

The **child care worker**

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NACCW

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

A challenge from **Thom Garfat** to understand what we mean when we talk with clients — and to communicate clearly enough that they also understand what we mean.

Maryan's Blues



As I write this, Billy Holiday sings melancholy blues in the background. It's a rainy summer afternoon in Montreal — the house smells of paste wax and the bird whistles parts of another forgotten song. Holiday's blues fit perfect with the day; my day, at least. But probably not with yours and certainly not with Maryan's. She's living her own blues trying to figure out how to get her

children back from the social service agency, and drinking away her sorrows with a bottle of cheap wine purchased with the remnants of a welfare cheque too thin to live on. The last time she met with the social worker she was told that she would have to change her lifestyle if she hoped to get her children back to live with her again. When she asked what she had to change, the social worker reeled off a list of gener-

alisations that would have confused a schizophrenic; like, she had to take a serious look at the relationship she was involved in with Tod, and think about getting a job or doing something useful with her time. Then there was a comment about the size of the apartment she lived in, and how her friends contributed to the home environment being less than desirable for young children. Finally, the worker told Maryan that she would have to demonstrate that she really was working on improving things before the worker could recommend to the judge that Maryan's children be returned to her.

Getting crazier

At the end of that meeting, Maryan slammed her way from the office yelling that the system had her kids and was doing everything it could to keep them. The worker commented to herself that Maryan was getting crazier all the time and noted in her log that she seemed to show no motivation to make the necessary changes. Sounds okay — if you know what the worker meant. Maryan didn't. I don't. And frankly, I'm not sure the worker did either.

We use generalisations too easily in our work. In the absence of specificity, how are people supposed to know what is expected of them?

How is Maryan supposed to know what to look at in her relationship with Tod, for example, unless the worker is more specific and clear? And what does it mean, anyway, to take a look at a relationship? Does it mean that she should take a look at it and see something the worker sees; like it's unhealthy, or it holds her back? I'm reminded of a scene in *Cat Ballou* where Lee Marvin and his horse are leaning drunkenly one morning against a building after a night of serious overdrinking. Lee Marvin's eyes are a painful blistering red and someone comments to him that his eyes look terrible. His reply — "You should see them from this side!"

We can only see another's reality from the outside, looking in. From the inside looking out it may be different, even worse. When the worker looks from the outside-in, she sees the real-

ity of Maryan only as an outsider. If, from this outside perspective, she has something she wants to say, or some advice to offer, she must offer it in a way that has meaning from Maryan's perspective — from the inside, looking out. Sounds like the essence of empathy to me.

I change the Billy Holiday music for something more exotic and New Age from Australia and I reflect on how my world is so expansive. Maryan reflects on how hers is so restrictive and controlled: restricted by her limited opportunities and controlled by those who would influence her to live differently. I think about how I would react if someone were to tell me how to change my way of living and my relationships. The anger wells up in me just thinking about it. I can't imagine how enraged Maryan must be to have others tell her what to do without being specific about it. So, I decide to ask her.

She bombards me with years of pent-up rage. I am beaten back into my chair by the hostility she feels towards those of us who have the power to control her life. I am torn apart by her pain and agony, the love she feels for her children, and her desire to be with them. The craziness that she feels is being nurtured by her experience of a system afraid to be clear with her.

Not happily ever after

I tell her what we want her to do in very specific terms. She tells me she can do it. I remind her that others have told her before and she hasn't changed her ways. She says that this time it is different.

She leaves calmly and we wait to see what happens.

She changes some things in her life and her children go home to be with her.

They don't live "happily ever after" but they manage to stay together.

Later, I ask her why she was able to do it this time when she had not been able to do it before. Her reply? "I never really knew what I had to do before. Once I knew what I had to do, it wasn't so hard."

It makes you wonder — and sometimes it makes you crazy, just like Maryan.

If you can't be clear, you shouldn't be in the business. □



The New Law on the Arrest of Children in South Africa

Report by **Ann Skelton**, Director of the Juvenile Justice Project of Lawyers For Human Rights.

On 8 May 1995 several hundred awaiting trial children were transferred from South African police cells and prisons to places of safety. This sudden development led to a crisis in some areas, and child care workers found themselves to be at the centre of the turmoil. This article provides some discussion on the sudden promulgation, examines what the amended section 29 says, and offers a few thoughts on long-term solutions.

The history of children being held for long periods of time awaiting trial in South African prisons and police cells is well known. It was clear that as we moved into a democratic South Africa and towards the ratification of the Convention on the Rights of the Child, this neglect for the well-being of our children had to end. President Mandela mentioned the intention to release children from prison in his earliest speeches.

The Bill

Within months of the democratically elected government being in place, the department of Correctional Services issued a bill amending section 29 of the Correctional Services Act. This bill was to dramatically affect the circumstances under which children could be held awaiting trial.

During the parliamentary debates on the bill there seemed to be general consensus amongst the political parties on the legislation. Non-governmental organisations made representations to the relevant parliamentary standing committees warning that there was a lack of infrastructure, and that tinkering with one end of an abusive system could be dangerous. The NGO's recommended instead that a comprehensive juvenile justice system be developed.

Promulgation of the Act

The Act was passed in November 1994. The department of Correctional Services indicated that the legislation would be promulgated area by area as the infrastructure became available.

Little was then done to promote the legislation and the other government departments concerned (Welfare, Safety and Security, and Justice) did not move rapidly to create extra Places of Safety, training and preparation of staff, and other mechanisms to deal with the coming change.

During the first week in May there was a good deal of publicity about the overcrowding of children in prison, with Karl Niehaus (ANC MP Chairperson of the Parliamentary Standing Committee on Correctional Services) photographed inside a prison speaking to children. It seems in retrospect that this was part of a strategy to "soften" the public up with regard to the next step.

On 5 May 1995 President Mandela signed an order which brought the amended section 29 into operation throughout South Africa on 8 May. There was no prior notice. Most people working in the field only found out about the move when they arrived for work on the morning of Monday 8 May.

The different government departments had not had time to co-ordinate their activities, and the first 48 hours after the promulgation of the act was characterised by confusion and crisis. The practical situation was that over 700 children in prisons and police cells had to be taken from the cells and brought to the magistrates court where their release would be ordered by the court. The police had the task of finding parents or guardians and bringing them to court. Child care workers in Places of Safety had to cope with a sudden intake of large numbers of children.

Inevitably, some children landed up on the street. In some areas there are no Places of Safety. No bus fares were made available to children. Many children who had been transferred to Places of Safety absconded — they too had been unprepared for the move. They had heard rumours that they were to be released from imprisonment, and many of them felt frustrated at being removed to another place where their freedom was restricted. Some of the young people showed their anger, and incidents of violence in some Places of Safety were reported. Rumours began to circulate that child care workers in Places of Safety were threatening to go on strike.

The media got to work on the story, at first highlighting the plight of individual children, and trying to work out at which government department's door to place the blame. However, as the story began to go cold, they latched on to the line of the released children going on a crime spree. This whipping up of negative public opinion was perhaps the single most damaging aspect of the crisis.

In parliament the National Party and the Democratic Party slammed the move. The reply from Minister of Correctional Services Siphon Mzimela was that they had ample opportunity to criticise the bill when it was taken through the parliamentary process and that it was too late to criticise now.

The dust has now settled a little, although the problem of lack of facilities has not yet been addressed. It is now necessary for us to look at the new section 29 to see what it actually says, and to examine the kinds of problems which are likely to continue beyond the phase of the initial crisis.

What does the amended section 29 actually say?

Section 29 provides that no unconvicted person under the age of 18 shall be detained in a prison or police cell or lock up. The section goes on to give exceptions to this rule:

- persons under 14 years, and those under 18 charged with offences not listed in the schedule to the act (more serious offences) may be held for no more than 24 hours in a police cell or lock up (but not a prison), if
 - such detention is necessary and in the interests of justice, AND
 - the person concerned cannot be placed in the care of his or her parent, guardian or other suitable person, or any institution or place of safety.



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There is another aspect of the cost of caring. It costs to care either way: well or poorly. If caring is done badly, it costs the recipient. If caring is done well, it costs the person who is caring. So somebody in this little twosome has got to pay for this job.

The best example for me is my car. What happens when you take your car in? You leave it there all day, you arrange for a lift somewhere, you call and make sure it's done, you go to pick it up — and it's not done yet.

You wait, and you pick it up and it's still broken. It costs. It costs me for them to have loused up my car. It costs me a day of trouble, it costs me time, it costs me all that mess of going back and forth, it costs me money that I paid and didn't get anything back for. So when a job is done badly, the recipient pays. If the job is done well, it costs the person that's doing the job, because you can't do a job well and have a good time. If you do a job well, any job really, you have to work hard. You have to pay attention. You can't make any mistakes. You have to sweat a little bit.

So the way we care for our kids is going to cost somebody. If we don't care well enough, it's going to cost the kids; and if we care well, it's going to cost us. If we're willing to slip shod around, come into the unit, drink a little coffee, hum a little music, put our feet up, and every so often say: "Kids, stop that", they're going to pay, because they are not going to get cared for and they are not going to get better.

If, however, I come to the unit and I decide I'm really going to care, my stomach knots up, sweat pours from my brow, and they make me cry and go to the bathroom to hide. I can't think of what to do, I have to work longer because I have to stay even though my shift is up. So, if we're going to be true professionals, we're going to have to give up being careless and sloppy, and we're going to have to accept that being a professional is going to cost us.

The other thing is that when we love our kids, it hurts us. Any of you who are parents or are married or are in love with somebody know that when somebody that you love hurts,

Who put the CARE into Child Care?

Some years ago we published this powerful address given by Lorraine Fox to the first-ever Child Care Conference held in the Los Angeles area.

By request, we have reprinted the address in two parts concluding this month

you hurt. Think of the last time you planned to visit someone in the hospital. Think of the last time somebody fell down and got a boo-boo and you had to take them to the doctor and they were crying, and all of a sudden, you hurt too.

In child care, we don't have any kids that don't hurt. As soon as they stop hurting, we send them away. As soon as our kids stop hurting, they're better, treatment is over and away they go. We get in a new kid who hurts. And if we care, and they hurt, we hurt. Freud has used

the word "empathy" which is a German word for 'feeling into' or 'being one with'. If you're going to feel into these kids who live with you, you're going to hurt. If you're going to be one with the kids who live with you, you're going to hurt.

So ours is a profession that demands involvement. I can bake cookies without hurting. I can even fix my ear without hurting. We can't care for these kids without hurting, and if we don't hurt, we don't care. So we have an emotional profession. Beyond getting paid to feel, how-

ever, we also get paid to act and to behave in certain kinds of ways. A good child care worker can't just walk around *feeling* all day. You have to be able to feel and to be one with, but if you can't put the kids to bed when it's time, you'll get fired. And if you can't anticipate which kid is going to hit you, you're liable to get hit — and fired too. For us to do our job, we have to act. We have to cook and clean and sew and do the beds and rock them when they're sick.

And all of this for a few hundred a month! And one of the reasons that we get paid what we get paid is that we have doing is work. It's not just "do-gooding". I would not do this on my own if I wasn't getting paid. And most of us wouldn't.

And we have to get the word out. Because this is not something that comes naturally. This is a very hard, demanding job that demands all that we are and all that we have. But nobody is going to give us what we deserve until we convince them.

There are many ways to say "I care". Loving gestures, for example, being kind, being respectful. They all say "I care".

Another way to say "I care" is to know what you're doing. The caring mother who learns how to be a mother. Professional development which is what the Child Care Worker Association is all about. It demands that we move from defining caring as only a *feeling*, and add to that definition *skilled ability and practice*. That's a profession.

We've already said that the job demands our feelings. We've said that the job demands our action. It also demands our thinking. We have to do it well. We have to know what we're doing. Think about what needs to be done, and care about the way we do it.

In many ways, we're still paying for the orphans, you know. We're paying for that time when there were lots of kids around who didn't have any parents, and all that they needed was a roof and some food and some basic nurturing. But there aren't any of those left. We're still living with the stigma, however, that there are poor orphans out there and that if we give them food and shel-



ter, that's good enough. But it's not true. Our kids need a lot more than food and shelter, and if we look into the future, it's going to get worse. Money has dried up. People do not like institutions. People do not like placing children in institutions, and they will only place into child care agencies those kids who cannot be handled any other place, and they're going to get worse and worse. Think about the kids that are coming in now — the idea of feeding them and clothing them is so removed from their real needs that you don't even think about it. It's not where your energy goes. You don't think about their sneakers. You think about providing them with what they need, and they need care — professional care — and that demands of us our feelings, thoughts and actions.

Learning while doing is another thing we are often expected to do. No other profession allows learning on the job. I don't want my doctor learning on the job! When I'm sick, I want her to have gone to school first. I want her to have gone through a residency. Then, maybe, I want her to touch my body. We, in child care, also have to move toward a professional reputation. We have to move toward education. We have to go to school. We have to visit other agencies and find out what child care is all about. We have to go to conferences like this one today. We have to combine our formal and informal education. Our kids deserve from us all that I expect from my doctor. What do other professions do? Other professions combine education, practice internships and experience. But we give somebody a set of keys, point to the classroom or the unit, and say, "There they are". We also have to supplement our formal "book" learning by learning from the kids. When you're sick and you go to the doctor, and he says without even looking at you, "Ah, I see exactly what your problem is". How does he know? He doesn't. He only knows if I tell him where and how it hurts. I say: "It hurts me here, or here". Our kids tell us where it hurts and how it hurts. We can learn how to take care of them by asking: "Where does it hurt?"

and by listening and observing and seeing where they hurt. We have people's lives in our hands. We have to break away from the myth that too much learning and education interferes with caring. You know, when we hear people say that you can't learn how to do this in school, and book learning doesn't help, don't believe it. It's like a mother who only cleans up vomit and never reads Dr Spock. Most good mothers clean up vomit and read Dr Spock. That's us. We need to care and we need to do whatever is required to learn how to care better.

The other thing about caring has to do with doing whatever is necessary. When you care for kids, you do *all* that's required. That means that you lock up at night to protect them. It means that you clean up after them. It means that you often have to clean up around the house. It also means that you're going to study and you learn how to take care of the more disturbed. It's easier to care, by the way, when you understand. If you go on a course, you'll like the work better. I always like my kids better after going to a conference like this. When you hear about them, when you think about them, you like them better. Education and training will enhance your caring. You'll like them better.

So there are at least three elements to professional caring: feeling, thinking, doing. Professional caring requires emotional involvement. It requires a willingness to act in whatever capacity is needed. And, it requires a willingness to study and learn, to constantly improve our skills. And this is hard work. To be a professional and involve all three dimensions of our self requires considerable dedication. We child care workers have not communicated this widely enough; and because we have not communicated this, we allow the agencies that employ us to hire child care workers for little pay, to employ child care workers who have no prior training (after all, they can learn it on the job), and to employ child care workers who may not have the brain power. It is up to us, it is our responsibility, to

begin to communicate the kind of skills, knowledge and emotional maturity it takes to properly care for our kids. In conclusion, I'd like to say that professional skill and knowledge is no longer a luxury. As I've said, there are no more 'sweet young things' referred to your agencies. They're all gone. The other thing is that the eyes of the community are on us. Everybody knows that. You can't get insurance. We're being watched. We're being scrutinised. We can't just diddlybop around. We have to do what we do and do it well, and we have to communicate what we do and describe what we do to the community. This requires ethics, integrity, morality, and all that which is governed by professional associations. Not just anybody can be a member of a professional association. The doctor with too many malpractice suits against him gets kicked out. A doctor who has never gone to medical school would never get into the professional association to begin with. I really believe that if we have only professional child care workers, we would have no institutional abuse. There just wouldn't be any. If everybody who worked with our kids were professionals in their caring, there would be no institutional abuse. There would be no

newspaper stories. There would be no hurt kids getting hurt again! So let's give up our low self-image. We talk about low self-image for the kids all the time. It must be contagious because I think we've caught it. When is the last time that a mother asked her doctor son, "So, when are you going to get a real job?" How many child care men have been asked by somebody, "You're still working with those kids? Why don't you get a real job?" We have to turn that around, and we can't do it by saying "I just work with kids" and we can't do it by accepting myths like formal education isn't necessary. We need to have a professional identity so that we feel good about what we are doing and so that people stop thinking that we're different and apart from everybody else that has a job to do and does it well! So let's care. Let's learn some things. Let's join our professional organisations. Let's begin to pay the price for caring and stop complaining, and let's communicate the value of our kids and the value of our work to the community. So: "Who put the care in Child Care?" It's not the kids; it's not the agency. *You* did. We child care workers did. We put the care into Child care. □



Babysitter: "Your little boy was no trouble at all ... I just let him do anything he wanted until he wore himself out!"

Keynote presentation by Lewis Aptekar of the University of Swaziland given at the HSRC Conference "Street Children: From resolutions to action" on March 9, 1995

Cross-cultural problems faced by people who work with street children

I want to talk about four points where culture and work with street children interact, often in a problematic way. Then I will give some practical suggestions on how the problems might be overcome. The four areas are:

1. How cultural issues alter our perceptions of the families of street children;
2. How cultural values influence our assessments of the mental health of street children;
3. How cultural beliefs change the way we provided services to the children; and
4. How cultural differences contribute to the hostility the street children receive.

How cultural issues alter our perceptions of the families of street children

World-wide, at least 75% of street children are raised by their mothers and live in patrifocal societies. Yet, the most common theory about the origins of street children are that they come from abusive, neglectful, immoral, and irresponsible parents.

I propose that across cultures the major cause of street children is poverty. For the most part, poor urban women cope with poverty by raising their male children as quickly as possible so that they can contribute to their family's financial well being.

The view that parents are to blame for street children was expressed recently in a regional meeting at which a special Task Force, comprised of governmental organizations and NGO's working with street children, announced their findings of a study that claimed that the causes of the increase in the numbers of street children were "broken families, single parenthood, and irresponsibility among parents." Shortly after this report was issued, a woman wrote a letter to

the local editor. She said that "these otherwise innocent children are being moulded into lazy adults and criminals who will never want to work, but will get money from people by other means." Because the parents of street children have not fulfilled their responsibility, society should intervene.

Many women whom my research teams have spoken with, in a variety of developing countries, feel that marriage 'spoils' a relationship and gives the men too much power and control over them.

Indeed, many mothers feel they are better off without husbands, who they say are too expensive to keep in clothes, food, and drink. Beside these reasons for not wanting husbands, the economic situation in the developing world, with increasing opportunities for women in the formal and informal sectors, and the decreasing opportunities in these sectors for men, makes men, compared with women, less marketable and more expensive.

I recently visited a mother of four boys and two girls who lived with four of her six children in one room - no bigger than a small bedroom in a middle class home. The room was divided by two blankets hung up by clothes pegs. Behind one blanket was the mother's loft, behind the other, three levels of shelves, each of which was used for a bed. In one corner was a small one-burner gas stove surrounded by two pots and a stool. The only source of light in the house was from the front door. Open sewage ran from the front door, through the path down to the front of the house, where it met the drainage from other homes.

The woman was nearly able to

support herself and her children by selling illegal beer. She had never attended school, had no job skills, and was illiterate. Her two oldest boys, half-brothers well into their teens, both lived and made a living on the streets. They came home periodically, usually with some gift, and were very welcome. Their mother had taught them that the time they could stay at home without making a contribution ended shortly before puberty. The male children accepted this. They preferred the streets to their homes, particularly when they could come home when they needed to.

One cultural interpretation of this mother's situation would be to describe her as irresponsible and immoral. However, she can also be seen as coping quite adequately. She taught her two oldest boys to make their own way, she found a means to feed the other four children at home, and fulfilled her hopes of educating as many of her children as possible by using the sale of illegal brew to pay the children's school fees.

To label these families negatively (largely because the mothers have developed their own cultural criteria for supervision and protection of their children which are different from those espoused by the middle and upper social classes) is to compound rather than solve the problem. Not only do such negative attitudes condemn the hard effort of mothers; they dismiss the fact that unmarried mothers can raise children without a husband, and discount the judgment of street children who have left unhealthy homes, such as girls who have been physically or sexually abused.

I contend that the cultural notion that claims that single poor

mothers are, by virtue of being single and poor, irresponsible and incapable of raising moral and productive children, represents an ethnocentric point of view. Among the families that produce street children there are many skills, but for the most part the families are adequately coping with extreme poverty.

How cultural factors alter our assessment of the mental health of street children

According to the predominant cultural point of view, street children are psychopathological, delinquent, carriers of AIDS, and drug abusing.

I propose that this is an ethnocentric bias, and that most (though not all) street children function adequately, given their circumstances.

Nowhere is the negative point of view expressed more than in the alleged connection of street children to drug abuse. Because I have witnessed so many children inhaling glue while still maintaining their ability to cope with demands of the streets, I began to think there was more to their use of inhalants than the explanations most commonly given, such as to self medicate fear and depression, to kill hunger, to provide strength to live in difficult circumstances, or as indications of a pathological need for immediate gratification.

One evening a few months ago I was visiting street children in the "Little Mogadishu" section of Nairobi. There were about a dozen boys on a small island of refuse in the middle of a busy roundabout inhaling glue. Around them sped a steady onslaught of traffic. I observed them through the traffic as did other pedestrians. All I could see were many pairs of eyes peering over noses covered with paper bags or shirt sleeves. It occurred to me that as I and the others watched the boy's eyes, the boys were also watching us.

Across the island on the main corner of the intersection, another group of about 10 street boys was also consuming inhalants. Unlike the relaxed demeanour of the island boys, these boys were in constant motion playing various forms of tag. Although they chased each other at a full run and fought each other in mock battles of kicks and fists, they were moving fluidly between and among the pedes-

trians and cars. At times the boys stopped to ask for alms, to make up a story for a pedestrian designed to get them money, or to tell a shopkeeper they would watch their store in exchange for food.

To me the most impressive thing about these scenes wasn't that one or two boys had obviously overdosed — even though these would be the boys most likely to leave a lasting impression on most observers. The most impressive aspect for me was that as every street boy in the group was inhaling, every passer-by was consumed with interest. Each group eyed the other as if they were shopping in a market filled with exotic goods. The two were interwoven, making me think that the *psychological* value of using the drug was less important to the vast majority of these boys than its *social* value.

Knowing that the boys were very adept at manipulating public opinion, it was no accident that every passer-by saw the boys using the inhalants. In fact, if they had wanted to advertise their consumption, they could not have developed a better strategy. Kenyan street boys come from traditional cultures where initiation into adult roles is a powerful experience, and one held in full public view of all the elders in the community.

Staring down the pain of circumcision in front of one's parents and elders is needed to become a successful initiate. Similarly, part of the wide use of inhalants in public can be seen as a way of declaring adult status to the community.

The boys were also using inhalants to initiate and enhance friendships. In their traditional cultures, boys are raised with other boys in similar age groups. Ties between them are lifelong and intimate. The boys need and want this intimacy, and sharing in inhaling glue while in full public view of adults who do not approve, builds group solidarity. The combination of social, psychological, and cultural factors related to the use of inhalants by street boys is not fully considered by many people, before they draw conclusions about what effects the use of inhalants have on the boys' mental health. If all the reasons for the use of inhalants were considered, and the emphasis was placed on observing the boy's coping skills rather than on sensational accounts of drug

abuse, we would find that most of the boys who use drugs do not fall to them. Indeed the alleged inevitable connection between street children and drug abuse is more of an ethnocentric accusation that serves to diminish the children's capacities, than it is a culturally free statement about their mental health.

How cultural beliefs alter the way we provide services to street children

For the past several years, we have been running a research programme in Nairobi, Kenya, where I have had the good fortune of getting to know an elderly priest who has been working with street children for the last 40 years. Each Monday night he conducts street work on the streets of Nairobi with several young men and women interested in learning how to work with street children. It has been my pleasure to accompany him. One rainy evening we stopped to talk to a group of about a dozen boys who were living at the back of a dead-end alley. After talking with them about getting help we bought each boy a bag of chips and were off to the next group of children who received the same treatment. As was the custom at the end of each evening we sat down to discuss the evening's work over chicken and chips. Afterwards, on our way home, we encountered a group of seven girls about thirteen to fifteen years old. They came into the street stopped our car and pointed to one girl who stayed behind in the shadows. This girl clearly had a high fever and was delusional.

She was either suffering from malaria, or from an overdose of drugs, or even syphilis. Whatever the reason for the girl's illness they implored the priest to take their sick companion to the hospital. He refused and told them he would check on her in the morning. As we drove back to the hotel I asked him why he left the sick girl in such a crisis. He said that it was past ten o'clock at night, and if he took her to the hospital he wouldn't get to bed until past one in the morning. He had to say Mass at six and a full day of street work to do afterwards. "I have to draw the line somewhere."

One fact of street work that each person eventually learns is that there are always more troubled

children than there are resources to help them. At some point, everyone has to draw back — if for no other reason than to be able to move forward the next day. The priest's refusal to minister to the sick child, a decision learned from decades of experience, was based on the greater good. Yet, when I saw him leave this sick young girl alone in the rainy night I felt betrayed. He wasn't living up to the moral standards of his calling. I found myself evaluating 40 years of good work by a single late night decision.

I had mistaken my own cultural view about the righteous life and made a judgement about what was appropriate and inappropriate to helping street children. I did this in spite of the fact that each time I visited a programme for street children, no matter in which hemisphere, people spoke disparagingly about another programme across town. They also spoke badly about people helping in a style different from their own. I had seen the religious assail the secular, the tough disciplinarians complain of the easy-going, those in favour of sheltering fight against those who favoured fostering, etc.

My own quick ethnocentric judgements were inappropriate for several reasons. There is little correlation between a programme's official policy and the way the child experiences it. Street children are also very different from each another, and their needs change over time. There is, in short, plenty of room for nearly all philosophies and nearly every style of help. What keeps diversity, experimentation, and variety from flourishing can often be traced to ethnocentric values.

How cultural differences contribute to the hostility toward street children

Most studies from all over the world indicate that street children are treated badly by their communities. They are sold into what amounts to indebted servitude and are assassinated for no more than petty crimes and haughty behaviour. More street children have been killed in Brazil, for example, than all the people who died in the civil war in Lebanon.

This past summer, a Kenyan street child was murdered by a police reservist. The boy, later identified as Simon, was first said

Street children are also very different from each another, and their needs change over time. There is, in short, plenty of room for nearly all philosophies and nearly every style of help.

to be 13 years of age, then 15, and finally 18. Whatever his true age, Simon was shot five times at point blank range, then kicked into the gutter and spat upon. Evidently, Simon had stolen an indicator lens from a parked car. There were no other complaints about Simon's behaviour. It was not said that he was belligerent or that he assaulted anyone. What was it about this boy that aroused such anger? Was he seen as a grand menace? Was he used as a warning to the larger group of street children? Ironically, the connection between Simon and the larger group of street children was not as clear as it might have seemed to the reservist. Simon was a street child, but he also had loving parents who were full of grief and were present at his funeral. In their mourning they talked about his good character, his sensitivity to others, and his contributions to his family and younger siblings. Like most people in many parts of the world, it appears that the reservist construed a scenario about street children that did not include loving parents or good character. The connection between "inadequate parenting" and "lack of character" is at the heart of the dominant culture's concept of the origins of street children.

Street children, in nearly all cultures in the world, have become symbols of moral judgment because they violate the norms that most cultures hold about children — by not being under the same roof as their parents, by working instead of going to school, and by assuming the right to enjoy the fruits of their work as they choose (such as consuming drugs).

The violence toward street children emanates from cultures

that have different child rearing practices.

Among the socially and economically elite in many cultures in the developing and developed world, the father is present and powerful in child rearing. Boys learn to respect his authority. In contrast, among the poor it is common to have women at the head of families.

Boys in these families are raised not so much to respect authority as for an early independence from home.

The judgemental attitude toward street children and which leads to violence comes from the perception that street children are not accepting their childhood. Indeed, the street children do not accept their beholdenness to adult authority merely because they are younger than adults.

What makes the climate so volatile is that the phenomenon of children taking on the roles of adults is peaking at a time when many societies are moving from traditional codes of conduct, related to birth rights and long accepted roles of authority, to cultures where conduct is based on rational values, democratic choices and a worldwide culture based on the western entertainment media.

Many people draw their views about street children from their personal encounters with street children in highly visible but anonymous places, such as when they are asked for money at traffic lights or approached for alms while shopping, and from the information read in the press where their numbers are exaggerated, because they are equated with the much larger group of working children, where negative and inaccurate descriptions of their families are found, and where the children's alleged psychopathology is explained by experts.

These opinions are strongly influenced by culturally biased and ethnocentric values, which generally are held dear because of the unpredictable and rapid changes in social roles taking place in highly tense, changing, developing societies.

Like the alleged murderer of Simon, who seemingly quickly (and falsely) made a connection between large scale-societal problems and the petty problems of minor delinquency caused by some street children, other murderers of street children

justify their actions in self-righteous, moral terms, seeing themselves as heroes in cultures which are rapidly approaching moral decay.

Street children have become cultural scapegoats portrayed as carriers of all the large-scale social problems, including inequality of income, changing family values together with changes in the roles of men and women, and the reduction in personal security in an overly romanticised past.

Only when the vastness and complexities of this situation are confronted, will the hostilities be reduced.

There is an old African saying: "If you want to get to the root of a

murder, you have to look for the blacksmith who made the panga."

What can you do? Ten cross-cultural commandments

1. Examine your culturally-bound beliefs about the families of street children and about the psychological functioning of the children.
2. Embrace alternate family structures as legitimate.
3. Don't confuse poverty with psychopathology.
4. Accept young people in adult roles.
5. Focus on the child not the drug.
6. Work with street children without forcing them to accept your moral point of view.
7. Refrain from quick judgments against others who work with street children from different cultural points of view.
8. Give psychotherapy only to those who need it; give the rest of the children practical help.
9. Do your best to increase income generation and self-sufficiency.
10. Educate the public — the most difficult, and potentially the most rewarding of the tasks you can do.

Brief REPORT

Limiting television violence

As politicians bemoan Hollywood's "depravity," saying it spawns antisocial behaviour, a unique campaign is under way in Minnesota to persuade parents to limit the harm to children from media violence.

Launched in St. Paul, Minnesota, on June 6, the statewide campaign to "stop the media violence" will employ counselling as well as thousands of posters and brochures to teach parents how to better guide their children's television viewing.

The campaign is unusual because it enlists Minnesota's physicians to inform youths and their parents directly during office visits of the strong scientific evidence of harm to children from violent television programmes, movies, and video games.

"If the kids watch a lot of violence, they are likely to imitate that behaviour," says Lorrie Holmgren, communications manager at the 9000-member Minnesota Medical Association (MMA), which is organising the campaign.

The Minnesota drive reflects a growing, interventionist movement by doctors nationwide to promote public awareness and prevention of violence within

families, including the widespread abuse of women, children, and the elderly.

For instance, a major theme of the American Medical Association's (AMA) annual meeting in Chicago in June was the media's role in family violence. "Violence is by and large a learned behaviour," said Robert McAfee, the AMA's president, in an interview. "The more violent activity that children see in the media or real life, the more apt they are to accept it as a way to behave. So we are looking at all the options available to diminish the exposure of children to violence." Most US children are born into homes where the TV set is turned on for several hours every day. On average, American children watch between 11 to 28 hours of television a week, making television viewing their most important activity except for sleep and school, numerous studies confirm.

Research data show that children are exposed to about five to six violent acts per hour on prime time television, and 20 to 25 violent acts on Saturday morning children's programmes.

While many positive and educational programmes do pass over the airwaves, experts stress that other shows glamorise alcohol use, smoking, drug use and sexual promiscuity as risk-free. In addition, some advertising takes advantage of children's naiveté to promote the sale of candy, junk food, faddish toys. In Minnesota, organisers say that although it is hard to pre-

dict how effective the new campaign will be, they hope it will prove as successful as the state's pioneering, decade-old anti-smoking drive, which was also strongly backed by the MMA.

As part of the drive, doctors will offer parents a brochure outlining 10 tips for guiding children's viewing. The tips include:

- Setting clear limits to the time children spend watching TV or movies or playing video games, while encouraging reading, music, sports, and other alternative activities.
- Not using TV as a 'babysitter' or allowing indiscriminate viewing and "channel surfing."
- Avoiding placing the TV in a central location in the home and keeping it out of children's rooms.
- Selecting the programmes that children watch and focusing on high-quality, non-violent shows.
- Watching and discussing shows with children, and talking about more realistic and peaceful solutions to on-screen conflicts.

Experts say that despite the evidence of its powerful influence on children's attitudes and behaviour, the media should not become a scapegoat. "We have to first look in the mirror and take responsibility for what kids are watching," says David Walsh, author of *Selling Out America's Children*, a book about the influence of TV and advertising on children's values.

— Ann Scott Tyson in the *Monitor*

In this two-part article (concluded this month) **Toni Cavanagh Johnson** has introduced a continuing discussion on concerns about inappropriate and abusive sexual behaviour amongst children and young people in care.

Understanding the Sexual Behaviour of Children

In last month's article we discussed Group I (Natural and Healthy Sexual Play) and Group II (Sexually-Reactive Behaviours)

Group III: Extensive Mutual Sexual Behaviours

Group III children have far more pervasive and focused sexual behaviour patterns than Group II children, and they are much less responsive to treatment. They participate in a full spectrum of adult sexual behaviours, generally with other children in the same age range, (oral and anal intercourse, for example), and they conspire together to keep their sexual behaviours secret. While these children use persuasion, they usually do not force or use physical or emotional coercion to gain other children's participation in sexual acts. Some of these children however, move between Groups III and IV, i.e. between mutually engaging in sexual behaviours and forcing or coercing other children into sexual behaviours.

One of the striking differences between Group III children and the children in other groups, is their affect or emotional level — or more precisely, their lack of affect — around sexuality. Group III children do not have the light-hearted spontaneity of sexually healthy children, the shame and anxiety of sexually-reactive children, or the anger and aggression typical of child perpetrators. Instead, they display a blasé, matter-of-fact attitude toward sexual behaviours with other children — as one explained, "This is just the way we play".

It might be more accurate to say that sexual interaction is the way Group III children try to relate to their peers. As for relating to grownups, most Group III children expect only

abuse and abandonment from adults.

Other Group III children have been sexually abused, in a group, by one or more adults, and continue the sexual behaviours experienced with the other children after the abuse by the adults has stopped. Other children in Group III are siblings who mutually engage in extensive sexual behaviours as a way of coping in their highly dysfunctional families.

All Group III children have been sexually and/or physically abused and/or have lived in highly chaotic and sexually charged environments. Through these experiences their understanding of relationships has become skewed; distrustful of adults, chronically hurt and abandoned, and lacking in academic or social success. These boys and girls use sexuality as a way to make another child a *friend* — even briefly. Few of these children report any need or drive for sexual pleasure or orgasm, although their "What's the big deal?" attitude may have the appearance of sophistication, it conceals significant emotional vulnerability. Their sexual activities appear to be their attempts to make some kind of human connection in a world which is chaotic, dangerous, and unfriendly.

Group IV: Molestation Behaviour

Many professionals involved with the care and protection of children find it difficult to believe that children 12 years and younger can molest other children. Evidence that they can, and do, is found not only in a growing group of studies and journal articles, but in FBI reports and newspaper clippings. In one recent case, a fourth grader was sexually assaulted by several students in the bath-

room of her local public school. The incident occurred at a small country school in Vermont which serves just 150 children, from kindergarten through fourth grade. The perpetrators of the sexual assault against the little girl were all her age or younger. Two 10-year-old boys from the girl's class initiated the attempted rape, and three other boys watched or helped to hold the struggling victim while her attackers tried to penetrate her. One of these boys was eight years old and the other two were six years old.

This small town incident is just one example of a nationwide increase in reports of sexual offences by prepubescent children that have taken the system by surprise. Last year, in the state of New York, "juvenile court prosecutors handled 270 cases of sexual crimes involving children 12 years old and younger — more cases than in the 13- to 15-year-old range. Commenting on the statistics, Peter Reinharz, supervisor of the sexual crimes prosecution unit, noted that the age drop meant that the unit was dealing with "eight, nine, ten year olds committing rape (and) sodomy." The identified victims are usually other children.

Only a few treatment programmes have been established for these child perpetrators, but preliminary findings on children in Group IV have been published. As a group, they have behaviour problems at home, and at school, few outside interests, and almost no friends. These children lack problem-solving and coping skills, and demonstrate little impulse control. Often, they are physically and sexually aggressive. In preliminary findings on child perpetrators, no one — parents, teachers, or peers — described any member of the group as an

average child.

The sexual behaviours of Group IV children go far beyond developmentally appropriate childhood explorations or sexual play. Like the children in Group III, their thoughts and actions are often pervaded with sexuality. Typical behaviours of these children may include (but are not limited to) oral copulation, vaginal intercourse, anal intercourse and/or forcibly penetrating vagina or anus of another child with fingers, sticks and/or other objects. These children's sexual behaviours continue and increase over time, and are part of a consistent pattern of behaviours rather than isolated incidents. Even if their activities are discovered, they do not, and cannot, stop without intensive and specialized treatment.

A distinctive aspect of Group IV children is their attitudes toward sexuality. The shared decision making and lighthearted curiosity evident in the sexual play of children in Group I is absent; instead, there is an impulsive, compulsive, and aggressive quality to their behaviours. These children often link sexual acting out to feelings of anger (or even rage), loneliness, or fear. In one case, four girls held a frightened, fighting and crying 18-month-old child while another girl felt him. The girls (all age six to eight) each took a turn. The little boy required extensive medical attention as a result of penile injuries.

While most of the case studies in this group are not physically violent, coercion is always a factor. Child perpetrators seek out children who are easy to fool, bribe, or force into sexual activities with them. The child victim does not get to choose what the sexual behaviours will be, nor when they will end. Often the child victim is younger and sometimes the age difference is as great as 12 years, since some of these children molest infants. On the other hand, some child perpetrators molest children who are age-mates or older. In sibling incest with boy perpetrators, the victim is typically the favourite child of the parent/s. In other cases, the child is selected due to special vulnerabilities, including age, intellectual impairment, extreme loneliness, depression, social isolation, or emotional neediness. Child perpetrators often use social and

emotional threats to keep their victims quiet: "I won't play with you ever again, if you tell"; this is a powerful reason to keep quiet if the child victim already feels lonely, isolated or even abandoned at home and at school.

Even the bathroom games sometimes seen in Group I children are markedly different from the disturbed toileting behaviours common in Group IV. Some children who molest other children habitually urinate and defecate outside the toilet (on the floor, in their beds, outdoors, etc.) While many Group I children may mildly resist changing underwear, some children in Group IV will wear soiled underpants for more than a week or two and adamantly refuse to change. Some constantly sniff underwear. Many of the children regularly use excessive amounts of toilet paper (some relate wiping and cleaning themselves to masturbation) and stuff the toilet until it overflows day after day. The children continue these disturbed toileting patterns even if their families have severely punished them for their behaviour. While Group IV children often obsessively focus on toileting and sexual activities, the natural and healthy sexual curiosity and delight of young children in their bodies is absent. Instead, they express a great deal of anxiety and confusion about sexuality. Many Group IV children say they act out sexually when they feel jumpy, funny, mad (angry) or bad. Yet, after engaging in sexual behaviours, most report that they feel worse.

Most child perpetrators who have been studied have been victims of sexual abuse themselves, although the sexual abuse generally has occurred years before the children began molesting other children. All of the girl perpetrators (females represent about 25% of child perpetrators) and about 60% to 70% of the boy perpetrators have been molested. All of the children live in home environments marked by sexual stimulation and lack of boundaries, and almost all of the children have witnessed extreme physical violence between their primary caretakers. Most parents of Group IV children also have sexual abuse in their family histories, as well as physically and substance abuse.

This group of children is at the highest risk for continuing, and escalating, their patterns of sexually abusive behaviours, unless they receive specialized treatment specifically targeting their acting out. Unfortunately, there are only a handful of any type of treatment programmes specifically targeted for children who molest other children. A jury in New York City took just two months to convict a ten-year-old boy of raping a seven-year-old girl, but two years to find a treatment resource for him.

Even in an age of sharply limited government funds, increasing resources for children who molest other children are vital. Gene Abel, MD, Director of the Behavioural Medicine Institute in Atlanta, and author of more than 80 articles on sexual offenders, has hypothesized that the average adolescent perpetrator could be expected to commit more than 300 sexual crimes in his lifetime. Abel noted, "We know that many adolescent perpetrators engaged in deviant sexual behaviours as early as five or six years of age. When there is a persistent and consistent pattern of sexually deviant behaviour in young children, early assessment and specific treatment affords the best opportunity to stop the behaviour."

Conclusion: The Need for Practical Guidelines on Child Sexual Behaviours

While thorough evaluation needs to be provided by an expert in child sexual behaviours, it is almost always a nonspecialist who identifies and refers a child for evaluation. The persistent and consistent pattern of problem sexual behaviours is usually first noticed by parents, caretakers, and front line professionals, including school teachers, nurses, counsellors and social workers. For this reason, all professionals who work with children or families need practical guidelines as to which child sexual behaviours are natural and healthy and which behaviours indicate a need for specialized assessment. Research on child sexual behaviours also has immediate practical ramifications for anyone teaching sexuality education classes to youngsters. First, the families of children in Groups II, III and IV frequently

verbally or nonverbally communicate inaccurate information about sexuality, gender, and reproduction. Accurate information, and a forum in which to ask questions about sexuality, are essential for these children. Secondly, the increase in reports on child perpetrators underscores the importance of including information on child sexual abuse in sexuality education classes. Children should be aware that no other person (whether that person is an adult or another child) has the right to force or pressure them into unwanted sexual behaviours.

This article is an attempt to give a front line audience information based on clinical experience and recent findings. Evaluating child sexual behaviours is a new, complex, and dynamic field of research. Therefore, this effort is just one small step in an evolving field. The results of an international study on children's sexual behaviours, currently being conducted by the author, will provide a further step in our understanding of children's sexual behaviours and their relationship to culture, geographic area, social, economic, racial, and religious background. □



As sexual behaviour raises concern ...

Signals for Parents and Counsellors

1. The child focuses on sexuality to a greater extent than on other aspects of his or her environment, and/or has more sexual knowledge than similar-age children with similar backgrounds who live in the same area. A child's sexual interests should be in balance with his or her curiosity about, and exploration of, other aspects of his or her life.
2. The child has an ongoing compulsive interest in sexual, or sexually-related activities, and/or is more interested in engaging in sexual behaviours than in playing with friends, going to school, and doing other developmentally-appropriate activities.
3. The child engages in sexual behaviours with those who are much older or younger. Most school-aged children engage in sexual behaviour with children within a year or so of their age. In general, the wider the age range between children engaging in sexual behaviours, the greater the concern.
4. The child continues to ask unfamiliar children, or children who are uninterested, to engage in sexual activities. Healthy and natural sexual play usually occurs between friends and playmates.
5. The child, or a group of children, bribes or emotionally and/or physically forces another child/children of any age into sexual behaviours.
6. The child exhibits confusion or distorted ideas about the rights of others in regard to sexual acts. The child may contend: "She wanted it" or "I can touch him if I want to."
7. The child tries to manipulate children or adults into touching his or her genitals or causes physical harm to his or her own or other's genitals.
8. Other children repeatedly complain about the child's sexual behaviours — especially when the child has already been spoken to by an adult.
9. The child continues to behave in sexual ways in front of adults who say "no", or the child does not seem to comprehend admonitions to curtail overt sexual behaviours in public places.
10. The child appears anxious, tense, angry, or fearful when sexual topics arise in his or her everyday life.
11. The child manifests a number of disturbing toileting behaviours: plays with, smears faeces, urinates outside of the bathroom, uses excessive amounts of toilet paper, stuffs toilet bowls to overflow, sniffs or steals underwear.
12. The child's drawings depict genitals as the predominant feature.
13. The child manually stimulates or has oral or genital contact with animals.
14. The child has painful and/or continuous erections or vaginal discharge.

Bernard Hemensley and Joy Coates, child care workers at a National Children's Home in the UK, write in a long-ago edition of *Child in Care* about being practical in our planning of children's art groups.

Aesthetics or Therapy in Art?

Our Art Club (for seven to thirteen year olds) started some two years ago with no clearly defined objectives. No therapy was intended, except that it was considered valuable for our children to be given the opportunity to express themselves through such activities as painting, modelling, collage etc., art in this sense being a 'plastic expression of self'.

Inhibitions

Most of the children who were to come were extremely inhibited in their approach. Whether they were applying paint to paper, cutting out, or handling clay, they seemed frozen, as if frightened of spoiling the clean sheet of paper, or of making an unacceptable shape with the clay. "Can I draw a line here?" a child would ask us, or "Can I paint this blue please?" — much in the same way as he or she might ask for another cake or piece of bread.

Quite often a child would come with the express intention, perhaps instigated by a well-intentioned Houseparent of drawing a 'nice picture' — "Bring me back a nice painting!" Always, there was the feeling that something of merit must be produced: a well-drawn face, a photographic looking house or scene, probably a representation of something the child had never really looked at or investigated for himself. Unfortunately, we think, in the early days we perpetuated this attitude by suggesting subjects and criticising the technicalities of the children's work. (We too were subject to external pressures, and laboured under the misapprehension that attractive results must be forthcoming for the Art Club to be regarded as successful.

Eventually, however, we found ourselves asking a question—could repeating school-type art lessons really benefit 'our children'?

During the early days then, the children were not finding much freedom of expression in their art, but nevertheless useful relationships were being built up between ourselves and them. One boy, especially, formed good relationships with both of us, and gradually gained confidence in himself and in his ability to express himself artistically in various mediums. It was a great joy to all concerned when recently he won a prize in an art competition — recognition that was noticeably good for his ego!

His was perhaps an exceptional case, and on the whole we came to feel that we could achieve far more in Art Club than we had done so far, if only we could introduce a greater flexibility of approach and remove some of the restrictions on the quantities and variety of materials in use. At first we had bought expensive cartridge paper. This could only be handed out in small quantities and therefore experimentation was discouraged. We came to feel that the use of material of such high quality gives the feeling that 'high quality' work must be produced. A new supply of paper had to be found. Shelf paper was found to crinkle when painted upon and wall paper was never in sufficient supply. We made various enquiries and found that superfluous, uncirculated memos, stencilled only on one side, and spare, partly used foolscap paper can be frequently liberated from office shelves. Thus we have now an almost unending free supply of paper and this together with bulk-bought powder paint has

meant that the children can now make as many efforts or experiments as they wish or have time for, scrapping what they do not like and asking us to keep, or keeping for themselves the pieces they do like. (We also now use rolls of sugar paper for those who wish to paint a large picture, though numbers and space prevent everyone using too large a piece of paper). Our policy has changed too. We now give guidance in the main only by introducing a variety of materials and allowing each child to choose for himself which medium he will use. We only make suggestions as to subject matter to individual children who really seem to be at a loss as to what to do. The most popular medium is clay, though the demand far exceeds the supply and on the occasions it is available it goes immediately. Strangely, this medium really exposes the inability of many children to express themselves freely. At first it seemed as if the only thing to be done with clay was to make a pot or an ashtray, never an interesting shape. Happily now, there are a number of children who will quite spontaneously play with it and mould the medium, for no other reason than that they enjoy it. It has been interesting to watch two small groups of children, each from a different family group. One group would quite happily use old hard clay, work it and remould it and get very mucky in the process; the other group would never use clay, though later they did, in a very perfunctory way. Now and again we still find it difficult not to be pre-occupied with results. One session, a little girl of seven created a marvellous 'Braque'-like pattern. We had both been watching the final stages

closely intrigued and delighted by what was appearing on the paper. With the paper covered in paint, we proclaimed the painting finished. However the child had not finished, and was now contemplating a green wash which to us would spoil the painting. We stopped her and persuaded her that what she had done was terrific and that any further painting would spoil the pattern. She condescended. We have gained her painting on the art club wall. We wonder what she has gained!

One of our now allayed qualms was wondering how our 'objets d'art' were being received when taken home by the children. Some adults do not understand their child's imagination and find it impossible to applaud their efforts. Perhaps it is sometimes difficult to effuse over, for instance, a board with multi-coloured wash background and broken china appended, with no hint of pattern or conventional form. To many people an art object must be colourful, or beautiful, or nice, or at least easily recognisable. There must be little doubt as to exactly what it is or represents.

Antoine de Saint Exupery comes to mind. In the opening pages of 'The Little Prince' he painfully explains that the reason why he gave up his ambition to be a great artist was that 'Grown-ups were so stupid and dull' — and this, he relates, happened at the age of six!

We wonder how many other children find themselves in a similar situation.

This article would not be complete without mention of our group of younger children. These children, aged six years and under, came regularly and voluntarily to Art Club during school holidays. For many of them, there are few inhibitions and they happily splash paint about, or play with materials, according to their personality.

One little boy may be content only to pour paint from one container to another, while another will use a single colour, making bold exploratory strokes and squiggles. Some will completely block in the sheet of paper and then start

Joan Bacon is a colleague of Larry Brendtro's at Augustana College in South Dakota. She compiled this list for schools which admit homeless children

What Teachers Can Do

1. Help the new student connect with supportive peers right away. Use co-operative learning or peer support systems; practise welcoming skills and inclusion strategies.
2. Cruelty has no place in the curriculum! Teasing, put-downs, or ostracising are a signal that peers need help in understanding homeless student's needs and your expectations.
3. "Read" the student's behaviour with sensitivity. What first appears to be difficult behaviour may represent creative coping responses to difficult circumstances — or they can stem from hunger, tiredness, or stress.
4. To the greatest extent possible, meet basic needs (food, rest, cleanliness, clothing, emotional safety, security in routines, stress management, feeling valued by others).
5. In a private setting, let the student know that you understand circumstances are difficult. Support and encourage.
6. Build trust. This is not easy when children have been disappointed or betrayed by adults, when they view adults as agents of punishment, or when they test your limits.
7. Give students power. Homelessness is disempowering, and rage and learned helplessness are predictable. These students need to be involved in what happens to them. By treating youth as full partners in meetings and case-planning conferences, we give voice to their concerns and provide training in responsibility (Bacon and Brendtro, 1992).
8. Meet concrete survival needs. Have extra school supplies, warm clothing items, and personal hygiene items on hand. Frequent, chaotic moves may mean that families lose items and cannot afford replacements.
9. Use informal assessments to quickly determine instructional levels, instead of waiting for school records that may never come. Keep simple records that can be passed on directly with the student or parent if necessary.
10. If assignments require materials from home, provide the materials. If assignments must be typed or done on the computer, modify that requirement or make arrangements for the student to use school equipment.
11. Individualise teaching strategies. Find and build on students' strengths.
12. Remember that transportation arrangements may be unreliable or rigid. Check before making plans and changes.
13. Avoid being judgmental about lifestyles or illegal street survival activities. Offer alternative views and possibilities, but do not blame.
14. Ask school administrators what your state and school are doing to implement any programmes or legislation for homeless children. Volunteer to be on committees to develop system-wide responses to homeless children and youth.
15. Support staff and community education about the needs of homeless children and youth, the underlying social problems and community and national solutions.



Others will paint pictures full of colour and movement — crude but exciting pictures which make one think of a comment of Picasso's — "At twelve I could draw like Raphael. It took me a whole lifetime to learn how to paint like a child."

to block in a new colour over the top. Others will paint pictures full of colour and movement crude but exciting pictures which make one think of a comment of Picasso's, "At twelve I could draw like Raphael. It took me a whole lifetime to learn how to paint like a child." What we now have in art club then, is an environment where interest, experiment and talent can be freely encouraged and developed in a variety of different ways. Children with problems of communication can (and sometimes do) find themselves able to express themselves through painting, especially in an environment where external pressures are at a minimum. The accent is on *doing* rather than on *results* and children, by being praised for improvement, are able to work towards their personal best. As artistic potential is independent of intelligence, it is not unusual to have several talented children in a group whose usual attainments at school are poor.

An Art Club can therefore play a small part in building up each child's confidence in himself as an individual, complementing the work of the child care staff at home. It is often possible to come to a deeper understanding of a child's personality by unobtrusively watching him paint. One little boy, for instance, made literally only two or three small lines with a felt tip pen during a whole one-hour session, after refusing paint and brush — and our attention and encouragement. Much patience and understanding will be needed if he is to be helped to be less withdrawn and uncommunicative. Most children who have been with us for some time can relate and contribute (even if they come only to watch or talk to us). In doing this they gain confidence, learn about themselves, the world about them, and other people. After all, you are you, and what you create is yours — an expression of, and a communication from yourself to those about you. □



A short story by
PHIL CARRADICE
a teacher who was
Deputy Principal of
two residential child
care schools in the
United Kingdom

Like a Duck to Water

I woke suddenly, bright sunlight streaming in through the canvas walls. Paul was already up, struggling to pull on his socks at the far end of the tiny tent. He grinned at me as I sat up in my sleeping bag.

'Morning. Some of the boys are already up.'

'From the noise they made last night I'd have thought some of them never went to bed!'

'Put the kettle on, Dave,' called Paul.

I put my head out of the tent doorway and watched as big Dave moved over to the water container. He raked the embers of the fire, dropped a few twigs onto the sparks and kindled the flame.

'Be about ten minutes,' he shouted.

'He's been a great kid this week,' I said, inclining my head towards Dave. 'Really taken to the hills.' We crawled out of the tent and stood looking down on the lake which lay a few hundred yards below us. In the fragile heat of early summer it shimmered like a million broken bottles. In a few hours, I thought, the place would be full of canoeists and swimmers from the Outdoor Pursuits Centre further down the valley. But now it was still and untarnished – as it should be.

Dave called that the tea was ready and we moved across to the fire. He poured out three mugs and we sat in silence, gazing at the lake. Presently, Dave picked up a twig and began to idly poke at the fire.

'What are we doing today?' he asked.

'Nothing much. We're treating it as a rest day. After walking the Horseshoe yesterday

we thought you'd like an easy session. We'll probably go down to the beach later on. After Brian arrives.'

We had been in North Wales for just over a week. It had been a hectic but enjoyable time – rock climbing, hill walking with the occasional educational visit thrown in for good measure. As always when we were away from the Assessment Centre the boys had been perfect.

In particular, big Dave. Back at the Centre he had always seemed a misfit – a gentle giant, always too clumsy for comfort, his large face too lined and angular for his age. But here he had found his true vocation. He took to the hills like an Alpine guide. He was not a good rock climber, seeming to fight his way up the rock rather than use it for his own ends. But at hill walking he was supreme. He seemed to have a feel for the mountains and covered the miles with great efficiency and skill.

'What time is Brian due?'

Dave asked, suddenly.

'We don't really know,' said Paul. 'He finished his course yesterday so he could get here any time. He's hitch hiking down.'

Dave sighed. 'He should have a letter for me from Jane. She said she'd write last week but nothing came before we left.'

'Still going up to Manchester to see her next week?' Dave nodded and grinned.

'If I can get enough money. I've saved all my pocket money for the last few weeks but I'm still a few quid short.'

'Don't go bunking the train,'

I said 'Or you'll be in trouble with the law again. And it's Detention Centre next time, you know.' Dave grunted but said nothing.

'You can clean my boots if you like,' Paul commented, raking up the fire to brew more tea. 'I'll give you fifty pence for it.' He was joking, but Dave was more than willing to do anything which would help him get the money he needed. A quick scout around all the staff for jobs produced only a pound. Then Dave had an idea.

'Tell you what. I'll bet you all fifty pence each that I could run up that hill without stopping.' He pointed at the long, high ridge which overlooked us. From where we sat it must have been a good eight hundred feet to the top, and although it was covered with grass it was exceptionally steep. We had walked it only a day or so before, and it had left us breathless and winded.

'Don't be bloody silly,' said Paul. 'You'd never do it.'

'Of course I could,' retorted Dave. 'Come on, fifty pence each. I'll run it, no trouble.' We talked it over and decided he would be lucky to reach half way.

Dave had never been particularly strong on sticking to his guns; we knew he would give up before he hurt himself. And if, by some miracle, he did manage it, then the poor devil could do with the money. 'O.K.' I said. 'But if you stop just once then the deal is off.'

He grinned and disappeared into his tent. The other boys and staff had appeared by now and sat excitedly waiting for their unexpected treat.

In a few minutes Dave was back, dressed in gym shorts and a rugby jersey.

'See you later,' he said and ran down the track which led to the floor of the valley.

'He'll never make it,' said someone. 'And what if he hurts himself?'

No-one answered. We sat watching his progress. Presently he reached the foot of the ridge, turned to wave to us and then started up the slope.

Slowly, inch by inch, Dave moved upwards. He had learned his hill craft well. In wide zig-zag arcs he traversed the ridge, moving back and forth across our field of vision.

Across and across he went but always upwards, ever upwards. 'He's having a bloody good go at it!' We watched, each of us trying to imagine the searing agony of breath as it rasped up his chest; the bone shuddering jolt of his feet as they slapped like wet fish-up and down upon the ridge. It didn't take the greatest intellect in the world to work out he must be going through hell up on the side of that hill. 'Rather him than me,' commented Paul, shaking his head.

Suddenly I heard a shout from the road below. Dropping my eyes to the roadway I saw Brian coming rapidly up the hillside towards us. We waved and, shortly, he joined us.

'You're early,' said Paul. 'We didn't expect you until later this morning.' We explained what was happening, why we were waiting with our eyes glued to the ridge. Brian sat down with us to watch Dave's progress.

'I've got a letter for him in my bag,' he said. 'Manchester postmark.' While we had spoken, Dave had passed the halfway point and was still going strong. His movements were not so fluid, perhaps, and occasionally he missed his footing or stumbled in a hollow. His speed had dropped considerably and he was now going no faster than a brisk walk, but there was no denying that each second took him closer to the top.

A light breeze had sprung up. That, at least, would help to cool him. God knows he'd need it, I thought, he must be sweating blood up there.

'He's going to make it,' I said. And he did. A few minutes later Dave stood triumphant on the top of the ridge. He sank to his knees and remained there for several long minutes. I could imagine how he felt. At last, he slowly straightened, turned to face us and waved once. Then, carefully, painfully, he began to come down.

'I'd never have believed it!' said Paul.

'Give him credit,' I said. 'He really must be desperate for that money.'

'Desperate to see the girl friend, certainly,' interjected Paul.

When Dave finally arrived back he was exhausted. His breath came in shuddering great gasps while his legs buckled, shook as if they were rubber. He collapsed alongside the fire and, for a long time, lay with his eyes tightly shut.

Finally, he sat up and grinned, eyes large and expectant in that elongated face.

'I did it,' he gasped. 'Pay up! We paid, dutifully. Then he saw Brian and smiled.

'Finally got here, did you? Any letters for me?' Brian passed across a brown envelope. 'Sealed with a loving kiss, Dave,' he said.

We brewed tea while Dave read his letter. The other boys went off for their morning swim in the lake while we exchanged small talk with Brian.

Then, suddenly, Paul touched my knee and motioned towards Dave.

He was sitting, staring across at the ridge he had just climbed. The letter had fallen from his hand and lay, useless, at his feet.

'What's the matter, Dave?' He looked up, startled, and gazed across – not at me, not at any of us – through us, perhaps, but not at us. Tears began to well up on his lower lids.

'It's Jane. She's finished with me. Her Dad says she can't see me any more.'

We sat in silence, watching his agony. None of us knew what to say, how to ease his hurt. A premonition of disaster, a strange feeling of fear and failure, had suddenly descended over the camp site.

Then, in one swift, decisive movement, Dave leapt to his feet and started down the slope towards the lake. Brian made to go after him.

'Leave him,' I said. 'He isn't going far. We watched as he walked unsteadily down the hill, strangely out of place in his shorts and rugby jersey. He stopped and sat at the water's edge, an empty, forlorn figure with the morning breeze whipping his hair.

And the letter he had dropped began to flutter in the wind; its pages ruffled and finally tumbled away one by one. Like lost dreams they spiralled in the sky, outlined against the ridge. □

BOOKS

Frances Kendall

Super Parents, Super Children (Delta Books, Johannesburg)

This well-known book is often regarded as idealistic by child care workers, since it assumes an intact and happily functioning family. But we can still look over the fence and pick up some ideas from the super people. The following is a list of ten basic rules which the author offers which sums up her book:

The Ultimate Child

1. Provided he does not harm other people or their property every person should be free to act as he chooses.
2. Children are rational and logical and want to be happy, just as we do.
3. The only important difference between adults and children is experience.
4. Whenever you are not sure how you should respond to your child's actions apply the Adult Test. Ask yourself, 'What would I do if this were an adult?'
5. Children learn best by example and experience. So if we want them to respect us then we must respect them.
6. The three main qualities you need to foster in your child's personality are independence, self-esteem and individuality.
7. Children do not have an innate need to be contrary. They want to conform to the stand-

ards of those around them.

8. When your child behaves badly the first place to look for the cause is in your own actions. You are the most important influence in your child's life and therefore you are most likely to be the cause of her bad behaviour.

9. Every time a human being acts volitionally he exchanges a situation he has for one he prefers.

10. If applying these methods is sometimes painful, remember that the sooner they are applied the less pain there will



freedom. They will not reject the opinions of others dogmatically but consider them with reason. They will always be open to new ideas and viewpoints and ready to learn new things. They will feel no need to prove to others that they are right or force others to accept their values.

They will have much to teach you. They will enjoy work as something positive and productive. They will not want sympathy or charity, but will expect to have their work acknowledged and paid for at its market value.

They will want to relate to people they regard as their equals, and to be loved and admired, not in spite of their weaknesses, but because of their strengths. They will not wish to be supported emotionally or physically nor will they need to be needed by others. They will have little sympathy for parasites and spongers.

They will be responsible and decisive and learn from their errors rather than being destroyed by them.

They will be open and honest and communicate easily with others. They will make compromises which accommodate the needs of those close to them without making sacrifices.

They will not turn to drugs such as alcohol or nicotine to make life more manageable. They will not be aggressive or violent.

They will treat their bodies with respect, eating healthily and exercising regularly. They will enjoy sex uninhibitedly without feelings of guilt, and without perversion.

Above all they will be happy and positive and look upon life as a challenge they enjoy meeting. □



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Taking the wave

All of us who believe in miracles know that good can come from chaos. Child care workers are frequently urged to see crisis as opportunity. The surfer knows that a great wave can wipe him out – or it can be his ticket to ride.

In her leading article this month (page 3), Ann Skelton of Lawyers for Human Rights refers to the recent crisis at the time of the release to places of safety of unsentenced children in prison. At the time the event had all the makings of a farce. Apart from the fact that neither organisations nor children were prepared for the May 5 Presidential signing of the amended legislation, it seems that well over 400 awaiting trial youths, many hardened and dangerous, escaped from custody!

Turning point

Ann Skelton suggests with some justification that, in spite of the chaos, this affair may yet prove to have been a turning point in juvenile justice and child and youth care in South Africa.

She reports that a Ministerial Committee has been set up, comprising seven government ministers together with representatives from a number of national NGO's. "The committee has a life of six months, and its task is to design the transformation of the child and youth care system in South Africa." She continues: "Some may be sceptical. Committees have been set up before and no miracles have happened yet. The fact that this committee has a limited life of six months should force it to be very directed, and its chairperson, Deputy Minister of Welfare Geraldine Fraser Moleketi, is a strong driving force"

Chance in a million

We all want to share Ann Skelton's cautious optimism. For the first time in many years a number of factors have fallen into place giving us a combination of positives – a unique opportunity which we must not allow to pass.

Many interested groups have, over the past year or two, put a lot of thought into the ways in which we might transform our juvenile justice system and our child and youth care service. The current White Paper on Welfare is itself testimony to the work which has gone into this process. So there is no shortage of ideas on the table. What we hope is different this time around is the willingness of organisations and professionals to work seriously at the implementation of these ideas, and, above all, the real backing of the state departments concerned.

Same language

It has been refreshing and encouraging to hear the protagonists for change and government officials, for the first time in many years, speaking the same language and seeking the same goals. There are other past deep divisions which have been highlighted and which we hope will be bridged, for example, the chasm between the welfare and education sectors in work with children in trouble with the law. The White Paper hopes for an end to the fragmentation which comes about as a result of different state departments being involved, and states that "consensus will be sought on a holistic and integrated response." Education and welfare, as is the case in so many parts of the world, have

much to learn from one another in this field.

Small enough

Troubled kids (abused and neglected, juvenile offenders, street children, etc.) needing the more specialised services of child and youth care professionals, do not make up such a huge group – small in comparison with the sheer numbers faced, for example, by the education and housing authorities. But there are two truths which flow from this.

One, unattended to, this group characteristically goes on to place severe demands on society – and to cost society (in money and in services) an amount out of all proportion to its size. This makes it a group we must pay attention to while we may.

Two, quite apart from the intrinsic gains, this country could do now with the example of a really successful initiative. With the ideas, the resources and the backing all gathered in one place, surely the job is small enough for us to be able to get it right this time around?

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