

Die **Kinderversorger**



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Journal of the
National Association of
Child Care Workers

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Editorial Offices: P.O. Box 23199, Claremont 7735, South Africa. Telephone/Fax (021) 788-3610. The Child Care Worker/Die Kinderversorger is published on the 25th of each month except December. Copy deadline for all material is the 10th of each month. Subscriptions: NACCW Members: R15.00 p.a. Non-members: R35.00 p.a. Agency or Library Subscriptions: R40.00 p.a. post free. Commercial advertisements: R3.00 per column/cm. Situations Vacant/Wanted advertisements for child care posts not charged for. All enquiries, articles, letters and subscriptions to be sent to the Editor at the above address.

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New Staff Appointment

As from January 1992, Roger Pitt will be taking up his appointment as Assistant Director of the NACCW. He and his wife Dianne will be moving from King Williams Town where they have lived for many years, to be based at the Association's National Office in Durban. Permit your Editor the licence to reflect on this welcome appointment from his personal experience. Roger Pitt came into the child care field as a member of a management committee, who went on to see the great needs in his children's home for improvement and growth. Challenged, as it were to 'put his money where his mouth was' Roger was appointed Principal, and proceeded to develop what was to be undoubtedly one of the very best child care programmes in South Africa.

More to the point, he and his staff achieved this in an area where academic resources were scarce, welfare agencies few, and state professional services non-existent, giving to the rest of us an object lesson in making bricks without straw. These difficulties were to Roger never an excuse for doing less than the best; they were always seen but as challenges and obstacles to be overcome.

Roger Pitt is a pioneer: he was one of the first to put to successful use the group home for staff to complement his cottage-style home. He is a consummate team builder and team leader: he worked tirelessly to produce an effective staff structure

based on thorough training, regular supervision and warm personal support. He is a networker: his children's home became a centre for weekly staff development sessions for all of the institutions in his area. He is a hard worker: from his base in King Williams Town he went out to take on new responsibilities as Director of a group of children's institutions scattered over many miles.

The NACCW's new Assistant Director is no armchair practitioner. In his quiet, strong way, he has worked with great integrity and effect with children, parents, the community, staff colleagues, mancoms, funders, and local and national state officials. In short, if you are a member of a management committee, a principal or a child care worker who feels daunted by the breadth and load of your task, Roger Pitt has been there, in his own real-life experience, and he will empathise deeply. He will prove to be a most valuable resource on the NACCW's staff team. Welcome Roger.

Congratulations

One of the technical tasks undertaken in the Publications Department of the Association is the preparation of certificates for award to those who have completed their training in one or other of the NACCW's courses. It is surely an encouraging sign of the healthy state of our profession that this year the certificates run well into the hundreds!

These certificates reflect a commitment on the part of child care workers which should be encouraging to their employers and

reassuring to the children with whom they work. The maturity and high motivation which leads so many people to put hours of effort and study into self-improvement and the seeking of excellence in their work is to be welcomed and encouraged. To all who completed courses — or even just modules on the way to final completion — well done. Your colleagues appreciate your commitment to doing a better job for the troubled children of this country.

The Journal in 1992

The NACCW is determined in its budget-balancing to maintain existing standards in all of its services. It is doing this in two ways: avoiding any wastage or unnecessary expenditure; and by setting price tags to its services which realistically reflect costs.

From the journal's point of view, this means that *The Child Care Worker* will retain its present standards, size and frequency of publication.

Personal Subscription: R35.00 p.a.
11 issues yearly delivered to your door.
Individual Members of the NACCW receive a free Personal Subscription.

Agency Subscription: R40.00 p.a.
For libraries, universities, state departments, welfare agencies. Up to three copies may be requested each month.
Corporate Members of the NACCW receive a free Agency Subscription and may request up to five copies, and additional copies at R10.00 p.a. each.

National Association of Child Care Workers

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.

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A Round-Up of 1991

What did this past year mean to the various centres of the NACCW?

NATIONAL OFFICE

Unions, Cross-culture

A major issue for practitioners at all levels, has been that of unionisation. While child and youth care workers have been struggling with this for some time, administrators have this year come face to face with the realities of unions demanding higher wages, with staff teams confused as to where to place their allegiance. Given the circumstances under which the majority of our members have lived and worked, together with the emergence of a long overdue consideration for human rights, looking to unionisation seems both fair and logical. It does pose some very serious questions and difficulties for the wider child and youth care field and we will perhaps all benefit from making the time to meet and study the long-term consequences.

As with any of the helping professions, the issue provokes both anxiety and controversy. Will this mean that workers can and will strike? What happens to the children and youth while workers concentrate on getting their own needs met? How will unionisation affect team work? What happens if the demands made by unions lead to cutbacks in the number of staff employed (this has happened recently in some programmes)? What about the children and youth who might be placed at risk?

There's no doubt about it, it's a dilemma! (So what's new in child and youth care — problem solving is something we do all day, every day. Why not tackle this one?)

The problem needs to be viewed from both the perspective of child care workers, and that of top and middle management — both of whom, it is to be hoped, ultimately have the welfare of the children and youth at heart.

Principals and directors find themselves in an invidious position, since they are not 'management representing capital' as in a classic union situation; they are only fellow employees in a largely welfare and charity environment. As administrators they have to deal with this issue, and to acknowledge that it will not simply go away: the fact that child and youth care workers need or feel they need to join unions in order to ensure fair employment practices and reasonable salaries is a concern which raises legitimate questions about our advocacy on behalf of child care workers.

Child and youth care workers on the other hand, need to recognise that the way in which they resolve the questions around

unionisation will ultimately make a difference to their recognition and status as professionals. Membership of a union as well as of a professional body such as the NACCW is perfectly acceptable. Child care workers will weigh up for themselves the respective allegiance they must pay to their profession and a union.

The NACCW itself has to be sure of its own place within the various forces at play, since it has sought to represent the whole field of child care, placing (see the NACCW Constitution) the child care worker first and central in its aims and objects. Its recommendations on salary scales and working conditions were negatively influenced by the issue of unionisation: the only reason why our guidelines were not twice as high was that demands from unions on the higher basis would have crippled child care agencies, thus placing thousands of children and youth at risk and threatening staff redundancies.

In 1991 issues of registration, recognition, qualifications, subsidies, salaries and working conditions have received high priority in terms of NACCW advocacy to the state and other responsible bodies — and there has been progress.

This year saw the death of apartheid legislation and the excitement of initiating non-racial programmes. Unfortunately on-going government structures and procedures appear as yet to be only terminally ill, and the excitement has steadily given way to frustration and anger. Children and youth continue to be victims of the numerous welfare departments all making different rules, discriminatory subsidies, and the application of apartheid practices with the excuse that "the Constitution has not yet changed."

In spite of these difficulties, cross-cultural practice is a growing reality and the challenge has become finding our way around the obstacles, and ensuring integration which takes into account the rights and dignity of all participants, establishing the highest quality of care and treatment in the most relevant programmes possible.

— Lesley du Toit

SOUTHERN CAPE

Beginnings

Ashley Theron visited George in February to get the NACCW's activities started.

Dr Wertman, the state psychiatrist, held a series of four meetings with child care workers on guidance, and the psychological, emotional and physical aspects of child care. She also discussed depression, anxiety and behaviour modification.

BQCC Module 1 was completed and exams were written in August. At present the students are finishing Module 2.

The region has been assigned a part-time permanent staff post to be based in Johannesburg, which will offer the region a visit twice a year.

— Niel MacLachlan

BORDER REGION

Growth and a Goodbye

The most significant news from our area this year is the impending departure from King Williams Town of Roger Pitt. Roger has been involved with the King Williams Town Children's Home for sixteen years. He was a member of the management committee for 18 months before becoming chairman of the committee where he served for a further year and a half. He then became principal and served for 12 years before being appointed Director in 1990. Roger leaves us to join NACCW staff as Assistant National Director and with great sadness on our part we say goodbye and wish him well in his new venture. Our loss will most certainly be the NACCW's gain.

During the past year some of our staff have been involved in helping Woodlands Mission Children's Home back on their feet, with Roger as a consultant, Corrie Theron in the child care field, William Adams in maintenance and Rika Visser in social work.

In 1992 Woodlands will be extending their children's home by opening a new facility at Izele, just outside King Williams Town. This property provides wonderful facilities for children and is an exciting project. Corrie and Rika will move full-time into that work while William will share himself between King and Woodlands.

Our experience this year has been that children coming into care are more troubled than previously, bringing with them, more than ever, behaviour problems.

With this in mind we welcomed back to our staff Linda Darlow with her many years of experience in child care. It is indeed a pleasure to have her back with us after two years away in Cape Town.

Cross-cultural child care is a reality at King William's Town now and our children are the richer for it. Our staff training this year has been geared towards handling change and learning more about cross-cultural work. We are encouraged by the attitudes of both staff and children.

Over the past six months staff shortages have been a major problem and at this moment we are struggling to fill two vacancies which are severely taxing everyone's strength.

— Sarah Burger

KIMBERLEY

Help from Transvaal

In February this year Di Levine and Kathy Beukes helped this region get started. The executive committee was established and the training of child care officers was begun. Three organisations were involved; Mimosa Home, Galashewe Place of Safety and Kestell Children's Home. They have just completed BQCC Module 2.

The objectives for 1992 are to include the newly established black Children's Home as well as the black Place of Safety in BQCC courses. We also hope to make the public

more aware of child care by informing them and educating them via the media and open days at the various institutions. Hopefully in the new year we will then be able to extend our services further afield. We would also like to establish a support group for care workers.

There is a definite feeling of isolation in the Kimberley region and we appeal to other regions for support in this regard. We are desperate for literature as well as exposure to workshops.

NATAL

Feeling Good



The year has been characterised by meaningful empowerment of child care workers through thorough consultation and participation in all decision making for the Region. There has been conscious involvement of members in workshoping major issues, including the work on the structures of the Association, and on a set of procedures relating to AIDS (published in a recent issue of *The Child Care Worker*).

There was the loss to the Region during the year of Ros Halkett and Clive Willows, both of whose guidance and expertise we miss, though their going has given us the opportunity to test our own resources and independence.

Training has been a busy and successful area for us. There has been good involvement in the BQCC and the PPA, and we have had a large number of Natal students enrolled on the new Diploma in Child Care Administration course.

In the middle of the year there was the Biennial Conference — at short notice, but the fact that it all went so smoothly and was so well appreciated by so many has made us feel good about ourselves. The contribution to Conference by our grassroots membership was impressive. The Conference itself was also confirming of all the thinking and work around integration of child care which has taken place in our Region and other NACCW Regions.

A final thought is concern at the present

status of the Institute of Child Care. There is the feeling that there is a definite place for the Institute — and this opinion, it must be

said, is shared by all levels of practice in the Natal Region.

— *Zeni Thumbadoo*

TRANSVAAL

Angst, AIDS and Abuse

This year, more than ever before our thinking and feelings about the work has been strongly influenced by the socio-political and economic context in which we find ourselves. Changes in our society have been so rapid that it is almost as if we are on a treadmill — we have to run just to keep in the same place! Children's homes are faced with many fears and uncertainties — how can we stay within our budgets, what will VAT mean to our organisations, how do we raise the funds to provide a standard of service that can begin to meet the needs of the troubled youngsters in our care?

Apart from the threats to welfare organisations on the day-to-day survival level, children's homes in particular are starting to ask themselves questions about their relevance and their "fit" in the new South Africa. The research project undertaken in the Transvaal for our July Conference highlighted this issue. Our study indicated that there is a shortage of 11 456 places for children in residential care in 1990, and in ten years the shortage would nearly double. We know we are surrounded by a huge population of children in squatter camps in rural areas, and on the streets of our cities, who are living in appalling conditions. How do we justify our elaborate middle class buildings and high-cost services when children around us are crying to have their bellies filled? What about the AIDS orphans — the figures here are startling: 1,5 million children left orphaned by the year 2000. There is a growing understanding that child care has to start to differentiate, to provide different kinds of service to children with widely divergent needs.

At the same time our "conventional" client group is shifting. There are noticeably more disturbed children coming into care, and more children at a younger age presenting with severe behaviour disturbances. The number of sexually abused children in care is also rising. The lack of staff with adequate skills to deal with these complex problems remains a major problem facing organisations across the board. It is in this climate that NACCW training is gaining increasing acceptance, and there is no doubt that the demand for our services is increasing. The financial constraints on the NACCW has meant that we have not been able to expand our own services in response to such

demand, and this has been frustrating. In our region the street children's organisations have had close ties with the NACCW. It is distressing to note the closure of Boys' Town/Process and the withdrawal of the Johannesburg Child Welfare Society from the Twilight project. The street children's services have over the years had difficulties in establishing a sound managerial base, and now this goal does not seem easily obtainable.

Whilst all of these factors can clearly be seen as threats and challenges to the field of child care, they can also be viewed as opportunities — to develop an expanded vision of our work; to place the welfare of children high on the list of priorities of a new political dispensation; and to improve our own practice through personal growth.

— *Di Levine*

Prayers for Peace

During Children's Week, fifteen children's homes in our area held out their hands to each other in prayer for peace and for children throughout the world. A candle was lit and the flame then transported to each children's home as a chain of prayer. Wherever possible the children carried the flame from one children's home to the next. The participating homes were Cotlands Babies' Sanctuary, St George's Home, SOS Children's Village Ennerdale, St Mary's Children's Home, Nazareth House, Johannesburg Children's Home, Boys' Town Observatory, Guild Cottage, Maria Klopper Kinderhawe, St Joseph's Home, Orlando Children's Home, Bethany Girls' Home, Othandweni Family Care Centre, St Nicolas Home, Epworth Children's Village.

On Sunday 3rd November a candlelight service was held at St Joseph's Home where children from nine homes came together to worship. The service was led by Father Douglas Torr of St Joseph's and Sister Jean of St Matthew's, Soweto. The music was led by the Marimba band from Soweto and the Bethany Girls' Home choir. The group Taizé supplied candle-lit ikons in the grounds, and their music led the Litany, prayers at the Cross, and a candlelight procession.

The service was a joyous expression of praise, music and dance with moments of prayer for peace for children throughout the world.

— *Barrie Lodge*





Western Cape

A Kaleidoscope

Rose September returned from the USA and was speaker at one of our meetings. There were discussions on our Constitution and relationships with the Children's Foundation. A clinical psychologist newly arrived from Johannesburg, Philip Cohen, talked about his research into aftercare.

The Principal's Group has been committed, the Forum lively.

Visitors from abroad have included Gary Weaver (in the rain), Conrad Balfour at the end of his SA visit, and Susan Sikorski, our link with Minnesota.

We welcomed Amelia Poswa at the new children's home Masigcine, and Mike Gaf-

fley to his new post at Leliebloem — but we said goodbye to Sr Irene, off to Pretoria.

Many new places, ideas, openings and blessings. New are Masigcine Children's Home in Mfuleni, Morea House for Street Children in Worcester, and the Child Welfare Project in Khyalitsa. There was the opening of the Siyakhathala Place of Safety; St Anne's moved to new premises; the Don Bosco Centre expanded, St John's Hostel's blessing, St Michael's sale of some of the property, Oranjia's relocating into group homes, and Bonnytoun still being added to. A busy year for education and training: the 1990 PPA group completed their course (Oranjia, St Michael's, Teen Centre) and the 1991 group is in progress (Leliebloem, Heatherdale, Khayamnandi and Durbanville Kinderhuis). The BQCC general group at Annie Starck Village (24 people graduated) and another group at Porter School (30 graduates). There was a Namaqualand weekend. SANCA together with NACCW ran workshops for child care staff, and ATICC with NACCW ran workshops teaching staff about HIV/AIDS.

End of year party on 29 November: His worship the Mayor, Frank van der Velde and Mrs van der Velde were our special guests.

— Vivien Lewis

Staff and Children

A new children's home, Masigcine has been opened in Mfuleni. The Chairman and the Regional Director visited to offer more infor-

mation on NACCW services.

A successful mini-conference was held by child care workers. The emphasis was on child care skills. Presentations were done by child care workers involved in several institutions. This will be an annual event. Two sporting events in association with the Lions Club were held for children's homes i.e. The Inter childrens' home athletics at Vygieskraal stadium, and the Annual Soccer Derby held at Weismann sports ground in Green Point.

The Forum held various social gatherings, including a breakfast for child care workers, the aim being to attract more members and promote NACCW training courses. A potjiekos morning was held and members were invited to attend and "rub shoulders" with people who have qualified in the field. Further work is being done on the idea of unionisation and information on the rights of child care workers is being compiled.

The Chairman and some executive members visited the Namaqualand group to do training and enrichment in this area.

Regional meetings were held every second month and various stimulating issues were addressed at these meetings.

Although the Forum and Principals' groups were held regularly, unfortunately the Social Workers' group was very poorly supported and was suspended for this year. The region will evaluate its 1991 activities in December.

— Leon Rodrigues

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Things never change. Kathleen Lewis, Headmistress nearly 30 years ago of Longfords Approved School for Girls in Gloucestershire, writes in the British Residential Child Care Association's 1963 yearbook ...

Wilful Damage



It is usual to think of this problem in connection with very young children, or with boys of all ages. However, since taking over the care of adolescent girls just over a year ago, I think that I have seen more wilful damage here than in any other establishment. Easy chairs have been broken, bathroom curtains torn and fittings broken, pieces cut out of cupboards, locks broken, walls written on and defaced with either abusive, indecent, or sentimental messages. This activity at the very least creates a major financial problem, especially when government grants are low, and it is difficult to keep within estimates in providing every day amenities.

Using consequences

The first reaction to this problem is an obvious one — payments deducted from pocket-money to partly pay for the damage done, but obviously in establishments where pocket-money is low, there is no real replacement by the offenders. Making the girls do without is a little more effective. Easy chairs when broken may be removed until only hard dining-room chairs are left for evening relaxation; bathroom privacy may be denied because curtains cannot be

replaced, making life generally uncomfortable. These measures, however, although endeavouring to bring an appreciation of the value of certain articles, do not by any means get to the root of the problem. It is difficult to ask girls to take pride in the place in which they are living if they feel resentment about placement there. To say, 'You wouldn't do this in your own home, would you?' doesn't get anywhere, because there is no comparison. At no time would they feel that the establishment is a home, and neither should they be expected to (unless, of course, it is a long-stay, family-group Home). To say (as I have heard at times), 'But this is my home, anyway, and I like to have nice things around me', etc., is an approach that could only be made if there is a real relationship between the girls and the member of staff concerned.

Trying to understand the reasons behind the committing of damage is essential, but not always easy. Damage can take several forms, such as:

- A sudden outburst of uncontrollable temper when bashing at something concrete seems to bring relief.
- A feeling of inferiority, and an effort to make oneself look important in the eyes

of contemporaries.

- A feeling of resentment about being in a particular establishment (this particularly applies to approved school committals).
- A feeling of resentment against adults generally, and an expression of independence.
- A feeling of dissatisfaction against one's own untidy and unsatisfactory life. Sometimes the damage is done openly and defiantly, and at other times secretly when no one is around.

Relationships

Before attempting to help a girl over any of these difficulties, a relationship has to be formed — not easy when there is a time limit set for the girl's stay, or when there are staffing problems. There has to be a gradual acceptance of standards, which usually comes from a desire to please or from fear of offending an admired person. Standards acquired because there is a real caring relationship on both sides can be reached, but generally this needs building up over a number of years. To care for property because it belongs to a certain person is perhaps the first step towards this end. From this, learning to respect other people's property without caring for the person concerned, or even knowing him, is often a long process. It means learning to tolerate others, and to respect other people's personalities. Training schemes which put forward definite aims towards which we strive, calling for constant encouragement and praise, and more likely to achieve results than constant punishment. The achievement of self-respect and the acceptance of a sense of responsibility is perhaps the most important of all aims.

Activities

Encouraging girls to take up creative occupations is, of course, important. Art and handicrafts often bring a good response, but perhaps the most satisfactory results can be achieved by repairing damage done, by redecorating walls and making the whole house look pleasant, always trying to inculcate a desire to keep one's own work from suffering damage. I have lately seen some of my own worst offenders trying to repair and re-cover chairs — the first step towards responsibility.

Perhaps also there should be opportunities to destroy, to break up, and to get certain feelings of resentment and anger out of the system? This cannot always be organised, but chopping wood, coal hammering, bottle breaking can sometimes be used at the right moment to avoid a big catastrophe.

Patience, understanding, and a deliberate attempt to build up a relationship on the part of a member of staff is perhaps the only way to deal with this — and many other problems. It is happening under my own eyes at the moment, and I am sure that the result will justify the effort.

Personeelbinding in Residensiële behandeling

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ABSTRACT: In this article the concept of staff cohesion is defined and implications for residential treatment are delineated. The question of how to foster such cohesion is also addressed.

Inleiding

In hierdie artikel word die begrip personeelbinding gedefinieer, en die implikasies vir residensiële behandeling uitgelig. Wysies daarop personeelbinding verhoog kan word, word ook bespreek.

Die literatuur van residensiële behandeling dui herhaaldelik op die belangrike rol wat die milieu en die kwaliteit daarvan speel. Moss (1974) verklaar dat: "various authors have differed in their feelings about the effectiveness of psychiatric treatment, but they all agree on one point: that the immediate psychosocial environment in which patients function determines their attitudes, behaviour, and symptoms, and that this environment can be a most critical factor in determining the outcome of treatment."

Watter faktore vergemaklik die skep van 'n terapeutiese milieu?

Konsensus dui daarop dat die belangrikste faktor die personeelkorps en hul spanwerk is wat terapeutiese milieu onderling vergemaklik. Stanton en Schwartz (1954) wys op die verhouding tussen kliënt simptome en die sosiale omgewing; spesifiek tussen die groepsontwrigting van 'n psigiatrisiese saal en lae personeelmoraal wat ontstaan a.g.v. konflik en 'n gebrek aan effektiewe kommunikasie.

Maxwell Jones (1968) beklemtoon dat ongehinderde kommunikasie, terugvoer en

vrymoedigheid om gevoelens te lig — veral in die groep — voorvereistes is om enige terapeutiese gemeenskap tot stand te bring. Hierdie stelling korreleer met Bettelheim se konsep (1974) van personeel binding (solidariteit) of span integrasie, wat hy belangrik ag om die personeel van 'n sekuriteitsgevoel te verseker wat nodig is om die persoonlike eise en spanning gemoed met hul rol en werk, te verwerk. Hy beklemtoon voorts dat die personeel 'n gemeenskaplike toewyding vir 'n duidelike behandelingsfilosofie moet nastreef. Bettelheim beskou die vervulling van innerlike integrasie, die doel van terapie, as afhanklik van en aanvullend tot die integrasie van alle fasette van die omgewing (roetine, groep, reëls), wat op hul beurt afhanklik is van die innerlike integrasie van die personeel, en hul integrasie in 'n ondersteunende personeelkorps.

Die vermoë van personeel om as 'n hegte span saam te werk, word as een van die belangrikste, indien nie die heel belangrikste, fondamentstene gesien in die skep van 'n lewensvatbare behandelingsprogram. Goeie personeel verhoudings blyk dus onontbeerlik te wees as 'n voorvereiste vir taak-vervulling.

Verdere ondersoek van die begrip binding blyk noodsaaklik te wees. Seashore (1954) verklaar dat sinonieme begrippe ook die volgende kan insluit: "groepstrots", "groep-solidariteit", "groeps-lojaliteit", "integrasie" en "spanwerk". Cartwright en Zander (1960) onderskei tussen drie verskillend algemene gebruiksbetekenisse van die term "binding", naamlik: aantrekkingskrag van die groep, insluitend weerstand om die groep te verlaat; moraal, of die vlak van motivering van lede om hul taak met ywer te volvoer en die koördinering van die lede se individuele bydraes. Onlangse navorsing dui daarop dat groepsbinding beslis gedefinieer kan word as die aangetrokkenheid tot die groep en weerstand teen verlatting van dieselfde groep.

Verskeie pogings om die aangetrokkenheid tot die groep uit te beeld, word in die teorie behandel. Mikalachki (1969) definieer aangetrokkenheid tot die groep as lede se identifisering met die groep; lede se positiewe evaluasie van hul groep wanneer die met ander groepe vergelyk word; wye keuse van groepsvriendskappe om vanuit te selekteer; min openlike en uitgesproke konflik of antagonisme tussen groepslede; en weiering om oorplasing of verplasings na ander groepe te aanvaar. Newcomb (1960) bied

die volgende vyf kategorieë van interpersoonlike aantrekkings aan: eerbied, bewondering, wisselwerking, rol ondersteuning en waarde-ondersteuning. Van hierdie eienskappe is 'n kombinasie tussen die laaste drie vorms van aantrekkings die mees stabiele vir groeps- en interpersoonlike aantrekkings.

Mikalachki (1969) omskryf ook sommige tiperende gedrag en gevoelens wat by groepe voorkom met 'n hoë binding, naamlik vrywillige betrokkenheid, samewerkende verhoudings, gebrek of afwesigheid van interaksionele sub-groepe (klike), en die stabiliteit van interaksionele patrone wanneer nuwelinge tot die groep toetree, sowel as 'n meer gelykmatige wyse van interaksie.

Gevolge van groepsbinding

Die mag van die groep m.b.t. invloed van groepslede, of groepslede se gewilligheid om beïnvloed te word, is geïdentifiseer as een van die belangrikste gevolge van groepsbinding. Cartwright en Zander (1960) verklaar dat die mag van 'n groep oor sy groepslede direk verwant is tot die groepsbinding, en dat druk of eise vir eenvormigheid sterker is in 'n groep met hoë groepsbinding a.g.v. die waarde wat aan groepslidmaatskap geheg word. Lede van groepe met sterk groepsbinding openbaar gewoonlik ook groter eenvormigheid en waardes sowel as konformiteit van gedrag. Nog 'n gevolg van hoë groepsbinding is 'n lae angsvlak — oftewel 'n hoë onderlinge sekuriteitsgevoel tussen lede. Seashore (1954) verduidelik dat so 'n groep aan sy lede bykomende beskerming van sy omgewing, en 'n verdediging teen enige bedreiging wat in sy omgewing mag voorkom, bied. Benewens hierdie ondersteuning, is die direkte gevolg van 'n groepslid wat aan 'n groep met sterk groepsbinding behoort, dat hy 'n lae angsvlak ervaar.

Die dryfkrag t.o.v. navorsing betreffende die gevolge van groepsbinding hang saam met die verhoudings tussen groepslede en die produktiwiteit of doeltreffendheid van die groep as geheel. Seashore (1954) het gevind dat groepe met hoë groepsbinding minder afwykings in produktiwiteit openbaar a.g.v. effektiewe groepsnorme, maar dat die rigting van produktiwiteit, opwaarts of afwaarts, van die groepsnorme afhang wat weer beïnvloed word deur die ondersteuning en beloningstruktuur wat by groter organisasies gevind word.

Shaw (1976) noem dat: "It seems evident that the empirical data supports the hypothesis that high-cohesive groups are more effective than low-cohesive groups in achieving their goals. The cohesive group does whatever it tries to do better than the non-cohesive group." Bevindinge dui daarop dat lede van groepe met hoë groepsbinding meer geredelik verantwoordelikhede in hul organisasie aanvaar, meer geredelik deelneem aan vergaderings, volhard in die bereiking van moeilike doelwitte, vergaderings meer getrou bywoon en langer lede van hul groep bly.



Die afleiding kan dus gemaak word dat personeel wie lede is van 'n groep met hoë groepsbinding beter toegerus behoort te wees as terapeutiese rolmodelle as byv. lede van groepe met lae groepsbinding.

Daar is ongelukkig geen klinkklare navorsing betreffende die verhouding van "produktiwiteit" of behandelingsdoelwitte in residensiële behandelingsseenhede t.o.v. personeelbinding nie, dog groepsbindingvlakke beïnvloed wel die kwaliteit van die behandelingsmilieu (Johnson, 1981). In hierdie studie is daar bevind dat hoë groepsbinding blykbaar 'n milieu skep wat gekenmerk word deur meer waarneembare ondersteuning, kliënt outonomie, persoonlike probleem oriëntering en praktiese vaardigheid ingesteldheid, en 'n laer voorkoms van pasiënte wat fisies bedwing moet word.

T.o.v. die wenslikheid van groepsbinding in terapeutiese groepe is daar wel navorsing onderneem. Traux (1961) het bevind dat daar betekenisvolle verhouding is tussen groepsbinding en beide die graad van pasiënt self-eksploratie en die graad van pasiënt insig. Bettelheim (1974) beskou beide self-eksploratie en insig as 'n belangrike proses vir residensiële terapeutiese personeel. Die navorsing van Traux dui daarop dat hierdie prosesse meer gereedelik voorkom in personeelstrukture met hoë groepsbinding. Yalom (1975) bevind dat lede van aanvaardende personeelgroepe meer aanvaardend teenoor mekaar is, meer onderskragend optree en meer betekenisvolle verhoudings in die groep sluit.

Die afleiding kan dus gemaak word dat personeel wie lede is van 'n groep met hoë groepsbinding beter toegerus behoort te wees as terapeutiese rolmodelle as byv. lede van groepe met lae groepsbinding.

Hoe word groepsbinding dan gemeet?

Een algemene metode is om m.b.t. sosiometrie statusmeting groepsbinding te meet. Die doelwitte hiervan is dat elke lid se voorkeure uitgelig word tot ander of subgroepe van die geheelgroep. Presies hoe hierdie voorkeure verbandhou met die groepsbinding van die totale groep is nog onseker. Hierdie vorm van meetinstrument is dikwels moeilik om te interpreteer.

'n Tweede tipe van meting is 'n *aktiwiteitsmeting*, soms genoem "locomotion" (bewegings-) meting. Libo (1953) het byvoorbeeld groepslede die keuse gegee

om met hul voete hul aanduiding te gee of hul binding in die groep ervaar al dan nie. Sy groepslede het die keuse gehad om by een deur die groepslokaal in te kom en indien hul verkies, aan te bly, of alternatiewelik deur 'n ander deur die groepslokaal, maar per implikasie dan ook die groep, te verlaat. Libo het ook 'n projeksie toets ontwerp, die sg. Group Picture Impressions Test, wat heelwat ooreenstem met die sg. "locomotion" meting.

Die derde vorm van meting is 'n *vraelys*, bestaande uit miskien slegs een vraag, byv. "wil jy nog deel wees van hierdie groep?", of 'n indeks-skaal, byv. die Seashore Cohesion Index (1954) wat met groot betroubaarheid in onlangse navorsing gebruik is (Johnson, 1980).

Personeelbinding blyk dus 'n veranderlike te wees wat behoorlik ondersoek, nagevors en bevindings vergelyk kan word om 'n residensiële behandelingsentrum wat 'n terapeutiese gemeenskap impliseer, waar groepsverhoudings en leefmomente die basis van terapie vorm. Yalom (1975) suggereer dat groepsbinding in terapie 'n ooreenkoms toon met die verhoudings in individuele terapie. Yalom sien die verhouding as belangrik vir terapie en is 'n doel op sigself. In hierdie konteks dan, is groepsbinding nie net 'n noodsaaklike voorwaarde vir doelbereiking nie, maar kan dit ook as 'n subdoelwit van die terapeutiese doelwitte gesien word waar die personeelbinding 'n vereiste is vir die integrasie of binding van die totale personeelkorps en kliënte.

Watter praktiese maatreëls kan getref word om personeelbinding in 'n residensiële terapeutiese milieu te bevorder?

Gesien in die lig dat interpersoonlik aantrekkingskrag 'n positiewe funksie van interaksie en kontak is (Lott & Lott, 1965), kan gereelde byeenkomste beplan en geskeduleer word om personeel in staat te stel om te kommunikeer bo en behalwe oor werk en taak-aangeleenthede. Dit kan die vorm aanneem van 'n daaglikse byeenkoms waar bespreking van spannings, byv. hoe die personeel mekaar onderling ondersteun (byv. op die vorige skof), of personeel se verwagtings en persoonlike doelwitte vir die daaropvolgende skof of dagtaak, hul onderling raak. Hierdie vorm van terugvoering het vier funksies in die skrywer se onmiddellike ervaringsveld gehad, naamlik: (1) om groepsbinding te verhoog deur konflikte op te los en kommunikasie probleme sowel as verwagtings te stel; (2) om werksaangeleenthede te bespreek deur personeel 'n plek en geleentheid te bied om oordrag en teen oordrag te bespreek en op te klaar wat uit verhoudings met kliënte voortspruit — sou dit nie realiseer nie, sal besluitnemingprosesse bevooroordeelde wees; (3) om direkte terugvoer te bied aan 'n personeelid en dit as personeelontwikkeling te benut t.o.v. taakvervulling sowel as sy of haar rol in die terapeutiese span; (4) om 'n klimaat en

gevoel van omgee (steun) en veiligheid (vertroulikheid) in die personeelkorps te bied.

Tweedens is daar 'n behoefte vir 'n milieu wat spanwerk en spanbesluite wat voortvloei uit 'n proses en bepaalde leierskapsvaardighede, bevorder. Klem word hier gelê op elke personeelid se betrokkenheid maar ook toewyding aan spanbesluite. Hiervoor is dit belangrik dat gesonde kommunikasie, maar ook die bespreking van die proses van kommunikasie sowel as die inhoud na vore sal kom. Hierdie vaardighede stel personeel in staat om 'n diagnose te maak oor die aard van kommunikasie, besluitnemingprosesse in 'n groep, ingryping, klarifikasie van doelwitte en norme, en algemene begrip en samewerking te bevorder. 'n Groepleier mag help om die groep se tydsindeling te struktureer of om belanghebbende sake op te som en 'n debat sinvol in te rig. Personeel verbonde aan residensiële behandelingsinrigtings beskik oor heelwat vaardighede wat aangeleer is die hantering van terapeutiese groepe met kliënte wat met groot vrug in hul eie gesinslewe ook van toepassing gemaak kan word.

Derdens verminder duidelike afbakening van gesag en rolverwagtings verminder personeelkonflik. Die proses van supervisie, sou groepsbinding belangrik geag word, behoort gereelde sessies in te sluit wat gerig is op die ontwikkeling van die individuele personeelid as spanlid en om die stel van doelwitte te bereik.

Vierdens behoort die opleidingsprogram vir personeel, aldus Polsky en Claster (1968) sensitiviteitsopleiding en kommunikasievaardighede, sowel as algemene groepsterapie-beginsels opgevolg met spesifieke vaardighedsopleiding — byv. konflikthantering, (Fillee, 1975), in te sluit. Indien 'n span multi-disiplinêr van aard is, behoort sulke opleiding alle dissiplines sinvol te betrek en die identiteit van die groep voorop te stel en professionele jaloesy sodoende uit te skakel.

Vyfdens — 'n klimaat van aktiewe totale spandeelname om behandelingsdoelwitte te formuleer, lei tot groter groepsbetrokkenheid, psigiese identifikasie en 'n duidelike formulering van doele op sigself. Dit veronderstel 'n demokratiese leierskapsteil. Die kriteria vir bereiking van doele behoort spesifiek en gedetailleerd te wees. Die outeur is bewus daarvan dat residensiële behandeling dit soms moeilik vind om hierdie doelwitte te meet aangesien die kriteria vir sukses moeilik definieerbaar is. Raven en Rietsema (1957) stel dit dat 'n groepslid sterker met sy groep identifiseer wanneer die doelwitte van die groep duidelik is, die stappe ter bereiking van hierdie doelwitte duidelik uitgespel is, en sy eie aandeel en taak ook in die proses uitgespel word. Bettelheim (1974) beklemtoon die belangrikheid van personeel in 'n residensiële behandelingsentrum om volle begrip te hê vir die behandelingsmodel wat hul poog om te implimenter.

In die sesde plek is daar sekere maatstawwe

wat leiers kan aanwend om groepsbinding te verhoog. Liberman (1971) stel voor dat leiers bedag moet wees om erkenning te bied aan onderlinge steun, betrokkenheid, empatie en similariteit. Groepsbinding kan ook gesien word as 'n fase van groepsontwikkeling, wat dui dat 'n leier vaardig moet wees om die groep deur die vroeëre fases te begelei. Groepsleiers moet ook gedrag wat groepsbinding beïnvloed byv. toewyding, aan algemene i.p.v. spesifieke of individuele doelwitte, bevorder tot voordeel van die groep. Emosionele terugvoer — d.w.s. die deel van die individu se emosionele reaksies m.b.t. ander groeplede binne 'n gegewe struktuur, verhoog ook groepsbinding. Om mekaar beter te leer ken en verstaan word nie as 'n persoonlike betrokkenheid ervaar nie, maar as 'n professionele noodsaaklikheid. Sekere sinonieme (soortgelyke) gedrag onder lede, spesifiek houdings en norme, bevorder ook groepsbinding (Lott & Lott, 65). Dit vereis dus vaardigheid sodat sekere belangrike waardes en normes geïdentifiseer moet word, terugverwys word na personeelkeuringsprosedures, en gereeld op personeelvergaderings bespreek behoort te word. Verskille in waardes kan afbrekend wees en teenproduktief vir groepsbinding. As voorbeeld kan genoem word dat 'n groep wat oortuig is dat 'n kind aangemoedig moet word om sy vyandskap te verbaliseer of vertoon, sal hul in konflik bevind met 'n groep wat eerder op die gedragsmodifikasie konsentreer — byv. vaardighede om vyandigheid te hanteer. Die laaste woord t.o.v. groepsbinding word aan die deur van die administrateurs van en ontwikkelaars van groepsbinding gelê — hoofsaaklik die personeelleiers in 'n residensiële inrigting. Dit is die administrateurs wat die norme stel wat in die betrokke eenheid sal geld. Sodanige personeel behoort samewerking eerder as kompetisie aan te moedig, en om stelsels ar te stel wat groep sowel as individuele prestasie erken en beloon. Senior personeel sal beslis moet besluit of hul die werksverhoudings sal lei en rig — en indien wel, onderrig en opleiding hiertoe verskaf — of aanvaar dat dit op 'n ongekontroleerde manier (hopelik) self sal ontwikkel. Leiers van personeelkorpse sal hulself as rolmodelle moet sien en dit verbind aan hul pogings om 'n hegte personeelkorps te vorm.

Slot

Sou Jay Harley (1980) se hipotese korrek wees, sal sukses in terapie grotendeels afhang van die interaksie en interverhoudings tussen professionele kollegas as ander faktore. Dit blyk onafwendbaar te wees dat die skep van 'n oop professionele verhouding 'n prioriteit behoort te wees, veral in 'n residensiële inrigting waar personeelfunksionering interafhanklik is en waar hierdie personeel grotendeels gemoed is met die hantering van angstige en emosioneel-belaaide gedrag van hul kliënte.

CHILD ABUSE

From Who Cares? the English magazine for children in care ...



Home was my Prison

By Tanya

Ever since I was a baby my dad has hit me for no reason, and for as long as I can remember, my parents have shown me no love, didn't kiss or cuddle me, so I felt unwanted. I couldn't think what I had done wrong and didn't understand. When I was about twelve, life at home grew worse; my parents were arguing and fighting every night. My dad then used to take his anger out on me by hitting, thumping and kicking me around the room until I lay in the corner crying. Then he'd stand over me, and laugh, thinking it was funny. Other things were happening as well, which I still cannot talk about. They made me feel dirty and angry with myself: I felt that I was to blame. My own dad was always threatening to beat me if I didn't do things he wanted me to do, and I was having to lie about the bruises. People were asking if everything was all right at home and I said 'yes' because I was scared of what would happen if I broke

the 'secret'. My mum knew what was happening but she said if I told anyone, dad would be put in prison, and I would be taken into care, which sounded horrible. I began to hurt myself and then tried to slash my wrists a few times. Now I think about it, it was probably just attention seeking, to get people to listen to me and know something was wrong. Also that the pain was a punishment for me as I stopped eating, and then became anorexic which I've now overcome, and also began to run away more frequently. I've been running away since I was eleven, but was scared about what would happen if I was brought back home, so I always came back before anyone had noticed me missing.

Desperate for Help

I was ringing Childline everyday, but I've only ever got through twice. I became so desperate to talk to someone that I eventually told a person I liked and trusted. They let me down because they didn't believe me, which was devastating as it had taken a lot of courage to say it. Other people I trusted I told too, but they weren't interested either, so I never trust anyone now.

Last year I tried to take an overdose, and I really wanted to die as I was so fed up with life and depressed, I didn't care what happened to me. I ran away yet again, and was determined never to return home. I just walked the streets wishing I was dead.

The final straw was when a man attacked and tried to assault me sexually but I managed to fight him off and get away. I'd had enough.

A Safe Place

But last year, when I came into care my life changed. I was put with a foster family, who I'm still with, and I'm very happy here. A home and a proper family, with love, care and happiness. A safe place where I am made to feel I belong. The feelings of being unwanted and dirty are disappearing, and the nightmares are going too. My foster dad is the first man I have been able to trust, although it was months before I'd let him cuddle me as I didn't know what proper love was. My foster parents love me and I love them too, although I sometimes find it hard to show it. They understand what I've been through, and how I feel; slowly I am rebuilding my life and can talk about my past to people I trust. They have made me see that life is worth living and stop me getting too depressed. Also, that I should not feel guilty and angry with myself, that it's not my fault and I shouldn't blame myself for what's happened. I'm fifteen now, and will stay with this family for years to come, as I don't ever want to return home. Being in care is the best thing that's happened to me.

Ethelbert Training Centre Students debrief after their practical assignments. Lyris Rielly reports ...

Three months' practice out in the child care field

"Exhausting", "eye-opening", "discouraging", "horizon widening". These were some of the adjectives students used to describe their practical work experience on return to the Ethelbert Training Centre after three months of field work training. It was with anxiety and trepidation, coupled with excitement and challenge, that the second-year students left the Training Centre in late June. They were to have a few days vacation and then move straight on to their first block placement. This was spent at a variety of day care facilities in and around the Durban area, ranging from infant care to after-school care.

The second and third blocks followed, both being residential field experiences at local children's homes, places of safety and special schools.

We were exceedingly fortunate to have been able to place students at a wide variety of centres and we enjoyed wonderful co-operation from all. The students certainly gained vast collective experience of care services. The aim was that students should get experience with different age groups and different care systems, as well as some cross-cultural exposure.

Our message to placement centres

As students had undergone an intensive and extensive training programme, with practical applications within almost every course offered, it was anticipated that they would be fairly competent in practice, although possibly not yet confident.

On approaching placement centres, we outlined the students' training and the experiences we sought for them. Our letter read: "We would like students to have opportunities to work directly with the children under the supervision of your staff. They need to get an idea of what child care worker responsibilities entail in practice, the workload and the day-to-day demands, so please don't spare them anything!"

We are most grateful to all these centres who received students and most particularly to those who allowed them exposure to "everything" in child care.

Student Experiences

The students, during supervision sessions and on returning to the Training Centre were abuzz with a whole host of unique events, ranging from some scary situations, for example, trying to integrate into a cottage occupied by what seemed like a

'teenage gang' who had successfully converted a previous staff member's career into a brief 'visit', through to sharing in the 'denitting process' of an entire home.

A student who was extremely anxious when told of her placement in a centre for physically handicapped children, bubbled over with joy and enthusiasm in recalling her work with them.

One student, herself a mother of young children, appealed throughout the course, "Please, no more nappies for me!" yet landed herself for a period during her placement in the infant unit of a day care centre. And it was from amid the nappies and the "bum job" bottom duties, that she reported enthusiastically her enjoyment and her own amazement at caring for young toddlers again.

As a first-ever group of student child care workers, they also had experiences of being 'tested' in their abilities by staff who 'set them up' — some realistically, others quite unrealistically — in efforts to have them "prove all this training stuff", which many felt was "quite unnecessary in this job anyway".

The students were thrilled at last to have a decent period of "real-life work" with children outside of the Training Centre with its role-plays and hypothetical situations. They found themselves working alongside care workers doing just what they were doing. Students who were given opportunities to work independently were particularly excited.

Over and above the day-to-day routines, they joined in activities with children, attended staff training and various meetings, presented a paper at a 'staff training meeting' (a gruelling assignment which went off generally well for all), occupied children being catheterized, assisted teachers in classrooms of handicapped children, ran groups with children and dealt with the many problems they present within care.

Although staff in care facilities were generally interested and supportive towards the students, there were also instances where staff appear to have felt ill at ease and somewhat threatened having to deal with students in their own field of work. In most instances, as students became more integrated, they were well accepted and the anxieties and discomforts dissipated.

Students also experienced some pressure relating to their youth in comparison to most care workers currently in the field.

Comments from staff ranged from, "You can join them (the children) — you're one of them anyway", to those who said, "You are so different even though you are almost as young as some of the children." Students reflected that younger child care workers in the field felt that they had to be the children's 'friend' in order to be accepted. Students, however, felt accepted without that, commenting that "this course has given us confidence so that we don't have to worry about what people think. We knew what was expected of us and felt confident in doing it."

In some instances, although students felt at ease amongst the group of children, management seemed to fear that they might not handle the situation and some care workers who left students, even briefly, on-line alone, were reprimanded for such.

However, by the end of their practicals, students felt that their age was no longer a factor, and colleagues had come to see beyond their youthfulness.

Students felt tested in their own values and attitudes as they worked cross-culturally with children and staff of different race groups. They felt unanimously that they were able to see beyond colour and individual differences and prejudices, to the children as children. Likewise with their fears and prejudices about working in specialist environments. Students went in feeling 'petrified' and came out totally comfortable, some indeed with preferences to work with special-needs children. Students are of the opinion that they have had a real taste of what child care is all about. As one student described: "At times this has been like walking upstream".

It has nevertheless helped them decide if residential care is what they want to do. Their first-hand exposure to the many and varied systems of care and services has opened up many real options.

Observations and comments

In some organisations social workers valued the students and treated them as "equals". In others, social workers were seen to be largely "uninvolved and up there", in relation to the child care workers, with little, if any time spent in the life space of the children and care staff. Management were generally experienced as open-minded, positive and appreciative of the importance of child care work and training. Yet in some centres there was an apparent marked "separateness" of management from the child care functions of the home. In one centre, students were both surprised and disappointed that "neither the Principal nor Social Worker even wanted to speak to us". In a number of the placements, principals and social workers had very limited or no contact with the students.

Child care workers were observed to be "so low in the hierarchy, as if they don't have the ability to take on the respon-

sibilities". Also, social work students were experienced as much more important than child care students.

On the other hand, all day care centres and most residential centres were experienced as very supportive, interested, friendly and willing to facilitate good opportunities and experiences. For most of the day care centres, student practical training was a first-time experience. Students were generally challenged by the development needed in field services. There seemed to be many gaps to fill, for example, in play and recreational activities and treatment opportunities for all children. Students were unanimous that their practical training had made them realise how important training really is in child care.

Students strive for more involvement

Students felt they could contribute significantly in group and individual therapies and looked for opportunities to work alongside other professionals. "We would go crazy just having to do the jobs currently carried out by many child care workers in practice", they said. Students would like to be able to take "more responsibility, more challenges, more involvement in caring, assessing, treating and supervising — more of that which makes child care the challenging, growth producing work that it is". Students also want the 'nitty gritty' child care, e.g. bathing and putting young children to bed, to be done personally, rather than having this done by a domestic worker.

What Care Workers say about Students

"The age of the students is not a disadvantage on the shift system, but certainly so in the 'parenting figure' role."
 "Younger people would have greater difficulty dealing with the restrictions of the job, e.g. restrictions on social life, lack of 'equate private space, little time off.'
 "Students were very suitable, capable and able to do well as members of the multi-disciplinary team — training knowledge and implementation is very good".
 "They will be a fantastic benefit to existing child care workers".
 "They are of high quality in work and abilities".
 "Surprised at the calibre of trainees at their young ages."
 "... impressed by their professionalism."
 "... if they are able to maintain their good and enthusiastic attitude to the work, they will undoubtedly be excellent care workers."
 "What a huge difference between last year's trainees and those at this stage of training."
 "There is much positive to be said about our first student experience, but more practical experience would be useful."
 "Suggestion that students be placed in a children's home before even starting the course — the student showed signs of stress on placement through illness".

"As you can see we were very happy with this student — she went the extra mile, had excellent initiative, established rapport easily ... and was very responsible indeed."

"... she fitted well into our organisation, was keen to learn, competent in executing duties and able to cope independently with the group."

"... she has been with us for seven weeks now and has been a very successful student indeed ... Thanks for sending us such excellent material."

"She has the personality and the strength to work in residential care ..."

"... has difficulty relating to the very young children — would do well with older children."

"... a confident, very professional, competent and caring person".

"... strong-willed within the team-situation, excellent in story-telling and dramatisation; thorough, constructive and good at counselling."

"When one takes into account that she is still a student and not a trained psychologist, she has done very well in establishing a thorough understanding of the child."

"... mature, responsible, with an excellent attitude to child care".

It was clear from evaluations and contact with care organisations that all felt very happy with their practical students and negative comments were very few.

Valuable suggestions for supplementary training were offered by some. All organisations expressed a keen interest to employ trained staff. Some, however, felt the financial outlay of such would be prohibitive.

Conclusion

The second year students are 'rearing to go' — enthusiastic, committed and confident in their choice of career. It seems they have been well received in the field and have enjoyed essential and valuable input throughout their placements. Terminating and saying goodbye to staff and children took place amid lots of tears, letters and cards. Ethelbert Training Centre wishes to extend its thanks to all those organisations who received students, for all their input into this training time. We are deeply indebted to each of you. To the field of child care — there are some challenges! To our students our very best wishes for the exams and your futures in child care!

Child care organisations wishing to employ trained care workers, or wanting to receive students for practice training next year, please contact The Training Centre (Lyris Rielly) on phone 031-44-6555, or write to P.O. Box 28119, Malvern 4051.

Likewise persons applying to do this Residential Child Care course. Four vacancies remain for students for next year, when we link with Technikon RSA.

LETTERS

'Orphans' for Christmas

Dear Sir

We can no doubt expect telephone calls shortly regarding donations for, visitations to, parties for and taking children out of 'orphanages'. Christmas time is traditionally a time when such institutions are thought of.

The word 'orphanage' conjures up many and varied connotations in people's minds. It would be wonderful if we, as staff, could make a point to explain to the general public that we are, instead, running 'childrens homes'. Take time to inform and enlighten visitors about our organisations so that the outdated word 'orphanage' is replaced in their vocabulary by the word 'childrens home'.

The children, in addition, much prefer the term and are very embarrassed lest people think they are 'orphans' in an 'orphanage'. Let us strive to inform and educate the man-in-the-street, encourage them to use the correct terminology, and hopefully they will feel more positive towards childrens homes, will make donations, and be involved more during the year — and not only at Christmas time.

M M F Davison, Mrs
Social Worker

34 Bell Road
 Kenilworth, Cape 7700

PEACE

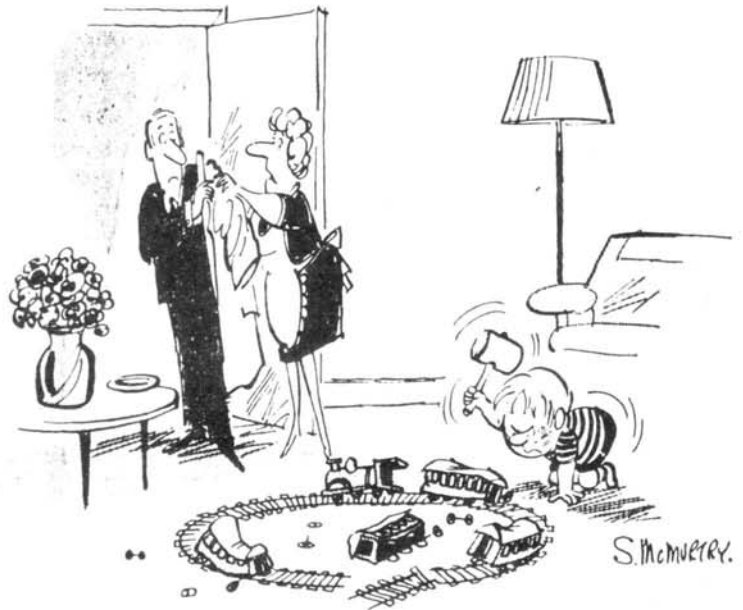
The National Executive Committee, the Director and Staff of the NACCW, together with the Editorial Board of The Child Care Worker, wish all our Readers a restful break over the coming holiday period, and a healthy and a peaceful New Year

Time for a Laugh!

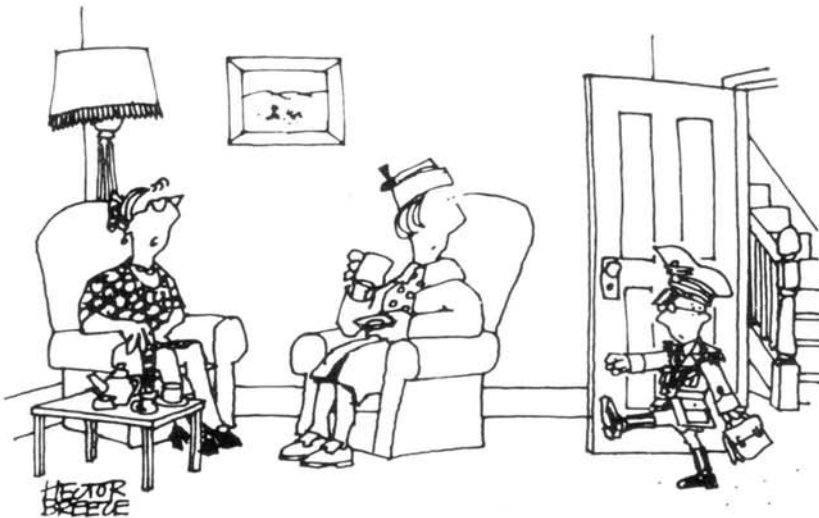
With acknowledgements to 'PUNCH'



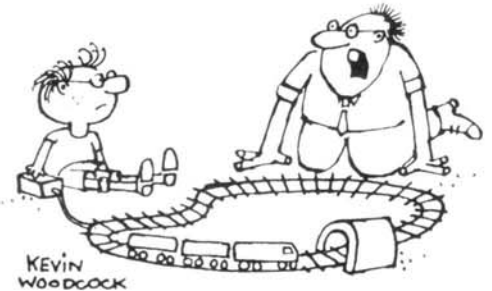
"Oh, Let him smash his guitar! It makes him feel grown up and professional!"



"Form 1B lost six-nil to Form 2A ..."



"We were relieved to find a school that wasn't soft on uniforms."



"Well, if they don't go 'chuff-chuff' any more, how do they go?"



"As a child psychologist of twenty years' experience, my considered opinion is that two rounds with Mike Tyson would do him a world of good."



"Can't you toss a coin or something? One of you has got to have custody of him."

GLUE SNIFFING: A COMMUNITY PROBLEM

P. Jansen, L.M. Richter, R.D. Griesel
Institute for Behavioural Sciences, University of South Africa, Pretoria

ABSTRACT

In this short review article the practice of glue sniffing is examined. In South Africa this activity has been frequently observed among a group of individuals collectively known as "street children". The authors discuss this behaviour, referring to epidemics of glue sniffing in the United States and the United Kingdom and current research into this practice carried out here in South Africa. It is suggested that glue sniffing should not be regarded as a passing fad as it could be the beginning of a lifetime of chemical dependency.

Definition

Glue sniffing is the general term given to the deliberate inhalant abuse of volatile substances such as toluene, n-Hexane or xylene. These substances are used in the manufacture of glues, plastic cements, paint thinners and adhesives. They are deliberately inhaled for the intoxicating effect of their vapours. Solvents are the most readily available and inexpensive of the intoxicants. Health professionals have noted with concern that many children turn to solvent abuse (Moosa & Loering, 1981) and investigations into the symptoms and possible medical effects have been carried out (e.g. Watson, 1979).

In the late 1950s and early 1960s American psychological and health journals reported epidemics of glue sniffing across the United States, e.g. Barker & Adams (1962) and Sokol & Robinson. Many of the studies showed that individuals from poor communities were more likely to be involved although some later studies reported on solvent abusing activities among youngsters from middle and upper class backgrounds (Gellman, 1968; Watson, 1986).

Solvent abuse among indigenous populations, such as Canadian Indians, has been reported by Barnes (1979), who suggested that prevalence is highest in groups undergoing cultural change. However, De Miranda (1987) points out that solvent abuse is more likely to occur in severely deprived Third World communities, urban or rural, where extreme poverty exists. This view is supported by Laloo, Cosnet & Moosa's (1981) findings which have shown that solvent abuse was a major health problem among boys and to a lesser extent girls, in both urban and

rural areas in Natal and KwaZulu. The purpose of this paper is to make known to social workers and health professionals, especially those involved in community health, some facts regarding the general but particularly the local practice of glue sniffing which came to light during research activities with a group of street children carried out at the Institute for Behavioural Sciences at the University of South Africa. In the following discussion, questions regarding the practice, the participants and the effects of sniffing glue are looked at.

Who are the Sniffers?

Glue sniffers are usually male and aged between 8 and 18 years of age (David, 1965). Although it has been reported that glue sniffers come from poor, middle and high income backgrounds (Watson, 1986), it has been found that factors such as extreme poverty and disorganised family environments, specifically single-parent families, play a significant role in determining whether a youngster will turn to solvent abuse (Baker & Adams, 1965). Here in South Africa glue sniffing activities have been frequently reported among "street children" (Roux, 1988). The term "street children" is applied to children and adolescents, mainly black, who live on the streets of the major cities in South Africa. Some of these youngsters are homeless or abandoned; others have run away from impoverished environments. The majority of street children seek some form of financial self support through begging, parking trollies at supermarkets, selling newspapers, acting as unofficial parking attendants, or even by prostitution (Jansen, Richter, Griesel & Joubert, 1990). In a psychological study of 97 Johannesburg street boys (Richter 1989), 22 were identified as habitual sniffers. A habitual sniffer is defined as an individual who frequently abuses solvents for a period of more than three months (Masterton, 1979). However, solvent abuse seems to occur among local children from all racial backgrounds (Roux, 1988). Even black primary school pupils, not street children, have been observed sniffing glue during school hours (M. Motaung, Personal communication, 1989). This is probably one of the most disturbing aspects of volatile substance abuse. The average age given for sniffers is about 13 years although

much younger children are known to be involved (Roux, 1988) and the long-term effect on growing tissue is as yet not fully known (Cohen, 1977).

What are the Motives for Sniffing?

According to Masterton (1979) several motives have been advanced for this particular form of solvent abuse. One reason given is that the practice of volatile solvent abuse is carried out for experimental purposes and as part of peer group activities. Watson (1986) suggests that peer pressure and the vulnerability of the individual together determine the extent to which a child will become involved in the practice of solvent abuse. The greater the feelings of insecurity of the individual, the more likely he will rely on the support of the peer group and be willing to participate in their practices (Watson, 1986). Another reason for indulging insolvent abuse may be that it offers a form of escape from reality. Berry, Heaton and Kirby (1977) have suggested that for some individuals the sniffing of solvents represents a relatively cheap way of relieving the tension of their lives. As far as the street children are concerned this last reason may be the most likely one as several boys, during interviews, reported that glue sniffing relieved the hunger and the cold. It would thus seem that glue sniffing is carried on by these kids as a means of escaping the privations of everyday life on the street and not simply "for kicks". Some support for this view may be seen from the fact that with the establishment of shelters for street children, glue sniffing activities among the boys decreased and shelter staff noted that some of the boys suffered "withdrawal symptoms".

The Practice of Glue Sniffing

A variety of solvents have reportedly been abused including nail polish remover, marking pencils and aerosol products (Watson, 1986). During individual interviews with the street children it was found that the most popular substance used was shoe glue. This material contains the substance n-Hexane. However, the choice of solvent appears to vary from province to province, with street children in Cape Town choosing thinners (A. Cockburn, Personal Communication, 1989) and solvent abusers in Natal preferring benzine, a gasoline ether also containing n-Hexane (Laloo, Cosnet & Moosa, 1981). There is no doubt that availability and price are important factors when buying these products, however, the apparent ease with which the street children were able to obtain glue gives rise for concern. Watson (1986) reports that many administration techniques, ranging from crude to sophisticated, are used in solvent abuse. Among the street children the most popular method of administration is inhalation. The substance is put into a plastic juice bottle or an empty milk carton which is placed over the nose and mouth



and inhaled deeply or "huffed". Benzene users prefer to use a cloth on which the substance is placed and this is held over the nose and mouth and inhaled (Laloo, Cosnet & Moosa, 1981). The vapours from the substance are drawn into the lungs resulting in rapid absorption. The effect is said to be as fast as an intravenous injection (Watson, 1986). The use of aerosol cans has also been reported (Roux, 1988), however this substance is usually sprayed directly into the nasal or oral passages, sometimes with fatal results (Watson, 1986). As a peer group practice the inhalation of solvents can become a ritual where containers of the substance are passed around and shared by each individual (O'Connor, 1986; Watson, 1986).

Frequency and Amount

The amount of solvent sniffed, the period of abuse and the frequency of the practice can indicate whether glue sniffing is a habit or an actual state of addiction (Connor, 1986). A habitual sniffer can become dependent on solvents in the same way that an individual comes to depend on cigarettes or alcohol (O'Connor, 1986). According to the information received from the street children, the dosage varied for the boys and ranged from one container (approximately 250ml) daily to one container per week. Some of the boys reported sniffing on-and-off throughout the day but the majority of the group reported intensification of sniffing activities at night before falling asleep. However, it is not possible to determine accurately what the daily dosage for each individual would be. Variables that affect the estimation of exposure include the duration and amount of solvent vapour inhaled at each sniffing session which can vary for each child.

The Effects

The effects of sniffing glue are rapid and within minutes of deliberate inhalation the individual becomes intoxicated (O'Connor 1986). The most immediate effect

reported by the street children was the feeling of drunkenness and dizziness. Some of the boys said that they had experienced additional effects such as hallucinations, heart palpitations, nausea and difficulty in walking. The residual effects, i.e. the effects that remained for some time after a sniffing episode, were sore eyes, insomnia, depression and anxiety (Jansen *et al.*, 1990)

Reports of Accidents and Incidents

According to reports (David, 1965) the effect of glue sniffing on functioning can range from feelings of euphoria to crazed behaviour and it is this latter aspect of solvent abuse that is probably the most dangerous. Sniffers tend to indulge in extreme anti-social or daring acts, such as jumping in front of moving cars, fighting or theft. Watson (1986) reported that impaired judgement and lack of muscle control and co-ordination resulting from a glue sniffing session caused a large number of accidents. Several of the street kids reported accidents while "high" on glue. One boy reported that he had been hit by a car while running away from a fight; another boy had fallen from a children's swing and sustained a serious injury to his neck.

Deaths

Deaths have been attributed directly and indirectly to solvent abuse (Anderson, McNair & Ramsay, 1985). Watson (1986) reported that in Britain 51% of deaths involving solvent abuse have been directly associated with toxicity. Indirect effects such as suffocation, obstruction of the air passage or inhalation of vomit constituted 21%, while injuries due to concomitant falls or car accidents made up 11%.

Permanent Damage?

Permanent damage to the central nervous system after habitual solvent abuse is difficult to substantiate (Watson, 1986) although Griesel, Jansen & Richter (1990) have shown that residual EEG disturbances were present in the 22 street children who were studied. Neurological examinations were also carried out on the 22 sniffers and two boys showed cerebellar signs—one with ataxic gait and the other with nystagmus (Jansen *et al.*, 1990). Grabski (1961) also reported a single case study of cerebellar degeneration in an individual with a history of chronic solvent abuse. Although evidence of impaired function was provided there was no conclusive evidence of structural brain damage. Other studies have provided evidence of liver and kidney dysfunction (Russ, Clarkson, Woodroff, Seymour & Cheng, 1981; O'Brien, Yeoman & Hobby, 1971) and coronary artery spasm (Cunningham, Dalzell, McGirr & Khan, 1987). In a descriptive study of the 22 street boys, Jansen *et al.* (1990) reported the presence of neuropsychological deficits such as visual scanning difficulties and

memory problems. However, when matched with peers from their own reference group (street children who were not glue sniffers) no significant cognitive differences could be found (Jansen, Richter & Griesel, 1990). Although no intellectual differences between sniffers and non-sniffers were found, distinct behavioural differences were noted between the two groups. The glue sniffers were perceived as being a more disturbed group on the whole. Staff at the shelters for street children reported the glue sniffing group as having more interpersonal problems. They were also described as manifesting more anxiety and more psychosomatic symptoms. This perception of glue sniffers as a more disturbed group than their peers has been observed in other studies (Berry *et al.*, 1979; D'Almeda, Plumb & Taintor, 1977). Whether habitual solvent abuse causes personality change or whether there is an exacerbation of antecedent personality problems is difficult to demonstrate.

Management of the problem

Management of solvent abusers in an acutely intoxicated state requires observation and prevention of self-inflicted injury. In Britain, solvent abusers are admitted to hospitals or centres where detoxification as well as counselling and rehabilitation programmes are carried out (O'Connor, 1986). However, the long term treatment is more challenging and difficult. Abstinence in a habitual solvent abuser may produce unpleasant side effects and the temptation to relapse is always present. In approaching this problem, basic changes in the environment of the youngsters involved in this practice must be examined. The majority of glue sniffers have poor academic profiles; steps to make school life more enriching and less intimidating could be taken. Community workers should be aware of the influence which may induce youngsters to try out activities such as glue sniffing. Ultimately, prevention is the ideal and in this respect De Miranda (Personal Communication, 1989) reported success in running centres for young children (potential glue sniffers) in Soweto. These children are encouraged and praised in their academic endeavours (homework supervision is carried out daily) thus giving each child a sense of self-achievement. O'Connor (1986) maintains that individuals who regard glue sniffing as a passing fad ignore the possibility that solvent abuse is an effective form of training for future chemical dependence to help them to avoid the realities of life. Some or even all of the chronic sniffers could develop an addiction to other drugs. Presently, glue sniffing is not a criminal offence and the substances involved appear to be freely available. Individuals, such as social workers, teachers and nurses who are in contact with children should be aware of the potential danger.

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Five Years Ago

For those who weren't around then, a look at our November 1986 issue

Die Redaksie het aandag gegee op 'n bydraer se vraag wat veral vandag weer gestel kan word: Bestaan daar 'n staatsbeleid oor kindersorg? In 1986 word dit so gesê: "Dit word voorgelê dat in hierdie tye van politiese verandering, wanneer ons dit die meeste benodig, daar nie so iets soos 'n nasionale program vir kinders bestaan nie." Ten spyte van die veelingeluide heengaan van apartheid, word nie-rasige kinderversorging nog steeds vertraag deur die bewering dat ons vir 'n nuwe grondwetlike bedeling sal moet wag. Dit bly nog waar dat "dit is moeilik om enige program vir kindersorg in Suid-Afrika op te merk in die legkaart van kindersorgbeleid en betrokke staatsdepartemente".

In his Middle Management Seminar paper on Child Care as a Multi-level and Multi-disciplinary Task, the Department of Health & Welfare's S.D. Theron pointed out that although the institution's Board of Management is the responsible body "they cannot be omnipresent, nor can it be expected of them to possess all the skills for residential child care." In dealing with the training function of middle management staff, he said, "there must be a system that provides care with a purpose in a controlled manner by dedicated workers". One result of poor staff design is institutional abuse, which can include "ontneming van geleentheid aan die kind deurdat die kinderhuis nie oor genoegsame personeel beskik nie. Dit gebeur dat die bestuur van 'n kinderhuis byvoorbeeld nalaat om opgeleide personeel aan te stel omdat die kind se belange ondergeskik gestel word aan geldelike oorwegings".

From the same seminar came a paper by Brian Gannon on Curriculum Building in Child Care. We are usually fairly well aware of what is wrong with a child, even of what we would like to happen with that child, but in our field "we have been very remiss about defining and setting up the practical situa-

tions in which the appropriate experience, learning, re-learning and therapeutic change can be effectively provided". When we ask *How do we do this?* there is much we can learn from formal education as to the way in which curricula are built. A three-stage exercise for recognising the value of, and identifying the gaps in, existing programmes is offered.

A short article on Dealing with Death was contributed by Peter Harper. "Children in care invariably have a range of losses to deal with. This process is made even more difficult by the death of a significant figure in their lives". The article takes a helpfully developmental view, from reminding that 'all gone' is often one of a child's earliest phrases, to warning against philosophical and 'fairy-tale' interpretations of death.

A third Middle Management Seminar paper, this one from Merle Allsopp on Programme Development and Management, completed the issue. She quotes Henry Maier's view of a programme as "the effort of guaranteeing the residents of a home a sound diet of everyday life experience which will hopefully enrich development". Allsopp goes on: "The word 'guaranteeing' here is important because for me this is the crux of programming — not leaving treatment to chance, not running a hit-and-miss business, but providing structures that give kids that life experience which they have so badly missed out on." In emphasising the purposeful use of activities, she makes the compelling point: The fact that a Home has a soccer team does not necessarily mean that it has a sports programme." The article ends with a useful step-by-step discussion of programme design.

Reprints of articles may be ordered. A nominal charge to cover xeroxing and mailing is made. An updated Bibliography of all NACCW articles and papers is available at R1.00.

Director / JCH

A caring person gifted with managerial, administrative and child care skills is sought as Director for this established and well-supported and effective children's home in Johannesburg. A relevant degree is required and duties will include important contact with

both the public and private sectors. Salary is negotiable. Telephone Joan Rubinstein on 011-648-1120

Johannesburg
Children's Home

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Larry Brendtro to run five one-day workshops in South Africa in January

Dr Larry Brendtro, formerly President of the famous Starr Commonwealth Schools and co-author with Trieschman and Whittaker of the seminal book on child care *The Other 23 Hours*, will be visiting South Africa towards the end of January 1992.

He and Dr Martin Brokenleg, social work professor and one-time chaplain of a correctional institution in the US, will be conducting one-day workshops in the Transvaal, Natal, the Western Cape, Port Elizabeth and Border.



The two are coming at their own request and expense, out of their deep interest in South African child care and their commitment to troubled youth.

Much of Larry Brendtro's work has been incorporated in the BQCC material. Other publications of his include *Positive Peer Culture* and *Re-Educating Troubled Youth*. He is presently Professor of Special Education at Augustana College in Sioux Falls. Dr Martin Brokenleg, a member of a Sioux Indian tribe, is a graduate of the Episcopal (Anglican) Divinity School, in Cambridge, Massachusetts, and is an experienced teacher, youth worker and counsellor.

New Child Care Act leads to increase in school drop outs

The Boys' Town Newsletter comments on the fact that the new Child Care Act now contains a provision whereby children in children's homes may leave when they turn 18.

Neither Boys' Town nor their parents can hold them back.

The unfortunate effect of this is that 18-year-olds are leaving months, or even weeks, before they're due to write their Matric examinations — which they then never complete. What a waste of an investment!

Whatever happened, the Newsletter asks, to the old-fashioned idea of keeping a child until

he completes his education, thus giving him a firm start to life? At Boys' Town, they continue, we are trying to combat the effects of the new law by restricting admissions to boys under the age of 16 years. This gives us two to three years to work with the child, and hopefully instil in him the desire to make something of himself and not to 'drop out' at the earliest possible moment.

"But we firmly believe the State needs to give back the discretion we previously enjoyed as to when a child is ready to leave the security of Home."

Children's homes in Britain given tighter regulations

New rules to prevent another scandal in which young people in children's homes were deprived of clothes, food, company and liberty were published in a government 'guidance' paper in the UK recently.

However, the Government confirmed that inspections of local authority homes would not be mandatory. Reports of the inspections, carried out by an "arms-length" unit of council staff, would not be published. In contrast, inspection of private homes is obligatory.

Virginia Bottomley, the health minister, indicated that the inspections procedure might in future be made obligatory and more independent, with outsiders being brought in to advise inspectors. The decision depended upon the current review of children's homes by Sir William Uttings, chief inspector of social services.

She said: "If we need to take further steps to ensure that local authorities are rigorously inspecting their homes, we will undoubtedly take them."

The revised guidance to the Children Act, which comes into effect in October, picks up many of the issues raised by the Levy report in May on the use of solitary confinement in four Staffordshire children's homes between 1983 and 1986. Professional groups yesterday warned that extra cash was needed to raise standards.

The guidance requires homes to keep detailed records of disciplinary measures and set up a complaints procedure for children including a public telephone in the home. Corporal punishment, restrictions on food and drink and depriving children of clothing and sleep are banned. There are detailed regulations about the quality of accommodation.

Staff in homes should be properly trained and supervised, although no details of appropriate levels are given. A daily log should be kept of all visitors to the home.

VAT and transport

When is a bus not a bus? When a Hi-Ace or Kombi type vehicle has sixteen seats or fewer, it is regarded by the Receiver of Revenue as a 'car' and children's homes may not claim back the VAT.

Some principals have already discovered to their cost that only vehicles with 17 or more seats are VAT-free, and suggest that all children's institutions write to the Commissioner for Inland Revenue to appeal against this status for smaller essential vehicles.

Children should be thoroughly prepared for leaving care.

Local authorities are reminded that the Children Act extends safeguards for the restriction of children's liberty to all children in residential care, or in nursing or mental nursing homes. But they do not apply to residential schools with more than 50 children.

Mrs Bottomley called the guidance a "landmark" in the regulation of children's homes. However, John Rea Price, director of the National Children's Bureau, criticised the tone: "There is a lot of guidance dictating what should not be done. Positive guidance is needed explaining how an untrained social worker, working alone, should deal with an adolescent who is out of hand and waving a broken bottle".

Child care worker status and training

Ian Sparks, director of the Children's Society, criticised the guidance for not tackling lack of resources. "Residential care should be the intensive care unit of social work ... yet it is staffed by workers who have the lowest status and the least training of all."

David Jones, general secretary, said: "There must be real doubts about the ability of staff to absorb this mountain of paper in time. Employers have an urgent duty to ensure induction, training and reading time."

Ian White, vice president of the Association of Directors of Social Services, said the guidance represented "a giant step forward" but added: "The aspirations of this report cannot be implemented unless there is a workforce to do it. There is a cash tag attached to this as well."

Report from Jack O'Sullivan, social services correspondent, *The Independent*. Reference: The Children Act (U.K.) of 1989, Guidance and Regulation, Vol.4, Residential Care, Her Majesty's Stationery Office.