

# Child & Youth Care

A JOURNAL FOR THOSE WHO WORK WITH  
TROUBLED CHILDREN AND YOUTH AT RISK

ISSN 0258-8927 VOL 15 NO 8 AUGUST 1997

**NEW PROGRAMMES FOR NEW TIMES  
FROM FIXED RATE TO PROGRAMME FINANCING  
PROFESSIONALISATION IN CHILD AND YOUTH CARE**

National Executive  
Committee**Chairman**

Ashley Theron BA (SW), BA  
(Hons), NHCRC, MICC,  
Private Bag X2068 Mmbatho  
8681. Phone (0140) 89-9277.  
Fax 84-2727

**Treasurer**

Roger Pitt, Dip.TH,  
PO. Box 482, King Williams  
Town 5600. Tel: (0433) 21932.  
Fax: (0433) 22252.  
e-mail: naccwkt@iafrica.com

**Members**

Michael Gaffley (Western Cape)  
Linda de Villiers (Border)  
Garth Ownhouse (Eastern Cape)  
Irene Cowley (KwaZulu Natal)  
Marie Waspe (Gauteng)

## Professional Staff

**Director**

Merle Allsopp BA, HDE,  
NHCRC. PO. Box 56407,  
Glosderry 7702  
Tel: (021) 696-4247/697-4123  
Fax: (021) 697-4130  
e-mail: naccwct@iafrica.com

**Deputy Director**

Zeni Thumbadoo  
PO. Box 18295, Dalbridge 4014.  
Tel. 031-305-3872.  
e-mail: naccwdb@iafrica.com

**Publications**

Brian Gannon BA (Hons), MA,  
Box 23199, Claremont 7735. Tel  
021-788-3610. Fax 788-9423  
e-mail: pretext@iafrica.com

**Liaison**

Sibongile Manyathi B.Soc.Sc.  
(Hons). PO. Box 18295,  
Dalbridge 4014.  
Tel 031-305-3872 Fax 305-3855  
e-mail: naccwdb@iafrica.com

**UNISA Liaison**

Jacqui Winfield B.Soc.Sc.,  
NHCRC. PO. Box 18295,  
Dalbridge 4014.  
Tel 031-305-3872 Fax  
305-3855.  
e-mail: naccwdb@iafrica.com

## Regional Secretaries

**Transvaal**

Adina Menhard, Arcadia,  
22 Oxford Rd, Parktown.  
Tel. 646-6177 Fax: 646-9962

**KwaZulu/Natal**

Laila Ramarayan,  
Aryan Benevolent Home,  
Tel. 031-432-388/9

**Border**

Contact Linda de Villiers,  
PO. Box 482, King Williams  
Town 5600. Tel: 0433-21932

**Western Cape**

Dave MacNamara,  
3 Waterloo Rd, Wynberg 7800.  
Tel 021-633-1892

**Eastern Cape**

Cecil Wood, 76 Circular Drive,  
Charlo 6070. Tel. 041-32-2329.  
e-mail: naccwpe@iafrica.com

## Other Areas

**Suid-Kaap**

Harold Malgas,  
Private Bag X6587,  
George 6536.

**Namaqualand**

Father Anthony Cloete,  
RC Sending Kinderhuis,  
Kamieskroon 8241. (0257) 608

**Kimberley**

Derek Swartz, Private Bag  
X5005, Kimberley 8300.  
Tel. (0531) 73-2321

**Fund Raising Organisation**  
**08800448002**

# Today is the first day of of the rest of your (child and youth care) career

At what point do we let go of the past and grab hold of the future? The answer: in the present — today — now!

This issue is full of thinking around programmes, and ways in which we in the child and youth care business can plan to meet the demands and expectations of the future.

Kathy Scott offers us an object lesson on what might be achieved by even a relatively small organisation, if it is prepared to play around with its staff skills and job descriptions, and spend time assembling a good team of volunteers. Sydney Samakosky reports from the experience of a long-established organisation how, by extending venues and programme content, the local community can benefit more from what a children's home has to offer.

Dolly Naidoo returns from America to show how some useful aspects of a programme she observed there can be used back home, while Frank Ainsworth and Richard Small, colleagues from Australia and the US, help us think through the principles of family centred practice.

**Human, material resources**

Recent visitor to South Africa from the Netherlands, Kees Waaldijk, together with Lies Gualthérie van Weezel, his collaborator on a new book on our field, explores aspects of child and youth care as a profession. And Ernie Nightingale walks us through some of the complex passageways we must negotiate, in partnership with the state, as we move from fixed rate funding to programme funding.

**Taking in and giving out**

So all in all there is a lot of 'meat and potatoes' in this issue for child and youth care workers, administrators and managers, all of whom stand together on the threshold of new times in this work.

But there is another thread running through this month's articles. It is the opportunity, if not the obligation, to network with others, to offer our own viewpoint, and to speak out when necessary on any of the issues which will no doubt affect our work with children and youth over the coming years.

The writers of articles invite you to contact them (telephone numbers are given) to clarify and discuss their ideas and experience.

And those in the state departments who are engaged in forward planning ask you for your input and your reactions (their postal addresses are given) — whether on the IMC's interim policy recommendations or on the direction which programme funding is taking.

We can only benefit from consulting with one another as we seek together to respond to the expectations of emerging state policies. And we have every right in this new society both to question and to participate in the process of policy-making.

**Rural outreach**

Just as child care people are setting out in new directions, so the NACCW itself has been enabled this year to explore new training opportunities in our country's rural areas.

We have many colleagues who work with children in places which are very isolated, far from the support and companionship of fellow child care workers in urban settings.

A number of administrators in rural institutions have been able, in a small way, to connect with trainers through the Diploma in Child Care Administration (DCCA) which is a distance-teaching and telephone tuition course. But the majority of staff have not been able to do this.

Thanks to the generosity of the

Nelson Mandela Children's Fund and a grant from the Royal Netherlands Embassy, the NACCW is at least getting rural training programmes under way right now to a meaningful extent.

**"Thirsty" workers**

When training was offered for the first time recently to staff in state institutions, often in outlying places, the response was extremely positive — "thirsty for knowledge" was how some trainers described the students. The same has been true amongst staff in the private institutions now receiving training — in the Eastern Cape, in Namaqualand and soon in KwaZulu Natal. Rural child care institutions work with a set of problems and circumstances which present their own unique challenges. The resources and the logistics are usually very different from those we enjoy in the larger centres. But it has been rewarding to be able to share those principles and methods which are common to all of us, those based on sound child and youth development, and the positive relationships which reassure and grow troubled young people anywhere.

**FAX NUMBER AT EDITORIAL  
OFFICE/PUBLICATIONS UNIT:**

**(021) 788-9423**

*This number is already operational and is the only number connected to the fax machine.*

**New Internet  
addresses —**

Please note that as from 1st of August 1997, our web sites have moved to the following locations:

**NACCW**

<http://www.pretext.co.za/naccw>

**CYC-Net**

<http://www.pretext.co.za/cyc-net>

*CYC-net*

Are you connected? Send e-mail to [cyc-net@iafrica.com](mailto:cyc-net@iafrica.com) and you will be connected to a network of child and youth care colleagues world wide. **You are welcome!**

# Child & Youth Care

**A JOURNAL FOR THOSE WHO WORK WITH  
TROUBLED CHILDREN AND YOUTH AT RISK**

Volume 15 Number 8 August 1997

EDITORIAL: TIME FOR BUILDING — TOGETHER	<b>2</b>
WE MEET SHARON MCNICOL OF THE EASTERN CAPE REGION	<b>3</b>
FROM SOUP KITCHEN TO COMMUNITY PROGRAMME	<b>4</b>
PARADIGM SHIFTS: DOING MORE FOR THE COMMUNITY	<b>6</b>
RANDS AND SENSE: ERNIE NIGHTINGALE ON FINANCING	<b>8</b>
DOLLY NAIDOO DESCRIBES A CHILD AND FAMILY PROGRAMME	<b>10</b>
THINKING ABOUT PROFESSIONALISM IN OUR CAREER	<b>12</b>
CHARACTER CAN BE TAUGHT	<b>14</b>
KURT VONNEGUT OFFERS SOME ADVICE	<b>15</b>
AINSWORTH AND SMALL: FAMILY CENTRED PRACTICE	<b>16</b>
LETTERS: GRANTS, CHANGING JOBS, HAVING YOUR SAY	<b>19</b>
BEAUTIFUL MUSIC, BAD NOTES AND ALL	<b>20</b>

Cover photograph by Brian Gannon



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



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

**NACCCW**

National Association of Child Care Workers  
naccwct@iafrica.com  
http://pretext.co.za/naccw

**Child & Youth Care** ISSN 0258-8927 is a non-commercial and private subscription journal, formerly published in Volumes 1 through 13 (1983 to 1995) as *The Child Care Worker*. Copyright © 1997 The National Association of Child Care Workers

**Editorial:** P O Box 23199, Claremont 7735, South Africa. e-Mail: [pretext@iafrica.com](mailto:pretext@iafrica.com)  
Telephone: (021) 788-3610 Fax: (021) 788-9423. *Child & Youth Care* is published on the 25th of each month except December. Copy deadline for material is the 10th of each month.

**Subscriptions:** Individual Membership of NACCCW is R80.00 p.a. which includes a free copy of the journal. Non-members, agency or library journal subscriptions: R80.00 p.a. post free. Commercial advertising: R312 per page *pro rata*. Situations Vacant/Wanted advertisements for child and youth 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 Advisory Board:** Merle Allsopp BA, HDE, NHCRC; Annette Cockburn LTCL, Dip.Ad.Ed.(UCT); Kathy Mitchell BA; Pumla Mncayi BA (SW); Adv. Ann Skelton, United Kingdom; Peter Harper MSc (Clinical Psychology); United States: Dina Hatchuel BSocSc (SW) (Hons) PSW, MSocSc. **Editor:** Brian Gannon

## People



**Sharon McNicol**

Sharon is a member of the Regional Executive in the Eastern Cape Region, and has trained the BQCC course for some years. After qualifying as a Social Worker from the Rand Afrikaans University, Sharon became a field social worker, specialising in reconstruction work with parents of children who had been removed from their families and placed in foster care or institutions.

### Parents and children

While in this position she was instrumental in arranging camps which the parents and their children attended. In this way the children and parents could be together under supervision and at the same time undergo educational and skills programmes.

After a year in this line she moved on to specialise in adoptions while working at a home for unmarried mothers. This was followed, in 1985 by the position of Social Worker in a children's home in Johannesburg. During this time Sharon did the BQCC through the NACCCW.

### Further studies

In those days it was unusual for a woman social worker to head up a children's home and so as there seemed to be little possibility of a career advancement Sharon decided to further her studies in a different field. She graduated with a BA (Hons)

in Training Management and took up a position with the National Cancer Association training their volunteers. She was soon made Area Manager and then Deputy Director.

By this stage Sharon was married and she and her husband relocated to the Eastern Cape where she went back into child care. She took up the position of Principal of the Eastern Province Children's Home in Port Elizabeth.

### Fund raising

Sharon feels that due to its advancement and development programmes E.P Children's Home is a model for such institutions in this region. The home comprises eight cottages and has 94 children at present with eight child care workers and eight assistant child care workers. It is totally intercultural and interdenominational, not being affiliated to any church.

However, much valuable time has to be spent on fund-raising by the child care workers — R50,000.00 has to be raised each month due to the inadequacy of the present subsidy system.

Sharon was elected on to the Eastern Cape Regional Executive Committee in 1992 and two years later she was made Chairperson. At present she is running the Principals' Forum. This group meets bi-monthly and has a regular attendance of eight principals. Sharon has also facilitated and trained the BQCC in that region for the last six years. She feels that there is still much training needed as many child care workers in the area have not had the opportunity to undergo any training at all. Sharon and her husband Neil have two children, Graham (11) and Megan (10).

In this issue we highlight two programmes — both very different in history, resources and clientele — which have recently tackled the need for change and development in the light of the Policy Document of the Inter-Ministerial Committee on Young People at Risk (IMC). In the first, we talk to **Kathy Scott**, principal of James House in Hout Bay.

## From Soup Kitchen to Community Programme

James House in Hout Bay (named after a young boy who begged for food and shelter for himself and his sisters) grew eight years ago from a soup kitchen service to a shelter for street children.

Initially a community undertaking operating as a project under the wing of Cape Town Child and Family Welfare Society, it is now a registered children's home for 20 children, and an independent branch of the Society.

Today it offers a differentiated residential, family and community programme which demonstrates how the "new paradigm" in child and youth care can be explored even before the new structures and funding are in place.

### Changing circumstances

The mission statement of James House was well intentioned from the start: to achieve the return of a child to family or community within a turnaround time of six months to two years. However this goal was hard to reach with the only child care worker on duty in the evenings preoccupied with the children in residence.

But change is often kick-started by necessity, and when the child care worker became through other circumstances unable to remain resident, yet wanted to stay on to develop new directions, principal Kathy Scott and her management committee decided to bite the bullet. At a time when many children's homes were reducing staff, James House increased theirs. A new resident child care worker was appointed, while the former staff member started moving outwards to work with families.

It was a slow and carefully planned change, since the children were anxious over the comings and goings, but in retrospect it is seen as a turning point.

The family worker, and thus James House, became better known in the community, and the community in turn increased its support. Fortunately the home remained full (even had a waiting list) so state funding stayed constant.

### New work

Exciting things happened. The new role of a family/community worker required that a new job description be worked out, and this was largely decided by events. Children returned to their parents were supported by the worker in child management skills, and the children could continue to attend some of the afternoon

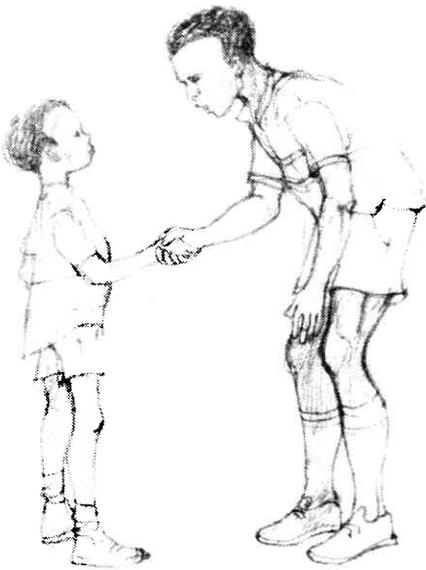
programmes at James House. The parent support included elements of parent effectiveness training and elements of counselling. The worker then offered parent effectiveness training to local school teachers who were able, in turn, to be helpful to other parents in the community. The family worker still does some shifts in the children's home, and some James House staff (now also including a relief child care worker and two full-time students) may in time do "shifts" within family settings.

What is common is the essential nature of "life space" work as distinct from social work, though, when convenient and appropriate, some tasks are shared between the Child Welfare Society's social worker and the James House workers. Also, some of the existing activity programmes in James House could well be moved to community venues, thus being accessible to both the children's home and other children. So, the walls of institutions become more permeable, and the roles and tasks of child and youth care workers more widely applied.

### Staffing

This development requires thoughtful planning. Here are two object lessons apparent in the James House story. The first is related to staff. James House, like most children's homes, would not normally be able to afford the staff needed for a development of this scale. Instead, it makes active and sensible use of volunteers. The small permanent staff is complemented by two full-time Danish student volunteers, and a corps of *twenty* volunteers from the community who help with the home's activities programme: arts and crafts, sports





**“Everything they get in the programme is something they can take away with them — something which will “fit” with their own homes and families, and will be helpful there.”**

and recreation, sewing and carpentry, reading and tutoring — and with the administration: transport, collections, fund-raising, typing and general administration. Further, a consultant psychologist contributes time, and members of the management committee itself are quick to stand in for any of these many tasks when needed. Much staff attention is placed on this volunteer corps, who are properly involved in planning, supervision and feedback, and for whom regular training and social events are planned. James House demonstrates that there is an effective way past the excuse that “we haven’t enough staff”.

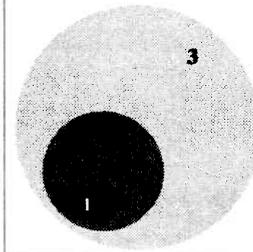
**THE HOUT BAY COMMUNITY — PAST**

**1. The former James House residential programme**



**THE HOUT BAY COMMUNITY — FUTURE**

- 1. James House residential programme**
- 2. Early intervention (activities, etc)**
- 3. Prevention (training, information, etc.)**



**Ecological standards**

The second object lesson is related to the home’s careful monitoring of levels of services. While client needs are accurately assessed and service quality in terms of these needs is consistently high, the resources and interventions are never so sophisticated or complex as to be beyond the normal reach of the children, families and community itself. This is a powerful element of the James House programme.

For example, they have refused donations of MNet and a swimming pool, as these would not be part of the children’s normal lives. Further, James House intentionally has no transport so that there is no learned reliance on a resource which would not be part of the children’s future. Most importantly, all of the activities programmes are geared towards skills learning and not towards passive entertainment; everything they get in the programme is something they can take away with them — something which will “fit” with their own homes and families and will be helpful there.

**The future**

James House is considering several possible future growth points: an emergency care service (already several children, and even a whole family has been offered respite accommodation and care on a short-term basis); a foster-care level of service for children no longer needing the intensive programme; more access to the activities programme for those in the wider community who may benefit from it, bring-

ing them into the ambit of James House and thus offering some early intervention service; more parent training and other information giving in the community, contributing to prevention. Kathy Scott feels that probably half of the present parents could be helped to resume responsibility for their children through this extended programme. This would leave about one-third of the present enrolment still needing the more intensive residential programme at any one time.

The graphic illustration shows the direction in which the James House is growing and the degrees of impact it can have as it moves out from clinical to community work. Whereas the home has accommodated and helped just twenty children at any one time, the future operation could have a far smaller residential group — but the rest of its programmes would impact on hundreds of youngsters and their families in the Hout Bay community. In all of this there is a widening range of roles and tasks for child care workers, developing their existing individual and group skills towards other life space applications.

This accords very well with the vision of the Inter-Ministerial Committee which foresees existing children’s homes becoming resource centres, with fewer children resident and more children being helped in their family and community contexts.

*Those interested can contact Kathy Scott on (021) 790-5616.*

**FOR YOU TO TRY**

**Volunteers**

Using volunteers is an excellent way to increase the capacity of your organisation — by adding more hours for adult-child interaction. In work with troubled youngsters, one-to-one time is so important, and in most child and youth care situations we would always like an extra pair of competent hands around.

There are some simple points which should be remembered when using volunteers ...

1. Volunteers must be competent people, and have something real and useful to offer to children and youth. As Lorraine Fox once said: “Wimps need not apply!”
2. Volunteers must be regular. Even if they have only one hour to spare a week, we can use that hour. But the hour is a firm booking and important to the child.
3. “Volunteers cost everything but the salary.” This means that all of the *other* staff costs apply: clear job descriptions, available space and facilities, involvement in decision making, good supervision, regular feedback ...
4. What the volunteers actually *do* is less important than the fact that they come to interact with the children. If they offer hiking or music or knitting — whatever — they are doing something positive and ordinary with kids.
5. Volunteers, unless invited, keep to their times. It is unhelpful to the life-space when its boundaries get blurred and people come and go too freely.
6. The skills and experience we may give to volunteers are things they can take away with them — they continue to be useful in the community.
7. Volunteers can offer so much — in return for no more than a *Thank You*.

# Paradigm Shifts: Dragons, Wolves, Fantasy and Lots More

Policy ideas are often prevented from coming to fruition by practical or fiscal constraints. So it is heartening to know that team effort and commitment, hard work and support from colleagues and other children's homes can result in positive outcomes.

I will refer here to the IMC document Interim Policy on Young People at Risk (now accepted interim policy of Cabinet) that encourages residential facilities to make the shift to becoming community resources.

In theory at least, we seem at last to have a fledgling policy that is holistic, person- and community-orientated and progressive.

It is this interim policy, and the numerous debates and forums that led to its development, that served to reinforce for us our planning over the past two years towards the expansion of our residential programs to include an Education and Resource Unit at Oranjia, as well as a Community Child Care Team.

## Education for Life

The Education and Resource Unit reflects the emphasis we place on educational and life skills for children and youth in our care. In the unit we provide support and resources to the child and youth care workers at our two residential group homes.

The need for such a unit arose from our finding that at any given time more than 65% of residents either had learning difficulties or were significantly underachieving, and that 70% or more had difficulty with interpersonal and social skills.

For the majority of these children and youth, the services offered by their schools and other facilities, though often excellent, were not sufficient to address their scholastic and life skill needs, and were also fragmented.

Homework supervision, always a part of our residential program, has for many years been evolving into something more — a safe and secure environment in which to learn and gain new skills; an opportunity for competency; teaching study method skills; assistance in consolidating schoolwork; innovative and creative methods of making learning fun and exciting

through games, activities and the use of computers; implementing home-based remedial and occupational activities; strengthening language and comprehension skills; role modelling social, interpersonal and problem solving skills.

## Care worker as "teacher"

None of the above replaces the need for specialised interventions. Rather we found that our programs and activities supported and strengthened the work done outside of Oranjia, and even reduced the duration of such therapies. Most importantly we were running our education program from within the very same child and youth care perspective that guided all our residential care programs — namely that the relationship between careworker and child or youth is the primary medium for the transmission of care, nurturance, skills and knowledge, and ultimately the potential for healing.

This emphasis is applied across all program activities, from scholastic to emotional, cognitive, social and interpersonal issues. It is this emphasis on the Whole Child as a growing, evolving individual that establishes the developmental-ecological perspective, which is a hallmark of good practice. In other words, "teaching" in a child and youth care context is a much broader concept than scholastic learning, which is only one component of what we mean by "learning". In this sense child care workers have, as one of many roles, a teaching role. To teach and thus impart knowledge and skill about appropriate ways of behaving and interacting with others, about expressing and managing painful and difficult emotions, and about learning to solve problems and resolve conflicts, is an important child care function.

## Developmental ecologies

This "teaching" is carried out through meaningful relationships, characterised by concern for emotional and psychological needs, trust, understanding, psychological safety and an awareness of the child/youth as an individual. Without these primary ingredients, very little teaching and growth can

take place.

In recognising this, together with our holistic approach, a logical evolution in programming has been the rapid development of activities which promote emotional, cognitive and social development in an integrative way.

This has seen the establishment of:

- a full-time Education and Life Skills Co-ordinator's post held by a senior child care worker with teaching experience and skills;
- an Education team consisting of our professional staff (social worker and child and youth care workers) and the setting up of an Education and Resource Unit run by the Education Co-ordinator and Education team.

We have thus been able to express our concern with and focus on learning and development in a concrete and visible way.

## Integrative approach

This approach is necessary. In setting up our Education and Resource Unit we are expressing our commitment to the idea of a developmental-ecological perspective that accounts for the young person's emotional, cognitive, social, familial, communal, and cultural contexts.

The Unit offers the opportunity for the children and youth to receive help and support with scholastic and academic skills while simultaneously being helped with concurrent social and interpersonal skills development, problem solving and conflict resolution skills, attention and focussing skills and general life skills. The program is run by existing staff and does not necessarily require the hiring of additional staff or a great increase in costs.

This unit services the two residential group homes, providing a space for expanding existing programs and for carrying out activities that cannot be practically and usefully implemented within the actual group homes. By creating a space outside of the actual living space, yet still "inside" Oranjia, we can offer activities such as educational videos, games, arts and crafts, computer and library resources, tutoring, homework supervision, study methods, space for running groups, story telling



**Contact was made with an organisation for street children with an offer to provide weekly tutoring and schoolwork support. This aspect of the program has been running for almost a year ...**

and many other activities, which provide a meaningful complement to those programs already running within the group home milieu.

Practically, the Unit can comfortably meet the needs of those in residential care as well as the needs of children in after care who are living back in the community.

We also still use outside resources for special needs which we cannot meet within our program — remedial assessments, psycho-educational testing, physiotherapy and occupational therapy.

#### **Community child care**

In moving closer to the ideal of residential child and youth care as a short to medium term option with an emphasis on reintegration back into the family and community, the setting up of a Community Child Care Team has been an important development that has gone hand in hand with the development of the Education and Resource Unit.

This team, selected from existing staff, has the role of monitoring and supervising all children and youth in the after care program (formerly supervised only by the social worker), including those residents on leave of absence, those at home under the Act in parental custody, and those no longer under the Act but still in need of care and support.

The team offers home visits, practical assistance to the youngster and family, continuing access to resources at Oranjia and in the community as well as an ongoing link to the home in terms of

participation in activities, outings, camping trips, religious celebrations and of course continuity in relationship.

Policy guiding this aspect of service delivery is being developed, and will include guidelines for the nature, duration and intensity of service delivery to aftercare participants.

#### **Joining with the community**

In being able to provide effectively the extended services offered by Oranjia, it is imperative that we are very clear about available referral resources to help us in our delivery, as well as volunteers who can participate. Networking and expanding our contacts and sharing resources has become very important. In the past year we have joined in the following ways with the community:

- Contact was made with an organisation for street children with an offer to provide weekly tutoring and schoolwork support. This aspect of the program has been running for almost a year and is attended by about eight to ten children who are tutored weekly by staff at Oranjia giving us a chance to develop some of our skills, while sharing our resources as well.
- A local high school has been approached and senior pupils are helping us at the Education Unit, engaging the residents in activities and games. We are also planning to involve these pupils in helping the younger children with their homework.
- A local school has also referred some of their pupils to our Education and Life Skills program in the afternoons as part of a "drop in" service. We hope to extend this concept in the future to other schools and children/youth in the community. As part of this program, we include family interventions, offered jointly with school counsellors, when indicated. At present, this is being kept to a small scale.
- We are also offering child and youth care seminars to youth movements and will be presenting seminars/workshops to a preprimary school system as part of our community service.

Having established these services, the logical next step is to project the functioning and role of these services into the future. In this process we should be guided by evolving developments, for example, our discussions and exchanges with a local community school and our planned contacts with other facilities, professionals, and resources within the local community. Having indicated to us that there is an interest in utilising some of the services offered by us, and in making referrals to

us and working with us, the school is helping us to introduce a Community dimension to our services as well and are also offering us additional resources.

Perhaps more importantly, child and youth care ideas are gaining access to a community and school context. By accepting non-resident children or youth onto the program we are making our resources available to community based organisations and are no longer only providing this service to the group homes of Oranjia.

This has introduced a preventative element to our work. As this process is in its infancy we only have the resources currently to offer this on a small scale. Therefore it becomes important, if there is to be a logical and planned evolution of the process, that careful consideration is given to possibility of offering an expanding service to organisations and young people in the community while remaining cost effective. This would require a good sense of what the need actually is, and the extent to which we and other existing services can already meet such needs.

#### **Conclusion**

In our experience it is possible, with a small dedicated team, to provide services from a residential base, beyond the strict confines of residential care, thus taking the field and the profession to the community.

With macro policies now encouraging such developments, it is possible to establish residential child and youth care as the centre core of a valuable and viable community service. Such a process is not without its Dragons and Wolves, difficulties, stress, and frustrations.

Our movement towards establishing ourselves as a community resource has been met with some resistance from a few traditional community organisations wishing to protect their historical territories.

And there has been resistance from certain community lay leaders who lack an understanding of the role of the child and youth care profession in a developing South African context. The process of shifting paradigms has required extremely hard work, team and management committee support as well as a public relations effort to encourage community and clients and sister organisations into using and referring to our program. With a dash of Fantasy and luck thrown in, shifting paradigms is a very real possibility.

*Sydney Samakosky can be contacted at (021) 45-3208*

The move from fixed rate to programme financing for welfare – and for residential services in particular – is currently under the spotlight. The Department of Welfare asks for your input. In this feature we sketch some of the proposals made so far, and to kick off the debate we ask **Ernie Nightingale** of Ethelbert Home in Durban for some initial observations.

# Rands and Sense in Child and Youth Care

## Introduction

The Welfare Reprioritisation Committee, established in November 1995, has been concentrating on welfare financing, particularly relating to residential facilities. A Task Group has been busy co-ordinating the practices of the national and provincial departments, and a group of consultants was appointed in May to contribute financial, managerial and economic expertise.

The move from fixed financing amounts towards programme financing has raised a number of problems — the lack of guidelines for costing programmes in terms of financial input against outcome, the evaluation of services, the complexity of norms and standards, as well as the difficulty of procedures to be followed.

## Principles

It has been agreed that the objectives and principles of programme financing should reflect the following:

1. The equitable provision of services, targeting disadvantaged communities, vulnerable groups, and people with special needs.
2. The range of service providers should be broadened to include both non-profit and for-profit organisations
3. In line with the partnership approach, tax policies should encourage contributions to welfare services as well as service providers.

4. Financing should be linked to the cost of services, their effectiveness, efficiency, relevance, accessibility and sustainability.

5. Funding should be targeted which requires means-testing and recipients paying for services where they have the means.

6. The financing system should be simple, flexible and allowing for multi-purpose and generic programmes as well as specific funding.

7. Provision must be made for contractual agreements between state and service provider, with the possibility of a unique, welfare-specific tendering system.

8. Where applicable, management and funding of a programme should be inter-departmental and inter-sectoral.

9. Services should be costed, linked to realistic norms and standards and based on reliable data and research.

Subsidisable services would be divided into three categories: Development, prevention and treatment; Community facilities and Residential facilities. In addition, financing should be directly linked to national priorities, provincial priorities and specific priorities for an area or target group.

Eligibility of clients would be related to income (e.g. means test), age, special needs and gender. Eligibility of service providers would be related to the capacity to provide services, status (e.g. as a not-for-profit organisation), registration with respect to the welfare service undertaken, the submission of required business plan, financial statements and evaluations, and appropriate representativeness.

*Child & Youth Care talked to Ernie Nightingale, principal of the Ethelbert Children's Home, regarding the move toward programme financing.*

## The numbers and costs

The change is not going to be easy, and there are a number of serious challenges. Those who devise the system should be aware that whatever the emphasis on prevention and early intervention, and on communities and families, which we all welcome, there are categories of children which will not magically be reduced in number. These include the abandoned children, the orphans, the street children, offenders, drug involved youngsters and the many others who fall through the existing family welfare and community systems. In fact, as the artificial racial categories of the past fall away, the need for residential services of some kind may well continue to be uncomfortably high. Ten years ago, towards the end of the previous dispensation, the proportion of children in care from the various race groups care bore no relationship to the population figures (see table on following page). It is likely that such a distribution will tend towards normalisation faster than we can put the new paradigm into place. And I haven't even mentioned HIV and AIDS.

## Is there money?

Most of us look forward to the opportunity of moving beyond purely residential services into prevention and early intervention, but I personally have two fears: one is that these new service areas are very staff intensive — in fact virtually all of



**TABLE: CHILDREN IN CARE IN SOUTH AFRICA IN 1987**

	White	Black	Coloured	Asian
Institutions*	9201	1036	4423	687
Foster care	7699	5200	19719	1770
<b>Totals</b>	<b>16900</b>	<b>6236</b>	<b>24142</b>	<b>2457</b>

\* Children's homes, places of safety, schools of industries and reform schools

the costs will be staff related — and staff already make up the greatest cost component in our services. The other is whether the state will be in a position to provide the finance required for meaningful prevention and early intervention work. We assume, for example, that our work will continue to be directed at children and youth who are *at risk* — that is, youngsters who are struggling and who are not fully functional in their homes or in society. This implies a continuing need for higher programming and skills levels than those required in simple recreation and activity programmes.

So, to be realistic, I cannot imagine any organisation which has *expanded* its services into a community resource offering a wider range of services asking the state for *less* money. Set against this, we all realise the competing needs for funds for children in South Africa at the moment. What priority will child and youth care receive?

#### Paying for services

The client group with which child and youth care services have been working cannot realistically be associated with the means test ideas in this funding document, and clients will never be in a position to contribute much to the cost of services. Many years ago, at Ethelbert Children's Home, we introduced as part of our family-centred programmes, the requirement that parents contribute to certain costs of their children — pocket money, school books, clothing, etc. This policy was of course not primarily directed at recovery of costs, but at drawing parents into a sense of shared responsibility for and participation in working with their children. But the point is that the attempt in fact produced negligible funding. Such families in the past (and why should this be different in the future?) had already been worked with, sometimes for years, by hardworking and well qualified social workers from family welfare agencies.

We will also have to carry other funders along with us within the new models. In the past, many have wanted only to fund tangible assets, and it has not been easy for us to attract funders for staff costs — which will make up a higher percentage of the costs in future.

#### DILEMMAS

There are some inevitable dilemmas to be resolved.

##### Policy and mission statements

One dilemma is between the national and provincial welfare priorities which may be established, and the missions of the (often private, often church-based) organisations offering the services. I can foresee a situation where some of these will want to continue their work, for example with children in need of care, but will have to do so without state support. This could lead many back to the days of large institutions offering minimal services with small staff numbers.

##### More skills — or fewer?

Another dilemma is between the increased expectations the state has of child and youth care workers as they move into broader practice areas needing additional skills levels — and their continuing poor service conditions and financial status. Whatever the hopes and plans may be, on the ground it remains true that this is not a highly valued and highly paid profession. Probably most workers, certainly in the private sector and to some extent in state institutions, still rely on the board and lodging "benefits" to redress the poor salaries.

##### Evaluation

Yet another (and very complex) dilemma is that which may arise between the specification of services on the state tender documents, and the philosophy and practice style of the organisation. How easy will it be to marry the evaluation criteria which must be established by the state tender, and those which are central to the professional orientation of the tendering agency? Some organisations will work according to behavioural criteria, others may work with peer group methods, yet others educationally or vocationally or psychodynamically. Who are the specialists? Who will ultimately evaluate programmes — clerks or professionals?

##### State control

Is there a danger of more state control than is immediately apparent? For example, the document suggests that a

full business plan be submitted which includes a financial plan. If one organisation chooses to work according to a particular model which spends x Rands on electricity or lawn mowing, could the state declare such aspects of the budget unacceptable? In the normal world of tendering the purchaser establishes a specification and the tenderer a price. It is the tenderer's business how the specification is then met. The integration of professional practice and bureaucratic evaluation at this level will not be easy.

##### Simplicity

The document aims at a financing system which is "simple, flexible, and allowing for multipurpose and generic programmes". This will have to take into account the very elusive differences between services for such groups as abandoned children, handicapped children, drug-involved youth, offenders, disturbed children, etc. The number of variables within these groups — staff qualifications and skills, time spent per client, resources and equipment, management and supervision, to name a few) is infinite. Also, there cannot be a single set of criteria which apply to both rural and urban clients — the problems, the challenges, the levels and complexity of functioning are quite different. In this sense there is likely to be some difficulty in resolving the "first world" nature of these funding proposals and the "third world" nature of the work itself which we are asked to do at this time in South Africa.



*This input from Ernie Nightingale introduces the debate by raising some of the issues we will be engaged upon as we work towards a new funding system in welfare, and in child and youth care in particular. The Department of Welfare is asking at this time for comment and suggestions from the field — and this includes you and your organisation. Your ideas and hopes, from practice and management levels, will be useful. You can address your proposals to the Department of Welfare, Private Bag X901, Pretoria 0001*



A report from **Dolly Naidoo** on her two-month practicum with Pressley Ridge Schools in Pittsburgh, USA

# The Kinship Programme for Children and Families

As a participant of the Pittsburgh International Children's and Families Institute Spring Practicum, I had the opportunity of meeting colleagues from Portugal, Argentina, Brazil, Poland and the Czech Republic and my fellow South African, Mark Gamble from Cape Town. This visit was the culmination of a visit in October 1996 by Zeni Thumbadoo from the NACCW who, with directors from these countries, visited the range of programmes offered by the Pressley Ridge Schools. The two-month practicum run jointly by the Pressley Ridge School and the University of Pittsburgh's office of Child Development was very intensive with lectures, handouts, presentations, general visits and experiential learning. The KINSHIP (Kids In Need Supporting Hope In Parents) residential programme is a short-term programme for ten children ranging from 8 to 10 years of age.

### Aims and Objectives

- to provide services to families of children and adolescents who are at risk of being removed from their home and community environments due to serious emotional and behavioural problems
- to strengthen, preserve and maintain the family unit
- to design and implement a highly individualised service plan that is based on the strengths of the child and family
- to involve the agencies and communities in the planning process
- to have a flexible individualised service plan which can be modified to meet the changing needs of the family

- to equip the child and family with the necessary skills to manage a safe, stable and successful existence within their community.

### Criteria for admission

The criteria for admission are:

- severe disturbance of emotions and behaviours that significantly interfere with the child's ability to function in the home, school and community.
- imminent risk of an in-patient hospitalisation, a state hospital placement or a Children's Bureau placement for mental health reasons.

The key components of the residential services are work with the family, the court system and community groups on behalf of the child.

The programme offers outreach services to the educational system and support to the families.

The children attend the elementary schools in the community. The child and youth care workers (teachers, counsellors or coaches as they are known), go into schools to assist the teachers to cope with the child. Care staff working with children are

very patient and consistent in dealing with problems.

There was an incident when a child refused to do his work at school. The child care worker assigned to this child carried his supper to school prepared to wait the whole night if necessary until the child completed his work. Eventually the child got the message and finished his work at 8pm.

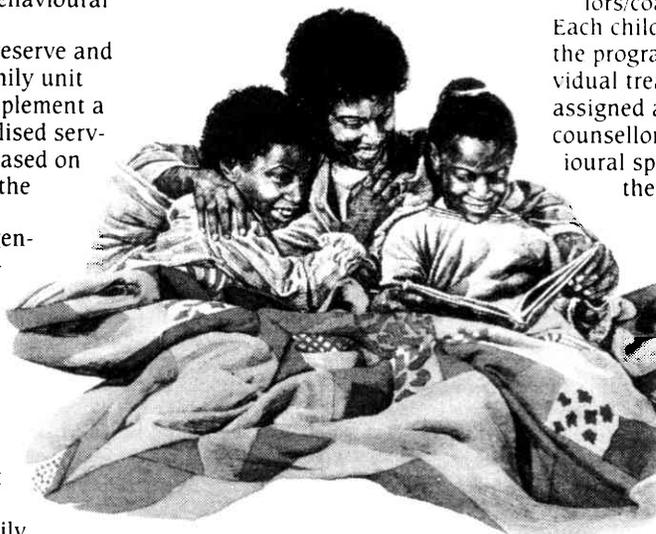
Medication is delivered personally by the child care workers to the school. Principals administer it to the children on a daily basis. Besides accompanying the child care worker on such an errand I also had the opportunity of attending a school picnic. The school had invited families to share a picnic lunch with their children and it was a wonderful opportunity for parents and children to socialise. It was a friendly atmosphere and the kids were really happy that their parents could join them.

### The Kinship staff

The staff comprises:

- a programme director
  - 2 supervisors (one for the residential programme and one for the outreach services)
  - residential teacher counsellors/coaches
- Each child who is admitted to the programme is on an individual treatment plan and is assigned a residential teacher counsellor, a community behavioural specialist, a mobile

therapist (mobile therapist does individual or family therapy) and a mobile teacher counsellor. Additional staff may be added according to the needs of the child and family. Every staff member employed to work with the children receives



40 hours of intensive training —including the Cornell University Therapeutic Crisis Intervention Training which most of us were fortunate to be part of.

There is also a community-based staff consisting of two supervisors and a team of workers who work with the families and schools. The residential and community based teams work very closely and have regular meetings.

#### **Planning and routines**

Individual service planning meetings are held monthly, where the child, family, friends, school staff, Kinship staff, community based staff and staff from the referral agencies are present. The objectives set previously are reviewed. The approach used is strength-based with emphasis on efforts made, encouragement and incentives offered for achievement.

Daily routines and activities are monitored very closely by the teacher counsellors/coaches who deal with the day-to-day work with the child in the residence. The cleaning up is attended to by the children and staff.

Expectations are set by one of the children for routines and programmes. For example, a 'huddle' is called for the children and staff to set expectations for an activity, to evaluate an activity, to discuss a challenge or to have a problem solving session.

When a huddle is called before breakfast some of the expectations expressed would be no running about, low noise level, hands off, follow first request, etc. If any of these expectations is not followed the group is called immediately to huddle again and expectations are set all over again. (Expectations are set by the children.) Huddles sometimes can go on for long periods. The huddles teach the child self-control and discipline, listening skills, and finding alternative solutions to problems. The children also learn that they lose out on the fun activities if they do not follow the objectives they set and are called repeatedly to huddle up.

The staff work as a team and are very professional when dealing with children who at no time are left unsupervised. Restraining techniques are used in extreme cases, for example, when the child is violent towards himself or others. When children display unacceptable behaviour some of the consequences used are:

- Time-out, when the child is allowed to go to his room and think about his behaviour. He is also encouraged to talk about it to his child care worker.
- Forfeit fun activities with the group. He/she will instead be involved in individual work under the supervision of the child care worker.

Every opportunity is used as a learning process for the child.

#### **Community based work with families**

The services offered to the families are very individualised according to the needs of the child and family. One family may need support with the child's homework or bedtime routine, whereas others may need as much as 40 hours of support per week to help them to cope with the child's behaviour.

I had the experience of being with a worker who was involved in supportive work with a family. The child was released from the Kinship residential programme and the family needed assistance in coping with the returning child. The family was receiving five hours of support per day. The worker generally spent this time engaging the child in an outdoor activity and Dad joined in the game as well. The parents also gave feedback regarding the day's programme and any problems encountered with the child. At the end of the five-hour session which ended at 9pm, the worker completed her logging of the parents' report and evaluation of the session with the child, which would later be shared with the team.

#### **Administration**

All the child care administrative work is done in the mornings when the children are at school or late at night when they are asleep. Incident loggings are done by the child care staff and e-mailed to all team members involved with the case. A medications log book is updated on a daily basis. A weekly evaluation of each child's goals is also recorded — with the child being involved in this process.

One of the challenges put to the participants was to design a culturally transferable human service programme to implement when we got back to our organisations. My plan of action was to develop outreach services to the schools and families. A possible pilot programme for this in the organisation I work for is being negotiated.

#### **Evaluation**

One of the strengths in the programme was the outreach service to the schools and families, which provided a continuum of care even after the child was released from the residential programme.

Further, the focus on the strengths of the child and family clearly minimised the problems. The goals and objectives identified for the child and family were measurable and are continually reviewed.

However, the high dosages of prescribed drugs was a concern. Behaviours displayed by some of the children could be age-appropriate. The huddle can be positive and effective learning process for the child when used appropriately, but it somehow loses its impact when used too frequently because it can become very rigid and controlling.

The programme was a positive and enriching experience for me. I would like to express my sincere appreciation to the NACCW for giving me the opportunity of this visit.

*Those interested can contact Dolly Naidoo on telephone (031) 21-1301.*



## **CHILD AND YOUTH CARE WORKER**

Johannesburg Child Welfare Society is looking for a live-out Youth Worker for its Home for teenagers in Norwood, Johannesburg.

Ideal applicant will have experience in Child Care or related work and be a strong and motivated person. Own car essential.

**Please fax C.V.'s to Evelyn Zwahlen at (011)331-1303 or phone on (011)728-2241.**

# Life space work, child and youth care work, (semi-) residential work — is this a Profession?

One of the common elements in the different kinds of residential work and day care is the peculiar profession of the life-space-worker, the "worker who helps people by sharing their daily life". As long as certain types of residential care have existed, there have been people who worked there and who shared to a certain degree the life of the residents — in the orphanages, hospitals, the poor houses and other facilities.

But these people were not professional in the modern sense of the word. Even compared with other occupations in the middle ages, for instance, carpenters, painters or doctors, they were less "professionalised".

Many came to this work as members of religious denominations or committed to works of charity. Many of them, certainly, had a great deal of practical experience and developed important skills, but for the other occupations, a much more explicit body of knowledge and a more highly structured way of acquiring competence were available.

Careworkers in residential facilities will quite often have followed their hearts and the example of their predecessors or seniors.

So we need to ask the question: what are the distinctive characteristics of a profession in comparison with occupations and jobs in general? Closely related to this question is the problem of what we mean when we are speaking of a process of "professionalisation" in a certain field.

## Characteristics

Without pretending to offer a theory of professionalism, we suggest here a number of generally accepted characteristics of a profession, which at the same time can be seen as "steps" in a process of "professionalisation", of becoming more professional.

1. A specific task or cluster of related tasks.
2. These tasks are performed by certain persons more than incidentally, for a considerable part of their time over a period, generally in return for some payment in money and/or goods.
3. The performance of this task presupposes a specific competence, a combination of practical skills and theoretical insights.

4. A structured, more or less formalised route following in acquiring this competence, either in the shape of a (pre-practice) school or of an in-service education (as in the traditional guilds).

5. Recognition of the competence, perhaps in a formal qualification conveying the right to exercise this function, by the society.

6. The existence of a (never complete) body of skills and insights, which the basis of on-going training and practice.

7. A more or less elaborated (articulated) professional organisation which assumes responsibility for the development of the profession and for the quality of services provided. Sometimes this is formalised in professional standards and a system of professional supervision.

## A profession, recent and ambivalent

Seen from this perspective it may be evident that work with people in residential settings has only slowly and relatively recently become a clear and recognised professional activity. Even today, in this last decade of the twentieth century, the life space worker is quite often not seen as a qualified professional but rather as doing simple things such as (physical) care, guarding, or just carrying out instructions from above.

The delayed recognition and development of the professional character of this work is understandable. First of all, at first sight the activities under consideration are so ordinary, so simple, that every lay person is supposed to be able to perform them.

Caring for the young, the ill or handicapped is at some stage everybody's duty in the family or in the community. Care for the mentally ill or the imprisoned, often quite harsh, didn't appear to presuppose much skill or professional competence.

So much of this work was done by lay people, and accordingly it didn't enjoy a high esteem and recognition in society. This was not a good starting point for developing professional know-how and standards.

Of course this doesn't mean that some people didn't invest a lot of dedication and talent in this work. Certainly, members of religious orders often did wonderful work and developed considerable

practical skill over years of experience. Against this background we can understand the ambivalence around professionalisation in this field. Expecting too much, or even anything, from systematic training in this field might belittle the importance of personal talent, of the warm heart or of religious inspiration. But as a professional view of this work slowly developed, important pioneers and innovators began to think about the quality of residential life.

The work of Pestalozzi in Switzerland with orphans, the radical innovations in the mental hospital of Piner in Paris, the work of Wichern with neglected youngsters in Hamburg were all examples of the search for new methods of work in institutions. Famous is the work of Janusz Korczak earlier in this century in his orphanage for children in Warsaw. He not only succeeded in creating a wonderful environment for children to live and grow, but he also pioneered systematic in-service training for his staff in the so-called "Bursa", closely described by one of his workers/students, Ida Merzan.

One of Korczak's main contributions to the development of the profession of life-space worker was the flexible balance between attention to the whole orphanage as a real participative community, and attention to the individual child with his or her personal history and problems.

## Professionalisation nevertheless

Strong influences towards the professionalisation of work in the life space came from two sides:

The first was the ongoing professionalisation in neighbouring fields such as teaching, nursing and social work. The development of "social case work", "social groupwork" and "community organisation" as elaborate methods of working in the social field inspired a number of residential centres to develop a more systematic approach, often with a recognisable echo of the individual, family, group or community-centred emphasis of these professions.

A second influence was the rapid development of the behavioural and social sciences in the twentieth century. The growing insight, for instance, into normal and disturbed human development;

into the dynamics of psychiatric illnesses and neurotic conflict; into the social and psychological origins of delinquency; into the psychological problems of ageing — all contributed to more reflection on practical work in residential and day care for different groups of clients.

Especially since World War II, and even more so since the emancipatory movements of the sixties, residential care has been part of the process of liberalisation. The days of the residential centre as an isolated, coercive and often authoritarian and moralistic institution are past. The rights of residents of all types to be treated as human beings, and according to the best available insights in their conditions, have been asserted. This broad and complex process is reflected and symbolised in the greatly increased literature of our field.

### Advantages and risks

In a broader historical perspective, the cry for renewal in residential and day-care is simultaneously a cry for more humane regimes and a cry for more scientific and methodical ways of operating. Although these trends and opinions were strong, professionalisation proved to be a difficult, sometimes impossible challenge. The process was not only confronted by external hindrances as rising costs, tenacious traditionalism and vested interests; it also came up against the proponents of the old cures: love for the neglected child, discipline for the delinquent, heavy labour for the restless mentally handicapped and psychiatric patients. The opposition came not only from outside; many committed people working in the field maintained their doubts about the value of working in a more professional or methodical way. Wouldn't spontaneity suffer from thorough planning, and the warm heart from "cold" rational analysis? Wouldn't personal commitment be undermined by professional distance, and creativity and talent by calculating functionality? The slow progress and opposition to professionalisation came not only from external counter forces and a romantic sticking to the past. The work itself is, by its character and content, based on the individual. There can never be a complete body of knowledge to fit every worker and every situation. The work is about human beings with their unique personality and history and about communication between these human beings, residents, relatives and workers. And this implies an essential limitation on a purely professional approach.

### The worker and the task

Let us now have a closer look at the worker in this field. More than other workers in the helping professions, the daily task of the life space worker includes an extreme variety of sub-tasks.

To use some comparisons: He or she has to be as much aware of his individual contacts as the psychotherapist or the social worker; as much group oriented as the group worker or club leader; as sensitive to family problems as the social worker; as creative in the use of activities as the youth leader — and in between he should not be afraid to maintain rules, to be a good homemaker and an administrator — preparing for a case meeting on a child or group of children, handling a temper tantrum, making a youngster's birthday a real festivity — all while dealing with difficult relatives.

More fundamental than the variety of tasks is in our view the contrasting diversity between some basic aspects of this work.



Some activities in our society have their centre of gravity in "being" in the right way (being a good parent, or a friend); other activities in "doing" the right things, properly (mechanics, surgeons, hairdressers); and other activities in analysing and "understanding" things well (detectives, historians, diagnosticians).

On the other hand, the (poor!) life space worker has to function intensively and sensitively on all three levels: his way of *being* there amongst the residents is of utmost importance; *doing* the right things at the right moment; and *understanding* people and *analysing* situations by reflecting on them is the only way in this work to avoid walking in the dark and acting at random.

So whoever ventures to describe the profession of the life space worker has at least to take into account the diversity of tasks and the importance of all three basic dimensions of being, doing and reflecting.

### A definition

Here we propose our tentative definition of the profession: Life space workers are those who work within the daily

living situations of their clients, and who by their way of being there, by their way of fulfilling a number of quite different tasks, and by their way of reflecting on the process in close co-operation with others, help the clients to live their own lives and to solve or handle their problems in the most effective way.

### Professionalisation, why?

We now return to the question why professionalisation, notwithstanding its risks and limits, is so important and urgent in this field.

It is in the first place related to the status of the life space worker, not in the sense of social prestige and recognition but in relation to the other disciplines involved in work with at-risk clients today. Especially since World War II a considerable number of new specialisms have entered residential settings, such as the psychologist, the psychiatrist, the psychotherapist, the social worker, the recreation-worker, the remedial or special teacher, the medical specialist and the physical therapist. Sometimes the life space worker is overshadowed by all these workers who seem, more than he himself, to have a very concrete — sometimes spectacular — professional contribution to offer. To play his role in this ensemble, the life space worker, compared with the others, a generalist and an integrative figure, has to be aware of his own specific contribution and professional principles.

In the second place professionalisation is important for the responsibility and better accountability of the worker. Good intentions are not enough, nor is a social mandate. Like every other helper, the life space worker has to give account of what he is doing, and how — not only, even not primarily, to his boss, or to the funders, but to the clients dependent on him. He is obliged to do his best and to make the best use of available insights and methods.

Working in this field in a rigid traditional way, or with a well meant but unchecked spontaneity, is working in an irresponsible way and rendering ourselves unable to give proper account.

### Conclusion

So working professionally — or methodically — doesn't offer us an easy way, but it helps and obliges us to be present with clients in an open way, neither bound by tradition nor acting at random, and looking at things from more than one point of view.

Working in this profession will again and again challenge the worker to find his way as a creative, choosing and learning person in a field characterised by the seemingly opposite poles of spontaneity an orderliness, distance and involvement, freedom and discipline, person and organisation.

A report by **Laurel Walters** in the *Monitor* considers some extensive attempts to widen the school curriculum to include the values which underlie behaviour

# Teaching Character

POSTERS on respect and responsibility dot the walls at elementary schools nationwide. Teachers use "Charlotte's Web" to teach about loyalty or discuss Helen Keller to define courage. After a 10-year boom in character education, children in thousands of American classrooms are now being taught values.

But one question looms: Are they absorbing anything? The answer is a very qualified yes. Experts warn against overblown expectations. And they say there is no such thing as 'quick-fix' character education. But with substantial effort, children can start to assimilate values taught in school and begin applying them to their lives.

Take, for example, 50 kids in Oakland, California, who had intensive character education from kindergarten to eighth grade.

Compared with "non-program" children, they were more spontaneously helpful, friendly, and collaborative in the classroom. Their conflict-resolution skills were more advanced. And they were less "socially anxious" and less lonely at school.

But all this comes only with hard work. "You really need to change the moment-to-moment, day-to-day experience of schooling for kids," says Eric Schaps,

president of the Oakland, California-based Development Studies Centre, which tracked the kids.

The Oakland program focuses on simultaneously nurturing students' intellectual, ethical, and social growth.

Reading materials must offer positive lessons for students and class discussions revolve around moral and ethical issues.

Teachers are encouraged to be models of good behaviour and seize opportunities in the regular curricu-

lum to discuss common values, such as what it means to be helpful, caring, honest, and kind.

Connections between home and school are fostered through "Family Reading Nights" when students and parents join with teachers for an evening of stories and discussion at school.

Every few weeks, teachers also assign "family homework." For example, parents and students may share opinions on household chores or research the family's ancestry.

The project is continuing in about 50 schools in several school districts nationwide, including Louisville, Ky., White Plains, N.Y., and Cupertino, California.

What really makes a difference is the "hidden curriculum," Mr. Schaps says. "It's not just what the kids are told but whether they experience their school as a caring community in which they feel they are valued, contributing members."

## Effects tough to chart

But even with extensive programs, it's tough to measure any effect on behaviour.

Schaps warns that the evaluations are "slow and tricky."

Another evaluator puts it more starkly. "Sometimes I feel like I'm trying to figure out if going to church makes people better," says Michael Grady, a St. Louis University professor who is measuring a St. Louis program's success.

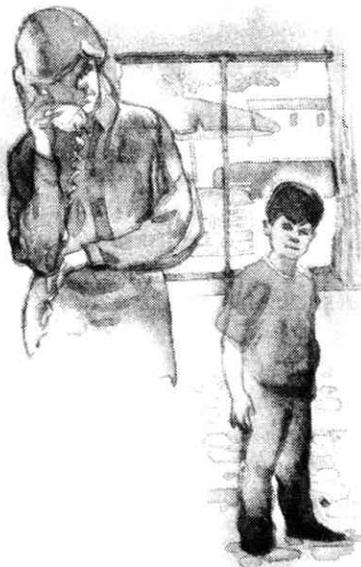
"There are a lot of churchgoers in jail, of course," he quips.

The St. Louis program, Personal Responsibility Education Process (PREP), involves 213,000 students in nearly 400 schools and 28 districts. Rather than a single approach, this is a collection of programs that receive funding and training support through PREP.

Most of the school districts have reached consensus on the values their communities want to stress through character education. From there, individual schools and districts come up with their own programs.

## Getting an 'A' in character

Some emphasize community service projects. One school began "catching" students on campus exhibiting a PREP quality —



## 11 Principles of Character Education

*These are summaries of criteria for effective character education programs developed by Thomas Lickona and the Character Education partnership.*

1. Ethical values are defined as the basis of good character.

Qualities such as "caring, honesty, fairness, and responsibility" set the standard by which the school and students are evaluated.

2. Students succeed in "thinking, feeling, and behaving" in line with these "core values."

3. Each activity and environment in school is geared toward teaching character.

4. School is a "caring community" that fosters caring relationships between students and adults.

5. Students apply what they learn by co-operating in groups and settling arguments.

6. The academic curriculum is intellectually challenging and helps students value themselves, and each other, as learners.

7. Rules promote a sincere interest in doing good, minimizing material rewards and punishments.

8. The school staff shares responsibility for, and lives by, the "core values."

9. Various committees are administered by staff and students who volunteer/are elected to serve as the moral leaders.

10. The school involves parents and the community in advancing "core values."

11. There is an assessment of the school's character, the staff's success in cultivating character and the student body's character overall.

such as honesty or helpfulness — and sending home a postcard announcing that Johnny was “caught being good.” Another school district has started a pilot program that grades students on their character. Rather than old-fashioned citizenship marks, these elementary students now get graded on how well they live out the qualities most valued in their community.

Since its beginnings a decade ago, PREP has conducted formal evaluations at participating schools.

The findings suggest that cognitive development of character has increased. Students can better recognize character traits in stories and define them.

“In those districts which have taken it seriously and implemented it fully, character education has had some impact,” says Professor Grady. “Students are certainly more aware of character education. But it’s still an open question whether it has affected behaviour”

While the research is still too thin to determine whether character-education has a long-term impact on student behaviour, researchers are reaching consensus on the kinds of programs that are most likely to succeed.

#### One yardstick for success

Thomas Lickona, author of *Educating for Character*, has developed a survey that helps schools measure success.

His “Eleven Principles Survey” asks school officials, teachers, parents, and students to document how well their school is implementing certain basic criteria. These include the use of conflict resolution, providing good role models, making use of literature that teaches virtues, and including parents in the character-education process. (See box on previous page.)

This is a first step to determining the impact on students. “It’s only to the degree that you know teachers are actually implementing quality character education that you can make sense of student outcomes,” Dr. Lickona says.

But the expectations for character education may be out of sync with reality, some say.

“If you read the rationale for character education, it says we have a drug problem, a crime problem, a sexual promiscuity problem, and if we’d only do character education in our schools, we could fix all these problems,” says James Leming, a professor of education at Southern Illinois University in Carbondale.

“We have to be realistic about what we can expect from these programs,” he adds.

“It’s naive to expect teachers to wave a magic wand and turn everyone into good little boys and girls by doing lessons in their classrooms.”

# Advice to the young

**Kurt Vonnegut’s** commencement address at MIT

*Ladies and gentlemen of the class of ‘97:*

**Wear sunscreen.** If I could offer you only one tip for the future, sunscreen would be it. The long-term benefits of sunscreen have been proved by scientists, whereas the rest of my advice has no basis more reliable than my own meandering experience. I will dispense this advice now.

**Enjoy the power and beauty of your youth.** Oh, never mind. You will not understand the power and beauty of your youth until they’ve faded. But trust me, in 20 years, you’ll look back at photos of yourself and recall in a way you can’t grasp now how much possibility lay before you and how fabulous you really looked. You are not as fat as you imagine.

**Don’t worry about the future.** Or worry, but know that worrying is as effective as trying to solve an algebra equation by chewing bubble gum. The real troubles in your life are apt to be things that never crossed your worried mind, the kind that blindside you at 4 pm on some idle Tuesday.

**Do one thing every day that scares you.** Sing. Don’t be reckless with other people’s hearts. Don’t put up with people who are reckless with yours. Floss.

**Don’t waste your time on jealousy.** Sometimes you’re ahead, sometimes you’re behind. The race is long and, in the end, it’s only with yourself. Remember compliments you receive. Forget the insults. If you succeed in doing this, tell me how.

**Keep your old love letters.** Throw away your old bank statements. Stretch.

**Don’t feel guilty if you don’t know what you want to do with your life.** The most interesting people I know didn’t know at 22 what they wanted to do with their lives. Some of the most interesting 40-year-olds I know still don’t.

**Get plenty of calcium.** Be kind to your knees. You’ll miss them when they’re gone.

**Maybe you’ll marry, maybe you won’t.** Maybe you’ll have children, maybe you won’t. Maybe you’ll divorce at 40, maybe you’ll dance the funky chicken on your 75th wedding anniversary. Whatever you do, don’t congratulate yourself too much, or berate yourself either. Your choices are half chance. So are everybody else’s.

**Enjoy your body.** Use it every way you can. Don’t be afraid of it or of what other people think of it. It’s the greatest instrument you’ll ever own. Dance, even if you have nowhere to do it but your living room.

**Read the directions, even if you don’t follow them.** Do not read beauty magazines. They will only make you feel ugly.

**Get to know your parents.** You never know when they’ll be gone for good. Be nice to your siblings. They’re your best link to your past and the people most likely to stick with you in the future. Understand that friends come and go, but with a precious few you should hold on. Work hard to bridge the gaps in geography and lifestyle, because the older you get, the more you need the people who knew you when you were young.

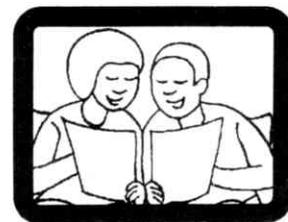
**Accept certain inalienable truths:** Prices will rise. Politicians will philander. You, too, will get old. And when you do, you’ll fantasize that when you were young, prices were reasonable, politicians were noble and children respected their elders. Respect your elders.

**Don’t expect anyone else to support you.** Maybe you have a trust fund. Maybe you’ll have a wealthy spouse. But you never know when either one might run out.

**Don’t mess too much with your hair** or by the time you’re 40 it will look 85.

**Be careful whose advice you buy,** but be patient with those who supply it. Advice is a form of nostalgia. Dispensing it is a way of fishing the past from the disposal, wiping it off, painting over the ugly parts and recycling it for more than it’s worth.

*But trust me on the sunscreen.*



In this article **Frank Ainsworth and Richard Small** refer to the international research evidence that supports family centred group care practice. A working definition, the key assumption and an orientation to group care and family work compatible with family centred group care practice are then discussed. This is followed by a set of practice guidelines, with the key characteristics of family centred group care agencies.

# Family centred group care practice: Concepts and implementation

Considerable attention has recently been given to work with families of children and adolescents who are placed in group care programs (Ainsworth 1991; Ainsworth & Hansen 1986; Garland 1987; Jenson & Whittaker 1988; Burford & Casson 1989; Kelsall & McCullough 1989). Within the area of child welfare, there has also been a shift at a policy level towards an emphasis in family welfare (Maier 1986; Brown & Weil 1992) and parental rights (Fox Harding 1991) and away from a sole focus on the welfare of the child. This shift underlines the greater recognition of the continuing importance of birth parent(s) and family members to children in out-of-home care, regardless of the events which precipitated the child's placement. It does not diminish the importance of a child's individual needs, nor does it support the maintenance

of children in abusive family situations. The recognition of the importance of birth families is supported by research evidence about the importance for adoptees of their family of origin (Depp 1982; Triseliotis 1973), and of the life long anguish of relinquishing mothers in regard to the child they bore yet gave away (Howe 1991; Wells 1993). These studies highlight the extent to which relinquishing mothers felt compelled by family and societal pressures to place their child for adoption. They then speak of the overwhelming guilt they feel about this decision and how it is accompanied by a lifetime of uncertainty about the whereabouts and health of the child, that regardless of the adoption, remains forever theirs. Other studies have been conducted of children sent from Britain by child welfare organisations to Canada, South Africa, and Australia as unaccompanied migrants. As adults these child migrants, who were given no choice in this matter, are now engaged in heart wrenching searches for their relatives in distant lands (Bean & Melville 1989). They stand witness to, and provide monumental evidence of, the lasting significance of family ties regardless of the circumstance surrounding separation or its duration.

Further support is drawn for family centred group care practice from studies of children leaving group care without access to family networks, which they then decide to reconstruct

(Stein & Carey 1986; Festinger 1983; Jones & Moses 1984). There is also clear evidence that maintaining links between children and their families is essential, as these links determine the success or otherwise of reunification efforts (Fanshel & Shinn 1978; Fanshel, Finch & Grundy 1991; Millham, Bullock, Hosie & Haak 1986). Studies of parental visiting of children in out-of-home care also underline this issue (Proch & Howard 1986; Hess & Proch 1993). In addition, the work of attachment theorists (Bowlby 1969; Ainsworth 1982) which has been carefully articulated to form the basis of professional child and youth care practice, especially in group care agencies, speaks to this issue (Maier 1990). Lastly, we have evocative accounts of children's experiences of separation from parents because of London's war time evacuation (Wicks 1989) which further emphasizes the ongoing importance of parents to children throughout any period of voluntary or enforced separation.

## Working definition

This research evidence leads us to a definition of group care practice that is family centred, and to a key assumption that underlies this approach to practice.

## Definition

Family centred group care practice is characterized by institutional structures, services, supports and professional practices designed to preserve and,



whenever possible, to strengthen connections between child(ren) in placement and their birth parents and family members. Whether the function of group care is to provide short term shelter, long term care or residential treatment, education or training, a primary goal is always to work towards the child's optimum involvement in family life, even in situations where total reunification is not possible. (Small, Ainsworth & Hansen, 1994) Implicit in this working definition is a key assumption, which is integral to the family centred group.

#### Key assumption

child and family are irrevocably linked and that best long term interests of the child can only be guaranteed by ensuring that birth parent(s) and family members continue to be respected and have a place in their child(ren)'s daily life.

#### Orientation to group care

From this perspective group care is seen as child centred, in so far as it provides safe and humane care, education and treatment, and also as family affirming, as it embodies a commitment to partnership with, and the empowerment of, parent(s) and family members. This commitment includes respect for diversity of family life styles, cultural values and child rearing practices so long as they promote the healthy development of the child (Maluccio, Warsh & Pine 1993).

Group care is not viewed as the last resort or as an option only to be considered when all other options have been exhausted. Indeed, family centred group care is viewed as a desirable option, and it may be the first option in some situations (Ainsworth & Fulcher 1981; Fulcher & Ainsworth 1985; Keith-Lucas 1987). The intensive nature of family centred group care as an intervention has the potential to effect positively the lives of vulnerable families and their children at many points in the helping cycle. Family centred group care is supportive of family preservation efforts, and in fact broadens the commitment to, and the definition of family preservation with the most vulnerable families (Ainsworth 1991; Ainsworth 1993).

#### Orientation to family work

In family centred group care practice, the full range of social and psychological factors which inhibit parental and family functioning receive attention. This involves an agency addressing issues such as family income, health care, housing, employment, and education on behalf of individual families as well as parent education and family living skills. Psychological factors that

### Key characteristics of family centred group care agencies

<i>Agency position</i>	Family welfare is child welfare
<i>Policy perspective</i>	Defence of birth family-parental rights
<i>Management approach</i>	Consultative, participatory, team emphasis, devolved authority
<i>Program emphasis</i>	Preservation, family support, reunification, open adoption, foster or group care
<i>Parental involvement</i>	Parents as partners, some level of direct involvement essential
<i>Key terminology</i>	Out-of-home placement, child care worker

inhibit family and parental functioning receive attention but are not the sole focus for intervention.

Additionally in family centred group care practice, family therapy or family treatment skills are a set of skills that may be utilized within a non-hierarchical framework of practice methods. These methods of family work stand with other approaches to work with families which are regarded as requiring equal skill. No one method of intervention is regarded as superior to the other. Accordingly, family centred practice in group care is conceptualized 'so that it is considered ecologically, is informed by family theory and applied from a family-centred rather than a child-centred perspective' (Brown & Weil 192:57). The ecological perspective in this instance reflects the use of this term as a metaphor for practice that embraces person-environment transactions (Pecora et al 1992).

#### Practice guidelines

From the definition, the key assumption and the dual orientation to group care and family work, flow a cohesive set of ten organisational, policy and practice guidelines that shape agency activity. These guidelines for family centred group care practice are:

##### Organisational

- the agency title and mission statement reflect equal concern for parent(s), family members and children;
- the management structure of the agency is designed to embrace parent(s) and family members as people capable of making a contribution to the care and treatment of their own children;
- the governing body of the agency acknowledges the contribution of parent(s) and family members to the effectiveness of the agency through some form of formal representation at Board level;
- the agency management treats with respect the contribution and concerns of parent(s) and family members and willingly modifies structures, policies, procedures or practices, including fund raising practices, which undermine this respect.

##### Policies and procedures

- the agency ensures that all existing and future policies and practices are consistent with the view that parent(s) and family members have a contribution to make to the effectiveness of the agency and the continuing care and treatment of their child(ren):
- the agency provides parent(s), family members and child(ren) with a written statement which identifies the support and resources the agency will provide to ensure that their contribution is maintained;
- the agency gives serious attention to the right of parent(s) and family members to pursue grievances regarding their own or their child(ren)'s care and treatment and has well developed mechanisms for dealing with these matters.

##### Professional practice

- in all day to day practices, the agency ensures that contact between child(ren) and parent(s) and/or family members is always facilitated, regardless of circumstances, and that no practice interferes with this process;
- all practice interventions recognise the importance of the parent(s) and family members to child(ren) and continuous positive efforts must be directed toward finding ways for families to provide for their child(ren) while in placement.

#### Implementing family centred group care practice

In shaping agency practice to reflect family centred group care principles, several issues need to be considered. The following figure presents six important areas of agency functioning that require emphasis and which set the parameters for agency practice. The key characteristics of family centred group care agencies are shown in Figure one.

This construct shows how an agency's commitment to a family centred group care practice must permeate every aspect of its functioning. Such a commitment is much more than rewritten publicity materials or new staff titles. All who shape the agency environment

from board members and senior management through to the most junior support staff have to understand and accept that the agency's task is to work in partnership with families. The agency's policy orientation reinforces the position that the family is the unit of attention and actively underlines the importance of parent(s). This in turn is accompanied by a management approach that is consultative and participatory, thereby modelling for all agency personnel the approach and attitude they are expected to adopt towards parent(s) and family members as partners in the care and treatment enterprise. Finally, by avoiding reference to group care as a substitute family, or to out-dated notions of child care workers as substitute parents (Hansen & Ainsworth 1983), agency terminology reinforces the collaborative, rather than competitive, premise of family centred group care practice.

**Frank Ainsworth**, Lecturer in Children's Studies, Edith Cowan University, Joondalup Campus, Perth, W.A. and Senior Associate, Albert E. Trieschman Center, Needham, MA 02192.

**Richard W. Small** PhD, Executive Director, Walker School, Needham, MA. 020192

Ainsworth F. & Fulcher L.C. (1981) *Group care for children: concept and issues*. London: Tavistock Publications.

Ainsworth F. & Hansen P. (1986) Incorporating natural family members into residential programs for children and youth. *Australian Child and Family Welfare*, 11(1), pp12-14.

Ainsworth F. (1991). A 'no blame' approach to work with the families of children and adolescents in residential care, *Child and Youth Care Forum*, 20(5) pp 301-311.

Ainsworth F. (1993) Family preservation services: a cautionary note, *Children Australia*, 18(2)pp10-12.

Ainsworth M.D.S. (1982) Attachment: retrospect and prospect. In C.M. Parkes & J. Stevenson-Hinde (eds.), *The place of attachment in human behaviour*. New York: Basic Books.

Bean P. & Melville J. (1989) *The lost children of the empire*, London: Unwin Hyman.

Bowlby J. (1969) *Attachment and loss. 1. Attachment*. New York: Basic Books.

Brown J. & Weil M. (1992) *Family practice: a curriculum plan for social services*. Washington, DC: Child Welfare League of America

Burford G & Casson C. (1989) Including families in residential work: educational and agency tasks, *British Journal of Social Work*, 19(1)

Depp D.C. (1982) After reunion: perceptions of adult adoptees, adoptive parents and birth parents, *Child Welfare*, 61(2), pp 115-119.

Fanshel D. & Shinn E.B. (1978) *Children in foster care: a longitudinal investigation*, New York: Columbia University

Press

Fanshel D., Finch S.J. & Grundy J.F. (1990) *Foster children in life course perspective*. New York: Columbia University Press

Festinger T. (1983) *No one ever asked us ... postscript to foster care*. Washington, DC: Child Welfare League of America.

Fox Harding L. (1991) *Perspectives in child care policy*. New York: Longman.

Fulcher L.C. & Ainsworth F. (1985) *Group care practice with children*. London: Tavistock Publications.

Garland D.S.R. (1982) Residential care workers as primary agents of family intervention. *Child and Youth Care Quarterly*, 16(1), pp21-34.

Hansen P. & Ainsworth F. (1983) Family and parenting analogies in Australian residential child care, *Australian Child and Family Welfare*, 8(3/4), pp3-5.

Hess P.M. & Proch K. (1993) Visiting: the heart of reunification. In B.A. Pine, R. Warsh & A.N. Maluccio. *Together again: family reunification in foster care*, Washington DC: Child Welfare League of America.

Howe D. (1991) *Half a million women*, London: Penguin Books.

Jenson J.M. & Whittaker J.K. (1987) Parental involvement in children's residential treatment: from preplacement to aftercare. *Children and Youth Services Review*, 9(2), pp81-100.

Jones M.A. & Moses B. (1984) *West Virginia's former foster children, their experience and lives as young adults*. Washington DC: Child Welfare League of America.

Keith-Lucas A. (1987) What else can residential care do? And do well? *Residential Treatment for Children and Youth*, 4(4) pp25-37.

Kelsall J. & McCullough B. (1989) *Family work in residential child care: partnership in practice*, Cheshire: Boys' and Girls' Welfare Society.

Maier H.W. (1990) A developmental perspective for child and youth care work. In J. Anglin, C. Denholm, R. Ferguson & A. Pence (eds), *Perspectives in professional child and youth care*. New York: Haworth Press.

Maier H.W. (In press) Family welfare paves the way for child welfare. In J.F. Gligun, I.M. Schwartz, G.D. Melton & Z. Eisikovitz (eds.), *Rethinking child welfare*. Lincoln, NE: University of Nebraska Press.

Maluccio A.N., Warsh R. & Pine B.A. (1993) *Together again, Family reunification in foster care*. Washington, DC: Child Welfare League of America.

Millham S., Bullock R., Hosie K & Haak M. (1986) *Lost in care*. Aldershot: Gower.

Pecora P.J., Whittaker J.K., Maluccio A.N., Barth R.P. & Plotnick R.D. (1992) *The child welfare challenge*. New York: Aldine de Gruyter.

Proch K. & Howard J.A. (1986) Parental visiting of children in foster care, *Social Work*, 31(2), pp178-181.

Small R., Ainsworth F. & Hansen P. (1994) *The Carolina's project - working paper no.1.*, Needham, MA: Albert E. Trieschman Center.

Triseliotis J. (1973) *In search of origins: the experience of adopted people*, London: Routledge Kegan & Paul.

Wells S. (1993) What do birth mothers want? *Adoption and Fostering*, 17(4), pp22-26.

Wicks B. (1989) *No time to say good-bye*. London: Bloomsbury Publishing.



"We need to reflect more family work in our programme. Go out and get some families, Smithers."

## Minister responds to grant query

Several members and readers asked about the once-off grant made by the Department to children's homes. It had been understood that this was intended as an *ex gratia* grant to staff, but many received nothing. NACCW Director Merle Allsopp referred this query to the Minister who replied as follows:



Minister Geraldine Fraser-Moleketi

The amount of R1 million announced for the payment of the once-off grant was based on estimates by provincial welfare departments.

Managers of children's homes were requested, by provincial welfare departments,

to submit information regarding the number of child care workers as well as the salary paid per worker. The amount for the grant was calculated on the basis of 8.5% of the salary scale, and it has been confirmed that all departments transferred the funds for the once-off grant to the relevant children's homes. The information regarding the once-off grant was communicated to the managers of children's homes. It is, however, possible that different ways of communication by provincial welfare departments could cause some confusion regarding the implementation of the grant.

Clearly, it was the Department's intention to pass this grant to the child care workers. I am, however, aware of the fact that situations occurred where the grant was not given through to the child care workers and wish to advise that these individual cases should be brought to the attention of the relevant provincial welfare department, who will take up the matter with the management of the relevant children's home.

I appreciate your effort to ensure that child care workers are granted the opportunity to receive what was merely a token of appreciation for their commitment towards the children in children's homes in South Africa.

**Geraldine Fraser-Moleketi**

Minister for Welfare and Population Development

## Changing jobs, terminating relationships

We have recently sent a memorandum to all staff of our Society, in an effort to halt what appeared to be a new tendency for social service workers to walk off the job without due notice and without termination of their relationships with clients and colleagues, in order to take up better paid employment elsewhere. We have heard of similar problems recently being experienced by another organisation in Johannesburg and yet another in Cape Town. Two of the Johannesburg Child Welfare Society staff members concerned were child care workers, who left two cottages full of intensely hurt and angry children behind them.

In all three cases involving our own Society we were informed that pressure had been applied on the persons concerned by those representing the new employer bodies, to start work almost immediately. We had since been assured by the Gauteng Welfare Department, one of the structures concerned, that such practice is contrary to its official policies and procedures, and the Department has undertaken to investigate the cases in question. We have written to all four local government structures in Johannesburg and have received notification from one of them that our concerns have been referred to the relevant staff to ensure that proper recruitment practices are followed in future.

We are nevertheless concerned about the possibility of a trend of this nature developing within the social services, and would therefore like to alert the NACCW to this matter. If there is any recurrence of this behaviour, the names of persons involved who are registered or likely to seek registration with the NACCW will be reported to your organisation. Perhaps, in addition, it might be possible for the NACCW to play an educational role in this regard.

We thank your organisation for its unceasing efforts to promote the interests of children and youth.

**Lyn Perry**

Director, Johannesburg Child Welfare Society

## The IMC

### Are you having your say?

NACCW Director Merle Allsopp reminds all regions, members and readers that the *Interim Policy Recommendations* published by the Inter-Ministerial Committee on Young People at Risk is 'out for comment' until the end of September.

#### Important

"It really is important for individuals and organisations to know that their comments and suggestions have been expressly invited, and that the recommendations are not intended as 'imposed policy'. Child and youth care people and organisations are in a good position to study this book and to respond from their own accumulated experience and knowledge," she says.

*Anyone interested is encouraged to send comment and suggestions to Ann Skelton, care of the IMC, Private Bag X885, Pretoria 0001.*



## AU PAIR PRESENTATION

**Do you love children?  
Do you want to travel?**

Youth Discovery Programmes will be hosting a FREE one hour talk on being an au pair in America/Europe on the last Saturday of each month.

This programme is open to age groups 18 - 28 years, but family and friends are welcome to listen in. Please note that YDP membership will be only R30 on date of presentation — a huge R45 discount.

**For further information or to book, please phone Mila on 021-23-1583 (Cape Town) or Nicky on 011-442-3320 (Johannesburg).**

He'd only had six lessons. He's only six years old. Still, our son was committed to taking part in his first piano recital. He exudes that "can do" attitude so often found in kindergartners. Never mind that everyone else involved in the late-spring concert had been playing since September, at least. But his teacher seemed to feel our son was up to the task, and apparently so did he.

He chose two pieces. He played them well, as well as one can play *Old MacDonald*, described on the programme as "Traditional," and *Mary Had a Little Lamb*, described as "Folk Song." Apparently, no one wants to take credit, or blame, for either of these fine selections. And when I say he plays them well, what I mean is he plays all the right notes and in the right order, too: there's not much to interpret. There is no subtext at this stage of the game.

Since it was his first-ever recital, I thought I'd better sit in on the dress rehearsal the day before, to get a feel for what was in store. I was the only adult present other than the piano teacher, who had to be there. The other parents dropped and ran. I was there as an advance man to scout out the doings for the rest of the family, to let them know just how bad the whole event was going to be.

"Bad" is such a relative term. In some contexts, "bad" can even mean "good." Alas, this was not that context. This was children ages 6 through who knows what; I'm not a good judge after age 10. Maybe they were all young and some were just very tall.

Remember Prof. Harold Hill's "think system" in the movie *The Music Man*? This was somewhat better than that. What these kids lacked in artistry they made up for in brevity. And they all knew how to bow very well. But perverse parent that I am, the worse it got, the more I liked it. For one thing, my son did just fine, thanks, as did most of the kids. But it soon became apparent that this recital was not about the mastery of music. It

was about doing something as well as you could, in front of your family and a room full of friendly strangers. It was a microcosm of Life, and how to succeed in it: Do your best, be brief, then make room for the next guy. Share the lime-light. Don't panic.

There was some bad violin. There always is. There was an unfortunate cello selection, Beethoven's *Minuet in G*, the very piece that is mangled in *The Music Man*. I kept wanting to

My husband brought along a camera with a flash attachment. He sat poised with the camera in front of his face the entire time our son played. He never took one picture until the very end. He caught the upside of our son's final bow. I knew why he didn't snap a shot. He was afraid the flash would startle our son out of his concentration and *Old MacDonald* would turn into *Kitten on the Keys*, or *Mary Had a Little Lamb* into *Slaughter on 10th Avenue*. Mayhem would ensue, tears would flow, and for

what? A parental paparazzi? My husband made the right choice. After all, it's not like we'd need a Polaroid to refresh our memories. Before there were cameras, people just remembered stuff. It was a lot more economical that way, and required less storage space.

The rest of the recital was mostly short and mainly sweet. Some of the kids were quite good. One girl was quite bad, but gratefully she didn't know it. All of them were troupers who showed grace under pressure and sensitivity, too.

You can't play or hear Beethoven, Bach, or Mozart — however rudimentary the execution or reception — without being humbled by the presence of such soul. And best of all, no one tripped, slipped, or skipped. A collective sigh of relief was breathed at the end of the afternoon.

God bless the parents for paying for the lessons, for showing up and listening, with the least of expectations, attentively to all. God bless the teachers for patiently instructing tiny fingers into finders of notes, chords, and (occasionally) music.

And God bless the children for dressing neatly but not gaudily, for having good manners, and for playing, well, as well as can be expected. I'm hopeful that the musical path our son is on will eventually lead to our basement and long rehearsals with a high-school rock band. I don't want to push him, but I can dream, can't I?

**Madora McKenzie Kibbe**, writing in the *Christian Science Monitor*



point at my forehead and say, "Think! Think!" as the young girl valiantly struggled against the instrument. In the end, the girl won the match — she was unbowed. I wish I could say the same for the cello.

By rehearsal's end, I knew we'd all get through the recital in one piece. I let the rest of the family know about my guarded optimism.

The next day was spent pretending that whatever was happening at 5:30 p.m. was no big deal. We left our house at 5:15. We walked across the street to the concert hall. (We live across the way from the college where our son takes piano lessons.) We probably could have just opened all our windows and let him play at home. But that wouldn't have been the same as surviving the recital.