

# *The* **child care worker**



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**OUR PROFESSION IN  
THE NEW SOUTH AFRICA**

# *Child care tasks and technologies for the needs of tomorrow*

There are many forecasts being made, as we move through the tough economy towards a new socio-political order, as to the shape of child care services in the coming years. In this issue alone, there are several prophetic voices, some warning us on the sheer size of the task ahead, others making pleas for simpler, community-based, models. A highly detrimental result of the extended political positioning we have witnessed over the past three years has been that whole sectors of South African society, child care very much included, have been treading tentatively ahead, a step at a time, with no idea of where they are

actually going. The air is abuzz with rumour and speculation, but much of this country is in great danger of entering the next period without the benefit of intelligent planning.

It is probably true that child care models will go through a major rethink in the next two years. It is probably true that there will be more children entering the system, the AIDS orphans alone presenting staggering figures. It is probably true that most of these children will require a more basic level of care. It is probably true that programmes will be expected to expand their horizons beyond their institution's walls, being accountable for consciously building healthy families and healthy communities. It is probably true that children's institutions will have less to work with in the way of human and material resources.

If the last three years have left child care without a clear idea of where we are going, the past twenty have left us increasingly without the technologies to use when we get there. The strong emphasis on cottage models which imitate and try to reproduce family homes — and the resulting child care worker roles which imitate and try to reproduce parental roles — may have left us without the

techniques and the skills to work with larger groups of children in frankly less domestic environments. And needs will dictate the environments we must use: one only has to see the often recycled accommodation used for street children, and how this demands entirely new definitions of space and adult roles, and methods of working with larger groups. Instead of the apple-pie "if you finish your homework you can watch TV" type of child care work, we will have to consider again "the greatest good for the greatest number of children" approaches. And we have largely forgotten these, having relegated them to "the bad old days" of child care. Productivity will become a real issue. How many youngsters did you help, with how much growth and skills acquisition, over how short a time, with what results and at what cost? Quality in child care will refer less to how good the place looks, and more to how systematically and effectively we succeed in the education and integration of the kids.

There are many models from which we should be learning. Phillip Dipholo reaffirms in this issue the value of the no-nonsense procedures of Aycliffe Centre's Problem Profile Approach; Boys Town looks at the

focussed and busy Teaching Family Model (TFM); our new links with FICE expose us to Europe's experience of rebuilding children's lives and futures after World War II; America offers the intensive Positive Peer Culture method; Outward Bound in the UK is doing new adventure training work with law-involved youth; there is the growing commitment to *educateur* roles and methods in work with children and youth. All of these models employ and dovetail with, not only other basic child care worker contributions such as developmental, relationship, family and counselling skills, but also with the on-going social work, educational and clinical functions of community organisations with which our profession interfaces.

The message here is that we should not wait until we are faced with an over-full hall of expectant and deserving youngsters, and then look blankly at each other and ask "What do we do now?" Each of our staff teams should already be looking critically at our methods and skills — or, perhaps, our *lack* of methods and skills. We must ensure that whatever the demands upon us may be *in the near future*, at least in our preparation and techniques, child care workers are not found wanting.

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# Future Scenarios for child care in South Africa



We are living in a time of great uncertainty, a time of fear, hurt and anger. All around us we see violence, we see poverty and pain. The primary victims of a society in the midst of change and upheaval are vulnerable families — the families that were able to maintain only a precarious balance in the good times, the families which have now been tipped into the abyss of homelessness, unemployment and poverty. The double tragedy is that today's social and political upheavals are accompanied by the scourge of AIDS which is predicted to result in half-a-million children being left orphaned by the turn of the century — just eight short years away.

## **Challenges to child care**

There is no doubt that we in the child care services are facing the greatest challenge and crisis in our history. We work on the cutting edge of a society in rapid transition.

There are two questions of relevance here and they reflect two sides of the same coin. First, how, and to what extent, will the rapidly changing socio-political context in which work impact on the nature of our services? Second, what should the appropriate response be from organisations such as ours?

We could, of course, also talk about this issue on the level of national policy development. However, today, you are interested in the grass-roots or-

ganisations, and what may lie in the future for your particular organisation.

## **Scenario building**

In recent years, scenario-planning has become popular. This began with the work done by Anglo American, and then by Old Mutual, and Sunter's phrases "the high road" and "the low road" were introduced into our vocabulary. More recent political scenarios produced options with exotic labels such as "The Lame Duck", "Icarus" and "The Flamingo". I am not going to launch into anything as grand as these projections, but I will share some thoughts on possible future paths open to children's homes.

To begin with, it will be helpful to look at some past and present models of child care in their historical contexts, for the model currently operational in any organisation is likely to be a crucial determining factor in its response to changes in the society.

## **Models**

Many children's homes were built in the first four decades of this century to care for war or influenza orphans, and children from destitute families. Children were cared for in large dormitories, and homes were staffed much like hospitals with a matron in charge and with trained staff in stiff white uniforms. These organisations tended to isolate children from their home and community, and

a punitive or disapproving attitude to parents predominated. Admission to an institution was a childhood sentence: you only got out when you grew out of the system. This model was characterised by a poor child to staff ratio, and it was not uncommon to find 25 or more children to one staff member. Elements of this system were with us well into the 1970's, and still today we see some organisations which have not moved much beyond it. What is most alarming is to see some newly-established organisations slipping back happily into such a model which might have been acceptable in the 1930's.

## **Cottages and families**

Developments from the 1960's onwards were based on the idea that children should be reared in a family-like atmosphere. This led to the building of cottages, better child to staff ratios, and an increasing acceptance of the need for trained child care staff. There was an increased understanding of the child's needs for parents or parent substitutes such as foster or adoptive parents. As more difficult youngsters came into care, yet another model gradually emerged with the move towards therapeutic centres for children with developmental, behavioural or emotional problems, that is, children with special needs. Such centres are staffed by highly skilled, well trained professionals and they are run by people with management expertise. An even better staff to child care ratio is necessary (in the region of 1 to 6).

Such services are necessarily more expensive. The location of such services vary — some have moved out of cottages on a single campus to houses in the community. It could be argued that this last model, emphasising treatment rather than prevention, belongs more to a 'first world' environment and has a limited place in our 'third world' situation.

The majority of children's homes today fail with the cottage model, and they may even wrestle to reach a common understanding of their philosophy and mission.

We still find many homes which have problems with the term 'child care worker'. Newer staff feel more comfortable with the term 'housemother' which sug-

gests a mother substitute and a less demanding role.

## **Future options**

How will children's homes respond to needs in the coming decade or two in South Africa? One path we can expect is the 'business as usual' scenario. This is based on the premise that children's homes are not known for their pro-active approach to changing environments, and that many will continue as if nothing much has changed. It has been observed that some children's homes have an astounding ability to remain unchanged in the face of decades of shifting forces both in society and in child care practice.

A requirement for remaining on a 'business as usual' path is plentiful funding. Our present way of functioning is based on a certain level of financial support. There is little doubt that the next decade will bring a reduction in the money available to children's homes. Even if present levels of government support continue, children's homes will become less attractive to individual and corporate donors as the needs of those children with no support at all become predominant and overwhelming.

Increasingly, children within the child care system will be perceived as the 'lucky' ones, and far fewer organisations (only those with substantial funds and who do not need to be 'market-oriented') will be able to operate on the 'business as usual' basis; most other organisations will be forced to make painful decisions on allocating funds and priorities.

## **Back to basic care?**

The models described earlier will be thrown into disarray, with a tendency for many of the characteristics of the hospital model to re-emerge (with larger numbers of children cared for by fewer staff in poorer physical environments) — but hopefully mixed with the greater skills learned in recent years from the family and therapeutic models. The children requiring care will outwardly resemble the children of the 1920's to 1940's, and once again we will be caring for orphans — these likely to be children traumatised by the AIDS epidemic and possibly by the violence and confusion around them.

### Positive changes

It would be unfortunate if the inevitable changes in our work were to be perceived purely negatively, for example, in terms of a retreat from higher goals or as a 'lowering of standards'.

We need consciously to be building on our past experience, and to rearticulate both our theoretical and practical bases of child care to develop a uniquely South African solution to the needs we will face in our communities — and a model which is at the same time of value to the skilled and trained child care professional.

### Core services

Arising from this thought, another future pathway emerges which could be called 'the community service children's home' — a model which probably comes closest to the idea of 'The High Road'. We must accept that it will be impossible in the near future to serve by our traditional means even a small percentage of the many children requiring care. In fact, we have already reached that point. We need to explore ways whereby the children's home can come to regard itself as more than a residential service — more as the core from which satellite services can be offered to the community. In this regard, children's homes have two considerable assets: 1. A long history of creative experience which has left them with knowledge and expertise in working with troubled children and families; and 2. A formal working base and organisational structure upon which to build.

The exact nature of the community-based services we might develop will be a matter for each organisation to define according to its own particular orientation and skills. The most common extension areas to supplement residential work might include a spectrum of educational projects (building empowerment, resourcing and competence), day care, creches and nursery schools, and work with AIDS orphans in the community. We are all aware that money in the new South Africa will flow in specific directions which include education, housing, primary prevention and healthy

communities. Children's homes will have to find a niche here, and they will find that this will appeal to donors — particularly corporate donors.

### Ready to grow

A prerequisite for any move into such a community services model is the existence of sound managerial, social work and child care expertise. Only those organisations which are already functioning at a professional

level are likely to have the capacity to make this move. I believe that a move into community-based work will give organisations the impetus and dynamism to bridge the gap between the present and the future.

Despite administrative hindrances, many children's homes are already providing a racially integrated service. Will this be enough to justify the continued existence of services which

cost anything between R650.00 and R2500.00 per month per child? Increasingly our society is concerned with feeding children to ensure their physical survival — survival which can be bought at a cost of R50.00 per month per child. Children's homes need to ask searching questions about their place in the new South Africa and draw up a model that fits a society struggling to bridge the gap between third and first worlds.

## Understanding our limitations

*"When all you have is a hammer, everything looks like a nail."*

— Anonymous

The human services are full of cynical, disillusioned souls who somewhere in the course of their careers lost their idealism, their ambition, and their hope. Preventing this seemingly inevitable rite of passage is of concern to authors Gail S. Bernstein and Judith A. Halaszyn. In their book, *Human Services? ... That Must Be so Rewarding*, they urge us to understand ourselves and shed our aspirations to sainthood. They identify personal limitations common to most of us:

### You do not love (or sometimes even like) everyone you are supposed to serve

Nor do you have to. As long as you know how you feel and behave professionally toward everyone, this is acceptable. What's more, not all the people you serve will like you. Some will resent needing help, and others will resent your "professional expertise."

### You will not be able to save everyone

You may need better skills. You may want different outcomes than the people you are serving. You may just not have enough control over the situation to achieve the desired outcome.

### There is never enough time

There is always more to do than time to do it in. If you do not learn this lesson, burnout can be expected. You have to manage your professional time and take time to meet your personal needs. If you fail to do so, your work will suffer.

### There will always be things about your work and the people you work with that cause a strong emotional reaction

These are the situations in which your buttons get pushed. You do not react rationally, even though you know you are overreacting. It may be a tone of voice or a form to fill out. The first step toward coping is to identify those situations that set you off and prepare yourself accordingly.

Bernstein and Halaszyn identify other limitations inherent in the construction of systems for delivering human services. These "external" limitations include:

### There is not enough money

When a human services program is not an entitlement program, there is usually not enough money to serve all eligible people. When the service is an entitle-

ment, and the program does not have enough money, everyone is served, but not as well as they would be served with additional resources.

### Some programs work against social values instead of promoting them

For example, there are welfare programs that do not pay benefits for children to women whose husbands live at home. Some social service systems will only provide for children with disabilities if they move to foster homes or institutions.

### No one knows enough

There are some human problems no one knows enough about to solve completely. Systems problems can ultimately be overcome but only by people with the power and knowledge to change them. By acknowledging and understanding your limitations, both internal and external, you will have more energy to focus on the resources available to you and use your strengths to be a more effective professional.

Bernstein, Gail S. & Halaszyn, Judith A. (1989). *Human Services? ... That Must Be so Rewarding*. Baltimore: Paul H. Brookes Publishing Co. With acknowledgements to *The Child & Youth Care Administrator*.

## DUDU MOFOKENG

NACCW Head Office Consultant  
working on an AIDS programme



# Prevention and Support for HIV-affected families

### The Problem

The primary route of HIV transmission in Africa is heterosexual intercourse. The risk of infection increases with the number of sexual partners, a history of sexually transmitted disease, and the prevalence of infection in the community. Natal is the South African epicentre for perinatal HIV transmission.

Prevention and support services available to HIV-affected families are scattered and at times non-existent. Pre-post test counselling, follow-up, prevention education and support to persons in need is falling upon an already over-burdened health-care system. Current predictive models estimate the prevalence of HIV in South Africa among adult

Africans to be at least one per cent. The most reliable predictions of the spread of HIV suggest that between 15 and 27 per cent of the total adult population may be HIV positive within 20 years. The doubling time is estimated at 8.5 months nationwide – and at six months in Natal.

The population of abandoned children is also on the rise, with an increasing number coming from KwaZulu. These children are abandoned for a number of reasons, most often because the parents cannot provide adequate basic care for the child. *With the increase of children presenting with symptoms of AIDS, it is projected that there will be 535 000 AIDS-related orphans in South Africa by the turn of the century.*

### The Programme

A pilot project will be developed on a case management model to prevent further transmission of HIV and to support HIV-affected families. These families will be identified through index cases at the King Edward VIII and Edendale Hospitals and be referred to the Project Co-ordinator who will contact the relevant field worker. The field workers will meet with families, and upon acceptance by the family, provide support and education services. *The NACCW will be the co-ordinating agency responsible for contracting with and supervising local sub-contractors and consultants such as researchers and materials developers and translators.*

### Pilot Study

A feasibility study was undertaken to determine whether the lessons learned from Project CHAMP (Children's HIV/AIDS Model Programme), a US-based programme targeting caregivers of children with HIV and their families, could be applied to the Natal situation, and whether such a project could be sustained on a long-term basis through an NGO. *It was determined that a prototype of a case management model, targeting women, is appropriate and needed. Women were found to be at risk for heterosexual transmission of HIV by a factor of 4 to 1 over the risk for men.*

### Goals and Objectives

- The goal of this project is to

reduce the sexual transmission of HIV, focussing on women and their families in the Natal Region. In order to achieve this sectoral goal, the project will promote attitude and behaviour change among 100 HIV-positive women who are heads of households in Natal.

The specific objectives of the project are:

1. To develop and implement an *education and prevention* programme for women who test positive for HIV and/or have children with symptoms of AIDS or HIV infection as well as their families.
2. To develop a *family support* programme (to include an education and prevention programme).
3. To develop *training* programmes targeted at community field workers and health care workers to ensure services will be standardised and effective.
4. To develop *appropriate materials* for the target population, deriving the information from research activities.
5. To develop an *evaluation* or monitoring system for the project to document outcome evaluation and build in satisfactory levels of sustainability.

### Training

*The First Stage* to take place in January 1993 will involve technical assistance in the training of health care workers and NACCW staff. The initial workshop will present basic AIDS/HIV knowledge on prevention, transmission, barriers to care and the spectrum of the illness in women and children.

*The Second Stage* will prepare the community prevention, education and support workers for their interaction with the target population.

Eight to ten field community support workers will be recruited, each already with existing roles and contacts in a designated area near to the two selected referral hospitals. Additional training will include a follow-up course 3 months after the start of the programme, while the field support workers will participate in a refresher course four months after initial training.

*It is anticipated that some of the women receiving services through this programme will themselves be trained for peer educator roles.*



Mother and Child  
Charcoal by Julian Motau

## People

The CHAMPS project is established under the authority of Family Health International, Washington, and is funded by FHI through USAID Mission in Pretoria. FHI is represented in SA by AIDSCOM/AIDSCAP based in Johannesburg and the project will therefore be supervised by the resident advisor, Dr John David Dupree. An Advisory Committee will give guidance and support to the project organisers, and will meet quarterly.

The Advisory Committee will have sub-committees in Durban and Pietermaritzburg. Members of the Committee will represent the community and the health care professions. The members include Dr N. McKerrow (Edendale Hospital Paediatrics Department), Mrs Dambuza (Pietermaritzburg Hospice), Mrs Mkize (Pietermaritzburg Child and Family Welfare Society), Prof. W. Loening (Natal University Medical School Paediatrics Department), Mrs S. Burger (Social Work Department King Edward VIII Hospital), Mrs Mzolo (Senior Community Health Worker), Dr S. Thula (Natal University Medical School), Mr Bheki Nene (ANC and the Medical Research Council), Ms Jabu Madondo of SAPSWA and Dr Salim Karim (MRC). Further members will be invited from various community organisations.

Other organisations with which we are networking or consulting include the South African Black Social Workers' Association, Diakonia and the Churches' AIDS Programme, ATTIC (Durban and Pietermaritzburg), University of Natal Medical School Paediatrics Department, the Medical Research Council, the National AIDS Convention of Southern Africa, Durban Condom Social Marketing, AIDS Consultancy Training, Edendale Hospital, King Edward VIII Hospital and the Progressive Primary Health Care Network.

## Beginnings

The initial research and materials development has now been completed, and the training phase takes place in February 1993. This will allow the programme to begin in earnest in March. Enquiries may be directed to Dudu Mofokeng at the NACCW's Head Office. □

# AIDS UPDATE

**By avoiding media hype and applying agreed guidelines, a city really helps HIV children ...**

## School placement for HIV infected children

Over the past six years, the city of Baltimore has successfully implemented a school placement policy for human immunodeficiency virus (HIV)-infected children with acquired immunodeficiency syndrome (AIDS). Both policy and specific procedures are based on nationally promulgated guidelines. School placement policy is part of an overall AIDS policy that includes the education of students and staff, and the adoption of universal precautions to prevent transmission of communicable diseases in school. Implementation has been marked by excellent collaboration between the departments of health and education. Important policy components include expedited clinical investigation of each case, an interagency review panel, strict protection of confidentiality, a restricted setting for certain children, a school site visit for each placement and continued monitoring of the school placement by school nurses. Many HIV-infected students need special educational services and/or school health services. The Baltimore school placement process has avoided the exaggerated publicity endured by some communities, where media reporting has aggravated community fears and invaded the lives of families with HIV-infected children. Baltimore City has succeeded in ensuring access to education, protecting families' confidentiality, and

providing special care for HIV-infected students. Local communities should emphasise national guidelines in designing school placement policies for HIV-infected children. School placement policies work best in the context of a comprehensive policy incorporating AIDS education and care.

## Reductions in HIV risk-associated sexual behaviour among Black male adolescents

*Source: Jemmott JB, Jemmott LS and Fong GT. Reductions in HIV risk-associated sexual behaviours among Black male adolescents: effects of an AIDS prevention intervention. Am. J. Public Health 1992;82:372-377*

The increase of sexually transmitted disease among Black adolescents in the USA was the motivation for this innovative AIDS prevention programme in this population group. Black male adolescents (n=157) were randomly assigned to receive an AIDS risk reduction intervention aimed at increasing AIDS-related knowledge and weakening problematic attitudes toward risky sexual behaviour, or to receive a control intervention on career opportunities. The study was described as a risk reduction project, designed to find ways to teach Black male youths how to reduce the risks of unemployment, truancy, teenage pregnancy and sexually transmitted diseases, especially AIDS. The adolescent who received the AIDS intervention subsequently had greater AIDS knowledge, less favourable attitudes towards risky sexual behaviour and lower intentions to engage in such behaviour than did those in the control condition. Follow-up data collected 3 months later revealed that the adolescents who had received AIDS intervention reported fewer risky sexual behaviours than the other adolescents.

## World AIDS Day theme for 1992

*Source: AIDS Matters 1992; 8:7* The World Health Organisation announced that the theme for World AIDS Day, observed on 1 December 1992, would be: *AIDS: A Community Commitment.*

"Communities are crucial not only for care and support but also for prevention. In the absence of a vaccine, it is vital to inform people about how HIV is transmitted and encourage them to protect themselves and their loved ones.

"While individuals can be educated and motivated to change their sexual behaviour, experience shows that this process is greatly aided if individual lifestyle change is backed up by a community commitment to safer sex and other protective values."

## United Kingdom schools teach HIV

*Source: WorldAIDS 1992; 20:11*

HIV is to be included in the science curriculum of school-children aged 11-14 in the UK, and will have become compulsory by late 1992.

## New Directory

A new edition of the *Resource Directory for HIV and AIDS* has been published by ATTIC in the Western Cape. It is two years since the previous edition was produced, and it is notable how much more provision there is for dealing with the pandemic — though much remains to be done. The Directory, aimed mostly at the Western Cape, deals with four areas: awareness, care, organisations and policies, and a listing of organisations in other parts of South Africa. Available from ATTIC, P.O. Box 2815, Cape Town 8000 at R25.00 including postage. All monies are donated to the AIDS Foundation of SA, to whom cheques should be made out.

*For material in this feature, acknowledge to AIDS SCAN*

The first children were due home in an hour. A weary feeling went through Amy Nash as she wondered how best to use the hour. A short nap? No, she always felt particularly waspish after a day-time sleep. She could read a little in the blessed silence of the empty cottage.

How she longed for this period of silence and time to herself at the start of the afternoon. Mornings were always busy with domestic matters, staff meetings, supervision, and so on. But now she sighed with satisfaction at the peace. The short-lived peace. Before long there would be the first shouts (why did they always have to be so loud?) as sounds of conversations and arguments and teasings came though the hedge, across the lawn and into the cottage.

Suddenly the tidy rooms and ordered passages would get messed up. Off would come the school clothes (and bits of grass and inexplicable mess with them) and *things* would get dumped here and there. The children would come out of their rooms and into the common areas, the kitchen, the lounge. The fridge would be opened by the impatient and hungry ones who were unwilling to wait for lunch ... Lunch! Always noisy. Always messy, with bread-crumbs, spilt tea, smears of jam — and the surly unwillingness of the kids to clean up after them. Amy knew that she would get tetchy with them. She even had the feeling that they increasingly provoked this response in her — as if they knew exactly which buttons to press to irritate her. It was getting even worse lately: she felt that the group as a whole was unco-operative and even a little hostile towards her.

Someone would squabble, spill something or lose a jersey, and the whole group seemed to turn to Amy with a look which challenged: "Let's see what you are going to do about that!" It felt as though none of the children were 'on her side' to support her in such frustrations.

There was a yell from the front lawn. Then another. Amy felt a knot of foreboding tighten inside her. She had wasted her precious hour. The children were coming home.

## EVALUATION

1. Many child care workers will recognise something uncomfortably familiar in Amy's feelings. Groups of children living and growing up together do tend to be rowdy, excited and competitive. They do mess up the place and spill things. Troubled kids test their boundaries more than others, and do have that further edge of provocation or destructiveness which jars all the more; needy kids whine and squabble more. But for most of us, these things 'go with the territory', and we learn how to live with them — and even learn how to *use them* productively in our work. What could be behind Amy's difficulty?

2. There is amongst all who work with children (child care workers, nurses, teachers, youth leaders and certainly parents) the very common malady which has been called 'child weariness'. Growing children are constantly making demands on the adults around them: physical, mental and emotional demands. We are able to say to a colleague or to a spouse: "Just give me an hour to myself; I need a bit of a breather, and then I can carry on." But children can't be bought off so easily, still less *groups* of difficult children.

Child care workers learn that the intense interactions during the time they spend with groups of children are very tiring, and that they need to pace themselves carefully. They do this by varying the duration, the nature and the composition of the groups they work with. For example, after a half-an-hour alone with a hurting child, a child care worker will welcome a more robust session of team games with a larger group, and could then handle a smaller group doing creative work. In the absence of such daily planning, staff can get into a tedious and meaningless cycle, and supervisors need to help build good rhythm into care workers' days.

3. More seriously, Amy could be

## BRIAN GANNON

*A Child Care Worker's Casebook:  
Workers who don't like children?*



# Here come the Children!



burned out. Sustained experiences of hard, tiring, abusive, overloaded and unrewarding work with children, often tip the scales to the point where a child care worker loses heart. Then, with depleted energies, resourcefulness and hope, the child care worker becomes defensive and self-protecting — fuelling a spiral of unmet needs (both of worker and children), of disappointments and hurt. So Amy may be burned out, and this is something for which she and her employer must take joint responsibility.

4. But burn-out is not terminal. A rest, another look at our aims, expectations and working styles, and we can be as good as our new resolutions.

*Could it be that Amy's real problem is that she actually doesn't like children or like working with children?*

This sounds odd for someone in her position, but it can happen. A common danger is that new child care workers come into the field with simplistic but firmly held beliefs on the lines of "What today's children need is ..." or "The best way of dealing with children is ..." — and when the recipe doesn't work (as *none* of these recipes do) it is easy to blame the kids or to find some-

thing wrong with the job or the organisation. Such folk are not going to be happy in child care work. They came into the work for the wrong reasons: perhaps because of a social principle, or because of some moral ideal or an educational belief or method — but they are certainly not here because of the *children*.

5. Of course, parents go through times when they, too, have 'had enough' of their own children, when they long for some 'time out'. But these are just changes in the *weather*; but the *climate* is one in which the children are loved — and they know it.

6. Amy is not looking forward to being with children today — and today is therefore not going to be profitable for her or the children. Child care only 'works' when the grown-ups like being with kids, and when they in turn are open to whatever the kids will bring into the relationship.

Of course, it could be simply that Amy is not well today, or that she is tired today, and that tomorrow will be better.

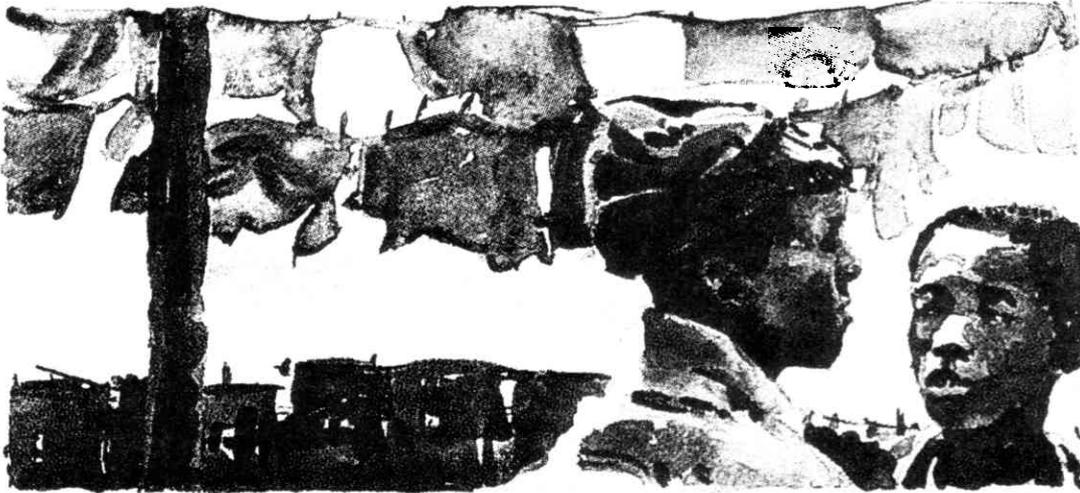
But if it is more than this, Amy really does have to examine her motives and her expectations in child care work — certainly for her own sake — but mostly for the sake of the children. □

## ANNETTE COCKBURN

*Reflects on Street Children here and overseas after an American visit*



# Services for Street Children



TOM HUGHES/CSM

I write this report within a week of my return from the USA, inspired, excited, energised, vivid with ideas, galvanised by the New World. I'm filled with images of brilliance and brutality, beauty and banality, awe-inspiring architecture, still lakes and overwhelming generosity. I saw literally hundreds of programmes and projects for street children and homeless youth, including

drop-in centres, residential facilities, alternative schools, legal clinics, drug rehabilitation centres, medical mobiles and job creation schemes. I met with street educators, social workers, professors, doctors, AIDS workers, priests and the kids themselves.

### Practice Models

America is marvellous but its models are NOT for us. I am

more convinced than ever that an effective indigenous model is being evolved right here in South Africa. Of course there are wonderful ideas in the Americas, some superb systems, innovative programmes and spectacular centres which should certainly *inform* our practice but I believe that in this economic climate, and given the growing numbers of street children and the urgency

of their plight, we cannot afford, nor is it appropriate, to provide expensive services for the very few.

Huge capital expenditure on plant, personnel and therapy is a very Eurocentric notion. I do not believe that children in such settings are prepared for the realities of life in the disadvantaged communities to which they must return.

We must guard against giving our children, all South Africa's children, an unrealistic view of "life out there."

I believe more strongly than ever that basic, functional, un-elaborated services are more appropriate in a developing country, but that such services must be multi-dimensional. We must develop a number and a range of simple services, meeting *basic* needs, on and off the streets, for the *maximum* possible number of children.

### Full House

*"If a man write a better book,  
Preach a better sermon  
Or make a better mousetrap  
than his neighbour;  
Though he build his house in  
the woods,  
The world will make a beaten  
path to his door."*

— Ralph Waldo Emerson

The street children in Cape Town have demonstrated "the beaten path to our door". There have in the past year been 313 admissions at The Homestead's intake centre, and on many nights the inside of The Homestead most closely resembles the inside of a sardine can!

We continue in spite of the tremendous strain on our resources, to maintain our open door policy.

### New premises

Patrick's House has moved. What an undertaking! I, mercifully, was in America, and came back to a completed building, fresh paint, contented kids and roses on my desk! I celebrate and thank all the staff and the boys for an absolutely stunning team effort. Imagine moving house as a family of four — bad enough — but 40! A truly daunting operation. The alterations, additions and renovations, when completed, will have cost about R75 000, which has made a huge dent in our project devel-

## What's in a name?

At the June 1992 International Conference on the Rights of the Child in Cape Town, which was preceded by the Children's Summit, it was stated repeatedly by some sectors that children who lived, or had lived in the streets, did not want to be called 'street children' but preferred the name 'homeless children'. In an attempt to test this hypothesis, a questionnaire was compiled and administered to a random sample of 32 boys distributed as follows:

- 12 living on the street
- 10 in a shelter (Homestead)
- 10 in a second phase unit (Patrick's House)

The questionnaires (to be answered anonymously) were translated into Xhosa, Afrikaans and English. We attempted at the same time to gauge the boys' knowledge of existing resources for street children. Without exception they all knew the Street Worker, Jules Levin.

### The questions

The section on names was phrased as follows:

- Wat noem jy jouself?
- a. Straatkind
  - b. Stroller
  - c. Hawelose kind
  - d. Enige ander naam en wat is die naam?

*Baie dankie dat jy die vrae beantwoord het.*

### Results

- a. Straatkind 9
- b. Stroller 8
- c. Hawelose kind 2
- d. Enige ander naam 13

The responses in this last section were as follows:

- Mens 3
- Drifter 3
- Homestead boy 2
- Ninja 1
- Persoon 1
- Mr Cool 1
- Weeskind 1
- David Botha 1

This last, eminently sensible child, wants to be called by his own name!

Perhaps we should listen to the children?

— Annette Cockburn  
Director, The Homestead

opment funds, but I console myself by thinking, where else would we have been able to build or buy at this price? We are happy here, and this is in no small part due to the warm welcome and acceptance that we have been shown by the Salesians. Watching the little boys climbing trees, the bigger ones playing soccer, and others running across to the swimming pool, we all have a sense of *life*, vital and communal, and to our brothers the Salesians, we extend love and gratitude.

### The Street Worker

This post, which was brand new this time last year, has changed the face of street work in Cape Town. It has been a resounding success in terms of monitoring, advocacy, referral, counselling, education and health care. The worker has liaised with hundreds of organisations, including the SAP, but, most importantly, he has been *there* for the children, offering unconditional acceptance and formidable levels of energy and integrity. Drive or walk around town with him, and you will hear dozens of voices, "Hey Jules! Hi Jules! It's me Jules! Jules! Jules!" Child Welfare is unfortunately unable to fund this post as of March 1993. We consider the work of the Street Worker to be absolutely pivotal, both for the children in the streets and for the shelters. We *must* maintain this post and are desperately seeking funding. The trend in both North and South America is away from residential care, towards Street Workers, or 'Street Educators'.



## Thanks

Through the kind offices of Nick Smiar, recent visitor to child care workers in SA, a number of USA col-

leagues have contributed child care text books, manuals and other literature for an NACCW members' library.

This is just to say Thank You to all who contributed material. A list of titles for the information of members will be published.

With acknowledgement to the journal *Children Australia*, a dialogue with young people in care as part of Victoria Community Services' Skills Enhancement Project

# The Effective Cottage Parent: Clients' Viewpoints

*To understand what skills, knowledge and values a cottage parent requires to be effective, Victoria's Skills Enhancement Project talked with clients in a family group home.*

The children interviewed are siblings aged sixteen, thirteen and ten and have been in family group homes for eight years. Standard questions provided a general structure and the children were encouraged to talk about the things they saw as important. Direct quotes have been used.

### HOW MANY COTTAGE PARENTS HAVE YOU HAD?

About eight — it's hard to remember exactly. Most of them have been temporary.

### WHAT HAVE YOU LIKED ABOUT YOUR COTTAGE PARENTS?

**Being treated with respect:** We aren't just 'cottage kids' you know — we're good kids like everyone else. It isn't our fault we are here.

**Being able to talk to them:** How else are you supposed to get along with them? Some cottage parents have been easier to talk to. I needed someone to talk to — Cindy has been great. The ones who listen to us have been good.

**Knowing what the rules are:** You have to be told what is expected, so you know. The rules should be fair. We shouldn't have different rules from our mates, just because we live in a cottage.

**Cottage parents having an extended family:**

It's really good knowing our cottage parent's family — we even visit them at Christmas!

### Privacy:

I don't want them to talk about me to anyone else — except my worker, that's OK.

### Having independence:

Some cottage parents gave us independence to make a lot of our own decisions. I'm sixteen and I like being able to cook my own meals.

### WHAT WOULD YOU LIKE TO CHANGE?

#### Staying longer:

It's very hard to keep getting (emotionally) close to them when they leave all the time. I'll bet they wonder what's wrong with us because we don't make an effort any more.

#### Passing on information:

Cottage parents need to pass on information to the Department to get things done for us.

#### Better clothes:

You can always tell who are cottage kids because they have cheap clothes. Sometimes we have felt like beggars.

#### Not being trusted by new cottage parents:

It gives me the shits, the way they don't trust us when they first move in.

Just because we are cottage kids doesn't mean we're bad.

#### Not having to do most of the housework:

Why should us kids have to do so much housework — that's what they employ them for.

#### Not putting their own kids first:

It isn't fair. They shouldn't compare us to their own kids.

### HOW WOULD YOU CHANGE THINGS?

#### More talking would help:

Talking about problems, not just disciplining us. Talking to us about good things too.

#### Not threatening us:

Every time I was bad, one cottage parent threatened to send me to Baltara. Sometimes, I didn't want to come back from school but my sister made me.

#### More enthusiastic cottage parents:

They should pick ones who can get on with kids and will make us part of their family.

#### Clarify work expectations:

Because I'm a girl and the eldest a lot of cottage mums expected me to do most of the housework. I don't mind doing some. My brother is thirteen and he can't cook anything.

#### Involve kids in selecting cottage parents:

We'd like to meet them before they come to live here to say if we like them! It's our house you know, not theirs — the Government bought it for us.

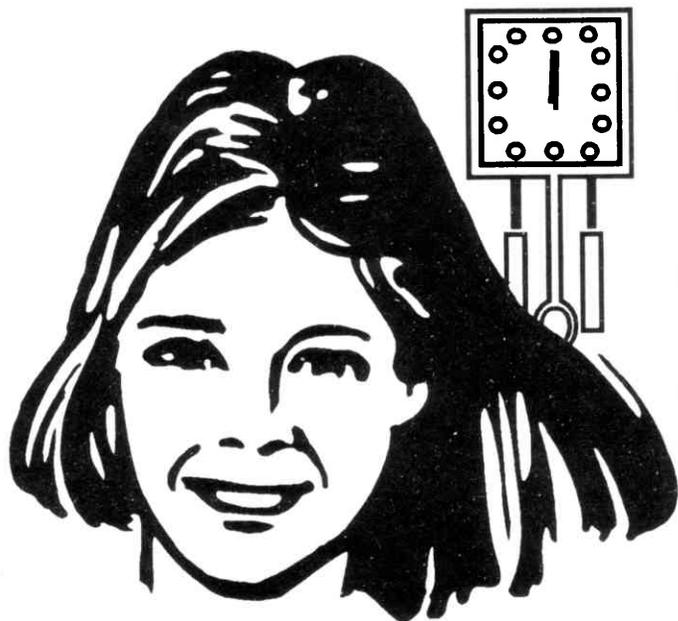
### WHAT MAKES AN IDEAL COTTAGE PARENT?

One who makes us feel happy and cares about us.

One we can talk to who doesn't assume things about us, just because we don't have our own parents any more.

One who works through problems and doesn't get mad or yell at us. One who isn't rigid and uptight. Someone we can trust who will be here for a long time. One who will help us and likes to do things with us.





# Out of Sync

It's three forty-five. I'm walking into the unit about to start the evening shift. From now until midnight it's me, Sharon and eight crazy adolescents. I call them crazy because it's more useful to me than the labels the assessment workers attach to them before sending them to the group home where I work. Me, Sharon and eight well-labelled, systems-wise adolescents. What a way to earn your keep.

So far I've had a pretty average day. I didn't want to wake up. Dreamland kept calling me back to a warm Mexican beach where I was dancing in the moonlight with a romantic partner. All around us a group of pleasant friends were listening to the music. The surf was slapping gently on the sand around our feet. Leave that and get up to this? It was tough! I struggled out of bed around noon, annoyed to leave the dream and still weak from staying up half the night coming down from last night's shift. What do you do at two in the morning when even Johnny Carson has gone to bed? Read a book, watch T.V, bake a loaf of bread, do some exercise, write letters? All of that. And more: you listen to the silence and try to stop the thoughts from running around inside your head. It's different in the early hours just before the dawn. Even the

stereo, played low so as not to wake the sleeping, echoes deep in the darkened tranquility. The sound of the stove door opening when the bread is ready is like the scream of a freight train. All the sounds seem amplified when the rest of the house, the rest of the neighbourhood and, it sometimes seems, the rest of the world are asleep.

I know there are other people awake out there. It's just that I'm not in touch with them, so they're no consolation in the silence of the post-midnight shift.

As I said, I struggled out of bed around noon. What a strange time to get up on a Wednesday. On Saturday it seems to make sense but on a weekday the neighbourhood is deserted. I look out the window. There's no action. Just as it was when I went to bed. I think that I must be living in a ghost town. I know there are people out there. I know because I see them sometimes on weekends and holidays, but they're all at work right now and I've got no connection to them. They don't exist for me. I wander around the empty rooms for an hour or so just trying to wake up and then I head for the shower. No hot water. I didn't need that. I have a bath. It doesn't help me to wake up. I feel lazier than I did when I first got up. This day could be

starting better. I decide to go to the club to work out. I wait in the cold to take the bus that comes infrequently because it's not rush hour. Finally it comes and I get to the club. There's only me and one other person there. Everyone else is working. Later, the place will be alive. Vibrant, Rhythmic. Pulsating. A great place to be. Me, I'll be at work with Sharon and the eight crazy kids.

If Sharon shows up, that is. Lately she's been looking worn out. Not much energy. God, I hope she shows up. I

hate working with relief. Sometimes it feels as if you are looking after nine people instead of eight. It's better to work alone some days.

I spend an hour at the club. When I finish working out I'm more awake. More alive. I might make it through the day yet. It's three o'clock. I head for the café to grab a bite before work. I'm too late for breakfast, of course. I have a toasted fried egg sandwich. When it arrives, I open it up and eat it with a knife and fork. At least I can pretend. I drink a ton of coffee and pretend it's early morning. By the time I leave the café I'm buzzing. My body is starting to think it's morning. My head knows different. The café is only five blocks from the group home. We all use it. "Close enough but far enough away," we like to say. I decide to walk to the house on the street. You couldn't tell it was a group home, unless you knew it. But inside! Inside it's as different as night and day.

The neighbouring houses contain parents, a few kids, a den for the breadwinner's after-hours work, a family room for television and a common understanding about respecting each other's rights.

Inside the group home there are paid staff, eight kids, an office for doing the business of child care, a common room for television, music or games and a group of young people struggling to survive in a hostile world that doesn't make sense to them. The rights that concern them the most are their own.

## EDITOR'S NOTE

This article is reprinted from *The Journal of Child and Youth Care* (Canada). When it first appeared, the Editor of that journal introduced it thus:

**Child and youth care is different, in many ways, from other more traditional professional ways of helping children. This article offers us some insight into the subjective reality of the work, and life, of child and youth care and as such it makes a contribution to the literature on the experience of being a child and youth care worker — a part of the literature which is, in our opinion, in need of further exploration.**

**By being inside the experience of the worker for a brief moment, we are able to explore our feelings about this work and why we do it. We are able, also, as supervisors to understand a little better what it is that the front line worker might experience in her encounter with the reality of running a shift in a group home for troubled youth. We offer this article in the hope that you might enjoy this brief insider's view enough to share your own, and because we believe that this kind of writing is important to the development of the field. If we don't share our experience of our work, we can't expect others to understand or appreciate it.**

It's three forty-five. I take a deep breath and head up the stairs. From now until midnight it's me, Sharon and eight crazy adolescents.

An hour from now the neighbour will arrive home and just as she arrives at her door it will burst open and one of her kids will come screaming out as well. "Oh, I'm so glad you're home," the kid will yell. No sir. This isn't your average neighbourhood home. I reach for the door handle. The door bursts open and Angie storms out screaming, "F\*\*\* you and your stupid goddamn rules, you useless s\*\*\*." For all I know she's talking to me. This work really comes out to greet you just as you arrive at the door.

I catch Angie as she tries to storm by me. By four-fifteen we work out a deal and head into the house together. I hope nobody is going to make a wise crack about my being late. Sharon's not there. There's a new relief worker. This is only his second shift. It shows. I ask Angie to wait for me in the kitchen, to boil the kettle and make herself a cup of Ovaltine while I try to catch up. I know I'll never catch up tonight. I'll be running just a little behind the group all evening. I fantasise for a minute about breaking my leg and having to rest for two months. It sounds inviting. The house seems out of control. There are kids in the kitchen cooking bacon and eggs, looking as if they just got up. I resent it. Somebody's in the common room having a fight over the television with somebody else who wants to play a new record he or she got on the weekend. Music and television are normally off limits until after supper. I'm angry that the group home program is off track. As I head to the office, I break up an argument between Rob and Mary. She says he's been coming into her room all day putting the make on her. He says she's paranoid. Me, I believe her. He's done it before. Send him to his room until I can get there, her to the kitchen with Angie.

I'm sorting things out as I move through the program. Making my way through the jungle. I finally make it to the of-

ice. The only staff there is the new worker, Ronald. He's nursing a little guy with a bruised ego. I nod hello. He nods back. We met once before. I ask where the day staff are. Ronald says he arrived about half an hour early. They told him everything was cool and left right away, as if they had some place to go. I ease the kid with the bruised ego gently out of the room and Ronald and I talk for a few minutes. Ronald's doing the best he can. I know it, but I'm still pissed off with the day staff for dumping it on him. We develop a quick plan and get to work. He's got good energy, good intentions, but he doesn't know the group. This makes things harder for both of us, but we seem to work well together. It feels good. Things start coming together.

We go crazy all night. Two fights, a few arguments, one runaway returned by the police, a visit from the neighbour who thinks the kids stole his lawn mower, too many irrelevant phone calls, not enough food thawed for dinner, an angry mother, a depressed newcomer and no breaks for us. Ronald and I struggle through. It's nine o'clock before we get everyone into the common room for a group discussion. A bit of yelling, some tears and finally, some understanding. Things cool down. The program's back on track by ten. The house feels calmer but is still tense. We monitor our way through the rest of the shift. The kids hit the sack about eleven. Mary comes down to ask for an aspirin. She needs reassurance. Mark yells at his roommate just loud enough for us to hear. I step into their room to quell the lingering storm. Rob comes out of his room headed for Mary. Ronald catches him. We have a brief conference and move Rob downstairs for tonight. We'll discuss this in the team meeting tomorrow. Gradually the house starts to fall silent. The radios play softly. There's the odd giggle and whisper. One by one the lights go out. It looks as if we made it. By eleven-thirty we're in the office. We grab a cup of coffee and start writing up the log. It crosses my mind that I should have Ovaltine like the kids.

Maybe that's why it takes me so long to unwind. Maybe. But not likely. Midnight comes. The night staff arrives. We want to leave but it takes us another half hour to fill in the details of the night and to prepare the night worker: who

the television with the sound off, listening to the sound track from *The Mission*. The commercial for the telephone company comes on. "Reach out and touch someone," it says. I wish I could, but it's too late. Everyone I know is asleep.



*'I know I'll never catch up tonight. I'll be running just a little behind the group all evening.'*

to watch, when to wake the kids up, potential problems to watch for in the night, potential problems to watch for in the morning, what needs to be done on the overnight. Finally we're out of there.

I ask Ronald if he wants to go for coffee. He has to leave. I head down the street to the café. Back to the beginning. The cold air feels good. The café's about to close. They recognise me. Give me a quick cup of coffee. Throw me out into the night. I head for home. On the bus there's just me and the driver. I sit in the back and watch the lights pass by. I think about buying a car, especially for the evening shifts. The driver nods at me when I get off. Late night strangers sharing a common experience. It's two o'clock when I close the door behind me. The apartment is silent. The cat rubs against my leg. I pick him up and he nuzzles against my cheek. I go to the kitchen to get him some food. The can opener echoes in the empty silence. I turn on the stereo. It echoes too. I say to hell with it, slip on my jogging suit and go for a run. The neighbourhood's silent. Here and there a light glows like a beacon in the fog. I wonder what my neighbours are doing up so late during the week. I get back home and heat up the wok. Cook some fresh vegetables. Make some rice. I eat in the living room watching

My mind drifts away as if it has its own free will. I return a moment later and realise I'm reviewing the shift. I can't seem to let go of it. The scenes run through my internal vision. What could I have done differently? Was what I did useful? Was it helpful? What was it Angie said? Did I log it correctly? Are the kids safe? Will the night worker make out okay tonight? I remember that I forgot to leave a note for the other day staff to call the angry mother. I call the night worker to leave the message about the angry mother. It's a good excuse. Really I just need to hear another human voice. It sounds as if I disturbed her. She whispers cryptic sentences, says I might have woken the kids calling like this. Her voice is cold and distant. I ask how things are going. "Everything's okay," she says. I've got no reason to talk longer so I say good night and hang up. I go back to the living room. The television has gone to test patterns. I spin the dial but there's nothing on any of the other channels either. The record on my stereo begins to skip. I turn off the stereo and follow the cat to the bedroom. I look at the clock: Four a.m. I turn off the lights and head back to Mexico. How the time flies when you're having fun. □

## JACQUI MICHAEL

*A course which builds  
volunteers into skilled helpers*



# Voluntary Counsellors



This course has been run by Jacqui Michael for the past ten years, and was originally started to provide youth leaving children's homes with a support person once they hit the wider community.

Because it was so successful, it was decided to extend this course to train voluntary counsellors to work with any child or his family connected to residential care.

There are over 200 volunteers around the country who have successfully completed the course. However, at present, there are about eighty active counsellors in Johannesburg and Durban. These counsellors work in about twelve children's homes, and over the years have rendered services to more than 200 children and their families.

### Extensions to course

In 1992, the course was taken over by the NACCW and it was decided that the course should be extended from twelve to twenty 3-hour sessions. The course was also split into two modules with 30 hours of training in each module.

The first ten sessions taught self awareness and basic counselling skills. Skills were taught according to the Karkuff and Egan models of counselling. Volunteers were assessed after the first module and had to complete this module before they were accepted to do the second module.

The second module was also open to counsellors who had attended other basic counselling courses.

Twenty counsellors attended the first module and all passed. They all chose to continue with the second module. Eight experienced counsellors also joined for this module. All 28 successfully completed the second module, which finished at the end of August, 1992. One third of the counsellors who

completed this course are actually child and youth care workers already in the field. The rest of the counsellors have been placed in children's homes in Johannesburg, and have committed themselves to work voluntarily with children and their families for a two year period.

### Selection

Before volunteers can undergo this training, they are selected during a selection interview. One basic criterion is a Standard 8 certificate in order to cope with the theoretical aspects of the course. They also need to have a driver's licence and be able to commit themselves to two to three hours of voluntary work per week. This includes one hour to see their client, time to write their report and time for supervision. Other criteria for selection are that people can relate well, are prepared to explore certain areas of their lives, have or can develop insight and have managed to handle their own lives in a fairly constructive way. The trainers emphasise that counselling is not for everyone, and that they have a responsibility to the children and to the trainees. Working with troubled children and youth evokes many personal issues for all of us, and in the selection process we need to get a sense that volunteers

have the strength to cope with this — or have the initiative to seek help if they find themselves in "deep water". We, as trainers, have a responsibility to ensure that we are not putting trainees into situations of personal risk. During the course, the trainees have to take an oath of confidentiality. They do numerous self-awareness exercises and much role playing in learning counselling skills. They are given homework after each session and a lot of reading to do.

### Content

The first module looks at the Cycle of Deprivation, working with a child care team and why counselling is important. Listening skills and reflective listening are also learned in this module.

The second module consists of advanced counselling skills such as accurate empathy, questioning, immediacy, confrontation, summarising, partialising, goal-setting, and moving to action. We also deal with issues relating to all types of abuse, skills in working with abused children and youth, and the counsellor's accountability and responsibility.

At the end of the course, trainees undergo both written and practical assessments, and are then placed in various child care centres.

## The Advanced Course in 1992

On the first day, thirty of us turned up. The 'advanced' guard. Thirty grown ups, feeling a little uncomfortable, like a bunch of kids on the first day at Big school; funny how the child in us comes out when things get a bit scary.

### Starting

The course was kick-started, barriers broken down, comfort zones invaded, egos cracked, feathers ruffled then instantly smoothed down. We were herded into three permanent workable groups, where we began to understand the inner feelings of big people, little people, and most importantly,

what makes us tick.

There was a long and hazardous journey before we finally tackled the big A.

Many of us found it a painful business. A few spooks from the past raised their threatening heads. Even when abuse is dissected and analysed in a critical fashion, it still doesn't make it any easier to digest.

### Heads and hearts

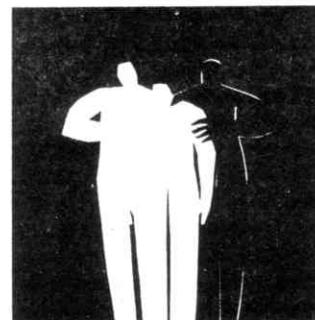
There were times when we staggered out of that genteel olde-worlde cottage, with our brains like puddings, stirred up with a giant wooden spoon. Although we had love in our hearts, we sometimes had tears in our eyes. As one little boy had put it to one of the counsellors — 'I don't cry, like down my face — just my eyes go funny when it touches my heart'.

So are we now going to rush forth like zealous missionaries? Not a cat's chance in

hell! 'Softly softly catchee monkey'. Yet another door has been opened to a deeper world of personal understanding. Most of us will tip toe through it, learning, learning, all the way. Listening, probing, thinking, feeling. One thing we all learnt. When push comes to shove, we are ourselves, truly, such a fragile lot.

But then it takes one, to know one.

— Anthony Knight





# Aycliffe Centre: Systematic help for troubled adolescents



From 15 June to 14 September 1992, I was privileged to be selected as the first child care worker from South Africa to be welcomed at Aycliffe Centre on the Brian Gannon Fellowship exchange programme, sponsored jointly by the NACCW, Aycliffe Centre and Durham University.

## Therapeutic Environment

What a pleasure it was to arrive at such an exceptionally well maintained complex as Aycliffe. To rename it after the garden of Eden of which we read about in the Bible, would only require it to be encircled by the Pishon, Gihon, Tigris and the Euphrates rivers.

I have no better way than this of describing the atmosphere which reigns at this centre. The Creator's command to Adam was: cultivate the soil and guard it. Indeed this is what is being done at Aycliffe; however not to the land, but the extremely disturbed children who are referred to it.

## Admission and Assessment

This is the starting point for every referral to any institution. At Aycliffe a highly motivated team makes special efforts to welcome every child, assuring the referring agency and the parents that their child will receive the best possible care and help while at the centre. This team is responsible for producing within eight weeks of the child's admission the initial Assessment Report. Such a specialist assessment team is employed to produce an objective, unbiased report in respect of each child.

The assessment is done within the context of the "Problem Profile Approach", which suggests that all children's difficulties fall in one or more of six problem areas:

*Physical:* Everything that is wrong with the body, its systems and functioning;  
*Intellectual/educational:* All difficulties in the children's problem-solving ability, whether for reasons of intellectual or educa-

tional deficit or disorder.

*Home and Family:* Difficulties ranging from poverty, environmental disadvantage and parental adversities to abnormalities of parenting and child abuse.

*Social Skills:* This concerns the child's difficulties in making or maintaining relationships with age mates and adults.

*Anti-social behaviour:* Primarily this is concerned with offences against person and property, but also includes all other forms of socially disruptive and negative behaviour, e.g. running away, soliciting, drug taking and deliberate self harm, etc.

*Clinical/Personal:* Here the concern is for abnormalities of personality pattern or trait, such as introversion, poor impulse control, anxiety problems, distorted identity, problems of moral development, etc.

## Empowering

Most important within this process is the empowerment of the child. This does not mean handing over all responsibility to the child. Rather, it involves providing the child with increased opportunities for participating in decisions which affect his future.

This philosophy is in line with the United Kingdom's recently enacted Children Act (1989), which has as a guiding principle that the child's wishes must be considered at all times, as long as the child is old enough to give a considered opinion.

This process of empowerment involves consultation and partnership. The children are made to feel that they have been properly consulted, that their views have been properly considered, and that they have participated as partners in the decision-making process.

## Treatment

After the Assessment Report has been interpreted into an Individual Treatment Plan (ITP) under the guidance of the case manager, it then becomes the responsibility of the child's Personal Tutor and the house team to implement the programme. This treatment plan is reviewed on a quarterly basis.

The highly skilled and dedicated Personal Tutors (child care workers) are backed up by a multi-professional treatment team. However the cornerstone which ensures the success of those involved with the children

and young people is the fully fledged Centre for Adolescent Studies (CAS). This is where, on commencement and continuously, the house teams are moulded.

## Valuing and Empowering Child Care Workers

Societies are deeply ambivalent about those children who have special needs and the way those needs are to be met. This ambivalence is thoroughly reflected in the way child care workers are treated by societies. These workers are essentially the ideological "buffers" in each society, regarded on the one hand as necessary evils (in some instances almost the latter-day equivalent of the hangman), and on the other as saviours, people who are prepared to do some difficult, unpleasant and unrewarding job in order to help children in need.

At Aycliffe Centre, the child care workers are highly valued and empowered, thus becoming an index of the value placed upon the children they work with.

## Daily Routine

Routine is primarily concerned with management and care.

● *Management*, means containing the child's problem, setting boundaries. For example, a young person who commits offences must be prevented in the short term from committing further offences; a child who is abused must be safeguarded against further abuse. Management also involves stabilising the child. This is concerned with creating a sense of peaceful co-existence with the child, so that his or her needs and general condition can receive appropriate attention.

The objective is to achieve the end-product of the process of management, which is "control".

● *Care* is concerned with the adequately meeting of the needs of the child for physical survival, emotional well-being and social integration. This process of care is aimed at stopping the child's condition from deteriorating (through lack of food, emotional stress or social isolation), but also to enhance healthy and positive aspects of his condition. Care is seen as an end in itself, more than merely a necessary prerequisite for the child to remain alive and well enough for other work to be undertaken.

## Assessment and Treatment

● *Assessment* is the first major technical task of the child care worker. However, identification of the child's needs is a daily continuous process. The objective of assessment is to identify the child's problems and needs and to determine how these should be met. It also serves to identify the child's strengths and resources.

● *Treatment* is concerned with long-term reduction of the extent and intensity of the child's problems, along with the utilisation of his potentials.

A final stage in the Aycliffe process is *disengagement* or termination, whether treatment is successful or fails prematurely. To end the workers' involvement with the child demands considerable preparation and sensitivity, which is sometimes difficult to achieve in the transition from the institution into the "normal" community.

## Appropriate in South Africa?

This report might create the impression that the Aycliffe system is too sophisticated, too professional, too expensive and too idealistic for us to use within our South African context.

However, if we as a community and a state can manage to provide our very well adjusted children and young people with bursaries to study at colleges and universities, and provide them with highly paid, professional manpower resources for guidance and counselling at these highly sophisticated institutions, why should we not aim at providing similar levels of quality in our services for those of our young people who are most needy and underprivileged?

The blame for there being so many children in need of care must be placed squarely on the shoulders of our society and state, which through its policies of unequal distribution resources has led to the inadequacy of those diets, amenities, standards, services, and activities which are common in most societies.

Our children have long been deprived of those conditions of life which ordinarily define membership of society. Thus they need and deserve the very best. I wish to thank the NACCW, the Brian Gannon Fellowship and Aycliffe Centre for Children for this learning experience. □

*Separate children with special needs into special classes?*

*Julie Donnelly describes a plan which brings 'normal' children to visit them ...*

## Reverse Mainstreaming helps normal children learn about autism

Why are those kids screaming in the hallways? Why aren't they punished when they hit the teacher? It was the fifth year that we had students with autism in the Delaware Elementary School in Springfield, Missouri and no one had explained the disability to the regular grade students. Some of the younger students were frightened. The regular classroom teachers were unsure how to explain the behaviours of these strange children to their students. The teachers themselves wondered at our intensive staffing when they managed over 30 students single handedly. It was time for some explanation, education and public relations.

I visited the upper grade classrooms and talked to them about autism, my multihandicapped class and my son who has autism. Then the students took part in a sensory overload exercise that brought the experience of autism home to them in a very personal way. They wrote about their experience and began showing more interest in those "strange kids down the hall".

I hoped to bank on this enthusiasm to create a peer tutor programme the following year. However, as I threw myself into other projects, peer integration took a back burner. Our structured programme of individualised functional academic, vocational, domestic and self-care jobs needed constant refinement. New jobs had to be constructed to further develop their skills and work be-

haviours. In addition to development of pragmatic language, our programme was enriched by the use of music, art and dramatics. We were developing the use of sign and augmentative communication devices as well as verbal language. Our Community Based Activity programme had expanded to include real work activities, and the use of appropriate behaviours at shopping, leisure, travel and service sites. Our swimming programme was successful in developing confidence, skills and safety awareness in water environments.

Daily access to adaptive devices and software allowed even the least able to function on the computer. We shopped at the grocery store and did a cooking project once a week. Therapy dogs visited my children every week. Those who were frightened of animals learned to be more comfortable.

Those who were overly aggressive were shown how to touch appropriately. The students were showing growth in social skills and appropriate play behaviours from our regular work on those areas. By mid-year, I could put peer integration off no longer. I placed a sign in the teachers' lounge: "Would any of your students like to come and visit our room at recess time? It doesn't have to be your best students." Pat Arnold, fifth grade teacher at Delaware School, came up with a list of volunteers and assigned two of her fifth graders to each of my recesses. So began a series of wonderful experiences for all involved.

Some of the visiting fifth graders were intuitively excellent at relating to my children. Two delightful boys were so good with my kids that I thought they were Pat's star students. She laughed at that. It was the work in my classroom that gave them the opportunity to shine. Then there were the pretty, popular, well-dressed girls. We watched astonished as they hugged one of my loving but drool-sopped students. We took pictures of the child who jumped and flapped at every recess,

sitting with a boy his age playing a game!

Some of the visiting students chose to play by themselves, keeping a wary eye on my kids. I never forced them to get "involved". Interesting toys and games kept them coming back. They did a great job of being normal "play models". After they left, my students would get out the games the others had played and try to act just like those kids. Most people with autism don't learn to play naturally. Their best teachers have been their own age peers.

There have been other benefits to this 'reverse mainstreaming'. These fifth graders say Hi to my kids in the hall. They come to play with my kids on the playground at their own recess time. They ask to eat lunch with my students. Now there is a waiting list of other fifth grade students who want to come to our room if a regular visitor is absent.

Pat stopped me in the hall to tell me about one of her student's visits to the mall with a friend. The friend saw someone with a disability and was making fun of that person. The Delaware school girl stopped her. "Don't make fun of them!" she said. "They visit our classroom and we visit theirs. They are people just like us." The fifth grade teacher and I stood in the hall with our arms around each other crying. Our little effort has changed the children in my class, her class, their friends and their families. There is a lot of excellent information available on the use of peer integration for children with autism. Pamela Wolfburg's work on *Integrated Play Groups* is interesting and informative. Gary Sasso, at the University of Iowa, is sharing many good ideas. The TEACCH programme in North Carolina is also an excellent source. I hope to incorporate some of their suggestions. However, we need to remember that it is not our best laid plans that make this work. The magic is in the children and bringing them together.

*Reprinted in SA Autism Newsletter from The Advocate, Washington DC*



FOR MANAGERS

## Cross the Anger Gap: Build Humour Bridges

*"Go for the jocular vein, not the jugular vein."*

— JOEL GOODMAN

Since conflict will always exist in dynamic and changing organisations, managers are no longer charged with the task of resolving conflict. Now they must simply *manage* it. According to Terry Paulson, Ph.D., author of *Making Humour Work*, humour can be a great tool in the process.

One starts with the premise that behind every angry person is a problem that needs to be addressed. Paulson coins the phrase "verbal aikido" to describe one of his techniques for disarming anger. (Aikido is a martial art in which one learns to give an unexpected response. For example, you push when pulled, or pull when pushed.)

In verbal aikido, instead of responding with defensiveness ("Not me!") or a counter-attack ("You're not so great yourself!") the message is one of acceptance, redirection, and affirmation: "You're right! It's not like me, but sometimes I act that way."

Paulson shares several examples of aikido strategies:

**The Attack**  
"It won't work!"

**Aikido Response**  
"You're probably right. There's no warranty on any idea. What problems do you see?"

**The Attack**  
"You're just like the rest of the managers around here!"  
**Aikido Response**  
"I am a manager. It's reassuring that it shows. Now, what's the problem?"

**The Attack**  
"You're too young to understand."  
**Aikido Response**  
"I'm as old as I can be for my age. What's the problem?"

Unexpected responses absorb and redirect anger in harmless ways without insulting or belittling the other person. A keen witticism, at the right time and in the right place, can quickly lighten an overbearing critic. When in the hot seat, Paulson suggests any one of these strategies:

- "I didn't do it, and I'll never do it again."
- "Is there anything else you don't like? I'm on a roll here."
- "You don't like what I've done so far, and you're hoping the rest of my day will be at least as good."

When used properly, humour breaks the anger cycle. Both parties can move from confrontation to problem-solving.

**Not avoiding**  
However, some people can inadvertently use humour to avoid problems. The complaint, "He won't take anything seriously," is not a compliment. Remember that humour is a tool for deflecting an attack so that there is room for discussing viable solutions to problems which present themselves. "One manager found an interesting way to break the tension at a confrontational meeting. Just prior to starting on the agenda, he took out a target and pinned it to his chest — to a chorus of laughter from the others in the room. The humour broke the tension and contributed to early problem solving."

Source: Paulson, Terry L. Ph.D. (1989) *Making Humour Work — Take Your Job Seriously and Yourself Lightly*. Los Altos, California: Crisp Publications. Acknowledgements: *The Child and Youth Care Administrator*, Nova University, USA

## Senior Citizens: THE GENERATION GAP

A Senior Citizen is one who was here before the pill and the population explosion.  
We were here before television, penicillin, polio shots and antibiotics, before frozen food, Nylon, Dacron, Xerox, Kinsey, Radar, fluorescent lighting, credit cards and ball-point pens. For us time sharing was togetherness — not computers or hotels; a chip meant a piece of wood, hardware was hardware and software wasn't even a word.  
We were here when the loo was still outside and you ate inside. We were here before pantihose drip-dry clothes, before ice-makers and dishwashers, clothes dryers, freezers and electric blankets.  
Before men wore long hair and earrings and women wore tuxedos.  
We were here before the 20-hour week and the minimum wage.  
We got married first and then lived together. How quaint can one be?  
Closets were for clothes, not for coming out of.  
Bunnies were small rabbits. Girls wore Peter Pan collars and thought cleavage was something butchers did.  
We were here before Batman, Rudolph the Red-nosed Reindeer and Snoopy.  
Before DDT, vitamin pills, disposable nappies, jeeps, instant coffee — decaffeinated anything.  
We thought Fast Foods was something you ate during Lent.  
We were before Boy George, FM Radio, tape recorders, electric typewriters, word processors, electronic music, discos and that's not all ...  
In our day cigarette smoking was fashionable, grass was for mowing, Coke was a refreshing drink and pot was something you cooked in.  
If we had been asked to explain CIA, MI5, NATO or ICBM we would have said 'alphabet soup'.  
We are today's *Senior Citizens*, a hardy bunch, when you think of how our world has changed, and of the adjustments we have had to make!  
Makes you think, doesn't it!!

— Source unknown



"Son, I think I'm beginning to understand you better .. I've been paging through this book called 'How to Know your Teenager'."

## Border Region celebrates Child Care Workers Day?

At a regional meeting earlier in 1992, information that 9th September was to be declared 'Child Care Workers Day' reached our ears. Unbeknown to us this idea was just that — "an idea" — but the NACCW's Border Region took the ball and ran with it, thinking that other regions were doing the same! The King William's Town celebrations began with a lovely tea in the morning, and culminated in a most entertaining "progressive supper" in the evening. Relief child care shifts were undertaken by the management staff so that all "on line" workers and their husbands could participate, while the supper was hosted by members of the Committee. A most enjoyable time was had by all, and we now have this date firmly fixed in our diaries! East London also celebrated the day and involved the children in caring activities for their caregivers.

## National Symposium to centre on the Child

The OFS and Northern Cape Association for Early Childhood Educare will host the 9th SAAECE National Symposium on the 27 to 29 September, 1993 at the University of the Orange Free State, in Bloemfontein. The theme "The Child is the Centre" emphasises the importance of our young children by putting them in the centre of discussions on issues concerning their rights to education and care.

Different topics centering on children's rights, policy, community and state involvement, recovering from violence, social care, multi-cultural and anti-bias approaches will be discussed and workshopped. Those wishing to attend or who want more information should contact Debbie Lesshope at Telephone (051) 32-4895 or Fax (051) 32-4881.

## New Director Boys' Towns South Africa

The resignation from the post of Director by Bishop Reginald J. Orsmond will be accepted by the National Board of Boys'



# Newsbriefs

Towns S.A. at its meeting on the 20th/21st February 1993. At the same meeting the National Board will appoint Mr Jose Araujo as the new Director of Boys' Towns South Africa.



Joe Araujo, new Director

The following new posts in the Boys' Town organisation have also been approved: (1) Child Care Manager; (2) Financial and Administrative Manager; and (3) Liaison and Fundraising Manager. These three Managers will be directly responsible to the Director.

## TRANSCVAAL

### Training and Graduation

1. The Orientation workshop will take place on 17 February, at Strathyre Girls' Home, Eleventh Avenue, Kensington, from 08:30 to 12:30. Please note that this workshop consists of only one four-hour session and will start promptly at 08:30. If you want to register for the BQCC, attendance at the Orientation is compulsory. The certificate for the Orientation Course will also be necessary for entrance into the Certificate in Child and Youth Care (UNISA) when it starts in 1994. The fee for the Orientation Course is R15.00 for members (R20.00

for non-members).  
2. The first Module of the new Basic Qualification in Child Care (BQCC) will be run on the following dates from 08:00 to 12:00. There will be two groups: one will run at Strathyre Girls' Home and the other on the East Rand at Norman House. Module 1 will consist of seven 3-hour sessions and is concerned with Child and Youth Care Philosophy, and Methodology of Practice.  
March: Wednesday 10th, 17th, 24th and 31st.  
April: Wednesday 28th  
May: Wednesday 5th and 12th.  
3. Graduation and Launch of the Profession: Congratulations to any of you who successfully completed any of the courses run by NACCW in 1992. You will receive your certificates on the 3rd March, 1993 at the Graduation Ceremony to be held at Megawatt Park. The function is at 9:30 for 10:00 and

will be finished at 12:00. This function is an exceptionally important one as the profession of Child and Youth Care will also be launched at the same time. We hope to have present with us a number of distinguished guests to share this important occasion with those who will receive certificates. At the Launch of the Child and Youth Care Profession, the first Registration Certificates will be handed over to any one who has applied for registration and who qualifies to be registered. Please note that you can register at any time in the future, but only people who apply before 7th February 1993 will be able to receive certificates at this function.

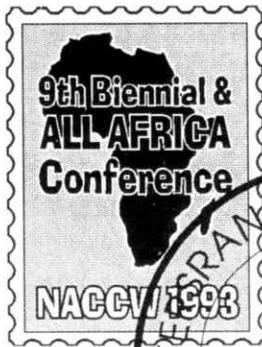
## Child Care Workers' Forum

The next meeting of the Forum, will be held at the Twilight Children's Shelter, 31 van der Merwe Street, Hillbrow, on 18 February 1993 at 9:30. This is your Forum; please support it.

## NATAL

### Graduation

The Natal Region will be holding their Graduation Ceremony at St Philomena's on the 26th February as part of their Regional Meeting. In the evening there will be a dance to conclude the celebrations.




INFORMATION FROM CONFERENCE SECRETARY  
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