

The child care worker



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Cover Picture: Ashley Theron entertaining in a children's home in Slovenia (Back page)

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Child Care Workers
NACCW

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Two days of straight talking thaws much ice in the NACCW

On page 6 there is a full report on the NACCW's first Executive Forum which took place at the beginning of June. The *content* of those two days of meetings is there to be read, but the *spirit* of the discussions was probably of far greater significance to the Association.

Historical baggage

Over the past four or five years there has been much debate in the NACCW on what kind of organisation it is — or should be, and on what it does about children in the South African context — or should be doing. There have been obvious conflicts between different conceptions of NACCW as being either a workers' union or a professional association, as concerned for children's rights and safety only in residential care or over a wider national horizon, as having a political or non-political orientation. There were other creaks in the NACCW's structures which might have been more expected. For a relatively small association spread across the

length and breadth of South Africa, there have been issues of effective member participation in forward planning and decision-making. A ruling from the state's Director of Fund Raising that all funds should be banked and administered centrally left some of the Regions feeling deprived and disempowered. The NACCW, in any case, serves a profession which has numerically replaced itself every three years, leaving us with a dangerously reduced sense of history and continuity in our membership.

Positive strokes

There was much to be learned from the Durban Forum. Many of those who attended remarked that, for the first time, they had really gained a full picture of what *and who* the NACCW was. Delegates were asked to evaluate the Forum, and 100% of the evaluations were positive. Some comments: "It was a pleasure to see that people could sit and do what we've achieved in one-and-a-half days in such an orderly man-

ner"; "Now we really can go back and tell others what the NACCW is about"; "What stood out was how democratic our Association is — as a democrat I am very impressed by the way the conference was conducted — NACCW should be represented in the new cabinet!"; "Sharing of information was a learning experience — we welcome the openness of the NACCW to listen and guide"; "The inter-group discussions were dynamic — we are sure this will strengthen NACCW identification"; "Misconceptions about the head office of NACCW have been cleared up"; "I saw how the different regions share common problems, and now we feel empowered to go home and sort out our problems"; "The regions are now close rather than distant; I felt a sense of warmth"; "Dynamic, exciting, encouraging — very useful to get the full national perspective at all levels — very productive to have full national office input"; "I think most of my expectations have been met." There were two good suggestions for improvement. One, that such Forums should take place annually; the other, that

we should try to accommodate all delegates in one centre to allow for more social interaction.

Lessons learned

Reading between the lines, there were two stronger messages.

The first, it is wrong for any of us, members, staff or elected leadership, to refer to the NACCW as if it is something separate from ourselves. When we feel like saying "The NACCW should ... " we must recognise the message as being "*We* should ... ", for *we all are the NACCW*.

The second, the NACCW will ignore the necessity for improved communications at its peril. This means not only maintaining better consultation in decision-making, and better relaying of ideas and decisions both up and down the line between regions and national levels, but also more face-to-face contact at all levels between NACCW people. Not only because suspicion is a natural by-product of separation and non-contact. But also because, as one Cape Town delegate wrote on his evaluation, "You are a great bunch of people!"

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The International Federation of Educative Communities



The International Association of Workers with Troubled Children

The Therapeutic Crisis Intervention (TCI) programme developed at Cornell University provides a model for dealing with potentially violent children and youth. The programme provides staff with the skills, knowledge and confidence to manage a child in crisis in order to bring about short term relief and long-term growth. The direct care worker is helped to attain helpful control and to maintain the dignity of both adult and child during the most difficult crisis experience.

Therapeutic Crisis Intervention

Martha Holden and Jane Levine Powers
Family Life Development Centre, Cornell University

Tony, age 14, is struggling to complete his maths assignment. He starts to complain that he cannot do the work — he does not want to do the work. He then pushes his book across the table, knocks a box of pencils on the floor, and announces that he is not going to finish the work. Carlos simultaneously starts yelling at a staff member about a punishment he received for not finishing his work. Carlos is clenching his hands and breathing faster. He begins calling the adult names; and then he approaches, waves his fist, and threatens to show just how serious he is about not taking any more "crap" from anyone.

Teresa, age 15, and Elaine, age 16, are arguing. They are becoming louder and louder. A staff member hears Elaine accusing Teresa, "You stole my blouse." Teresa responds, "What blouse, what are you talking about?" Elaine yells, "You know what I'm talking about, don't try to get out of it." As the staff member approaches to talk to them, Elaine jumps up and threatens to hit Teresa unless she returns the blouse.

Bud, 16 years old, is a very quiet and withdrawn youngster. Since he arrived a few weeks ago, staff have tried to develop a relationship with Bud by spending extra time with him and involving him in activities. They have concerns about his behaviour with the younger boys. Earlier this morning, Bud was discovered trying to take a shower with Tommy, age 12. Bud then went to his room and doesn't speak to anyone. A staff member goes to check on Bud and finds him sitting on the floor in the corner of his room, scraping his wrist with the sharp end of a paper clip.

Front-line staff in education and treatment settings face these types of incidents daily and have to make split-second decisions about how to intervene. If handled within the context of a therapeutic crisis management model, these incidents become opportunities for the child to learn constructive ways to channel feelings and behaviours. If such incidents are ignored or merely "managed," the result can be injury or a deterioration in the child's ability to cope with stressful situations. Staff must feel confident in their ability to handle crises and must have many options available for intervening.

In this article, we examine the Therapeutic Crisis Intervention programme developed by the New York Department of Social Services and Cornell University. This programme is designed to help direct-line staff deal more effectively with challenging behaviour of youth. Following is a brief description of the modules in that training programme.

Stress Model of Crisis

During a crisis, a child is more susceptible to the influence of significant others.

When a crisis erupts and a child loses control, he or she has not handled the situation well. The result is usually undesirable — destroyed property or harm to the child or to others around him. At this point, a therapeutic response by a caring adult takes on great significance.

The adult's role in the TCI model is to help the child learn more constructive ways to deal with feelings of frustration, failure, anger, and pain. Staff must help a child resolve the inner or interpersonal conflict being experienced at the time of the crisis.

Adults also must use their therapeutic skills and knowledge to move the child to a higher level of functioning, using the crisis situation as a developmental experience for the youngster. In order to be a catalyst for growth during a crisis, staff must acquire certain skills and attitudes. These include a knowledge of the dynamics of crisis, and competencies in communication, building relationships, and solving problems. If necessary, they must be able to intervene physically in a safe and therapeutic way. Staff must respond to the needs of the child and the environment without losing their own self-control. This is a challenging task, as a child may be emotionally and physically assaultive. The Therapeutic Crisis Intervention model:

1. Helps adults to conceptualise the stages of crisis which a youngster goes through,
2. Explains the importance of staff's action and reaction, and
3. Provides guidance in choosing the type of intervention at each phase.

Each of these stages or phases is summarised below.

Preventing the Crisis

The *Triggering Phase* is signalled by the first abnormal behaviour or change in behaviour. An event — internal or external — upsets a youngster, which causes him or her to be agitated and anxious. Depending on the child, the resultant behaviour can be an increase or decrease in agitated behaviour or withdrawal. For Tony, the trigger is homework. The resultant behaviour is the complaining. Elaine becomes upset when she discovers her blouse missing (the trigger) and yells accusingly at Teresa (the resultant behaviour).

Bud has been discovered in

the shower with Tommy, which has resulted in his withdrawal and self-destructive behaviour. The "shower event" has triggered an emotional response which results in withdrawal and self-mutilation. At this point, staff must recognise that the child's behaviour has meaning. The staff must help the child identify the meaning beneath the behaviour. Together, the child and staff look for alternative, non-aggressive ways for the child to express his feelings and to meet his needs.



ME

BLOWING MY TOP
drawn by a ten-year-old boy at
Rose School for emotionally disturbed children, Washington DC

Awareness is crucial when intervening in a potential crisis situation. Self-awareness helps staff to understand how their values and beliefs influence their interactions with children. By being in touch with their own feelings and reactions, adults can stay in charge of the situation and plan interventions that meet the needs of the child, instead of getting caught up in control issues. Understanding a child's history together with

the dynamics of the present behaviour helps staff to respond in the most effective, therapeutic manner. Instead of placing "band-aids" on the situation, the adult can guide the child toward lasting resolutions. However, without self-control and self-confidence, staff often become entangled in power struggles, which only escalate the situation.

Intervening Early

The second phase, or *Escalation Phase*, is characterised by increased anxiety and obvious signs of disruptive behaviour. The child is showing signs of beginning to lose control, such as talking louder or withdrawing.

Tony pushes his book across the table and refuses to continue. Carlos, also in the escalation phase, yells, clenches his fists, and breathes faster. Elaine yells and threatens to hit Teresa. Bud scrapes his wrists and stares into space, expressionless. All of these young people are experiencing increased anxiety. They are feeling frightened and out of control, and they perceive that something important to them is being threatened. This results in increased stress.

Staff can approach these children in many ways. Some interventions may only increase the stress the child is feeling, resulting in further escalation. If the adult were to confront Tony with a list of threatened consequences for refusing to do homework, this might intensify his feelings of frustration. If Elaine were told to stop yelling and go to her room, she might turn her anger toward the staff member. If the worker enters Bud's room announcing the rules about taking showers, Bud may shut down completely.

The relationship between the staff and child is critical in helping the child calm down.

Trust is the key to this phase. With trusted staff offering alternative behaviours, children can often choose other ways to "let off steam" or calm down. The objective is to interrupt the escalating behaviour and help the child to return to an emotional level where he is able to think and talk rationally. The "problem" cannot be solved until the child is calm

enough to face it rationally. There are various ways to "interfere" during the triggering and escalation phases to help the child return to normal functioning. Behaviour-management techniques, non-verbal and verbal communication skills, and problem-solving interventions can stop escalating behaviour, help the child regain control, and teach better ways to handle stressful situations. With practice, staff can learn to intervene early by prompting, redirecting, directing, and listening, helping the child to talk out his anxieties — rather than act them out.

These techniques not only teach new ways of coping with stressful situations but also enhance the relationship between the adult and the child. The worker stands between the two young ladies, sends Teresa out of the room to look for the blouse, and invites Elaine to sit down and talk about the problem. Teresa hesitates for a moment and then leaves. Elaine follows the staff member to the sofa and continues to complain loudly about Teresa stealing her blouse. The adult responds by agreeing that Elaine has every right to be upset about a missing blouse. Elaine sits down as the adult relates how she, too, hates it when people take things and do not return them. Elaine eventually talks about how she feels betrayed by Teresa.

The staff member enters Bud's room and quietly expresses concern about Bud's well-being and his worry about the self-mutilation. The adult acknowledges that Bud is upset about the morning's incident. He invites Bud to share his version of the incident and to look at what he is doing to himself. They both remain silent for a while and then Bud speaks about how crazy he feels and how he might be better off dead.

The staff member tells Tony to take a break from his schoolwork which he can finish after dinner. He further instructs Tony to join the rest of the group outside, but to tell the second staff member on duty to come inside.

Then, turning to Carlos, the staff member asks him to have a seat and tell him what is wrong. However, Carlos



Many youth in care have come from abusive homes, where violence is a learned response to feeling threatened. The child loses control and strikes out in a way that is dangerous or potentially dangerous.

continues pacing; and his voice keeps getting louder as he yells about being picked on and getting stupid punishments.

Managing Aggression

Sometimes, regardless of staff skills, attempts to de-escalate the crisis do not work.

The *Crisis Phase* occurs when the child loses the ability to respond rationally. Many youth in care have come from abusive homes, where violence is a learned response to feeling threatened. The child loses control and strikes out in a way that is dangerous or potentially dangerous. At this point, the staff member has to take control of the situation in order to protect the child and others who may be at risk. This must be accomplished without allowing the out-of-control child to be injured or to feel abused.

Children who have been

abused previously are likely to misinterpret the adult's intervention as "abusive," and some even attempt to provoke abuse from the adult.

Direct-care staff find themselves in a position of danger, having to stay composed and therapeutic while a child may be intent on hurting someone. Children need human contact, control, and support in a crisis as much as, or even more than, when they are functioning well.

By intervening physically, the staff may prevent injury but open themselves to allegations of abuse. By not intervening, staff are equally responsible for standing back and allowing a child to injure himself or someone else.

Physically restraining a child is the last, but often necessary, intervention.

Staff must be skilled and practised in safe, secure, passive holds when intervening with a violent and aggressive child. When handled in a safe and therapeutic manner, a child learns that adults can help to limit out-of-control behaviour without losing control themselves and without resorting to punishment or retaliation for the child's actions.

The immediate purpose of restraint is to provide the minimum necessary external control to ensure the safety of people. Restraint should take place in the context of an ongoing relationship with the child. Therapeutic physical restraint involves controlling the child safely and with the best interests of the child in mind, while also providing caring, support, and control.

Carlos is now verbally threatening the lone staff member, approaching in a menacing way. The back-up staff has not yet arrived when Carlos throws a chair and lunges. The staff member intervenes quickly to protect himself, initiating a single-person restraint while waiting for assistance. The second adult arrives and helps secure Carlos' legs. Neither adult speaks a word.

Learning from the Experience

In the final phase, the *Recovery Phase*, there is a reduction in tension and anxiety. This is the period when the child's defenses are lowered, and he or

she is more susceptible to the influence of others. In therapeutic crisis intervention, this is the phase that turns the crisis into an opportunity to grow and learn from the experience. The short-term goal in a crisis situation is to help the child through the crisis in a way that restores the *status quo* or order. With Bud and Elaine, staff were able to interrupt the escalating behaviours and then allow the children to vent their feelings safely. The staff used listening skills to de-escalate a growing crisis and to avoid a physical confrontation. However, Carlos required physical intervention by two adults in order to prevent injury. In each case, the job was only half done.

The long-term goal is to teach children that there are better choices they can make in responding to painful, destructive feelings.

The so-called 'Life Space Interview', developed by Fritz Redl and David Wineman (1957) and adapted by the House of Good Shepherd for use in physical restraints, provides a means to accomplish this long-term goal. The interview is crucial for helping children recognise what happened before they lost control and in planning more productive ways of managing those same feelings in the future.

The Life Space Interview is an essential tool in helping children learn from and benefit from an otherwise dangerous, destructive experience (Wood and Long, 1991). No matter how effective the staff member's method of controlling or de-escalating children at the time of the crisis, if children do not understand and deal with the reasons for their behaviour, then the crisis will repeat itself. The job of staff, as therapeutic professionals responsible for the care and treatment of children, requires helping children to learn from even the most dangerous, threatening and upsetting experiences. Once Elaine is calm, the staff begins a Life Space Interview. As they share views of the situation, Elaine is helped to connect her behaviour to the feelings she experiences when feeling cheated or betrayed. Elaine makes plans to talk to Teresa about their friendship and how they might

handle conflicts in the future. The adult then brings both Elaine and Teresa together and conducts a joint Life Space Interview. Bud shares his fears about being crazy and his confusing feelings about Tommy. Knowing Bud's history of sexual abuse and depression, the staff member expresses his concern about the suicidal gesturing and elicits Bud's agreement to see his counselor to discuss the situation in greater depth.

When Carlos calms down, the two restraining adults go through a "letting go" process, gradually releasing their hold on Carlos, thereby ending the restraint in a calm and caring manner.

The adult who will be talking with Carlos accompanies him to wash up.

They both take a few minutes to think about the situation, and, when they both are ready, they discuss the event. In a Life Space Interview, Carlos learns to identify alternative ways to express his anger and frustration.

Developing Trained Professional Staff

Staff who have the most contact with children usually have the least training and experience. Many front-line staff have not been prepared to deal adequately with the disruptive and violent behaviour of the young people under their care. Child care positions in residential facilities are often characterised by poor salaries, meagre benefits, long working hours and undesirable schedules (Powers, Mooney, and Nunno, 1990). These staff are also often poorly supervised and forced to make rapid decisions under pressure. Under such circumstances, provocative behaviour can lead the staff to resort to force in trying to control youth (Zweifel and Sawyer, 1990).

The implementation of Cornell University's Therapeutic Crisis Intervention programme in a Toronto residential setting, Kinark Child and Family Services, was described by Titus (1989). He found that by teaching alternatives to physical re-

straint and providing a method of restraint that was safe for both child and staff involved, the number of physical restraints at the agency were reduced. In a national survey conducted in 1991 by the Family Life Development Centre, Cornell University, similar results were reported. Agencies implementing the TCI programme reported a decrease in the number of violent incidents and resulting injuries to staff and clients.

Conclusion

Crisis is a normal, essential part of life. It is not a disorder, but an opportunity for growth, no matter how severe the situation may appear. To take advantage of this opportunity, staff must be skilled and confident in their ability to manage difficult, sometimes dangerous situations.

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Annette Cockburn keeps us posted on her street kids ...

The Inside Story

Theo is the most obliging child, apparently always willing to do chores, go to the shop, etc. But one day he confesses that he often feels like saying NO but he hasn't the guts, and then he hates himself for not being brave enough. A familiar enough story for all of us. So we encouraged him "Say NO! Theo, just say NO!" Sure enough the day came when he did: "Theo, you must go back to school!" — "NO!"

Ashwell, who is very small, had a loose tooth. "Put it in that tin on the window" I said "and we'll see if the tooth mouse brings you some money!" The little ones were wide-eyed; and when Ashwell found R2 in the tin, the news of the "tandemuis" spread like wildfire! "Where does he live?", "Can he speak?". They told Sifisu, who is much big-

ger. "Hau", he said "this is the first time I hear of a rat who fetches teeth!" Then Julie appeared. "I don't understand it," she said, "usually you have to plead with them to go to the dentist; now they are queuing up for letters!" A steady trickle of teeth pleading letters, and even the housefather's dentures appeared in the tin! Eventually the tooth mouse spoke: "Only teeth that fall out by themselves will be paid for!"

The day after the March of the Street Children to Caledon Square, Taka asked for some copies of the press photo to show his teachers at school. Driving home from work I found him at the robots: "Only 20c to help a street child, only 20c each!" He was selling the photocopies! I stopped the bakkie in the middle of the traffic, frog-marched him home and read him the riot act!

Siyabonga is — as his teacher puts it — like ten children in one: he is very small and powerful. He had lost his towel and

wanted another, and so apparently did all his little friends at Patrick's House. Siyabonga led the mutiny into my office, demanding towels. "This should be easy enough to quell!" I thought, not realising how formidable an opponent Siyabonga is. Threats, bribes, promises ... nothing worked. Eventually Julie brought in the punishment book — pocket money fines for all! "Skryf, skryf!" said Siyabonga. In the end we had to carry him out of the office, kicking and screaming. We all laughed; so small and so determined. I got into the bakkie to go home, a fierce little face appeared at the window: "Towels!", he said. I accelerated wildly and escaped.



NACCW Planning Meeting: Delegates from all our Regions



Forty NACCW people, National Executive members, staff, two to four delegates from all of the regions and sub-regions — even the Association's fund-raisers from Johannesburg — gathered in Durban on June 3rd and 4th to participate in a review and planning meeting for the NACCW's next few years. What were the existing strengths, needs, resources and constraints? Facilitator Ruth de Bruin helped the participants compile lists ...

Why does the NACCW exist at all?

To bond child care workers together

To provide optimum care for troubled children and children and youth at risk

To enable and empower child care workers to give the best care to children

To set standards for accreditation of workers and services

To disseminate information

To be a mouthpiece to people of influence and authority; to advocate for change and to speak for for child and youth care workers

To advocate for the rights of children and for the child care services which promoted these
To educate the public about NACCW and child care in general.

How would you like the NACCW to look in 5 years time? (Our dreams)

To be still here!

Financially sound
100% increase in staff and members

Recognition by a future government in respect of accreditation and standards, and a knowledge and understanding of children & youth at risk

Membership of NACCW from a wider spectrum of child care
More representation from Afrikaans children's homes

Greater black leadership
Greater networking with Africa

Greater priority given to children in care in South Africa

An increase in specialised training courses

Focus on both community and residential work with children and youth

A training college for child and youth care workers

Exchange programmes

A focus on nation-building



The Western Cape delegation

STRENGTHS AND WEAKNESSES

Each of the regions had been asked to workshop positive progress in their areas, together with continuing areas of need. Representatives reported as follows:

Eastern Cape

Strengths: There was a successful BQCC graduation, and now over fifty BQCC students with all population groups well represented; a principals' support group has been established and there is positive interaction between institutions; child care workers at grass-roots level are genuinely committed to the profession and to furthering their skills; various institutions make space and facilities available for NACCW meetings and courses.

Needs: Follow-up courses are wanted after basic training; there is insufficient interaction between the Border and PE Regions; there is a need for a staff member in this area; also the need for a Child Care Worker Forum; there are as yet no registered professionals; as new people are appointed, there is some lack of experience among principals; communication is poor within the Region.

Natal

Strengths: Good, workable structures has the Region functioning very well; members are called on to contribute skills, which has proved effective and empowering; translations at meetings has improved communication to all members; a very successful Children's Day was planned by the members and involved many institutions — with our own T-shirt sold for funds.

Needs: We could improve on integration: many white homes are not participating; child care workers are trained but struggle to put their training into practice because of poorly qualified middle management, and the fact that they are not encouraged to apply new skills in their practice; boards of management and principals need more guidance and education on child care; principals need and want training but do not see the Diploma in Child Care Administration (DCCA)

as an option because of time pressures; there is a need for more trainers in the Qwa-Qwa and North Coast areas; we need the BQCC translated into Zulu in this Region.

Border

Strengths: Relatively small number of institutions makes for very good co-operation, mutual support and sharing of resources; regular basic training; well-organised and well-attended Forum; good progress with cross-cultural practice in the Region; good involvement of street children's workers with NACCW training; there is strong appreciation for the wide input and support of the NACCW and its services.

Needs: There is a general feeling of isolation; we suffer a lack of resources for training; travelling is difficult in present political situation; we need training available in the vernacular; many child care staff who have to pay for their own courses cannot afford it; staff of the NACCW do not get to the region very often; we have a need for special training for those who work with street children.

Transvaal

Strengths: There is a growing membership in the Region, with good feelings of bonding among members; the training programmes are a strength; good growth in understanding and tolerance, and openness and honesty in discussing issues relating to our personal cultures and lifestyles, the struggle and the apartheid legacy; well-organised Regional Executive working on a portfolio basis, with well attended regional meetings; the child care worker Forum operates well, and the involvement of members and institutions is excellent when we are mobilised for specific tasks, for example, Child Protection Week. The impact of all this upon improved quality of care for children has been remarked by several organisations.

Needs: Communication is difficult because of violence and poor postal system; we experience the need for greater black leadership; there is a poor infrastructure to help the Regional Executive; inadequate planning and participation on the part of members;

language is a problem; there is a need for an advanced course after the BQCC; organisations need to budget for the training of their staff; there is too much focus on residential care and not enough on community work; we feel the need for better networking; the NACCW often feels "toothless" and powerless regarding advocacy in the region.

Western Cape

Strengths: There is strong, committed leadership and a workable infrastructure; we experience supportive training courses; there is a large number of child care workers, representative in terms of population, and a fairly stable membership over time; with the high concentration of institutions there is easy communication; we feel part of a national organisation and share common objectives.

Needs: there is an overall sense of powerlessness in the Region; we feel that there is a lack of recognition of the status of NACCW by employer bodies: for example, the NACCW has no 'clout' regarding salaries and service conditions; the NACCW is not seen as an advocate for the child care workers; there is a lack of co-operation and representation regarding courses; we need more outreach to subregions of George and Namaqualand; need for more training in specialised areas; not enough child care personnel are being reached by the Association; there is poor representation at meetings: members do not feel part of the policy-making process; members want to be consulted on the content and curriculum of training courses; members are unhappy about the financial arrangements of the Association's regions. The George members would like their area to be considered as a Region.



Gail Millard and Caroline van Rooyen, the NACCW's fund-raising team



National

The National Executive Committee and staff were also asked to consider positives and needs from the national point of view:

Strengths: In spite of extremely difficult working conditions following the retrenchment of staff in 1992, there had been an enormous amount of progress and activity, particularly in the area of training, with many courses enjoying high enrolments at present. The Annual Report would be published before Conference, and full details would be printed in this.

Needs: very difficult operating conditions over the past year with too few staff and limited finances; the heavy demands on the professional service far out weigh their resources; the NACCW has a low profile with the public generally; there is not sufficient black representation in staff team or leadership; the respective staff and membership roles need to be more clearly spelled out.

FORWARD PLANNING

The group was asked to look at the outcome of the Regions' workshops, and to identify and prioritise these themes in both problems and needs. The National Executive Committee and staff then built on the suggestions of the larger group, adding some immediate plans. The major need areas:

1. Misperception of the nature and function of the NACCW. An example is the key issue of whether it was a union or a professional association; the lack of visibility of staff in some areas; the lack of

understanding of what can realistically be achieved; the problem that members do not always take responsibility for some of the shortcomings, often blaming these on 'the NACCW' as if this was something separate from themselves.

Planning: The professional staff are asked to write up and define roles and responsibilities after a meeting of Ernie, Zeni, Roger, Les. A membership 'package' is to be developed for all (and especially new) members, in which members' rights, responsibilities, resources, etc., can be indicated.

2. Lack of staff and insufficient training opportunities.

Planning: This was seen to be the responsibility of the Professional Services, and the staff team are to address this.

3. Communication/information flow to all membership levels.

Information is not received by all members; information is not always understood in terms of language.

Planning: Regions are to address this themselves as regarding the reporting and leadership of their chairpersons and Regional Executives

4. Inadequately developed relationships between NACCW, Boards of Management, Principals, child care staff.

There is often need for more knowledge in the field about staff employment practices, and of the demands of child care practice. Generally incomplete knowledge of the role and function of each of these levels.

Planning: NACCW Staff to plan training and workshop opportunities both for Management Administrators, while the membership could also educate about the Association. Regions should promote the Principals' Groups, and chairpersons will give feedback at the next National Executive Committee meeting.

5. Not sufficient black leadership

Planning: It is necessary to continue to prepare people to take over leadership positions. The National Chairperson and/or the Director could be invited to run workshops for chairpersons and Regional Executives.

6. Lack of follow up courses after basic training

Planning: The Director and staff team will address this after consulting more widely with Regions, and as resources become available.

A number of additional areas were listed, some demanding the attention of the Professional Services, and others the attention of the membership. These included language, the cost of training, advocacy to employer organisations on behalf of child care workers, the low profile of the NACCW in the community generally, the need for more networking, and the extension of the focus of the Association beyond residential care to the communities which produced troubled families and children.

Constitution

One full session was devoted to fine-tuning the revised Constitution prior to its adoption at the Biennial Conference in July. The new Constitution embodies all of the principles which have been workshopped and voted on in all of the NACCW's Regions over the past two years.

The group was asked to ensure that the wording reflected these principles, and to prepare the final draft for circulation to all Regions during the coming month ready for submission to Conference.

The three days in Durban were no holiday! Delegates worked long hours each day, but important work was done and good progress made.

FROM THE FICE BULLETIN:

Family Centres in Great Britain: A Change of name or a Change of Practice?

Des Kelly, Deputy General Secretary of the Social Care Association in Great Britain

In the United Kingdom over the last fifteen years, large numbers of family centres have been developed, partly in place of residential care and partly to reflect the perceived need to resolve children's problems in the context of their families.

The Social Services Inspectorate of the Department of Health is responsible for inspecting the social services, and its reports (which are often sharply critical) are made public.

This article summarises a recent inspection and comments on some of its findings. Based on the inspection of twelve Centres in six Local Authorities, the report reflects encouraging steps towards improving the quality of child care and family services.

"Are Family Centres just another 'fashion' in the development of child care practice, to be recorded by future child care historians along with Approved Schools, Community Homes with Education, Family Group Homes and Adolescent Hostels, or does their development represent a new approach in the provision of help to children and families?"

FINDINGS FROM THE SIX LOCAL AUTHORITIES

Role and Function

The major period of development was between 1982 and 1984, against a backdrop of under-occupation of residential homes, increased unit-costs, changing attitudes towards residential care, and

increasing resource-awareness.

Policy statements from the six authorities reflected these issues, and provided a rationale for a new approach.

Seven of the centres had a residential capacity, five did not. However, all the centres shared a number of important characteristics:

- a commitment to working with parents and children rather than with the child alone
- a commitment to attempting to relieve the pressure on families experiencing difficulties with children, and to enhancing their coping abilities, often through an emphasis on improving parenting skills
- a commitment to user/parent participation, ranging from individual contacts with parents to their involvement in day-to-day activities in this centre
- an emphasis on the importance of a local neighbourhood base.

To these ends the centres had developed a range of methods of work which were used flexibly according to the needs of families and the skills of staff — from direct physical care and child management, to group work and individual family therapy.

All centres were ostensibly "family-centred" in that they defined their task in terms of the family unit, sought to prevent the break-up of the unit, and worked towards reuniting

disrupted families.

Only four of the twelve centres routinely offered residential care to families, though two other had done so on odd occasions. The option of admitting a whole family is one which was valued by those authorities with the ability to do so and is commended.

Non-residential work with families took the form of visiting, liaison with other workers, and direct family social work which included counselling and family therapy.

At the time of the inspection only 12% of the children known to the centres were resident — thus the majority of the work was community based. Of the non-resident children, 40% were below school age. Of the resident children three-quarters were of school age or over.

Case Planning

Five of the six authorities were seen to ensure that a full assessment was undertaken on each case, that clear objectives were agreed, that each child or family was assigned a key worker, and that expectations and responsibilities were made explicit.

Involvement of parents and children in the planning process was notably high in three authorities.

All authorities carried out regular reviews.

With one exception record keeping was patchy.

Implementing plans and progressing work with clients showed great variation. The significant difference between authorities was in the extent to

which workers had a clear understanding of their respective roles and appropriate training for the tasks assigned to them. The report draws out a number of issues for future developments:

Role and Function: Although the findings did not enable firm statements about the relative contribution of generalist or specialist approaches, the clear message is that the agency and the Centre should be equally clear and in agreement about the purpose of the Centre.

Management: The Centre manager is a key role. Notions of an entrepreneurial style appear to be valuable in motivating staff, engendering a positive and evaluative approach to outcomes, ensuring that the staff have adequate training and development programmes, negotiating resources, and reviewing regularly the work and achievement of the Centre.

Tasks: Many of the tasks being performed by Centre workers — constructing treatment plans, recording progress, working with parents, undertaking home visits, negotiating with other professionals and agencies and helping the family to do so, have in the past been seen as field social work tasks. Centre staff need help and training to acquire the skills necessary to perform these new tasks adequately.

Family Orientation: Somewhere at the heart of the family centre movement lies a belief that the family unit is the best environment to enable the next generation to thrive. Through the family, the growing child receives the values of society, an expanding



Through the family, the growing child receives the values of society, an expanding awareness of relationships and responsibilities, an awareness and respect of self and of others, and a vital sense of "belonging". The malfunctioning family fails to offer one or more of these attributes, thus adversely affecting the child's physical, mental, emotional or social development.

awareness of relationships and responsibilities, an awareness and respect of self and of others, and a vital sense of "belonging". The malfunctioning family fails to offer one or more of these attributes, thus adversely affecting the child's physical, mental, emotional or social development. The extent to which parents and siblings are involved in the programmes and contracts is crucial. The objective should be to see the family functioning without further support and all the activities and the environment of the Centre should be geared to this end.

Conclusion

Effectiveness and efficiency can only be assessed by careful monitoring. Systems for evaluation are often poorly developed and this is aggravated by the diversity of function which characterises the provision of child care services. The Report concludes that the consistent emphasis, in the family centres inspected, was on openness and clarity and on the construction of realistic plans to support and supplement the efforts of parents to care for their children. Family Centres are seen to have a positive role in future child care provision.

Developing a Holiday Programme

Arlo Vorkalk is Child Care Supervisor, Wedgewood Acres Christian Youth Home, Kentwood, Michigan USA. Although June brings the summer holidays in North America, it is winter in South Africa — but nevertheless a time for holiday planning.

From *Child Care Work in Focus*, 1977

As a child care worker, do you look forward to the month of June when school is no longer in session? Does it become a time of crisis when all the programming falls on the shoulders of the child care worker? If this is a problem in your agency, maybe you can pick up some ideas from what we have done at Wedgewood Acres.

Let me begin by saying that this is not the work and thoughts of one person but the combined thoughts and ideas of the social work staff of our agency. I guess you can say that this programme evolved over a period of years and is still in a constant state of flux. It is important that a programme be flexible. As you all know, the most effective programmes in the field of child care are the ones that can roll with the punches and this is especially important in a holiday programme.

In order for the programme to be successful every staff member should co-operate. Also, it is much better to over-plan the programme than to under-plan it. Eliminating an extra activity is much easier than trying to add an activity at the last minute. Inactivity always creates problems.

The programme

We begin by appointing a summer programme committee. It is the committee's responsibility to co-ordinate all the ideas and activities for the holiday period. They are also responsible for staying within the budget of the programme. The committee takes all the suggestions and develops a list of feasible activities. These are listed in the following categories:

1. Summer School: Everyone in need of school attends

Monday through Thursday from 9 a.m. to 12 noon.

2. Summer Workshop: All those not participating in school attend the summer workshop. The summer workshop can include almost anything from a special school for those not able to attend summer school, to arts and crafts, drama, testing, reports, etc. Bear in mind that the workshop is not a recreation time but a time to learn new skills or to increase existing ones.

3. Paid Jobs: Three times a week each home is assigned 2 or 3 hour jobs. All those participating in the work programme are paid bi-weekly just like the agency staff.

These jobs include working in the garden, mowing lawns, washing windows, washing vans, stuffing envelopes, etc.

4. Co-ed Activities: These activities vary as to type and frequency. Sports activities could include softball, volleyball, badminton, tennis, movie nights, game nights, etc.

5. Recreation: Once a week each home spends an afternoon bowling. On three evenings a week recreational activities are planned such as swimming, softball practices, volleyball practices, etc.

6. Day Excursions: Friday to Saturday is set aside for day excursions. These include biking, hiking, canoe-

ing, a day at the beach, picnics, dune buggy rides, etc.

7. Week excursions: Each home plans for three trips. These include backpacking, canoeing, and biking.

Staff responsibilities

This is an ambitious schedule and it takes the co-operation of all staff members. Each part of the programme is assigned to a staff member and it is their responsibility to plan and implement their part of the programme. For example, if you were asked to plan a week-long canoe trip, it would be your responsibility to find the river, plan the menu, supply the maps, etc. Everyone gets involved. If one person neglects to do their part, the programme suffers.

After all the activities have been assigned and the plans returned to the committee, the committee then develops the weekly programme for the each home and supplies the home supervisor with a schedule. The supervisor is then responsible for the implementation of the schedule. For any trips, the committee gives a week's notice to enable the supervisor to plan in advance.

During the summer, two field sports days are held with everyone participating. At the end of the season, an Awards Dinner is held for all staff and kids. At this dinner, awards are given for the field sports days and all parts of the summer programme.

Our programme is far from perfect but it sure has made the summer a more pleasant experience for both the staff and kids. I hope this report will inspire you to improve your own holiday programme. If you have any good ideas, share them with your colleagues in this journal.



Every graduate of an NACCW course is familiar with the United Nations Convention on the Rights of the Child. A complete copy of the Convention is handed free to all who enrol for the Orientation to Child and Youth Care workshop, and students see the rights of children as fundamental to child care work. But the issue has much wider implications across our society. Here **Rose September** sketches the background.

Confronting the Rightlessness of South Africa's Children

The concept of Children's Rights became part of the deliberations of the International Community in 1919. Soon after the International year of the Child (1919), the UN Commission on Human Rights began to consider a Polish proposal for a Convention on the Rights of the Child. This process was followed by the General Declaration of the Rights of the Child in 1924 and the Declaration of the Rights of the Child of 1959. These documents presented a code for the well-being of all children. Decades later the Convention on the Rights of the Child was adopted by the UN General Assembly (1989). The Convention presents an international treaty in which countries agree to hold themselves to certain standards of conduct with regard to the world's children. However, discussions and negotiations took place at the convention without the participation of developing countries. Today more than 150 countries have ratified or signed the convention. These countries exclude the United States of America and South Africa.

On the African continent, the debate on human rights has been inextricably linked with the struggles against colonialism and racism. Hence the need for a document that addresses the particular position of the African child. The African Charter on the rights and welfare of the child was finally adopted by the Heads of States and Governments of the OAU in July 1990.

In South Africa the majority of children are born into abject poverty and violence and are overtly discriminated against by apartheid policy. Since the institution of apartheid in

1948, generations of South African children have been denied their basic rights to survival, protection and development. These include the right to education, health, housing and recreation.

Confronting rightlessness

During the 1980's concerned non-government organisations, institutions and churches increasingly called attention to the worsening conditions of children inside South Africa. Assisted by the international community, a conference of a broad spectrum of South African NGO's was held in Gaborone, Botswana, early in 1990. As a result of these consultations, over 300 NGO's working nationally with and for children formed an umbrella organisation, the National Children's Rights Committee (NCRC).

The motivation, commitment and zeal of the NGO's is a strength that South Africans are very proud of. Given the very limited resources and unsupported environment in which they operate, South African NGO's have a history of remarkable contribution in the field of children's health and welfare concerns. Since the NCRC's formation these NGO's have committed themselves to the process of putting South Africa's children first and to ensuring that children's rights are entrenched in the new South African Constitution.

One cannot write about children's rights in S.A. without paying tribute to South Africa's children, a generation of whom have missed the opportunity to be children. They have lost out on playing and just being free to enjoy their childhood. The role of a child

was sacrificed by many for that of an adult freedom fighter in the liberation struggle. Today, South Africa's children are still fearlessly engaged in the process of fighting for basic rights such as the rights to education, shelter, food and health.

National initiatives

At a national level a number of conferences, and research and training programmes, are held regularly. A major turning point was the unprecedented South African Children's Summit held in Cape Town in May/June 1992. Children representing more than seventeen regions came together to discuss and debate the problems facing them as children. They spoke out about the continuing violation of human rights, violence which continues to kill children, the degradation, humiliation and suffering which is the lot of many hundreds of thousands of children. The children presented a draft South African Children's Charter that set forth their own ideals for a South African Society that respects the rights of *all* children. This document was presented

to the International Conference on the Rights of the Child and approved on June 1, 1992.

The President of the ANC the late Dr. O R Tambo said about this conference: "Coming as it did within the context of latent epochal developments in South Africa, its theme 'Putting Children on the Agenda' was most appropriate because indeed children are and must remain part and parcel, if not, in figurative terms, the very object of the transformation process". (Paper presented at the International Conference on the Rights of the Child, June 1992).

To honour the first call for children, a Situation Analysis was conducted. This process will be followed up by the next important phase i.e. the drawing up of a National Programme of action including programme planning implementation and advocacy initiatives.

Regional efforts

At regional level, children are constantly engaged in a number of workshops on the Rights of Children as well as other social mobilisation activities as a follow up of the first Children's Summit. This year the regional workshops culminated in a week of activities leading to the celebration of International Children's Day during the month of June. Children from the various regions nominated regional delegates to represent them at the June 16 launching of the State of the South African Children's Report. At this important occasion top policy makers at political and sectoral level, national and international guests came to hear South Africa's children speak.



South Africa signs

In its capacity as FICE South Africa, the NACCW has been charged with some responsibility for the mediation of the UN Convention on the Rights of the Child in this country. As such it has placed the Convention at the foundation of all NACCW training courses, and earlier this year the Association was asked to contribute to international thinking around

the updating of the Convention. As part of its promotion of the Convention, NACCW pointed out to government the embarrassment of taking part in international councils while South Africa was not a signatory to the Convention. We have now learned that the UN Convention was signed on behalf of the SA government in March 1993.

The UN Convention is published in South Africa by NACCW, copies from any of our offices at R2.00.

Twelve reasons people love to work for you

Employee turnover can be expensive. The cost of rehiring, retraining and regaining momentum when a valuable employee leaves, can have a detrimental effect on any organisation. **Roger Neugebauer** suggests that using positive feedback, setting high standards and encouraging people to take risks are just a few ways of creating greater employee stability in your organisation.

"The healthy director doesn't work to make people love her, but makes people love to work for her."

I proposed this maxim in an article called "The Well Director" in the March 1987 issue of *Exchange*. Since then a number of people (two) have said, "Well, that sounds just fine, but how do you make people love to work for you in real life?" So I've been keeping my eye on the directors of programmes where staff turnover is low, trying to figure out what they are doing right. Based on these observations, here are 12 practices you can implement to motivate people to stay — 12 reasons people will love to work for you.

1 You believe in people from day one.

With the shrinking supply of qualified workers, there is a tendency to be pessimistic about the potential of the people we hire. This pessimism can result in a self-fulfilling prophecy: we don't expect high performance, so we don't make an effort to encourage high performance, and, in the end, we don't see high performance.

You can't manipulate people like puppets. They alone have the power to decide whether they will work hard.

Your attitude towards a person, however, can have a significant dampening or buoying impact on their self-confidence. When you believe a person has the potential to

succeed, and when you believe a person has a desire to succeed, your support can make a difference.

2 You build on people's strengths.

You will never find the perfect child and youth care worker — or cook or housekeeper or bus driver (or spouse, for that matter). All of us have our shortcomings. We don't hire people, however, because of their weaknesses.

We hire them because we see some talent, some experience, or some trait which is a strength that we need.

To help new employees succeed on the job, you need to focus on the reasons you hired them. Time devoted to building on people's strengths is time well invested. Time spent in dwelling on people's weaknesses is, more often than not, time wasted.

There always will be occasions when you must deal affirmatively with poor performance which is directly affecting the quality of your programme — conflict, absenteeism, inappropriate discipline, etc. But focusing all your energy on people's shortcomings results mostly in frustration, anger and alienation.

One administrator I visited likes to get things off on the right foot by finding something a new employee will succeed in on the first day. He assigns some specific activity or task which uses a skill or training the person already possesses.

Betty Jones from Pacific Oaks suggests that the early training employees receive in your programme should build on the skills they bring to the job, even though that may not be the most important thing they need to know to do their job. If you encourage new employees to improve on an area of strength, they will be less threatened because they are on turf that is comfortable and familiar to them.

Then, as they feel rewarded by their improvement in a "safe" area, you can gradually nudge them to grow in areas where they may feel less secure.

3 You provide people with feedback.

One of the most frequent complaints I hear from child and youth care workers is that they do not receive feedback about their efforts.

They do not know if the director thinks they are doing a good job overall — or if the director even cares.

According to management guru Peter Drucker, what employees most need to improve their performance is an abundance of objective and timely feedback on the results of their performance.

In healthy-functioning programmes, the director places a high priority on encouraging staff to provide feedback to each other, in training staff on how to give feedback, and in providing time and tools for all types of feedback systems.

4

You view people's welfare as a high priority.

When it comes to worker compensation, we all sing the right tune. We all lament the low wages and benefits our employees receive. But passionate speeches don't pay the rent.

There are no easy solutions to the compensation dilemma. No knight in shining armour is going to charge in and save the day — not the federal government, not employers and not labour unions.

The solution will primarily come from tough choices and hard compromises made one programme at a time. A director who is truly committed to making progress on the compensation issue will be actively exploring creative solutions to improving benefits. The bottom line is that workers' commitment will be affected by whether or not they perceive that you truly do place a high priority on their welfare.

5

You build team spirit in your staff team.

Clare Cherry, in addition to all her writing and speaking, actually directed a programme in San Bernardino, California. In interviewing prospective employees, she informed them if they were to work in her programme they would be required to accept responsibility for helping all workers improve.

Workers in Cherry's programme were expected to share ideas, to give each other feedback, to solve problems together, and to provide each other with support. She viewed teamwork as an essential ingredient of an excellent programme. And for team spirit to flower it requires such commitment from the top. You need to be continually exploring ways to encourage cooperative efforts, whether it means rotating the chair at staff meetings, regularly conducting brainstorming sessions to attack programme problems, or taking the entire staff on a retreat. Team building needs to be a conscious

activity promoted by the director, attended to by the director and rewarded by the director.

6

You inspire commitment.

One of the responsibilities of the leader in any organisation is to serve as the keeper of the faith. You need to have a vision for your organisation that gives meaning to your work and inspires you to act. If you have such a vision, this will not only inspire you, but it should infect everyone who works in the organisation. Directors I have observed who are committed to a vision, exude an intensity and excitement which energises everyone in their programmes. When people are committed to the goals of an organisation, they will work hard to insure that these goals are achieved. This is much more powerful than trying to build people's commitment to you as an individual.

7

You set high standards.

In the very best programmes, the directors have an unflinching commitment to high performance. Even when crises seem to be breaking out all over, these directors do not allow these frustrations to serve as an excuse for letting up on quality. Achieving high standards in a child and youth care programme is indeed a very imposing challenge. Pressure to maintain these standards can understandably place a heavy burden on all staff. These frustrations, however, are far outweighed by the feeling of pride which comes from working in a first class organisation.

8

You remove obstacles to people's success.

The most effective directors I see do not view themselves as making things happen by sitting at the top of the chain of command issuing orders and making inspirational speeches. Rather, they view themselves as servants to the team.

These directors see their job as helping workers succeed by getting them the resources they need to grow and perform. They take seriously the responsibility for removing obstacles that get in the way of people doing their jobs, whether it be replacing equipment that's worn out or reorganising a staffing structure that doesn't work.

9

You encourage people to take risks.

We all view ourselves as open, supportive and encouraging. But sometimes our intentions are not reflected in our actions. We may encourage staff to be creative, yet convey through body language a sense of disapproval when they try a new activity and it fails. We may ask people for their solutions to a problem, but criticise any suggestions they make. If you expect your people to act creatively, you have to send a strong message that you support them. You must praise people for taking risks. You need to thank people for having the courage to disagree with you. You must provide a rich environment of books, materials, trips and workshops to keep people thinking and growing. And, most importantly, you should

demonstrate that you are willing to take risks yourself.

10

You make working fun.

One of the most consistent features of programmes where workers love to work is a relaxed, happy atmosphere. Child and youth care is hard work with serious implications. But no one can thrive without laughter and joy.

11

You cultivate professional pride.

A disquieting aspect of all the media attention child and youth care has received in recent years has been the "crisis" mode of much of the coverage. Documentary after documentary, and article after article, decried how horrible conditions are in this country. This coverage may have served a purpose in focusing attention on the need for additional resources and to improve working conditions. It has also tended, however, to disparage the valiant efforts of those working in programmes today. Child and youth care is not a recent fad or new profession struggling to get its act together. We have a long, proud tradition of caring. Your staff

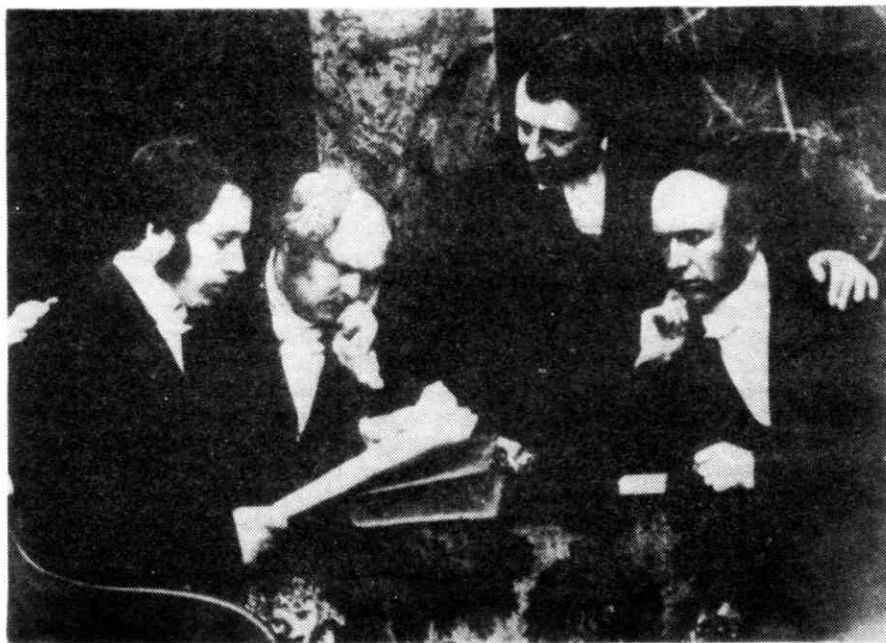
should take pride in being a part of the child and youth care profession.

12

You help people see results.

As a director, the most effective way you can get workers hooked on continuing in your programme is to help them see the real impact they are having on the lives of children. You can do this by training workers to be better observers so they can see children making progress, and by encouraging them to give each other feedback on the changes they observe. William Franklin, speaking at a Director's Network conference in New Orleans, quoted the remarks made by Pericles to his troops, noting that he could just as well have been addressing child and youth care professionals: "What you leave behind is not what is engraved in stone monuments, but what is woven into the lives of others." There are many great reasons for working in child and youth care, not the least of which is the real difference we can make in the lives of the children and families we serve.

Acknowledgements to The Child and Youth Care Administrator, Nova University.



"We must remain committed to thoroughly modern approaches in our management practices."

The serious impact of HIV/AIDS on children in many ways highlights the tragedy of this epidemic. Current estimates are that between 14% and 52% of infected mothers will pass on HIV to their children before or during birth. Planning for the management and treatment of these children demands urgent attention. In addition, children are vulnerable to sexual abuse and many more are poorly cared for and lack the knowledge to prevent infection through sexual contact. With this in mind, the AIDS Bulletin has published these guidelines for comment and debate.

Guidelines: Children with AIDS/HIV and at Risk of HIV

Prepared by Edwin Cameron of the Centre of Applied Legal Studies at the University of the Witwatersrand

I. Background to the problem: children and HIV

If current estimates are correct — that within six or seven years up to 1 in 4 adult South Africans may be HIV-infected — then a brutal number of our country's children will also be infected. The World Health Organisation (WHO) estimates that in 1992 alone, 250 000 HIV-positive children were born in Africa. In Zimbabwe, AIDS is already the biggest cause of death in children under five. Most children contract HIV in the womb, just before or during birth, and very occasionally from mother's milk. Sexual transmission is also a factor among sexually active children, but particularly among children exposed to sexual abuse, including street children and those abandoned as AIDS orphans. No comprehensive guidelines for the management and treatment of children with HIV or AIDS have yet emerged in our country. Various organisations involved in child care have recognised and discussed the need for guidelines. Last August the National Association of Child Care Workers (NACCW) put out a tentative briefing on the issue. This article aims to foster the present debate. We first detail the abuses which children with HIV or AIDS suffer. We then examine the critical issue of HIV testing: when is it necessary and how is consent to an HIV test

obtained? On both issues, many involved in child care do not seem to have full information. Confidentiality is then examined. Because of the exceptional stigma still attached to AIDS and HIV, close observance of this principle is essential. We outline the generally accepted ethical approach. Finally, our Guidelines emphasise the overriding importance of the principle of non-discrimination in the treatment and care of children with AIDS or HIV — not only for human rights reasons, but because non-discrimination assists the fight against the spread of HIV.

II. Abuses against children with HIV

Children with HIV are vulnerable to many human rights abuses. If they are street children or abandoned orphans, their position is even worse. Many are tested for HIV in defiance of the law and for the wrong reasons. Their HIV status is improperly disclosed. And, most seriously, as the NACCW reported in August 1992, many children's homes are refusing to admit or work with children who have HIV. They are therefore being passed on to places of care and safety. Few institutions at present have staff adequately trained in HIV issues. Ignorance and fear, as well as lack of authoritative guidelines, contribute to malpractice.

III. Consent to HIV testing in children: how to stay within the law

1. The fundamental rule when testing a child for HIV is that proper and informed consent must always be obtained.

2. *There are no exceptions to this rule: if proper consent is not obtained, the care giver requiring the test and the health care worker taking the blood are acting illegally.*

3. In the first instance consent must be obtained from the child's parent or guardian. A guardian is a person legally designated to substitute for a parent.

4. Where the parent or guardian is dead, is mentally unwell, cannot be found, or wrongly refuses consent to the HIV test, the Child Care Act 74 of 1983 applies (section 39).

5. In all these instances, if a medical practitioner believes that an HIV test is necessary, he or she must make a report to the Minister of National Health and Population Development. If the Minister is satisfied that the test is necessary, she may give consent in lieu of the parent or guardian. (The statute also makes provision for urgent cases where an operation or medical treatment might be "necessary to preserve the life of the child or to save him from serious and lasting physical injury or disability" — but this can never apply to HIV testing.)

6. A child over the age of 14 years may, in terms of the statute, give valid consent to an HIV test (section 39(4)(b)).

7. However, persons in authority over young adolescents must be careful to ensure that consent to an HIV test is free and voluntary, and that a young person is not unduly pressured into it.

8. HIV testing in defiance of these rules is illegal. Care givers and health care workers risk criminal prosecution under the statute (section 58), as well as a civil claim for damages, if they do not obtain proper consent.

IV. When is an HIV test necessary?

1. In terms of the Guidelines issued by the Medical Association of South Africa (MASA) in

June 1992, as well as the new South African Medical and Dental Council (SAMDC) Guidelines which were due to come into force in April this year, the general principle is that *an HIV test can only be justified if it is in the interests of the patient.*

2. Because of the very low risk of casual (non-sexual) or occupational transmission, the protection of health care workers or other care givers cannot justify an HIV test. (The SAMDC makes rare exceptions for certain difficult surgical procedures.)

3. Universal pre-admission testing in institutions is therefore unwarranted and unethical.

4. This principle applies also in the child care setting. *An HIV test is justified only if it is required for the proper diagnosis or treatment of a child.*

5. Testing all abandoned or street children, or all those entering children's homes or places of care or safety, is thus unjustified and unethical.

6. As the NACCW pointed out last August, "No residential facility today can be sure that they do not have children and/or staff who are HIV-positive or who have AIDS".

7. In consequence, as the NACCW urges, the only safe, ethical and economical approach is to avoid preoccupation with HIV testing as a means of identifying persons with HIV or AIDS.

8. Instead, *universal precautions and non-discrimination* should be adopted as fundamental principles.

V. Who may be told of a child's HIV status? — the 'need to know' principle

1. As with HIV testing, disclosure of a child's HIV status always requires proper consent.

2. Consent should be obtained in the first instance from the child's parent or guardian.

3. Where the child is over 14 years old, the Child Care Act implies that consent to disclosure of HIV status may be obtained from the child himself/herself.

4. The decision of whom to inform should, in any event, al-



ways be made in consultation with the child.

5 Where it is impossible to trace the parent or lawfully appointed guardian — a situation that will rarely arise — the person immediately entrusted with the child's care may, if absolutely necessary, give consent to disclosure.

6 The 'need to know' principle has now received unqualified acceptance in the medical and clinical setting. Given how difficult it is to transmit HIV, *only those persons whose treatment and care of the child indispensably requires knowledge of his or her HIV status should be informed.*

7 Who exactly these persons are might vary from setting to setting.

8. The NACCW has suggested that a child's HIV status should be disclosed only "to the parents and the immediate care giver/s, plus the person who will counsel the child".

9. The now established facts about HIV transmission and the new SAMDC and MASA Guidelines suggest that even the NACCW formulation may be too wide: unless the immediate care giver is concerned with the child's diagnosis or treatment he or she need not be told.

10. It is obvious, though, that those concerned with the care of the child but who fall outside the 'need to know' principle may also benefit from knowing about his or her HIV status since it may affect their approach to the child.

11. However, it is equally obvious that an appropriate setting of confidentiality and absolute trust first needs to be created before this wider circle is informed.

12. Consent must in any event be properly obtained.

13. As the NACCW points out, "schools and others who deal with the child each day do not have the right to such information". This means that staff, co-pupils, board members of an institution, government officials, local authority administrators, other parents and the child's relatives, apart from his or her own parents, should *not* be informed.

14. Wrongful disclosure of a child's HIV status could again expose the person responsible to legal action.

VI. Treatment and care of children with HIV or AIDS

1. The fundamental principle in dealing with children with AIDS or HIV is that of non-discrimination.

2. This means that HIV and AIDS should be treated exactly like any other life-threatening disease — with regard to decisions about care, expenditure of funds and supervision.

3. There is one exception: because of the severe stigma still surrounding AIDS and HIV, special attention must be paid to confidentiality (paragraph V above).

4. There is no warrant for any institution or home established or recognised under the Child Care Act to refuse admission to a child with HIV.

5. The facts about HIV transmission make supposed reasons like risk of accidental infection to staff, health care workers or other children unacceptable.

6. Statutorily-based or publicly funded institutions that discriminate against children with HIV, open themselves to civil action.

7. The principle of non-discrimination is important not only because it enshrines human rights values — but because non-discrimination and humane treatment assist in the fight against the HIV epidemic.

AIDS

— A Family Disease

INITIAL GUIDELINES



South African National
Council for Child and
Family Welfare

This guide is a wonderful resource given our endeavours to come to grips with the AIDS crisis and the meaning AIDS has for our various care settings.

Developed by the National Council for Child and Family Welfare to assist child welfare agencies in caring for HIV infected families, this publication is divided into two parts.

The first part looks at the medical aspects of AIDS, very informative, and also the psycho-social and psychiatric implications of AIDS for children, adolescents and their families. Ethical considerations, confidentiality, consent, voluntary and compulsory testing and the legal issues are of particular importance for us too.

Part two looks at agency policy. Specific services and procedures receive comment e.g. adoption, foster care, orphans, residential child care, day care, the management of services to HIV families.

There is a chapter on education, for children and staff, along with recommendations for In Service Training Programmes. Whilst this guide is targetted for social workers it could prove very helpful if used as a base for in-service training.

The guide contains a glossary and an extensive bibliography giving direction to future reading. Of major benefit is the fact that it will be updated as new material becomes available.

Definitely a publication worth having.

— Ros Halkett

Copies from: The South African National Council for Child and Family Welfare, P O Box 30990 Braamfontein, 2017
Cost: R25,00 per copy, including postage.

International Child & Youth Care Conference

June 20 to 26, Milwaukee, Wisconsin USA

FAMILY-CENTRED CHILD & YOUTH CARE

Subthemes: Family support services, Residential and Community Care and Education, Education and Training of Personnel, Public Policy and Research

Invited Speaker: Hillary Clinton

CALL FOR PROPOSALS

If you wish to present a **Workshop** (two-hour skill oriented interactive session), a **Poster Session** (visual display of a written paper describing a study with the presenter standing by to answer questions) or a **Roundtable** (a discussion of topics, papers and hand-outs of similar interest) send your 100-word proposal.

State your name, title and address, your theme, your preferred presentation method and the learning you expect to occur.

Send by July 15 to International Conference
P.O. Box 413, Milwaukee WI 53201 USA



NOCWA
40th International
Conference



40th International
Conference

Elke vakansie probeer al wat kinderversorger is om te rus — te ontspan en veral te vergeet van die druk wat met die afgelope skoolkwartaal gepaard gegaan het. Twee dae voor die skool heropen, is die kinderversorgers wat gelukkig was om verlof te kon kry, terug op hul pos en lê die uitdaging van 'n nuwe skool- maar ook werkskwartaal voor.

Kwartaalbeplanning

J. Pelcher, Prinsipaal, Abraham Kriel-Kinderhuis, Nylstroom

Vanuit die senior personeel-korps word 'n kwartaalprogram gewoonlik opgestel vir die kinderkuis se funksionering in die volgende skoolkwartaal.

Ondersoek toon dat 'n kwartaalprogram onontbeerlik is vir die funksionering van 'n kinderkuis dat dit *eerstens* 'n besuurs-hulpmiddel is, *tweedens* dui dit op sekere verantwoordelikhedsareas van personeel en kinders, en *derdens* word 'n doelgerigte praktyk in 'n raamwerk en riglyn voorsien wat vir elke personeelid behoort te wees.

Dit is seker onnodig om te verduidelik dat baie frustrasies van "waar is die kombi nou" deur middel van deeglike kwartaalbeplanning uitgeskakel of hoogstens verklaarbaar en verstaanbaar gemaak word.

Voorstelle

Ons bied graag die volgende voorstelle aan vir die saamstel van 'n doeltreffende kwartaalprogram:

1. Kry die kwartaalprogramme van die onderskeie skole wat die kinders bywoon;
2. Lees die sport- en kultuurbewegings se nuusbriewe vir datums van belangrike aktiwiteite;
3. raadpleeg u kerk-almanak en
4. senior personeel/terapeute vir geprogrammeerde datums.

Die volgende kontrolelys word dan geïmplementeer op 'n vergrote kalenderblad waar dit ingeskryf word:

Bestuur

- ☐ bestuursvergadering
- ☐ dagbestuursvergadering
- ☐ beplanningskomitee
- ☐ vakkundige komitee
- ☐ geboue en terreinkomitee
- ☐ fondsinsamelingskomitee
- ☐ finansieële kommissie

- ☐ personeelkomitee

Junior Bestuur

- ☐ formele vergaderings
- ☐ verslagdoening
- ☐ werksvergaderings
- ☐ groepstake
- ☐ opleidingsgeleentheid
- ☐ sosiale verkeer

Vakkundige Dienste

- ☐ vakkundige komiteevergadering
- ☐ kindersakekomiteevergadering
- ☐ opname/ontslagvergadering
- ☐ netwerkvergaderings
- ☐ ouers
- ☐ individuele supervisie
- ☐ maatskaplike werkers
- ☐ groepsupervisie maatskaplike werkers
- ☐ vakkundige panele
- ☐ naweekdiens van personeel.

Kerklike Aktiwiteite

- ☐ eredienstye (verskil tussen somer- en wintermaande)
- ☐ kategeseskool (Sondagskool)
- ☐ jeugaksies
- ☐ koffiekroeg
- ☐ Nagmaal
- ☐ kooroptredes van kinders

Kommunikasie

- ☐ Personeelvergaderings
- ☐ Maandagoggendvergaderings
- ☐ naweekdiensterugrapportering
- ☐ weekbeplanning
- ☐ diensrooster
- ☐ vervoer- en ritrooster
- ☐ saalbyeenkomste met kinders en personeel
- ☐ huisvergaderings
- ☐ ouervergaderings
- ☐ kinderversorgersvergaderings
- ☐ indiensopleiding
- ☐ personeelkomitees vir verskeie ad-hoc en permanente sake byv.
- ☐ Voeding en ver-

- versingskomitee
- Blomme, plante en ruikers
- sekuriteit
- terrein en geboue
- personeelkomitee (verjaarsdae, funksies, onthale)
- trofee en sertifikate
- onspanning en vryetidsbesteding
- interne nuusbrieff/koerant

Huishoudelik

- ☐ huisinspeksies
- ☐ administratiewe kontrole: boeke, registers, lêers
- ☐ spyskaartbeplanning/maaltydvoorsiening
- ☐ keerdatus vir aanvraag, maandelikse voorraad
- ☐ washuisbeurte
- ☐ tuin
- ☐ instandhouding

Buitemuurse Aktiwiteite

- ☐ skoolaktiwiteite — addisionele klasse/sport/deelname/oefeninge ens.
- ☐ begin- en eindatums vir eksamens
- ☐ toetsdatums
- ☐ remediërende onder- rig — wiskunde, lees, Engels
- ☐ hulpbronne, biblioteek
- ☐ onderrig: klavier, sang, ballet, karate, gimnastiek, ens. ens.

Kulturele Aktiwiteite

- ☐ Voortrekkers
- ☐ Landsdiens
- ☐ Jukskei
- ☐ Koor/sanggroep/revue
- ☐ debat/redenaarsaand
- ☐ talentaand/konsert
- ☐ redaksie: nuusbrieff/koerant

Ander

- ☐ mediasentrum
- ☐ swembad
- ☐ groepwerk
- ☐ groepsaktiwiteite
- ☐ uitstappies
- ☐ huisfunksies
- ☐ nasionale boomplantdag

Vervoer

- ☐ kleuterskool
- ☐ kerk en son- dagskool
- ☐ mediese afspraak: tandarts, fisioterapeut
- ☐ arbeidsterapeut
- ☐ spraakterapeut
- ☐ sielkundige
- ☐ psigiater
- ☐ koshuisnaweke vir kosgangers
- ☐ vakkundige panele elders
- ☐ rekonstruksie samesprekings elders
- ☐ vergaderings elders byv. kinderhuisskakelkomitees

Slotwoord

Uit bogenoemde mag u dalk dink u volgende kwartaal gaan slegs uit 'n lywige beplanning bestaan — maar implimenteer dit wat by u van toepassing is, en kontroleer dit weekliks, maandeliks en kwartaalliks — en siedaar: u jaarverslag skryf u binne 'n oggend klaar!



Kobus Pelcher herinner ons daaraan dat ongeag hoe ingewikkeld ook al ons werk met kinders mag wees, alles draai om die vermoë om die basiese strukture van ons administrasie reg te kry. Sy finale boodskap: 'Sterkte — en laat weet gerus van nóg nuwe voorstelle.'

FICE Federal Council Meets in Slovenia

Ashley Theron reports

It was my privilege to attend the Federal Council meeting in my capacity as President of FICE SA.

The meeting was preceeded by a two-day conference on Supervision held in Ljubljana, Slovenia, and this was followed by a one-day seminar entitled "Evacuating children from Crisis Areas" in Gorizia, Italy. It was a proud moment for me to take my place amongst colleagues in the child and youth care field from fourteen different countries. I have invited colleagues from North America, England, Switzerland and Netherlands to share their views on the meetings and seminars with their counterparts in South Africa through the *The Child Care Worker*. These contributions will be published in later editions of *The Child Care Worker*.

It is worth mentioning that *The Child Care Worker* was once again hailed as one of the greatest child care monthlies by a number of the delegates to the Federal Council.

Supervision

I arrived in Slovenia on the 4th of May, and attended the last part of a two-day workshop on supervision. Despite the fact that I knew only Jim Anglin (the representation of FICE North America) the warm reception I received from many delegates helped to make me feel most welcome.

After listening to speakers from various parts of the world, it felt good to know that we in South Africa have reason to be proud of the development of our Supervision courses for child and youth care workers, and in terms of

supervision for social workers we are on par with most of the developed countries.

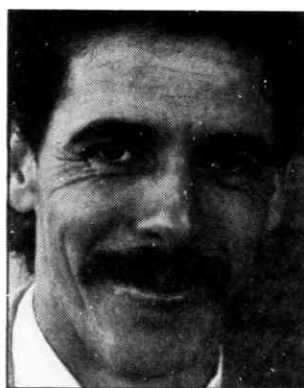
Visit to children's home

On the 5th of May I had the privilege of visiting a children's home which is situated in a village called Planina.

It is a cottage-style home and it was a pleasure to talk about our South African practice with the children and staff in one of the cottages. I also enjoyed the opportunity to relax for a while and enjoy some fun with those present. Music is an international language (see cover picture), but when talking together, we made contact through the use of interpreters.

Federal Council Meeting

As Associate Members of FICE International at this stage, we are welcome to participate in its meetings but do not yet have a vote.



Ashley Theron

After reporting on our activities over the past year I was applauded by the rest of the delegates for all that we achieve here.

Although we are very new members of FICE International, we have (as NACCW) been in existence as a national organisation for eighteen years, and we are

engaged in very much the same kind of activities as the other FICE national sections. Throughout the meeting it was most helpful to have the help of interpreters: English to German, German to English, German to French, French to English.

Evacuation of children from crisis areas

A joint report on this subject with David Lane, Deputy President of FICE International and the President of FICE England, will be published in a coming edition of our journal.

1994 Conference

In 1994 North America's National Organisation of Child Care Worker Associations (NOCWA) will be co-hosting the International Child Care Conference in Milwaukee with FICE. It will be FICE's fortieth international conference.

House Mother

a caring lady to love, cherish and
raise a family in Cape Town

SOS Children's Villages is an international social welfare organisation that provides orphaned or abandoned children with a permanent family environment and education facilities. We are currently in the process of establishing a village in Cape Town which will comprise 15 dwellings.

One of the most important people in the running of each village is the House Mother, who provides love, care and security to a family of eight children ranging from infancy until they reach adulthood. The Mothers, who are expected to dedicate their lives to the children entrusted to them, should be religiously stable, physically and psychologically healthy, without emotional encumbrances, and preferably between 35 and 45 years of age. The task involves every aspect of normal motherhood including good housekeeping, discipline and guidance, and ensuring the well-being of the children under her care.

Ladies without family dependents, preferably educated to Standard 10 level and with practical experience in raising a family, should apply in confidence to the Village Director, SOS Children's Villages Cape Town, P.O. Box 195, Thornton 7485, or phone (021) 531-9487

SOS CHILDREN'S
VILLAGES ASSOCIATION



OF THE REPUBLIC
OF SOUTH AFRICA