

The **child care worker**

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NACCCW

THE NATIONAL ASSOCIATION OF CHILD CARE WORKERS
IS AN INDEPENDENT NON-RACIAL ORGANISATION
WHICH PROVIDES THE PROFESSIONAL TRAINING AND INFRASTRUCTURE
TO IMPROVE STANDARDS OF CARE AND TREATMENT
FOR CHILDREN IN RESIDENTIAL SETTINGS



Fédération Internationale des Communautés Educatives
International Federation of Educative Communities (UNESCO)



Association Internationale des Educateurs de Jeunes Inadaptés
International Association of Workers with Troubled Children

From the UK magazine *Who Cares?* we hear the viewpoint of **Alex Saddington**

Alone and far from home in the care system

I was 14½ when I first came into care. I had been on the run for about three months. In my earlier school years I had many difficulties. I had to have special help because of a speech and hearing problem. I was in and out of hospital a lot at this time and so missed quite a few days at infant and primary school. In the 3rd year they moved me out of school because of my behaviour. I started to muck around in class. This was because home life was unbearable: there were always rows between my mother and stepfather. He would keep hitting me and my Mum till I couldn't take it any more.

When I was about 10, I was sent to my first special school, the first of six I was to attend in addition to two secondary schools. No-one really explained things to me and I was very bored there. I suffered a severe overdose of painting and drawing. That seemed about all we were given to do for the next two years, because we had no interests to occupy our time, we ran wild. But instead of seeing that the school routine itself was actually making things worse, they put the blame on us. I got labelled 'maladjusted'. I was sent off to my first residential school (they are called EBD schools now for 'emotionally or behaviourally disturbed' children).

I ended up at a school 200 miles away from my home. I was relieved to be away from my stepfather, but I hated it because it was so far away. I could go home only for main holidays and it was too far for any of the family to visit

me. I could never go out alone, my incoming and outgoing letters were opened and read, phone calls were listened to and there was no freedom or privacy at all — it was like an open prison. No-one from outside ever came to visit me or ask how I was getting on.



Shunted Around

I went on to a further two schools like this one. The worst thing of all was being shunted around. No sooner had I begun to settle than I was uprooted and moved. I don't know why. Each time I had to leave my friends and in the end I never made any friends because I knew I'd be moving in the near future. The loneliness made me feel that nobody cared: I was out of sight, out of mind. When I was 14 they decided residential school was not the answer. My problems really stemmed from home, so the Education Department was no longer willing to see it purely as an education problem and after four years sent me back home for the Social Services Department to have a go. I knew it wouldn't work out at home and it didn't. The problems were just as bad, if not worse, than when I left because my family had grown apart from me and I from them in the years I'd been away.

I went on the run. My Mum put me in voluntary care. I agreed because I saw it as the only means of getting away from my stepfather. First I went to stay with foster parents, then I moved to a children's home. There was a rule that you were taken to school in a yellow mini-bus with 'Social Services' written in large letters on the side. Any young person in care knows how that makes you feel and how degrading it is. Then I was moved back to the foster parents and they decided the school was too far away for me to travel there every day. They put me in a special school for the physically disabled, even though there was nothing

wrong with me. Obviously it wasn't right, so they moved me to a special school for 'maladjusted' kids. It was a joke. All we did was muck around for a couple of hours and go home. There were no proper lessons. Finally they found another secondary school where I settled for the last year of my education. Very little was expected of me because I had missed out so much and because I was in care. Two weeks before I was due to take exams, the Social Services Department moved me 20 miles away from my school. Because of the upheaval and stress, I didn't take the exams. I left the school aged 16 without any qualifications at all.

Not giving up

But I was still determined to get a decent education. After leaving school, I was lucky enough to get a place in college to study 'O' levels. Half-way through the course, I decided with Social Services

that I no longer wanted to be in care. So it was agreed that I leave care and I went to live with my grandparents. I was forced to give up college, though, as I couldn't get a grant or money from the Department. No-one told me that I could have applied for a grant from the Social Services (under Section 27 of the UK 1980 Child Care Act). I went back to college. This time it was an 'A' level course, which I am now half-way through. I hope to go to University and one day work in social work management or in politics. I am still coming to terms with all that has happened to me, but feeling more hopeful at last.

I believe that:

- No-one should be moved around in care or at school more than once or twice at the most.
- Children should not suffer because of professional blunders — either by Education or Social Services Departments.
- No-one should be sent 200 miles away from home: they should be sent somewhere within reasonable travelling distance.
- Children should have somewhere in a children's home for studying in peace, and someone to take an interest in their work.
- What social workers demand and expect for their own children should be what they demand and expect for children in their care — they shouldn't say or think that it is no part of their job to provide for a child any better than its own parents could have done.
- The Education Department have got to allow for our problems: after all we didn't physically, sexually or emotionally abuse ourselves.
- All children should be given the opportunity of learning — even if they are 'different' — and should not be made to paint or draw all day.
- Social Services should be a good parent — and all good parents want their children to have success in education.



Preventing Institutional Abuse

Mathilda Morolong and Irene Cowley report on guidelines developed at a workshop attended by child and youth care workers in the KwaZulu/Natal Region of the NACCW

Preamble: There is no justification for institutional abuse and child care programmes must be developed to prevent its occurrence.

Definition: Institutional abuse occurs when persons in authority in an institution cause harm or injury to children in their care which cannot be explained as accidental, or alternatively, omit to act where circumstances warrant intervention. Institutional abuse or neglect affects the emotional, physical and social functioning of a child and may occur at different levels, namely, by individuals in the institution itself, or society at large which sanctions abusive or harmful practices.

How does abuse occur in child care institutions?

The following examples were suggested.

- Staff member in the institution having a sexual relationship with a child.
- Inconsistent child care practice.
- Punitive punishment, particularly corporal punishment and locking up.
- Lack of medical care or abuse of medication.

- Disrespect or disregard of child's culture or religion.
- Child labour.
- A child not included in his treatment programme.
- Separation of siblings
- Overcrowding and lack of basic care.
- Design of child care institution where there are dormitories and children have no privacy.
- Long-term placement of children with no effective reconstruction services and little contact between children and their families.
- No personal possessions, particularly clothing.
- Children driven in vehicle with name of the child care institution displayed.
- No training opportunities for staff.
- Poor working conditions for staff
- No philosophy or policy on child care practise.

Signs of abuse — how a child may experience it

Specific and non-specific

- Physical: Stomach-aches, bed-wetting, eating disorders, over-dressing
- Schooling: Poor marks, lack of interest or motivation, negative attitude towards school, school refusal.

- Social Relationships: Disrespectful attitude, bullying, incitement, lack of friendships
- Anti-social: Truancy, absconding, use of drugs or alcohol, aggression or violence, suicide attempts, sexual acting-out.
- Emotional: Fear, anxiety, tension, depression, cries easily, withdrawn, sleep disturbances, nightmares, nail-biting, psychosomatic illnesses.

3. Programme Content:

- Develop and implement a clear methodology for child care practise.
- Involve the child and his family in the treatment programme and ensure that assessment and reviews take place regularly.
- Ensure that reconstruction agencies are fully involved in the child's treatment programme and that a permanency plan is formulated.
- Provide for the child's needs through use of the multi-disciplinary team.
- Observe confidentiality.
- Provide the child with guidelines for acceptable behaviour and ensure that all consequences for unacceptable behaviour are age-appropriate, relevant and timeous.
- Clear channels of communication and a grievance procedure must be provided for each child.
- Ensure that children are supervised and monitored at all times.

How can we eliminate abuse or neglect in our child care programmes?

1. Organisational: Ensure that the institutional has a manual with a written mission statement, philosophy, policies and aims and objectives. A non-discriminatory admission policy for children needs to be practised.

2. Management and Control:

- The institution needs a Board of Management and sub-committees comprised of volunteers with specific skills and knowledge to ensure high standards of child care practice.
- An organogram will provide structure and accountability for staff in the institution.
- The careful recruitment of staff with specific training and skills.
- Formal training in child care practice is essential as well as regular staff in-service training programmes.
- Ensure that the fair employment practice is carried out with disciplinary procedures and a clear grievance procedure provided for staff.

4. Personal:

- Ensure that each staff member has support, both personal and team.
- Ensure that staff have the opportunity for advancement or promotion.
- Ensure that staff are valued and contributions made to the institution are acknowledged.
- Ensure that working hours allow a staff member the opportunity to have a satisfactory personal life.

An Institutional Abuse Index

When does questionable or inadequate practice reach the thin red line which indicates abuse? How do we define our practice as non-abusive? Jacqui Michael has developed an excellent set of practice guidelines for institutions to help them guard against abuse.

She considers such need areas as physical, emotional, safety, belonging and esteem, and indicates how these may be addressed in abusive and non-abusive ways by institutions.

This guide may be found in the NACCW's recently published book *Children and Youth at Risk: HIV-AIDS Issues, Residential Care and Community Perspectives*. Available at R20.00 from NACCW Publications Department or your local NACCW office.

Psychologist and child care worker **Lorraine Fox** strongly challenges us to examine our intentions and methods in managing children and youth today

The Catastrophe of Compliance

I: Introduction to the disaster

A few years ago I had an experience that put a new spark in my belly. That spark began a process of observation and reflection that has now become a fire in the belly! I was asked to work with a group of young people who had been in substitute care and were now almost ready to "emancipate." The youth were all close to 17 years of age. All of the youth knew each other at least a little, because they were going through the "Preparation for Independent Living" training series together. Some knew each other fairly well.

The group was ethnically mixed and included some "skin heads," some blond-haired-blue-eyed former incest victims, some former "druggies," and many run-of-the-mill "system"-type kids. They had all been placed away from their homes, most because of abuse and maltreatment. The assignment I was given, as part of a series of classes in independent living skills, was to cover a few sessions of assertiveness training. After introducing the basic concepts of assertive beliefs and behaviour, I began some experiential exercises with the young people. The group was divided in half: girls in one group and boys in the other. Each young person was given a number of slips of paper equal to the number of people in the other group. The two groups were instructed to write on the papers a specific request for each person in the other group: it could be trivial or important, it could be for something material or for a favour or for information, and it could be reasonable or unreasonable. I expected this part of the exercise would take no more than

ten minutes. My "life change" began as soon as I began to observe the youth struggle with this first part of what was designed to be a multi-part exercise. Most of the girls just sat there; some giggled; some looked away from the other group and from each other; many appeared quite anxious and uncomfortable. The boys also sat there, pencils still, and began talking about what a stupid assignment this was. Some began laughing; others began talking about how they weren't going to "ask no chick for nothing." They appeared equally uncomfortable. I told them that if they were having trouble, they could ask others in their groups for help, and reminded them that it was just an exercise. More sitting, giggling, staring, nervousness, and annoyance. Eventually, long after the planned ten minutes, they each had their requests prepared. The next instruction was, "Get up from your chairs, go to each person in the other group and read your request out loud to them, and then give them the slip of paper with the written request." At least half of the group tried to slip the paper to the other person without reading it out loud. I interjected humorous, light-hearted reminders that they were to speak their request as well as give it, as I discovered the covert activity. The reading of requests was done with considerable mumbling and giggling. Only a few of the youth actually looked directly at the other when delivering their requests. The exercise continued with different instructions. After receiving all of their requests, they were asked to return to their group circle and look them all over, reflecting on how it felt to be asked for so many different things, deciding which they would like to give, and deciding

whether or not the requests were reasonable. After this review, they were instructed to turn down each request — in writing — regardless of whether they wanted to grant it. They were to find a way to say "no" that could include a reason but didn't have to. They could ask for help from others in their group. This part of the exercise also took four to five times longer than I had expected.

They were then to get up again, read their refusal out loud to each person who had asked for something, and then give them the refusal in writing. Typical among many of the boys were refusals such as "No way," "Forget it," "N.O.," or "You're not getting it." Some of the boys mumbled, looked away, and said, "She told me I couldn't." Most of the girls provided reasons why they said no, many blamed it on me, a few said they really wanted to and felt bad they couldn't, and some wrote "No" but told them they could have it anyway.

A little more than half way through, some of the girls and boys said they didn't want to do this anymore. A couple of the girls got tears in their eyes. One girl started to cry. Many couldn't write anything on their papers and had to be helped by adults who were participating as support workers. One of the girls started to fall apart. She had to be excused and went off with a staff person, who told me later the girl started to deteriorate so badly the staff person thought she might have to be hospitalized. She had been an incest victim.

This was not a therapy session. No one was being asked to "share" anything about their own lives or their past. This was an independent living skills training group. These kids were about to be "set free"! We were

finished with them.

I shook all the way home. At the end of treatment, this was the result of our work?! Our "protective" intervention?! Our treatment, our healing?! They were afraid to ask for anything, even if it wasn't for real. Those not afraid didn't like the idea. Those willing to try weren't sure exactly how to go about it. (They were about to be sent out on their own to ask for jobs, apartments, dates, respect, help.)

They didn't know how to say "no," even if it wasn't for real. (They couldn't say "no" to their abusers, and now we were through with them and they couldn't say "no" to anyone, even a peer with no power over them.)

They couldn't write, and they couldn't speak, and they couldn't look each other in the eye. And we were through with them.

Following this experience, I renamed a number of my training workshops to include the word "empowerment."

The Dilemma

The essence of "victimization" — and aren't all of our children and youth victims of some form of maltreatment, abuse, or injustice — is the inability to say "no" in a way that prevents another from doing as they will. Of course, before we met them, many of our children often said, "No, Daddy, please," or "I don't want to, Mamma," or "Please don't make me," or "No more", but their voices were either not heard (as is the case with many disadvantaged youth) or disregarded (the case with all abused youth).

The essence of victimization is not having a choice. The essence of victimization is not getting or doing what you want, but what someone else wants. The dilemma for our children and youth is that, in this compliance-oriented society, they have been compliant! Their compliance, however, did not bring them rewards; it brought them unspeakable pain. Their compliance with the family secret did not result in a surprise party, but in days and months and years of suffering. You see, we talk about "rebellious," "non-compliant," "disordered," "defiant" youth, but these are not — or were not — our youth.

Our youth have been compliant — with keeping secrets, with demands for lies and misrepresentations (“I fell off my bike,” “we had fun, “I’m OK”), with requests for silence while they were raped — and compliance has not worked out for them. When they come to us, we often discover that they become “oppositional.” Do we have to wonder why?

I am deeply concerned about our naive assumptions about compliance.

We forget that while it’s true that compliance gets and keeps jobs; compliance gets diplomas and degrees; compliance gets friends and

mates; it’s also true that compliance gets penises forced down your throat or into your anus or vagina; compliance results in misery being kept private while it eats up your head and your guts; and compliance buys acceptance into families and situations that can drive you literally crazy. If children had the real ability to be non-compliant, they wouldn’t get hurt!

The question, of course, is how can we help, “treat,” heal our wounded children and youth, physically and emotionally bruised and bleeding as a result of their compliance, with compliance-oriented programs?

children’s facilities by hanging himself, speaks powerfully to the ultimate tragedy of a focus on control, restriction, denial, and forced compliance for children and youth who need to learn what to do with their pain and how to live without hurting others or being hurt. It should be required reading for all workers, at all levels, in residential treatment programs. You can read it in a few minutes; you’ll think about it the rest of your life.

Assertiveness and empowerment are nice words — they have a nice ring, a good beat, and you might even be able to dance to them — but, in fact, we do not like assertive or empowered kids! Despite our increased sophistication about issues of abuse, we continue to like and reward the same kinds of kids and behaviours that are liked by child abusers, pedophiles, pimps, families with secrets, and others who are looking to victimize our children and youth. We like quiet kids, obedient kids, kids who “follow the program.” The “catastrophe” is that, in many cases, our practice doesn’t match our rhetoric (VanderVen, 1993). We preach empowerment, but we reward compliance. We settle for short-term rewards like program stability, smooth running shifts, or the ease of keeping track of points, and we trade them in for the long-term disaster I saw being painted for me by girls who cried and broke down when challenged to ask for something they wanted, look someone in the eye, and say no, and boys who were no better off than the girls, or who simply stated that they would take what they wanted (Hunter, 1990).

Having points and level systems that apply equally to all children and youth in a program is the same as giving identical medical treatment to all patients, regardless of their diagnosis. How is it “fair” to expect the same of all children, when those in the program come to us, in fact, with a very wide variety of issues and problems? R. Wolkomir (1992) quotes a 1732 English proverb: “Different sores must have different salves.” Have we lost this simple, now ancient, wisdom? Further, our focus on strict compliance for rewards has, as stated by VanderVen (1993), “bastardized” the es-



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II: The “catastrophe”

I ask you to imagine that your medical doctor has diagnosed you with a serious infectious illness that necessitates immediate hospitalization and treatment with antibiotics. Your doctor tells you that s/he will arrange for a bed in an excellent hospital while you go home and pack your things. You arrive at the hospital and are admitted with the correct diagnosis, but then placed in a bed in the cardiac unit because that was the only bed available.

Within minutes of being admitted, you are put on a treadmill and your pulse is measured. Your dinner arrives with a complete menu of “heart-healthy” food. You protest that you are there because you have a life-threatening infection. The staff says they understand that, but you are on the cardiac floor, and all patients on this floor eat this diet and engage in heart-related activities and treatments. While they are hooking you up to the EKG, you advise that perhaps you’d be better off if they hooked you up to some antibiotics. The staff is now becoming quite irritated, and your doctor is told that you have a very bad attitude and are not co-operating with your treatment. Ludicrous? Consider this analogy as we review how social workers often shop for “beds,” place children in available beds, and then ask us — if they don’t already know — what the treatment program is. We tell them that “our program” operates on a point, or level, or whatever,

system, and that “residents” (i.e. all residents) can graduate by going along with the program. Ludicrous?

I write this story not as a diatribe, but as a challenge. I write to invite introspection and observation. Are we treating compliance problems with compliance? Are rewards given for compliance, and only compliance? Are all privileges granted in return for obedience? Do all residents move from level to level in exchange for unquestioning adherence to our program structures and rules? Do we thrill to the word “Yes”? Do we rebuke and punish for attempts at non-compliance? Do kids get along by going along? (Wait — isn’t that the same rule that operated in their family?) Do we forget that kids who always say “no” are the same as kids who always say “yes”: unable to make real choices? Do we forget how badly compliance has paid off for our young ones? Do we wonder why they are afraid to go along with adults? Do we actually mistake a first sign of inner strength for a sign of rebellious defiance? Do we forget that if these children or youth could have been defiant at home, they wouldn’t have gotten hurt?

A colleague of mine wrote a very powerful story that stirred me in the way that my experience with the pre-empowerment youth did, and I’ve never been able to get it too far from the front of my consciousness when considering these issues. The story of “Michael” (Cima, 1992), a child who ended his sojourn through a variety of

sense of behaviour therapy, which is meant to encompass a wide range of useful interventions, such as positive reinforcement, feedback, modeling, shaping, generalization, and behaviour rehearsal (Schinke & Wong, 1978). Armstrong (1993) suggests that much of what is actually being offered in so-called “treatment centers” cannot, in reality, be viewed as treatment for those abused children and youth who are remanded there. Years ago Goffman (1961) suggested that institutions (“asylums”) were really organized around the needs of staff more than around the needs of residents. Is it less true now? Do we opt for easy ways to keep track of things? Do we not want to be bothered learning the specific treatment needs of each boy and girl in our care, and designing treatment interventions that meet them where they are and lead them to a more successful future? Do we fail to recognize that some of our kids are in trouble because they don’t “obey,” while others may be in trouble because they do? In these times when the national focus is on placement in “least restrictive environments,” there’s almost a lack of rationality in expecting compli-

ance from boys and girls who are "disturbed," "disordered," "disabled," and so on. If these kids could meet our expectations without a lot of real help, they wouldn't need a treatment centre! Are we being caught up in punishing kids for who they are, for the behaviours and feelings that brought them to us? Are we going to like them as soon as they get better? Are we asking them now to engage in those behaviours that will mean they're ready to be discharged? Unfortunately, we don't need a crystal ball and we don't have to guess.

There is a dismaying volume of literature and studies supporting the long-term effects of forced compliance in childhood. To document it would take a book, not an article (see Armstrong, 1978, 1993; Johnson, 1989; Ramirez, Maldonado, & Martos, 1992; VanderVen, 1993; Wood, 1993; Wyatt & Powell, 1988). We know that a large percentage of prostitutes were molested as children, as were a large percentage of battered wives. We know that while most girls molested as children do not grow up to be molesters, a large percentage of them have children who get molested. And we know that, without help, many boys forced into sexual or physical compliance become molesters and rapists (A Groth, 1977; N. Groth, 1979). Lerner (1993) outlines a variety of suffering encountered by those, particularly women and girls, who have incorporated compliance into their own lives.

Are we, as treatment agents (i.e., change agents) willing to "suffer" a little now, so that our children can learn that they don't have to suffer later? Are we willing not only to teach them how to be assertive, but to allow them to be empowered, and to allow them to "practise" these skills while they are with us? Believe me, I know it's not pretty. Compare it to allowing them to learn to play new musical instruments. Music to our ears it is not. Kids practising assertiveness often sound aggressive. Kids learning to make choices often make difficult ones to live with. And it takes sooooo long for them to decide! I know. But these are the symptoms that point to the problem.

The reality is that after one turns

18, nobody much cares anymore. Are we willing to care now?

The Cure

I know it is possible, because I've seen it done: kids can be loved (affirmed) — and managed — while they are becoming "empowered." Not by everyone, for sure. But certainly by those beautiful child care souls I have been privileged to see and work with, who have been willing to challenge their assumptions and to live with the medicine that's good for kids. We can organize our treatment environments around concepts like "therapeutic contracts," which give them practice in negotiating and decision-making while providing the limits and structure they need to feel safe and cared for. We can teach kids how to speak for themselves: yes, those seemingly trite but terrific "I" messages that help us to stay centred, assume responsibility, and stop blaming others for our condition or feeling helpless to change things. We can give kids choices, real choices (not "You don't have to if you don't want but you'll lose your points/privileges, etc."). Aggressive kids don't give other people choices, and passive-compliant kids give their choices away to other people. Empowered kids are able to make their own choices and allow others to do the same. In real life, there are many choices to be made other than "Go along or get in trouble." We can include kids in their own treatment, in (God forbid) meetings about them! We can teach kids to ask for what they want, and make some reasonable efforts to have it work sometimes. We can — and this is the hardest — teach them that it is not always "bad," or dangerous, to say "no." Sometimes it's the only way to be safe.

Many of our kids will be going home. There are two ways kids can be safe in their homes. One way will be if parents change. But we all know that many kids are returned to homes where parents have not changed. However, another way for kids to be safe if they are returned home is for us to send home a different kid! Can we actually let them say "no" sometimes, and not get in trouble? It may not be pleasant, but it may be necessary practice. How can

they be safe if they continue to associate saying "no" with danger?

The Ethics

I fear that what we're calling "treatment" is more often nothing but behaviour management. Are we satisfied with quietness because it's easy on us, even though quiet is what most abused kids are while they're getting hurt? Are the across-the-board, uniform expectations, and consequences in place for the benefit of staff, or for the good and healing of the children?

As I travel in and out of various programs designed for the helping of children and youth, I'm startled to see how what are called "consequences" are designed, in a pre-arranged fashion, for those who present what are referred to as "problem behaviours." (I am startled, from the onset, that anyone would expect anything but problem behaviours from those who are deemed unable to manage successfully in more benign environments, and are thus referred for "treatment.") The word "consequence" has as its root, of course, the word "sequence": that which follows. How many "consequences" for behaviour actually have a direct relationship to the behaviour that was demonstrated? If people are not happy with my training programs, would it be reasonable for me to arrive home and find that I am unable to watch television as a result? Would this be a consequence? Or a contrivance? How often is "being kept in" given as a consequence for behaviour that has nothing to do with coming and going? How is denying a child participation in the one activity that really matters to him or her "appropriate" for a behaviour that is related to that activity? What leverage is left for us if we deprive a young person of their primary motivator? Don't these imposed punishments have more to do with our outrage at non-compliance than with treating or teaching? It is even true that sometimes the "consequence" for an unappreciated behaviour (usually non-compliance in some form) is the actual denial of participation in treatment activities! How can this be "good" for children? Ethically, how can this be "right"?

The Challenge

The young people I introduced you to at the beginning of this discussion had all either "graduated" from a treatment program into a foster home or had been assessed as not needing treatment and placed directly into a foster home. Is what I saw those days with these kids evidence of system abuse?

Did we participate? Do we still? Most of us are collecting money to "treat": to heal, to help, to prepare for living more successfully than in the past. Are we collecting it ethically?

Values are beliefs; ethics are behaviours. Do we believe that our youth will only be served, and safe, when they can learn that sometimes it's a good idea not to go along with adults?

Do we believe that skills have to be practised? Are we willing to not only believe, but practice our beliefs?

This will mean some words that are not music to our ears. This might mean hearing some truths — maybe about us — that cause discomfort. This might mean creative discipline: interventions that truly "teach." This might mean that structure and order, essential ingredients in any group living situation, will be organized around individualized, long-range-oriented skills and goals. This might mean that we finally come to terms with the most important treatment reality: that for emotional and psychological problems, "treatment" is not delivered through impersonal techniques and artificial reward and punishment systems, but through caring, skilled, hard-working, hard-thinking human beings who lend themselves to those who need nurturing, healing, and teaching.

This also might mean we've done our job.

Dr Lorraine Fox is a clinical psychologist and also a certified child care worker with 28 years' experience in the field. She has presented at conferences locally and internationally, and was awarded the outstanding service award for excellence in teaching at the University of California.

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A small boy from a Russian orphanage



I am standing on the seventh-floor balcony of an apartment building overlooking the heart of Moscow. It is a dark city, some might say grim. It looks and feels as if it has been worn down to its bare bones: broken sidewalks, cracked facades, weeds rooted in the very mortar. This city is not easy to look at. So I avert my eyes, and they settle on a little boy sleeping inside the apartment. His name is Alexei. He is 7.

With every rise and fall of its chest, Moscow, the used, broken city, is renewed for me a thousand times. A dark place has given me light in the form of my adoptive son. Alexei has been my son for only two days, but I have been waiting three years for him.

That's when I began the adoption process, three years ago, before I even knew of Alexei's existence. Never in my imaginings did I think that I would one day be so far from home, counting my son's breaths, counting the hours until we would board a plane for America, a place he had no conception of. "Alexei," I had said through a translator as I knelt

before him at the orphanage and helped him with his socks. "What do you know about America?" His reply was immediate: "I will have all the gum I want." Most people adopt infants or very little children so that as much of their history as possible will be given to them by their parents. But Alexei carries an effluence of native culture: his memories of orphanage life in the once-closed city of Tula; the large, gracious, doting Russian women who have cared for him all his life; the aromatic Russian foods he loves; and the language, that impossible, expressive, explosive Russian language that sometimes separates me from him like a wall, but also summons us to heroic lengths as we attempt to communicate. I have been in Russia for two weeks. But it wasn't until the fourth day that I was brought to see Alexei. My Russian contact drove me through 100 miles of a country struggling to get back on its feet after years of internal neglect: pitted roadways, crumbling bridges, warped roofs. It made me recall what someone had once said about Russia, that she is a third-world country with a first world

army. We finally came to an orphanage overgrown with weeds, its play areas knee-high in goldenrod and other opportunistic weeds. Once inside, I stood in a near-empty room, hovering precipitously, reminding myself that this was the culmination of three years of scrutiny, disappointment, and dead-ends.

There were moments when I had told myself, "It's so much easier to have a kid the natural way. Nobody asks any questions." But as a single man, a biological child was not a ready option. I now recognized these as idle thoughts, for I realized that Alexei, even sight unseen, would be as much mine as if he were my natural son. A door opened on the other side of the room, and I rose up on my toes in anticipation. No one appeared. Then the door closed, and I backed down. I looked to my liaison worker, who nodded reassuringly. The door opened again. This time a woman came out, her hand on the shoulder of a little boy just awakened from sound sleep. Rubbing his eyes, he shuffled over to me. "Do you know who this is?" asked his caretaker. Alexei raised his

head and squinted. "Papa," he said matter-of-factly, but with the barest hint of, "What took you so long?" I gave Alexei a 'Pez' candy dispenser, something as alien to him as life in America. After a few moments of scrutiny, he filled it with candy, a sure sign of intelligence, for Pez dispensers are notoriously difficult to load. Then he took my hand and showed me the bedroom he shared with seven other boys. We walked out of the building and visited his playground, then the refectory where he showed me the particular place where he sat and ate his meals. We covered his whole world in 20 minutes. Everything he knew, all the people who were familiar to him, were within touching distance. I wondered at that moment how profound the grief of his parting would be. At the end of our first meeting I knelt before Alexei and told him I would be back to get him in a week. "Will you miss me?" I asked. He raised his eyes to meet mine. "I won't miss you," he said. "But I'll wait for you."

I had thought that my meeting Alexei had put the seal of approval on the adoption. But it had been only a speculative viewing: I was informed that I could still decline to adopt him. Were there people who actually travelled to Russia, met their adoptive son or daughter, and then begged off? It had happened more than once, I was told; but for me it was beyond imagining. I am disarmed by any child who can load a Pez dispenser with such dexterity. I had thought that the worst of the paperwork was behind me, but it was just the opposite. The limited time frame of my stay in Russia filled the ensuing week with apprehension. So many papers had yet to be signed and sealed. The task was to track down the various ministers and other signatories. Thus began a maddening round of visits and delays and attempts to reach authorities over troubled phone lines. In Russia, authority follows a person wherever he or she goes. It is so coveted that it is never delegated, so if a person is not in

the office one has no choice but to retreat, wait, and come back another day. By mid-week, with the passport and signatures still to be got, I began to despair of ever seeing Alexei again. "It is not yet time to panic," my liaison worker counselled. I gave that confidence a desperate embrace.

At the eleventh hour, just before all the government offices in Tula closed, the clouds broke, and one by one the requisite documents came rolling in. In fact, they fluttered into my hands as if heaven-sent. It led me to suspect that the whole tense scheme had been concocted to see how much I could take. If it had been a

test of some sort, I seemed to have passed.

The news that Alexei was now my son was almost incidental; it was certainly anti-climactic. A man in a military uniform handed me Alexei's passport. "Take care of your son," he said as he shook my hand and smiled.

One week after I had first met Alexei, I returned to the orphanage to pick him up.

It was a wet, dismal afternoon, the branches of the silver maples sweeping the ground. I entered Alexei's building and found 40 or so boys running around, making the best of a rainy day. When

they saw me they froze, knowing why I had come.

And then he appeared, running at me. Alexei leaped into my arms and gave me a bone-crushing hug. "Get dressed," I said.

"Home?" he asked. I nodded. There was a group photo and the passing out of much-prized bubble gum. I handed Alexei a teddy bear the only thing, next to the Pez dispenser, that he had ever owned. He placed his free hand in mine and turned once to his friends to wave goodbye. We left the building, and he never looked back.

I want to sleep, but I cannot take my eyes from my son. I am not sure I am yet con-

vinced that he is really mine. I sense, with the faith of a dreamer, that the best days, for both Alexei and me, lie ahead, in a land brimming with bubble gum and other good things. I turn my eyes to Moscow again. It is 11 p.m., and the sun is still shining brilliantly, reflected here and there by golden onion domes. It is as if Russia is providing all the light and time I need to discover the beauty beyond the shadows.

But when I consider what it has given me, I realize that I already have.

— Robert Klose
writing in *The Monitor*

Illustration: Tom Hughes

LETTERS to the Editor

Adolescents and Adults

Prof Baizerman (August issue) lists his ten reasons for the difficulties between adolescents and adults. I found this a most useful analysis, particularly for its helpfulness and honesty in facing real issues in such relationships.

I think it is important to emphasise that his ten reasons are *not ten problems which need to be solved*. It is good that these differences exist. They are part of the tensions which necessarily exist between people at different stages of development, people with decidedly different roles and life tasks.

I have seen people try to deny or minimise these differences: adults who try to behave like adolescents and who therefore provide little modelling or guidance to the young; adolescents who are expected to behave like adults and who therefore do no real learning for themselves.

Prof Baizerman has reminded us where we are as adults, and where adolescents are — and that part of our job as child care workers is to participate in and contribute to the continuing development and maturation of young people — and of ourselves! *Vive la difference!*

— Grown-up
Cape Town

"... Habits and behaviour which may injure"

It has been eight years since my discharge from the provisions of the Child Care Act, after spending sixteen years in a children's home. In my capacity as a social worker I now find myself enforcing the very Act I was subject to.

One aspect of substitute care which repeatedly comes to mind, more as an enigma than anything else, is that the Act which protects the child from a parent who is unfit to have the custody of that child, may place that same child in an institution where there could be child care workers who are themselves unfit to have the custody of that child. How do we address this dilemma?

Firstly, child care workers need to be *au fait* with the Child Care Act. Section 12 allows any policeman, social worker or authorized officer to "remove a child from any place to a place of safety without a warrant if that policeman, ... has reason to believe that the child is a child referred to in section 14 (4) and that the delay in obtaining a warrant will be prejudicial to the safety and welfare of that child." The child must be brought before the Children's

Court for an inquiry. "At such inquiry the children's court shall determine whether (a) the child has no parent or guardian; or (b) the child has a parent or a guardian or is in the custody of a person who is unable or unfit to have the custody of the child. The Act defines the person who is 'unable or unfit' in terms of a number of circumstances, and includes a person who displays *habits and behaviour which may seriously injure the physical, mental or social well-being of the child*."

Let us focus on this last criterion. It is in the day-to-day interaction between the child care worker and the child that we may contravene section 14 (4) (b) (iv). Three random examples will illustrate:

1. Allowing the child repeatedly to get away with defiant behaviour may result in the child's disrespect and contempt for authority figures;
2. Punishing a child for not adhering to a rule or boundary which he was not aware of, may also cause him exasperation and may lead to his disrespect for you in the future. (Note that I use the word "punishment" over "discipline"; punishment often has negative connotations, but discipline implies correction — with love, understanding and respect);
3. Continuously bickering at the difficult and strong-willed child, giving no help, affirmation, respect, understanding, only serves to harden the

child's heart, and in turn, he may come to treat you and other adults with contempt. These are practical examples; theories about the determinants of human behaviour certainly have something to teach us, but there is something of greater importance in administering care: a common-sense approach, wrapped in love, peace, patience, kindness, goodness, long-suffering and respect. It was not the proponents of a particular psychological or treatment approach that made the difference in our lives in the children's home, but rather the proponents of all that is good, virtuous, and honourable — all that is morally sound, upright, and just. What it takes is common-sense and commitment, with some basic child care principles.

A principle is a fundamental truth or law as a basis of reasoning or action.

The principles I refer to are simply (but effectively) love, joy, peace, patience, kindness — adequately and explicitly spoken of in the Bible.

If you, the child care worker, do not follow these basic principles then I wonder to what extent you may be prone to "habits and behaviour which may seriously injure the physical, mental or social well-being of the child" in your care. I invite you to share your thoughts on this matter.

— Marius van der Lith
1A Altair Ave, Wembley, 3201

Dr E.W. Harvey of the Department of Welfare opened a seminar on Child and Youth Care at UNISA

Service conditions and status of child care staff

Prof de Bruyn, Prof Anglin, Ladies and Gentlemen, I am honoured to present the opening address at this seminar today. I want to congratulate the NACCW and UNISA on the convening of this seminar which could not have come at a more appropriate time. The reason I say this is that the Department of Welfare, together with Provincial Welfare Departments, is presently giving urgent attention to the service benefits of Care Officers in the public service, most of whom are child and youth care workers.

Special role

Social Workers only remove children from their parents as a last resort. No child should be removed from parental care for purely financial reasons. The children in foster care and in children's homes can therefore be said to be some of the most traumatised children in the country.

It stands to reason that the people who care for these children on a 24-hour basis should be skilled and highly trained professional people. Ideally the post of child care worker should be a most sought after post because the workers should be screened, trained, well paid, mature adults who genuinely care for children.

Such people should regard their work not just as a job but as a vocation.

Problems in the field

Sadly, however, the situation in South Africa is far from the ideal. In many cases the welfare and best interest of children do not weigh very heavily with the people appointed in these posts. The ratio of children to child care workers is extremely high in South African residential settings. This obstructs care officers from working effectively

with children who often require specialised individual treatment.

The situation in many children's institutions has deteriorated as the result of the recent strikes by child care workers. These personnel have engaged in go-slow actions, strikes, refusal to work at night, etc. as a result of the various grievances they have. I realise that their grievances are not without substance.



Dr Harvey

Many problems in respect of child and youth care workers can be traced back to the Personnel Administration Standard (PAS) which regulates the service conditions of all care officers in the public sector. The service conditions of child and youth care workers in the private sector are based on those in the public sector.

The PAS does not distinguish between the different categories of care officers, such as officers who care for the aged, drug dependants and those who care for children.

There are further problems with the working conditions as set out by the PAS such as the following:

- Low appointment requirements.
- Promotion and permanent appointments are not linked to the successful completion of recognised

courses.

- The lack of provision for financial recognition for the successful completion of training courses.
- The low remuneration of this occupational group.
- No night duty allowances are being paid in comparison to their nursing counterparts working in the same institutions.

Career mobility and working conditions

There are other problems as well, for example the existing organisational structures for care officers do not allow for sufficient upward mobility, another problem which is not related to the PAS is that departments employing child and youth care workers very often do not realise that there are various steps which could be taken to improve the working conditions to some extent, an example would be that there is provision in the personnel code for public servants that overtime may under certain conditions be paid.

This is indeed being done by certain departments.

As I have said, the department of welfare is paying attention to the service conditions of child and youth care workers.

In the short term, the department of welfare has identified the conditions of service and night duty allowance of care officers as a high priority in terms of the remuneration policy of the Public Service Commission for the 1995/96 financial year.

This has been submitted to the Public Service Commission and will be discussed at a meeting where the various departments present their priorities for the next year.

Longer term future

In the medium and long term, the department aims to revise the entire PAS for care officers. I trust that the inputs from this seminar will be useful to us in our endeavours to assist you to improve the service conditions of your members.

I realise and recognise that child and youth care workers see themselves as a separate occupational group, or even a profession. In order to be recognised as a profession an occupation should comply with the following criteria:

- It must be service based;
- It must have a knowledge and practice base;
- It must be structured in terms of legislation with a professional register kept by a statutory council which protects the consumers of the service, in this case the children, by regulating the profession;
- Registration as professionals.

The profession

There are several options which could be pursued in getting child and youth care recognised as a profession:

- The gradual upgrading of the occupation by amending the PAS to address the problems which I pointed out, e.g. training courses recognised by the Public Service Commission, etc.
- Close co-operation between the state and private initiative to investigate the professionalisation of the child and youth care occupation, and possible legislation in this regard. A council for child and youth care could be a statutorily formed body which, apart from the registration of child and youth care workers, should also regulate matters such as training standards, discipline, codes of conduct and ethics. A council should also liaise with state departments on matters such as salaries.
- Consider negotiating with the SA Council for Social Work to register child and youth care workers in much the same way as dentists and psychologists are registered with the medical council.

Changes

In view of the restructuring of the public service and the proposed implementation of the Reconstruction and Development Programme by the government, it is forseen that the professionalisation of care officers will enjoy attention.

The recognition of the qualifications related to the profession as envisaged by you will obviously be considered.

In conclusion, I trust that this seminar will serve as a milestone in the history of child and youth care in our country.

Survival and growth for your organisation in today's world. Here is essential reading from Dr Dabney Park for child care administrators and board members

Strategic Planning and the Non-Profit Board

Without a vision, the Book of Proverbs tells us, the people perish. With a vision, people and their social institutions thrive. The United States is blessed with an enormous number of nonprofit organizations, all dedicated in one way or another to ensuring that all its citizens can participate in the Founding Fathers' vision of life, liberty, and the pursuit of happiness.

The process of building a vision and assembling the means to carry it out is called strategic planning. In the world of nonprofit organizations, the need for strategic planning seems to be universally accepted but widely misunderstood. Museums, hospitals, churches, social service agencies, ballet companies, colleges, schools, and other corporations established for the benefit of the public, all need strategic planning — but few of their board members know what it is and how to carry it out effectively. This confusion is not incurable. It stems from two principal factors: the nature of decision-making in the nonprofit arena, and the complexity of the environment surrounding these institutions.

It would help if decision-making in nonprofit organizations were a clear and simple process, but it is not. In fact, decision-making in the nonprofit sector is far more complex than in business and industry. Because no individual owns any part of a not-for-profit corporation, ownership plays no role. Decisions result from the interest and influence of people on the organization's board and staff. Common understandings, agreements, and commitments must be built among the board and the staff on what the organization will do and become in

the future and, just as importantly, what it will not do or become. Because nonprofit institutions are often chartered for several valid purposes, confusion often arises about where they should focus their efforts and resources.

All nonprofit organizations perform their public service in an economic, social, and political environment that is becoming increasingly complicated, full of changing opportunities, and subject to unpredictable pressures. The increase in poverty during the past decade is an economic trend that has brought social problems, such as an increase in the number of homeless persons, chronic hunger, drug abuse, and mental and emotional stress.

Different values among the baby boom generation have combined with changes in the tax laws to reduce voluntary contributions to nonprofit institutions. Demographic forces such as immigration and changes in family life have put additional pressures on social service agencies, schools, colleges, and churches. Public awareness and concern about these issues is translated into political forces that offer opportunities for some nonprofit organizations, and increase financial pressure on others. Accrediting agencies, foundations, corporate donors, legislatures, and other funding sources are calling for better accountability. Strategic planning can help a nonprofit organization set a course through uncertain territories.

Each nonprofit organization faces a different mix of these environmental forces, unique to its own situation. What nonprofit organizations have in common is that they are all affected by enormously com-

plicated and ever-changing external conditions, each of which poses both problems and opportunities. Strategic planning involves anticipating these problems and opportunities, and embodies the organization's best thinking on how to cope with the problems and capitalize on the opportunities.

To carry out effective strategic planning, nonprofit board members need a clear understanding of what strategic planning is, what it is not, and how this process can benefit their organizations. Properly conducted, strategic planning is simple, effective, and powerful.

1. Strategic Planning

Strategic planning should answer questions such as:

- What is the purpose or mission of this organization? Why does it exist?
- What vision does the organization have about what it might become in the future?
- What services does this organization provide? What services should it provide in the future?
- Who benefits from these services? How might this clientele change in the future? How might the organization respond to these changes?
- Given the surrounding environmental conditions and the current capability of the organization, where should it concentrate efforts and resources to carry out its vision of the future?
- What performance measures will be used to track implementation of these priorities?
- What efforts will be made to revise the organization's priorities as conditions change?

Strategic planning will affect all aspects of an organization's life, including programmes and services; recruitment of members, clients, or supporters; financial and capital plans; employment and development of staff; information systems; and communications, public relations, and relations with constituencies.

The process of strategic planning therefore will affect and be affected by all constituent groups or stakeholders who have an investment in the organization's success. These include such groups as members or service recipients, the board, parent organizations, funding sources, staff, the media, suppliers, and competitors.

The essential problem for strategic planning is to select priorities to implement the mission in the future. Some choices made in this process may have immediate effect; the impact of other decisions will be felt only over a longer period of time. Effective strategic planning depends on accurate, on-going assessment of external and internal environments. It results in a future image of the institution or agency, a concrete vision of what it will take for the organization to implement its mission successfully. Strategic planning involves deciding on the priorities and steps needed to implement the vision.

2. The Board's Role

A nonprofit organization's board of directors is ultimately responsible for the welfare and future prosperity of the institution. For this reason, the board should make all final strategic decisions. But the board's role extends well beyond receiving and approving a written version of the plan. Through strategic planning, the board should ensure that the organization works toward the realization of its potential and that the needs of all constituents are considered in the process.

Board members provide a critical link to the outside environment surrounding the institution. They bring information about the outside environment to the attention of the organization, and they

promote the organization's programmes and services to the external public. In this process, trustees often serve as catalysts for change, ensuring that the institution is responsive to external forces. The board is responsible for ensuring that the institution has an ongoing strategic planning process that works.

Many boards establish a committee for strategic planning consisting of board members, staff, and representatives of key constituent groups or stakeholders. Typically such a committee reports to the board through the executive director. The committee should follow a clear process such as the one outlined below and report to the full board regularly.

The board's role in the planning process is to define the desired results for the organization and to hold the institution accountable for achieving these results. One of the most valuable things a board member can do is to ask good questions and probe other board members and the staff to keep everyone focussed on the critical issues. This effort involves a continuous effort to link the organization's programmes and services to its basic mission.

Valid strategic information is critical to planning. For this reason, board members should see to it that institutional data are kept responsibly and presented to the board and to external constituents in a useful manner. Strategic information should include data about the organization's performance and results, as well as data about the external environment. Information about the attitudes and opinions of various constituent groups is also important.

Throughout the process, the board should build common understandings between board and staff members about the key issues facing the organization and about aspirations and goals. The board should reinforce these common understandings by ensuring that short-term and operational plans reflect the priorities in the strategic plan. For a strategic planning process to achieve maximum impact in a nonprofit

organization, the board and the staff need to work effectively as a team. The board must make sure that its own house is in order first. A board facing problems of inappropriate composition, poor attendance, apathy, or conflict of philosophies and values needs to address these issues through board development before effective strategic planning can take place. The board must also be prepared to provide for adequate information and expenditures to support the planning process.

3. The Board Chair and the Executive Director

Strategic planning is most effective when it works through the formal structure of the nonprofit organization. Almost all nonprofit organizations have a designated (and usually paid) executive officer, often with the title of president or executive director. The responsibility of this executive officer is to work hand-in-hand with the board to articulate a vision for the future, and to work with the staff to ensure that the vision is implemented. The board, especially the board chair, oversees the implementation effort.

The executive officer and the board chair should confer and agree on setting up the planning process and choosing participants from the various constituent groups. In effect, these two people work out the "plan to plan." Once a strategic planning committee is in motion, it should report to the board through the executive director. Policy decisions, including the setting of strategic priorities, should be recommended to the executive officer and then presented to the full board for approval.

4. Steps In Strategic Planning

Strategic planning works best when careful attention is devoted to each step in the process:

Prepare a "plan to plan."

The first step in launching a new planning process or revitalizing an old one is to make a careful outline of who will be involved in the process, what work products will result

from each stage, and how the planning process will be carried out. This effort usually involves establishing and recruiting a planning committee, presenting the committee with a clear charge, and outlining a schedule.

Gather information toward a self-study or organizational analysis. This step is often called environmental and internal scanning. It involves gathering data for external and internal analysis of the current situation and future possibilities. The important thing is to focus both on the opportunities and threats posed by the external environment and on the internal strengths and weaknesses of the organization. The planning committee should review hard data about economic, demographic, and social forces, as well as about the organization's past performance. It should examine trends in membership, clients served, and services offered. Whenever possible, these data should cover a ten-year (or at least five-year) period. Questionnaires and interviews are useful in obtaining attitudes and opinions about the organization, the morale of the staff, and the satisfaction of members and clients.

Identify the key issues for the future of the organization. This is the second step in the self-study process. Presenting the data gathered without examining the key issues facing the organization leaves the process incomplete. The planning committee should analyze the data to see what light it sheds on the long-term future of the institution or agency and then make a short but comprehensive list of six or eight key issues.

Choose strategic priorities to guide the organization for the next several years. Once the self-study phase is completed, it is time to make some decisions about the future by selecting a few strategic directions or priorities. Strategic priorities should affect the organization as a whole and address the relationships between the organization and its key constituents. These priorities

should number no more than four or five, and should all support a central thrust or theme for the future. Depending upon the size and complexity of the organization, the ideal future envisioned could be for a time three to five years from now, or it could be for a decade or more. Selecting a small number of priorities involves deciding what not to do or become as well as where to focus attention, and this is sometimes the most important part of the exercise. In the long run, the best way to carry out the mission of any nonprofit organization is to concentrate attention and resources in the right areas.

In most cases, choosing priorities is the most difficult step in the strategic planning process. Especially in nonprofit organizations, people naturally resist focussing attention on any function or activity over others. However, plans that attempt to make everyone happy result in decisions that please no one. No step is more important than the decision to concentrate limited resources and time on the achievement of a few vitally important goals. These priorities can and should change over time. Areas not addressed now can receive more attention at a later time.

Develop initiatives or plans of action for each of the strategic priorities. The committee should brainstorm ways the organization can improve its performance in each area. Assignment of authority, responsibility, and accountability is crucial to this step. The committee should communicate progress on the initiatives to the board and to all key members. These initiatives become the basis for the organization's operational, year-to-year plan, which can be completed by the staff.

Select and monitor performance measures to track progress in implementing each of the strategic priorities. At this step, it is important to keep in mind that the things that can be measured are often only partial indicators of the true value and character of the service provided. Especially in nonprofit organiza-

tions, services offered (e.g., patient care, education) are often qualitative in nature and are therefore difficult to measure. For this reason, it is good practice to use performance measures with caution and to use multiple measures to track progress on each priority. The inadequacy of some measures should not become an excuse for avoiding performance measures altogether. As in the data-gathering step, it is helpful to examine five or ten-year trends. The measures selected should deal with such issues as financial health, growth of the organization, and the quality of programmes and services delivered.

Review progress toward accomplishing the organization's strategic priorities and revise the plan, at least once a year. This step should be done at least annually and any time that outstanding problems or opportunities present themselves. The annual review should encompass all aspects of the planning process — environmental scan, key issues, strategic priorities, performance measures, and the way the planning team works as a group to achieve consensus. The board should not be afraid to confront new issues and to make substantial changes in the organization's priorities. Changes in the external and internal environments often require new and different responses from the organization. For smaller nonprofits, annual board retreats are an excellent vehicle for this review.

The board should also carefully review the strategic plan in times of crisis or new opportunity. Many smaller nonprofit organizations exist in an environment where major changes in funding or service opportunity can occur unexpectedly within a few days. Responses to such crises and opportunities can and sometimes should change the strategic priorities and even the mission of the organization. When decision-makers fail to review the strategic plan in deciding how to deal with a crisis or take advantage of an opportunity, participants and constituents lose a sense of continuity and clarity of purpose.

5. How To Get Started

To launch a strategic planning process, the board chair and the executive director should bring together a few board members and other key people in the organization to explore their commitment to the process. In these early discussions, it is important to include people who might champion or block such an effort. In cases where a planning process is already in place, such a small group can render a valuable service by critiquing the process and recommending improvements. If the core leadership group is convinced of the need for a strategic planning process, the chair can designate a small group to put together a plan to plan. The plan to plan should include the establishment of a planning committee and a description of its role and function. It should also outline the steps in the planning process that the committee should follow. This task can be done by adapting the steps listed above to the needs of the particular organization.

Once the plan to plan is approved by the board, the planning committee can begin to meet and work through the other steps listed above. The process works best when each step is completed sequentially. Effective planning requires discipline and regularity, on the part of both of the board and the staff. The planning committee should meet at least monthly. It is a good idea for the planning committee chair to assign responsibility for different steps to different groups on the committee, or to divide up the responsibility for each step along the way. Consultants can often be helpful developing an awareness among key board and staff members of the importance of strategic planning. Consultants can bring expertise and discipline for the process. They can also offer an objective point of view about issues that may divide the organization. Consultants frequently facilitate key meetings of the planning committee, and they can contribute expertise in group process, strategic analysis, conflict resolution, board and leadership development, questionnaire design, and per-

formance measurement. Experience reveals that the sooner consultants are involved in the planning process, the more effective they can be. It is advisable to include a consultant in the initial discussions about how to get started. Strategic planning involves an attempt to impose a measure of rationality and order to a world that is constantly changing and that sometimes appears chaotic. Because of this, planning is a never-ending effort. Patience and persistence are needed for a planning process to work. The leaders of each organization must simply do the best they can with the resources and time they have available.

The Rewards

When properly conducted, strategic planning can be among the most satisfying and rewarding aspects of board membership. The process embraces a wide range of visions, ideas, people, feelings, specific data, hard realities, and grand dreams. The process of strategic planning builds the board's knowledge of the organization or agency and its environment. This knowledge, in turn, enables the board to make informed decisions on the important policy issues of institutional mission, long-term priorities, and organizational goals and objectives. No other work the board does is as comprehensive, as much fun to carry out, or as important to the future of the organization. The benefits of an effective strategic planning process accrue simultaneously to the board member and to the organization as a whole.

Board membership in nonprofit organizations amounts to a trust bestowed on the bearer by the appointing or electing authority. Board members are entrusted not only with the current care and maintenance of their institutions, but also with the responsibility to design a clear, concrete, and compelling vision for the future.

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SYMPOSIUM

Victims of Violence

21 OCTOBER 1994

To many, the time since the elections in May have been a time of relative peace. However the effects of the violence are still being felt by many children — those who saw death and destruction on a daily basis, some even having had to watch the annihilation of their own families; children who have been left severely traumatised; children who will need the help of communities and organisations such as your own to begin to rebuild their shattered lives.

Epworth Children's Village will be hosting a one-day symposium on the effects of the violence on these children, and the roles of the community and the children's home in caring for them.

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Die eerste van twee dele in 'n reeks deur **Dr M.S. Vos** van die Departement Psigopedagogiek by die Universiteit van Zululand oor die verskillende tipe verhoudings wat sorgbehoewende kinders moet verwerk

Die Verhoudingstigting van die Kinderhuiskind

Dit val nie vreemd op dat verhoudingstigting onder meer een van die kinderhuiskind se grootste probleme is nie. Die kind het sy verhouding met sy eie ouers as versteurd beleef en ook ontoereikende steun-gewing rakende die stig van gesonde harmonieuse verhoudings ontvang. Die kind sal ander volwassenes "sien" soos hy sy eie ouers sien en ver wag dat hulle dieselfde sal optree. Waar 'n versteurde vertrouensverhouding tussen ouer en kind tot wantroue aanleiding gee, sal dié kind dit moeilik vind om enige volwas-sene weer te vertrou. Ook die beleving van 'n gebrek aan voldoende liefde, aanvaarding en aandag van ouers kan aan-leiding gee tot die kind se terughouding en selfs vrees vir verhoudingstigting. Wanneer die kind nie ver-steurde betekenis ten aan-sien van verhoudingstigting kan verwerk nie, sal 'n ongun-stige lewenshouding ontplooi wat hom tot 'n "afweers-houding" dwing. Die kind se hun-kering na affektiewe toenad-ering word deur die vrees vir afwysing oorheers wat aan-leiding gee tot 'n onwilligheid en vermyding in spontane ver-houdingstigting.

Ongunstige ervaringsreste

Die kind betree dus die kin-derhuis met ongunstige ervar-ingsreste ten aansien van verhoudingstigting. Dié ervar-ingsreste wat voortspruit uit die kind se gevoelsbeleving van sy verhouding met sy eie ouers sal medebepalend wees in die stig van nuwe verhoud-ings. Die "skewe betekenis" wat die kind van verhouding-stigting beleef, word in die kinderhuis versterk. Die kin-derhuiskind bevind hom in 'n situasie van versteurde ver-

houdings en het nie die vry-moedigheid tot eksplorasië in verhoudingstigting nie. Voortvloeiend uit versteurde verhoudingstigting is ontoe-reikende kommunikasie wat *gevoelsarm* is en tot affek-tiewe (emosionele) onsta-biliteit lei. Die kind wat hierdie affektiewe nood nie kan verwerk nie, voel onveilig, ongeborge, onseker en onwil-lig om op eie inisiatief te wil eksploreer. Hy is nie bereid om langs die weg van selfaktualis-ering te kommunikeer en ver-houdings te stig nie.

DIE VERHOUDING VAN DIE KINDERHUISKIND MET HOM-SELF

Die kind word gebore as 'n psigiese-fisiese-geestelike wese. Daar is dus 'n fisiese self en psigiese vermoëns wat geken moet word deur ver-houdingstigting. Onder die in-vloed van die terugvoering wat die kind van die "beteken-issvolle ander" persone in sy leefwêreld ontvang, en deur vergelyking van homself met ander kinders, evalueer hy homself aan die hand van sub-jektiewe norme.

Selfkonsep

Hieruit ontplooi die kind se selfkonsep, as verhouding met homself, met 'n duidelike pol-ariseringseffek van selfaan-vaarding of selfverwerping. Die liefdevolle, versorgende, aanvaardende opvoeding in die gesin lei tot 'n positiewe selfkonsep. Die kind verwerf sy primêre selfbeeld binne sy onmiddellike gesinskring. Hierdie selfbeeld, hoewel dit met die kind se wording kan veran-der, oefen 'n betekenisvolle in-vloed op sy selfsiening en gedrag vir die res van sy lewe uit.

Die selfkonsep, wat die

uitkoms van die kind se ver-houding met homself is, word nie sondermeer betekenisvol by die kinderhuiskind ontplooi nie. Die liefdevolle hulp en steun wat nodig is vir die ontplooiing van 'n positiewe selfkonsep het in die disfunk-sionerende ouerhuis ontbreek. 'n Geborge opvoedingsver-houding binne duidelike opvoedingsgrense is nie in dié ouerhuis verwerklik nie. Die kind moet onvoorwaardelike aanvaarding beleef, vol-doende liefde en ondersteun-ing ontvang en van vaste bakens voorsien word vir die ontplooiing van 'n selfkonsep en selfbeeld wat hom instaat sal stel om sy moontlikhede die beste te benut en te verwerklik. 'n Negatiewe self-konsep en meegaande minder-waardigheidsbeleving is een van die probleme wat die meeste by kinderhuiskinders voorkom. Die kinderhuiskind is intens bewus van sy opvoed-ingsverwaarloosing in verge-lyking met ander kinders uit normale gesinne. Aan die hand van die terugvoering wat die kind van "ander" ont-vang, evalueer hy homself aan die hand van subjektiewe norme en standaarde. Vir die kinderhuiskind is hierdie selfevaluering 'n subjektiewe beleving van die dinge wat hom "minder" laat voel as kin-ders uit "normale" gesinne. Die kind beleef homself as "anders" in dié sin dat hy van minder waarde is en gevolglik "devalueer" hy homself. Deur hierdie verhouding met hom-self negatief te beteken, word selfaanvaarding, wat tot self-agting moet lei, nie toereik-end deur die kind verwerklik nie. Die negatiewe selfbeeld wat die kinderhuiskind beleef, kan nie aan hom die verseker-ing gee dat hy ook 'n persoon in eie reg is wat bekwaam is

om te waag, te eksploreer en gesonde verhoudings te stig nie.

Psigiese en fisiese selfkonsep

Die psigiese selfkonsep van die kind is sy unieke ervaring en beleving van sy individu-ele bestaanswyse asook 'n bewustheid dat ander mense se siening van, en interaksie met hom, sy selfsiening in-grypend raak. Die kind is nie "vrywillig" in die kinderhuis nie en ervaar onsekerheid, verwerping, spanning, angs en soms ook verbystering in sy gesitueerdheid. Dit kan daartoe aanleiding gee dat die kind geleidelik so 'n swak self-beeld opbou dat hy homself as oorsaak vir sy plasing in die kinderhuis beskou.

Ook die liggaamsbeeld is van primêre belang vir die kind se selfkonsep. Die effek van die kind se verhouding met die eie liggaam is verheffend of vernederend, aangenaam of onaangenaam, aanvaardend of verwerpend. Die kind beleef sy liggaam "in die oë van ander" en "in vergelyking met ander". Aan die hand van hierdie subjektiewe beleving ontplooi sy selfkonsep rak-ende sy liggaamlike self as sy verhouding met sy liggaam soos hy dit vir homself voor-stel. As opvoedingsverwaar-loosde is dié kind dikwels ook nie voldoende begelei om 'n realistiese positiewe lig-gaamsbeeld te vorm nie. By gebrek aan liefdevolle ver-sorging en outentieke kennis rakende die liggaam sal die kind 'n versteurde liggaams-identiteit beleef. 'n Swak lig-gaamsbeeld dra onder andere by tot die vorming van 'n lae selfkonsep wat die kind se wording sal belemmer. Deur die beleving van hom-self as 'n "mislukking" kan die kinderhuiskind sy selfkonsep as realisties negatief beteken. Hierdie lae- of negatiewe self-konsep kan ook die positiewe eienskappe van die kind beïn-vloed. Daarom sal kinders met 'n lae selfkonsep hulle word-ing as gerem beleef.

DIE KINDERHUISKIND SE VERHOUDING MET ANDER

Verhouding met biologiese ouers

In die gesin word die intiem-ste verhouding van liefdevolle



**'n Stabiele,
betroubare,
begrypende,
gesagsdraende en
liefdevolle
verhouding met sy
ouers vorm die
grondslag van die
kind se vermoë om
ander bindende
verhoudings te vorm
en vas te lê.**

verbondenheid en opvoedings-
onsheid tussen ouer en kind
voltrek. 'n Stabiele, be-
troubare, begrypende, ge-
sagsdraende en liefdevolle
verhouding met sy ouers vorm
die grondslag van die kind se
vermoë om ander bindende
verhoudings te vorm en vas te
lê. Vertroue, respek, aanvaard-
ing, geborgenheid, opoffer-
ing, pligsbesef ensomeer vind
hul eerste verwerking in die
gesonde ouer-kind verhoud-
ing. Hierteenoor sal die ver-
steurde ouer-kind-verhouding
deur ondermeer aggressie, iso-
lasie, teensin, konflik, wrewel,
wrywing, opstandigheid, enso-
voorts gekenmerk word.
Biologiese ouers beleef die
verwydering van hulle kinders
na 'n kinderhuis byna altyd
traumaties. Hierdie ouers
beskou hulself as onbevoeg
en 'n mislukking vir hulle ouer-
like opvoedingstaak. Hulle ver-
loor hulle gesagsposisie en het
nie meer die "alleenplig" en
volle verantwoordelikheid vir
die versorging en opvoeding
van hulle kinders nie. Omdat
die ouers nou baie minder be-
trokke is by die versorging en
opvoeding van hulle kinders
voel hulle dat die kinders hulle
nie meer so nodig het nie. Dié
ouers beleef dus verwerping

en uitgeslotenheid in die ver-
houding met hulle kinders.
Die plasing van die kind in 'n
kinderhuis lei tot die intensi-
vering van die versteurde
ouer-kind-verhouding.
Veral ná plasing in die kinder-
huis besef die kind dat hy nie
meer soos voorheen die ver-
sorging en koestering, hoe ge-
brekkelig en onbestendig ookal,
van sy eie ouers kan verwag
nie. Gevoelens van hartseer,
wanhoop, droefheid, wan-
troue en verwerping word
deur die kind ervaar. Die basi-
ese vrees van die kind om sy
ouers te verlaat word 'n werk-
likheid en na opname in 'n kin-
derhuis sal die kind intense
gevoelens van angs en onsek-
erheid oor sy toekoms beleef.
Ten einde die pyn van die
skeiding van sy ouers te verlig
en die verhouding te probeer
herstel, sal sommige kinders
nog vir 'n geruime tyd ná die
verwydering opmerklik toenad-
ering tot hul ouers soek.
Die vernaamste kenmerk van
die gesonde ouer-kind-ver-
houding is wedersydse liefde.
Die gevoel van sowel liefde as
haat word by die kinderhuis-
kind versterk in dié sin dat die
nood om lief te hê en bemin
te word toeneem weens die
ontoereikende beantwoording
daarvan. Daarom wek kinder-
huisplasing soms 'n gevoel
van weersin by die kind om-
dat hy die verhouding beleef
as een waarin sy ouers hom
nie lief genoeg gehad het om
vir hom te sorg nie. Wanneer
die uiterstes tussen liefde en
weersin nie sonder hulp toe-
reikend deur die kinderhuis
verwerk kan word nie, kom
dit soms tot uiting in 'n onre-
alistiese liefde vir en beeld van
sy eie ouers. Die kind se ag-
gressie word dan veral ge-
fokus op diegene in wie se
sorg hy geplaas is en is dit die
huisouers wat met die vy-
andigheid, aggressiwiteit en
uitdagende houding van die
kinderhuis-kind gekonfronteer
word. Die gebrekkige liefde-
volle toebehorendheidsgevoel
in die verhouding met sy eie
ouers kulmineer dikwels in
kruiperige en opdringerige ge-
drag teenoor huisouers in die
kind se soeke na liefde en aan-
vaarding.

Volgende maand: Die kind se
verhoudings met die huis-
ouers, met die portuurgroep
en met God.

Aryan Benevolent Home Council

*The following vacancies will become effective from January 1995
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2.1 Resident Child Care Worker

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- Follow through a Management, Care, Assessment and Develop-
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- Applicants will be accountable to the Principal

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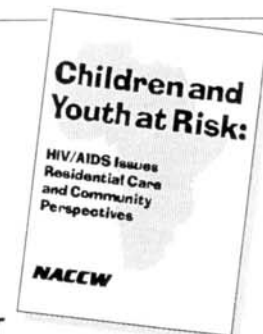
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Greetings from colleagues abroad on the occasion of

Child and Youth Care Workers' Day, 1994

Dear friends in South Africa,
On the occasion of the National Child and Youth Care Worker Day in your country, I take great pleasure in conveying my warm greetings and best wishes to the participants of the meetings and workshops organised by our youngest national section. At our latest FICE-Congress in Milwaukee, USA, I had the opportunity to learn much about the important problems which your organisation, and each child and youth care worker, are facing. I was impressed by your courage and determination, but also by the originality of your actions on behalf of AIDS-orphan and children in prison. It is obvious that you are not only a powerful defender of the UN Convention on Children's Rights, but that you also try to respect the social, cultural and psychological backgrounds of children in care. It is particularly gratifying that your National Child and Youth Care Workers' Day is taking place, and it will make a valuable contribution towards the achievement of the objectives of FICE in your part of the world. Please accept my best wishes for a successful day.

— **Robert Soisson**
President FICE-International

THOSE of us at Malaspina University-college Child and Youth Care Programs in British Columbia, Canada wish to pass on our congratulations and our best wishes on this inaugural event of the first Child and Youth Care Workers' Day in the New South Africa. We were pleased and proud to see your country represented in the Commonwealth Games held recently in Victoria, British Columbia, and are honored to be able to send this message of support from our staff and students in Child and Youth Care.

— **Leanne Rose Sladde, John**

Rogerson, Debbie Anderson, Pierre Laliberte, Catherine Andrews
Staff, Malaspina University College. (Newest child and youth care BA program in North America)

Dear Child and Youth Care Colleagues in South Africa,
The faculty of the Program in Child Development and Child Care at the University of Pittsburgh join with you in celebrating professional Child and Youth Care and in appreciating its critical contribution to the well-being of children, youth and families. We have long enjoyed our association with South African colleagues through the FICE organization. We particularly value your participation in the effort to establish an international discussion on ethics in Child and Youth Care practice. The insights we gain from sharing our different cultural contexts enriches us both. May our association continue for many years to come.

— **Martha A. Mattingly, Ph.D.**
Professor and Program Director, Program in Child Development & Child Care, Pittsburgh University. (The oldest child and youth care bachelor's degree program in the USA)

THANK YOU for this opportunity to communicate with fellow Child and Youth Care Workers in South Africa. Please convey our message to them. On behalf of the Child and Youth Care Association of British Columbia, Canada, I bid you greetings and congratulations on your first National Child and Youth Care Workers' Day in the New South Africa! This celebration will mark a big step toward recognition of the valuable contributions by child and youth care workers, not only in South Africa, but also

around the world! Congratulations again, and Thank You!

Ms Lenox Neher
President, Child and Youth Care Association of British Columbia. (British Columbia has about 4000 child care workers)

ON BEHALF OF our membership, please extend our congratulations, and best wishes, to all of the Child and Youth Care Workers in South Africa, as they celebrate their National Child and Youth Care Workers' Day, on September 9 1994. As the representative voice of Child and Youth Care Associations through Canada, we salute you for proclaiming this very important day. As co-sponsor, we invite you to consider sending a delegate to our 10th National Child and Youth Care Conference to be held in Winnipeg, Manitoba, in the Spring of 1996.

— **Wilfred A. Jackson**
President, Council of Canadian Child and Youth Care Associations. (There are between 15000 and 20000 child care workers in Canada)

On behalf of NOCCWA (the US National Organization of Child Care Workers Associations), I am writing to congratulate you on your National Child and Youth Care Worker Day. Although we cannot be with you, we will be with you in spirit to share in your acknowledgement of our professional colleagues, who play such a crucial role in the lives of children and families. We have many warm memories of the time we spent together with workers from South Africa and 30 other countries at the recent International Conference. We look forward to our continued work together in the future, and to the first worldwide child and youth care workers' day. Again, on behalf of our members across the US, congratulations.

— **Mark Krueger**
President, NOCCWA. (Representing about 150 000 child care workers)

Peace.

Prayer of a Child Care Worker

God grant us, the child care workers of today, to acknowledge our needs and fears, and to be honest with You, our children and ourselves.

Let our responsible deeds of today be powerful nation-building for tomorrow.

Forgive us our failures in the lives of the children in our care. Empower us with Thy Love, that we may love them for what they are, as You love us for what we are.

Margaret Williams (Coetzee)
Child Care Worker, Erica House

Residential Child Care Workers

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EDITORIAL

That time of the Year!

The last quarter of the year is always difficult for those who work and live in the child care world.

Ssh...we're watching a good programme



The children are approaching the finishing line of a school year at which their year's work is to be evaluated -- with the simple, yet awesome, result: pass or fail; success or defeat. Most of the youngsters have had other priorities to work on during the year -- related to their being in care, to their formidable rehabilitation and developmental tasks, to their being in trouble of some sort, or to being separated from or rejected by their homes and families -- or to all of these. Education is very much a self-actualising function, and we know from Maslow that people can devote their energies to this only when they are secure in their physical needs, their feeling of security, their sense of belonging, the knowledge that they are loved, and in their positive self-esteem. We all need to recognise that many of our children are in a Catch-22 situation here: while they struggle with these primary and essential need areas they often see their

education tasks and deadlines slipping away; then failure at school strikes a further blow at their security, their sense of belonging, their self-esteem ...

We make all of our lives easier if we plan for the tough months ahead. Of course, we want the children to pass, for this feeds positively into their sense of mastery and self-esteem, so we will motivate and encourage. But we must remember the

fifth of Pringle's Ten Child Care Commandments: Give more praise for effort than for achievement.

We must also make allowances. Prioritising means establishing the order of importance of tasks. Perhaps managing his family and his mathematics exams are the really important tasks this quarter, and we can

let up on hassling him about his room? We can pick up that struggle again next year.

Others

It's not only our youngsters. All children and families come under pressure at this time of the year. Referrals increase dramatically as kids and parents come apart in the social, educational, emotional and economic whirlwind which revs up with the pre-Christmas season. The tide rises. Child care workers, having enough on their plates with their existing groups of children, feel beleaguered as new clients and families gather at the gates, needing help and support.

And, of course, it is not only children and youth who get end-of-the-year cold sweats. Many child care workers face their own nemesis as the BQCC and DCCA courses wind up and assignments are due; the UNISA students themselves write exams, as do the many other child care people engaged upon further study.

So everyone needs a little extra space, a little extra consideration, a little extra support in this last term. Your kids, your staff colleagues -- and, mostly, you!



The child care worker

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Editorial Office: P.O. Box 23199, Claremont 7735, SA. Tel/Fax: (021) 788-3610. e-Mail: SN0330@CONNECTINC.COM CompuServe 100075.1233. Beltel 624240. *The Child Care Worker* is published on the 25th of each month but December. Copy deadline for all material is the 10th of each month. **NACCW Members:** Journal and Individual Membership R55.00. **Non-members:** Subscription: R55.00 p.a. Agency or Library Subscriptions: R55.00 p.a. post free. Commercial advertisements: R3.00 column/cm. Situations Vacant or Wanted advertisements for child care posts are free to Corporate and Individual Members. All enquiries, articles, letters and new subscriptions may be sent to the Editor at the above address. **Editorial Board Members:** Merle Allsopp BA, HDE, NHCRC; Marcelle Biderman-Pam BA (SW) (Hons); Annette Cockburn LTCL, Dip.Ad.Ed.(UCT); Leon Isaacson, Kathy Mitchell BA; Pumla Mncayi BA (SW); André Thompson NHCRC. *United Kingdom:* Peter Harper MSc (Clinical Psychology); *United States:* Dina Hatchuel BSocSc (SW) (Hons) PSW MSocSc. **Editor:** Brian Gannon