

The child care worker



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Cover Picture: 'Late Again' From a photo essay on lateness for school by Valérie Clément (1986)



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Child Care Workers
NACCW

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1993: A year of hard work

1993 has been notable for the huge increase in the numbers of students studying child care courses. Some two-and-a-half thousand child care personnel have been involved in NACCW courses alone. It is worth mentioning the figures for January to September:

Orientation to Child and Youth Care: **800**
Basic Qualification in Child Care: **1092**
Working with Sexually Abused Children: **41**
Supervision in Child and Youth Care: **30**
Basic Counselling: **15**
Advanced Counselling: **14**
Problem Profile Approach: **14** teams
PPA Extension Course: **27**
Training for Caregivers: **38**
Youth at Risk: **28**
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Diploma in Child Care Administration: **17**

BQCC, CCYC, DCCA ...

The many acronyms can become confusing, but these three are: Basic Qualification in Child Care, Certificate in Child and Youth Care, and Diploma in Child Care Administration. This year the NACCW has introduced the

new practice-based BQCC course, which has been redeveloped more along adult education and experiential learning lines. There is no doubt that it will take a year or two to adapt this new course accurately to its target student group, but with UNISA's new CCYC course starting in 1994 this will be easier than before. In the past the BQCC has had to serve a too widely selected student group, but now with matriculants opting for the UNISA course, the BQCC can properly become what its name suggests: the basic qualification in child care. However, the word 'basic' must not be interpreted as 'lower grade': the developers of the course must ensure that on the one hand the BQCC is accessible to entry level child care staff; and on the other that it provides an adequate minimum level of knowledge and skills for those who are working with children in institutions.

As important to any organisation as its child care staff are the administrators, principals and directors. As the Diploma in Child Care Administration now prepares for its fourth student intake group, there is greatly increased interest being expressed by staff at the leadership level. (The articles on page 6 and on page 12 this month are contributed by DCCA students). It is true that any staff development plan must include the advancement of staff at all levels in an

organisation. Gains in line staff are often frustrated if there are not accompanying gains in management staff — and vice-versa. It is at this time of the year that staff at all levels are considering how they might improve their skills next year. There is no shortage of opportunity.

1994: A year of better things?

A government of national unity will bring its own promise of sharing and a greater sense of ownership on the part of the people of South Africa. The greatest advance in our own field is that we will have moved into a time in our land when the word 'children' means just 'children', and we will be able to develop plans for children according to their needs and no longer accord-

ing to the irrelevant and offensive criteria of the past. We start off the year with the challenge of participating in the United Nations International Year of the Family — and a number of children's organisations will be contributing to a feature on this subject in our January issue.

The NACCW will have been able to reinstate the staff posts lost in terms of last year's financial crisis, and will indeed have added some new posts as our work extends into new fields. There will be news of new appointments in our January issue. Better news yet for readers of *The Child Care Worker* is that a more realistic price structure is being worked out for members of the NACCW, so that more will be able to afford their own copy of this journal each month. And just as in 1993 we brought you 176 pages of child care news, information, learning and stimulation — so we hope to continue that in 1994. The Editorial Board extends good wishes to all readers for the coming holiday period. May it be for you all a time of joy and togetherness.

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

An administrator's initial response when confronted with sexual abuse was often denial. In this forthright article, **Dr Charles Conroy** gives guidance on creating an atmosphere which can prevent sexual abuse, as well as guidelines on confronting and identifying abuse and dealing with the client, staff, media and police once sexual abuse has been discovered. (Acknowledgements: *The Child and Youth Care Administrator*, 1992)

Preventing and dealing with 'the nightmare': Sexual abuse in the residential setting

While there has been an unsettling presumption that developmentally disabled people were targets for sexual abuse in out-of-home placements, until recently little existed in the way of hard, empirical evidence to substantiate what many professionals, parents and advocates have felt for a long time. As late as 1990, Tharinger, Horton and Millea were able to note that: "Although there has been recognition that persons who are intellectually disabled are at high risk for sexual abuse, there is little professional literature documenting their abuse and exploitation" (p. 302).

By 1991, some of the mystery which had shrouded the issue was removed with reports of two research studies, one (Rosenthal et al.) on abuse and neglect in out-of-home placements not exclusively devoted to developmentally disabled populations, although presumably it included them, and another (Marchetti & McCartney) on abuse of persons with mental retardation in public residential facilities.

Neither study was devoted exclusively to sexual abuse. Each had a wider focus on physical abuse but sexual abuse data was able to be discerned.

Rosenthal et al. reviewed 290 incidents, of which 24% were reports of sexual abuse. Sexual abuse reports are the most likely ones to be confirmed.

While the sexual abuse cases represented 24% of all the reports, they ultimately represented 42% of all the confirmed reports. The 55 cases reviewed by Marchetti and McCartney were confirmed cases. The cases of sexual abuse represented 10% of all cases.

Whether sexual abuse cases represent 42% or 10% of all confirmed reports is considerably less important than the rec-

ognition that sexual abuse exists. Denying it rather than confronting it has been past practice in many agencies and institutions. Realizing there is a problem is a major step forward. It should spur administrators to think about prevention and, when that fails, how to deal with an episode of sexual abuse. The current work is designed to provide some recommendations in that regard.

Despite taking the greatest precautions, sexual abuse can happen in the best of residential programmes as it happens in the best of schools. Strategies exist to reduce the chances of abuse occurring and, if properly implemented, can substantially lessen the threat. Even after great care is taken, however, abuse can occur. It can take the form of client-to-client activity or, more rarely, staff-to-client sexual involvement. When prevention fails, compassion for the victim, a thorough investigation, and a forthright style can minimise the chances for further damage to clients and the organisation.

I: PREVENTING ABUSE

The best solution to dealing with sexual abuse is to create an atmosphere which eliminates the possibility of it ever happening, or, at least, reduces the odds. Administrators must create the proper tone, develop procedures with prevention in mind, be alert to client reports and cues, and practise open, accessible management. Certain recommendations are common sense; others require pre-planning and conscious effort.

Create the proper tone and atmosphere

Staff and clients should be clear

about the feelings of the administration on the topic of sexual activity among clients and between staff and clients. Take nothing for granted. The policy manual and the personnel practices manual should contain clear references to such conduct and the consequences and penalties.

Administrators should make it clear to everyone in the agency that the thought of it happening in their agency is intolerable and represents the greatest violation of trust and standards of care. This position should be inflexible and uncompromising and the staff should know that the agency will support prosecution and incarceration for perpetrators.

The standard for client-to-client activity versus worker-to-client activity is, of course, quite different. In the first instance, presumably there is a role for education and/or therapeutic intervention. In the second instance, a severing of the employee's relationship is warranted as well as criminal prosecution of the staff perpetrator.

Procedures prevent abuse

Prevention of sexual abuse starts with the screening, interviewing and overall process of employee selection. Agencies should take advantage of state registries or mechanisms for uncovering criminal records of prospective employees. It has been noted in one research study that "previous allegations were noted in 60% of sexual abuse reports" (Rosenthal et al., 1991, p. 253). Sexual abusers are recidivists. It's unlikely the incident is a first.

Check carefully before hiring people and minimise the chances of employing someone who has a history of abuse. Sexual abuse is less likely to

occur in programmes that have more than one staff member. While there have been instances of group activity and a "conspiracy of silence" among staff, the greatest risk comes in a programme where there is a single staff member on duty.

Abuse is more likely to occur in programmes where the clients are lower functioning, maybe even non-verbal, and therefore more easily victimised and less likely to report the abuse. It is less likely to occur in programmes in which supervisory personnel are present, or who at least make unannounced rounds. It is more likely to happen in programmes where the staff relationship is characterised by a lot of quid pro quo arrangements, such as "If you let me sleep tonight, I'll let you sleep tomorrow night." If staff members "owe each other", they'll cover for each other.

Be alert to reports and cues

Higher functioning developmentally disabled individuals have no problem describing in great detail when some sexual activity has occurred. Make sure that all reports are taken seriously and investigated promptly. Less able clients may not be able to report what has happened but often give cues. Don't automatically attribute a deterioration in behaviour to current stimuli. Head banging, sexualised behaviour, rectal digging, smearing of feces and increased masturbation can all be indicators that something is amiss. Don't discount people's gut feelings that something is wrong. Investigate every report and, where indicated, have the client examined by a physician.

Open management style

Peters and Waterman (1982) were not thinking of the residential setting when they popularised "management by wandering around" (MBWA), but they were right on target. The staff needs to see supervisory and management personnel regularly. They must be visible and approachable. How they interact with clients often becomes the model for the staff's dealings with the clients. The "ivory tower" style creates the impression that management is removed from things and doesn't want to hear any bad news. Consequently, there is a reluctance to approach an adminis-

trator with a report of suspicious or even observed activity. The best advice is be available and listen carefully.

II: DEALING WITH ABUSE

While it is truly every administrator's nightmare, many programmes in recent years have been faced with situations where allegations of sexual abuse have been made. This is a product of some fundamental misunderstandings about sexuality that clients often possess. Where staff is involved, it may be a manifestation of what has grown to be a huge problem generally, in schools, day care centres and other human service agencies. The investigation must be thorough. The focus may be different depending on who is involved. Compassion for the victim should be of primary concern. An equally important element is a style that is open, honest and forthright.

Thoroughly investigate

When a report of abuse is received from either a client or staff member, administrators should undertake a prompt and comprehensive investigation. Typically, the agency's human rights officer would be charged with this heavy responsibility, but other models exist which allow the chief administrator to designate a supervisor or administrator in the client's programme, since first-hand knowledge of the people involved will be an asset. A team approach can also work well, provided confidentiality can be preserved.

A determination must quickly be made about the need to have the client assessed by a physician, whether the police need to be notified, and who else needs to know of the incident — parents, referral agencies and other interested parties. When a decision has been made, the notifications should be made immediately. The basic operative premise is "given the choice of notifying too many people or too few, choose too many." If the police are notified, they may request the site of the alleged abuse remain untouched and they may want to gather physical evidence if they believe a crime has been committed. The police will need to be oriented to the functioning level of the client or clients so they have

a picture of what they are dealing with. They will rely on the staff to assist them in understanding the individuals involved.

At this point the distinction between client-to-client activity and staff-to-client involvement needs to be clarified. Despite what people might say in the interviews about consensual activity, do not assume that clients can ever consent to such activity. Many, because of the nature of their disability, simply cannot give consent. Sometimes, where two clients are involved, neither is able to give consent. In the case of a staff member's involvement, this is most important since inability to give consent means you can be dealing with aggravated assault, rape, or some other felony when the perpetrator or victim describes how someone was persuaded to engage in sexual activity. Persuasion, gentle or otherwise, is not the issue — consent is. If someone cannot give it, force is presumed.

In the case of client-to-client activity, it is important to orient the police or hospital personnel to the client's developmental level, cognitive abilities and behaviours since these are critical factors in determining the individual's ability to understand and deal with the situation. Cognitive limitations of the victim and alleged perpetrator will be crucial in determining if there has been a violation of law.

The organisation's internal investigation of an allegation can continue even if the police are involved, and must continue if there is no police involvement, so that decisions can be made about the need to change practices and procedures, staffing, etc. The person conducting the investigation need not be schooled in the finely honed skills of examination and cross-examination, but should have a fundamental understanding of how to interview people, make them comfortable in an uncomfortable situation, and reassure those who need to be reassured.

If the interviewer wishes to tape the interview, he or she should make that request at the beginning of the interview and be certain the request itself is recorded. As the story begins to unfold, others who may have witnessed or heard things should also be interviewed. Objectivity

is the key to such an investigation and the interviewer must take great pains not to operate on preconceived notions about any of the participants. It is a mistake to assume that someone who has "cried wolf" before is automatically doing it again. When the interviews are complete, a written report should detail the findings. This report is then submitted to an administrator who reviews the findings and recommendations, accepts or modifies them, and returns them to the investigator for implementation.

Show compassion to victims

Sexual abuse under any circumstances is intolerable. When it involves the victimisation of developmentally disabled or otherwise handicapped individuals it is truly reprehensible. When a report is received or a formal allegation made, swift action should follow, but not so swift that the client is lost in the shuffle.

Often the client will need to be examined by a physician. That examination should be preceded by an explanation of what's going to happen as well as an opportunity for the client to ask questions and sort things out. It should be made clear to the victim that he or she has done nothing to bring this on, if that appears to be the case. If it appears that behaviour precipitated the event, that should be discussed too, although great care should be taken not to "blame the victim." The key to it all is sympathy for what the individual has been through.

Clients who do not benefit from this kind of de-briefing, should be approached with compassion and caring.

Depending on the severity of the individual's disability, therapy may be a core component of the victim's programme following an abusive experience. Many developmentally disabled people can profit from therapy and counseling. They possess both the communicative skills and insight to work through the issues and ease the trauma that can result. For the more severely handicapped, it is most important to monitor changes in behaviour and affect in the aftermath of an episode of sexual abuse.

Only when it is clear that the individual victim's needs have been addressed should the staff



Attention must always be focused, first and foremost, on the client and, after that, on the staff and the organisation itself.

Watchwords are: atmosphere, procedures, alertness and open management

begin to look at organisational needs. Cynically referred to as "damage control," protection of the organisation from widespread and permanent injury is a legitimate and respectable goal for administrators. It must always be viewed in the context of care for the client and his or her family. It is a concern, but a concern secondary to the client's immediate needs.

Develop a forthright style

Throughout the whole process, it is important that those involved in the management of the investigation be as honest, up-front and forthright as possible with all parties who have an interest in the matter. Discussions with parents, guardians, police and others involved in the client's care should be frank and open. What people fear is a cover-up, and the mere perception of a cover-up will lead to microscopic analysis of every item at issue in the case. The suggestion of a cover-up damages the credibility of the agency and inevitably leads to questions like "how pervasive a

problem is this," "how often has it happened before," and "are you sure you're telling us everything?" The client's privacy should be protected, however, except among those involved in the investigation.

If the media makes inquiries, it is wise to acknowledge the allegation and investigation. At the risk of jeopardising what might become a criminal prosecution, further comments should be confined to those your agency's counsel feels are appropriate. If the police have already been contacted, the media can be referred to them or the prosecutor. They can then discuss the status of the investigation with media representatives.

Handle abuse cases with care

While an occurrence of sexual abuse will test the abilities and resolve of most administrators, those with good instincts and people skills will come through such a crisis in relatively good form. If administrators maintain their commitment and dedication to the people in their care they will not lose sight of what's important when such a nightmare occurs. Attention must always be focussed, first and foremost, on the client and, after that, on the staff and the organisation itself. The watchwords of prevention are: atmosphere, procedures, alertness and open management. In dealing with an actual sexual abuse crisis, the best approach is one characterised by thoroughness, compassion and honesty.

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On your first day as a child care worker, everything is new and exciting. On the next day, you start work ...

The Second Day

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The second day on the job should be as good as the first. As a new child care worker, you will be full of energy. Confidence is a good attribute, but you may not yet be on "easy street."

The most important element of any child care operation is you, the child care worker. You are crucial. Everyone should be aware of that. Good relationships are more important than the programme, the style of operation or the mode of treatment. You are extremely important and you should never forget that.

Your job is to establish a therapeutic relationship with each child in your cottage or unit. As a treatment agent, you are the one who is responsible for the transfer to the child of the components of your organisation's programmes, philosophy, treatment methods and aspects of the therapeutic milieu. You are a link between the child and the resources available to him. Your relationships are the dividing line, the cutting edge, between disorder and resolution for a troubled child. You, your personality and your child care skills, are what delivers the organisation's services. Like a telephone line, if there

is static on the line, the message will not be received clearly.

Now that you can realise how significant is your position, there are three important points to remember on the second day of your new job:

1. Never ever be late. Everyone is counting on you — staff and children. Everyone will quickly know what you are made of if you are frequently late or absent. Kids quickly learn whether you are committed to

them. Being on time is Step One of the critical relationship-building process.

2. Never say "you can't do it". This profession has been successfully carried out by many individuals over the years and around the globe. It certainly is difficult to be a successful child care worker. You give unconditionally to the child. What you give to the organisation you work for needs to be thought of rather differently. You must weigh and assess for yourself your job description, and then determine whether you can commit yourself for what you need in return.

3. Never say "you can do it all by yourself". This is worse than saying you can't do it at all. No matter how small or large your agency is, you are part of a treatment team. Asking for help, advice, and information will quickly put you on the fast track to success as a child care worker.

Reality generally sets in on the second day of the job. You may receive your first bite or bruise. You may see depressed children happy to see that you



made it to work again — that you came back! This could be the child's first glimmer of hope and change.

You become more familiar with your surroundings, with the physical layout, and with staff colleagues. You may already receive broken promises from your supervisor, such as "new staff never work alone" — that is until three staff are absent on the same day!

Usually a person in the second day on the job will make mistakes. This is where the phrase "He's new" came from. Just learn from your errors.

All great professionals had their first and second day. The second day can offer hope and inspiration.

You will probably try to figure out for months ahead how the treatment process works. You will see deficiencies. Many of your good-sounding ideas will be shot down like ducks at a carnival stand. But after reaching new plateaus — and a little sophistication — you will realise that child care is an ever changing field, with tried and trusted methods and with leaders and trend-setters spouting out new and revolutionary treatment concepts. Just do realise that you, too, can begin to change things — for your profession and for the kids — on your second day.

"Teach me — don't punish me"

discipline, v. to teach [from the Latin: *discipulus*, pupil, disciple]
discipline, n. instruction [from the Latin: *disciplina*, teaching]

The aim of this article is to offer a short discussion of natural and logical consequences. Many child care workers struggle with the subject — so we mustn't too readily assume that the children can understand and work with natural and logical consequences.

In our experience, children in care are seldom developmentally in tune with their chronological ages, and they need help in understanding the principles of consequences.

Some questions

We wish to pose a number of questions and hopefully go some way in answering them. Some of these questions are:

1. What response does one offer if a particular behaviour begs a natural consequence but no immediate one is apparent?
2. Does 'negotiation' as is called for in logical consequences imply that everything is up for negotiation, or does the child care worker limit that which can be negotiated?
3. What alternatives are there to a situation where prior negotiation is not possible, for example, when the incident has already happened, but where it is felt an important lesson may be learnt through a creative use of consequences?

In the literature there seem to be four ways of applying consequences for children's undesirable or problem behaviour.

1. Reward or punishment.

This can often be an *arbitrary* consequence — and the response most readily chosen. We reward the obedient child and punish him when he disobeys. While this disciplinary

system is probably still the most common, it places the locus of control *outside* of the child and in the hands of the adults in the child's environment. Thus, parents (or caregivers) take responsibility for the actions of the child, while opportunities for the child to learn his own behaviour are limited. The locus of control tends also to be vested in an 'authority figure' who is *present* — and in whose presence behaviour must be 'good'. Once the control of the authority figure is no longer immediately present, the child, who has not been given the opportunity to develop his own inner sense of right and wrong, reverts to misbehaviour.

Punishment by arbitrary consequences does not teach the child anything; he cannot draw any meaning from the transaction. He hits another child: we take away his pudding. He steals a chocolate: we send him to his room. He loses his toothbrush: we make him weed the garden.

2. Natural consequences.

Children can quickly learn sequences and patterns which make sense and that are consistent with their other knowledge. In using natural consequences, we allow the results of a certain behaviour to flow naturally from the act — and let the child draw his own conclusions from the sequence of events. For example, if you do not take a raincoat out with you on a rainy day you will get wet. Or not getting out of bed in the morning means that you will be late for school — and you will have to face the school's response to this.

Natural consequences are based on three principles:

1. allowing children to make decisions;
2. letting them then take the responsibility for their actions; and

3. (and most important) ensuring that children learn from the natural order of events. (Dinkmeyer and McKay, 1983: 72). In summary, these authors outline a number of advantages of natural consequences:

- Natural consequences express the reality of the social order.
- Consequences are directly related to the actual misbehaviour.
- They are impersonal in that they do not contain a personal judgement or moralising (on the part of a parent or child care worker).
- They are concerned with present and future behaviour; and
- They allow choice.

But earlier in this article we raised the problem that natural consequences do not always suggest themselves, or are not always appropriate. The famous educator John Holt used to say that we cannot allow a three-year-old to suffer the natural consequences of disobeying us and running across a busy street! We may need, he suggested, to interpose some other consequence.

3. Logical consequences that are imposed by a parent or caregiver. We are easily confused by the fact that in the literature logical consequences are referred to in two quite different ways.

Firstly there is the *imposed* logical consequence (for behaviour which has already occurred), and secondly the *negotiated* logical consequence (which anticipates future behaviour, and which we will deal with in section 4).

Brendtro *et al.* (1990: 83) write as follows:

"Natural consequences are powerful when available, but too often they are not. If there are no natural con-

sequences, then ... adults should at least make consequences logical. An example would be the assignment to the janitorial crew for youth who had flooded the school lavatories."

There are many instances in the daily life of a child where a natural consequence for a certain behaviour may not be immediately obvious. Here the child care worker should intervene in order to link the behaviour to some (logical) consequence for the child, thereby teaching the child that certain actions have certain consequences — for which he is responsible.

An example of a logical consequence imposed by staff is that of the fourteen year old boy who attended a function at the local pre-school. While everyone was outside, he and a friend "looted" the office and he stole two small items. He did not deny this when confronted, although it appeared that he felt remorse for his act and was willing to accept any "punishment". Although this boy knew cognitively what the natural consequence for petty theft was (police, court, etc.) this was not enough to deter his misbehaviour. We needed to help this child make the shift from behaving appropriately when the adults are in control (e.g. at school), to behaving according to his own inner sense of right or wrong — in other words, not just "being good" to please the adults. We needed to teach him that if you choose to behave in a particular way, then you must accept responsibility for your behaviour.

A plan was drawn up *together* with the child, however in this case there was no prior negotiation — and precious little choice. The only "choice" lay between his accepting our consequences or falling back on the legal consequences. The boy was required to work at the pre-primary school during the short school holidays, repairing, painting, and restoring equipment, and for the first two weeks of the new school term, he spent half an hour before school each day assisting the teacher with her preparations for the morning activities. In this way, he was able to link his 'taking' from the school with 'giving' something back. At the same time the fact that he had a task to perform

directly related to the misde-meanour, allowed him the dig-nity of making good.

This example raises one of our questions. The purpose of natu-ral or logical consequences is to help the child to learn by experi-encing the reality of the social order, rather than inviting resis-tance by imposing an arbitrary punishment. Arbitrary punish-ment brings into play the bal-ance of power which is part of the relationship between child and child care worker, instead of collaboratively developing the child's sense of responsibil-ity. However, how often do we assume that the child is able to make the connection between his behaviour and its conse-quence? We noted earlier that developmentally he might not be able to understand the grav-ity of his actions, or to grasp conceptually the *possible* and *future* consequences.

Another example will illustrate how this method of discipline can so easily fail. If the child does not see the logic of the consequence, and refuses to take responsibility, we all just end up in the very power strug-gle we were trying to avoid.

A five year old child refuses to tidy up his toys at the end of the day even though the child care worker has almost depleted her repertoire of 'management techniques'. Finally she ap-peals to the child's logic and explains that he has a choice — if he chooses not to pick up the toys, then the dog is likely to chew them up and they won't work tomorrow. Still no luck. The child says "that's OK" and refuses to budge. (Can a five-year-old anticipate and under-stand a consequence which is still "possibly" to come?)

Another child care worker pass-ing by overheard the conversa-tion and called her colleague aside with this advice: "Tell him

that he can choose:

(a) toys left lying around would be removed and he would not be allowed to play with them, or
(b) toys packed away in a safe place would be in good condi-tion the following day when his key worker had planned to play with him. "Bingo!" He made the connection, and within five min-utes the room was spotless.

A very similar scenario was played out a week later, but with an eight-year-old. It did not need as much explanation: he quickly decided to pack his cricket set away as he wanted to use his cricket bat the follow-ing day when his dad was com-ing to visit.

Clearly, the five-year-old is in a very different developmental phase from that of an eight-year-old, and our posing of choices and consequences must relate to this.

In the same vein, imagine a thir-teen-year-old who continually leaves his soccer ball lying around. The natural conse-quence of this is that sooner or later it will get kicked away by someone or chewed by the dog. The response of the child care worker in this instance may be not to get involved in a power struggle, but rather to let the natural consequences follow. The problem is that develop-mentally the thirteen year old child might not be able to fore-see the natural consequences of his actions, with the result that when the soccer ball is chewed up, he is left with anger, a sense of loss — *but without any sense of his responsibility for the disappearance of his ball.*

The moral of this scenario is that we should be sensitive to the extent to which any child is able to 'predict', or even understand, a consequence. A child may well need an 'imposed logical consequence' in order to come

to an eventual understanding of the natural consequence of his actions.

4. Logical consequences which are negotiated between staff and child. This is a most helpful method when a specific *recurring* or *resistant* behaviour can be targetted as problematic for the child. Nego-tiated logical consequences are planned together with a young-ster in anticipation of undesired behaviour which may occur in the *future*.

Krueger (1988) suggests spec-ific steps for setting up logical consequences in anticipation of having to deal with future be-haviour.. Firstly, the staff team working with the child agrees that the behaviour is indeed a problem — not just something which 'bugs' one team member. Then the child care worker and the child discuss the behaviour and agree that it is a problem. With the child, various options are explored, and a conse-quence is agreed to which is appropriate to the child's abili-ties as well as his social needs and treatment goals. The rest of the team agrees to the conse-quence, and from there on it becomes part of the child's treatment plan.

Example: John contributes little to the domestic side of the unit — and this is an obstacle to the rehabilitation of his family be-cause they would need his help when he returns home. In par-ticular he doesn't co-operate with the laundry staff, 'forget-ting' to hand in his laundry at the stipulated times and causing them to work late because of him. All agree that he has to learn to manage this better, and it is agreed that when he misses a laundry call he has to do a two-hour shift helping out in the laundry.

The advantages of this are:

(a) John is himself made re-sponsible for this problem: he knows he must choose between being helpful with laundry calls or helping with the laundry.

(b) John gets to understand the direct link between his missing laundry calls and the trouble it causes others; he develops a sense of responsibility for this.

(c) He and the child care work-ers are spared the nagging and the arguing about laundry. Every-one knows ahead of time what will happen if John fails.

Negotiated logical conse-quences work with groups as well as individuals. Krueger re-fers to the problem of kids fool-ing around in the van on their way to a function or fun day. Staff and youngsters agree that this is dangerous and therefore a problem. They agree that when this happens, the driver must simply turn around and drive home.

Instead of having to punish, says Krueger, this can 'place the adult in a position where he/she can say "Remember, we talked about this together" when the problem occurs'. Responsi-bility for 'controlling' the kids is placed in their own hands.

Creative discipline

Instead of 'shoot from the hip' punishment, which so often is more a function of staff anger or lack of resources than of helpful behaviour management, we can create positive learning ex-periences for children if we are careful about consequences.

We would like to share a last example of the use of creativity when adopting a logical or the-matic method of discipline.

Two thirteen year old boys were preparing a snack in the kitchen of one of our group homes. The domestic worker, an integral member of the team, was urging the boys to clean up their mess as she needed to prepare the evening meal. What started out as a playful interaction, very quickly grew into a power strug-gle and she was trying very hard not to get pulled into this. The two boys, however, became quite abusive and began mak-ing derogatory racist remarks. Another child care worker on duty intervened, and the boys retreated to their rooms, failing to see the need for an apology. The following day, the incident was discussed with the team and the following issues arose:

■ The fact that these boys

LEARNING BOX

Four ways of dealing with a behaviour

Targetted problem behaviour: Coming late to meals

'ILLOGICAL' PUNISHMENTS	NATURAL CONSEQUENCE	IMPOSED LOGICAL CONSEQUENCE	NEGOTIATED LOGICAL CONSEQUENCE
Aim to hurt/humiliate the child	Staff take no action; allow child to learn by	Try to use relevant or thematic discipline	Agree beforehand to a consequence
Stand in the corner!	Having to eat cold food	Apologise to the group for lateness	Come earlier to lay the table next day
Go to your room!	Having to eat alone when others go to play	Wash up own dishes in the kitchen	Come late by the same period to the TV room

were shouting racial abuse was viewed very seriously and therefore the need for a more appropriate 're-learning' experience was considered.

- How do the boys apologise to the domestic worker in such a way as to make reparation for the humiliation they caused her?
- How do we link the racial element within the home to the South Africa outside, and the consequences of this?

It so happened that the movie 'Sarafina' was showing at a local cinema, and the following consequence was imposed on the two boys:

1. They were to take the domestic worker with them to see the movie within three days of the misbehaviour.
2. They were required to pay for not only her ticket as well as their own, but also to buy her a bucket of popcorn and a coke.
3. They had to then complete a two-page essay discussing the movie, how they experienced it and making the link between what they saw and the inappropriateness of abusive and racist behaviour.

What transpired was far better than we expected. Before they were a third of the way through the movie, both boys were so horrified by what they were seeing that they began apologising there and then, saying they had no idea that what they were seeing really happens. They could not stop talking about it and apologising over and over for their thoughtless misbehaviour. The extent of their remorse was clearly demonstrated in the essays the following day, and to date, months later, they have not forgotten.

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The problem called "street children" is a growing one world wide if one is to believe books and journals reflecting the needs and problems of children is this decade. The problem of the street child, however, is really a *symptom* of a much more serious problem — that of disorganised, underdeveloped and stressed communities, dysfunctional and disengaged families and parents unable to fulfil essential parenting tasks.

The communities

Street children come from communities where resources are slim, schools are overcrowded, and there are few outlets for healthy adolescent interests. Often the only person who has time for them is the local drug merchant and the friendships they form are around the "games" machine at their local cafe. They come from communities where compulsory education does not exist.

A street child, in the majority of cases, will first present with truancy. If parents are not at home in the day it can be some time before this is noticed, and when it is, the parent is often helpless in handling it. The child who becomes a street child does not acknowledge parental authority as other children do, and the parent will often feel that the child shows no loyalty to the family and does not respect parental authority. In turn, the child often feels that his parents do not provide the love, nurture and resources that he needs.

The families

Children coming for help at Claremont Children's Shelter report a high rate of unemployment in their families; drinking by one or both parents is often a problem; often the parents are remarried or there is only one parent; the children may not have been sent to school for some time; they may have been beaten without really understanding why. Some report overcrowded and inadequate housing. They paint a picture of multiple family stress. The boundary around the family has often disintegrated, leaving

the family wide open to all sorts of adverse influences. Family members, to protect themselves, develop "closed or rigid" boundaries around their personal systems and it has often been a case of "every man for himself". Individuals in the family are often too vulnerable to allow other family members access to personal resources. Street children are not just "naughty boys and girls". The problem is far more complicated than that.

The children

In the Cape Peninsula we are told there are over a thousand boys on the street and probably about 200 girls. It is difficult to give exact statistics because there is no central register, or any obligation on the part of projects to keep proper statistics. Claremont Shelter, as a registered home, does keep files on all children interviewed. However it is not always possible to obtain information before the child leaves the shelter. Children

Street Children of the Suburbs



HEATHER
LEWIS

give false names, they move between shelters, and children on the street are mobile. The group you see lunching in Muizenberg could be in Claremont for supper. The difficulty is compounded by the fact that some children who beg on the street return to their families in the evening, and so do not fall within our working definition of street children. I am acquainted with over 200 boys who are living or have lived on the street. In August alone I helped 61 boys at Claremont Shelter and knew of another 10 living in the immediate vicinity, and a group of about 20 (mainly older youth) in Rondebosch, and a group of seven boys and girls in Landsdowne. Some of these boys are known to other projects. Registers at the various projects need to be compared to obtain a more accurate estimate of the numbers of children on the street.

Defining street children

Street children can be identified according to their appearance, behaviour, personality characteristics and life situation. I use a "life situation" definition to help me decide whether a child is a street child for the purpose of Claremont Shelter.

Life Situation Definition

A street child is someone under the age of 18 years who has decided to leave home and is living and caring for himself on the street without responsible adult supervision. If you fit this definition then there is a bed for you at Claremont Shelter.

Note that most of these children are not homeless, orphaned or abandoned ... they have made a decision to leave home.

Appearance

The boys are dirty, poorly clad, ill shod, scratched and bruised; their teeth are usually in an appalling condition and they frequently suffer from toothache. Skin sores, scabies, lice and worms are the most common medical problems. The boys are undersized for their age, due to poor nutrition in their early years, and probably also due

to their lifestyle on the street. Their sleep is often disturbed; they stay up late at night, eat irregularly and abuse solvents and other drugs when on the street. IQ is connected with health issues: they score poorly on conventional tests and their drawings indicate that many are functioning intellectually and emotionally well below their chronological age. However, the tests are culturally biased and as the majority of the boys I see (I deal mainly with Xhosa speaking boys and youth) have not reached Std 4 it is not possible to say that as a group they are below average in intelligence.

Most of the children also have healed head injuries ... usually sustained in a fight on the street with other boys or in an accident. Depression is common (and is associated with low self-esteem and lack of confidence) which can be aggravated by drug use. Anxiety is also a feature.

Behaviour

The children use drugs (thinners, glue, benzene, dagga and mandrax are drugs of choice), they beg, walk around in groups and can be a nuisance outside shops, and at traffic lights at peak hours. They have remarkable business and acting skills — they can make you part with your money, your goods, and ultimately, if you get to know them, with your heart.

They are independent, assertive and take risks without thinking of the consequences. This includes uncontained impulsive and opportunistic behaviour (many of these kids thrive on excitement and the rush of adrenalin that street life can provide) which can land them in trouble. Most street children have been arrested, have ridden in a police van, have been inside police and court cells and have been in juvenile court ... probably for begging, gambling, loitering, possession of dagga or being "under the influence". These are not experiences a civilized community wants its children to go through. Their hyperactive behaviour and poor concentration span make them poor pupils and

unable to stick at a task for very long, even if it is something they enjoy. They have a zest, energy, liveliness and "live for the moment" approach to life which seems to make up for all the other deficits.

Personalities

Most street children probably fall within the conduct disorder and anti-social personality category as defined in any psychiatric text book. Any child who truants repeatedly from school, sleeps out, uses drugs and is considered uncontrollable by his family and community can be categorised as conduct disorder with anti-social tendencies. The more subtle signs one looks for at a shelter, however, include impulsive acts, running away from problems, low trust levels (secretive especially with adults), an over-developed sense of autonomy or independence, manipulative of people and situations, acting out of feelings (both good and bad feelings), poor judgement, the need for immediate gratification, an over-use of denial and projection as defence mechanisms, as well as regression and repression (drug use), poor insight, poor reality testing, failure to learn from mistakes (self-destructive syndrome), a failure to register anxiety appropriately and, in the more severe cases, a need to seek revenge for real or imagined wrongs.

Problems for the people who work with street children include breaking down barriers between personalities to get what they need to survive, and their ability to make you feel what they are experiencing. This can cause staff to suffer from bouts of anxiety and depression.

Emotionally most of these boys are "stuck at age five". When I employ staff I find out how they think they would manage in a creche. Outbursts of temper and tears, quickly elicited and equally quickly forgotten, are often the norm.

Pam Jackson of Ons Plek, in her approach to the female street child, talks about three categories of children:

1. the powerless battered child with low self-esteem;
2. the survivor who is rejecting of adult intervention and will not tolerate any abuse or rejection; and
3. the child of changed family circumstances who may have had reasonable parenting up to a certain age.

What all three statements have in common is the fact that, when they walk out of their homes, there is rejection of adult care, control and influence in their lives. They feel that they are "in charge and free" — and that is how they often want to remain.

Dr John Meeks says the following: with the runaway reaction in childhood, psychiatry faces one of the most profound syndromes of emotional deprivation encountered in its entire range of human pathologies. Every child we see at Claremont Children's Shelter exhibits the runaway reaction. They are excessively needy children with few interpersonal resources, and the majority show an inability to apply consistently those skills which they do possess. Prognosis is poor.

Treatment

Containment and treatment within a group situation is usually the best way of gaining their co-operation. The relationship with staff is the key to their acceptance once more of adult intervention in their lives.

Ideally, all of these children should be identified early on and handled in terms of the Child Care Act, and be channelled through appropriate residential settings or child care schools. For this to be successful they must be identified *before* they have learnt the skills of survival on the street with their peers.

Unfortunately we do not have the resources for early identification in the communities from which these children come. Once they have learnt to survive on the streets with their peers you cannot hold them anywhere against their will. That is why shelters, to achieve any degree of success with the established street child, have an open-door, self-referral policy, and

they do not over-structure the daily routine.

Too many rules will exclude the real street child who needs the facility most. Some critics of shelters find this flexible approach, with the involvement of the children in their own decision making, discussion and establishing of group norms, difficult to accept. Such critics might not know that these are children in age only, and that they have often been functioning as 'adults' for months, if not years. In certain cases they have cared for themselves more appropriately than their parents have done.

What is needed to respond effectively to the street child

1. Early identification of the runaway and assistance to parents who are not coping with their children.
2. Drop-in shelters for food, company, a wash and medical care.
3. Night shelters which provide a safe place to sleep.
4. Shelters which provide residential care (firstly, intake-shelters to help redirect and resocialise the child, and then 'second-stage' shelters to provide long term residential care).
5. Street workers attached to shelters to assess the needs of and work with the children still on the street.
6. Skills training opportunities so that the child can use the street skills he/she has in a productive manner.

Shelters

Shelters aim to provide short-term, residential care for street children. As the name indicates, a shelter is just that — it is not a children's home. The ideal is for the shelter to provide a programme that will help the child move away from life on the street, acknowledge adult care and guidance, and make a decision about his future. Even if the shelter is used only temporarily period, prior to returning to the street, it will have helped the child improve the quality of his life for that period. Some of the gains from this experience he will take with him when he leaves. Shelters are intake-units and the child should not remain indefinitely in shelter care. He

should be helped to plan his future and this should, where possible, include contact with his family and care within his community of origin. The ultimate aim is to resocialise the child and redirect him. The programmes at Claremont Children's Shelter include lifeskills training, enrichment programmes, school programmes, work skills training, "drug reduction" programmes, a policy geared towards family contact, and a Juvenile Court assistance programme. Shelters assist children who have "given up on adults", children who have turned their backs on their own homes and families, those who have not coped well at school, those who cannot be contained in children's homes and who have sometimes absconded from child care schools, children who may be in difficulty with the law, who abuse drugs, who smoke cigarettes, who need help for depression. These children often defy logic, they fit in nowhere, and everyone else has "given up" on them.

Risk and unpredictability

Taking them into a shelter is a risk. One is sometimes criticised for taking this risk — rather than being given any acknowledgement. These are the children whom people often do not want to help, but when shelters attempt to do something, they are suddenly seen as somehow responsible for everything the child does.

Shelters cope, however, by meeting the children "where they are at" and by pacing our work accordingly. These children do not become "normal" overnight just because they are using a shelter. We cannot be held responsible for this, but sometimes we are blamed for not producing instant results. Sometimes those who do nothing feel that we are not doing enough! We need to be sensitive to this attitude as well. People need to be helped to understand. It takes courage to identify with a shelter. Goals need to be set on a daily basis, the staff need to be flexible, and we must constantly re-evaluate our programmes as the nature of the

project changes.

Here I refer to the inherent unpredictability of shelter work, in that one day you may have ten children for tea and the next day you may have thirty. One month the average age could be fourteen and the next you could have an influx of 17-year-olds or 8-year-olds. This makes long-term planning very difficult — let alone planning for the week ahead! If your policy is genuinely one of having an open-door then it is difficult to set a limit on numbers. Expectations must be based on reality and on achievable goals. Heads on pillows are what is significant. It is better for a child to sleep inside than on the street. This is followed by a fixed routine, referral back to school wherever possible, an interview with the family, a return to the community, a referral to a children's home or placement in a second-stage shelter, depending on the circumstances and abilities of

the child.

Conclusion

Shelters provide a service for street children as well as a service to the community. Adults who care about children do not feel comfortable seeing them cold, begging and sleeping in doorways at night. We take some of that burden from their consciences. In turn we rely on their goodwill and support. The latter is vital because of the difficulty shelters encounter in terms of obtaining fixed subsidies. Support and understanding from our colleagues involved in more conventional forms of child care and protection is essential. Goodwill from the public is our life-line!

Claremont Children's Shelter, a project of Cape Town Child Welfare Society, opened two years ago. Heather Lewis is

St Mary's Children's Home

RESIDENTIAL HOUSE PARENTS

St Mary's Children's Home is situated in Rosettenville, Johannesburg. The Home falls under the Anglican Diocese of Christ the King and admits children from 2 to 13 years and supports them until they are 18 years old.

The children are housed in six cottages — ten children of mixed ages and sexes in each cottage. The houseparents required should be over 28 years old, preferably with no children of their own. Child care experience is preferable but not essential. The housefather works full time at his regular job while the housemother is responsible for the guidance and disciplining of the 10 children. The housemother's salary is in accordance with her qualifications.

Applicants are requested to contact Mrs Ann Botha, the Principal at P.O. Box 49106, 2130 Rosettenville or telephone (011) 435-3820 during office hours.

Social Worker

Social Worker with experience in residential care, community work (women and youth development), groupwork and casework seeks employment at any residential institution — willing to undertake further training.

Please contact Ms. B. Sawyers at the Manenberg Advice Office, P O Box 15, Manenberg, 7764. Tel 691-2515 (o/h) or 691-8356 (a/h).

Ivory Coast Students find Meagre Schools

Following on NACCW's recent All-Africa Conference, the second in a new occasional series focusses on social and economic aspects of the continent. **Pierre-André Krol** spent several weeks in a high school in Gagnoa in Ivory Coast. The school was overcrowded, underequipped and poverty-stricken. Yet the school functions and the students work hard. Pierre-André Krol writes for *L'hebdo* in Switzerland and contributed this article to *The Christian Science Monitor*.
WOOD-CUT: WOPKO JENSMA



The high school in Gagnoa, Ivory Coast, an inland regional capital with a population of 180,000, mirrors the decomposition of a country that was once held up as a model for Africa. The 30 or so crumbling buildings in a scrubby park have dilapidated classrooms with peeling walls. The ruin bursts into life when the school's 4,000 pupils — it was built for 1,000 — stream in and crowd 60 to 85 to a class. There are no cupboards to store equipment in, but then there's no equipment to store, anyway. "We teach empty-handed. It's ages since we had a wall map," says Yapi Achi, who has been teaching history and geography in the school for 15 years, "and the pupils have no books." The only things vaguely scientific about the science rooms are the china sinks, dry all year round for want of test-tubes and chemicals to use in them. "My pupils will leave this school without having either seen or carried out a single experiment," says Georges, who teaches physics and chemistry. "I have to draw diagrams on the blackboard, and often I don't even have coloured chalk to make them clearer. "No better equipped, the physical-education teachers wonder what they are there for. "With classes this size, we

are just keeping the pupils amused, not teaching them anything," Ousmane Gbane says as his class of 70 lines up for the long jump. The school's library consists of just three shelves of books kept along with the school records in a windowless shed with a mud floor.

And yet the place functions no worse than any of the country's other high schools. Every morning before the 7 o'clock siren, the school's students, one-fourth of them girls, file in through the gate. The girls wear white and navy blue; the boys wear pale khaki.

Social problems abound: Pregnant girls, small-time prostitution, adolescents upset by separation from their parents who live far from the town, and children too poor to satisfy their hunger each day. "I came to school in November because my father couldn't afford to pay my registration fee at the beginning of term," says Tiemoko, the son of a farmer from the north of the country. Hundreds of pupils started school weeks late for the same reason. There are two simple explanations for why the students press on in their studies despite such conditions: Without school, there is no hope for

their future, and there is nothing better than this run-down high school. They must make do with what they have. Discipline is not an issue, because school is sacred for students, parents, and society as a whole.

*I wait until ten
o'clock when there
are fewer people
walking along the
street, and then I
study by the light of
the street lamp*

In remote villages, parents dream of sending their children to school, because education is the only path to becoming "someone," and that means becoming a civil servant. Few students contemplate a job in the private sector, which is too precarious and too poorly paid to have any appeal. In Ivory Coast, school is at once day nursery, refuge, unemployment shelter, and place of learning. Hence the dramatically increased baccalaureate failure rate. Many students, young and old, rent tiny cells about the

size of half a garage space, opening on to a noisy yard. These are usually extremely old or without either water or electricity. "Since I don't have electricity, I wait until 10 o'clock when there are fewer people walking along the street, and then I study by the light of the street lamp, using the table the orange seller uses by day on the corner of the street," says Sebastien, a strapping youth who is bursting out of his threadbare khaki clothes.

Teaching methods, syllabuses, examinations, and diplomas are still largely modelled on the French system. Students are required to study Molière and even Racine and Corneille, whose sophisticated alexandrines they are asked to scrutinize. It is a lot to ask of youths who have started out with two or three African languages and are still not comfortable with correct French (let alone that of classical French writers), so different from the slangy version they speak among themselves. "There are texts I just can't make head or tail of, even after reading them several times," says Koffi, who is in a literary section. "It's really depressing, and when I have to write, I am completely stuck." In philosophy, the students are taught Kant, Plato, Kierkegaard, Descartes, and other great Western thinkers, ancient and modern. They are dictated pages and pages of concepts that they are expected to consider universal, without any reference to their own environment, and ignoring the fact that Africa has its own culture.

Like all towns of the interior (other than the provincial capital, Yamoussoukro), Gagnoa is a stagnant city. Its crumbling cinema shows indescribably bad films; there is no attempt at a youth centre, a community hall, a theatre, or a library. Most pupils never see television. For the students here, their high school is an oasis where they are introduced, albeit in miserable conditions, to a purely Western idea of modernity, the echoes and glints of which they can just trace in their teachers' voices.

Father Anthony Cloete is Principal of the Roman Catholic Mission Children's Home in Kamieskroon, Namaqualand, and is a student on the Diploma in Child Care Administration. In a recent assignment he tackled a problem of concern to the isolated children's community.

Parents as Partners

Everything occurs in context. If you remove the context, you are likely to distort the whole picture. This is what has happened to a lot of child rearing practices in residential settings. We find ourselves struggling with problems created by group living instead of addressing the real problems of the children. These problems are usually family or parent related, and need to be addressed within that context. Whittaker(1979:137) states that "success in treatment depends substantially on our ability to involve parents or parenting persons as full and equal partners in the helping process." He also makes the point that "communication between parent and professional is a two-way street; it should ideally involve staff participation in the family environment as well as parental involvement in the group life culture." (p.149)

This paper will now set out to explore the theme of parents as partners. It will look at ways to realise this theme, point out difficulties and address avenues leading to possible solutions.

Parents as Partners

A 'parents as partners' approach has the following advantages:

1. It makes parents part of the solution and empowers them by making them active participants in the healing process.
2. It makes them a resource instead of a liability.
3. It provides continuity of relationships between children and their families and environment.
- This is essential for the smooth reintegration of the child into the community after discharge.
4. It helps parents and children to see child care intervention as part of a positive

service instead of as a forced separation.

5. It will dispel feelings of parental guilt (where did we go wrong?), resignation and withdrawal (if they are so good they can have him), inadequacy and loss (they can handle him better; he will come to love them more), as well as address the feelings of blame (how could they treat their child that way), superiority (I can handle him much better), ownership (I feel like that child's parent), anger and identification (I do all the work and they undo it when he goes home, and 'God, he's impossible. No wonder they wanted to place him') on the part of the child care workers. Collaboration between parents and workers and children provides an excellent arena to address these mutually distrustful feelings and adversary relationships. (Vander-Ven 1990:8).
6. It enhances the insight, knowledge and skills of both parents and workers in the education and treatment of the child and family.

Working toward partnership

1. On Parental Involvement

Parental involvement ensures continuity of relationships between parent and child. This means regular contact (telephone, mail, visit), providing pocket money, clothing, toiletries, travel allowance. It also means keeping abreast of the child's progress, working in close contact with outside agencies and with the children's home through regular contact (telephone, mail, visit).

It means being willing to take part in programmes and activities at the children's home. In all instances, the ability, means and readiness to co-operate will be taken into account.

2. *On the Children's Home Involvement.* Keep in contact with parents by phone and or mail. Explain idea of partnership. Visit families whenever possible — in conjunction with the outside agency if opportune. Involve parents as far as possible in total education and treatment of their children. Discuss with them how their participation could best be realised.

3. *On Involvement of Outside Agencies* The children's home should also meet with relevant outside agencies to discuss how the two bodies could best operate in getting parents involved as partners in the whole area of reconstruction services. The children's home should not think that the outside agency is the sole heir of reconstruction services. Children's home and outside agency may even be able to organise opportunities for parents to come together to share information and knowledge. A mixed group consisting of all parents interested in the education and treatment of their children is not excluded. Such a group may help to destigmatise parents who have children in the 'home' by showing how difficult it is for some parents to cope under their particular circumstances.

Difficulties and resolutions

Having first looked at how we could work toward a partnership between parent and children's home, we are now better able to point out and address our most pressing difficulties and liabilities.

1. We have no history of parental involvement since parents were considered to be the sole domain of the outside agency with its reconstruction services. Staff education in this area will help to develop a

change in attitude. Regular contact with parents will reinforce this change of attitude.

2. We were quite happy to deal solely with the problems of the child without having to add those of the parents. This happens to be a false notion since the child's problem is part of the parent's, and vice versa. Now we know that we actually inherit both problems when we admit the child.

3. The majority of our children come from far away places, making it extremely difficult to involve parents as partners. This situation is compounded by a lack of financial resources on the parents' side as well as on that of the children's home. Public transport which might facilitate close contact is costly and troublesome.

Admission procedures can change this situation greatly, though it will not resolve it completely. We are one of three children's homes set in the rural areas of Namaqualand and part of the Northern Cape. We serve an area not overly populated but rather extended. Vast distances will remain our problem. A change in admission procedures could have at least 50% of our children coming from within a radius of about 300km. Home visits are possible for those parents living within this radius. Our budget will dictate frequency of these visits. Families living closer (Kharkams, Springbok, Nababeep, Okiep, Steinkopf ...) will have the advantage of more frequent contact, perhaps at a rate of once a quarter.

4. It will be extremely important to get parents committed to the idea of continuous involvement with their children. Parents themselves will have to indicate how they can contribute to their child's individual treatment programme. Mutually acceptable decisions will have to be reached.

Conclusion

It is important to believe that the family is the best environment for children. "Through the family, the growing child receives the values of society, an expanding awareness of re-

relationships and responsibilities, an awareness and respect of self and other, and a vital sense of "belonging". (Kelly, 1993:8-9).

Professionals and families must work together in mutual respect and collaboration. The following checklist from Naomi Karp's "Working with Families: from Myth to Reality" is a good way to test what parents and professionals understand by partnership and collaboration.

COLLABORATION CHECKLIST FOR PROFESSIONALS

- Do I really believe that parents are my equal, and, in fact, are experts on their child?
- Do I show the same respect for the value of families' time as I do for my own time by educating myself about an individual child's case before appointments or group sessions?
- -Do I speak plainly and avoid professional jargon?
- Do I actively involve parents in developing a plan of action and then review, evaluate, and revise the plan with the family?
- Do I make appointments and provide services at times and places convenient for the family?
- Do I share information with other professionals to ensure that services are not duplicated and that families do not expend unnecessary energy searching for services and providers?

COLLABORATION CHECKLIST FOR FAMILIES

- Do I believe I am an equal partner with professionals and that I do my share of problem solving and planning to help my child?
- Do I clearly express my own needs and the needs of my family to professionals in an assertive manner?
- Do I treat each professional as an individual and avoid letting past negative experiences get in the way of a good working relationship?
- Do I communicate quickly with professionals when significant changes and events occur?
- When I make a commitment to a professional for a plan of action, do I follow through and complete the commitment?

ment?

- Do I maintain realistic expectations for the professional, myself, and my child? (Karp, 1993:9)

Conclusion

Whatever our programme, we have to consider how parents feel about having their children removed, and we have to affirm their primary rights and responsibilities as parents. We also have to hold dear the principle of ecological validity which maintains that 'the care, growth opportunities and treatment we provide in the institution must be related to the child's experiences at home.' Applying this to the parents means that we have to help them work out their real problems and empower them with the necessary skills to apply in their own situation at home.

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Children and Youth at Risk:

HIV/AIDS Issues
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HIV in South Africa:

What is the status of official policy?

Since 1984, I have been involved in several aspects of the HIV pandemic, in Africa and elsewhere. Much of this work has been to encourage governments to implement preventive programmes, and in 1991/92 I was medical adviser to the South African government's AIDS unit. A depressing feature of this pandemic is the certainty that whenever HIV arrives in a country, the same cycle of responses has to be played out once again. Countries find it difficult to learn from others' mistakes, and South Africa is no exception. The first indicator came in gay white men, whose travel contacts had eased HIV into South Africa's Cape. Education and support, generated almost entirely from within the gay community, ensured that the incidence of HIV infection dropped, and by 1992 the number of AIDS cases in gay men was the lowest since 1987. However, South Africa tends to forget that it is part of Africa, and seemed taken by surprise when the first evidence of HIV infection among heterosexuals in the majority black population was noted, as recently as late 1987. Since then the screening of potential blood donors, sentinel surveillance in Johannesburg, three population-based surveys of HIV seroprevalence in part of Natal, and three national anonymous unlinked surveys in antenatal clinics have revealed the main features of the heterosexual epidemic. Young adults bear the brunt, and young women are affected earlier than and at least as often as young men. Children of primary school age seem free from infection.

There is marked variation between geographical regions and to some extent between rural and urban areas. At the end of 1992 more than 1 in 40 young adults in South Africa were estimated to be infected with HIV. The rate of spread is slowing, with a current doubling time of about 16 months. These data suggest that there are over 400 new infections every day and the total number of people infected could be about 300 000 today and 750 000 by the end of next year, 1994. These calculations are not "doomsday" scenarios but figures from a consensus of the country's leading mathematical modellers.

Same pattern

The pattern is that already seen in much of central and eastern Africa, and in South Africa HIV infection has been documented more accurately and from an earlier stage of the pandemic. In that country, though not uniquely, two important co-factors are present. Sexually transmitted diseases (STD) facilitate the spread of HIV infection, while tuberculosis fosters the development of AIDS once individuals are infected with HIV. With an estimated 3 million STD cases annually and with about half the adult population infected with quiescent tuberculosis, the soil was ripe for AIDS to spread. Disaster should never be inevitable when it signals itself so obviously and so well in advance. An HIV epidemic out of control is to some extent a failure of public health. South Africa has the infrastructure and health funding required yet AIDS seems to have slipped past and become established. How?

The central health ministry's initial response was low key; AIDS was tacked onto a health directorate of infectious diseases. A clumsy, but for its time not atypical, scary "AIDS education" campaign was launched; blood donor screening was introduced; and data collection was set up. True education was barely considered. However, in mid 1990 a dedicated AIDS unit was established, headed by a psychologist, and the key role of education of children and young people was at last identified. A neutral AIDS information campaign was launched nationally. Research into AIDS prevention programmes in secondary schools was commissioned and used to draw up a schools package that was launched jointly by the ministers of health and of education. The package was available in eight languages. Funding sources were identified for teacher training and 3000 of the 12 000 secondary schools asked for the package. The AIDS unit held workshops to bring the epidemic to the attention of religious leaders, businessmen, social workers, women's groups, and the like; and organisations, including some very critical of South Africa's government, were given money to tackle hard-to-reach groups. It really seemed as if the lessons of AIDS had been learned. It was not to be. Unannounced, and with no consultation, AIDS prevention

was stopped. Funds were quietly removed from the AIDS unit; the schools package was withdrawn and research for a pre-school package was abandoned; the media campaign petered out and pamphlets were no longer available in any language other than English and Afrikaans.

The AIDS unit was merged into a lacklustre health promotion section and the unit's head was sacked. An official complaint against the health department official who had in effect closed the AIDS campaign was made. A magistrate's report, believed to support the complainants, remains unpublished. AIDS prevention no longer exists, except as window dressing, and health department officials now claim that AIDS is "the responsibility of individuals", that is, the government no longer sees itself as having any responsibilities in this area.

There is a sinister interpretation being put on the halting of the AIDS campaign in some quarters. South Africa is in transition politically and officials speak of interim arrangements extending over ten years. By that time the majority black population could find itself as severely affected by HIV as Zimbabwe is now, and so, the argument runs, be less able to assert themselves politically. In the continued absence of any attempt to defend the new AIDS policy, suspicion will not be stifled.

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Lesley du Toit fills us in on some current national tasks of the NACCW

Training

The staff has been working on an evaluation of Module I of the new BQCC course, on the basis of very full comments from students. There is much to work on, including ... We have also been looking at how the practice-based material and the experiential method of the new BQCC has worked.

Almost completed now is the preparation of the new UNISA Certificate in Child and Youth care, and the first students will register over the next month or so. All of the Study Guides for the first year are printed, and the workbooks for the three first-year practice labs are being completed. The NACCW will be responsible for the practice training in this course.

Two very interesting youth training programmes are being developed, with pilot studies under way in Natal. One aims at developing a model for youth themselves to undertake peer counselling. It is hoped that child care staff may be trained to develop these skills with the youngsters in their own organisations. The second study is aimed at a growing problem relating to adolescents and

the residential care service. State departments increasingly find themselves unable to place adolescents with emotional and/or behavioural problems, while children's institutions are saying that they cannot work with such youngsters. Recently child care workers in Natal asked for new skills to work with adolescents, and this prompted the development of this new project.

Advocacy

NACCW staff have been asked to contribute to the working groups looking at amendments to child care legislation. The National Office approached all of the NACCW's corporate members, asking for input which was then built into NACCW recommendations — relating to street children, registration of children's homes, criteria for staff appointments, subsidies, boards of management, etc.

NACCW has made representations to the Interdepartmental Consultative Committee (ICC) dealing with health and welfare. The urgency of the problems of AIDS, abandoned children and incidents of abuse in institutions has led NACCW to challenge the present health and welfare system on its accountability, specifically for monitoring and inspections of child care services. It has been agreed that the child care service in South Africa is always in need of careful study so that helpful guidelines and controls can be fed into both legislation and practice.

Networking

The NACCW's experience in the CHAMPS programme, working with AIDS mothers and children in Natal, has taught us well the values of networking with other interested people and organisations. Here we worked with many groups, and we value the on-going networking with such bodies as the AIDS Consortium, NACOSA, and NCRC (National Committee for the Rights of Children). Information on the NACCW's new Project CHANCE, which seeks to develop models for

the care and education of children affected by AIDS, has been circulated widely to NGOs and other organisations concerned with child care, health and welfare, and already there have been dozens of replies expressing willingness to become involved.

Funding

The decision of the European Community to extend major funding to the NACCW over the next five years has given us an important opportunity to extend our work. In June this year we had the advantage of the Executive Forum meeting at which membership from all of our Regions participated most helpfully in forward planning and setting goals for the Association. This planning has been continued by the staff and the National Executive Committee. A priority has been to restore the staff levels of the NACCW to best serve the training and consultation needs of our Regions. In addition, as members will have seen from advertisements in the journal, we are creating two new posts, one for research, course development and new programme management, and another for liaison, networking and communications. By way of gearing ourselves up for the new tasks, the whole staff team met in Durban in October for a one-day team-building exercise prior to a staff meeting.

* * *

I have just returned from an extended time away from the national office. There was a week in Port Elizabeth for training — a PPA-X course for health and welfare officials, and then a course in Supervision for child care staff. We stopped off in George for a meeting with our Southern Cape members.

A week in Cape Town gave me the opportunity to attend the Regional Meeting of the Western Cape Region where I met many old friends and new, and to talk about setting up the Western Cape office again. On the Saturday there was a meeting of the National Executive Committee — and this was followed by two days with NACCW members in a very hot Kimberley!

To an abuser — I

I am the one who looks after your children
I am the one who cares for them
I am the one who sits up with them when they cry for you
I am the one who sits with them when they pray for you
I am the one who calms them when they are angry with you
I am the one that holds them when they long for you
I am the one that encourages them when they've lost faith in you
I am the one they abuse due to what they've learnt from you
I am the one that loves them
I am their Child Care Worker.

Ruth Norris

Child Care Worker, Excelsior Place of Safety

To an abuser — II

In hierdie vaal ou donker nag
sit ek na jou liefde en smag
Op allenige dae sit ek my glimlag aan breed
Niemand hoor my verbroke kreet.
My gesig is heeltemal opgehelder
maar my oë soos twee donker kelders.
Hoekom moet dit so wees?
Ja niemand kan ons hartseer lees.
Ag verby is die verlede
Kom ons begin in vrede
Is daar nie genoeg seerge-maak?
Maak dit nie meer saak.
Pappa my liefde vir jou is nie
soos 'n kraan wat oop en toe draai
of soos saad wat vanself saai
Sonder jou is ek soos 'n vis sonder water
Hoekom moet ek dit los vir later?
Daar is genoeg seer
Kan ons nie weer probeer?

— 'n 13-jarige dogter

*Will you miss me when I'm gone?
Oh yes.
Will you kiss me when I go?
Would you like me to?
Yes.
Good then I'd love to.
But you'll have to give me ten kisses because I'll be gone for ten days.*

WHAT IS deprivation, abandonment? As long as I worked in an institutional setting it seemed so clear, defined, catered for. But now, having left the children's home environment and working as a child care person with kids in the private sector within their family homes, I am filled with questions and wondering.

I first worked with two boys of divorced parents; they had been living with their father since the divorce (when they were six). They were not removed to care because their father runs a respectable business, doesn't drink or abuse the boys physically, he provides a decent house in a decent suburb, food to eat and clothes to wear.

Only, I soon discovered he was totally absent from their lives in every sense of the word. I found two wild, undisciplined and very angry boys aged 12, totally unmotivated at school where they were two years behind, and now entering adolescence ahead of their peers; nothing seemed to make sense in their lives. And they simply acted out their anger and fear and hatred in a school which punished them mercilessly and boringly in the same fashion with little or no thought, and certainly with no caring. The good name of the school is what mattered, and, after all, these days all schools have waiting lists, so no one needs bother with uncompliant and difficult kids. Move them on down the assembly line to the inevitable end.

When the boys returned from this daily torture it was to an empty house with a T.V. set as their sole companion, and a father who returned late, always late, except for the one night he played basketball at a club. And when he was at home he too, sat in front of the blessed T.V. which he switched on while he switched off. So when I came into their lives I

Will you miss me when I'm gone?



*Experienced child care worker **Jeannie Karth** works with children in families in the community*

searched for a tiny thread of hope, something to work with. And there *was* time left to give them a better experience of the world, time to have fun, to unload their laughter, to let them be little boys, time to dream, to sing, to walk in the forests and discover the wonders and the kindness of nature. And time to teach them the words they needed for their anger, their sadness, their rage against an adult world which was oblivious to their pain.

I introduced them to other adults who saw them, really saw them, and liked what they saw beyond their angry exterior. They slowly learnt to trust a little, to believe a little, to try a little and finally to hope a little. And maybe, just maybe, they won't join the hundreds of angry, violent, raging young men and women who blindly destroy the world around them and themselves in their anguish.

How very protected I was in the children's home, from the horrors of the reality of abuse on a daily basis; from the silent, passive and unspoken abuse. In the residential care setting there's always someone to turn to in times of trouble or need, someone to explain away the pain, using

clearly-defined and much-used theory.

Everything we do in the children's home is carefully planned, explained and written up. We classify, label, regurgitate, repeat — and find better or newer theories to comfort and guide us.

And out there in the marketplace where the abuse happens to the children every day, our voices are silent. Our social workers are overburdened and hampered by a bureaucracy that demands endless forms in triplicate, applications, proposals, written histories. Instead, we, the custodians of morality and the good life, decide who and when to remove children from their homes and work with them in ivory towers.

While the children continue to suffer.

Who helps the parents, who teaches the parents the necessary skills, who supports them, guides them, eases their often unbearable burdens?

We talk of deprivation, and it is easy to understand what that means when we work with children from poor areas. Is the deprivation suffered daily in so many middle class and upper class homes less painful, less damaging?

My work now is with three little boys in an upper class home — where there's lots of money and little else. All the latest technology but no creativity, no warmth. It's the father's birthday. I help the two little ones to decorate the table with leaves and flowers. We blow up balloons, decorate the cake, they draw pictures for their dad and get more and more excited. This is a novel experience for them; a surprise, we're making a surprise! We get the music ready and wait breathlessly.

The parents arrive; the six-year-old almost wets himself with excitement. Father dances a bit with the little one, the candles are lit, we sing and the cake is cut. I see the six-year-old tug at his father's sleeve, eyes shining, with the shy little smile he has. He asks 'Did you like your surprise?' The father replies 'Where is it?'

We are insulated in the children's home from the real pain, the daily slates and hurts, the things that slowly,

grindingly break a child's spirit. How can we really understand the world they come from in our artificial environment surrounded by sensible theories and solid practice.

I miss the protection of working on a team; I miss the supervision, the challenge of new theories. But I know that the kids who live out there in the real world, who have no one to hear their lonely voices, need us as much as those we have removed.

I wonder, too, if a child whose poor parents drink or abuse drugs might not find that easier to live with, to rationalise, than the child who lives in physical luxury, yet whose parents are always absent, because they're out there making the money that provides that abundance.

There is no rage permitted for such a reasonable absence — its all for the child's good, for its future.

And the child lives with an empty today, with no place to rage, only a huge sense of guilt that she or he is so fortunate.

The children know that the parents pin all their hopes on the T.V., the Nintendo games or the videos to fill their empty hours. No time to create memories with their children, no time to read stories, no time to explain away fears, no time to explore the world, to have small adventures.

I know that these three little boys will one day wield power because they will have money, and I hope that I can ignite in their little hearts some warmth, some caring, some sharing, some reflection. And maybe someday they will be better able to parent children.

So two years out of the children's home environment I wonder why we haven't rather created 'safe houses' in communities; places where both children and parents can come for help and go back home when they feel strong enough; places to teach the skills in the very place where they are needed — not artificially in a rarified atmosphere.

We child care workers need to be seen and heard in homes and schools and streets, sharing our practice and skills with parents and children, teachers and pupils alike. We need to be bridges, not props. ■