

The **child care worker**



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Fat Cats and Worthy Causes

I first became uneasy about the whole area of fund-raising in South Africa while watching the hype over somebody winning a million Rand — as part of a campaign to feed people who were starving to death. The frenzy and jollity over someone becoming an instant millionaire jarred bizarrely with the backdrop of the sunken eyes in gaunt faces, the pot-bellies and misshapen bodies of malnourished children — and the statistics that one-third of the babies born in South Africa's rural areas didn't live beyond their first birthday. What could it mean to someone to become so inordinately moneyed in the cause of helping the starved?

For most of us who have been involved in fund-raising over the years, the rules of the game have been clear. You identified an area of need, you checked this out with a local welfare board, you gathered some concerned people into a committee, you registered your project and you were given permission to raise funds for it — and the very most you could spend on the process of fund-raising was 40% of the proceeds. In fact a figure as high as 40% meant a bad press, for the public liked to know that the money it donated went to the cause. In the old days, Cape Town's Community Chest made a point of telling the public that a private legacy covered its administration costs, and that every cent John Citizen gave to the Chest went unreduced to the charities it supported. The old Homes and Orphans Fund used to run commercial

enterprises (bookshop, flower shop, antiques and things) to cover its administration costs, again to ensure that 100% of your donation went to children in care.

Two things seem to have changed. Firstly there has been the rise of the fund-raising conglomerates and the media epics — nation-wide publicity campaigns and whole-day television spectaculars. One cannot argue with these if *bona fide* welfare organisations have the initiative and inventiveness to stage such events and if the rules have been kept. It is certainly discouraging (for example to the small children's home on the corner) to be up against the full-page spreads and TV spots of the big boys in this way knowing that they have no earthly chance to compete. This is a very real problem for most of South Africa's children's homes today who are still having to play by the old rules.

The second thing is that the Director of Fund Raising seems to have changed the rules for some people while not for others. We read in the press that he "negotiated" with one organisation for as much as 17% of the proceeds of a fund-raising campaign to be passed on to the charities in whose name money was collected. *Seventeen per cent!* It appears that in other cases this percentage is even lower. Let's translate this into folding money: If you part (not unpainfully nowadays) with a crisp R10 note for one of these charitable campaigns, you must accept the fact that R8.30 of your money goes not to the charity but to somebody else! There is also a new word in the business: fund-raising for *compensation*. What this seems to mean is that there are now people and organisations who use the charity business for personal and corporate

profits — and not for the cause — and this with the blessing of the Director of Fund Raising.

In South Africa today we all accept that with economic depression, urgent socio-political reconstruction, redistribution of resources, high prices, school fees, etc., fund raising has become a hard-nosed affair. We all expect the task to be tougher. But at such a time surely each fund-raising organisation looks for some reciprocity in its relationship with the Director of Fund Raising? We all had to register and abide by the rules. What for? Surely in return for responsible controls and a level playing field?

It seems that the state is to take a new look at fund-raising. Not before time. But the state must remember that in this regard its first concern must always be primarily for the organisations which in good faith serve welfare clients — not fawningly to come to terms with profiteers at the expense of the needy.

No journal in October ... or November?

There will be no issue of *The Child Care Worker* in October. Most readers will already know that the NACCW has been heading for a financial crisis for some months, and that this month 40% of its staff has been retrenched, all remaining salaries cut by 20% and the publication of this journal curtailed. It seems that we will be able to publish only two more issues before April 1993. Those who have paid subscriptions for the 1992 volume will receive future copies without cost so as to make up for issues lost due to this curtailment.

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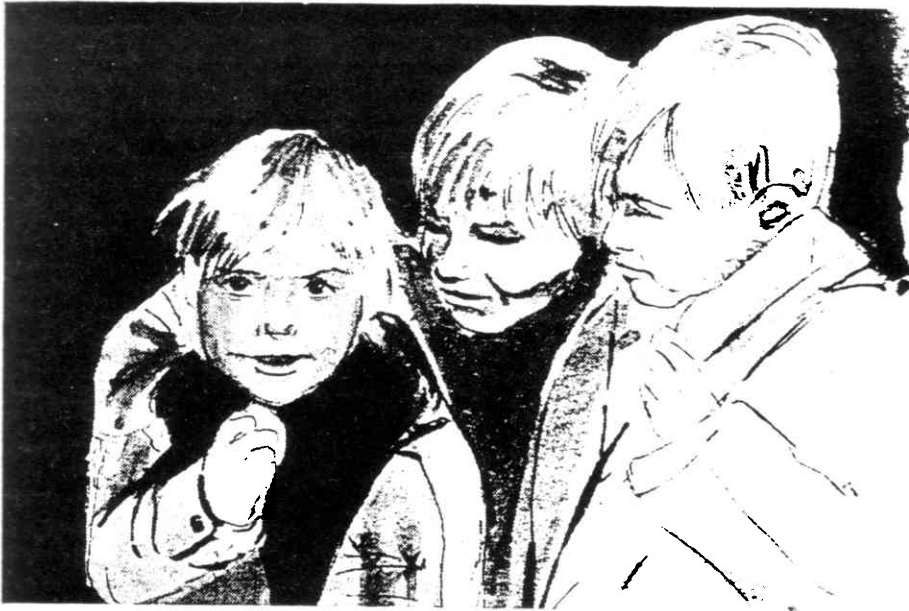
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The Child Care Worker as a Facilitator of Family Treatment

Dr Wade Wilson, Murray State University, Kentucky USA

Increasing emphasis is currently being given to the evaluation and utilisation of parents in the education and treatment programs of their children. Such an emphasis provides an advantage in that it:

1. increases human resources available to the child;
2. decreases cost by providing a ready source of available manpower;
3. enhances the ability of those most directly involved with the child over a long period of time;
4. emphasises the co-ordination, co-operation and positive relationships between the significant persons in the child's life.

This emphasis contradicts traditional treatment approaches which view the parent as "sick", or as a liability in the child's treatment.

Such traditional approaches can be considered ineffective, costly, and at times even detrimental to the long term progress of the child. In the final analysis, it is the family who has cared and will continue to care for the child. If we help them continue to feel guilty, helpless and ignorant with respect to their child and his problems, the family will not be prepared to contribute effectively to the child in treatment. They will be less able to participate effectively in decision-making, with respect to discharging and/or continuing with appropriate management and follow-up treatment after discharge. On the other hand, there is considerable evidence to suggest that parents and the family can assume very significant and meaningful roles in the treatment of their child. (Hereford, 1963; Grodner and Grodner,

1975; Klaus and Gray, 1968; Gray, 1970). This article suggests that the family — possibly the unit best able to do this — can effect meaningful programming and responses with their children, and the CCW's can make significant impact on the family unit's ability to participate meaningfully in several areas.

Emerging Parent Attitude

Parents are pushing, not only for viable services for their children, but for increasing recognition of themselves as normal and competent individuals entitled to full information and participation in their child's program. In the words of one parent:

We are parents of handicapped children. We are parents who are either intimidated by professionals or angry with them, or both; parents who are unreasonably awed by them; parents who intuitively know that we know our children better than the experts of any discipline — and yet, we persistently assume that the professional knows best; parents who carry so much attitudinal and emotional baggage around with us that we are unable to engage in any real dialogue with professionals, teachers, principals, physicians or psychologists about our children. The responsibility for monitoring our children's progress through the fragmented service system has been ours, but the array of physicians and other professionals whom we have seen have assumed that we could not possibly understand the complexities of their trade — or that it would take too much of their time to explain it to us. Parents are the primary helpers, mon-

itors, co-ordinators, observers, record keepers, and decision makers for the child. It is the parents' right to understand the child's diagnosis and the reason for treatment recommendations and for educational placement. No changes in his treatment or educational placement should take place without consultation with the parent. Stay confident and cool about your own abilities and intuitions. You know your child better than anyone else; you are a vital member of the team of experts (Gorham, 1975).

What can the child care worker do?

The role of the Child Care worker is vital if an institution is to maintain a philosophy of co-operation and partnership with the parent. This is true not only in the traditional role of the CCW as the primary therapeutic person in the child's treatment, but also can be increasingly emphasised in treatment concepts which emphasise a flow of services into the community and home of the child. In the traditional role, the CCW is the chief facilitator of communication with the family about the child and his day-to-day needs. In programs emphasising service outside the institution, the CCW adds additional roles of therapist, model trainer, and co-ordinator.

The child care worker's attitude

Parents look for integrity and recognition as individuals apart from their role as the parents of a child with a handicap. In order to effect a relationship conducive to meaningful and positive participation of the parent, it is essential that the CCW recognise the parent in such a way as to fulfill this need.

Look for and recognise the strengths of the parent. Recognise the difficulty of the years of attempting to cope with their child's behaviour and emotions. Realise that they may be victims of nonexisting or inadequate services with only criticism and condemnation for their efforts. Understand that their relationships with professionals to this point may not have been considered a positive experience. Be aware that many behaviours, feelings, and attitudes currently expressed by the parent may be the result of years of frustration and guilt and not the cause of the child's behaviour. In transactional terms, stroke the parent's child and keep your own parent in check.

How can the child care worker help

There are many roles and materials which the CCW can find effective in working with parents. It is important to remember, however, that the decision as to how a parent can contribute to his child's program must be shared with the parents. Parents, like CCWs and other professionals, do not have the same skills and aptitudes. They can not all profit by being a teacher's aide or a home tutor, or by learning behavioural modification skills. Options and opportunities must first be discussed with