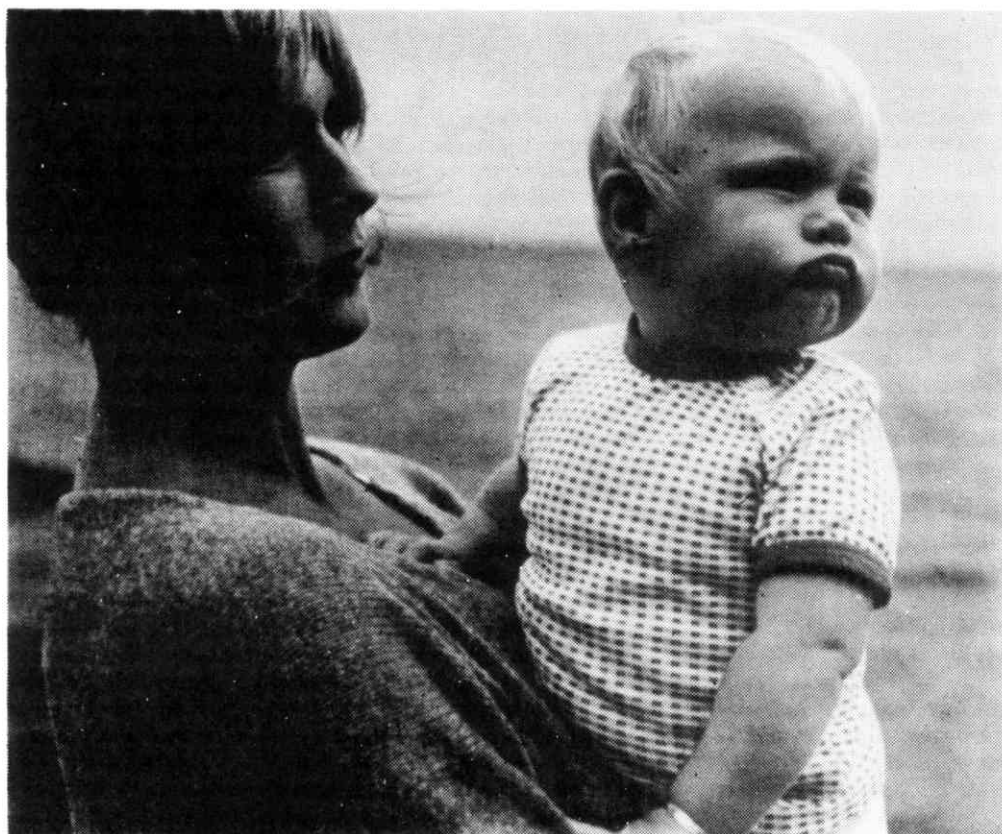


The child care worker



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Journal of the
National Association of
Child Care Workers
NACCW

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Child care work: a career with a future?

So you always wanted to be an engineer or a manager of some kind — and you think that child care work may be a job which leads nowhere? Think again!

From the depths of global unemployment, people have been studying trends in the workplace — and coming up with some intriguing findings. The greatest development over the past decade or two is that fewer people work in manufacturing and industry today (machines like computers and robots do more of that now) and most people work in what is called 'the service sector' — a sector which includes you and me.

A new age

We are, writes William Burger in *Newsweek*, in a new era which has been called 'the service economy', 'the information age' or 'the knowledge society'. Everything we have thought up until now about jobs, work and careers is being challenged, and everybody is going to have to adapt to new ways of working — or get left behind.

I remember, a short twelve or thirteen years ago, reading that soon people would stay at home and work on computers

instead of catching a bus to work. It sounded ridiculous, just science-fiction. Within one year that was exactly how I was working — and it is how I still work today.

Today we are being told that *service, information and knowledge* will be the keys to future job security and wealth. In the USA, the American Bureau of Labour Statistics has predicted that certain jobs will grow and others will fall away over the next 15 years.

Fastest growing

Declining fast are the industries related to footwear and leather, tobacco, oil and armaments.

The most dramatically growing industry in the USA, set to virtually double itself in the next 15 years is (wait for it) residential care.

Others in the top ten are health services and social services. The nine fastest growing jobs for those with high school education or less include human services workers, corrections officers, child care workers and nursing aides.

Child care, adult care?

Our American colleague Karen VanderVen, who con-

tributes again to this issue, has long promoted the concept of 'life-cycle' care (as against just *child* care) as a legitimate career area. Indeed, the attitudes and skills which child care workers learn are certainly applicable to the work of caring for people of *any* age group, and this adds weight to the view that child care workers have a place to move on to in the human services employment sector.

Not ready yet

These career indicators apply already to North America, Europe and Japan, and who knows when they might apply here in South Africa?

There are many reasons why international trends may take a while to impact on the child care service of this country, where we still have most of the aftermath of an irrational system to untangle — not only in the wider economy and labour market, but also in the child care service itself. For example, until a dozen years ago it was against state policy to provide child care services for black children outside the 'homelands'; until much more recently there were hugely different state subsidies for chil-

dren's institutions for different race groups; we still endure severe fragmentation in child care whereby children's homes just a kilometre apart can have widely different salaries and employment conditions for staff, since each is run by its entirely autonomous management committee. The NACCW has suggested the development of common salary scales and service conditions for child care, but with most organisations still so dependent upon charity for their funding, we are far from uniformity — and therefore far from a unitary 'child care industry'.

Training and experience

Whenever it may be that world employment trends reach South Africa, and that we have a coherent child care structure here, the key words will still be *service, information and knowledge*.

It is up to individual child care workers to ensure that their continuing practice experience, along with their study and skills acquisition, keep them eligible and competent to take their places in a service sector which is on its way up in the developed world.

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 this two-part series **Paraskevi Stavrou** of the Centre for the Study of Violence and Reconciliation at the University of the Witwatersrand examines the terrible price many children are paying in this time of social and political turmoil

Psychological effects of Criminal and Political Violence on Children

1. INTRODUCTION

This paper looks at the effects of political and criminal violence on township children. I am going to focus on children as victims rather than as perpetrators of violence, although the latter can also be said to be victims of violence.

I am using the words child and children rather than youth, because I believe that we are not here to discuss adults. The term "child" is in this instance more clear than the term "youth", which, as it is used in South Africa today, can often incorporate people in their late 20's and early 30's, who in other circumstances are typically viewed as adults.

Children in living in South African townships are no strangers to stress. Whilst this may seem like an obvious thing to say, when we look at the meaning of the word stress we see that exposure to stressful situations is indeed a serious thing for a young person to understand and cope with.

A stressful event is any event which threatens our lives, our health. It involves the actual loss or the threat of the loss of someone precious or something very important to our existence or sense of identity and self-respect. Stress also involves the feeling that the demands of a life situation are more than one's ability to cope with it.

The threat or the experience of criminal and political violence are therefore generally experienced as very stressful and traumatic events because they threaten our ability to cope and our personal safety, as well as the safety of our family, friends and community. This does not mean that everyone who is exposed to violence will experience stress or view that event as having been traumatic for them. Some people, for some reason or another, do not experience

loss or threat in response to a particular violent event.

Research done with victims of violence shows that 60 — 80% (or more) of people exposed to violent situations, whether directly or indirectly, suffer from symptoms of Post Traumatic Stress Disorder. Research also indicates that just living in a society where the media is filled with images of violence and messages of doom and destruction, can result in people experiencing symptoms of Post Traumatic Stress.

Children are psychologically more at risk than adults through violent experiences. Follow-up studies of disasters found 80% of children had symptoms of Post Traumatic Stress Disorder one to two years later, compared with 30% of adults. Children's potential for long-term recovery without the support of a significant adult and/or the relevant treatment, is markedly less than that of an adult. Their conceptual and emotional inability properly to understand the violent event, and to have some measure of control over their environment, are factors which mitigate against a swift recovery.

When we talk about the effects of violence, we generally refer to the effects of political violence — such as riots, the repressive actions of the security forces against people opposing this government, battles between hostel dwellers and township residents. However, a great deal of the violence that children are exposed to, is the violence of "ordinary" crime — such as sexual abuse and assaults. The most common violent crimes in South African society are the sexual crimes — rape, sexual assault, incest. Women and children are the most common victims of sexual crime.

Children are increasingly becoming involved in crime and in the perpetration of violence. In

1988 the average age of the first offender in South Africa was 22 years. A disturbing new trend emerged in 1990 when the average age of the first offender dropped to 18 years. This means that in the early 1990's most of the criminals who are arrested, charged and imprisoned are children.

A lot of this "ordinary" criminal violence can also be caused by political factors. Alcohol abuse, poverty, unemployment and dangerous living conditions for example, all contribute to the incidence of crime, and all these factors can in turn be linked to the apartheid policies of education, employment, accommodation and influx control. However, to call all acts of violence political, is a mistake because it can result in people not properly understanding the causes of the different types of violence, and so not being able to recommend realistic solutions to end violence and effective treatment for the victims of violence.

2. MEDIATING FACTORS

Before we discuss the actual effects of violence on children, it is necessary to look at factors which influence a child's response to violent events.

2.1 Intra-personal factors:

The way a particular child reacts to stressful situations and the coping strategies they use, depends upon that child's age and stage of development. There is a big difference in the way a 5, a 12 and a 20 year old understand and cope with violence. Likewise, treatment strategies will differ according to the child's age and stage of development. Research amongst victims of violence shows that the following family history's and pre-existing personality factors play a significant role in how a person copes with the effects of trauma:

- a history of family psychiatric disorder/Psychological

problems, especially with alcoholism, depression and anxiety

- poor coping/adaptation skills through childhood
- an insecure, emotional home atmosphere
- people who tended to react bodily/psychosomatically to stress, and who had hypochondriacal tendencies
- high basic levels of anxiety and dependant, insecure, highly sensitive, introverted and neurotic traits
- a tendency to social withdrawal and psychological regression.

2.2 Gender

Young boys seem to show more stress symptoms than young girls do in early childhood. This situation seems to reverse itself when children reach adolescence. This may be because girls face greater risks and, after all, the most common violent crimes are sexual crimes — rape, battery and sexual assault.

2.3 Inter-personal factors

Apart from their age, temperament, sex and physical health, the most immediate factor affecting children's reactions to violence is the family. A happy and supportive family, with strong family ties and the constant presence of parents and/or other significant adults, has been found to be the most crucial support for children coping with stress. Studies show that children suffer a great deal, and take much longer to recover from the immediate effects of violence if there are no significant adults available to them.

Children are influenced as much by the attitudes, the mental state and the coping strategies of the significant adults around them, as they are by their own stress reactions. Children who cope better with stress seem to have come from families where discussions take place between parents and their children; where parents show good coping and problem-solving skills; give their children feedback on their (that is the children's) behaviour; show concern for their children's education, and give their children greater self-direction/responsibility in doing everyday tasks. Studies have also noted the importance of the material home environment. Low socio-economic

conomic status and crowded living conditions can make children more vulnerable to stress.

This does not mean that poor families do not offer their children support, but that poor families may, for example, live in more dangerous environments, the parents might work long hours and spend a lot of time travelling and so not see much of their children. Unemployment is a huge stressor which may in itself create violence in the home.

Another factor is that poor families may not have the resources to get specialized help for their child who may be showing the psychological effects of exposure to violence. They may not have the money to take them to a hospital, to the Trauma Clinic that we have at Wits University to treat victims of violence, or to phone *The Sowetan's* Victim Line; they may not be able to read or to buy the newspapers which write about such services.

2.4 Social support

Social support systems, that is the support of family, friends, neighbours and some known members of authority like teachers, act as a buffer, a sort of shock absorber, to help individuals cope with stress. This is because when we receive such support, it tells us that there are other people who care for us, and that as individuals we are still able to control our world a bit, even if this is only to call on a friend's support. Having a sense of control is very important to somebody who has been a victim of violence because victimisation involves someone else taking away a very essential control — the sense of control over one's own life and future.

A particular source of support for young people is the school, which is ideally able to provide information, support and the calming influence of an on-going routine.

The role of friends is also crucial. It is often in young children's play situations or in teenagers' discussions, that children can talk about their experiences and understand that what has happened to them is something that others may also share.

This normalising of experiences plays an important role in understanding and recovery.

2.5 Broader ideological context

The values that individuals and families have are fundamentally influenced by the values and traditions of the broader society. A social order which favours tolerance of others and a legal, political and socio-economic system which is largely based on respect for human rights, will serve to entrench such values into the workings of civil society. A social order which favours the rights of some groups in society over that of other groups, will entrench such values into the "hearts and minds" of our children. Apartheid is of course an example of this.

2.6 Differential exposure to violence

Children are exposed to violence in different ways: they may be witnesses to a violent event; they may be active participants in the violence; they may be direct victims of violence, like being an assault or a rape victim, or they may be "indirect" victims in that they may be part of a family which suffers the effects of having a father in detention.

We find that generally children experience the same sorts of stress responses in reaction to different violent situations.

However this differential exposure to violence may have an effect on the severity of the reaction and on the social supports available to the child. A victim of rape may have less support available to her than a child who has just been released from detention.

2.7 Dimension of the Trauma

The nature of the traumatic experience itself, does however influence the nature of the stress. Difficulties are more likely to arise if the stressor is:

- intense or severe
- involves heat, noise or darkness
- is sudden, unanticipated and uncontrollable
- is irregular or occurs in large chunks
- involves such loss as bereavement, threat to life, personal injury or exposure to death.

Other important elements include:

- the duration of the event
- whether it was experienced alone or with others
- whether the threats in-

volved in the event were single or multiple

- whether there is a possibility that they may reoccur.

Dimensions of the child and the situation will interact with each other to determine how that child feels, thinks and reacts in the situation. The role the child adopted, the things they did or did not do and say, and the personal and moral conflicts that arise from this will further influence the emotional processing.

2.8 Criminal "vs" Political Violence

Contrary to popular belief, "ordinary" forms of violence appear to be as psychologically distressing as politically related violence is. Little attention has been given to contrasting the different effects that criminal versus political violence has on children. This may be because the distinction between political and criminal violence is often impossible to make. Another reason may be that it is assumed that children are apparently not targeted by criminals. Several examples contradict this latter statement because it seems that children are more exposed to violent crime than originally thought:

- Children, because of their vulnerability, are "common" victims of sexual crimes and battery
- Children are increasingly targeted by drug pushers, house-breaking and car theft gangs because they are often easy to influence, cheap to "hire", and small enough to squeeze through an open window
- A study of 136 Standard 10 pupils in Alexandra in 1987 and 1989 showed that the children's most common experience of violence was witnessing shootings, assaults and stabbings of both a criminal and a political nature. The most commonly reported violent crime involving the actual student as the victim, was that of assault; followed by intimidation, harassment and being threatened.

The perpetrators of violence were identified as:

- (1) security forces
- (2) criminal elements
- (3) comrades
- (4) family and friends.

Being a victim of an "ordinary" crime may in fact be more diffi-



"People live with the constant possibility and fear of attack."

cult to cope with than being a victim of political violence.

Political violence is directed more at ideological opponents, whether these be members of a different political party, ethnic group of merely residents of a disputed territory. Individuals, and especially individual children are rarely targeted. This is unlike more "ordinary" violent crime where individuals are generally targeted because of what they can "offer" the violent criminal. Therefore one's sense of personal violation, of self blame, guilt and humiliation tend to be greater.

The ideological component to political violence may serve to protect or inoculate the victim against stress. Studies show that involvement and identification with the politics of a violent situation may produce a resistance to stress. At the same time, long exposure and defiant/rigid political attitudes can result in stress reactions. People often do not view their exposure to political violence as a totally negative experience, unlike the victims of crime. Part of the reason for this is that whilst emotional disturbance is often experienced, people feel that they have contributed to the struggle and strengthened their political awareness and commitment.

Despite the above differences, the similarities between political and criminal violence is increasing:

1. The perpetrators of the current political violence, like most criminals, are not always easily identifiable. While most people will acknowledge that they re-

gard Inkatha, the police or the comrades as perpetrators of the violence, they cannot always be sure who these people are. Likewise with criminals. Whilst most sexual crimes are committed by people known to the victim, the dramatic increase in the crime rates and the massive influx of new people into the urban townships, means that both the "perpetrators" and the victims are more random, and the picture of the "typical" criminal is becoming more complicated.

2. Political violence in the 1990's has split township communities in a more complex way than previously. In the past, divisions tended to be between members of progressive organisations and those labelled as state collaborators, as well as between township residents and the state security forces. As the violence spills over into all contested terrains, so the conflicts are increasingly between the different communities residing within the broader geographic community of the township, like the conflict between hostel dwellers and township residents, and between the competing "progressive" political organisations — the ANC and AZAPO. The increase in the crime rates and in the different types of crimes committed in the townships has created further splits in the township community, especially between squatters and the wealthier township residents, between gangs, drug traffickers and com-tsotsi's and the other township residents.

The increasing divisions within the township community are likely to further erode the protective nature of the availability social support networks, thus further weakening a child's ability to cope with stressful situations.

3. Both political and criminal violent activity rely on an element of unpredictability for their "success". However the dramatic increase in both the rates of political and criminal violence and in the increasingly random nature of violent attacks, means that people live with the constant possibility and fear of attack. This element of unpredictability creates the ideal conditions for rumours of violence to abound — rumours which in themselves become a further source of stress.

4. The sheer extent of the visible

criminal and political violence in the homes and in the township streets has never before been experienced in the history of this country. This feature of current violence is likely to have two important psychological consequences. One could expect a

larger group to be directly affected psychologically by the violence.

The fact that the violence occurs on home ground may result in profound feelings of anxiety and insecurity, as well as the desire to socially withdraw in an

attempt to protect oneself against harm.

In the next issue: Paraskevi Stavrou will deal with children's stress responses to violence.

Any enquiries may be directed to telephone 011-403-5650

The Role of the Social Worker in Primary Health

M. du Plessis

Department of National Health and Population Development

Primary health care offers the social worker the opportunity to combine therapeutic skills, an inter-disciplinary team approach and community work to the benefit of a client having multi-facetted problems. The social worker has a sound knowledge of relevant methods, skills and intervention strategies necessary to achieve the aims and goals of primary health care.

Primary Health in SA

In 1986 South Africa announced a National Health Plan. The essence of this plan was the striving towards a psychological, physical and social well-being for all the people in the Republic of South Africa. It is the mission of the government to bring health services to everybody in the Republic of South Africa through Primary Health Care (PHC). To succeed in this mission, endeavours must be made to move as closely as possible to the guidelines set out by the World Health Organisation.

Primary Health Care is essential health care based on methods and technologies which are practically and scientifically justified and socially acceptable. Health care should generally be accessible to individuals and families in the community through their full participation and at a price that can be afforded by the community and

the country, in a spirit of self-responsibility. It is not just an integral part of the country's health system, but of the general socio-economic development of the community as well. It is the first level of contact with the health system and makes health care readily available to all inhabitants of the country. It is the first element in a comprehensive process of health care.

Social worker involvement

The social worker is not involved in all the aspects of Primary Health Care, but from their particular field of service they can determine their position and task in respect of Primary Health Care. It deals with the prevention of disease and the promotion of healthy lifestyles.

Social work definitely has a role to play in the provision of primary health care services. The National Association of Social Workers (NASW) defines social work as follows: "Social work is the professional activity of helping individuals, groups or communities to enhance or restore their capacity for social functioning and to create societal conditions favourable to their goals" (NASW, 1973:45). Social work is therefore a system for providing a service according to professional activities. It is aimed at people with the intention of establishing and maintaining effective social functioning as well as preventing and rectifying malfunctioning.

The similarities between primary health care and social work are significant. Both aim at helping people to help themselves. Social work has the methods, skills and strategies for the achievement of these objectives. The definition of health includes social elements such as role functioning and role playing. A well known sociologist defines health as the individual's optimal ability to perform the roles and tasks in which he is socialised.

The question arises as to how

social work can integrate primary health care in practice.

The social worker should continue in his field of service with his particular methods and existing clients. It is, however, important that his orientation should move from a curative orientation to a preventative and promotive one. In order to become reorientated, a basic knowledge of primary health care is essential.

Help from Department

The Department of National Health and Population Development can assist you with information on primary health care and provide you with brochures or booklets on the different elements of primary health care. Personnel at the clinics are highly qualified and can also be approached to give information and practical advice. It cannot be emphasised enough that social workers, with their scientific knowledge of social needs, can play a definite role in the assessment of needs, creation of awareness in the community and the integration of primary health care services within a holistic approach to clients. The way in which the community is approached to participate in discovering the services, will eventually determine the extent to which the services will be used, and to which the community will take responsibility for such services and accept personal responsibility for their own health and the health of their families.



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Die Kinderversorger en Haar Gesin

Mev. M van Niekerk, Direkteur: Residensiële Kindersorg, SKDB, OVS

Kinderversorgers getuig daarvan dat hulle by diensaanvaarding nie in die minste voorberei is op die persoonlike eise wat aan hulle gestel word en ook nie besef watter aanpassings hul eie gesinne moet maak nie. Ongelukkig word daar in die oriëntering en indiensopleiding van die kinderversorger gefokus op haar verantwoordlikhede ten opsigte van die kinderhuiskinders, administratiewe en ander take. Weinig aandag of ondersteuning word aan haar en haar gesinslede gebied ten opsigte van persoonlike aanpassings.

Die vier kinderhuise van die Ned Gerf Kerk in die OVS (Ons Kinderhuis, Winburg Kinderhuis, Gedenk Kinderhuis en Charlotte Theron Kinderhuis) bied jaarliks 'n gesamentlike byeenkoms vir al die kinderversorgers in hul diens, aan. Dit word beskou as 'n ontwikkelingsgeleentheid. Hierdie byeenkoms vervang nie die normale opleidingsbyeenkomste wat deur elke kinderhuis afsonderlik aangebied word nie. Dit bied aan die kinderversorgers van verskillende kinderhuise die geleentheid om mekaar te leer ken en sake van gemeenskaplike belang aan te spreek. 'n Byeenkoms in Februarie 1993 is deur 64 kinderversorgers bygewoon.

PERSOONLIKE INLIGTING VAN KINDERVERSORGERS

Ouderdomsverspreiding

JARE	AANTAL	%
20 — 29	2	3
30 — 39	7	11
40 — 49	17	27
50 — 59	28	44
60+	10	16

HUWELIKSTAAT AANTAL %

Ongetroud	1	1.5
Getroud	43	67.0
Weduwee	10	15.6
Geskei	10	15.6

AANTAL KINDERVERSORGERS MET EIE AFHANKLIKE KINDERS: 47%

KWALIFIKASIE	AANTAL	%
St 7	4	6
St 8	28	44
St 9	1	1.5
St 10	18	28
Na-skools	13	20

Periode in diens van die kinderhuis

JARE	AANTAL	%
0 — 1	6	9
1 — 2	18	28
2 — 3	11	17
3 — 4	6	9
4 — 5	7	11
5 — 6	7	11
6 — 7	4	6
7+	5	8

Daar is hoofsaaklik twee redes waarom persone aansoek doen vir die pos van kinderversorger naamlik:

- voel daartoe geroepe
- finansiële redes, wat insluit behuisingsnood

OMSTANDIGHEDE BY DIE KINDERHUIS WAT DIE GESINLEWE VAN DIE KINDERVERSORGER RAAK

Daar is verskillende faktore deur die kinderversorgers genoem. Pogings is aangewend om riglyne vir die hantering daarvan te formuleer ten einde nuwe personeel en hul gesinne te help met die aanpassing.

1. Die gesin van die kinderversorger is nou deel van 'n groter struktuur.

In die gewone gesin is die man die hoof van die huis en het hy die laaste sê. Die kinderversorger is in diens van die kinderhuis. Gewoonlik beklee haar man 'n ander betrekking en is hy nie in diens van die kinderhuis nie. Die kinderversorger word aanspreeklik gehou vir die gedrag van haar gesinslede — ook vir die gedrag van haar man. Dit kan selfs gebeur dat sy aangespreek word oor die gedrag van haar man. Verder is sy op hoogte van gebeure by die kinderhuis aangesien sy aankondigings hoor, omsendbriewe kry en personeelvergaderings bywoon. Sy ontvang ook opleiding wat aan haar nuwe kennis bied, byvoorbeeld ten opsigte van kinderopvoeding.

Die man kan ervaar dat daar beperkinge op sy rol as hoof van die huis geplaas word. Dit gebeur dat die hoof of bestuur van die kinderhuis besluite neem wat die kinderversorger se eie gesin raak, byvoorbeeld meer as een troeteldier word nie toegelaat nie of mans loop nie kaal bo-lyf rond nie. Die hele gesin kan ervaar dat roetine in 'n groot mate voorgeskryf word.

In die ondersoekgroep het 29% van die kinderversorgers se mans nie buitenshuise arbeid verrig nie omdat hulle op pensioen of vervroegde pensioen was. Die man het nogtans die behoefte om te voel dat hy die leiding neem en gerespekteer word.

Voorstelle vir hantering

- Identifiseer terreine waar die man sonder twyfel die leiding kan neem byvoorbeeld die tuin van die wooneenheid.
- Probeer om nie voor die kinders eie sowel as kinderhuiskinders van die man te verskil nie.
- Die vrou moet haar man ten alle tye so aanspreek dat hy voel dat hy gerespekteer word.

2. Gebrek aan privaatheid

Daar is min geleentheid vir die kinderversorger om alleen te wees met haar eie gesin. Selfs wanneer sy nie aan diens is nie is daar kinderhuiskinders of die afloskinderversorger in die nabyheid. Dit het veral op drie fasette van die gesinsfunksionering 'n invloed.

1. Intieme en persoonlike gesprekke kan nie spontaan gevoer word nie.
2. Liefdesbetuigings, aanraking en woorde kan nie spontaan geuiter word nie.
3. Konflikthantering

Voorstelle van hantering

- Benut die geleentheid wat die kinderhuis bied in terme van afdae, afnaweke en verlof.
- Beskerm die gesin se privaatheid deur reëls daar te stel byvoorbeeld dat kinderhuiskinders nie toegelaat word in die kinderversorger en haar gesin se woonstel nie.

3. Verdeelde Lojaliteit

Die kinderversorger beland in situasies waar sy nie weet aan wie om aandag te gee of wie se kant om te kies nie — dié van die kinderhuiskind of dié van haar eie kind. Eie sowel as kinderhuiskinders vra dat sy net gou moet luister of gou moet help.

Wie se kant moet sy kies as haar eie en 'n kinderhuiskind baklei?

Dit kan gebeur dat die kinderversorger skuldig voel as haar eie kinders iets moois of lekker kry wat die kinderhuiskinders nie ook kry nie. Reëls wat in die kinderhuis geld, geld nie noodwendig vir die kinderversorger se eie gesinslede nie. Kinderhuiskinders mag nie lyfstraf van die kinderversorger kry nie maar haar eie kinders kry moontlik wel

lyfstraf. Kinderhuiskinders mag byvoorbeeld nie op Sondag swem of laat televisie kyk nie, terwyl haar eie kinders ge-woond daaraan is. Vrae duik op soos: "Is dit reg dat my eie kind minder/meer sakgeld kry as die kin-derhuiskind?"

Voorstelle vir hantering

- Die huweliksmaat van die kinderversorger kan baie help om perspektief te be-hou.
- Sy moet probeer om sover moontlik dieselfde reëls vir eie en kinderskinders toe te pas, maar probeer om nie reëls of voorregte waaraan eie kinders ge-woond is, te verander nie.
- Sy moet waak daarteen om nie 'n kinderskind te straf in die teenwoor-digheid van 'n eie kind nie asook anders om. Sy moet daarna streef om dit in pri-vaatheid te doen.

4. Beperkte geleentheid vir sosialisering en ontspanning

Uitnodigings na sosiale geleenthede moet van die hand gewys word, omdat die kinderversorger aan diens is. Soms word die gesin nie meer genooi nie omdat hulle by die kindershuis woon en daar aan-vaar word dat hulle nie sal kan kom nie. Dit kan gebeur dat belangrike gebeurtenisse van die eie gesin nie bygewoon kan word nie veral as die uitnodiging op kort kennisgewing kom. Dit is nie altyd geleë om gaste by die kindershuis te ontvang nie. Die gesin beskik gewoon-lik nie oor 'n gastekamer nie.

Voorstelle vir hantering

- Die behou van familie-bande moet nagestreef word — so ook die vriend-skap met minstens een of twee gesinne in die dorp.
- Die kinderversorger moet doelbewus sosiale uitstap-pies vir haar gesin beplan.

5. Gesin word blootgestel

Die gesin sien en hoor dinge waarvan hulle voorheen nie bewus was nie. Die kinderver-sorger se eie kinders leer nuwe woorde en selfs gedrag. Haar eie kinders word betrek by die kindershuiskinders se stoutigheid, byvoorbeeld sek-suele speletjies. Haar kinders word ook blootgestel deurdat

persoonlike vrae gestel word, speelgoed gebedel word en kiere geleen word.

Voorstelle vir hantering

- Hierdie blootstelling en er-varings is nie negatief nie. Dit kan haar eie gesin-slede laat besef hoe bevoorreg hulle is en vaardighede byvoorbeeld in selfhandhawing, ontwik-kel.
- Die gedrag van die kin-derhuiskinders moet aan gesinslede geïnterpreteer word. Daar moet duidelik gestel word wat die aan-vaarbare norme, reg en verkeerd is.
- Die kinderversorger moet haar eie gesinslede besk-erm en hulle leer om dit self te doen byvoorbeeld deur 'n reël te maak dat fietse nie uitgeleen mag word nie en kiere nie geruil mag word nie.

6. Verloor geloof in eie ver-moëns en bevraagteken roepingsbewustheid

Kindersversorgers gee soveel aandag en doen soveel moeite met kindershuiskinders, om dikwels met teleurstelling gekonfronteer te word as die kind byvoorbeeld dros of haar vloek. Sy kan maklik voel dat sy haar eie gesin en pri-vaatheid opoffer, sonder suk-ses.

Dit gebeur ook maklik dat kin-dersversorgers in 'n patroon verval van vaskyk teen die ne-gatiewe, kla en skinder.

Voorstelle vir hantering

- Kindersversorgers moet poog om 100% realisties te wees. Kindershuiskinders is moeilik en veeleisend. In die meeste gevalle is hulle potensiaal beperk. Dikwels het hul eie ouers 'n groot invloed op hulle. Die kin-dersversorger het dus 'n moeilike taak en moet dankbaar wees vir klein re-sultate.
- Die kindersversorger is 'n lid van die terapeutiese span en moet besef dat sy nie alleen verantwoordelik is vir die welsyn van die kind nie.
- Die kindersversorger kan sorg en luister, raadgee en vermaan, troos en bid, maar kan nie vir die kin-ders besluit en lewe nie.
- Kindersversorgers as

groep, moet hulself afvra watter invloed hulle op mekaar uitoefen: Het sy ie-mand moed ingepraat of iets negatief van iemand oorvertel? Het sy lekker gelag of het sy fout gevind? Wat vertel sy oor van die kindershuis? Sien sy dit as 'n voorreg om by die kindershuis te werk en dra sy 'n gesindheid van dankbaarheid en diens-baarheid oor na ander?

7. Verwaarloos eie gesin-slede

Die kindersversorger spandeer soveel tyd en energie aan die kindershuiskinders, dat sy nie aandag aan haar eie gesin-slede gee nie.

Voorstelle vir hantering

- Die volgende riglyne kan haar help om nie haar eie kinders af te skeep nie:
- Sy moet elke dag 5 minute tyd maak om alleen met elkeen van haar eie kin-ders te gesels.
- Die paar minute voordat 'n kleuter of 'n laerskoolkind gaan slaap, wil hy graag sy ma by hom hê. Sy moet haar program so opstel dat sy tyd hiervoor inruim.
- Sy moet met meer aandag

na haar kind luister en min-der met hom praat. Sy moet hom aanmoedig om ook gevoelens uit te spreek.

Slot

Ten slotte kan vermeld word dat die kindersversorgers groot waardering het vir kindershuis-besture wat bewus is daarvan dat hulle as gesinne ook bepaalde frustrasies en be-hoeftes het en wat poog om 'n struktuur en geleenthede daar te stel wat dit aanspreek. Voor-beelde wat genoem is, is on-der andere die volgende:

- Aanstelling van afloskinder-versorgers sodat daar gereelde afdae en af-naweke is.
- 'n Kanaal waar gevra kan word vir 'n afmiddag of afaand sodat persoonlike geleenthede van haar kin-ders of man bygewoon kan word.
- Bybelstudie
- Opleidingsgeleenthede waar toerusting ontvang word om kindershuiskinders te hanteer, maar ook per-soonlike ontwikkeling kan plaasvind.
- Byeenkomste vir hu-weliksmaats van kinderver-sorgers.

CHURCH OF THE PROVINCE OF SOUTH AFRICA

DIOCESE OF NATAL



WARDEN/PRINCIPAL

A suitably qualified and experienced person is re-quired to take charge of St Monica's Home, Bluff, Durban. The Home falls under the Anglican Diocese of Natal and applicants should be practising Christians who are able to accept responsibility for the material and spiritual care and development of approximately 80 children, from 5 to 18 years of age, mostly girls, plus 30 staff.

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NACCW's Ninth Biennial Conference a Significant National Event

About 400 delegates gathered for the ninth Biennial Conference of the NACCW, held from the 6th to the 8th of July at the University of the Witwatersrand. All who attended expressed appreciation for the wider horizons afforded by our visitors from other lands in Africa — Mozambique, Zimbabwe and Uganda.



Mr Anthony Ssenyonga of Uganda

in our country. There were many differences between us, and there was much that had happened in the past that had to be faced up to, but we could nevertheless now be united in our similarities and in our shared responsibility in tackling the tasks ahead of us in South Africa. Mr Sexwala invited Conference to forward any resolutions which it felt might contribute to future planning for children and child care in South Africa to Mr Cyril Ramaphosa at the multi-party negotiations.

Delegates' impressions

Most delegates noted the relaxed atmosphere and the good levels of interaction. "Delegates and presenters were direct and challenging, and yet a positive atmosphere of co-operation and problem-solving prevailed," said NACCW Director Lesley du Toit. She continued: "It was great to see that representation at Conference reflected more accurately not

only South African society, but also the different levels of practice, with more child care workers than management." "What I liked most," said Annette Cockburn of Cape Town, "was the informality and warmth — and the presence of the children was heart-warming. There were lots of opportunities for networking, and Conference dealt boldly with controversial issues." Durban's Zeni Thumbadoo described the Conference as "quite special and unique". She went on: "The themes of Conference were empowering, and it was good to see a high representation of black people and women amongst the speakers; this encouraged free participation by all members — especially when the content of presentations was so practical."

Minusses as well as plusses

There were some less positive comments. As is the case with most conferences, some felt that there was too much to



Dr Geoff Foster and Mrs Elizabeth Matenga, two of our guests from Zimbabwe

cover in so short a time. "Insufficient time was allocated for some presentations, and there was often a feeling of being pushed for time." Some delegates didn't find what they were looking for — "not enough about child care practice, about what we do when we get back home" — and some found more than they wanted — "too much emphasis on AIDS at what should have been primarily a child care conference."

African and international

All agreed that the presence of delegates from other African countries was both interesting and enlightening. "In addition to hearing their information on specific topics, we got a better sense of the African context in which South African child care must function," noted Lesley du Toit. African visitors included Mr Anthony Ssenyonga from Uganda, Dr Geoff Foster, Mrs

Business-like BGM

The Association's Biennial General Meeting was held on Friday 9th July, after the National Conference itself had ended.

Ashley Theron, who was re-elected National Chairman of the NACCW later in the meeting, stressed the importance of the occasion by reminding those present that the Biennial General Meeting of the Association was its highest authority. This was particularly significant at a time when the child care profession was establishing itself independently of other professions. Ashley thanked Gail Millard and Caroline van

Rooyen, the NACCW's fund-raisers, for their hard work through the recent financial crisis suffered by the Association. The reports of the National Chairman and Treasurer, the Director and the Regions were included in the printed report which had been circulated to all members with the June issue of the journal.

New membership status

Material changes to the NACCW's Constitution were approved by the meeting, after two years of discussions and consultations in the various Regions. Perhaps most important were the changes to membership. What is now called 'Associate Membership' remains open to all individuals and organisations or institutions who have an inter-

est in the field of child care. However full voting membership is now open only to Accredited Members, and their status is directly linked with "continued professional development in the field through practice, reading or study". Corporate membership continues, but now there is a distinction between Associate and Accredited Corporate Membership — the latter open to organisations or institutions "which have been accredited by the Association in terms of agreed standards of practice". An important task awaiting the NACCW now will thus be the development of these agreed standards.

Resolutions

NACCW Director Lesley du Toit was given a mandate by

the Meeting to pursue a number of specific policy directions with policymakers. These included changes in legislation which would better promote the spirit of the United Nations Convention on the Rights of the Child with the philosophies of children's institutions, with more conscious focussing of child and youth care programmes on the families and communities of the children. A proposal from Jacqui Michael that future conferences should encourage not only presentations from young people in care but also the participation of their parents and families, was accepted. While it was agreed that the NACCW was not a union, it had a role in the education of unions.



The children who sang at the closing session of Conference added a festive air, handing out helium-filled balloons to delegates as they left the hall. featured

Elizabeth Matenga and Mrs Beatrice Matswetu from Zimbabwe, and Ms Ondina da Barca Viera from Moçambique. "It was an eye-opener," said Roger Pitt, "to hear of the impact of AIDS in Uganda, and of the poverty and other effects on children in Moçambique after seventeen years of

civil war."

A visitor from Canada was Mrs Lee Kiffiak who described the model for training child care workers at the School of Child and Youth Care at the University of Victoria in Vancouver.

Biennial General Meeting

Delegates approved of the longer time devoted to the

BGM. "There was considerable positive discussion and real dialogue — with positive outcomes," observed one. Another: "I was interested to see the extent to which NACCW is engaged upon dealing with national problems. The Association seems to be maturing in this area: it is very important that policy issues are addressed to the extent that they are."



Mrs Ondina da Barca Viera from Moçambique



Brenda Filmlater and Val Lodge, from the Cape Town and Transvaal offices of the NACCW, take a breather from their work



Presentation by Young People in Care

Six youngsters from five different children's homes were asked to make a contribution to Conference, and they chose to present a review of some of the 'plusses and minusses' of being in care. Some of the benefits they highlighted were safety, opportunity for education, the availability of help and information, learning life skills and the presence of trained adults. Disadvantages included lack of privacy, lessened opportunity to make personal choices, and isolation and separation from community and family. We have invited the organisers of this presentation to write the material up for a future issue of the journal. The young presenters are pictured here with Jacqui Michael, Ashley Theron and Lesley du Toit



How do we match up?

People I like ...

1. Have a sense of humour
2. Have a passionate interest in some things
3. Have high energy levels
4. Are tolerant of my changing moods
5. Know how to listen
6. Are creative
7. Enjoy touching
8. Are enthusiastic
9. Exude self-confidence
10. Appreciate my success — are sympathetic when I fail
11. Appreciate when we can be together — don't fuss when we are not
12. Have a keen sense of justice and injustice
13. Are sensitive to the needs of others
14. Can take risks
15. Have an air of mystery about them
16. Are not sure of everything
17. Are optimistic
18. Don't make fun of other people
19. Can offer love unselfishly
20. Are people in whose presence I like myself more.

— Sol Gordon
The Teenage Survival Book, Times Books



Reaching troubled kids

William C. Morse (Editor)
Crisis Intervention in Residential Treatment: The Clinical Innovations of Fritz Redl 1991, The Haworth Press, New York.

In his introduction to this book William Morse makes the point that these are not the best of times for a child growing up in the United States. If this is true for children in the United States we can only but wonder as to the reality for children in our South African context. Just as children in South Africa are finding themselves in an acutely traumatic situation, and the child care profession is struggling to find solutions to the crisis in this country (and the child care crisis specifically), so was Fritz Redl concerned with what he saw as threats to the welfare of children in the United States in the early 1960's. Redl's myriad of responses, innovative, creative and very often controversial have bestowed on him a central position in child care both in the United States and the rest of the world.

This new book, rather than a selection of Redl's original writings, is a collection of essays and articles about his work written by a number of well-known child care practitioners. Morse writes: *His (Redl's) genius was to speak on many lev-*

els and present a challenge to the child care worker and theoretician in the same description. The purpose of this publication is to encourage others to find the stimulation Redl's original followers found. (Morse, 1991:4)

Anyone approaching this book with an eye on finding out substantial information about Redl the man and his biography will be disappointed. Other than a brief outline of his credentials and history in the introduction, this is a book about the work of the man, the academic, the child care worker and the advocate for the rights of children, seen through the eyes of people like Henry W. Maier, Jerome Beker and Thom Garfat.

Still new

The first article in the book by Henry W. Maier is entitled "What's Old — Is New: Fritz Redl's Teaching Reaches into the Present" and it offers a general overview of much of Redl's work showing how while many of his insights, revolutionary at the time, could well now be viewed as being 'old hat', the truth is that their re-articulation in the present has never been more vital. Examples are his antipathy towards physical punishment and his emphasis on interactional and situational contexts rather than a preoccupation with intrapsychic phenomena. The principles which Redl developed are widely referred to nowadays but are rarely consciously put into practice. This is of particular relevance in the South African context where we are still grappling with the issue of basic rights for the population at large, let alone the rights of children. We must follow Redl's dictum and make a "shift from a general preoccupation with the youngsters' psychic development to a pronounced attention to their ongoing life-styles and circumstances, with a search for opportunities for change within their particular life spheres." (Maier, 1991: 27)

David Wineman's contribution to this anthology, *Fritz Redl: Matchmaker to Child and Environment — A Retrospective*, concerns itself with Redl's understanding of delinquent and aggressive behaviour in terms

of ego breakdown. It is not within the ambit of this review to discuss in any detail how Redl sees and describes ego breakdown (covered by Wineman) but it must be stressed that his description of an ego-dysfunctional, impulse-ridden child serves as the starting point for his important contention "that only total treatment design, in which every phase of the residential setting is involved, could confront the full range of clinical challenges presented". (Wineman; 1991: 34) Wineman goes on to discuss Redl's notion of total treatment design including the 'antiseptic handling' of surface behaviour, activity programming as a therapeutic tool, the life space interview, and milieu design.

A way with words

While these terms may appear foreign to many (and Redl had a distinctively folksy way with words) there are elements of them in much of what we already attempt to do. The confusion is one of terminology rather than principle. Wineman's discussion will serve as a concise and yet comprehensive introduction to Redl's work.

What Fritz Redl Taught Me About Aggression: Understanding the Dynamics of Aggression and counter-aggression in Students and Staff is Nicholas Long's attempt to outline what Redl taught him about the dynamics of aggression. We hear how this, together with his own experience, led to the development of what has come to be known as the Conflict Cycle paradigm, and Long goes on to outline a number of specific means of understanding and responding to the onslaught of aggressive behaviour. The practical steps given at the end of the article are not only very useful, but also move the article away from pure theory and 'academia' into the real life sphere of the child and the child care professional — exactly where Fritz Redl would have it.

Jerome Beker in *Back to the Future: Effective Residential Group Care and Treatment for Children and Youth and the Fritz Redl Legacy* attempts a review (using Redl's arguments) of the widely held no-

tion that in-patient units can be ineffective and costly as well as arenas for abuse. He argues that it is not the principle of an in-patient unit which is problematic but rather the manner in which they have often been run in the past, with the theories which came to underpin these units. Quite obviously all attempts should be made to keep families intact, but the magnitude of needs which are not amenable to in-home services (and this is particularly true in the South African context, e.g. AIDS orphans, seriously disturbed youngsters and street children) is growing rather than shrinking, and we need to ensure that we do not write off the important potential of residential settings, but rather look at how we can improve the services we offer.

Ralph D. Rabinovitch in *Fritz Redl and Residential Treatment at Hawthorn Center* outlines some of Redl's more potent ideas on milieu treatment. One of the strongest features of this particular article is that it instills a very strong desire to go out and re-read Redl's original work, as it captures very much the essence of the wit, humour and cutting insights which so characterise the work of Fritz Redl.

The final two articles by Ruth G. Newman and Thom Garfat are very much personal responses to the influence of Redl, the man and his writings. Newman's work arises out of a project which she and Redl worked on in Washington, while Garfat attempts an explication of his personal 'dialogue' with the work of Redl as a young child care professional.

This book may in time come to be seen as a seminal work in the ever-growing oeuvre on Fritz Redl. Rather than seeing Redl as an important pioneer with a few useful insights this volume serves to illuminate how relevant his work is to present day child care — and how important it is that we re-articulate what he was saying so long ago.

The book whets the appetite while at the same time offering countless useful insights for this time in which South African child care finds itself.

— Mark Tomlinson

Peter Slingsby and Annette Cockburn learned some lessons about kids, and in a sort of literary song-and-dance duo, they tell two sides of the same story ...

Street kids at Skilpad Camp

PETER SLINGSBY

Skilpad Camp is a place in the bush that means a lot to me. Skeins of geese against a red evening sky, tracks of otters in the sand, the wild cry of the fish eagle — and children. Over five thousand children in ten years have played and swam and sang and got woodsmoke in their eyes at Skilpad Camp. Kids of every kind ... small pre-schoolers, fat boys, skinny girls, beautiful children, funny looking kids, children abused by wealth and children abused by poverty — happy, confident kids and children with sad, old man's eyes. Skilpad Camp is a crazy jungle of bush and tents and wooden paths and old ash, built by children from scrap pinewood and thousands of nails — built by children for children. It has no inherent reason to work, but it does work, it always has worked, and I never go there without knowing that, come rain or shine, come hell or high water, it will work. Groups have camped there through the worst storms that the Cape Winter can devise; in temperatures soaring into the forties; in the face of raging veld fires ... and they've always come through it all and left, at last, sad for the leaving. When Annette Cockburn phoned me and asked for a camp for a group, I didn't hesitate. Annette had been there often before, with children from The Homestead and from Patrick's House. Those children, like the kids from Kenilworth or the Kouebokkeveld farms, like the kids from Bishops or Bonnytoun — yes, we've had 'em all — had played and swum and sung and got woodsmoke in their eyes, listened to the fish eagles and watched the evening geese, and they were just like all the others, kids who left at last, sad for the leaving. This time Annette said, she wanted to bring a group off the

streets. Literally. Children not from a haven or a home — just kids collected that morning from the streets of Cape Town. No problem, I said. Let's go for it. It will be a challenge, I said. They might be pretty rough, Annette warned. They're kids, I said — let's go for it.

When they arrived there were 29 of them, and arriving with Annette were Paul and Jules — street workers who, she said, could cope with anything. I looked at the children. Seven or eight were anything but children. I listened to them. Two languages, and neither was English. "Are they all from Cape Town?" I asked. "No," said Jules. "Half are from Cape Town and half are from Rondebosch." Oh dear, I thought. We sent them off on a walk to the camp — our standard procedure: an introductory, four-kilometre walk though the bush to find the camp for themselves. The adults drove the vehicles in. We arrived before the "children" and Jules looked around, "We'd better lock up the food," he said. Oh dear, I thought again. By 10 a.m. the next morning we stared failure in the face. Worse, we were staring at the real probability of murder and mayhem. Conversation amongst the children had been reduced to an endless stream of unfavourable references to the private parts of everyone's mother. The thirteen or so under-16's were scared, silent, withdrawn. Jules and Paul were disarming the big ones as fast as they could of rocks and sticks and spades, and they were losing the race. Annette was looking grey. Right before our eyes a large youth snatched a loaf of bread and disappeared in a flash into the bush. I've watched the baboons at the Kleinmond Town dump sorting through the black rubbish bags, and the action of the bread-snatch was exactly the

same. I cracked.

Within ten minutes Jules was headed back to Cape Town with the sixteen biggest "children" in the kombi. Paul took those who were to be allowed to stay on a long beach walk. Annette and I went into Kleinmond for a cup of tea. By half-past two Annette and I were back at Skilpad Camp. Paul arrived with his thirteen genuine children from the beach.

Paul arrived from a planet different from the one we'd left him on, and with thirteen very different children. For them, as for us, a huge, threatening, all-devouring monster had gone. There was no more tension. There were no more fights. No one even thought of reflecting upon someone else's mother. An hour after an unwanted sandwich had been left on the table Danny asked, "Whose is this?" and when we said, "None's", he asked, "May I have it?"

That evening everyone helped make supper. Sinnerman had beaten everyone at Kerrim and no one minded. Even Fivebob laughed when he told us he was a dog, and we challenged him to bark. Derek was smiling — smiling! — and Luvoyo from Rondebosch and Rooikoppies from Cape Town washed up together.

They played and sang and got woodsmoke in their eyes — it was too cold to swim — and they watched the geese and heard the fish eagle. They were children, just like any other group of children, until they had to leave. They were leaving for the streets and there wasn't really anything any of us could do about that, but we choked back our thoughts when they asked if they could take a camp blanket each.

And then Sipho tried to run away because he didn't want to leave, and we coaxed him into the van, and Sipho cried, and we cried because for 24

hours Sipho had been an 11-year old child in a way that he had not been a child for a long, long time, and because the van was there to take Sipho and everyone else out of their childhood again back to the streets. They left, more than sad for the leaving.

ANNETTE COCKBURN

The Street Workers sat in my office. "It would be wonderful to take them on a camp," they said. I picked up the phone. "Yes," said Peter Slingsby, "Sure!" Much business about transport followed — and the word got out. The whole street children population of Cape Town wanted to go. I withdrew from the negotiations — thirty kids in two vehicles would leave on Friday. I left in the second wave, and was disconcerted to find how many 'huge' children sat in the bakkie — and the smell of thinners was overwhelming. In some way, and perhaps rightly so, the older boys dictate to the Street Workers, as they do to the younger kids. "We come, or they don't." "We will help you with the small ones." For whatever reason there were rather more older youths than younger ones in the vehicles when we arrived at Kleinmond. We turned off the N2, the clouds lifted, and the sun shot long shafts of light across the vlei.

There was no peace in the camp. Demanding and complaining, the older boys refused to help in setting up fires and making supper. There was not enough food. The Street Workers had not understood Peter's camp instructions. Peter withdrew to his campfire with the small group of very little children. Supper happened at the main camp. Nobody co-operated. Jules and Paul ran about, defusing, placating. I joined Peter at his fire and delegations arrived demanding food, cigarettes; marauding groups. I negotiated and mediated as best I could. Peter did. Jules and Paul did. Eventually they went to their racially segregated tents, and full of discontent, fear and anger, they went to

sleep. Jules, Paul and I talked a bit in our tent. "Let's review this day, strategise." There were few good things. The Street Workers had bust a gut — the children had sat, were served with food, and complained. The next morning was, if anything, worse. Violence flared again: the leaders from Rondebosch against the Cathedral boys. Burning logs, together with spades, planks and saws, were taken up. I was afraid. Jules, in an extraordinarily brave attempt to reflect their feelings and deflect the action, jumped onto a table: "Let's fight! Let's fight, then!" he said. "But with fists, like men, not with logs and knives and planks. Let's fight, then!" They were disconcerted, and simmered down a bit. The smaller children were quiet, abject, clearly afraid. Grimly, we determined to take them all to the beach. Peter started to move the food from his bakkie to ours. Someone snatched a loaf of bread. Someone threatened to 'throw in' our bakkie window to get at the biscuits and chocolate. I lost my cool, grabbed at an arm: "Don't you dare throw that brick at the window!" And Slingsby lost his temper: "Get in the vehicles," he roared. "We'll meet in the sheep field," and there he lined them up, biggest to smallest, the 15 biggest into the Kombi (they were happy to comply, it was the more comfortable vehicle, and, after all, they were the main manne)! We conferred in the sheep field. "I will not have these thugs in the camp," said Slingsby. "There is still a chance of a positive experience for the smaller ones." I decided: Jules would drive these large and terrifying people back to Cape Town. He got into the Kombi. "What will you tell them, Jules?" I asked at his window. Jules shrugged his characteristic shrug. "Not much," he said. "I'm not going to talk much."

We got to the main road. Jules took the Cape Town road. Peter and Paul with all the smaller kids turned towards Kleinmond and the beach. Paul was not keen on the beach walk, the children even less so. Peter dumped them summarily at the start of the 9

km slog back to camp. I lent Paul my scarf.

Peter and I, with his small boys, got back to the camp. We sat on the edge of the vlel and watched for the street kids to arrive back at camp. I was anxious. How would they be? Exactly two-and-a-half hours after we had dropped them, Derek — a smiling, vital, excited Derek — sprinted up to us. "I've seen rooikat tracks, and bokke and I've seen a skilpad, and where are the big boys?" "They've gone back to the Kaap." Derek became a child, running, whooping, riding an old drum across the sand. The sun poured down like honey, and all the kids arrived back — including Paul. Chips for all, and pelicans on the vlel; it was the start of something magical. The afternoon was slow, quiet, warm. Two children, one from Rondebosch, one from the Cathedral, sawed wood for hours, one at either end of the bow saw — an operation calling for perfect co-operation, perfect synchronisation. Not a word was exchanged, but the pile of logs grew and grew. There were, of course, diversions. At some stage I had a big bowl of hot, soapy water in which I had washed some mugs. "Does anyone want their hands washed?" I asked, and like very small children they came and dipped their hands in, waited passively and quietly while I scrubbed away weeks of grime and dried them on a towel — first one, then five, then ten. A solemn and very peaceful ritual. I chucked away the water. Much later a couple more asked "Ek wil my hande was, Prinsipaal?" "Ja well, no fine, there's the kettle and there's the basin!" Even Mother Theresa must want to read a magazine now and then!

Someone cooked the potatoes, someone else braaied the meat; a couple of them fetched water, washed the cups, boiled the rice, dished up the supper. Xhosa harmonies filled the night, and like children around a campfire anywhere in the world, these children asked for stories. Peter Slingsby is an exceptional story-teller, and



he wove tales around rooikatte, ghosts, bones and black dogs in castles; lovers and soldiers and abandoned children. Their eyes grew wide and bright ... "n ander, 'n ander." With street kids, nothing, but nothing, goes entirely smoothly. At one point they were talking about clothes. "I have lots of clothes in die Kaap," boasts Gorg. "Yeah," says Rooikoppie, "Skaars 'n onderbroekie!" which earned him an immediate klap. We intervened, peace was restored, and eventually they all went to bed. All in the same tent. But racial tensions die hard, and an hour later Paul and I were out there, mediating who sleeps in which tent, and who doesn't, and why not?" At last I zipped up the tents. "Sleep well, lala kahle", but they talked and sang for hours — kids who had come out of the thinners fog were now alert, well fed, warm and feeling gregarious. "Leave them be," I told Paul, and we fell asleep. The next morning I awoke early to the honk of flying geese over the camp. It was still dark. Soon I heard the sound of chopping wood, the splutter of water on the fire and the clunk of what I fondly hoped were coffee mugs.

"No way," said Paul. "What you hear are the plastic pieces on the Kerim board. Championships in progress!" But sure enough, through the tent opening came steaming cups of Milo and a whole plate of rusks borne by three or four smiling faces. The kids cleaned the camp. We packed a picnic lunch. Peter gave out praise, affirmation and chocolate.

Sipho would not get into our truck. He wanted to stay in Kleinmond, and Peter's very small boys, who had somehow forged real bonds with him, were determined that he should not leave. I did not know Sipho. He was a child from Rondebosch, always stoned on thinners. Here he was at this camp, supported by these small children who had played with him and known him for these two days, who wanted him to stay. He also wanted to stay, begged to stay with them. I wept. Such an unattached child. His first experience of bonding. We stopped on the beach at the Strand for our picnic. It was getting cold. The children ran to the shop opposite. The vagrants with whom we had shared the oranges and bread

told us that the children were being arrested for shoplifting. I sent Paul to the shop while I dealt with the kids. The owner of the shop declined to press charges. I confiscated a crumpled ice-cream wafer — "This is all we stole". The police left. As we drove off I look behind into the back of the truck. There were litres of ice-cream. They had sat on the tubs. "Stop the bakkie," I cried. "Confiscate the ice-cream!" The boys' faces were white-rimmed. It was too late. I felt much less sentimental about them. I had been feeling very bad about just dropping them back in the street, but truly, I didn't feel so bad now. We stopped in Rondebosch first. Siphos comes to the window: "Friday we go camp? Friday?" I lean my head on the dashboard. "No, Siphos," I say. "Not Friday."

Never again, I think. I feel filthy, battered, exhausted — but of course I'll go again. The adrenaline, the stars, small hands in warm water, old Xhosa songs and eyes bright with visions of rooikatte. Of course I will. Wood, smoke and mayhem become magic. Fish eagles call, and the pelicans are such a pure white on the water. Siphos stands hopeful and fragile at my window. "Yes, Siphos. Another Friday."

Footnote from Peter Slingsby: What went wrong at the beginning? Two cardinal rules were broken (it was no one's fault!!) 1. Never mix children on any sort of outing — whether a day or a weekend — across inappropriate age barriers; 2. If you don't know your group well or if your group are not heterogenous (i.e. don't know each other well), always keep the group as small as possible. These two rules apply to any group of children from any background. What went right at the end? Hmm! A whole philosophical discussion is needed to explain this; why we take 'em out, what it is that works in the camp milieu, what it could achieve for the Siphos and Dereks and Fivebobs. What went right at the end was that they were just kids able to be just kids in a setting made by kids. More of this, perhaps anon.

NACCW professional consultant **Dudu Mofokeng** has recently returned from an international conference in Europe where she was able to share her own work and learn from others

International AIDS Conference In Berlin

The conference was a stimulating event and a rewarding personal experience. Berlin is a vivid cosmopolitan city with a high cultural reputation, a tolerant climate and an old scientific tradition. The conference centre is located at the "Westkreuz" underground station and bus stop. Participants were transported free of charge between the main hotel areas of the city and the conference centre. Special security precautions were taken and experienced personnel were at our disposal for advice and assistance.

Scope of the conference

The Berlin conference was a multidisciplinary concept for optimal spread of information on HIV/AIDS and sexually transmitted disease. It is a well known fact that the fight against AIDS is a challenge to a large number of disciplines. There were 7,000 pre-registrations for the conference, and 6,200 abstracts from 166 countries presented. Twenty one plenary lectures were given by highly distinguished speakers from all walks of life. Overlapping was avoided by giving participants the opportunity to extend their knowledge by meeting the experts in the 115 afternoon workshops designed as an interdisciplinary sharing on specific topics — relevant for researchers and workers in the field of HIV/AIDS and sexually transmitted diseases.

Project CHAMPS

I had the opportunity to present the NACCW's Natal-

based AIDS programme, Project CHAMPS, by means of a poster demonstration. This was an ideal way to attract interested delegates to discuss specific approaches to the AIDS problem. I had a request from as far away as Canada for copies of some of the materials which were developed for CHAMPS. Evenings were reserved for participants interested to question experts more deeply on their presentations and also to discuss individual points of practical importance. The programme was complemented by round table discussions held during lunch breaks. These included multidisciplinary overviews and perspectives, brief reports and satellite meetings for various organisations working in the field of AIDS.

The city

The Thursday afternoon tour took us to the museum, Berlin Queen forest bay, the Olympic sports ground and Charlottenburg Palace — named after Princess Charlotte whose husband Prince Frederick the Great "crowned himself". We were told that Berlin has 23 districts, each with its own palace. We saw the 300-year-old bridge which was destroyed during World War II and re-opened in 1992. Of the many squares that beautify the city, Alexandra Platz square was the best. Oh, what a beautiful country!

By-products

We learned of some of the uglier consequences and the high prices paid by society in the battle against the AIDS disease: sero-positive mothers are discouraged from breast-feeding their babies; intra-uterine HIV (foetal) testing is common; and in the practice of animal experimentation, it seems that animals are often reduced to disposable instruments for medical research to be thrown away after use.

Attitudes and practice

Gay men, lesbians, drug users and commercial sex workers are accepted by many communities as unique human beings not to be discrimi-

nated against. Commercial sex workers are supplied with female condoms; drug users are supplied with injection needles to prevent them from sharing — "a preventative measure against HIV/AIDS transmission". Treatment is subsidised by the government. An important lesson which I learned was that in many overseas countries people with AIDS are able to live with the virus. Because of open and accepting attitudes, they are able to discuss their status openly — and therefore they are in a position to get support from their families as well as members of their community.

Tasks in South Africa

I find the opposite attitudes so far prevailing in my own country, South Africa. The more hidden the problem, the less help — information and support — can reach infected people. Coming back to South Africa I find women unable to tell their men that they are infected — and often being angry at having to deny themselves the understanding and support they need. Many of the mothers are able to share this information with their own mothers, or even with their partner's mothers, but they are afraid to tell their husbands or boy friends.

Part of the task ahead is empowering women to speak to men about AIDS and about condom use. But here, culturally, it is the men who decide on these things.





From 'Who Cares?' the English magazine
for young people in care

"I thought I knew everything about HIV and AIDS"

My name is Yonic Blackwood, I'm 26 years — well almost! I spent from the age of 5 to 18 years old living in foster homes and children's homes in Bristol and Gloucestershire. Looking back on my life in care, I can admit now that there were strong feelings of loneliness, isolation, anger and hate. At the time, I didn't know how to deal with them. I now realise that the feelings I had then were perfectly normal for anybody in my situation, and that everybody experiences them to some extent whilst growing up, regardless of race, gender or background. The difference is that whilst you're living in care, there is a lot more to deal with. You don't know whether you're justified in having these strong feelings. So you can often be living in a web of confusion, feeling that you have no-one to trust or talk to, no-one to call your own.

I sometimes felt that whilst living in foster homes with other children, I couldn't really relate to my carers because I wasn't 'their child'. I felt it was as though I was their 'pretend child'.

I also sometimes felt in competition with their own offspring for attention, love or affection. I do remember that this caused me to feel angry, resentful and lonely.

I can't really give an accurate view of my feelings whilst I was in care because it seems so long ago now and I've come to terms with them. I have moved into a different stage of my life which eventually led to my acting. But before I go onto that, I must say that my life in care wasn't all negative: there was great fun, laughter and love. But I often felt quite low and I think we all have a habit of remembering only the bad times.

At 18 years old I flew the nest,

and enrolled on a two year nurse training course in Gloucestershire — which I completed with flying colours! After being in nursing for two or so years, I decided I wanted to become an actress, so I started on a three year acting course at the Arts Educational School in London. I stayed for eighteen months — and then embarked on the trail to stardom! After working in several plays mainly for young people, I am still in search of stardom, but I'm quite happy to be an average 'in work' actress.

Anyway, acting is my love because it's an occupation which gives me the freedom to express myself in a way I never really could as a child. I also enjoy the giving — to other actors, to the audience and to myself.

The last company play I was involved in was called "Skin Deep" for the Pilot Theatre Company, which focused on four young people, one of whom becomes involved with and eventually marries a man who is HIV positive. The play looks at and raises the issues which I feel affect each and every one of us — whether we are lesbians, heterosexuals or gay men. These issues include relationships, HIV and AIDS, love, hate, prejudices, hope, race and others. I felt that the work was very valuable because we were able to give and be involved in a two-way process with the young people with whom we worked. We learnt from them and they learnt from us.

I really enjoyed the research we did prior to going into rehearsals, because I thought I knew everything about the whole AIDS thing. Then I learnt that I had just as many misinformed thoughts or wrong information which I had read in papers or heard from other people. So by the end of the research I felt that I did know enough about HIV and AIDS to protect myself and not be afraid of it any more.

Why not invite a theatre company or similar group to visit a group of young people you might be part of? You would all enjoy and learn from the experience — and you or one of the young people may even find you want to become an actor as well!



Are you really listening?

There is listening and there is *listening*. Our range of listening abilities covers a lot of ground between two extremes:

Passive listening — hearing sounds but not interpreting them beyond bare recognition.

Intermittent listening — following part of what is said but not grasping the whole message.

Unresponsive listening — completely lacking facial expression or other signs of response.

Borderline listening — missing the main point and focusing on a minor detail selected for personal reasons.

Emotional listening — responding to selected words with fear, anger, or other emotions, failing to comprehend the whole message.

Careful listening — comprehending the main idea, the organisation, and the supporting data of what is heard.

Critical listening — questioning the validity of what is said, rejecting any emotion-charged words, and maintaining a skeptical attitude toward broad generalisations.

Perceptive listening — being aware of what is *really* being said even if the words don't obviously express it.

Creative listening — intellectually and emotionally appreciating what is heard.



A teacher in one of my workshops shared with me a way of listening: she described loving teachers as listening with "the ear in the middle of their hearts." (Write the word "HEART". See the word "ear" inside? Listen to your students with that special ear!)

— From Mimi Brodsky Chenfield

Juanita MacKay is awarded the Brian Gannon Fellowship for 1993

Mrs Juanita MacKay (4th from left in the photograph) leaves for the United Kingdom next month to take up a three-month fellowship at Aycliffe Centre and the Centre for Adolescent Studies at Durham University. She intends to add a month's leave in Europe to her trip. Here she is congratulated by colleagues on the staff of Pietermaritzburg Children's Homes (PCH). Juanita has been with PCH (formerly Mary Cook Children's Home) since 1987, and she assisted greatly with the amalgamation with Hilltops. As PCH moved from a white-only to a non-racial service, she played a helpful role in the integration process. Juanita is now the Senior Child Care Worker at PCH and as such is part of the management and treatment team. Juanita has played an active role in the NACCW and in the Child Care Workers' Forum. She has completed the Problem Profile Approach (PPA) Course, the National Higher Certificate in Residential Child Care, and the course in Child Care Supervision. She is a registered child care practitioner. Colleagues and friends wish her well during her stay at Aycliffe.



Difficulties at Aycliffe

At the very time that several South African institutions have asked for advice and training for staff who must deal with assaultive and aggressive youngsters, Aycliffe Centre and its staff have been through a difficult period as the UK Government's Social Services Inspectorate has carried out an investigation into methods of physical restraint. Some of the adolescents at Aycliffe have been injured when being restrained. According to the *Mail*, Aycliffe has a 125-bed secure unit which accommodates what the Inspectorate called "seriously challenging" young people including rapists, murderers and arsonists. Junior Health Minister John Bowis said: "The children in Aycliffe's care are some of the nation's most disturbed young people.

Some may need to be physically restrained to prevent injury to themselves or others, but the aim must be to exercise control while minimising the risk of injury." Last month the Durham County Council prohibited 'arm locks' and 'wrist locks' to restrain young people, reports the *Mail*, continuing: "but inspectors said that the council had failed to give guidance on alternative controls."

The Council's deputy leader Bob Pendlebury said that staff had to find the right balance between protecting children and exercising proper control. He said it was reassuring that the Social Services appeared to have recognised the difficulties of managing a centre for "extremely difficult children" such as Aycliffe under a legal framework from the early 1970's.

UNIVERSITY OF PRETORIA Department of Social Work

Applications are awaited for 1994 for enrollment to lectured courses:

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2. M.A. (S.W.) MEDICAL SOCIAL WORK
3. M.A. (S.W.) PLAYTHERAPY

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Closing date: 15 October 1993.

Using 'Brownie Points' instead of human relationships in our work with children? **Karen VanderVen** says 'No thanks!'

The case against point systems and grading in behaviour programmes

"The agency did have a system. It was something like this: any one in the facility, for any reason, could restrict any child, from any activity, at any time. That was the system..." (Cima, 1992)

Creating a sound profession of developmental child and youth care work means simultaneously erasing those practices that are not congruent with the field's values and purposes. What, then, would or should be the first thing to erase? It's quite clear to me: Point systems and grading systems. These terms refer to the practices that seem, like a horrible blight, to be spreading over residential programmes throughout North America. Masquerading under the general theory of classic behaviour modification, many of these practices are distorted and misapplied. I have studied them and written them up more extensively in another paper (1992). What, actually, are they?

Point systems. In point systems, everything pleasurable — or part of normal comfortable living — is called a "privilege", and gets attached to "points." You have to earn points to play outside. You must have enough points to use games and toys. You have to have points to go to your room — or you have to have them to leave your room. In some settings, sufficient points are required to visit with your family. Even more incredible, you may have to have enough points to spend time alone with an adult or go for a walk with a care worker. And woe to you if you do not have enough points or lose too many points. You are "on restriction!"

Grading and levels. If you have collected enough points, why, then you can advance to another 'grade' or level where you can watch more TV, play more games, spend more time with a

variety of adults, or maybe even stay up later. Perhaps you can go shopping. Play on the playground! Maybe you'll get an allowance. Or you may get more attractive snacks. Even get to rest in your room if you are tired.

How they work

How are these point and level systems implemented? Usually through very technically-written manuals which use long tables and complex checklists to indicate so many points for this, so many points for that; this percentage leads to this; this percentage takes away that!

To master the scoring system would challenge a mathematical physicist, and staff have to continually refer to the manual to make sure that they're doing it "right," and that they're being "objective." Often, armed with a clipboard which lists each child's name and a whole "laundry list" of criteria for awarding and taking away points, child care workers labour for hours on end, observing and calculating. All their results are posted publicly — just great for the kids' self-esteem, by the way. It's always useful when everyone knows that you're at the "bottom" or didn't make the next level this time around and won't be allowed to do anything.

Why not points systems?

Here are just ten reasons why these points and grading practices are appalling:

1. They take behaviour out of context, and thus as interventions they are not very helpful. A friendly gesture extended by a shy child might be interpreted as "teasing", for example; five points off!

2. They create, rather than reduce, crises: an inappropriate point assignment justifiably angers a child — who then has more points taken away for getting angry, and so on.

3. They do not encourage the real internal responsibility that is developed by youngsters who

experience logical, rather than artificial, consequences.

4. They are often clinically inappropriate, actually punishing what may be a growth step for a particular child: remember the old example of the autistic child talking for the first time — and being sent alone to the "time out" room for swearing.

5. They *take away* treatment opportunities: activities, exercise and nurturing routines, and especially time with adults which is the *core* of treatment. Point systems as described often in fact deprive children of treatment.

6. They promote boredom and a lack of programme content: child care workers do not have time, nor are they empowered, to engage with the children in activities and interactions — and we know that the more sterile the programme, the more the children will "act out", just to make something happen (more points off).

7. They dehumanize the staff — walking around with clipboards and checklists, working out just who won how many points and who lost how many points during the day hardly brings out the best in the adults, nor does it allow them to share their talents and interests with the kids.

8. They make quiet, vulnerable kids give up and stop caring whether they earn a "privilege" or not, while they make sophisticated street-wise youth laugh secretly as they easily cook up ways to subvert these systems which they consider a joke.

9. They are not related to normality. Does anyone in the community live this way? Imagine going into a family's home and telling them that they have not cleaned up their room on time and will lose 10 points and not be able to go to the movies tonight. How quickly you will be shown the door!

10. The more the points are heaped on or taken away, however a particular system may happen to work, the more the children either give up or evade the system — and the more external control is heaped on. In the long run, these systems actually create more of the very behaviour that they were supposed to limit!

Human child care work

Whatever happened to the idea of recognising why children and youth are in care — abuse, neglect, rejection, family disruption



"... help youngsters feel safe, accepted, nurtured, engaged, challenged and supported..."

tion — and then tailoring our programmes accordingly?

Whatever happened to those programmes in which children and youth live with adults who are positive role models and who, using themselves and their child and youth care skills, help the youngsters feel safe, accepted, nurtured, engaged, challenged and supported towards assuming more responsibility and self-control?

Why is *external* control the dominant value in so many programmes? Cima (1992) remembers that a staff member "could and would come up with a restriction of some sort in order to make sure a kid 'didn't get away with it.' I was never sure what 'it' was other than 'we are in control here'".

What are we afraid of? Why don't we see what these practices are doing to us, to the children and youth we work with, and to our field — and then stop them?

There *are* other ways to work with young people. Think about it.

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Karen VanderVen is Professor of Child Development and Child Care, School of Social Work, University of Pittsburgh, USA. Acknowledgements to the Journal of Child and Youth Care, Canada