

The **child care worker**



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Cover Picture: A Yoruba tribesman in Western Nigeria holds his child. Photo: Edouard Boubat

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Child Care Workers
NACCW

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Recognition: A role for child care workers in the juvenile justice system

There is a charming story told of Sigmund Freud. As a neurologist, he risked the ragging (as much as the outright hostility) of medical colleagues as he explored his new-fangled ideas of id, ego and super-ego, psychic determinism, eros and thanatos, etc. There were few who understood his new insights and methods, and even fewer who supported him. One day he received a letter from the Receiver of Revenue. "We have noted your frequent speeches and lecture tours on the subject of psycho-analysis, and we await the return reflecting all of the income derived from these, so that we can assess your income tax." Far from being put out by the letter, Sigmund turned to his wife and exclaimed: "At last, at last! Official recognition of my work!"

The child care profession received notable recognition during this last month when a notice in the Government Gazette was published determining "persons or categories or classes of persons who are competent to be appointed as intermediaries" in terms of section 170A(4)(a) of the Criminal

Procedure Act. The introduction of intermediaries within the juvenile justice system is an important advance. Too many youngsters who appear in court are at an unfair disadvantage before the



law. The majority appear without legal representation, and it is easy for first offenders on minor charges to find themselves hooked into a long-term engagement with the bureaucratic legal and penal system. Many struggle to express themselves, especially when there is a significant cultural or language gap between

them and the other officials (for example, the prosecutor and magistrate) of the court. The intermediary may be appointed to help the young person to articulate what he or she wants to say, or even to speak on his or her behalf where necessary.

The persons or categories of persons now determined competent to be appointed as intermediaries are: paediatricians, psychiatrists, family counsellors, child care workers, social workers, teachers (category C to G) and clinical, counselling and educational psychologists. The entry for child care workers reads: (d) Child care workers who have successfully completed a two-year course in child and youth care approved by the National Association of Child Care Workers and who have four years' experience in child care.

Recognition: Defining quality institutional practice

In July the NACCW adopted a new Constitution, and tucked away in this document is the new idea of 'accredited corporate membership' which is

open to organisations or institutions "which have been accredited by the Association in terms of agreed standards of practice". The setting and monitoring of standards will be yet another step for the child care profession in this country along its route towards service excellence and practice accountability.

What will constitute these agreed standards of practice? The Editor invites correspondence from interested parties, from both within and outside the child care profession, which will open this important discussion and start to put on the table the elements of quality child care practice. Our English colleague Masud Houghugh said that every institution was accountable for everything it does — not only to society, to the children and their families, and to officials of state departments — but to anyone who has a good reason to ask.

It is in our own interests to begin to establish the rules of the game. It will be in the interests of children and families when the first children's institutions can nail up a plaque on their wall which says 'Accredited Corporate NACCW Member'.

The PG Foundation has sponsored this journal in 1993. NACCW staff and members express their appreciation.



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The International Federation of Educative Communities



The International Association of Workers with Troubled Children

In recent issues we have published a lot of material on work with families undertaken by child care organisations. We talked with **Ernie Nightingale**, principal of Ethelbert Home in Durban, six years after he initiated a family-centred approach in his institution.



Update on the Ethelbert Family Programme

In 1986, Ethelbert Children's Home, Durban, embarked upon a new short-term treatment programme involving greater family participation in an attempt to shorten the period of time children spent in care, and to avoid the common 'splitting' which occurred between parents and child care staff.

In numerical terms, how has this programme worked? At that stage 28 children out of a total enrolment of 60 were considered to be in need of long-term residential care, in that they were from families which we did not think would be able to take back responsibility for their children's upbringing. The bal-

ance of 32 children were placed into the short-term category, those whom we felt could be returned to families within the maximum period of two years envisaged by the new Child Care Act. Today those numbers look very different. We now have only 8 children who fall into what we consider the long-term care group. Parental involvement, which includes providing materially and financially for their children, has increased to over 79%. We have found that parents are very willing to participate in their children's upbringing and to accept responsibility for them, when they realise that the programme is aimed not at taking their children

away and separating families, but at maintaining family ties and restoring broken relationships.

How have parents accepted their responsibility?

From day one we discuss discharge with the family. Parents can see that the admission has a purpose. Rather than just being a separation, it is part of a positive plan. They are helped to see the child care intervention as being a service *for them* and not for what they used to call 'the welfare'. We make it clear (and this is eventually part of a formal contract which we both sign) that we cannot in any sense become the children's parents. If they had entertained the idea that by coming to the children's home they could give up their responsibility for their children, they had come to the wrong place. By taking an objective and non-judgemental approach, we have been able to look at the family's problems together, and together we have thought out what might be done to help. In this way they have felt valued and not threatened by the Home, and they have bought into the plans we develop.

The concept of permanency planning itself gives hope. Parents and children no longer see that placement in a Home is 'forever'. It is only as long as it needs to be.

To what extent are parents involved, practically?

Firstly, they have to stay in touch. This can be difficult for them, since they are usually not well off, don't have transport, often have no telephone. But by keeping in touch, the children see the effort they are making. They also maintain a far more realistic picture of their parents — in place of the idealised pictures of parents of the old days.

The parents must have their children home as often as possible, if not for a full weekend then at least for a night. This way, the children's place in the family does not 'close up' due to their absence. Parents, with their children away, often moved to a smaller flat — and there they *couldn't* have their children back. The parents in this way have

to 'make a plan'. They have to prepare for what they will do together over the weekend. If things don't work well, then together we work out what went wrong, how it can be made to work better next time. This becomes our job as child care workers.

How is the parent contact managed?

The staff of the children's home will meet with the parents weekly, or when this is difficult for some reason, at least fortnightly. At these meetings we assess progress and we plan for the future. How did the weekend go? How can we avoid that problem next time?

We also bring the parents more into the care programme. If her daughter has to go to the hospital, we ask the mother to arrange this and go with her. It may mean extra transport expenses and having to take a morning off work, but this is part of being a mother, and the benefits in terms of parenting skills and mother-child relationships more than make up for the trouble taken. And of course, the whole idea of the child being in care is that when help is necessary, we can provide it — but only when necessary.

This all seems to place strong expectations on the parents?

A really important part has been to involve parents materially and financially. In the old days I think children's homes were often resented because we were seen to have far greater resources than the parents. Our message was often "You are no good at being a parent; we can do it better than you". Today we realise how this was very disempowering. When we express confidence in parents, we are saying that parenting is hard, and costly, but they can do it. The results prove it — to them and to us. We have agreed, for example, that pocket money, clothing, toiletries and things are 'parent things'. This has brought about further dramatic changes in the children. When these things were 'handed out' there was far less care with clothing and far more competitiveness and cry-

ing "unfair". Today, even though all parents cannot provide equally, the children accept what their parents can do and can't do. They are more able to say things like "My mother can't afford that" or "My dad says I should wait till next month for that". This feeds into a deeper understanding of their parents' financial position — and also of the value of money generally. Children are, generally, more responsible about caring for clothing and other items provided by their parents than previously when these were given by the Home. Because the children usually have to change schools, we have remained responsible for school uniforms.

What has this done to 'reconstruction services'?

It has given much more helpful and concrete meaning to the words. Of course, the programme cannot work without extensive social work services being rendered by the children's home. Nor can it work in cases where parents live too far away from the Home. The programme has brought into sharp relief the controversy as to who should be responsible for reconstruction services. It has long been our contention that this is a responsibility of the Home. The agencies generally feel that too much would be expected of them if this were left to them. Child care staff play their important part in the work with children and parents, but they are still not regarded as 'authorised officers' by the system, so the children's home provides increased social work staff — we have one social work post for each eighteen children at the moment.

Agency social workers are often surprised at the progress which can be made, often with resistant and 'unpromising' families.

The child care workers must have had to make major adjustments?

This has not been easy. It is true that one of the rewards of child care work was being able to offer a home to kids in trouble, to play parental and maternal roles. The cottage system (which Ethelbert pio-

neered in this country) reinforced that role and encouraged those attachments even more. It seemed like a Catch-22 situation for them: be parents/don't be parents ...

But the child care workers have come now to see that their clients are *families*, not just children. They are realistic enough to see that the children are happier, more in touch with the reality of their families. They see that through the involvement of their parents, however humble may be that contribution in some cases, the children feel loved and not rejected by parents. And it is a far more real conception of love, not idealism and fantasy.

The parents trust the child care staff to help them with their children. This has rewards.

We often hear a child care worker being excited about a breakthrough made — not with a child, but with a mother, or expressing exasperation — again not with a child, but with a family. I think we are

getting to the stage where child care workers may begin to get career satisfaction from being child and family workers.

Attitudes have changed dramatically. I remember when parents who had been drinking were told "You may not come here like that". The problem lay buried in our anxiety, our judgement of the parent, our embarrassment for the child — and nobody got helped. Now we see it, and we help the child to see it, as part of the problems the family is working at. We find ourselves sharing with the children far more realistic and compassionate questions: "What can we do about that?"

How realistic is the legislation's 'maximum two years' in care?

I mentioned earlier that just the idea of permanency planning can give hope. The two-year period is also motivating, because there is an implied time-limit and urgency about what we are doing.

This urgency also helps the child care workers to see their task more clearly: they are less tempted to see their roles as parental, because the children move on, they move out of the programme and go back home.

So the two year period of the Child Care Act appears to be realistic. For example, we have about 50% of our children leaving each year. Some, often the older ones, may not go home within two years. Others may go home sooner than two years. But it is a far cry from the 'bad old days' when youngsters may have spent ten or more years in care.

The two years doesn't happen by itself. It's not enough simply to state a period. It takes a lot of legwork and commitment.

But so far both children and parents seem to be benefiting. And so is society: society is getting a more family-based service — with faster turnaround times. That's what they asked for.

Ethelbert Training Centre for Child Care Workers

The Ethelbert Training Centre for Child Care Workers opened in January 1990 with 17 first year students. By the end of the two-year course, these had dwindled to nine "surviving guinea pigs" — only to be put further to the test in this tough and demanding field of child-care work. However they are "still out there" practising in various child care centres, having weathered the occupational stresses, the burn-outs and the many other trials and tribulations of a job in child care. They have since been joined, earlier this year, by our second group of graduates.

Full-time training

The Training Centre is the only one of its kind in South Africa, providing full-time pre-employment education and training in the field of residential child care. The course is open to matriculated men and women interested in a career working directly with children.

The Centre was launched in response to years of complaint from child care organisations unable to secure trained staff.

Due to the demanding nature of residential work and the lack of pre-practice training, staff turnover in this field has tended to be particularly high. The average length of service

is less than three years.

Against this, children in care, already plagued by conflict and uncertainty in their lives, need stability, security and specialized care.

Our training course attempts to provide a comprehensive theoretical, practical and experiential training across a wide variety of specialized courses. These attempt to cater for the the whole range of child and staff needs in care and treatment centres.

Working with all children

Although the course is primarily directed at residential care,

many children living in their own homes, attending ordinary schools or day care facilities, are seriously troubled and affected by home and parental problems. Child care professionals can also contribute to their growth and development, emotional well-being and their ability to deal with and overcome their personal problems.

Subject matter

The following is an outline of our course material:

- Self-awareness and Personal Growth I and II
- First Aid and Home Nursing
- Human Development I and II
- Human Problems I and II
- The family in the Care System
- Communities and Institutions
- Child Care Skills and Methods
- Direct Care Practitioner I and II
- S.A. Welfare Policy and Resource Structures
- Communication and Counselling I and II
- Nutrition and Institutional Catering
- Activity Techniques I and II



A raging gas fire which required the use of a fire hose to cool and shield the firefighters to allow them to get close enough to turn off the gas valve — on the base of the fire screen!

- Cultural Awareness and Cross-cultural Practice
- Day Care Behaviour Management
- Assessment and Treatment
- Protective Skills Training
- General Education
- Organisational Management and Control
- Practical Training I and II

Ethelbert's second graduate class entered the practice field at the beginning of this

year, and the third class are currently doing their three-months' practical training at various centres around the country. These have been exciting experiences and placements have included paediatric hospital settings; street children facilities; day care centres; special schools for deaf children, epileptic and learning disabled children; children's homes, etc. Students have had valuable

opportunities to work with HIV and terminally ill children, Down's Syndrome and cerebral palsied children, behaviourally difficult children, etc. We are most appreciative of practical work opportunities and want to thank organisations who have received students and contributed so much to their training.

Short courses

Each year, whilst the second years are on practicals, the Training Centre offers a variety of short courses for parents, teachers and personnel of day and residential care centres. The courses will be held during September this year and eleven different courses are on offer (see box).

Fire Management Training

All students on the Ethelbert Residential Child Care course are required to undergo a fire and safety course as part of their training.

This course which is administered and financed by one of their sponsors, a large local fuel company, is an invaluable part of the knowledge and

skill development the Training Centre views as a necessary part of personnel competence in working with children. The course deals with fire origin, maintenance factors, fire control and extinction. It also examines safety in the home and a variety of hazardous circumstances that daily endanger the lives of children in their homes. Such accidents are avoidable and usually happen as a result of ignorance on the part of the caring adults or unsupervised children. When fires do occur swift, informed action is needed to save lives and prevent a worsening situation. Students are therefore also taught how to approach a blaze, to cool and contain a fire, as well as extinguish it when possible. They were fortunate to practise the use of a variety of extinguishers in an "out of crisis" situation. Students are now by no means "professional fire fighters", but are equipped with more knowledge and skill to intervene and possibly contain a situation until emergency services arrive.

Courses Offered	Sessions	Days and dates	Cost
Occupational Stress and and Burn-out	2	Monday September 6 & 13	R 60.00
Management of Children's Behaviour	4	Tuesday September 7, 14, 21 & 28	R120.00
The Importance of Early Childhood Development and Stimulation	2	Wednesday September 8 & 15	R 60.00
Self-awareness and Personal Development of Child Care Personnel as Crucial Resources for Working with Children	2	Thursday September 9 & 16	R 60.00
Conflict Resolution	1	Friday September 10	R 30.00
Time Management — How to Survive a Heavily demanding job/lifestyle	1	Wednesday September 29	R 30.00
Supervision of Child Care Personnel — an Essential Ingredient for Effective and Satisfying Practice and Services	2	Monday September 20 & 27	R 60.00
Play Activities and Games as a Valuable form of Therapeutic Intervention and Growth	1	Wednesday September 22	R 30.00
Development of a Positive Self-Image in Children —an Essential Therapeutic task of all Child Care Workers and other Professionals	2	Thursday September 23 & 30	R 60.00
Effective Decision-making	1	Friday September 17	R 30.00
Teamwork — benefits and difficulties in Child Care Practice and Strategies for Improved Functioning	1	Friday September 24	R 30.00

For further enquiries/details on either our short courses or full time training, please contact Mrs Reilly on Durban (031) 44-6555 or write to the Training Director, Ethelbert Training Centre, P.O. Box 28119, Malvern, 4055.

Chinese educators urge vocational training to make schools relevant

One Chinese farmer refuses to prune his apple trees, fearing that clipping off the branches will prevent apples from growing. Another rejects chemical fertilizers as useless after failing to apply them properly. Peasant women in one village typically eat 50 eggs daily for a month after giving birth, believing the diet will rebuild their health. Despite the rich practical knowledge of China's 860 million peasants, vast areas of ignorance remain, not only in traditional subjects like mathematics and language, but in skills that directly affect their livelihoods. Educating China's rural population is vital to the country's modernization, and especially to breaking poor areas out of the vicious cycle of ignorance and want, Chinese educators say. Yet with limited finances available, China is being forced to rethink its approach to rural education. Of China's more than 180 million illiterates, 92 percent live in rural areas. One third of the rural population above the age of 12 cannot read or write. These farmers must sign their names with thumbprints and pay village scribes to fill out forms and write letters for them. In October 1989, concerns over a persistent student drop-out rate prompted China to launch "Project Hope", the country's first fund aimed at ensuring that youths in poverty-stricken areas can attend school. The fund, run by the Beijing-based China Youth Develop-

ment Foundation, offers students in poor areas the financial assistance they need to remain in school. It also builds schools in impoverished villages and offers scholarships to outstanding students.

Since its founding, the fund has received domestic and overseas donations worth more than \$2.2 million. The aid has helped 30,000 rural youths return to the classroom, and build seventeen "Hope" schools. Project Hope officials say the donations are vital since the government cannot afford to increase its spending on education. At present, China's annual education spending is about \$10 *per capita*, one of the lowest levels in the world, they say. Nevertheless, project officials concede that with available funds, they can expect to help only about one percent of rural drop-outs

each year. Many Chinese officials and educators believe that to solve the problem of education in China's countryside, the government must make the schooling relevant. Rural children have been offered the same courses taught to their city peers, classes that are geared to enable rural students to leave their villages for towns and cities rather than teaching them how to be better farmers. In fact, the system only succeeds in producing a few exceptional students each year who pass university entrance exams. The rest, more than 95 percent, return home with little knowledge of farming or practical skills. For this reason, many Chinese peasants do not support schooling for their children, even if they can afford the tuition.

"There is a saying among farmers: "Most junior high

graduates who fail college entrance exams are too weak to work on the farm", a recent article in the official *People's Daily* newspaper said. In the past five years, however, the government has begun a nationwide experiment to emphasize vocational courses in rural schools. The experiments in Hunan, Hebei, and other agricultural provinces are the beginning of "a quiet revolution" in the rural educational system, says Teng Chun at the Central Institute of Education Research in Beijing. The vocational courses cover scientific farming methods such as how to use high-yield seeds, fertilizers, and plastic sheeting to increase grain output. They also train rural youths weaving, carpentry, preventive medicine, and marketing.

— Ann Scott Tyson, CSM

CHILD CARE ADMINISTRATION

Are those company spirited values as appreciated by the boss as we think?

Play to the expectations of the Organisation

Over the past several years, management books have sung the praises of those individuals who are creative, self-starting and progressive. We have learned to strive to achieve these qualities because we know they will benefit our organizations. Right? Well, maybe not. Sometimes common wisdom is unwise. Imposing your personal value system on a company may not be as appreciated as you would have hoped. In fact it may backfire. For example:

Creativity

In entrepreneurial firms where brain-storming happens daily, creativity is prized. In most firms, however, the opposite is true. The company "genius" is

often the company groan. Compliance with policy and procedure may be the more valued quality. Ingenuity would be better appreciated if shown in the way you implement ideas you get from above.

Initiative

Seizing the reins in a crisis may not always win a pat on the back from the boss. In many organizations, in formation is to be relayed upward, where those in charge will call the shots. Observe the norms of your organization and comply.

Quality

The top priority of most organizations? In an ideal world, yes. But in reality, most companies have to balance quality against costs. Spending too much time or money in pursuit of perfection can drain the organization unnecessarily. Observe and do what is really expected of you.

People Orientation

Not every organization has the time or resources to develop every employee to his or her maximum potential. If your company's leaders maintain this outlook, follow suit. But leave it to them to



set the tone. Go out on a limb for an exceptional worker, but don't become a one-man philanthropy. It wouldn't help your workers anyway, because you'd eventually get fired.

Teams

Many organizations enjoy success without ever having developed a single quality circle. Unless you have compelling reasons to do so, don't reorganize your department into teams unless this is a company norm. Before you jump in to save the organization, make sure the organization thinks it needs to be saved. Understand what the expectations are, and what you are there to do.

Thomas Weyr (Ed.) 1992. "Do Less and Thrive." *Executive Strategies*. From *The Child and Youth Care Administrator*, Nova University, USA

This is the second in a two-part series in which **Paraskevi Stavrou** of the Centre for the Study of Violence and Reconciliation at the University of the Witwatersrand has examined the terrible price many children are paying in this time of social and political turmoil

Psychological effects of Criminal and Political Violence on Children

3. THE EROSION OF PROTECTIVE FACTORS

In South Africa we find that the traditional mediating factors protecting children against the effects of violence and teaching them alternatives to aggressive attitudes and violent behaviour, have been eroded by the years of colonialism, apartheid, the civil war and other forms of oppression.

There are no safe environments left — fathers beat up mothers; the streets and schools are violent, figures of authority like teachers and respected businessmen are often involved in or encourage violent activity, like excessive corporal punishment at school and the buying of stolen goods.

Political organizations and the government condone the use of violence if it allows them to reach certain goals.

Families are stretched to the limit. They may not have the time or the energy to protect and comfort a child.

A physically ill or emotionally troubled child puts further strain on already traumatized family groups.

In situations of violence and danger, parents, without realizing it, often become distant from their children as they grieve for their own loss and cope with their own fear and anxiety. They become unable to fulfil the role of parent, let alone compensate for the loss of their child's feelings of security, and the possible loss of a brother or another parent — or the loss of their home.

Even the advantage of the great healing power of time has been eroded. In some instances, children are exposed to violent events on a daily basis and there is no time to recover and to learn alternatives

to violent behaviour. Children are often exposed to continuous trauma and have to be constantly on guard.

4. STRESS RESPONSES

Children in South African townships have the normal childhood worries of homework, money, separation from parents, friends.

However the township wars, the violence of the police, house raids and other forms of violence, such as extreme deprivation and poverty, override the ordinary worries of childhood.

The drawings of children living in Alexandra, for example, are full of guns, blood and police Casspirs. Some of the drawings also show a flower-filled village, possibly indicating a desire to escape the conditions in the township.

The most common responses to violent events are:

1. **Fear:** the most commonly expressed fears are of the security forces, of future attacks especially on the children's homes

2. **Emotional changes:** feelings of emotional numbing, powerlessness, of extreme vulnerability and lack of safety. Anxiety, restlessness and irritability. Having no interest in life, feeling guilt or bad to be alive. No energy and feeling tired all of the time. Changing quickly from one mood to another.

Younger children often act much younger than they are, by clinging to their mother all the time and beginning to wet their beds again, for example. Older children tend to get depressed and withdraw into themselves.

3. **Difficulties with sleeping and dreaming:** nightmares about attacks and fear of falling asleep.

4. Difficulties with thinking:

Constantly thinking about and re-experiencing the traumatic experience. Not being able to concentrate and to remember properly.

Children's thoughts are negative and they find it difficult to be creative.

5. **Social difficulties:** not wanting to be social with other children, being aggressive with others.

6. **Eating problems:** refusal to eat and loss of appetite.

7. **Somatic complaints:** mainly in the form of headaches and stomach aches.

These general stress responses may develop into more distinct emotional, behavioural and somatic clusters which indicate the existence of Post-Traumatic Stress Disorder (PTSD). The American Psychiatric Association's Diagnostic and Statistical Manual (DSM-3R, 1987) introduced a diagnostic term for the psychological damage following a traumatic event, namely PTSD. The table on the next page shows the criteria by which this diagnosis is made. These stress reactions may show themselves immediately or they may have a delayed onset, that is, show themselves some weeks, months or years after the experience. The symptoms may become cyclical — they can reappear and disappear at random. Without treatment, these reactions or symptoms may last for decades.

It is important to remember that people react and express themselves differently. The criteria given in Table 1 are mere guidelines to assist in identifying and treating post-traumatic reactions. Such reactions are normal reactions to abnormal events; they are not a sign of mental illness. PTSD should not necessarily be equated

with the severity of that person's disturbance or the textbook appearance of the symptoms. More general post-traumatic reactions which are not classifiable as PTSD can be as disturbing as those which are.

Children showing the following uncommon stress responses need to be referred for professional help immediately:

1. Seeing things.
2. Hearing voices.
3. Feeling depressed for a very long time.
4. Feeling afraid of unreal things.
5. Getting very over-active and excited.
6. Body injury or pain that is very bad or lasts a long time.
7. Getting involved in sexually abusive behaviour.
8. Drinking too much (alcoholism).

4.1 Developmentally age appropriate responses

Studies done on stress and on the psychology of children show that the child's developmental age is important in determining both their vulnerability to particular stressors and the way that they react.

0 — 5 years: The main developmental orientation of preschoolers is towards their families. Because they are so emotionally and physically dependent upon the adults who care for them, they can be expected to react most strongly to stressors which influence these adults and which can result in any alteration to the stability or functioning of the family.

So in political conflict, the type of event to which preschool children may be most vulnerable include the death, disappearance of detention of a parent.

Although these very young children have an in-built protection because of their limited capacity for understanding threat in abstract terms, they may pick up feelings of distress and anxiety from their parents and turn these into terrifying fantasies about their own injury and death.

Reactions to stress at this age include very disruptive behaviour, e.g. becoming very naughty and aggressive. Children can act much younger than their age (regression)

TABLE 1. CRITERIA FOR POST-TRAUMATIC STRESS DISORDER DIAGNOSIS

Firstly, the nature and the degree of trauma is defined

A. The person must have experienced 'an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g. serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community', or seeing another person who has recently been, or is being, seriously injured or killed as a result of an accident or physical violence'.

Three main groups of symptoms are described.

B. The person persistently re-experiences the traumatic event in at least one of the following ways:

1. Recurrent or intrusive distressing recollections of the event (in young children, repetitive play in which themes of the trauma are expressed)
2. Recurrent distressing dreams of the event
3. Sudden acting or feeling as if the traumatic event were recurring, including a sense of reliving the experience, illusions, hallucinations and dissociative (flashback) episodes, even those that occur upon waking or when intoxicated
4. Intense psychological distress at exposure to events that symbolise or resemble an aspect of the traumatic event, including anniversaries of the trauma.

C. The person persistently avoids stimuli associated with the trauma or has a 'numbing' of general responsiveness (not present before the trauma), as indicated by at least three of the following.

1. Efforts to avoid thoughts or feelings associated with the trauma
2. Efforts to avoid activities or situations that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma (psychological amnesia)
4. Markedly diminished interest in significant activities (in young children, loss of recently acquired developmental skills such as toilet training or language skills)
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (emotion), for example, inability to have loving feelings
7. Sense of a foreshortened future, for example, no expectation of a career, marriage, children or a long life.

D. The person has persistent symptoms of increased arousal (not present before the trauma) as indicated by at least two of the following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hyper-vigilance
5. Exaggerated startle response
6. Physiological reactivity on exposure to events that symbolise or resemble an aspect of the traumatic event, for example, a woman who was raped in an elevator breaks out in a sweat when entering any elevator.

by, for example, becoming very dependent and always clinging to their mothers, wetting their beds again and suffering fear of the dark.

6 — 11 years: Children in the middle phase of childhood have a better understanding of what it means to be threatened, both for themselves and for others, but are still not able to really make sense of the situation around them.

They are able to look beyond themselves and their family, into the broader society, but they are not yet independent enough to be able to change the things around them in order to make the situation safer and lessen their fears.

Thus they may experience anxieties related to the realistic threats of the loss of prized possessions, the loss of and the threats facing family and friends.

Because these children are

more socially oriented, the emotional problems they may have in reaction to stress are related to social relationships. They may withdraw from social interactions and isolate themselves from any social contact. Any deep fears and anxieties experienced at this age may result in more serious emotional disturbance, like depression, for example.

12 — 18 years: Adolescents have increasing needs for independence from their families and seek to rediscover their identities through their friendship groups. They are fully capable of understanding the meaning of both current and future threats and violent situations and are able to get involved in situations which are potentially violent. The new independence teenagers have in forming relationships with people other than family members means that they can

get involved in activities which may lead them into situations for which they are emotionally unprepared, like involvement in political activity which may result in court-cases and detention.

However as discussed earlier, involvement in such political activity gives a sense of meaning to threatening circumstances which may protect the teenagers against the effects of stress.

Stress reactions in teenagers take the form of depression, with isolation or social withdrawal.

Teenagers may also show anti-social behaviour. Children's development depends on their relations with the people to whom they are closest. The teacher has an important role in the life of a pupil. A school environment that gives affection and security, new experiences and responsibilities, and recognition

and praise, can contribute a great deal to the pupil's development.

4.2 Emotional and behavioural responses

1. Lack of ability to trust and to love. Violent acts directed against children send the message that people are not to be trusted because they may harm you in a very fundamental way. A child who has committed violence also believes this because if they can do this, so can anybody else. The implications of this are sad and politically very serious — a person who is unable to trust is generally unable to create lasting and respectful relationships. This is true, not only in terms of love relationships, but also in friendships, political alliances and working relationships.

2. Loss of self-esteem and feelings of personal power. Children report that the feelings of helplessness and inability to change the violent situation, makes some of them want to avoid all future situations which may result in conflict and possibly violence. The long-term effect of this may be that young people feel that they do not have much internal strength and the power to control their own lives, and so feel generally weakened in their ability to cope and succeed in the future.

3. Dehumanization and desensitization. As children are constantly exposed to violence and deteriorating social conditions, so they become emotionally insensitive or desensitized to acts of violence. Constantly seeing dead bodies on the TV and movie screens, and in our lives, results in children losing their fear of the results of violence and gradually losing their respect for the value of human life. This especially comes about in a social context where the value of certain people's lives is not respected by those in power — the lives of the "masses", whether these masses be poor or black.

4. The "culture of violence". Studies show that children learn to believe that aggressive attitudes and violent behaviour are normal and acceptable in an environment where violence is viewed as an acceptable way to get and



Children tend to adopt violent behaviour themselves when they have been exposed to many forms of violence over a period of time

maintain power and to solve problems. In fact it pays to adopt this attitude and this behaviour because the only people with power, the people who look good, have a good time and make a lot of money are just the sort who have a "bad attitude" — the gangsters, some of the whites, some of the rich businessmen and some of the politicians. Now this is not to say that children who see a lot of violence on TV and/or on their streets will automatically adopt violent behaviour themselves. There is an enormous difference between what we see around us, what we believe in and what behaviour we chose to adopt. Studies show that children tend to adopt violent behaviour themselves when they have been exposed to many forms of violence over a period of time. Especially when their parents have been inflicting violence on others, and especially when this occurs within the home.

5. Children becoming violent. Children are also perpetrators of violence. The young comrades of the political struggle and the housebreakers and car thieves of the criminal gangs, are both perpetrators and victims of violence. The in-

creased availability of firearms is helping make children the perpetrators of violent crimes at a much earlier age than before. A disturbing trend which is emerging in South Africa is that young boys are increasingly getting involved in sexual crimes, especially gang rapes. School teachers are spending increasing amounts of time attending to pupils' disruptive and inappropriate behaviour in the classroom and on the playgrounds. Aggressive behaviour in schools ranges from bullying to stabbings during gang fights, the intimidation of school teachers and different forms of sexual abuse.

6. Self-destructive behaviour. Childhood experiences of violence, abuse and neglect can also lead not only to outwardly directed aggressive behaviour, but also to self-destructive behaviour, for example, suicide, drug and alcohol abuse, promiscuity which may result in emotional and physical damage and depression and social withdrawal.

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NACCW

Trends in Residential Care in Finland

The increasing role of family-oriented work is emphasised by **Anne Hujala**, Senior Planning Officer in Finland's National Agency for Welfare and Health

During the 1980s, welfare services in Finland underwent considerable development. In this article I will concentrate only on a few essential questions concerning residential care, and in particular I wish to highlight family-based work, which has constituted a remarkable change in the orientation of residential settings. Ten years ago it was largely believed that the only task in residential settings was to look after the children, and that social work with parents was something to be carried out in welfare offices. At the beginning of the eighties, residential care workers became conscious of family-oriented work. As a result, the entire role of residential care started to change and residential care work became more rewarding.

During the same decade, child welfare institutions were largely decentralized. At the end of the 1970s, there were 187 child welfare establishments (including children's homes, homes for young people, and community homes), having more than 4,000 places. By the end of the 1980s, there were 181 child welfare institutions with approximately 2,800 places. Some institutions had been closed down and some new ones were set up, but statistics show that residential settings are now much smaller than they were ten years ago, averaging 15 to 16 places each. Most institutions are run by local authority social service departments.

Child welfare measures are provided for approximately 20,000 children, or for about 0.7 to 0.8% of all children under eighteen in Finland. Among them, about

7,000 children are in substitute care, this number evenly divided between residential and foster care. Residential care is often short-term and it is quite common that children placed in foster care had previously been in residential care.

A new child welfare law was passed in 1983, putting the best interest of the child at the forefront of child welfare. Today, the most common reasons for admissions to care are the personal and social difficulties of the parents, such as the use of intoxicants and psychological problems leading to the neglect of children. The most common factors in the child's behaviour resulting in placement are criminal offences and school-related problems.

Family-oriented work

Permanency planning became an important factor in child welfare work in the 1980s. One of the main points in the present Finnish child welfare legislation is the child's right to permanent adult relationships. That may mean that while in substitute care a child has constant contacts with its parents, or that a child has permanent substitute caretakers (in most of these cases these are foster parents). In this phase, families began to be seen also as a resource having an active role in the care and upbringing of a child placed in a residential setting.

In many children's and community homes a reference framework was that of the systemic approach, with the new idea of "networks" — meaning that children grow up as part of a family system in which all members interact, af-

fecting each other all the time. The family, in turn, is also in constant interaction with its surroundings.

To avoid parental feelings of guilt is a concern of residential care workers. Also, they try to create an atmosphere in which family members themselves, and not residential care workers, are the best experts in solving family problems, and should be left to making their own decisions. The role of residential workers is to help find constructive solutions and to support families in their decisions.

Essential changes in approach include a new view of causality, an understanding of the positive meaning of symptoms, and finding out the hierarchies and power relations inside a family and the mechanisms that sustain problems. As a result of these reconsiderations of residential work, new attitudes and working methods have also developed. For example, one basic starting point in family-oriented work is to define the background problems and to seek help together with the family. It is very important to take into consideration the aims of the family and, when starting to resolve problems, to discuss the family's own resources openly.

Treatment plan

According to Finnish child welfare law, social workers must prepare a care plan for every child who is a client of the child welfare services. When a child is in residential care this plan is complemented with a special treatment plan. A treatment plan is an essential paper in residential care, but its importance and potential have not yet been fully real-

ized in every residential care unit.

In family-oriented work, treatment aims concerning the whole family have been started, which means that residential care workers consciously try to influence the interaction between members of a family in care. In most cases, the client family also takes a concrete part in making and reviewing the treatment plan. There are differences of opinion among residential care workers

whether the client family can always be involved in its own treatment planning or whether it is preferable to discuss this on their own. A treatment plan helps residential care workers and client families to categorize problems, and to try to find new solutions in a consistent manner. In a treatment plan, problems might be defined differently by the client family, the youngster, and the residential care worker. But this awareness constitutes a good starting point for treatment. All treatment plans are individual and, of course, flexible. Depending on the situation and problems of the family, a constant attempt is made to broaden the scope and variety of treatment tools. There has also been discussion about the creation of tailor-made services.

Most residential care workers in Finland are quite well-educated and trained. More than half of them have a college education involving three to four years of studies after comprehensive or grammar school, or a university education. While changing care work methods towards family orientation, much additional education is needed in order to increase the professional awareness of child care workers. It has been found that the best way of organizing further education is to educate the entire staff team at the same time, allowing for supervised practice in between courses.

Admission to residential care

In connection with the new working methods, much effort has been made to bolster the image of residential settings, requiring a change in attitude of care workers and especially of clients — in putting

forward the idea that residential care is not 'the last resort'. Referrals to residential care are nowadays more and more planned. Of course, referrals to emergency care are exceptions. It is usual in some establishments for the client family to visit the residential setting before placement in order to become familiar with it. The first family meeting takes place during the visit. The family has a few days or even some weeks to think the matter over before placement occurs. In many cases, the client family (frequently the youngster) changes its mind, as placement can be voluntary. Some residential units have developed family-oriented work between residential and open care. This means, for example, that the welfare office social worker begins co-operating with a residential setting while planning the placement. The family meets residential care workers at family meetings which are sometimes combined with a child coming to the residential setting to do homework or to take part in leisure activities. This type of care work sometimes relieves the problematic situation and the family needs no further help or only slight help. Sometimes family-oriented work is to teach the meaning of parenthood and how to act as parents, especially in the case of babies and young children. This means for example that a parent - usually the mother - comes every day to the residential setting to take care of her child. Residential care workers counsel the mother and teach her to take responsibility for the child's care and upbringing. A starting point is in learning everyday activities. The mother eats with the child, puts it to bed for a sleep, joins in outdoor activities with it, bathes it, and accompanies the residential worker to a baby clinic. This type of work can also be carried out outside the residential setting, for example, at the child's own home. Almost always, residential settings need considerable repair or reconstruction before they are really suitable for family-oriented work. Parents need to know that in designing settings, thought has also

been given to their needs, by providing them with their own space. They are not guests visiting their children anymore - they are the child's mother and father.

Placement of entire families

During the last few years, a method called family rehabilitation has been developed, with the aim of providing intensive treatment to a whole family for a short period in a residential setting. The new 1983 child welfare legislation made this type of placement possible as a form of community care assistance. Last year a special residential setting for whole families was founded. Children without parents are not accepted - always only an entire family. Traditionally, when a child is taken away from the family the family is broken up. Now the idea is to keep the family seeking help together and to try to get the family into a rehabilitation programme at quite an early phase, before problems become very severe. A period of stay at this residential setting is between one and six months. It is as yet too early to report on the experiences of this setting. In this type of placement it is important to set a time limit for the length of stay in the residential setting. That is why accurate aims of the placement are important: is it more important to help the parents in creating a better relationship

between them and their children, or is a better purpose served by helping parents to solve their own problems or analyze their parental abilities? A more common practice is for a whole family to stay for a short period in the residential setting in which the child is placed for a longer time. Sometimes this rehabilitation period is a summer or a weekend camp offering leisure activities, family meetings and family group meetings.

New family-style settings

As mentioned above, there has been a great decentralization of child welfare institutions in Finland. We do not have large institutions with a great number of children anymore, and a home-like atmosphere is emphasized in residential settings. Also, foster care has a long tradition in Finnish child welfare. In recent years, a new way of organizing substitute care has also emerged. These new kinds of units are family-style settings similar to foster care, but the father and mother do not have any other job outside the home. In most cases both are professionals, with long experience of residential care work. In these units professional care work and a real family life are combined. Many of these units are situated in the countryside, allowing for many different leisure activities, including the care of animals.

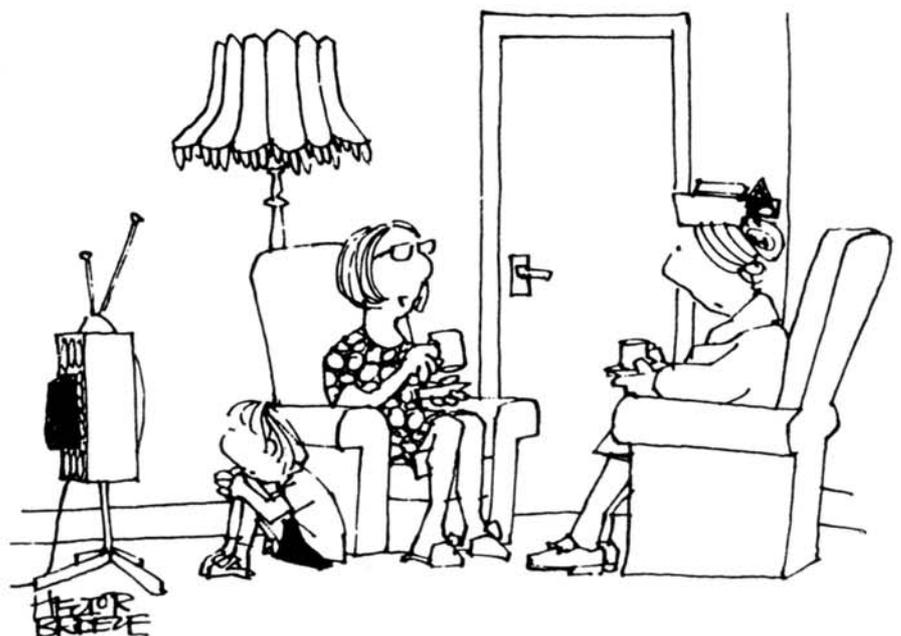
Sometimes this rehabilitation period is a summer or a weekend camp offering leisure activities, family meetings and family group meetings.

Children placed in these units mostly stay until age eighteen or above.

Conclusion

It has been proven that the family-oriented approach, with parents closely involved, makes it much easier to cope with the child in the different residential care situations. In family-oriented work, residential care workers appreciate the role of parents and make them responsible for their children. Residential care workers have started to co-operate with parents as equal partners and are changing their attitudes about clients. Indeed, this change is needed before changes in achievements become visible.

From: FICE-Bulletin, 6. 1992



"The Educational Psychologist says he has the viewing age of twelve."

As others see us : OT students **Catherine Aldridge** and **Meenakshe Ranchhod** chose the child care profession as the subject for their fourth year research assignment at UCT. Some extracts from their report ...

The Child Care Career: A Study by Occupational Therapists

There has been much literature published on the roles of the child care worker and the expectations they are required to fulfil.

However, little research has been done to evaluate the needs of the child care workers themselves. For this reason, this study attempts to analyse strengths and weaknesses of the child care career, and hence establish needs. A look at the literature will show what has defined their present and past roles.

Tasks and roles

Various roles of child care workers have been defined in studies done in South African children's homes. Hatchuel (1985) studied St. John's Hostel in Cape Town, Dipholo and Webster (1991) investigated staff tasks in Masikhule Children's Home in Cape Town and Pietermaritzburg Children's Homes. The specific tasks of child care workers are coupled with the deep respect and sincere, caring attitudes which they must have towards the children.

According to Dipholo and Webster (1991) and Hatchuel (1985), these roles include:

- To ensure that the children are physically well and that their physical growth is maintained.
- To encourage psycho-emotional development, by building up the children's personal identities. This would have to be achieved by listening actively and caring about the children's feelings.
- To provide opportunities for the children to develop socially. This includes understanding social responsibility, societal norms, and the development of life skills. Social development would also include the establishment and maintenance of relationships.
- To expose the child to a

spiritual environment.

- To ensure that educational opportunities are provided for the children, thus equipping them academically for the future.
- To expose the children to recreational and sporting activities.
- To help in the transition to adult life, and to provide opportunities for developing skills necessary for employment, marriage, social life, etc.
- To teach the children the value of personal goods as well as goods issued by the institution.

In a study by Small and Dodge (1988), more than 150 references were analysed which dealt with the roles, skills and job tasks of child care workers from 1930 to 1980. They found that many were of the opinion that it was neither necessary nor desirable for a child care worker to be a substitute parent (Kostick, 1953; Robinson 1949; Robinson and Dominiques, 1947).

Abusive work conditions

Robinson (1949) had said that child care workers were not parents or therapists, but they should only be involved in a practical, behavioural context, interpreting behaviour and giving feedback to children. Most people in children's homes now generally agree that child care workers have a much larger role to play in the parenting and therapeutic aspects of treatment.

One can agree with Makhan (1991) that child care workers have changed from being glorified, executive housekeepers, to having their main focus on the child. Makhan also described how child care workers are involved in the programming of cottage routines.

According to Preen (1991), many child care workers

leave after a short period of employment. It is felt that this is due to child care being a tiring and demanding job. The children are often abusive, salaries are poor, and often the child care worker is seen as having no status within the welfare team.

Other staff, due to the many demanding situations they have to deal with (including working with children who are rude, vulgar, rebellious, sulky, lie frequently, steal, cheat, truant and act out sexually) develop coping strategies which one should not be too hasty to condemn. According to Gannon (1990), reasons for any poor coping skills and problems in handling the children include fatigue, burn-out, time pressures, insufficient knowledge, impatience, idealism, the need to protect other children in the group, and lack of understanding regarding the concept of problem ownership.

Professionals?

Barnes (1991) says that child care workers are not viewed as professionals because they spend a large quantity of time with the children, whereas other team members spend only 'quality time' with the children. However, if one considers how the child care workers influence the children's futures, one wonders why they sit at the bottom of the hierarchy when it comes to decision making. Now that they can be registered as a professional group, they should be viewed as committed professionals helping to bring up a large part of the future generation (Manfredi, 1981; Hatchuel, 1991).

This study

The purpose of this study, then, is to analyse the position of child care workers, and establish what they feel their vocational needs to be. The

study does not include an evaluation of the many courses offered by the National Association of Child Care Workers (NACCW), but the findings of the study will be reported to them for their information for future planning. It is considered appropriate that occupational therapists should undertake this study for two reasons. Firstly, the improvement of child care work as a profession directly affects the treatment team in child welfare services. Secondly, there are OT posts in some children's institutions, and occupational therapists could learn from, and make a contribution to, child care in-service training in relation to interpersonal skills, stress management, assertiveness techniques, etc.

The aim of the study is to investigate the strengths and weaknesses of the child care career, to establish vocational needs, and to determine how care workers understand their role in the team. More specifically, the objectives are to:

- 1) Determine working hours and salaries, and workers' contentment with them.
- 2) Describe the satisfactions and dissatisfactions which a typical working day holds.
- 3) Determine what affects their relationships with the children and well as their discipline and management techniques.

- 4) Describe how the child care worker perceives his/her role and appreciation in the team.

Limitations

Limitations of the study include the following:

1. In the sample selected, an uneven distribution of socio-economic groups was obtained. The researchers studied homes in predominantly higher socio-economic areas, as the political situation at the time prevented them from visiting townships.
2. As the questionnaire was in English, two child care workers experienced language difficulties. They may therefore have misinterpreted the meaning of some questions, and were possibly limited in their responses.
- 3) In cases where the subjects gave irrelevant answers to the question being asked,

despite the question being asked again, the responses were ignored.

4) Due to limitations of time and other practical reasons, only child care workers on duty during the day were interviewed. This meant that night staff were not interviewed, and they might have had different opinions and different needs.

Methodology

The research project is a descriptive study. The study population was a sample of child care workers employed in the Cape Town area, during April 1993. The method of sampling used was that of stratified cluster sampling. Clusters were defined in terms of the different types of child welfare homes, i.e. children's homes, places of safety, and child care schools. However, it must be noted that the study does not attempt to make a comparison of the child care workers in the different types of child welfare homes.

A complete list of child welfare homes in the Cape Town area was obtained from the NACCW. From this, a sample of ten children's homes was obtained and a sample of the individual child care workers within each home was then selected, by interviewing child care workers on duty who were not too busy at the time. A sample size of 30 child care workers was selected.

The type of measurement instrument used was a structured interview with a questionnaire. This was designed by the researchers, who had gained insight from literature reviewed and discussion with professionals. Before commencing with the questionnaire, the child care workers were informed of the purpose of the study, and the benefits of their involvement in it. They were assured of confidentiality and anonymity, and were given an opportunity to ask any questions.

Interviews

The time for each interview varied from 25 to 55 minutes, depending on the responses. A pilot study was conducted at Tenterden Place of Safety before interviews for the main study were done. This was

carried out in order to check the methods e.g. the questionnaire and logistics.

The interviews were completed over a period of roughly five days, at ten different homes, namely:
Annie Starck Village
Bonnytown Place of Safety
Boy's Town, Kenilworth
Friedrich Schweizer Kinderheim
Heatherdale Children's Home
Khayamnandi Boys' Home
Marsh Memorial Homes
St Michael's Children's Home
St George's Children's Home
Teen Centre

Results

A number of items from the study have been selected for this report.

The sample included 25 child care workers working with various gender groupings from 2 to 20 years old, three relief workers and two senior child care workers. 23 were aged 20 to 39, 6 aged 40 to 49, and one aged 50 or over. 22 were resident while 8 lived out.

Expected Working Hours

Hours	Number
40-49	14
50-59	4
60-69	1
70-79	4
Over 80	7

Among reasons given for working more than expected hours were: volunteer, resident at institution, shift system, senior worker, emergencies, and children's needs. 53% were satisfied with their workday. According to the other 47% suggested improvements to the workday might include half-day work, set breaks, an eight-hour day, free evenings and flexi-time.

Monthly Salaries

Salary	Number
Less than R1000	17
R1000-R1500	11
R1500-R2000	1
Over R2000	1

17% reported salaries to be suitable in terms of training and responsibility; 83% found them unsuitable. Among the reasons given by the 17% who found salaries suitable, were: salary was not a consideration, single and have no

debts, am senior worker and earn a high salary. The 83% with unsuitable salaries gave a number of reasons:

Why salaries unsuitable

Reasons	Number
Hours too long	2
Have qualifications	5
Lifestyle disrupted	2
High stress levels	2
Responsibility great	5
Too few benefits	1
Element of danger	2
Financial struggle	4
Difficult children	1
Have much experience	3
Church organisation	3

A number of motivating and fulfilling aspects were given by interviewees:

What keeps you at your job?

Item	Number
Interest	4
Spiritual calling	3
Love for children	17
Appreciation	2
Shaping futures	14
Seeing growth	10
Teamwork	4
Financial need	3
Job satisfaction	2
Personal growth	1

Why do you like your work?

Item	Number
Learning from child	1
Response from child	6
Enjoyment	2
Personal sacrifice	4
Team communication	3
Growth of child	10
Challenging	5
Time off	2
Education of child	4
Problem-solving	1
Giving love	3

Frustrations and difficulties were experienced by 97% and 80% respectively. These are reflected below:

Frustrations

Item	Number
Salary	4
CCW undermined	5
Staff preferences	2
Domestic tasks	4
No thanks from managers	7
No treatment progress	2
Misbehaviour	4
No personal time	3
Lack of teamwork	6
Interference	4
Different opinions	4
No concern from managers	2
Mx theory not practised	4
Child not motivated	3

Difficulties

Item	Number
No time off	6
Low on clinical skills	1
Disagree with rules	2
Coping with stress	1
No appreciation	3
Control own anger	1
Handling misconduct	8
Role-modelling	1
Authority undermined	2
Rejection by child	4
CCW's too sensitive	3

13 of the child care workers had completed training course, and while 11 had not, six were at present completing coursework. The courses which had been completed were as follows:

Courses completed

Course	Number
BQCC	10
Nat Higher Certificate	2
National Certificate	1
PPA	1

90% of child care workers have had opportunities to learn about behaviour management techniques, whereas 10% have not. But all mentioned skills which they would still like to learn:

SKILLS STILL NEEDED

SKILL	NUMBER
Counselling	9
Handling physical abuse	1
Life skills	3
Suicide attempts	1
Educational skills	4
Handling gangs	2
First aid	1
Stress management	11
Handling groups	1
Behaviour problems	11
Substance abuse	3
Developmental delay	1
Sexual abuse	3
Third language	1
Team communication	2
Homosexual behaviour	2
Understanding child	5
Mental handicaps	1
Leisure activities	1
Creating stable home	3

A number of methods for setting limits were reported, including explaining acceptable and unacceptable behaviour and consequences, behaviour modification, providing structure, clear communication, providing choices, and appealing to logic. The following methods for handling problem behaviour were reported:

Handling Problem Behaviour

Method	Number
Provide choices	2
Ignore	3
Counselling	7
Police involvement	2
Discuss with team	17
Set limits	3
Sign contract	2
Withdraw privileges	4
Individual talks	10
Punishment	11
Education, lifeskills	2
Contain until calm	1
Objectivity	3
Prayer	1

The child care workers saw themselves fulfilling a number of distinct roles in the children's lives:

Child care worker roles

Role	Number
Educator	8
Spiritual leader	1
Role model	6
Caregiver	8
Limit setter	1
Development worker	3
Counsellor/therapist	19
Servant	2
Friend	10
Parent figure	21
Health professional	6

73% of the sample found meetings with the team to be helpful. Reasons given were: they afforded social support, provided learning and information and guided treatment planning.

Others found meetings unhelpful because of irrelevance to the child, time limitations, child care workers were ignored, conflict, nothing new, too general and no action followed.

87% felt that their work was acknowledged by the team, the following aspects standing out:

CCW contributions appreciated

Item	Number
Insight	2
Hard work	5
Openness	1
Monitoring	5
Communication and handling of situations	12
Cope under pressure	1
Enthusiasm	4
Education	2
Consistency	4
Daily involvement	11
Availability to team	5
Positive work	7
Face and solve problems	4

A number of associations between variables were studied, but the only significant association found was between time spent working at the present place of employment and acknowledgement shown by the team. This can be attributed to the fact that interpersonal relationships with staff improve with time, and quality of work improves with experience.

Discussion

According to the results, the majority of child care workers were expected to work 40-49 hours per week. However, many were also required to work over 80 hours per week, because they lived on the premises and were required to be on duty whenever needed. These long working hours could have resulted in poor coping skills due to fatigue and burnout. Child care workers who said they were satisfied with their workday also commented that they felt nothing could be done to change the structure of their workday. They had accepted that due to the nature of the work, they had to be on duty whenever called for.

The child care workers' dissatisfaction with their salary could be attributed to the fact that the majority of them earned less than R1000 per month. In the present economic climate, it is obviously difficult to make ends meet on such a low salary.

Two important roles of the child care worker are to encourage psycho-emotional and social development of the children, and these are matched by the love for the children and a desire to see the children grow and achieve goals which improve the outlook for their futures.

In the literature reviewed, it was seen that child care workers needed more status within the welfare team. This became obvious in the study as major frustrations included the facts that the team showed no appreciation towards them and that there was a lack of communication amongst members of the team. The major difficulty experienced by child care workers was handling behavioural problems.

Discipline and management

techniques are important skills needed to facilitate emotional development of the children. Although most child care workers had had opportunities to learn about various handling techniques, many felt that they still needed to acquire additional skills. This is especially due to the fact that they encounter children with a vast variety of behavioural problems. The skills predominantly needed were counselling skills, stress management and the handling of specific behavioural problems. Due to child care being such a tiring and demanding job, child care workers, as well as the children, would benefit from stress management training. Owing to the fact that the children have minimal or no contact with their parents, it is not difficult to understand why child care workers are involved in the parenting and therapeutic aspects of treatment.

Considering the recent political changes in South Africa, a knowledge of various languages and cultures is very

important. As the study was conducted in the Cape Town area, Afrikaans and Xhosa were found to be problem languages in cross-cultural work. Child care workers also mentioned that cultural habits differed, which affected their relationships and their management of the children. Meetings with the team are helpful, the main reasons being for social support, team advice and education, while working at the child's treatment programme. Now that child care workers are registered as a professional group, it is even more important that they are satisfied with their position and recognition within the team. Contrary to the researchers' expectations, the majority of the child care workers in the study felt that they were appreciated and acknowledged by the team. This is because members of the team increasingly realise that child care workers spend a greater quantity of time with the children than they do, and also that they are crucial in accomplishing team treatment goals.

NATIONAL ASSOCIATION OF CHILD CARE WORKERS

Research Manager

MAJOR TASK AREAS

Research Child and Youth Care Practice for course development and help care workers translate practice into theory • Co-ordinate and supervise formative research throughout NACCW regions • Establish, coordinate and maintain effective evaluation systems for courses and students • Assist with or coordinate research aspects of special projects where appropriate • Gather and publish data and statistics related to child and youth care issues and concerns • Coordinate and manage PROJECT CHANCE (orphans project) for a 5-year period • Course development and specialised training where appropriate.

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APPLICATIONS

Application forms available from Publications Office (011-788-3610) or the National Office (031-4631033). These should be returned to the Director, P O Box 28323, Malvern 4055. Closing date for applications: 30 September 1993

NACCW

Whoever you are, you have an invisible knapsack attached to your back. It has been part of you since your birth. Everything goes into your knapsack: impressions, sounds, words, songs, sensory images, people, places, things, dreams, fears, good times, bad times. You carry it with you everywhere you go and add to it all of your life. Your knapsack can never be detached from you. It provides you with a continuing source of material to tap when you want it, when you need it. Such writers as Hermann Hesse, Ray Bradbury, and Madeleine L'Engle strengthen the knapsack image.

Hesse's character Steppenwolf muses over his life:
... these pictures — there were hundreds of them, with names and without — all came back ... they were my life's possession and all its worth. Indestructible and abiding as the stars, these experiences though forgotten could never be erased. Their series was the story of my life, their starry light the undying value of my being ...

Ray Bradbury sees all human beings as —
... stuffing ourselves with sounds, sights, smells, tastes and textures of people, animals, landscapes, events, large and small. We stuff ourselves with those impressions and experiences and our reaction to them. Into our subconscious goes not only factual data but reactive data, our movement toward or away from the sensed events ... a fantastic storehouse, our complete being ... All that is original lies waiting for us to summon it forth ...

Madeleine L'Engle writes about herself (and all of us):
I am part of every place I have been: the path to the brook, New York streets, and my "short cut" through the Metropolitan Museum. All the places I have ever walked, talked, slept, have changed and formed me. I am part of all the people I have known ... I am still every age that I have been. Because I was once a child, I am always a child. Because I was once a searching adolescent, given to moods and ecstasies, these are

One of our favourite child care literary magpies is **Kathy Mitchell** who reads a lot and shares her reading with us — this month another extract from Mimi Brodsky Chenfeld's book *Teaching Language Arts Creatively*

A Knapsack on Your Back



still part of me, and always will be ...

If you look carefully, you will see the knapsacks on the backs of even the youngest children in school. The material in your knapsack and in those of your students is priceless. It is a resource that never runs out! Dip into your knapsack. Rummage through the layers of words and images that symbolize all your experiences and impressions. Reach for those items that have become important in your life. A common expression today is "get yourself together." We all must get in touch with our deepest feelings and concerns, our strengths and weaknesses, and cut through the layers of inhibition, programmed responses, and stereotyped answers.

Ask yourself questions, such as —
*What makes me laugh?
 What moves me?
 What hits me?
 What am I enthusiastic about?
 Curious about? Interested in?
 What kind of experiences evoke sensitive responses?
 When do I accomplish the most with the least feeling of effort?
 In what direction does my energy flow most easily?
 Where, in what I'm doing, do I experience myself as most alive?
 When does my life sing for me?
 What colour does air smell like?
 Do I know that when I breathe I feed the trees?
 In what areas do I feel most competent?
 In what areas do I get my best ideas?
 When do I get my best ideas?
 What things do I want to do, but never get around to doing?
 What is the most boring part of what I'm doing? the most exciting?
 Am I willing to experiment with new ideas at the risk of their failing?
 Does a door keep me in somewhere or out of somewhere?
 What do I value?
 What do I want to do?
 What am I doing?
 Who am I?*

"How are you this morning?"
 The eternal question ... "

These questions are pertinent to all members of the human family. The process of self-discovery is fascinating and often yields important revelations.

After provocative group discussions about ourselves and our lives, children respond enthusiastically to the assignment "What hits you?" "What do you care about?" "Who are you?"

What Hits Me
*Beautiful music hits me and excites me.
 The thought of suffering hits me and makes me fearful and afraid of it.
 A thought expressed in eloquent words thrills me.
 Injustice hits me and angers me.
 Man's cruelty to his fellow man hits me and infuriates me.*

*Poverty and ignorance hits me and saddens me.
 An honour given to someone I love hits me and makes me joyous.
 People indifferent to their surroundings and to events in their lives hit me and frustrate me.
 The poisoning of the minds of the younger generation by the older one with the passing on of old hatreds and prejudices hits me and saddens me.
 My loneliness in a world of many millions of people hits me and gives me a sense of individuality and oneness.
 The knowledge I possess in relation to all the knowledge to be had in the world today affects me, for no matter how knowledgeable, I become I will never obtain even one tenth of it.*

— Esther K. Age 12

Me
*I like the smell of the air.
 I love my mom and dad.
 I'm afraid of white loins. (wild lions)
 The best thing in the world is baseball.
 I want a bike.
 The best time of day is noon.
 The most beautiful sight is Pali Lookout*

— Scott Age 8

Feelings
*I like the world.
 I love my mother and father.
 I'm afraid of robbers.
 The best thing in the world is friendship.
 I want more friends.
 I don't like selfish people.
 The best fun is fairs.
 It is very hard to tell lies.*

— Andy Age 9

When I work with children, I always wear T-shirts with messages. One of my favourite shirts reads I CARE ABOUT THE PUBLIC SCHOOLS. This serves as a launching pad for a collective gathering of words answering the question "What do YOU care about?" In no time, the chalkboard is running over with "care" words. Some samples from a third-grade gathering:

We Care About
*families school our teacher our president
 pets friends our bodies
 peace
 houses food money god*

spring birthdays learning the world. What care words will you write on your T-shirt?

Stop, Look, Listen

You, with your bulging knapsack, your unique perceptions and personalities, are a marvellous piece of work. No machine or computer can equal your capabilities or powers. You are probably not even aware of all of your powers. Do you think you come close to functioning at the peak of your abilities? Think back to a vacation you enjoyed. Were your senses sharp? Did you turn your bright lights on everything? Did you notice the shapes of houses, the types of trees and flowers, stone designs on streets, the contour of hills, sky hues, the smells of food and flowers, the sounds of language and music, old buildings and sculptures? Were you interested, curious, attentive? Did you collect vivid experiences for your knapsack? Did you write lively postcards, jot notes in a journal, make sketches, take photos? Now, contrast that experience with your day-to-day existence. How observant are you? How much of the day do you catch? What details do you gather? How curious are you about your surroundings? Most of us will admit that our usual everyday visibility is close to zero. We keep our headlights at dim.

George Bernard Shaw wrote: *When I went to those great cities I saw wonders I had never seen in Ireland. But when I came back to Ireland, I found all the wonders there waiting for me. You see, they had been there all the time: but my eyes had never been opened to them. I did not know what my own house was like, because I had never been outside it ...*

Stop reading this page.

Look around you. What do you see? Where are you? What is the season? What is the weather outside of your window? What is your inner season and weather?

Listen to the sounds around you.

Community-based child care demands community-based children's organisations. **Peter Slingsby** reports on a project which prefers to keep children where they belong

Rotary House — Keeping the country kids at home

Rural towns such as Kleinmond — population 2540 in 1991 — don't loom large in the minds of national planners, though three Cabinet Ministers have holiday homes here. Cape Town with 1000 times the population, probably outdoes us on almost any *pro rata* statistic you care to choose — but we have a children's home, and Cape Town or Jo'burg or all those big places certainly do not have 1000 children's homes. (They might also be grateful that 3000 Cabinet Ministers don't have holiday homes in their cities, but the country changed political direction just in time!)

Origins

Rotary House began in 1986 at a workshop organised by the Kleinmond Child Welfare Society to address the problem of alienation of children from their communities. Those needing care had to be sent to far away places because there were no nearby organisations. It did not matter, we had found how good the care in those far away places was. But the kids came back quite alienated from their local community. In the eyes of that unsophisticated, ill-educated, conservative rural community, it was the kids who had erred, not the parents or the society. "Wanneer kom my kind uit die tronk uit?" a less-than-sober mother asked me one day, after her child had been in one of the best and least "tronk"-like children's homes in Cape Town for two years. Having grown apart from their community, regarded as wrongdoers, one by one they come back and ... really do end up in the tronk. Of the thirty-two Kleinmond children who have returned at age

eighteen from distant children's institutions since 1981, only two have not ended up in the tronk. The less-than-sober's child is now 20 and serving his third sentence. The pattern is the same in every rural community. The urban child care community would probably not feel too good about things if 30 000 of their former children had become jailbirds — that figure may put the scale of the rural problem



into better perspective. The idea of a children's home *within* the Kleinmond community went through some growing pains. We tried a small foster-care cottage for six of our children. Well-run as an arm of a prominent home in Cape Town, it was a success until financial problems arose and without security of tenure on the building, it had to close. However, it was a learning experience for us all and we remember the input from Cape Town City Mission Homes with extreme gratitude.

Overberg Forum

In 1988 Kleinmond Child Welfare initiated the Overberg Child Welfare Forum — a network of five child welfare societies to pool ideas and resources and find practical answers to common problems. One by one the societies distilled their problems into one big problem — the lack of residential care, and the problems of alienation encountered by children returning from care elsewhere. 717 Overberg children in care *somewhere* at that time. By 1989 the Forum had resolved that it would strive towards the creation of a facility for needy children within every community.

Rotary House

Kleinmond "got lucky" by chance. In 1991 the theory of Total Onslaught was finally abandoned by the state, and one of its offshoots — independence from oil sanctions — fell away. One of the "floating hotels", an oil rig converted into accommodation for workers on the Mossgas project, was towed to Cape Town and broken up. The prefabricated living units were given to Claremont Rotary to dispose of. A chance remark by the Mayor of Kleinmond to a pal in Claremont Rotary ("Why don't you ever do anything for rural areas?") led to Claremont and Kleinmond Rotarians combining to donate and equip a 24-bed children's home for Kleinmond. The home has been constructed around the Mossgas units, and the children's bunks carry lifeboat numbers — reassuring for a home so close to the sea! Rotary House is now a reality with qualified staff and everything it needs to be fully operational. Inspired by Kleinmond's good fortune, both Grabouw and Hermanus have initiated projects to establish their own residential child care facilities. Keeping the country kids at home will help them to maintain links with their communities, and having these homes inside local communities will hopefully start to change the perception that these abused children are the guilty parties.