot dusver slegs by die Universiteit van Kaapstad aangebied was, word vanaf 1986 by RAU in Johannesburg, in Durban en Pietermaritzburg, asook op 'n naweeksbasis in die Oostelike Provinsie aangebied.

**Barry Lodge**, who was Director of Malcom House, the East London Children's Home, was interviewed. In spite of the apparent isolation (this was the only children's home in the whole city) there were a number of contemporary, even innovative, practice methods. Child care staff working on a shift basis, for example, appreciated the privacy of their own homes even though they still worked 60 hours per week. Only matriculants were employed, and there were posts in the home for trainee workers. Barry considered a differentiated service model (including short-term care, after care, off the street services and even family care) more realistic than a unitary model such as a village — and indeed had already adopted group homes as an ideal.

**Reneé van der Merwe** het 'n paar praktiese illustrasies van die STEP-TEEN program geskets. "Die uitdaging in die opvoeding van tieners is dikwels om onself en ons eie reaksies aan te pas en nie om noodwendig te probeer om die tiener te verander nie." Die kinderver-

sorger moet die *doel* van 'n bepaalde wanoprede uitken om die gedrag te kan verstaan. Sulke doele kan die volgende insluit: aandag trek, mag verkry, wraak soek, ontoereikendheid openbaar of opwinding soek. In ons hantering van adolossente waarsku mev. van der Merwe: "Dit is baie belangrik om te onderskei tussen *lof* (as beloning vir prestasie en wat lei tot mededinging en vrees vir mislukking) en *aanmoediging* (vir goeie poging of verbetering en wat lei tot samewerking, selfrespek en vertroue en aanvaarding inspireer).

**Karen Isaacson** wrote on *Crisis Intervention in the Children's Home*. By definition, a crisis means a loss, a threat or a challenge — a traumatic and unsettling event. Crisis need not be seen purely as negative. The Chinese ideogram (picture-symbol) for "crisis" includes the concept of opportunity for growth. The child tries to cope using his customary survival skills, and only when these don't diminish his difficulty can he become seriously vulnerable. Then it is important for child care workers to 'be there' to enhance a child's own ability to handle crisis and to reduce unhelpful factors in the environment. Karen concludes with a helpful step-by-step checklist from Sharon Bacher for seeing children through crisis.

**Dina Hatchuel**, in writing on *The Treatment Team*, continued to fill us in on her experience at Bellefaire in Cleveland, USA, where she was on an ILEX exchange. "Tasks and goals are clear to all concerned and workers have to be accountable for what they do ... What has impressed me is the active role the child care workers play at all meetings. They are involved in every discussion and decision and have a good idea of what their tasks are and the responsibilities they have."

**Michelle Gordon**, social worker at Johannesburg Children's Home, outlined a recent residential social workers' meeting at which *Admissions and Discharges* had been discussed. Helping both children and parents through the admission stage was important, even though longer term goals were not yet clear. A newcomers' group was described, in which stories were used as a technique for information-giving and anxiety reduction. The social worker at Fairlands described the role of the psychologist in admissions. Cecile Frankel had emphasised the role of the child care worker, who should be involved at every stage of the admission.



Bruce Duncan on the first two years of a child abuse call-in service

## Safeline: Two Years Down the Track



In September 1988 *Safeline* launched its 24-hour telephone service — an attempt to provide a link toward the chain of healing needed for those who are caught up in the child abuse cycle. Much water has passed under the bridge since those pioneer days and the following brief synopsis will outline events and progress.

- Full-time and paid professional staff has grown from 1 to 3 with three non-professional staff employed.
- Voluntary staff have been added to the team and include professional and non-professional persons.
- Our community-based awareness and prevention programmes have been held in all four Provinces and three new satellites groups have incorporated *Safeline* strategies in their handling of child abuse. We have covered most areas in the Western Cape and environs and besides the other three Provinces plan to increase education and awareness during 1991. In this regard we are considering appointing a full-time professional educational and awareness person.
- Assistance has and is being given to State and private organisations in Namibia to establish a similar unit there.
- Our training courses for communities (like Lifeline) have been consolidated into a six-module presentation based upon the adult education model with maximum group involvement. Videos, other visual material and other educational matter forms the core of the presentations which are held in the community.
- Safehouses have been established (and used) in various communities. This facility has also been used by other agencies and is proving most effective. Regrettably, stage 2 of our Safehouse project has not yet been able to scrape itself off the drawing board. We would like to motivate a system similar to the neighbourhood watch system and establish clearly marked houses, shops, schools and other places where those in the child

abuse cycle can make contact for help or/and become venues where children "at risk" can escape to until help arrives. We are working on this but if you have any ideas please let me know.

- The completion of our Centre was another milestone and this is not only being used as a counselling and administrative unit but also includes flats where the abused (or abusers) can be given refuge on a temporary basis.
- A vehicle was kindly donated and there is a promise of another on the way!
- Our resource library is functioning well and we also have literature and videos from UK, USA and Australia. This has been made possible by Round Table (Rondebosch).
- Our fully functioning therapy room, complete with one way glass, video equipment, remote controlled camera and sound proof recording facilities was sponsored by Rotary Club of Wynberg.
- Excellent professional supervision is kindly and willingly given to all line staff by committed team members.
- Three successful groups for offenders are running and there is the possibility that there may be people within those groups who might soon be ready to facilitate the next stage of our programme, viz. "self help" groups (still accountable to the *Safeline* codes).
- In similar vein we have conducted several groups for children (10-week sessions) with an option to re-commit for a further period if necessary (and an open ended contact-us-when-you-wish option).
- Our adolescent victims groups are progressing and, hopefully, we could have group facilitators emerging from these within the next year. This, too, is part of our staged outreach to establish responsible, accountable and healthy self help groups.
- Our support groups with third parties has been a great need in the child abuse cycle and one of these has now evolved

into a healthy self-help group (with access to *Safeline*).

- Our book has sold well and preparations are now under way for entering the second edition for publication.
- Our *link person* programme is just getting off the ground and will be running more effectively within the next 3 months.
- *Safeline's* development has been greatly assisted by the involvement of volunteers (both professional and lay people) and the recruitment gained through our training programmes has also been a means of enlisting the dedicated involvement of informed practitioners.
- Our audio-visual has been amended and our home production video "Surviving Incest", been well received.
- The *Safeline* weekly radio programme on Radio Pulpit on Saturday mornings at 06h30 has also drawn many enquiries and new clients.
- We believe that our one-stop service for child abuse has been blessed of the Lord and of blessing to many others.
- During the year (January — August 1990) a summary of our statistics reveal:
  1. Total telephone calls received per day = 15  
Of the 15 calls per day received, 7 related to child abuse and 8 were either information or matters which we referred on. We have only now started to receive regular "nuisance calls".
  2. Total calls relating to sexual abuse of children (8 months) = 256  
Of these, 223 became *Safeline* clients. Of our physically abused clients 56 were girls and 25 were boys. This averages out at 7 girls per month and 3,12 boys per month.
  3. Total calls relating to emotional abuse of children (8 months) = 24, all of whom became *Safeline* clients. Of our emotionally abused clients 18 were girls and 6 were boys.
- When one takes the reported cases into account, it is significant that girls are "high risk". According to our figures pre-pubertal girls and teenage boys are "high risk" with regard to sexual abuse and pre-pubertal boys and teenage girls are high risk when considering physical abuse.
- From our viewpoint, despite the fact that Cape Town has at least 4 other crisis lines (24-hour service) there is still a need for this kind of telephone-in service. The cries of pain from "out there" are legion!
- Just recently we advertised *Safeline* on Beitel. What an amazing response! Not to mention some "strange" letters!
- *Safeline* acknowledges, with appreciation and gratitude a donation of R3000 per month from The Community Chest of the Western Cape. We also acknowledge with appreciation and gratitude the subsidy from the House of Representatives.
- Should you wish to comment on this article or contact *Safeline* please remember that we promise and guarantee absolute confidentiality. Kindly contact our Unit Manager, Mrs Marcel Londt on telephone number (021) 26-1100 (all hours).

# Learning from Nursing about Youthwork

Michael Baizerman, of the University of Minnesota, USA

There is a growing literature in nursing about "caring". We can learn a lot from it about child care work. Let us together explore some examples.

Sally Gadow (1980), a nurse and philosopher writes about nursing and the tension resulting from having one set of roots in biomedical science and the other in caring. She urges nursing to develop from a philosophy, not from an empirical sociology;

"... nursing ought to be defined philosophically rather than sociologically, that is, defined by the ideal of the nurse-patient relation rather than by a specific set of behaviours."

By focusing on what could and should be, i.e., on values and on possibilities and hope, she lays the ground for her conception of nursing as "existential advocacy", a philosophical foundation upon which the patient and the nurse can freely decide (what their relation shall be.) Nursing, she argues, can be "distinguished by its philosophy of care and not by its functions."

In idiomatic usage in the United States, "what we are about" and "where we are at" is more than our tasks and skills. It is our deeper purpose from which flows our intent.

All of this comes together "at (in) the moment" in which worker learns from the child how to care and how to help.

Bishop and Scudder (1990), a nurse and philosopher, struggle too with understanding what nursing is and could be.

They suggest that nurses are grounded in caring which in turn has roots in a morality of caring, while they "articulate their practice almost exclusively in professional technical language" and not in the language of their moral purpose. Thus, when asked why she does what she does, a nurse is likely to respond in the language of biomedical science. We in youthwork and the human sciences understand her response as an "account" or a "disclaimer" which seeks moral legitimacy for her act. In American speech, her response is likely to be: "I did it because ..." or "I did it in order to ..."; the forms of account and disclaimer.

In youthwork, we have adopted and even adapted scientific child and adolescent development and we use these as the substance of our response: "I did it because it fits with his developmental needs," or "children that age need ...". Could we move beyond this to a philosophy of human development to encompass the science of human development, and to a philosophy of caring to ground the science of development? To Bishop and Scudder, nursing as practice should not import philosophy to help it understand what it is and how to do the work of nursing. Instead, it should develop a *philosophy of nursing practice out of what nursing does*:

"When one actually philosophises from within and through practice, it is appropriately called philosophy of practice" in contrast to a philosophy *about* practice. This is akin to the distinction between applied science and practical science, and between the theoretical and practical human sciences. (Strasser, 1985). Bishop and Scudder link "nursing" to the experience of being a nurse and "doing nursing".

When I am a nurse through particularising the practice of nursing, then nursing is personal because I express my way of being through it.

My doctoral advisee is a youthworker extraordinaire. Jackie Thompson's doctoral thesis (1990), like the work of Bishop and Scudder, was a phenomenological study of street youthworkers, what we in the U.S. call "detached youthworkers" — those who work with "street kids". The phenomenological structure of youthwork in her study was disclosed as "becoming a youthworker", "doing youthworker" and, crucial, "being a youthworker". She too found that, as with nursing, youthworkers do not see youthwork simply as an occupation. Rather, it is a way of being-in-the-world. It is more than one's personal identity; it is one's essence.

The essence of youthwork as a way of being in the world is caring.



"He's wonderful with children ..."

In these notes I invited you to look to the literature in nursing as we look again, and continuously, at ourselves and our ways of being in the world as youthworkers.

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## Kinderhuiskind

Kinderhuiskind  
so onbemind  
Mense sien op hul neer  
Gee hul genade, Heer

Daar's smart wat skuil  
Hul kan nie daaroor huil.  
Daarom is hul stout  
Tog laat dit mense koud.

'n Kind so klein  
met soveel pyn  
Niemand verstaan  
hul hartseer traan.

Kinderhuiskind wat liefde vra  
word deur niemand verdra  
Min liefde vir hul afgemeet  
Waarom is mense so wreed?

'n Kinderhuiskind is maar net 'n kind  
Waar sal hul liefde vind?  
Wie wil sy tyd bestee?  
en vir hulle liefde gee?

As kind het ons ook niks verdien  
Laat ons hul leed raaksien,  
en hul soeke na liefde stil  
Ons weet dis God se wil.

Geskryf deur Marietjie Mostert,  
'n Kinderversorger by die Abraham  
Kriel Kinderhuis, Pretoria

Di Levine interviews **Dr Nicky Padayachee** of the Johannesburg City Council's Community Services Department

# AIDS, HIV-positive and Child Care Services in South Africa

**DL: How did you become involved in AIDS programmes?**

**NP:** I trained as a physician and later specialised in community health. When I became Head of Community Services for the Johannesburg City Council, I became involved in issues which affect communities at large — and AIDS is clearly one of these. As early as 1981, when AIDS was largely restricted in South Africa to the white gay community, Johannesburg appeared to be the epicentre of the problem — and up till 1989, 60% of all reported AIDS cases came from Johannesburg. One of my jobs was to be responsible for an AIDS prevention programme.

**DL: You started an interesting street-based programme.**

**NP:** This was our outreach programme, which was related to AIDS but not exclusively so. We realised that there was a group of people out there who do not come into clinics and so were cut off from the services the state provides, including social services, yet these were the very people — street people, sex workers — whose lifestyles made them most vulnerable. So we put together the staff for an outreach programme.

**DL: How did you staff such a programme, define its tasks?**

**NP:** Not easy. There was no precedent for such a programme so we simply did not know what sort of people and skills to look for. Certainly there was nobody around with this kind of experience. We slowly put together a group of people who shared an interest and a variety of skills for this approach. There is a sociologist, there is a person with a religious background, an educator, a lady doctor with a knowledge of sexually transmitted diseases, a labour leader who understands labour relations, negotiating, etc. Much of the work lay in making contacts, then in networking with other resources in the community. There was the building of relationships, counselling services, just support for these people and their families: street workers often are away from their children at difficult hours, and some child care support was needed.

**DL: We in the child care field would like to know more about what to expect as a result of AIDS.**

**NP:** The disease spreads very differently in South Africa than it does in, say, the rest of Africa, where we can often trace it down trucking lines. At the moment there seems to be an 8 to 9 months doubling time here, but this won't go on at that rate. There is a principle which operates: the most vulnerable groups (e.g. multiple sex partners) are likely to be massively affected, but then as you move away from that group the spreading process slows. Scientists have given us "best scenarios" and "worst scenarios". At best, it seems that between 5% and 10% of our adult African population will be affected by the year 2000; at worst this figure will be 30% to 40%. It is unlikely that the reality will fall outside that range, and whether we are looking at 10% or 40% depends on two things: one is the development of a vaccine and/or medication; the other is a change in sexual behaviours. Nevertheless, what is important for us in South Africa is to translate these scenario percentages into numbers: at best we expect 2.5 million, and at worst 10 million of our people to be affected.

**DL: It seems there are two categories of children we need to be concerned about: the HIV+ and AIDS infected children on the one hand, and the orphans on the other.**

**NP:** With regard to the first group, we expect substantial numbers of children to be affected. Of these, 80% will die within the first two years of life. Many will be abandoned by mothers when it is realised they are HIV-positive. Most of these children will be fairly sick and will present a demand on the medical services. The real problem for the child care services will be the orphans. AIDS is striking younger adults, more females than males. There will be many children without one or other parent, and without both parents. I think we must realise that we cannot hope to manage these numbers within existing child care structures, and that we will have to look at alternatives. We will be relying on the fact that there will be continuing

pools of unaffected and healthy people, and that our response to AIDS children must be community-based.

**DL: It is a frightening thought, however, that we already seem close to the limit as to the number of children who can be absorbed into foster care or adoption. With the relatively small numbers at present, many children today must wait one or two years for adoptive parents. Elderly people are often asked to help foster children, but financially this is difficult and not improving.**

**NP:** By community-based we mean family-based. We now have to prepare people for this idea that families will have to care for their members. To think that we might rely on professional care models, such as the existing child care service, will never be realistic. The state doesn't have the funds for conventional child care services even now.

It will be forced on us to use community and family-based care, and this will apply not only to orphans but also to AIDS patients. South Africa has an extensive health care service including 740 hospitals, but the pressure already exists for us to sensitise the community to the fact that HIV and AIDS patients cannot be accommodated in existing health care services, and that they will have to be treated — and to die — at home.



**Good in-service training is needed since we find a lot of unnecessary prejudice amongst professionals who do not understand this disease**



DL: What advice would you give to child care services?

NP: There are several things you could do. I think all child care agencies need to build guidelines for handling HIV positive children. It is, for example, not necessary to separate them or discriminate against them. It is extremely rare for children to infect others, and staff need to be reassured about this. Good in-service training is needed since we find a lot of unnecessary prejudice amongst professionals who do not understand this disease. Policies need to be developed and modified on an on-going basis as we learn more. For example, we have realised that infants may test HIV-positive at birth, but that this is due only to the fact that they are carrying maternal antibodies; within the first two years these may disappear and we have a normal healthy child. You need to work out how you handle policies around adoption, for example, bearing that in mind.

Maybe you do need to expand one aspect of your work to look after these infants in the mean time — and, as child care workers, solve the dilemma of knowing that these first two years are developmentally crucial.

Also, child care workers are known to have a foothold in the community: they understand where the children come from, both the homes and the communities; they are already facilitators and teachers, and they need to look at more innovative ways of supporting parents and children. They must look at existing expectations and be prepared to change these to more realistic levels as conditions change. Maybe we need to develop a new class of workers whose task is to sustain kids in the community — to facilitate their being at home.

HIV infection and AIDS is new for all of us. The epidemic is only now unfolding, and we are having to learn, and to sort out our thinking and our feelings, as we go along. We need constantly to review our knowledge, our personal feelings, our agency policies.

Now try a Questionnaire specially compiled by Planned Parenthood Association ...



## AIDS QUESTIONNAIRE

How knowledgeable are you about AIDS. Here is a questionnaire to test your knowledge. Please answer by writing true or false next to each question and then check your answers against those provided. If you require any further information please contact the Planned Parenthood Association, Unit 8A, The Waverley, Dane Street, Mowbray, Cape Town or phone 021-685-3017. The PPA kindly compiled this feature for us.

1. AIDS is caused by a virus called HIV
2. You can become infected with HIV from toilet seats.
3. Married people don't become infected with HIV
4. You can become infected with HIV from mosquito bites.
5. The more sexual partners you have the greater the risk of becoming infected with HIV.
6. You can become infected with HIV from french kissing.
7. Anal sex is the most risky form of sexual contact.
8. Women can become infected with the HIV more easily than men.
9. You can become infected with the HIV by donating blood.
10. You can become infected with HIV from sharing toothbrushes.
11. People who have any sexually transmitted disease or infection in the penis or vagina have a higher risk of becoming infected with the HIV.
12. Women who use a contraceptive injection or pill are safe from HIV infection.
13. If you stick to one partner you won't become infected by HIV.
14. You can see by the way people look if they are infected with HIV.
15. A woman can become infected with HIV if she has oral sex with a man.
16. A man can become infected with HIV if he has oral sex with a woman.
17. A pregnant woman can pass HIV to her baby.
18. It is easier for a woman to become infected with HIV if she has sex when menstruating.
19. You can become infected by HIV if you use the same swimming pool as someone who is infected.
20. Using condoms every time you have sex will guarantee you protection against becoming infected with HIV.
21. Using skin cutting instruments that are sterilised after use will not transmit HIV.
22. You can only get HIV from sexual intercourse.
23. The blood supply in SA is safe.
24. Living in the same house as someone who is infected with HIV is safe.

### CHECK YOUR ANSWERS

1. **True.** HIV stands for Human Immuno-deficiency Virus which is the virus that causes AIDS.
2. **False.** The HIV lives inside the body and is easily destroyed outside of the body. The virus cannot penetrate the skin. This is why there have been no cases of transmission via toilet seats.
3. **False.** This will depend on the couple's behaviour both before and during the marriage. Any unprotected sexual contact can well place people at risk of becoming infected if either or both are intravenous drug users and have shared needles. Marriage itself offers no guarantee. A long-lasting mutually faithful relationship with an uninfected partner is safe.
4. **False.** This has been extensively researched and proven not to be a way the virus is transmitted. In Africa where malaria is rife the only people infected with HIV are sexually active men and women as well as babies born to infected mothers. Also 14000 mosquitoes are required for a loading dose. Also, mosquitoes do not regurgitate blood so infected blood is not mixed with the next person's.
5. **True.** Each sexual partner increases a person's risk. Remember all people come into a relationship with a sexual history. It is difficult for people to be open and honest about past relationships, but people can control their own sexual history.
6. **False.** The likelihood of acquiring the virus is minimal. The same applies to artificial respiration. It is recommended not to french kiss if the mouth has cuts or sores which may pose a risk. It has been suggested that 2 litres of infected saliva would be required and ab-

sorbed through any sores in the mouth, before a person can become infected.

7. **True.** It is believed to be a 10 times greater risk of becoming infected. Infected semen gets into the blood stream, as skin is easily torn as there is no lubrication.
8. **False.** HIV can be present in semen. The mucous membrane that lines the mouth, anus and vagina is where the virus gets into the body, also broken or torn skin.
9. **False.** There is no risk of being infected by donating blood.
10. **True.** There is no evidence of transmission in this way but it is not advisable to share your tooth brushes for usual health reasons.
11. **True.** Infection in or on the genital areas enables the virus to reach the bloodstream through sores or broken skin and membranes. HIV is a sexually transmitted disease — therefore can be passed on the same way.
12. **False.** Contraception prevents pregnancies not STD or AIDS. The only contraceptive method that also prevents the spread of STD and AIDS is a condom.
13. **False.** While people know and are in control of their sexual behaviour, Partners can bring HIV into a relationship from past contacts or be infected by other sexual contacts during their relationship. Need long lasting mutually faithful partner not infected first.
14. **False.** People carrying HIV can look and feel healthy. It is only in the last stages before death that people look ill. Looks are therefore no indication if a person is infected.
15. **True.** HIV can be present in semen therefore there is a possibility of transmission. She can reduce risk by using a condom

and ensuring that no semen gets into her mouth.

16. **False.** HIV is present in cervical and vaginal secretions; thus there is a possibility of transmission.
17. **True.** A pregnant woman who has HIV may pass the virus to her baby before or during birth. The virus is able to cross the placenta during pregnancy and infect the baby in the uterus.
18. **True.** It's possible for a woman may be more at risk during menstruation.
19. **False.** HIV does not live well outside the body and the chemicals from the pool will kill the virus. There is no possible risk of transmission in this way.
20. **False.** While condoms are the best form of protection no sexual contact or both sticking to one partner are the only guarantees against infection.
21. **True.** Skin cutting instruments like blades used in razors, for circumcision or ritual scarring, and needles used for tattooing, acupuncture, electrolysis or ear piercing must be sterilised before use on the next person. If not HIV can be transmitted. The ear piercing gun does not transmit the virus but if concerned ask that the instrument be wiped with spirits before use.
22. **False.** HIV can be transmitted by contaminated needles, from infected mother to her baby, infected blood and blood products.
23. **True.** Since 1985 all blood taken for transfusion is tested and detailed sexual history is taken from each donor. If there is any concern or doubt about the blood it is not used.
24. **True.** Social or casual contact does not pass on the virus.

ELLEN DRAKE WRITES FROM BOTSWANA

## Looking Back On Street Life



**Asked what was the best thing that had ever happened to him, Tom (not his real name) did not hesitate. "When they released me from prison!" he said.**

Tom is a young man of 28, now employed as a mechanic in a garage in Gaborone. He enjoys his profession, though he complains that there is too much work, not enough money, and his employer is disagreeable. But he admits his life is better than it was when he was living on the streets. Tom is a former "street child."

"I ran away from home when I was 13," he said. "I met some guys and we went inside the train at Lobatse. We were three at first, but we kept growing. We used to sleep in the train. We locked ourselves inside or got under the seats." But the train conductors often found them and put them off the train — sometimes at far-away stations, where they had no place to sleep except in the culverts. So the boys came to Gaborone, and found shelter at night in Trinity Church. "I left home because I was starving," Tom explained. "We were all starving. Sometimes we used to have troubles at home, with relatives, too. When you are a young boy, you go and break somebody's dish and then there is a problem ... When I ran away I was lonely for a while but then I got used to doing everything."

In Gaborone the boys began gleaning a living by asking shoppers to let them help carry parcels. "When we had no food we did shop-lifting," Tom explained, "until we met somebody who taught us how to do house-breaking. And how to clean cars. We did that until Mrs Wilson found us."

Mrs Wilson and her husband took several of the boys to their home, gave them food and shelter and tried to teach them useful skills and discipline. The Wilsons also tried to persuade the boys to return to their parents, but, as Tom explained, "I did not stay because I was used to some nice food and some cash."

So the boys remained for several years with the Wilsons. "A certain lady taught us to knit bags from wool, and how to write and do

mathematics. I did knitting for some time but then I got lazy and went to the town, to the Mall again. I used to help people wash cars. Sometimes I got lucky and could pinch somebody's money. But that led to other results besides ready cash and good food. Once they caught me and took me to customary court," Tom said. "The third time they took me to prison. I was there 36 months. When I went there at first I thought they were joking. Then they took off my shoes! They said they would keep them for me. Then I realised they were serious. They took my shoes and clothes. It was winter ... Every morning I had to wake up at 6 a.m. From there, soft porridge. Then to work. In prison it is terrible. The food is always the same, and sometimes it is not fully cooked. When you tell them you are sick, they let you sleep, but then you don't go out of doors at all. You just stay inside the whole day. You don't even go to play football."

In prison Tom made bricks, did gardening, and a bit of carpentry. He also studied. His benefactress, Mrs Wilson, brought books to him and he earned his J.C. by correspondence, and he got a certificate as a mechanic. Armed with these qualifications, he has been able to find steady employment. He has seen the value of education, so he is taking a home-study course in English. He has applied for a SHHA plot, and he hopes to be able to get it soon and begin building a house for himself.

Asked what advice he would give to youngsters who are now living on the streets, he said it depends on how one is living. Looking back at his past, he said "Life on the streets was not so good. I was young then, everything had no meaning. Now I don't think it is all right to live on the streets." Nevertheless, for Tom at least, it was an improvement over conditions at his childhood home. For the well-to-do, conventional citizen, street children are considered a problem. For the children themselves, street life is perceived as a solution — at least, a partial one — to the problems they face at home.

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# A Leadership Challenge: Managing Organisational Change in Youth Care Agencies

Hy Resnick Ph.D. is Professor of Social Work, School of Social Work, at the University of Washington, Seattle, USA

Managers are fond of saying that change is the only constant in their work. Either we manage change or we are managed by change (Oppenheimer, 1955). Managers of youth care organisations today face a demand for change in their organisations if only because change is so pervasive in the world around them.

Managing change means planning and organising a sequence of activities (staff meetings, informal conferences, memos, retreats, etc.) that promotes administrative and staff teamwork towards desirable changes in policies, programs, organisational culture, physical environment, procedures, or relationships. Such change in a youth care organisation may lead to improved services, more efficient and cost-effective operations, or better morale (Bennis, Bennis, & Chin, 1975; Brager and Holloway, 1978). Some examples follow:

- Changing the physical environment, e.g., eliminating a physical barrier in the dining room of a group home so young residents can interact more with each other (or erecting one so they can interact less).
- Changes in word or data processing activities to upgrade clerical functions, improve their morale, and speed the work.
- Reducing, increasing, or eliminating a program because of cost, quality, duplication, or change in need.

Introducing a training program for board members to enhance their knowledge of board policies or to improve their skill in group decision-making, public speaking, or fund raising. All these organisational changes should be managed according to a set of principles of change. This paper will focus on and offer some preliminary answers to the following questions:

What are some of the *erroneous assumptions* youth care managers make about people and change?

What *preconditions for change* are desirable before a manager begins a change project?

What basic *dimensions of change* should managers be aware of?

What *principles of successful change* should guide the design and implementation of a manager's program for organisational change?

What is *resistance to change* and where does it come from?

## Erroneous Assumption

One assumption often made by youth care managers is that staff resist change. Mogeson, an industrial psychologist, clarified the limitations of this notion by noting that people do not necessarily resist change, but resist *being changed* (Myers, 1978). Low and middle echelon staff often have useful ideas about what needs changing in their work place, but they rarely are given the opportunity to suggest or make changes themselves (Patti & Resnick, 1972). Instead, changes often are "done" to them. When this occurs there is a tendency to resist these changes — to resist being changed. If staff were asked more often about what changes they wish, this assumption about staff resistance might wither away in the face of their innovative and practical ideas for change (Kantor, 1983).

A second assumption is that the *planning* of a change in one's department or organisation can be kept separate from the *implementation* of that change (Weatherley & Lipsky, 1977). Managers often assume that the planning of an organisational change is best done by management and implementation of a change is best performed by staff. Unfortunately, many have learned the painful lesson that the staff who implement a change have sufficient resistive power to block the best of management's planned changes. This is especially true when it upsets the established work equilibrium. Managers of youth care organisations must learn how to make the staff *partners* in the change process. Staff needs to be brought in *prior* to the implementation of a change. It is preferable to get the staff involved as *early* as possible in the planning phase (Patti & Resnick, 1984).

A third common assumption is that any change can be managed effectively regardless of its context within the organisation (Weissman, Epstein, & Savage, 1983; Snyder, 1982). For example, if a youth service agency's recent history includes many changes, then staff, management, or both may be experiencing overload. No matter how sound or important the new change might be, those affected will find it difficult to support the change. If there is a climate of fear or distress in the organisation, ideas for change may be met with resistance, indifference, or both. Such problems in an agency must be dealt with directly and openly

before a change project can be launched. Change projects that are perfectly sound may be resisted because of these contextual problems.

## Preconditions for Change

Five preconditions for change are cast here in ideal terms. It is unrealistic to expect that all of these preconditions will be fully met.

1. A widespread agreement exists that a particular problem needs to be solved. For a change to be accepted and implemented, many levels of the organisation need to agree that the change is necessary. Otherwise, managers may be pushing for a change that the staff will resist.
2. A top administrator supports the change in the belief that it will be of both personal and organisational benefit.
3. Administration and staff trust one another. Trust may be difficult to maintain in youth service organisations, but it is essential to do so. Probably no other factor so powerfully and so adversely affects the management of change as a lack of trust between youth care staff and management (Kennedy, 1981). Most workers want to help the young people they work with get the best out of life. If these youth care workers see that their supervisors and executives also are trying to achieve this goal, an open and trusting climate can be established in the organisation. Unfortunately, *trust tends to be unstable whereas distrust is more unstable*. This means staff and management have to put more energy in trusting each other than into distrusting each other.
4. Funds and the necessary expertise are available to implement changes. At a minimum, three kinds of expertise are needed: skills on the part of management to persuade, motivate, and lead staff groups involved in a change process; knowledge of the dynamics of organisations and how they work during periods of change; and a special knowledge of informal groups and networks in order to assess their potential as positive or negative forces in change. Money also needs to be available to pay for everything from staff retraining courses to new equipment.
5. A positive history of change exists in the organisation. Frequent and excessive change can lead to exhaustion, even if the change is perceived positively by the staff. If there have been too many inflated promises about what change can bring, cynicism about change should result. Both exhaustion and cynicism in an organisation are forces that often prevent staff from supporting further change efforts.

## Dimensions of Change

Once the preconditions for change are met, a working familiarity with the following dimensions of the change process can positively influence a change effort (Zaltman, Duncan, & Holbek, 1973). Five dimensions of special import:

### 1. Relative advantage of the proposed change.

This relative advantage can take the form of

— greater efficiency. For example, a change project might introduce a new procedure that is easier or quicker to perform than before.

— reduce conflict between departments or between the financial manager and the program director.

— increased job satisfaction. For example, if the social work staff shifted from doing group orientation interviews, their group workskills should improve, thereby increasing their sense of job satisfaction.

### 2. Impact on social relationships within the organisation.

This important dimension of organisational change is not well discussed in the literature. Many beneficial changes planned by youth care administrators may be strongly resisted by staff, not because of the change idea itself, but because of the powerful impact these changes would have on the social or professional relationships. For example, establishing a clerical pool for word processing may be cost effective, but if as a result secretaries lose favourable and prestigious relationships with administrators, then this might be resisted. Or if staff are told to change jobs, they may resist simply because the change requires a move from a comfortable set of peer relationships to an unknown set of peer relationships!

### 3. Divisibility

Divisibility refers to how limited in scale an organisational change can be. If changes can be implemented on a limited scale, the likelihood of acceptance becomes much greater. This is a desirable characteristic to have in a change project because extensive organisational changes, regardless of merit, have difficulty gaining acceptance. Understandably, the very magnitude of some changes may rule out their acceptance.

### 4. Reversibility

Sometimes even carefully designed change projects do not have the effect desired. Reversibility refers to how easy it is to back out of change project once it has gotten started. The easier it is the better. In fact, change projects that are easy to reverse are more likely to be approved in the first place.

### 5. Complexity

Complex change projects are not likely to be adopted. Change projects that are easy to understand, implement, and utilise stand a better chance of being accepted and receiving support.

### Principles of Successful Change

One of the most difficult and painful realities of change in organisations — and in all social systems — is a tendency to "backslide" after pressures for change have been relaxed. There is a tendency to revert to previous levels or models of functioning (Lewin, 1947). The following

principles, if successfully implemented, should reduce the tendency of a system to backslide.

#### Principle #1

**To change a unit or some aspect of a unit, relevant aspects of that unit's environment in the organisation must also be changed.** (Monane, 1967) An example from industry may serve to illustrate this point:

In a doll factory a number of years ago, a group of workers on a mass assembly line suggested a change to their supervisors. They suggested that the speed of the assembly line be increased in the morning and decreased in the afternoon. Because they were fresh in the morning, they felt they could handle a higher speed than in the afternoon, when they felt more fatigued. The supervisor, who was new to his job, made the changes. To his surprise, not only did productivity improve, but so did absentee rates, turnover rates, and lateness rates.

One would expect such a beneficial change to be diffused throughout the organisation, but surprisingly it wasn't. When other workers in other sections of the factory requested similar changes, their supervisors (mostly old-timers) refused. In fact, the older supervisors attacked their new colleague, saying that he was weak and a trouble-maker who caused all kinds of problems. Because of the furor created, the works manager finally vetoed the change and returned the production to a uniform line speed. The innovative supervisor quit, as did many of his workers. Productivity fell back to the old lower rate.

The key principle to recognise here is that a prerequisite for change in one area of an organisation may be lateral change throughout the organisation.

#### Principle #2

The second principle of change is related to the first. **To change behaviour at any one level of an organisation, it often is necessary to achieve complementary or reinforcing change in the organisational levels above and below.** (Chin, 1976)

For example, consider what might happen when an organisation changes from using private secretaries to using a clerical pool. The private secretaries might resist the change because of the loss of prestigious personal relationships with both supervisors and managers. Managers and supervisors may resist, too. On the one hand they might support such a move for the sake of efficiency. On the other hand, they might resist the loss of their valuable private secretaries and the bosses.

A number of years ago, top military officials tried to change the role of the sergeant from a tough-driving, autocratic leader to a more supportive and understanding leader. The top brass had good

reasons for making the change. Research showed that they were attracting a more highly educated recruit than they had in the past. It was likely that the new recruits would resist the traditional-styled sergeant and his demand for unquestioning obedience.

However, when attempts were made to change the sergeant's role, it was discovered that the second lieutenant's role at the next higher level also had to be altered. Now the second lieutenant could not use the authority of chain command as before. Just as the sergeant could no longer count on unquestioning obedience from his subordinates, neither could the second lieutenant. It was soon realised that if the new role of the sergeant was to work, then the role of the second lieutenant would have to be revised as well.

The principle is clear. If a significant change in one level of an organisation is to be successful, a corresponding change at other levels above and below may be necessary.

#### Principle #3

The third principle of change is familiar to many managers. **Both the formal and the informal organisation of an institution must be considered in the planning of any process of change.**

Besides the formal structure, every social system has a network of cliques and informal groups. These informal associations often exert strong restraining influences on institutional changes. Unless their power can be harnessed in support of a change, no enduring change is likely to occur.

The informal groupings often have a strong influence on a staff member's rate and quality of work, too. Sometimes their influence is stronger than that of the supervisor. Any worker who violates the group's norms invites ostracism. This is a consequence few workers dare to face. The approval of a peer group often is more important to the staff than the approval of supervisors. Involving these informal groups in the planning of changes requires ingenuity, sensitivity, and flexibility on the part of administration.

#### Principle #4

**Members from all levels of an organisation ought to be involved in responding to the following questions.**

- What is the situation needing change?
- What will the situation look like after the change?
- What mechanism or process should be used to make the change?
- How should the implementation plan be designed so as to ensure that the change is successful?

When staff are involved in all four major decisions of the planning process, their commitment and trust will be good. This bodes well for the successful implementation of the proposed change.



**Principle #5**

**Select an aspect of the organisation for change where there is dissatisfaction with the status quo among the staff, and/or clients, or both.**

Managers must not focus a change in an area if only the managers think it needs fixing. The place to begin change is where some stress and strain currently exist in the system. The time to begin change is when the stress and strain cause dissatisfaction with the status quo. This principle recognises that the manager has a choice concerning what to change in his or her unit or organisation. For example, if staff complains that not enough information is passed from day shift to night shift, then management can provide the leadership necessary to confront the problem. Because staff has a stake in reducing their own stress and strain, management can expect staff not only to accept and support the change, but also to participate in the change process.

Management's payoff for responding to the staff's complaints is the creation of a climate conducive to further change. Perhaps the next change made will satisfy management's needs.

**Resistance to Change**

The issue of resistance to change is a constant concern of administrators seeking to manage change. Much has been written about it in the literature dealing with change.

Many behaviours can be construed as resistance to change. They will have in common an attitude of fear or discomfort toward the change being planned. The actions could come from an individual or a group and be conscious or unconscious, planned or unplanned (Klein, 1985). The major sources of resistance can be understood both as a function of personality and as a function of organisation (Watson, 1967).

**Personality variables**

Four variables explain resistance to change from a personality perspective:

1. Personal equilibrium. Staff in youth-serving agencies develop a personal equilibrium that serves to integrate the often conflicting demands of youthful clients, supervisors, administrators, and personal needs. This equilibrium, when reinforced by the staff and agency infrastructure, can become quite a significant force against change if individual staff members view the change as upsetting to their personal equilibrium.
2. Primariness. The way an individual first successfully copes with a situation sometimes sets a pattern that is unusually persistent. For example, some faculty continue using the same didactic teaching methods with graduate-level students that first were successful with undergraduate students. Some faculty do not take the advice of studies showing that case study and experimental learning are more effective

methods to use with adult students.

3. Dependence. Over time, some staff become dependent upon the old ways of doing things. They find it psychologically frightening to try new ways of working with residents, subordinates, or managers. Staff members may not be conscious of their fear, but its existence usually is evident in their arguments against the change ideas.

4. Glorification of the past. Another way to look at resistance is from a psychological point of view. Both managers and staff have a tendency to romanticise the past. Glorification of the past can prove to be a major obstacle to change because change requires giving up something of the past.

**Organisational variables**

Another four variables explain resistance from an organisational perspective:

1. Territory. Organisational members spend considerable time and energy developing territories in their organisation. These territories may take the form of formal departments, informal friendship groupings, or other bits of "property" that are developed in organisations. When changes threaten (i.e., appear to reduce the size, group composition, integrity, resource base, or physical environment of their territory), holders of this territory typically resist in a variety of ways in order to maintain their prerogatives.
2. Social grouping. Over time organisational members who work closely with their colleagues build strong bonds with each other. The bonds and the social groupings that emerge may become powerful forces for workers whose job satisfaction may otherwise be low. Changes that have the effect of severing these bonds may be resisted mightily, despite their potential for good in the individual department or organisation as a whole.
3. Social power. Organisational members sometimes achieve a great deal of informal social power in their work groups. These "influentials" may wield enormous power in organisations and the capacity to lock and unlock the energies and high quality standards adhered to by the rank and file. "Shaking their tree" should be done only with caution or not at all.
4. Resources. As a result of the informal networks that proliferate in organisations, some organisational members control (or have special access to) a wide range of resources. These may include special agreements with top management, access to word processing, or janitorial services. Managers who advocate changes that affect that member's control of these informal networks may encounter reduced access to the resources needed to implement the change.

These and other organisational variables, when added to the personality variables identified in the previous section, explain why organisational resistance so readily emerges when efforts occur to improve or

change the organisation.

Change-orientated managers can deal with staff resistance by making use of these concepts:

- Provide staff with sufficient time to digest the details of the suggested change.
- Offer opportunities for small groups (as well as large groups) to discuss, critique, and perhaps modify organisational change items put forth by management.
- Involve the staff early in the planning phase of an organisational change.
- Share hidden agendas with the staff about the proposed change.
- Make explicit the kind and amount of resources available for a given change project.

Such behaviours and opportunities can go a long way toward neutralising staff's general resistance to change.

**Conclusion**

Increasingly, managers of human service organisations are called upon to modify their agencies in response to changing environmental factors. The management of these changes can be guided by principles developed by management science researchers and management practitioners. These principles help the child care manager not only to increase the effectiveness of given change efforts, but also to create a climate in the agency that is receptive to change.

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From: **The Child & Youth Care Administrator**

One challenge of a democracy is that you need to be able to speak its language to express your will and to influence it — especially, as **Rebecca Rule** writes, if you are a school kid taking on the Education Department.

## Three Kids vs. the School Budget

Ethan, a politically astute 11-year-old, wore his power tie to the public hearing. He and his friends Adi and Susan had learned that Summer Institute — a program on critical thinking and problem-solving — might be cut from the school budget. Thinking critically, the students decided to explain why the program should continue. They read their reasons to 14 budget committee members and an audience of about 15 others — their teacher, the school principal, and the school board.

Their parents (I was one of them) watched proudly.

Years ago I'd heard Donald Graves, a nationally known expert on writing process, speak about writing and political action. We'd know that the writing programs in our schools were working, he'd said, when our students began to use their writing skills to challenge school policies, to speak out on issues they cared about, to effect political change.

I watched and listened as three sixth graders [SA equivalent: Std. 4] attempted to save a program they loved, and I thought: It's working. All the writing these children have been doing since kindergarten, all this emphasis on thinking for themselves, expressing themselves, taking in and responding to the ideas of others: Here is the payoff. They have learned how to think and they have learned how to communicate their ideas effectively. They are actively engaging in a democratic process that demands clear thinking and communication if it is to work well.

For a few moments I basked in the glow. Then darkness descended in the form of a large, angry budget committee member with a quivering handlebar moustache who announced that it was obvious the children had not written their own speech, that this was a political ploy orchestrated by an adult to play on the emotions of the committee. It was, in essence, he said: "A cheap shot."

I leaped to my feet. So did others. The defence of the children was loud and vigorous; it came both from the audience and from other members of the budget committee. Not that the children needed defending; they were, I learned, perfectly capable of defending themselves. Ethan, Adi, and Susan insisted that they had written their speech and they were there to represent themselves and other students — not their parents. Finally, grudgingly, the man backed down. "I stand corrected," he said, without conviction, still

clearly angry.

But the damage had already been done. As a parent, I was offended because he'd accused me of using my child for political gain. But the greater insult was to the children. He simply didn't believe they were capable of independent thought. He didn't believe they were capable of turning that independent thought into political action through the power of the written and spoken word. Ultimately, I think, by doubting the children, he was doubting the effectiveness of the educational system itself and, in particular, the Summer Institute.

Maybe he didn't *want* to believe in the children's capabilities or in the effectiveness of the education they had received — because these beliefs would make the task of cutting the school budget just a little harder.

When the children spoke up for themselves, their critic perceived an unfair play on the emotions of the budget committee.

When the critic spoke up, three white, middle-class children got a taste of what people of colour, women, the elderly, and others have long been swallowing by the bellyful: prejudice.

The children's arguments were clear, logical, and unemotional. They told the committee what they had learned at Summer Institute and why it was a valuable program. They asked the committee to consider funding it one more time.

By speaking out, the children reminded listeners that cutting the school budget is more than changing numbers on a computer printout. Their presentation dramatised the fact that eliminating Summer Institute would have a direct and possibly deleterious effect on the education of individual students: Ethan, Susan, Adi, and others.

But because they were young, and only because they were young, their critic made it clear — and tried to persuade others — that these speakers were not to be respected or believed. Unintentionally, the children *had* provoked an emotional response. Prejudice is an emotional response. In this case it surfaced as an erroneous conclusion (these people can't write, think, or speak for themselves) based on irrelevant information (because they are 11 years old).

Most of the budget committee responded differently. They applauded the children. The meeting lasted several hours; there were many speakers, but the only applause was for these three young activists.

After their presentation, the children left the town hall. I stayed, seething. A friend — who could see how angry I was — whispered: "Don't say anything. Let it go. Let the kids handle it."

But they had been accused of deceit. They had been characterised as clay in their parents' manipulative hands. Their attempt at political action had been called a "cheap shot". I pictured them depressed, crying maybe, or eating ice cream and watching the "Three Stooges" in an attempt to put the incident behind them. When I got home a couple of hours later, Susan, and Adi were in my study working on the word processor. They were writing a letter to the editor. They called Ethan for his contribution, too.

**"Don't say anything.  
Let it go. Let the kids  
handle it."**

In the letter they thanked the budget committee for allowing them to speak. They also criticised their critic — rather thoroughly. They didn't use the word prejudice, but obviously they had felt its sting. "On behalf of us and our families," they wrote, "we cannot believe that an adult would put three children on the spot and accuse us of lying with no evidence whatsoever, except for the fact that we are in the sixth grade. (And, by the way, we *did* write this letter as well as our speech.)" The children had been caught off guard at the meeting. They had a lot to say in their defence but weren't yet skilled enough — or perhaps confident enough in a roomful of authority figures — to respond on the spot. So, when the dust had settled, they did what thoughtful, literate people do quite naturally when there are important matters to be settled. They wrote, and rewrote. They harnessed the power of the written word and used it.

Still protective, I said: "What if your letter makes that man even angrier? What if he writes a letter to the editor, too?" Susan said, smiling, confident: "Then we'll write another letter."

I backed off then, struck suddenly by my own unfounded doubts, my own prejudice. My friend had been right: These kids *could* handle it.

Three sixth graders spent a few minutes speaking out in front of some of the most politically powerful adults in their community. And they learned a small lesson in democracy. Free speech and freedom from discrimination are not just concepts to Ethan, Susan, and Adi — they are rights to be exercised and defended.

Reprinted from the **Christian Science Monitor**



# The Changing Role of the Child Care Worker

Himla Makhan, a child care worker at the Lakehaven Children's Home in Durban, addresses the Friends of Lakehaven, February 1991

Who is the Child Care Worker? According to our philosophy at Lakehaven, the child care worker is the most significant adult in the life of the child for as long as the child is at the Institution. The child care worker is the person directly involved in the caring, observing, managing, assessing and treating of the child from the day of admission to the day of leaving. The role has changed from that of house-mother to care-giver. The housemother's task was more that of the glorified 'executive' housekeeper who was supposed to cook, clean, wash and entertain visitors from the community, sponsors, donors, etc. This has changed drastically and now the main focus is the child.

## A developing profession

Child Care is an emerged profession and, like all other professions, child care has its standards and ethics — and it has its own professional association, the National Association of Child Care Workers together with the Institute of Child Care.

The mundane tasks of caring are now therapeutically applied in the cottage routine, which is itself a management technique. Cottage activities are now programmed with a lot of planning and skill according to the group and individual needs of any particular cottage, and children's individual needs in particular

are met as best as is possible. This is done by the child care worker under the guidance and supervision of the Social Worker.

## Education and training

Child care workers are dedicated and career-orientated and they are trained to become professionals. Much of this training is undertaken by the National Association of Child Care Workers. The BQCC (the Basic Qualification in Child Care) is a two-year course consisting of four modules. The PPA (Problem Profile Approach) is an eight-month course which is the basis for a systematic model for child care practice at Lakehaven. Through this course our team has compiled a Procedures Manual including care and management procedures. This is to standardise the work in all cottages and make child care workers accountable for what they do. We have procedures for mealtimes and bed times — even temper tantrums!

## Tasks

Such procedures are also a guideline for new child care workers, to help them in their work with troubled children. Child care workers have to be educated and trained in different areas of work. For example, to work with a sexually abused child, one has to have the knowledge and

the sensitivity to handle that particular child. Child care workers have come a long way in their profession. I have personally grown and developed from a housemother to a professional child care worker — from working in a mixed cottage to the running of the adolescent boys unit, which I assure you is not an easy task! I am involved in the personal growth and development of each child in my cottage, from knowing their favourite food (and their unfavourite food!), their clothing, their contacts and visits to hosts and families, friends and school. I keep in touch with their teachers and their guidance counselling. I am part of all their programmes in career planning. Beside my cottage tasks, I conduct groupwork, which is the Adolescent Skills Training Programme. I attend meetings, do presentations and attend any training programmes available. Child care workers are accountable and responsible for the supervision of their children at all times. We have to be alert and observant — and never lose our cool, our humanness, or our wits.



## Did you get that?

*The child's game 'Broken Telephone' is always huge fun. But in some large organisation, garbled messages can be disastrous.*

*They can also be huge fun ...*

### Memorandum

**DATE:** MONDAY 16 JANUARY  
**FROM:** EXECUTIVE VICE PRESIDENT  
**TO:** ALL EXECUTIVE DIRECTORS

Next Thursday at 10:30 a.m. Halley's Comet will appear over this area. This is an event which occurs only once every 75 years. Notify all Directors and have them arrange for all employees to assemble on the company lawn and inform them of the occurrence of this phenomenon. If it rains, then cancel the day's observation and assemble in the auditorium to see a film about the comet.

### Memorandum

**DATE:** TUESDAY 17 JANUARY  
**FROM:** EXECUTIVE DIRECTOR  
**TO:** ALL DIRECTORS

By order of the Executive Vice President, next Thursday at 10:30 a.m. Halley's Comet will appear over the company lawn. If it rains, cancel the days work and report to the auditorium with all employees where we will show films; a phenomenal event which occurs every 75 years.

### Memorandum

**DATE:** WEDNESDAY 18 JANUARY  
**FROM:** DIRECTOR  
**TO:** ALL DEPARTMENT HEADS

By order of the phenomenal Executive Vice President, at 10:30 next Thursday Halley's comet will appear in the auditorium. In case of rain over the company lawn the Executive Vice President will give another order, something which occurs only every 75 years.

### Memorandum

**DATE:** THURSDAY 19 JANUARY  
**FROM:** DEPARTMENT HEAD  
**TO:** ALL SUPERVISORS

Next Thursday at 10:30 the Executive Vice President will appear in our auditorium with Halley's Comet, something which occurs every 75 years. If it rains the Executive Vice President will cancel the comet and order us all out to our phenomenal company lawn.

### Memorandum

**DATE:** FRIDAY 20 JANUARY  
**FROM:** SUPERVISOR  
**TO:** ALL EMPLOYEES

When it rains next Thursday at 10:30 over the company lawn, the phenomenal 75-year-old Executive Vice President will cancel all work and appear before all employees in the auditorium accompanied by Bill Halley and the Comets.

## TRANSVAAL

**Some News from Up North**  
Pretoria and its environment, place of sunny skies, jacarandas (and farmers blocking major roads!) greets you. We feel that in order for you to know who we are, a short history on some of the children's homes affiliated to NACCW is required.

**Abraham Kriel Kinderhuis**

Ons kinderhuis in Pretoria is vierjaar oud en is die vierde tak van Abraham Kriel Kinderhuis waarvan die ander in Langlaagte, Nylstroom en Potchefstroom is. Met die oopstelling in 1987 was slegs 9 huise ingebruik geneem. Huidiglik is daar 21 kinderversorgers om 250 kinders te versorg. Twee kinderversorgers het reeds die NVK kursus met sukses voltooi. Aan die hoof is Mnr G. Jordaan as die Prinsipaal. Van Maatskaplike Dienste is daar 'n administratiewe hoof — Abraham Kriel is onder die N.G. Kerk se sorg en reeds van jongs af probeer ons 'n godsdienstbegrip by ons kinders tuisbring — nie altyd 'n maklike taak nie; Liewe Jesus gaan met die pap en gaan met die melk en gaan met die suiker en gaan met my Ma wat in die bottelstoor werk, Amen.

**Bramley Kinderhawe**

Die Bramley Kinderhawe word beheer en bestuur deur die Pretoriëse Kinder- en Gesinsorgvereniging en is gestig om aan die sorbehoewende kind 'n tuiste te bied. Bramley is gebou met geld wat verkry is uit 'n lening van die Department van Gemeenskapsbou, bydraes van Tafelrondes, Bond van Ooms en Tantes en 'n erflating van mnr Charles Bramley. Die

inrigting is in 1960 betrek en het bestaan uit los koshuise waarin 20 - 30 kinders gehuisves kon word. Mettertyd is gevind dat die koshuise onvoldoende was vir die versorging van die kinders en die nuwe konsep van wooneenhede of gesinshuise is in 1979 in werking gestel, waar 'n ouerpaar met 10 kinders gehuisves word in 'n gesinshuis. Die eerste koshuis is omskep in 'n gesinshuis met fonsse van Ronde Tafel; en die ander twee huise met geld geskenk deur die laerskole van Pretoria.

Today Bramley consists of five homes each housing from eight to twelve children. Each home is run by a married couple and has a live-in Relief Worker. The Principal is Mrs. Steyn who is assisted by the Social Worker Mrs. Van Den Heever. We have one secretary. There is also a Matron in the kitchen. We have a total of fifty-four school-going children.

**Louis Botha Home for Children**

"Only one of its kind". You may think it a far cry from 'flu to children's homes, but you never can tell! After the great 'flu epidemic of 1917 - 1918, Mrs Helen de Waal, the daughter of General Louis Botha, Prime Minister of the Union of South Africa at that time, started the Louis Botha Home as a home for children orphaned by the epidemic. The Home is autonomous and is not affiliated to any church or organisation. When the original Louis Botha Home in Voortrekkerhoogte became too small, the children were moved to a site opposite the H.F. Verwoerd Hospital. A significant change was made in 1969 when 110 children moved into our present premises in Queenswood, being one of the first children's homes in South Africa to be run

on the cottage system, where groups of children of different ages and sexes live together as a family unit under the care of a housemother or houseparents. The Home consists of 11 cottages, of which 9 are occupied by children and houseparents, one is used to house staff, and one is the principal's dwelling. Our administration block, kitchen and laundry are separate from the cottages, and the evening meal is prepared daily in the central kitchen and sent over to the houses. Over weekends houseparents, helped by the bigger children, do their own cooking and are given plenty of scope to experiment with their culinary skills! During the past few decades it was found that only 3% of children in children's homes are orphans, and today we are known as the Louis Botha Home for Children. We now care for children in need of care who are referred to us by the children's court.

So next time you feel the 'flu coming on, you never know what far-reaching effects your sneeze may have!

**Orientation Course for New Child Care Workers**

An orientation course for new child care workers was held in February. This was attended by 25 workers from a wide range of organisations. We were particularly pleased to have join the training, the staff from Street Wise who will register for the BQCC for the first time.

**BQCC**

The BQCC started with the presentation of Module 3 — Child Development and Assessment of children. 45 workers registered in Johannesburg, 25 in the East Rand and a further 25 workers in Pretoria, making a total of almost 100 in the Transvaal Region

**Orientation Course for Social Workers**

An orientation course for social workers who are new to the field of residential care was offered in Johannesburg. Six social workers attended a workshop which focussed on the role of the social worker in residential care, and covered essential aspects of permanency planning. The social worker's relationship with the child care worker was also dealt with. A further session focussing on clinical social work skills will be held on March 27th. Casework and groupwork with children will be dealt with during this three-hour session.

**People**

A warm welcome is given to Lauren Fuhr who is the new social worker for Guild Cottage and Dulcie Marchant the new social worker for St Nicolas Home. Also welcome to new child care workers Davina Gillchrist and Roy Collins at St Mary's Children's Home. We hope they will all be very happy. Congratulations also to Ann Parker on her first granddaughter.

**WESTERN CAPE****Regional Meeting**

The Western Cape Regional meeting held at Holy Cross Children's Home was well attended by representatives from various children's homes. All new members were introduced to the group and given a special welcome.

**Athletics**

An athletics meeting, hosted by Lions, for all children's homes will take place at Vygieskraal Sports Grounds, Athlone on the 7th April. For more details phone Coleridge Daniels, telephone 697-4947.

**NACCW April Diary****NATAL**

02 09:00 BQCC 4 Zulu Mary Cook PMB  
09 09:00 BQCC 4 Zulu Mary Cook PMB  
09 09:00 BQCC 3 St Philomena's Home  
10 09:00 BQCC 1 St Philomena's Home  
12 09:00 Regional Executive Meeting Mary Cook Children's Home  
16 09:00 BQCC 3 St Philomena's Home  
17 09:00 BQCC 1 St Philomena's Home  
19 09:00 Social Workers Group NACCW Malvern Offices  
19 09:00 Child Care Worker Forum St Philomena's Home  
23 09:00 BQCC 3 St Philomena's Home  
24 09:00 BQCC 1 St Philomena's Home  
25 P.P.A. Ocean View House

26 09:00 Regional Meeting Boys Town Designer  
30 09:00 BQCC 3 St Philomena's Home  
**BORDER**  
04 NACCW Regional Meeting KWT  
18 Regional Executive Meeting KWT  
13 Child Care Worker Forum St Thomas's In Service Training every Monday 8:45 — 11:00 am at King Williams Town Childrens Home, open to all child care workers in the Border area.

**TRANSVAAL**

17 09:00 BQCC Johannesburg TMI  
17 09:00 BQCC East Rand Norman House  
22 09:15 BQCC Pretoria Abraham Kriel  
24 09:00 BQCC Johannesburg TMI  
24 09:00 BQCC East Rand Norman House  
30 09:00 PPA NACCW Offices

**WESTERN CAPE**

03 08:30 Regional Executive Regional Offices  
03 09:00 BQCC 1 Annie Starck  
04 09:00 BQCC 2 Porter School  
04 08:30 Editorial Board Regional Offices  
09 09:00 BQCC 2 Porter School  
09 09:30 Forum Patricks House  
10 08:30 PPA No.1 Regional Offices  
10 09:00 BQCC 1 Annie Starck  
11 09:00 BQCC 2 Porter School  
16 09:00 BQCC 2 Porter School  
17 09:00 BQCC 1 Annie Starck  
18 09:00 BQCC 2 Porter School  
23 09:00 BQCC 2 Porter School  
24 08:30 PPA No.2 Regional Offices  
24 09:00 BQCC 1 Annie Starck  
25 09:00 BQCC 2 Porter School  
30 09:00 BQCC 2 Porter School