

TRANSVAAL REGIONAL DIRECTOR APPOINTED 1	REDAKSIE: KINDERSORGSKOLE ONDER DIE SOEKLIK 2
GENOEGSAME OUERSKAP 3	HELEN STARKE: DEVELOPING A PERSONNEL POLICY 5
KLINIEK: ENURESIS 7	
HOME VISIT: ORANJIA JEWISH CHILDREN'S HOME 8	OPVOEDING: DIE SKOOL EN DIE KINDERHUISKIND 10
ASSESSMENT IN CHILD PLACEMENT 11	CHILD CARE RESEARCH 14
BOOKS FOR STAFF AND CHILDREN 16	

Die kinderversorger

Step forward for Transvaal

Di Levine, one of the first social workers to have worked in child care in South Africa, has been appointed NACCW Regional Director for the Transvaal. Born in Johannesburg and educated at Athlone Girls High School, Mrs Levine completed an Honours Degree in Social Work at the University of the Witwatersrand before being appointed as social worker at the Johannesburg Children's Home in 1971. After 18 months as a hospital social worker in London, she married (her husband, Ronald, is a gynaecologist in Johannesburg), and then ran a small children's home for the Germiston Child Welfare Society, and worked in their adoptions section. In 1975 she was back at Johannesburg Children's Home with Joy Hansen, and then began further studies at university. She graduated as M.A. (Social Work) *cum laude* in 1980, and then worked for four years as in-service training consultant for Johannesburg Child Welfare Society. Her master's thesis was entitled "Reconstruction Services: A joint undertaking between residential institutions and child and family welfare agencies."

Di Levine has long been involved in the work of the NACCW. She has assisted in the child care courses at Wits University and last year lectured to Social Care II students at the Technikon.

In April this year she organised an orientation course for new child care workers in Johannesburg.

After working for 18 months as a School Social Worker, Mrs. Levine takes up her new post on 1st August 1985.

Sponsoring Fund

The appointment of a Regional Director has been made possible through a generous sponsorship to the NACCW from the Johannesburg-based Homes



Di Levine

and Orphans Fund. This organisation has for many years been actively involved in supporting children's homes throughout South Africa, and this new sponsorship represents a high point in their service to child care.

Asked how she proposes establishing her work in this region, Di outlined the following plans: she wishes to start by introducing herself in her new capacity to children's homes, and to assess with them the needs of the region.

The organisational structure of the NACCW must be built up, and she would like to involve homes in more frequent activities. An important task will be the implementation of the new modular course for non-matriculated workers, and providing support for social workers in homes.

Mrs. Levine will welcome enquiries and her postal address is 15 Walter Street, Fellside, 2192. The Homes and Orphans Fund will provide the administrative base for her work, and messages may be directed through their offices, telephone 011-337-7010.

Conferences

Enclosed in this issue is a preliminary notice of the forthcoming Biennial Conference of the NACCW to be held in Durban from 19 to 21 September. These conferences have become the national platform for child care issues in this country, and a forum for new thinking in the field. For anyone who is involved in any aspect of child care these will be three important days as the theme The Dilemma of Risk is explored, and early registration is advised.

Our National Director, Brian Gannon, has been invited to attend the First International Child Care Conference in Vancouver, Canada, from October 29 to November 1. He has been asked to give two papers and to participate in international and cross-cultural panels. The theme of the Conference, sponsored by the National Organisation of Child Care Workers of America, is The Empowerment of Youth.

The Dilemma of Risk

The National Association of Child Care Workers
Tenth Anniversary
Biennial National Conference
Caister Hotel, Durban
19 to 21 September 1985
Full details this month

THE NATIONAL ASSOCIATION OF CHILD CARE WORKERS DIE NASIONALE VERENIGING VAN KINDERVERSORGERS

National Executive Committee Nasionale Uitvoerende Raad

National Chairman/Nasionale Voorsitter
Ernie Nightingale, NHCRC, Dip. Pers.
Man., AICB., Ethelbert Children's Home/
Kinderhuis, 93 Ethelbert Rd. Malvern
4093. Telefoon 031-44-6555

National Treasurer/Nasionale Tesourier
John Saxey, AICB., FICB(SA), P.O. Box-
/Posbus 3212, Cape Town/Kaapstad
8000. Telefoon: 021-71-7591

Members/Lede
Ds. Rudolph van Niekerk (Transvaal),
Rev. Eerw. Roger Pitt (Eastern Pro-
vince/Oostelike Provinsie), Ernie Nightin-
gale (Natal), Vivien Lewis (Western
Cape/Wes-Kaap).

National Directorate/Nasionale Direktoraat

National Director/Nasionale Direkteur
Brian Gannon, BA (Hons.), MA
P.O. Box/Posbus 199
CLAREMONT 7735
Telephone/Telefoon: 021-70-9302

Regional Secretaries/Streeklike Sekretaresse

Transvaal
Susan Crafford, Abraham Kriel Kinderhuis,
Posbus 60066, Langlaagte 2102. Telefoon
011-839-3058

Natal
Dr Jeannie Roberts, 104 Windmill Rd,
Berea, Durban 4001. Telephone 031-21-
5894.

Eastern Province/Oostelike Provinsie
Lesley du Toit, The Children's Home,
P.O. Box/Posbus 482, King Williams
Town 5600

Western Cape/Wes-Kaap
Derek Groep, Boys Town Duin en Dal,
P.O. Box/Posbus 71, Philippi 7781. Tele-
phone/Telefoon 021-31-4154

DIE KINDERVERSORGER THE CHILD CARE WORKER

P.O. Box/Posbus 199, Claremont 7735
Telephone/Telefoon: 021-70-9302

Die Kinderversorger word op die 25de
van elke maand uitgegee. Subskripsie-
gelde vir nie-lede: R5.00 p.a. posvry.
Advertensiegelde: R2.50 per kol/cm.
Stuur alle navrae, advertensies, artikels,
briewe en nuusbrokkies aan Die Redak-
teur, Die Kinderversorger, Posbus 199,
Claremont 7735.

The Child Care Worker is published on
the 25th of each month. Subscriptions
for non-members: R5.00 p.a. post free.
Advertisement rates: R2.50 per
column/cm. Send all enquiries, advertise-
ments, articles, letters and news items
to The Editor, The Child Care Worker,
P.O. Box 199, Claremont 7735.

Editorial Board/Redaksieraad
Dina Hatchuel, Ds. Freddie Burger, Peter
Harper, Marcelle Biderman

Editor/Redakteur
Brian Gannon

Kindersorgskole

Kindersorgskole wat vroeër bekend
gestaan het as nywerheidskole, het
onlangs onder skoot van sekere
koerante gekom aangaande die maat-
stawwe wat hulle gebruik om moei-
like kinders te hanteer. Hulle is
bepaald oor die herhaalde gebruik van
slae en afsondering as strafmaatreëls
in sekere gevalle gekritiseer, selfs al
was die uitwerking daarvan
ondoeltreffend.

Beide lyfstraf en afsondering is om-
strede strafmaatreëls en dit is on-
waarskynlik dat opvoedkundiges daar-
mee eens kan wees. Ons verwelkom
inderdaad 'n debat hieroor in hierdie
tydskrif.

Nietemin is dit ooreenvoudig om
hierdie twee knelpunte as die kern
van die teenwoordige strydpunt te
beskou aangesien dit klaarblyklik heel-
wat verder gaan.

Eerstens word daar baie van ons
Kindersorgskole verwag. Gesinsorg
organisasies gebruik dié skole spesie-
fiek vir die moeilike, onaanvaarbare,
parmantige en a-sosiale kinders — en
dikwels dié met beperkte akademiese
potensiaal. Verder wend die kinder-
huise hulle tot die Kindersorgskole
wanneer hulle eie program met die
uiters moeilike en onhanteerbare
kinders misluk.

Op een of ander manier veronderstel
ons dat die Kindersorgskole oor al die
hulpbronne beskik, maar in werklik-
heid is die hulpbronne in hulle tehuise
niks beter — en dikwels behoeftiger
— as dié in die kinderhuise. Kinders
wat dus gedurig oorgeplaas word,
voel dat hulle misluk het en voel
boonop meer verstote, en sodoende
oerf die Kindersorgskole dan 'n
opstapeling van emosionele en
gedragsprobleme.

Die kritiek wat op die Kindersorgskole
uitgespreek word is hoofsaaklik mis-
beduidend. Die skuld is egter aan
Suid Afrika se mislukking om vol-
doende fondse vir die sorg en
behandeling van die jeug te verskaf,
toe te skryf. Merle Allsopp vertel
verlede maand dat die V.S.A. bv.,
hulle jeug, as toekomstige volwas-
senes, hoog op prys stel en in
soortgelyke inrigtings is daar soveel
as vier personeellede om na drie
kinders om te sien, en waarskynlik
twintig maal soveel geld word gewy
aan sulke kwesbare kinders.

Dit mag wees dat afsonderlike kinders
die Kindersorgskool stelsel in Suid
Afrika ten prooi val, maar die Kinder-
sorgskole, waarvan die hardste werk
in kindersorg vereis word, val self die
groter stelsel wat onvoldoende in die
behoefte van die personeel en
programme van die verstote jeug

voorsien, ten prooi.

Daar mag wel ontevredenheid heers
oor die dienste wat deur Kindersorg-
skole gelewer word, maar ons kry net
waarvoor ons betaal.

Supermen and Superwomen

In an article on the Oranjia Children's
Home in this month's issue, the
conflict between our different ex-
pectations of child care workers is
highlighted. On the one hand we
expect staff to be preferably unat-
tached and available day in and day
out, devoting all of their time and
attention to the children. On the other
hand we expect them to be adequate
role models for the children, leading
normal, healthy adult lives. The two
simply don't go together. Too many
child care workers themselves be-
come institutionalised, using their
days off just to flop down and get
some much-needed sleep. Tomorrow
they are back on duty, rested
perhaps, but not recreated; certainly
not enriched or fulfilled from normal
social or cultural pursuits and satisfac-
tions. Young child care workers may
be forgiven for believing that prerequi-
sites for a career in child care are the
three-fold monastic vows of poverty,
chastity and obedience! Those who
work eighty or ninety hours a week
may wonder why they don't receive
two salary cheques for what have in
effect been two full-time jobs. Others
wonder whether free board and
lodging, with its attendant lack of
privacy and the difficulty of ever
achieving true off-duty status, is
worth its monetary value.

Oranjia has developed its own
answers to these conflicts which may
or may not prove workable. Other
children's homes have similarly experi-
mented with alternatives. But howev-
er management committees solve
these irreconcilables, solved they
must be, and many await the results
of their attempts.

Positive regard

As Sigmund Freud's reputation grew,
the psychoanalyst began to receive
patients from abroad. The fact that
these patients were probably wealthy,
did not escape the notice of the
Austrian tax authorities. They eventu-
ally sent Freud a letter demanding an
account of his earnings during this
active period. When Freud read the
letter, he remarked, "Hah! At last!
The first official recognition of my
work!"

Genoegsame Ouerskap

Sharon Bacher

Sharon Bacher is maatskaplike werksster by die Oranja Kinderhuis in Kaapstad

Terwyl geeneen van ons perfekte ouers is nie, probeer ons almal ons beste, en die natuur vereis nie perfeksie nie. Kinders het 'genoegsame ouerskap' nodig. Om dit te bekom, is dit noodsaaklik dat daar 'n band van toegeneendheid tussen ouer en kind bestaan. 'n Genoegsame ouer is iemand wat fyngesvoelig is teenoor sy/haar kind se daaglikse behoeftes, asook deur die verskillende fases in sy ontwikkeling; en ook iemand wat vatbaar is en in die kind se behoeftes voorsien. Dit help as ouers weet:

- (a) wat die kind se basiese behoeftes is en hoe hierdie behoeftes met ontwikkeling verander;
- (b) wat hy/sy doen om 'n gesonde vooruitgang te bevorder of te verhinder.

Basiese Beginsels

Kinders verskil van Volwassenes

(a) Babas is van volwassenes afhanklik vir hul voortbestaan; volwassenes kan min of meer na hulself omsien;

Jong kinders kan nie duld om vir iets wat hulle wil hê te wag nie.

- (b) Jong kinders kan nie duld om vir iets wat hulle wil hê te wag nie; volwassenes kan wag en hulle kan beplan hoe om iets wat hulle wil hê te bekom;
- (c) Jong kinders mag huil of in 'n woedebui uitbars wanneer hulle in 'n sosiale geskil verkeer; volwasse grootmense pas beter maniere toe om sulke geskille op te los.

Kinders het dieselfde basiese behoeftes

- (a) Hulle het gesonde kos en genoeg slaap nodig;
- (b) Hulle het liggaamlike oefening nodig;
- (c) Hulle het speelmaats nodig wat van hulle hou en vir hulle omgee;
- (d) Hulle het beskerming nodig;
- (e) Hulle het geleentheid nodig om te ontdek en te leer.

Kinders ondervind verskillende fases in hul ontwikkelingsproses Dit is ten bate om die volgende fases in

oënskou te neem:

- (a) Babas ong. 0-18 maande;
- (b) Kleuterjare ong. 18 maande-3 jaar;
- (c) Jong kinderjare ong. 3-6 jaar;
- (d) Kinderjare ong. 6-10 jaar;
- (e) Puberteit ong. 11-13 jaar;
- (f) Jeugjare ong. 13-20 jaar.

Hulle verander liggamlik, sosiaal, emosioneel en geestelik gedurende hulle ontwikkelingsproses. In elke fase van die proses het hulle sekere behoeftes en sekere take/doelwitte: liggamlik, sosiaal, emosioneel en geestelik. 'n Kind moet die take/doelwitte van vroeg af baasraak, ten einde

'n Kind moet die take/doelwitte van vroeg af baasraak.

die eise van die volgende fase te kan hanteer. U benadering tot sy hantering is iets wat hom sal help en dit sal mettertyd moet verskil soos die kind ouer word.

Babas is geheel en al van volwassenes afhanklik om in hulle behoeftes te voorsien. 'n Ouer wat betroubaar en konsekwent is, wat spoedig en liefhebbend in baba se behoeftes voorsien, help die baba om in homself te leer vertrou asook in volwassenes en ander mense op aarde.

Kleuters kan weer meer vir hulself doen. Hulle het aanmoediging nodig om self te probeer om meer in hulle eie behoeftes te voorsien. (bv. uit 'n koppie te drink; hande te was; 'n speelding te gaan haal). Terselfdetyd, beteken 'genoegsame ouerskap' om net te verwag wat paslik by die kind se jare sal wees, d.w.s., wat normaal is vir sy ouderdom en ontwikkelingsstadium.

Elke kind is enig in sy soort

Kinders verskil net soos alle ander mense verskil. Hulle verskil liggamlik, van geaardheid en geestelik.

Elke kind ontwikkel teen sy eie tempo Bogenoemde ouderdomme en fases is maar ongeveer. Kinders verskil in die manier waarop hulle ontwikkel; party babas loop op 9 maande, ander op 13 maande. Albei gevalle is normaal. Alles wat met 'n kind gebeur terwyl hy onder jou sorg is, leer hom iets omtrent homself, omtrent jou en grootmense oor die algemeen en die wêreld.

Kinders se Alledaagse Behoeftes

Kinders het liggaamlike behoeftes.

Om te kan groei en gunstig te kan ontwikkel, moet daar in hulle liggaamlike behoeftes voorsien word. Dit sluit in:

- (a) Genoeg voedsame, goed-gebalanseerde en gereelde maaltye.
- (b) Beskutting: Standvastige woonplek wat skoon en veilig is.
- (c) Genoeg klere: Warm in die winter, koel in die somer, skoon en versorg.
- (d) Plek en geleentheid om rond te beweeg en liggaamsoefeninge te doen.
- (e) Liggaamsversorging: moet skoon gehou word; moet gesonde liggaamsgewoontes aanleer (bv. tande te borsel), mediese aandag.

Dit is noodsaaklik om in kinders se liggaamlike behoeftes te voorsien sodat hulle kan voortbestaan. Derhalwe is dit net nadat daar in hulle liggaamlike behoeftes voorsien is, dat hulle emosioneel veilig voel. Op dieselfde wyse waarop hulle leer om liggamlik vir hulself te sorg, leer hulle ook hoe om hulle sosiaal te gedra. Wanneer daar nie in kinders se basiese liggaamlike behoeftes voorsien word nie, (bv. hulle ly honger, kry koud en voel onveilig), het hulle nie die geestelike energie en konsentrasievermoë om te studeer en te leer nie.

Kinders se Emosionele Behoeftes

- (a) Alle kinders en mense het 'n behoefte aan liefde en toegeneendheid wat betuig word deur gevoel, gedrag en liggaamlike aanraking;
- (b) Alle kinders het 'n behoefte aan aanvaarding. Hulle wil voel dat hulle benodig word en op prys gestel word al hou mens nie van die manier

Alle kinders het 'n behoefte aan aanvaarding.

waarop die kind hom op die gegewe oomblik gedra nie.

- (c) Kinders moet voel dat daar vir hulle omgee word; dat wat hulle doen of dink en hoe hulle voel, betekenisvol is. Ouers kan wys dat hulle omgee, nie net deur liefde nie, maar ook om die moeite te doen om die kind te dissiplineer of te voorkom dat hy iets doen wat nie in sy toekomstige belange sal wees nie.
- (d) Aanvaarding van 'n kind behels ook die aanvaarding dat hy aange-name asook onaangename gedagtes koester. Die kind het 'n behoefte om te weet dat nie slegs sy goeie gevoelens aanvaar word nie, maar dat hy ook mag ontevrede of hartseer voel, in 'n slegte bui mag verkeer, kwaad en selfs woedend mag word.
- (e) 'n Belangrike emosionele behoefte van kinders is om beskerm en 'in toom gehou' te voel. Hulle behoort te voel dat die wêreld voorspelbaar en

veilig is en dat volwassenes wat vir hulle sorg en omgee, die hef in die hand het. Diep in hulself moet hulle seker wees dat die volwassenes om hulle, hulle kan beskerm teen hartseer en mishandeling en ook die kwaad wat hulle hulself kan aandoen.

(f) Alhoewel gevoelens altyd aanvaarbaar is, moet kinders leer hoe om hulle gevoelens te weerspreek sonder om hulself of ander kwaad aan te doen. Hulle moet leer hoe om hulle gevoelens te weerspreek om by hulle jare te pas. Dit is gewoon vir 'n kleuter om 'n woede-uitbarsting te hê, maar teen die tyd dat 'n kind tien jaar oud is, behoort hy sy woede en teleurstelling op 'n ander manier te hanteer.

Hulle moet leer hoe om hulle gevoelens te weerspreek om by hulle jare te pas.

Kinders wat nie leer om hulle gevoelens op 'n manier wat sosiaal van pas is uit te druk nie, kan vriendeloos en eensaam eindig. 'n Tiener wat sy woede uitdruk deur te steel of deur eiendom te beskuldig, mag met die geregtigheid te doen kry.

As 'n kind besef dat dit sy ouers ontstel wanneer hy kwaad is, mag hy sy gevoel opkrop en sodoende terneergedruk raak. As die ouer bevrees raak wanneer die kind hartseer is en hy reageer deur die kind se aandag te probeer aftrek of iets anders voor te stel, dan voel die kind dat hartseer nie 'n 'goeie' gevoel is nie. Die kind mag ook probeer om sy ouers te beskerm deur skyn gelukkig op te tree. Innerlik voel hy dan baie eensaam omdat hy nie sy ware gevoel kan weerspreek nie.

Kinders het Sosiale Behoeftes

Hulle het 'n behoefte daaraan om goeie ervarings met mense deur te maak en om te leer om met ander oor die weg te kom.

(a) 'n Kind se vroegste sosiale behoefte is aan 'n verhouding met 'n liefdevolle persoon wat omgee, wat betroubaar en konsekwent is en wat standvastig in die kind se lewe kan optree. Dit is a.g.v. die vroegste ondervindings met mense wat vir hom omgee dat hy 'n sin van vertroue ontwikkel teenoor ander of, ongelukkig, soms wantroue.

(b) Jong kinders moet toegelaat word om van ander mense afhanklik te wees om hulle behoeftes te bevredig. Soos hulle ouer word moet hulle toegelaat word om al hoe meer vir hulself te doen. Sodoende streef hulle na onafhanklikheid. Nogtans bereik die mens nooit volkome onafhanklikheid nie, omdat ons ten minste sosiaal van

mekaar afhanklik is.

(c) Kinders het 'n behoefte daaraan om hulle manlikheid/vroulikheid te ontdek.

Nogtans bereik die mens nooit volkome onafhanklikheid nie, omdat ons ten minste sosiaal van mekaar afhanklik is.

(d) Kinders het 'n behoefte aan speelmaats — om ongebonde en vindingryk te verkeer.

(e) Kinders moet leer om onselfsugtig en sensitief op te tree teenoor ander se behoeftes en gevoelens.

(f) Kinders moet leer om geskille en argumente op 'n paslike sosiale vlak te hanteer.

(g) Hulle moet 'n aanvoeling ontwikkel — wie om te vertrou en wanneer om nie te vertrou nie. Hulle moet leer om verskillend op te tree en verskillende reaksies te verwag van naasbestaandes, vriende en vreemdelinge.

(h) Soos hulle ouer word, ontstaan die behoefte om te eksperimenteer met heteroseksuele verhoudings en hulle ontwikkel 'n bekwaamheid vir gemeensaamheid. Derhalwe kan 'n persoon net 'n gemeenskapsverhouding met 'n ander persoon aangaan as hy/sy 'n helder begrip van sy/haar eie identiteit het. Met ander woorde, mense moet 'n afsonderlikheid ondervind voordat hulle 'n gesonde gemeenskapsverhouding kan ondervind.

Kinders se Geestelike Behoeftes

Kinders het 'n ingebore nuuskierigheid weens hulself, ander mense en dinge in die wêreld. Hulle leer eerstens deur die dinge en mense om hulle fisies te verduidelik. In hulle vroeër jare ontstaan die behoefte aan aanmoediging om met veiligheid ondersoek in te stel en te leer. Net die kind wat veilig en beskerm voel, sal veilig genoeg voel om ondersoek in te stel en te leer. Kinders moet ook leer dat studie en werk belonend is omdat dit 'n verstaansvermoë van die wêreld om ons bied. Hulle moet nie opgelei word om te leer net om ander te behaag nie, of om stoflike beloning nie.

Om geestelik te ontwikkel en te slaag op skool, moet kinders selfvertroue ontwikkel.

Om geestelik te ontwikkel en te slaag op skool, moet kinders selfvertroue ontwikkel. Hulle het ook ervaring nodig en die geleentheid om daarvoor te praat, sodat hulle hul taal magtig

kan wees. Hulle moet ook fiks en gesond wees sodat hulle kommervry kan konsentreer op skool. Hulle moet onafhanklike werksgewoontes ontwikkel, self-dissipline handhaaf en reelingsbekwaamheid aankweek, sodat hulle hul leertake kan baasraak. Soos hulle ouer word, ontstaan die behoefte om goed te kan redeneer sodat hulle vraagstukke logies en nie net emosioneel kan oplos nie.

Kinders moet 'n Sin vir Sedelikheid ontwikkel

Jong kinders het geen sin vir wat reg of verkeerd is nie; toelaatbaar of verbode nie. Wanneer duidelike reëls/perke i.v.m. hulle gedrag bestaan, kan hulle ontdek watter gedrag toelaatbaar is. Hulle kan aanvoel dat die wêreld voorspelbaar en veilig is. Soos hulle ouer word, ontwikkel hulle self die vermoë om reg van verkeerd te onderskei — hulle ontwikkel 'n gewete. Jong kinders mag besluit om nie iets te doen nie, hoofsaaklik om 'n volwassene te behaag of om straf te voorkom. 'n Ware sin van sedelikheid kan uiteindelik net bestaan wanneer 'n persoon se sin van reg/verkeerd op sy waardes of menings van goeie/slegte gedrag gegrond is.

As volwassenes/ouers is ons verantwoordelik vir ons kinders se opvoeding en sosiale verkeer; om hulle te help groei tot volwasse, bevoegde burgers van die toekoms.

Ons kan dit doen deur:

- (a) betroubaar en sorgsaam in hulle liggaamlike behoeftes te voorsien;
- (b) betroubare, standvastige en gesonde verhoudings met hulle aan te kweek;
- (c) gedrag wat by hulle jare pas aan te moedig;
- (d) perke te stel teen stoute en asosiale gedrag;
- (e) minsame en konsekwente beheer op ons kinders uit te oefen;
- (f) hulle gevoelens te aanvaar; hulle toe te laat om hulle hartseer, woede, ontevredenheid te weerspreek sonder dat ons voel dat ons alles vir hulle moet regmaak;
- (g) hulle aan te moedig om te bou, self-dissipline te handhaaf en nuttige werksgewoontes aan te kweek;
- (h) gebeure, kwessies en ervarings met hulle te bespreek, om hulle taal te leer, ontwikkeling van gedagtes en algemene kennis aan te spoor;
- (i) sosiale verkeer met kinders van dergelike ouderdom moontlik te maak;
- (j) ons gedrag as ouers te verander om namate by ons kind se ontwikkelingsproses aan te pas.

Geestelik-Sosiale Ontwikkeling Fases en Take

Babaskap Ontdekking van afsonderlikheid — 1ste Verbindings.

Ontwikkeling van 'n gesindheid van basiese vertroue as daar deur 'n persoon op 'n bestendige, getroue en sorgvuldige wyse in hulle behoeftes voorsien word.

Kleuterskap Beweeg van totale afhanklikheidsfase na 'n fase waar hulle vir hulself dinge kan doen. "Ek is 'n afsonderlike persoon — ek doen my eie waarnemings, het my eie gevoelens en behoeftes."

Strewe na beheer — toilet onderrig. Beweeglikheid.

Taal ontwikkeling.

Behoeftes aan saam verkeer met ander mense/kinders.

Jong Kinderjare Meer onafhanklikheid.

Breër sosiale kring.

Eerste maal van die huis af weg — Kleuterskool.

Greintjies van vindingrykheid.

Konkrete kennis van mense, dinge en self.

Meer taalgebruik i.p.v. 'toneelspeel' Maniere aanleer.

Kinderjare Leer om met ander oor die weg te kom.

Basiese bekwaamhede aan te leer — lees, skryf, tel.

Ontwikkel gesindheid vir leer/skool.

Self-dissipline leer.

Sosiale verkeer/speel.

Puberteit Liggaamlike verandering.

Vrae omtrent seksualiteit, (ouer word) Heteroseksuele belangstelling.

Selfbewustheid.

Jeugjare "Wie is ek?"

Behoeftes aan onafhanklikheid — tog nog 'n begeerte om vas te klou.

'n Behoeftes aan 'n veilige voetstuk vanwaar hy in die wêreld kan in beweeg.

Portuurdruk groep/vereenselwiging.

Druk van skoolwerk/besluite neem.

Beproeving van familieleden se moraal en waardes.

Heteroseksuele beproewing.

Voltoering van skooljare; uit die beskerming daarvan uit beweeg.

Loopbaan keuse, onafhanklik studeer, loopbaan beplan.

Ontwikkeling van 'n bevoegdheid vir vertroulike persoonlike verhoudings.

Man is born neither devil nor saint. He merely reflects in his behaviour the nature of relationships he has had since the time of his birth, with the people who were important to him. — Karen Horney

Capital punishment?

Returning to my unit after a day off, I found a note from the relief worker that expressed her feelings after what must have been a hectic day. It read: "If I had one life to give for my country, it would be either Robert's or Sharon's!"

Developing a Personnel Policy

Helen Starke

Helen Starke is Director of Child Welfare Society, Cape Town. This paper was given at the recent course for Principals held in the Western Cape

The whole question of staff development cannot be viewed in isolation, but really amounts to, and must be seen in the context of, sound personnel policy.

The objective of a personnel policy is to increase the efficiency and effectiveness of the organisation. In other words, an organisation should not pay high salaries and have generous leave benefits simply because it wants to be 'nice' or 'good' to its staff, nor should staff expect comfortable staff quarters or opportunities for further study simply because they are nice to have.

To say that the objective of a personnel policy is to increase the efficiency and effectiveness of the organisation sounds very simple and basic — which it is. But it is a concept which is frequently overlooked or misunderstood by both staff and management committees, resulting in tensions between the two systems or between the principal and the other staff.

Job Descriptions

All employees should have a job description. There are no 'right and wrong' ways of presenting job descriptions. Certain formats work better than others in particular settings. There are, however, certain aspects which must be covered in any job description. These include:

- Job title.
- Qualifications required for the job.
- The purpose of the job.
- The lines of authority and responsibility (position in the organisation).
- The resources available to the employee.
- Tasks the employee is required to perform.
- The standard of performance required.
- The controls and measurement of performance.

Service Contracts or Agreements

These should be unambiguous and

easily understood, but should nevertheless provide some flexibility to allow for the unexpected or unusual situation. They must be signed by both employer and employee. As with job descriptions, there are various ways of formulating service contracts or agreements, but they should include:

- Job title or post (which is defined in the job description).
- Salary, including the method of payment and procedure for salary increments.
- Benefits, e.g. bonus, pension fund, medical aid, car allowance, housing allowance, board and/or lodging, payment for study, including the conditions attaching to these benefits.
- Hours of work, including provision for flexibility and overtime.
- Leave regulations, including procedure and provision for vacation leave, sick leave, long leave, study leave, compassionate leave, unpaid leave.
- Termination procedure, including period and manner of notice to terminate employment and conditions under which termination can occur without notice. If different conditions and procedures apply to a probationary period, this should be stated.
- Any other conditions, e.g. confidentiality, pursuit of other employment.
- Arbitration procedure — for employees who feel they have been unfairly treated, there must be a clear procedure to be followed.

Recruitment

Recruiting the most suitable persons for the jobs to be performed constitutes the beginning phase of having an efficient and effective workforce. Before recruiting for a particular job we need carefully to examine the job description and service agreement attaching to the job. What sort of person do we want in the job? Then we need to decide where and how we can attract our target group. Before starting to recruit we also need to have established procedures for persons to apply for the job, e.g. telephonically, in person, in writing, application forms, who will handle the application. Only then do we start recruiting.

Selection

We need to be clear on how we are

going to select people for the job. For example, who does the selection, reference checks, personal interviews, time on the job.

As most selection procedures rely heavily on the personal interview with applicants, I will expand on this aspect. In his book, *Supervision in Action. The Art of Managing Others*, C.S. George gives the following tips concerning interviewing prospective employees:

What does an interviewer look for?

... You should try to assess the applicant's emotional stability, his maturity, interests, motivation, judgment, attitudes and ability to express himself. In addition you should look for such attributes as selfconfidence, personal appearance and openness ... The major purpose of the job interview is to determine whether or not the applicant's education and experience will make him a satisfactory employee in a particular job. In addition to work skills, you also want to find out whether the applicant's personal attributes would make him happy working with the people in your department ...

What should you tell an applicant about the job?

1. Activities involved in doing the job

2. Job title and relationship with other jobs.

3. What kind of equipment and materials he will handle.

4. The environment or working conditions where the job will be performed.

You should be as honest and factual as you can ...

The applicant is also interested in the company in general, so tell him about how the company is as an employer.

What Should You Ask an Applicant?

... try to get the applicant to talk during the interview so that you can listen and thereby judge him. Avoid asking questions that can be answered by a simple 'yes' or 'no'.

What Should You Avoid in an Interview?

Above all, don't be busy with a pen taking notes ...

Try not to let your tone of voice or facial expression give your thoughts away ...

Don't talk too much ...

Don't either oversell or undersell the company or the job ...

Don't let a single negative trait influence your judgment on all other traits ...

What Does It Take to be a Good Interviewer?

... you will need to have a complete understanding about your company and the relationships that exist between departments and divisions. You'll also need to know how jobs

relate to each other, the route and opportunities for promotion from one job to the next, and what is required to be qualified for the particular job that is open. You'll need to be able to size up from long experience or formal study an applicant's abilities, personality traits, motivations, frustrations, attitudes and individual differences. You've got to be objective in sizing up people ...

You've got to be a good listener ...

You'll need to be alert and perceptive to anything that the applicant does that might throw a new light on how he feels. (1)

Appointment

The first step in the appointment procedure is an offer of employment to the applicant. This should be followed by an appointment interview and a written appointment, which could be in the form of the signing of the service agreement or contract. Only then can we really say that an appointment has been made.

Orientation

Orientation of a new worker begins with the selection and appointment interviews, but once the worker commences employment there should also be a structured orientation programme, which in the children's home setting should include the following:

(a) Review of the job description and service contract or agreement;

(b) Physical orientation to the children's home;

(c) Introduction to the other employees, including a description of their jobs and for what resources they are responsible, e.g. it is from the Secretary that you get your stationery, from the Housekeeper that you get clean linen;

(d) The history, structure and objectives of the children's home;

(e) The place of the children's home in the child care field and introduction to outside resources, e.g. schools, churches, welfare organisations;

(f) The type of child catered for by the children's home;

(g) The general policy of child care, i.e. those things which apply to all staff and/or children, e.g. discipline, church attendance, case reviews, staff meetings, staff supervision;

(h) Orientation to the particular job, including introduction to the children with whom the employee will be working, a review of the children's backgrounds and treatment programmes, and the specific tasks to be performed within the context of the job description.

The staff members responsible for orientating the new worker must organise their programme in such a

way that the new worker can be given all the time and attention he needs. During this orientation period the new worker should also always have someone readily available to whom he can turn for information, support and guidance. Ideally, during this orientation period, the new worker should not be expected actually to operate as a staff member. He should be able to devote all his time and energies to the orientation programme. I know that this is thought to be not possible in practice, but from experience I can assure you that in the long run it is worth the possible inconvenience and temporary extra work for other staff members. It provides you with a more productive worker in a shorter time. However, if this is really not possible, at least we should try to organise our staff during this period in such a way that the new worker is not expected to carry the full responsibilities of his job during this period.

C.S. George has the following to say about orientation:

"A haphazard, ineffective introduction of a new worker to his job, his associates and his work facilities is both wasteful and inexcusable. However, despite its importance to good supervision, probably no supervisory skill is more poorly handled than introducing the new employee to his job. A good deal of money and effort have been spent up to this point in locating and hiring this individual and though first impressions are not always lasting ones, they can do much to make an employee enthusiastic in his approach to his new job as well as prepare him to react positively to future conditions. Remember that the employee is the most important possession that your company has and he should be treated as such ...

Proper job orientation also reduces employee dissatisfaction and turnover because it gives you, the supervisor, the opportunity to explain the employee's job in relation to other parts of the company before the employee can be misinformed by rumors ... job orientation will serve to brush away the fear of the unknown that all employees have in going to a new place of employment." (2)

References

(1) George C.S. *Supervision in Action. The Art of Managing Others* Reston Publishing Company, Inc. Reston Virginia, 1977, pages 128-132.

(2) *Ibid.*, page 133.

Tell me, I'll forget, show me, I may remember. But involve me and I'll understand. — Chinese Proverb

Enuresis

Karen Isaacson

Enuresis (broek/bednatmaak) kom in meeste kinderhuise voor en poseer voortdurend 'n probleem vir kinderversorgers om te handhaaf en te genees.

Volgens Barker (1979), is daar twee tipe enuresis, naamlik nagtelike enuresis, wat snags plaasvind (bednatmaak) en daaglikse enuresis wat bedags plaasvind (broeknatmaak). Die meerderheid bestaan uit nagtelike enuresis. Op vierjarige ouderdom het die meeste kinders volledige toilet onderlig ontvang. Dit is derhalwe nie ongewoon dat kinders tot op vyfjarige ouderdom nog af en toe bednatmaak nie. Dit is egter onreëlmag as kinders na vyfjarige ouderdom steeds bednatmaak.

Barker onderskei ook tussen primêre en sekondêre enuresis. 'n Kind ly aan primêre enuresis as hy bv. teen vyfjarige ouderdom nog nie selfbeheer (d.w.s. blaas en ingewande beheer gedurende die dag en nag) kan uitoefen nie. 'n Kind ly aan sekondêre enuresis as hy na hy selfbeheer baasgeraak het, weer begin natmaak. Dit is miskien van belang dat die meeste Enuresis lyers manlik is.

By bespreking van die oorsake van enuresis, is dit belangrik om die feit dat die oorsake nie volkome begryp word nie, in aanmerking te neem. Enuresis was eers beskou as 'n wanorde in die ontwikkelingsproses. D.w.s. 'n wanorde wat gedurende die ontwikkelingstadium van 'n kind voorkom en die ontwikkeling van 'n sekere funksionele area verhoed. Sommige mense glo dat die oorsake van 'n fisiese aard is, maar dié geloof is raar.

Navorsing het bewys dat enuresis oorerflik kan wees, d.w.s. dit bestaan reeds in die familie. Alhoewel baie studies bewys dat kinders wat aan enuresis ly nie noodwendig versteurd is nie, is daar tog 'n verband tussen enuresis en geestelike versteuring.

Volgens haar ondervinding as 'n kinderversorger in 'n residensieele tipe agtergrond, glo die skryfster dat die kind wat aan enuresis ly, in die kinderhuis 'n geestelike versteuring deurmaak a.g.v. angs vir afsondering. Dikwels vind die bednatmaak in die begin stadiums van die kind se opname plaas, omdat die kind bang is om snags alleen van sy bed af toilet toe te loop. Dit is belangrik dat die kinderversorger nie die kind vir die natmaak straf of blameer nie, omdat dit 'n skuldgevoel kan opwek wat dan boonop die kind se angs vererger. Die versorger se gesindheid is hier baie

belangrik en as haar gesindheid negatief is, kan verdere geestelike benardheid by die kind ontstaan. Hierdie benardheid is van kliniese belang vir maatskaplike werkers en sielkundiges.

Dit is beste om enuresis as 'n vertraging in selfbeheer van die blaas te beskou en nie as 'n ernstige wanorde of siekte nie. Dit gebeur onopsetlik. In die seldsame gevalle waar natmaak opsetlik is, moet die versorger die algemene gedrag van die kind in aanmerking neem, omdat dit op wanordelike gedrag dui.

Vir die versorger kan dit dalk help om

Vir die versorger kan dit dalk help om die probleem op sy slegste as 'n ongemak, en op sy beste, as geneesbaar te beskou.

die probleem op sy slegste as 'n ongemak, en op sy beste, as geneesbaar te beskou. Gevallestudies is belangrik om te bepaal of enuresis 'n opvallende probleem is en of daar 'n fisiese oorsaak bestaan. Dit word gewoonlik deur die onderskeie versorgers gedoen. Volgens Barker, as die gevallestudies geen lig op die fisiese oorsake of die geestelike wanorde werp nie, bly daar 'n keuse van twee behandelings oor: dwelms-terapie of 'n kussinkie en gonser. Dwelms-terapie is heelwat suksesvol. Nietemin word daar na die natmaak teruggekeer sodra medikasie stopgesit word.

Die kussinkie en gonser bestaan uit 'n kussinkie wat op die kind se bed geplaas word. Die kussinkie is met 'n draad aan die gonser vas. Sodra die kind dan die kussinkie natmaak, weerklink die gonser. Die kind behoort dan onmiddellik wakker te word, die toilet te gebruik en sy bed skoon oor te trek. Die skryfster voel dat hierdie keuse, sover dit die inwonende kind aan betref, te veel uitlugte bied:

1. Die kind se aanvaarding van en samewerking met hierdie tipe behandeling.
2. 'n Jong kind is gewoonlik bang vir die donker.
3. 'n Jong kind mag dit moeilik vind om sy bed op te maak.
4. Kinders het hul nagrus nodig.
5. Mees belangrik, kan ons as kinderversorgers die kind se verleentheid verstaan veral as so 'n kind 'n kamer deel.

Die kinderversorger moet ook onthou dat wanneer 'n volwassene benardheid ondervind (volgens Selfe en Stow (1981), hy dit aan die kind kan oordra en sodoende enuresis-simp-tome kan veroorsaak of vererger. Dit

is baie belangrik dat ons gedrag spontaan bly teenoor die kind. Daar bestaan verskeie metodes en tegnieke om enuresis te hanteer.

Die 'belonings metode', d.w.s., die kind elke môre wanneer sy bed droog is, te 'beloon' en wanneer sy bed nat is, die 'beloning' terug te hou. Daar is 'n groot verskil tussen straf toedien (bv. geen T.V., 'n pakslae, vroeg bed toe, ens.) en 'n 'beloning' terughou, wat op sigself as straf beskou kan word. 'n Bohaaï of woede is onnodig as die bed wel nat is, omdat die kind begryp dat daar geen beloning is as die bed nat is nie. Dit is die ergste wat met hom kan gebeur en hy voel dus veilig.

Dit is belangrik dat die 'beloning' vir die kind betekenisvol is. Dit moet iets wees waarvan hy baie hou. Die kind moet eintlik self die 'beloning' kies (binne perke natuurlik). Die 'beloning' mag lekkers, sterretjies, uitstappies, ens. voorstel. Hierdie metode blyk heelwat voordele in te hou, naamlik:

1. Belonings is positief derhalwe word die probleem in 'n optimistiese, positiewe lig gesien.
2. Informele hantering kan deur 'n positiewe perspektief gehandhaaf word. Wanneer alles informeel hanteer word, is daar geen kans dat so 'n kind gebrandmerk sal voel nie.
3. Die kinderversorger word as 'n liefhebbende en konsekwente persoon beskou en dit is belangrik vir die opbou en volhouding van verhoudings.
4. Die herhaalde bednatmaak kan deur die kind en sy kinderversorger gekontroleer word.
5. A.g.v. die belonings is dit maklik om die kind se aanvaarding van en sy samewerking met die metode te verkry.
6. Namate die kind leer om sy blaas te beheer, besef hy dat hierdie nuwigheid ook met ander gevoelens gepaard gaan, bv. dat hy goed oor homself voel.

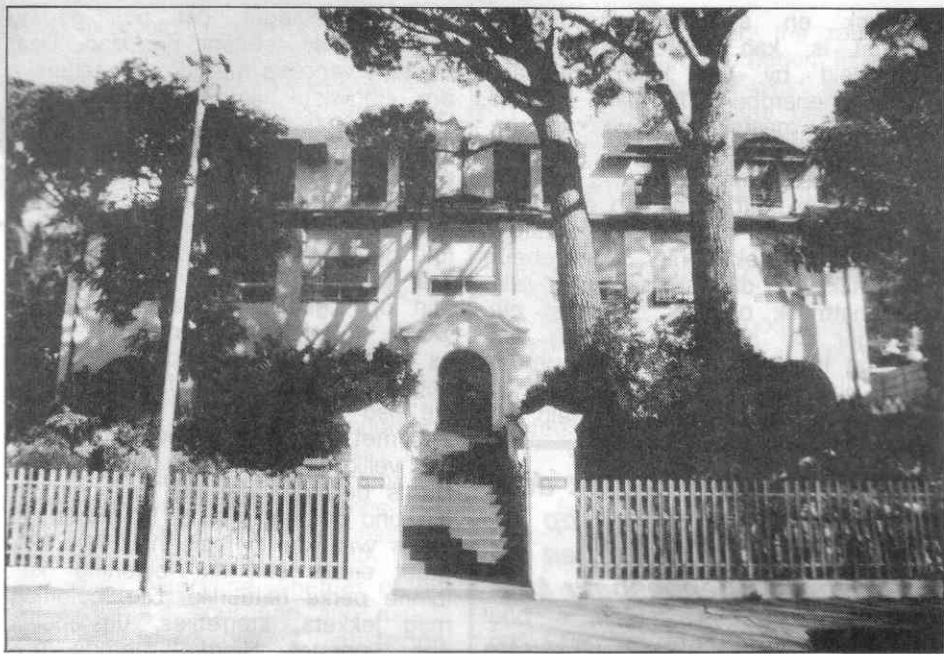
7. Hierdie gevoelens sal uiteindelik van meer belang wees as die 'belonings' namate sy gevoel van selftevreedenheid en die sosiale goedkeuring van betekenisvolle ander mense, meer lonend word.

8. Hierdie metode blyk met vooruitgang te ontvou en verloop sonder haakplekke.

Om mee af te sluit, is dit in sigself belonend om te leer dat die meerderheid kinders wat aan enuresis ly, die probleem ontgroeï. Moenie moed verloor nie!

Verwysings

- Selfe, L. & Stow, L. *Children with Handicaps*. Hodder and Stoughton. London, 1981.
- Barker, P. *Basic Child Psychiatry*, Third Edition. Granada Publishing. London, 1979.



Intimidating exterior — but what happens inside is what matters

With many children's homes lamenting their "unworkable" institutional buildings and the general movement toward the cottage system, it is refreshing to find at Oranjia Jewish Children's Home in Cape Town an "under-one-roof" system achieving standards of excellence in child care. The innovative and contemporary programme of this organisation (which serves 28 resident and 35 non-resident children of both sexes aged 6 to 19) sets a stimulating and encouraging example by recognising as *realities* what many still regard as *problems*, and by planning accordingly.

Committee of 40

One must start with the leadership of the organisation, firstly its 40-member committee which encouraged the exploration and experimentation which led to the present programme. Operating with no fewer than six subcommittees, this hard-working group constantly evaluates its own work as its members seek to learn more about child care theory and practice. They regard themselves as answerable to the programme and the children.

Three posts for one

Again regarding leadership, a logical division of tasks has replaced the post of principal with those of Administrative Director, Programme Director and Domestic Matron. The former heads a team consisting of an accountant, public relations officer, typist, part-time fund-raiser and voluntary fund-raiser, and is responsible for the administration and finance. The Programme Director, herself a social

Oranjia Jewish Children's Home



Programme Director Marcelle Biderman-Pam

worker, is responsible for the child care, therapeutic and educational programmes, and has a social worker, a part-time clinical psychologist and occupational therapist, nine child care workers, an education co-ordinator and eleven part-time tutors.

Parents involvement

The philosophy of the home takes into account the reality that the children do have parents and that many have bonds with their parents which can be maintained and supported in the service of the child's overall treatment. This in turn leads to significantly different roles for child care workers who see themselves not as "substitute parents" but as caring adults in partnership with the parents.

Parents come to dinner once a week and share in some of the routine care of their children.

For the small number of children who in fact have no contact with parents, the buildings are flexible enough for separate flats to be provided with long-term staff.



At Oranjia this approach has led to dramatic success with the parent group. Virtually all of the parents of children admitted during the last three years are involved in active weekly parent meetings — a support group, a service group helping with tasks in the home, a parent-education group and a staff liaison group. More than this, parents come to dinner once a week and share in some of the routine care of their children.

Paradox

Another reality is that there is a paradox in our wanting child care workers who are free of attachments and available for 70 or 80 hours a week yet who are at the same time healthily functioning and normal adult role models for the children. This is resolved at Oranjia by a shift work roster whereby staff work a normal 45-hour week.

The reality of staff turnover has less impact when staff are not trying to fulfil crucial parental roles.

Each child has a key-worker who is specifically responsible for his day-to-day needs and his treatment plan — but each key-worker has two back-up staff members to fill the role when he is off duty. This constellation of three workers becomes the child care team for that child. The reality of staff turnover has less impact when staff are not trying to fulfil crucial parental roles. The fact that a child care worker leaves is not viewed as a failure; rather, his time as a caring and available adult is seen as having been a period of growth during which distinct learning took place and gains were made.

Group programmes

Such a system thus avoids the fiction of a substitute family for the child, and he is focussed upon instead as an individual within the group. What then becomes important is that the group programmes are as carefully planned as the individual programmes.

The group programmes are rigorous.

Alongside the therapeutic programme, therefore, the emphasis at Oranjia is on high quality group programmes (i.e., well-planned and well-structured, and which between them meet the needs of the children) for domestic routine, education, recreation and religion. Such attention to well-run group programmes makes them purposeful



in terms of the overall goals of the home, and prevents *ad hoc* reactions to situations which may arise. The group programmes are rigorous. That for Education, for example, uses no fewer than 12 part-time staff, all of whom enrich the social environment of the children, and who interpret education in its widest sense. Two hour-long periods are

What happens inside buildings is more important than the buildings themselves.

devoted to this every day, and the programme is evaluated quarterly. Staff training and staff supervision are conducted according to these two complementary themes. Child care workers, for example, have two supervision sessions a week, one for the worker in relation to the child, and one in relation to the group environment.

Range of services

The services offered by Oranjia are not limited to residential care. There is a morning creche for 20 children staffed by two supervisors and two assistants, and afternoon day care facilities for 15 children. These services are often used as pre-admission or after-care supports, or even instead of full-time admission. In most cases residential care is limited to 5-days a week, all but seven of the children being cared for by their parents over weekends. There are two after-care levels provided, one at Stone Villa where five or six children who are looking for jobs or awaiting army call ups stay with a resident houseparent

couple, and another in independent flats in the neighbourhood where youngsters are supervised and subsidised as necessary. What has been achieved at Oranjia is proof that what happens *inside* buildings is more important than the buildings themselves, and that even the worst of buildings can be flexibly, purposefully and creatively used. Perhaps more important than this, Oranjia has achieved the development of a range of services which allows it to offer day care, long-term residential care, short-term intensive residential treatment, and realistic after-care options — and so has pioneered the response to what society seems to be asking of children's homes today.



Die Skool en die Kinderhuiskind

L.A. van Zyl

L.A. van Zyl, hoof van die Laerskool Durbanville, skryf oor sy ervaringe van die kinderhuiskinders in sy skool en druk die positiewe asook die negatiewe aspekte daarvan uit.

Tans is hier 70 leerlinge van die Durbanville Kinderhuis in ons skool. Dit verteenwoordig 10 van alle leerlinge. Om 'n evaluering te maak van die belewenis van personeel en leerlinge is nie maklik nie. Daar is negatiewe faktore wat 'n rol speel ten opsigte van gedrag, sosialisering, akademiese vordering, ensovoorts.

Negatiewe faktore

Die meeste leerlinge kom gewoonlik in die skool met 'n skolastiese sowel as 'n maatskaplike-ekonomiese agterstand. Dit lei tot 'n ongesonde kompetisie met heelwat akademiessterker leerlinge wat weer veroorsaak dat hierdie leerlinge gouer uitsak wat skoolwerk betref (moed verloor miskien of ontduiking van pligte ensovoorts.)

Die res van die skool se leerlinge val meestal in die hoër sosio-ekonomiese groep as gevolg van ouers wat vermoënd is en meestal goeie posisies in die samelewing beklee — wat weer negatief inwerk. Hulle word gou bewus van 'n simpatie by leerlinge en ouers, wat dan in enkele gevalle uitgebuit word deur byna 'n bedelhouding aan te neem of selfs oor te gaan tot diefstal.

Die onregverdigde kompetisie wat meestal tot gevolg het dat die Kinderhuis-leerlinge makliker uitsak (as normaalweg die geval behoort te wees) openbaar soms die wil om swak te presteer, wat sal lei tot oorplasing na 'n spesiale klas waar die werk makliker is en die kompetisie uitgeskakel word — 'n toestand wat beslis in 'n ander skool nie die geval sou gewees het nie.

As gevolg van die agterstand, ontwikkel sommige Kinderhuis-leerlinge soms 'n gevoel van frustrasie, minderwaardigheid of oorreaksie wat weer probleme tot gevolg het en deur die skool hanteer moet word. Dikwels is dit slegs 'n manier om aandag te trek, byvoorbeeld weghardloop of nie tuiswerk te doen nie.

Ten slotte, wanneer so 'n klein

klompie leerlinge in so 'n groot skool geplaas word, het dit uiteraard tot gevolg dat sulke leerlinge dikwels verdwyn en dus nie altyd genoegsame aandag, aanmoediging en nasorg verkry nie. Dit sou moeilik wees om die hele organisasie van die onderrig primêr op hulle gerig te hê. Dit het dan tot gevolg dat daar dikwels nie die noodsaaklike hulpverlening (akademies en geestelik) kan gebied word nie. As hierdie leerlinge egter meer aandag sou kry, sal hulle 'n gevoel van geborgenheid ontwikkel wat na my mening die primêre bydrae lewer tot 'n positiewe gesindheid by die leerlinge.

Ons ondervinding is ook dat die leerlinge soms probleme gee wanneer 'n vakansie nader — die onsekerheid of hy sy ouers sal sien en of hy moontlik darem kans sal hê om vir die vakansie weg te gaan.

Positiewe faktore

Die skool behandel hierdie leerlinge soos enige ander. Hulle is een van die geheel. Hulle soeke na liefde en aandag word deur die personeel so hanteer dat van die negatiewe faktore verdwyn. Selfs die gemeenskap dra sy deel by om hulle geborge te laat voel, wat dan weer bydra tot 'n meer positiewe gesindheid. Die grootste groepe (meer as 80) deurloop sy skoolloopbaan hier sonder om enige probleme te veroorsaak.

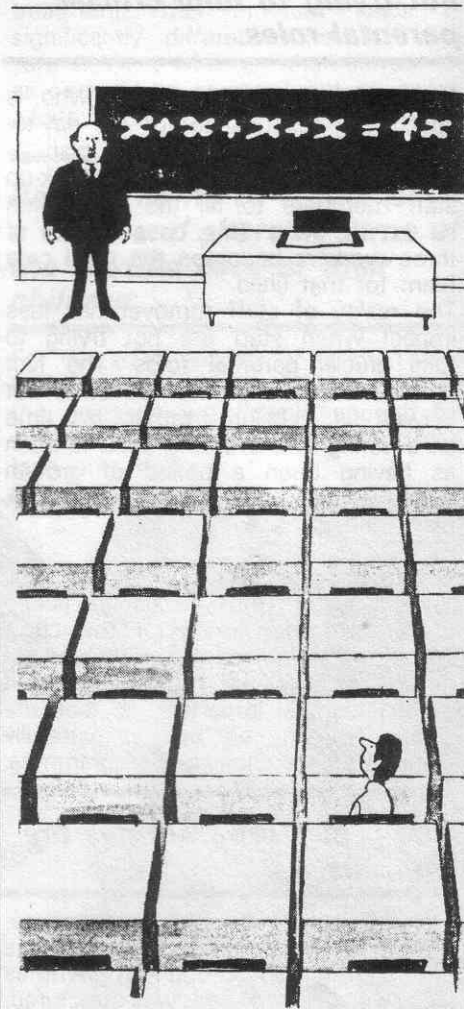
Juis die feit dat hierdie leerlinge 'n agterstand het terwyl die meeste ander leerlinge nie probleme ondervind nie, bring mee dat goeie invloed van die leerlinge uit die gemeenskap, sowel as die gesindheid van die personeel ingestel is daarop om hierdie leerlinge se wel en weê hul taak te maak. Vandaar ook dat die Kinderhuis-leerlinge gereeld op een of ander wyse presteer — sport of kultuur, of skolastiese gebiede.

Hierdie sukses is die gevolg van die positiewe gesindheid en bydrae van die skool sowel as die ondersteuning (fisies sowel as geestelik) van die Hoof van die Kinderhuis.

Ten slotte word daar ondervind dat leerlinge in 'n kleiner klas, byvoorbeeld 10 tot 12, meer individuele aandag geskenk kan word. Die leerling raak meer betrokke en 'n groter geborgenheid ontwikkel wat dan die leerlinge meer normaal laat optree.

Opsommend

Daar is volgens die skool se ondervinding wel 'n aanpassingstydperk vir Kinderhuis-leerlinge, sommige langer, ander baie minder. Maar die belewenis van die skool ten opsigte van die leerlinge is baie meer aan die positiewe kant gesien omdat die oomblik wanneer hulle in die klas-kamer instap, hulle oor een kam geskeer word en niemand bewus is van hul agtergrond nie. Hul probleme word hanteer soos enige ander se probleem aangesien alle opvoeders onderlegd en opgelei is. Onderwysers leer tog immers om nie net met die briljantes te werk nie.



Kom nou, van der Merwe. Met die kinderhuiskinders onder kwarantyn kan jy ten minste 'n paar rye vorentoe skuif!

Assessment in Child Placement

Vanessa Saayman

Vanessa Saayman is a second year student at the School of Social Work at the University of Cape Town

'The roots of child psychiatric disorder lie not only in the child himself but in his family, his schooling and his social environment. Because of this, the assessment and treatment of child psychiatric disorders involve a multi-disciplinary approach'. (Rutter, 1975, 7)

Introduction

Approaches to child assessment vary according to the professional orientation of the health care worker and the setting in which the assessment is made. Several disciplines may be involved in this process, including medicine, psychiatry, education, psychology and social work, (Hoghughi, 1980, 34-5), resulting in the application of different theoretical perspectives, methodologies and treatment programs.

Whilst a detailed critique of the different professional approaches is beyond the scope of this paper, it remains relevant to consider their influence insofar as the field of social work is concerned. Of all the health care professions, social work is perhaps the most eclectic, borrowing theories, concepts, methods and instruments from the so-called 'purer' disciplines. In doing so, the practice of social work has evolved as a unique, wholistic approach to addressing and solving a wide range of human problems.

This paper discusses the social work perspective in the assessment of children in child care placements. The nature of assessment is first considered, prior to looking at the various methods used. Since the purpose of assessment is to identify problems, it becomes clear that this task is a prerequisite for identifying goals and defining strategies for intervention. Following the discussion on the theoretical aspects of assessment, a multi-dimensional system of classification of problems is then described. In applying this to child care placement and treatment, the importance of maintaining a dynamic perspective is specified and illustrated by a brief case history.

Definition of Assessment

The process of assessment refers to

"the collection of information about a child's behaviour problem and the evaluation of that information to determine the possible relevant factors with respect to its cause, or maintenance, or both aspects of the problem" (Erickson, 1982, 11). Although the initial focus may be on the child presenting the problem, it is important to view this in the context of the child's family and social environment. Frequently, the behaviour of the child, which is labelled as being problematic, is a reaction to the larger social system. Rutter (1975, 11) suggests that since the family may unwittingly use the child's difficulties as a way of seeking attention for the larger family dysfunction or the parents themselves, the dynamics of referral itself should also be understood.

This implies a separation of *the problem from the person* which is the first step to understanding the child's behaviour from a dynamic, psychosocial perspective. The origins of the problem, the situation in which it occurs, the persons observing it or being affected by it, and its effect on the child's functioning, are all aspects that need to be considered. What may be seen as a problem in one situation may not be in another. It is therefore necessary to analyse the nature of a problematic condition in relation to the prevailing norms.

Assessment of a Problematic Condition

Several factors need to be examined in assessing a problem. The first relates to the developmental stage of the child. Behaviour that is seen as normal in one developmental stage may be considered abnormal at other stages. For example, bed wetting may be appropriate in an infant, but not in a 10-year old child. A thorough knowledge of child development is therefore necessary to evaluate the normality of a particular behaviour and to understand the stresses taking place during each developmental phase.

A factor related to this is sex appropriateness. Whilst it is common for boys and girls to share some traits typical of the opposite sex, it is uncommon for there to be a predominance of opposite sex traits. It would, for example, be unusual for a boy to play with dolls in Western culture.

A third factor relates to the cultural context of behaviour. Different cul-

tures have different norms regarding acceptable behaviour, which may prove to be a difficulty for any worker assessing a child from a different social milieu. For example, in polite upper middle-class society, children were seen and not heard; whereas in contemporary American middle-class society, a 'silent' child would be regarded as abnormal and withdrawn. Whilst the foregoing all bear some relationship to the presence of abnormal behaviour in children, the fourth factor concerns the effect of such behaviour on the well-being of the child. Here it is relevant to question whether the problem is causing the child to suffer, to become socially restricted, to experience developmental difficulties or to have disturbed interpersonal relationships.

Lastly, assessment is concerned with the quantitative evaluation of a problem. As Rutter points out (1975, 11), most children experience isolated psychological problems and many have transient periods of emotional disturbances or behavioural difficulties. Some may be related to the process of growing up and not require treatment, whilst others may be more serious and require treatment. Hoghughi (1980, 41-2) suggests that there are four dimensions that need to be assessed in this respect:

Extent refers to the number of problems listed and is assessed by simply counting them.

Intensity describes the depth of a problem. It may be assessed subjectively by an individual or a group, or objectively by a measurement scale.

Duration relates to the length of time over which a problem has existed. A distinction should be made between the manifest signs and symptoms of the problem and underlying cause.

Urgency provides for the ranking of problems in order of priority for intervention. This usually is based on a subjective assessment either by an individual or a group.

In summary, the greater the extent, intensity, duration and urgency of a problem, the more serious the problem is seen to be.

Methods of Assessment

The methods used for assessment are wide-ranging and depend to a large extent on the procedures specified or preferred in a particular setting. Some of the information will be derived from the subjective reports of professionally involved persons, such as doctors, psychiatrists, psychologists, occupational therapists, teachers, remedial teachers and other social workers; or socially involved persons such as family members and friends. Other data will be provided by more objective measures, which

have been developed primarily in the fields of education and psychology. Some of the more commonly recognised procedures will be briefly discussed here:

REFERRAL. An important source of information is that provided in referrals. Doctors may frequently refer children in their preschool years, whilst teachers tend to be the main source of referrals during the school years. Although the amount of information provided may vary, the initial reason for referral may be highly significant and serve to locate the occurrence of the problem in a specific context. Further details may be obtained in follow-up interviews with the person concerned.

INTERVIEWS. The most frequently used method in child assessment is the interview. It enables the worker to obtain information at first hand by talking directly with the parents and child about a problem. The advantage is that the interview may be structured or open-ended, depending on the needs of the situation. Generally, assessment interviews tend to be more structured so that the worker may actively elicit relevant data.

PSYCHOSOCIAL HISTORY. This is a structured or semi-structured form of the interview which is designed to develop a thorough psychological and sociological perspective of the problem. Specific questions are asked relating to the client's family (Stricklin, 1974 182-91). Sources of data may be the client, his parents or guardians or other family members.

OBSERVATION. The behaviour of the child may be observed in different environments in order to assess the nature of the problem. Suitable settings include the child at play, in his family context, in a new environment or at an assessment centre. Aspects of behaviour commonly observed include the child's developmental level, his interpersonal relationships, adequacy and self-sufficiency in performing tasks and specific signs of psychopathology.

ART. The kind of artwork produced by a child may frequently reflect aspects of emotional disturbance. The interpretation of this tends to be highly subjective and requires considerable expertise.

STANDARDISED TESTS. Such tests enable the worker to compare the child's results on a particular test with the average performance of a large number of children of the same chronological age. Since norms for children may vary between cultures, it is important that a specific test is standardised for the norms of the cultural group to which it is being applied. The advantage of standardised tests is that they provide an

objective measure of a child's performance and potential ability. Several different kinds of tests have been designed to provide data on the child and include:

Intelligence tests, which assess the intellectual level and functioning of a child. More commonly recognised tests are the Stanford-Binet, the Wechsler Intelligence Scale for Children — Revised (WISC-R), the Wechsler Preschool and Primary Scale of Intelligence (WPPSI), and the New South African Intelligence Scale (NSAIS). Many tests distinguish between the child's potential and actual level of functioning, as well as providing subscores for the different areas evaluated. This assists the worker in locating any deficits.

Personality tests, which attempt to identify the various traits present in personality functioning. Personality inventories consist of a series of items to which clients respond, indicating their feelings, attitudes and interests. An example is the Minnesota Multiphasic Personality Inventory (MMPI).

Projective tests consist of pictures, inkblots or statements to which a child is asked to attach a meaning or explanation. The associations which the child attaches to these is thought to reflect his inner psychological state and any disturbances in psychosocial functioning. Examples are the Thematic Apperception Test (TAT), the Child's Apperception Test (CAT), the Rorschach (or inkblot test) and the Draw a Person (DAP) Test.

Behaviour Checklists may be given to teachers or parents to complete. They consist of a series of statements regarding childhood behaviour over a period of time. They may help the worker to isolate the presence and frequency of a particular behaviour problem. An example is the Rutter Child Scale A and Scale B, which may be answered by parents and/or teachers respectively. It registered minor health problems and emotional disturbances and has a sub-scale measuring neurotic and anti-social behaviour (Rutter, Tizard & Whitmore, 1970, 419-21).

Family Measures based on a particular theoretical model provide a means of assessing family functioning. Some require the worker to rate the degree of disturbance along several dimensions pertinent to the roles and tasks required to maintain the family structure. Others use a questionnaire for family members to complete, in which a series of specific questions provide a means of quantitatively assessing family problems. An example of this is the McMaster Model of Family Functioning, which has a clinical rating scale for practitioners to use and a family assessment device

for family members to complete. Seven dimensions can be scored, including problem-solving, communication, roles, affective responsiveness, affective involvement, behaviour control and general functioning (Barker, 1981, 42).

Classification of Problematic Behaviour

Up to this point, assessment has been viewed as a data-gathering process which attempts to delineate the problem and understand it in its full psychosocial context. In order, to make diagnostic sense of this information, it has to be organised into a comprehensive system that enables the worker to understand problems, identify resources, define goals and plan intervention strategies that form part of the overall treatment.

The hazard of adopting any system of classification is that the descriptive categories used may end up being simplistic labels that are misleading. For this reason, Rutter (1975, 25) criticises the medical model, which forms the basic framework for the diagnostic categories used in psychiatry.

Rutter argues that in both medicine and psychiatry, the implication of a single cause in a particular illness represents a gross oversimplification of a much more complicated set of circumstances.

With this in mind, there have been several attempts to develop a multi-axial approach to classification in child psychiatry (Rutter 1975, 26). From the social work perspective, a comprehensive one has been developed by Hoghughi (1980, 38) termed the Problem Profile Approach (PPA). It has six dimensions considered relevant to classifying any child disorder:

PHYSICAL. This includes all of the somatic "disorders, dysfunctions and deficits ... whether hereditary or acquired during the child's lifetime ... the psychoses (and) psychophysiological, autonomic and visceral disorders." (Hoghughi, 1980 40).

COGNITIVE. The child's intellectual level and ability is considered here especially in relation to the school and work environments. Problems such as illiteracy and giftedness are included in this category.

FAMILY. A wide variety of family problems may be pertinent to childhood disorders, including factors such as family functioning, affective interactions, behaviour control, financial problems and individual pathology.

SOCIAL SKILLS. This dimension includes "the difficulties and conflicts of the child in coping with the growing demands of social interaction with both peers and adults" (Hoghughi, 1980 41).

ANTI-SOCIAL BEHAVIOUR. This relates to breaches of "laws, rules, customs and rituals of behaviour in the wider social ... settings", such as damage to property, self-destructive behaviour, temper-tantrums and truancy (Hoghugh, 1980 41).

PERSONAL. Three categories are considered here including disorders of personality structures, emotional difficulties and problems with identity and self concept.

Each dimension has a series of statements which may be used initially as a checklist in scanning the child's problems, and later as a rigorous guide to in-depth assessment. The strength of this model lies in its description of problems in operational terms, which enable intervention to take place at an equally concrete level. Here specifically it helps the practitioner to understand the problems in terms of the psychological and biological mechanisms involved, the underlying causes and precipitating factors, the conditions maintaining it and the most effective intervention strategies (Rutter 1975, 59).

Some considerations in child care placement and treatment

The process of assessment ultimately leads the worker to a range of alternatives regarding placement and treatment. Frequently, the information gathered will help the worker, either individually or as part of a team, to decide on the most appropriate course of action.

Ideally, intervention should attempt to alleviate the child's problem within the family setting. This may require individual, conjoint or family therapy, depending on the problem(s) identified. Although a detailed discussion of the various therapeutic approaches is beyond the scope of this paper, it is important to note that intervention is determined by the resources available to the client, the treatment options offered and the willingness of the client to participate in these services.

If these fail, the worker may be faced with the alternative of removing the child from the family on a temporary or permanent basis. The child may then be placed in the custody of an institution, relative, foster or adoptive home, once the necessary legal steps have been taken. The advantages and disadvantages of these alternatives will not be discussed here, but it is important that each case be assessed individually and a decision for placement be made in the best interests of the child.

Crucial to this process, is the fact that situations and individuals are constantly changing. For example, a family may be faced with a crisis that

causes disruption in its functioning, leading to the removal of a child. If the crisis is satisfactorily resolved by treatment or other intervention, it may be possible for the child to return home. A problem situation should therefore be seen in a dynamic context, with problem-solving strategies that are continually reviewed and adjusted where necessary.

Case History

Linda is a seven year old girl, who presented a year earlier with certain problems at school. She was disruptive and overactive in class, seemed to be emotionally and physically deprived and refused to attend extramural classes after school. The teacher became very concerned about her behaviour and referred her to the school social worker.

The worker started her investigation. She visited Linda's mother and found her to be extremely depressed and socially isolated, having recently been divorced. She was hostile and verbally abusive towards her daughter, but at the same time making unrealistic demands of adult companionship and support from her. Linda was occasionally meeting these needs of mother's but also displaying regressed behaviour of bedwetting and sleeping with her mother.

The social worker carried out a full assessment by taking a psychosocial history from the mother, referring both mother and daughter for full medical check-ups and arranging for a psychometric assessment of Linda. It emerged that the mother was suffering from a severe reactive depression to her highly unsatisfactory, destructive marriage to Linda's father and subsequent divorce from him. The father proved to be an extremely unreliable, irresponsible man, who was unable to hold down a job and support his family. Mother was referred to a psychologist for individual therapy and the social worker began to work individually with Linda, who was a highly intelligent child.

Several months passed with both mother and daughter in individual therapy. Significant gains were made by both clients intrapsychically and in terms of their relationship. The mother then met and married another man, who was a wealthy widower, capable of providing financial and emotional security for both Linda and her mother. At this stage, the mother again lost interest in her daughter, preferring to spend time with her new husband and neglecting Linda. The result was that Linda again regressed and showed extreme unhappiness and emotional distress.

The case was then reassessed by a team of social workers. Removal of

Linda to a suitable children's home was contemplated and the mother was informed of this possibility if the situation did not improve. Faced with this alternative, the mother started to show more interest and concern in her child. She was willing to undergo further therapy to improve her relationship with her daughter and her mothering skills. The decision for removal was left pending for two months until Linda, her mother and her stepfather returned from a six week trip overseas. The case is continuing to be monitored by the school social worker.

This brief sketch attempts to illustrate the assessment process. Of particular importance is the need to keep a dynamic perspective of the situation by continuous monitoring and adjustment of treatment interventions.

Conclusion

The value of carrying out a thorough assessment cannot be underestimated, both for the process of understanding the origins and nature of a problem and also finding the most appropriate method of handling it. This paper has attempted to set out the many varied factors that need to be accommodated in child assessment, with particular emphasis on maintaining a dynamic perspective.

The task of the social worker is frequently a complicated one that requires a multi-disciplinary understanding and ability to negotiate different systems. Thus, the work that may focus initially on a single problem in casework, may have wide-ranging implications and develop into a more complex process that requires intervention at the group and community levels.

References

Barker, P. *Basic Family Therapy* London: Granada Pub. Ltd. 1981.

Erickson, M.T. *Child Psychopathology* (2nd Ed.) New Jersey: Prentice-Hall, Inc. 1982.

Hoghugh, M. *Troubled and Troublesome* London: Burnett Books. 1978.

Hoghugh, M. *Assessing Problem Children* London: Burnett Books.

Magura, B.S. & Moses, S. "Clients as evaluators in child protection services" *Child Welfare* Vol. LXIII, No. 2, March, 1984.

Rodriguez, D. & Albert, M. "Self-evaluation for family day caregivers", *Child Welfare* Vol. LX, No. 4, April, 1981.

Rutter, M. *Helping Troubled Children* : Penguin Books.

Rutter, M., Tizard, J. & Whitmore, K. *Education, Health and Behaviour* London : Longmans.

Stricklin, J.L. *The Psycho-Social Index* (2nd Ed.) UCT Cape Town

Child Care Research

Bala Mudaly

Simultaneous with the growth and evolution of residential child care as a relatively distinct field of practice, there has been increasing attention and recognition given to research. Practitioners coming upon published research in the social sciences, education or, perhaps, in anthropology are excited by the relevance of such research for residential care and the insights they seem to offer. Confidence is gained in this way in handling and appreciating research findings. The aura of mysticism surrounding research is dispelled somewhat, though not nearly enough, since the majority of practitioners still feel inadequate and uneasy, and hence shy away from studying or participating in the research process (Porter, 1982; Tibitt, 1981). Alternatively they feel their precarious role as child care workers further threatened in that the findings of research may challenge and ruffle their current attitudes, beliefs and methods in which they, perhaps, feel quite secure. Hence, they may discount research and research findings as of dubious value when compared with practical experience.

Curiosity and Exploration

For those who have ventured beyond this initial phase, research and science are no longer daunting and disconcerting; no longer a complex and mystifying data-gathering ritual. Rather it is viewed as a perspective, a way of understanding the world, or simply 'a line of argument' (Bannister and Fransella, 1971). It is a creative endeavour grounded in curiosity and imaginative exploration within the ability of most child care practitioners. For Beker, 'research is a field of activity which is given form by the questions one wants to answer, by the ways one chooses to learn the answers, and by the criteria used to know if the question was indeed answered. Put another way, research is a perspective about things as much as it is a way of doing things' (1981, 11).

Van der Ven and Mattingly also dwell on this issue when they assert that practitioners need to get their thinking straight on what is an appropriate understanding of research in so far as child care is concerned. They must realise that child care need not emulate the experimental models of the 'hard sciences'. Research can utilise methodologies which are con-



Dr. Mudaly, Director of Durban Indian Child Welfare Society and formerly Head of Lakehaven Children's Home, explores attitudes and progress in child care research.

gruent with the problems under investigation; in this context qualitative methods may be particularly appropriate (1981, 286). In other words, the laboratory approach of experimental research need not also be the rallying cry in this field. In fact 'soft' research generally brings knowledge that child care workers find both useful and meaningful (Righton, 1983). Practitioners ought also to be modest and realistic in their expectations of the requirements and conditions necessary before plunging into a specific research project, and modest in their expectations of the outcome. We must proceed 'on the basis of partial knowledge and less than definitive answers. At the end of the data, we still depend on informed judgement and common sense' (Beker, 1981).

Research is a creative endeavour grounded in curiosity and imaginative exploration within the ability of most child care practitioners.

Some very sound reasons are advanced why the emergent field of child care needs to be more research-orientated. Facility with research at the levels of studying, conducting and applying research findings is necessary according to Beker (1981) for the professionalisation of child care — while retaining, however, its essential creative spontaneity. Research is crucial in order to augment a fund of acceptable and authoritative know-

ledge and information of the field.

Many of those concerned over the low status of child care also bewail the lack of a distinctive data-base or body of knowledge to serve as a foundation for child care (Beker, 1981; Powell, 1982). Consequently they contend that research would play an important role in this regard and, in turn, such a data-base will certainly enhance the occupational status of child care. Residential work, writes Beedell (1970), is an underdeveloped area of study and practice deserving serious consideration as a field of action, study and human involvement. On the other hand, there is the view (Walton, 1979) that there is, in fact, already a sizeable stock of knowledge in residential child care based on sound research, but that those who bewail the paucity in this regard have perhaps not really bothered to make a thorough search; to read or digest the implications of existing research in this field. However, it is conceded by the propounders of this latter view that although there may exist substantial and varied research, much of the findings have a negative bias towards residential care. It becomes all the more important, therefore, that research-backed knowledge is drawn from other related fields and disciplines to provide new and helpful insights for effective and improved child care practice. It is equally necessary for practitioners themselves to engage in direct research in child care particularly to ensure that research in this field addresses itself to appropriate questions in ways that will largely meet the needs of child-care practitioners rather than that of researchers (Porter, 1982). This will more likely ensure that instead of residential care being relegated because of the prevailing doubts over its efficacy, it will be improved and vitalised in quality.

Gardueque and Peters contend that the gap between the social science researcher and the child care worker arises from their differing world views and activity styles. For instance, while the researcher may, in an exaggerated sense, be aloof, detached, resistant to personal involvement in the phenomenon under study, the child care worker is often so close to the phenomenon as it relates to children and their individual needs, that it dominates his field of vision. 'While the researcher is more concerned with *outcomes*, the child-care worker is involved in the *process of change and development*' (1982, 14-15). Notwithstanding the differences, Gardueque and Peters are optimistic that there can be adequate rapprochement with improved communications and sufficient mutual appreciation of the

differing perspectives, skills and goals. A further reason for their optimism is that while the line distinguishing 'scientific' and 'applied' research becomes ever less certain, researchers are tending 'to conduct their research in real world settings, to adopt alternative methodologies and to listen to the concerns of practitioners' (1982, 19-20).

It is obvious from what has been stated that 'successful research' in child care rests very much on a successful marriage of research and practice, a productive collaboration between researchers and practitioners (Eisikovits, Beker and Guttman, 1983). The latter, however, depends very much on the child care worker developing an appropriate attitude to research and on his mastery of related research skills. In this context Powell (1982) suggests that there appears to be a clear relationship between the prevalent type of research in this field and the stage of development of child care as a

profession. At present the need for more descriptive, practice-orientated research about children in care is all too obvious. In the words of Tibbits, 'there remains a need to develop experience in ways of observing and interviewing children in care in order to obtain a reliable and valid understanding of their interpretation of their experiences of care' (1981, 81).

References

Bannister, D & Fransella, F. *Inquiring Man*. Penguin Books. Middlesex, 1971
Beedell, C. *Residential Life with Children*. Routledge & Kegan Paul. London, 1971
Beker, J. *Research in the Child & Youth Care Field: Some Observations from America*. NACCW, 3rd Biennial Conference Paper, 1981
Eisikovits, Z. *The Known and the Used in Residential Child and Youth Care Work*. In: Eisikovits, Z and Beker, J (eds): *The Child and Youth Care Worker in the Residential Setting: Knowledge utilisation in Direct*

Care Practice. In the Press, 1983
Garduque, L & Peters, D.L. *Rapprochement in Child Care Research in Child Care Quarterly*, 11(1) 12-21, 1982
Porter, C.J. *Qualitative Research in Child Care in Child Care Quarterly*, 11(1), 44-54, 1982
Powell, D.R. *The Role of Research in the Development of the Child Care Profession in Child Care Quarterly*, 11(1), 4-11
Righton, P. *Child Care Research: Brief Comments from the United Kingdom*. In: Gannon, B. (ed) *The Children's Home*. Claremont: NACCW, 51-53, 1983
Tibbitt, J.E. *Future Direction for Research in Child Care*. In: *Research in Highlights No 1: Decision Making In Child Care* Scottish Academic Press, 78-84. Edinburgh, 1981
Van der Ven, R & Mattingly, M.A. *Action: Agenda for Child Care Education in the 80's — from Settings to Systems in Child Care Quarterly*, 10(3), 270-288, 1981

Situations Vacant

DURBAN, Natal. **Wylie House Children's Home**. Applications are invited for the following positions in our small children's home for white girls of all ages:

- 1. Part-time registered Social Worker
 - 2. Senior Child Care Worker
 - 3. Child Care Worker
- Child Care Workers are required to live-in and should preferably be between 23-50 years of age. Salaries according to recognised scales. Medical Aid and Pension Schemes. References essential. Telephone the Principal on 031-21-5414.

CAPE TOWN, Cape. **St Johns Hostel**. Children's Home for 64 boys. Registered Social Worker required. Please contact the Principal on 021-23-1316.

JOHANNESBURG, Transvaal. *St. Mary's Children's Home*. Houseparents — Residential married couple to care for cottage of ten children. Wife to work full time. Husband to continue in own employment. Salary negotiable. Post available September/October. Telephone Mrs Green, 011 26 4146 or write to P.O. Box 49106, Rosettenville, 2130.

JOHANNESBURG, Transvaal. *St. Mary's Children's Home*. After-Care House — married couple or single lady to supervise six young people. Can continue in own employment if desired. Telephone Mrs Green, 011 26 4146 or write to P.O. Box 49106, Rosettenville, 2130.

KENILWORTH, Cape. *Friedrich Schweizer Kinderheim* Wir brauchen eine Hausmutter fuer unser Heim ab 1. Januar 1986. Die Wohnung der Heimmutter is direkt am Heimgebaeude, und ist fuer ein Ehepaar geeignet. Nachfragen bitte an Postfach 2016, Kapstadt 8000 oder telefonisch bei 021 45 3113 (Frau Liedtke).

KENILWORTH, Cape. *Friedrich Schweizer Kinderheim*. Home for about 15-20 children. Principal required as from 1st January 1986. Adjoining flat available for married couple. Write to P.O. Box 2016, Cape Town, 8000 giving full details of experience and qualifications, or telephone 021 45 3113 (Mrs Liedtke).

DURBAN, Natal. *Durban Indian Child and Family Welfare Society*. Applications are invited from registered social workers irrespective of race for the following posts: 1. Social Workers. 2. Supervisors (2 posts). 3. Social worker in control post. For further particulars telephone 031 31 4265 or write to P.O. Box 128, Durban, 4000.

Situations Wanted

Lady with child care experience seeks non-resident position as child care worker. Contact Mrs.B. Christian, 15 Francios Rd. Welcome Estate, Athlone 7764 or telephone 021-633-2894.

Kinderversorger met universiteitsvrystelling en ses maande ondervinding

in verpleging, onder meer twee maande in kindersale, verlang 'n pos in 'n kindersale. Skryf asseblief aan Mej. V. Gomes te Huis Betsie Verwoerd D 76, Privaat Sak X169, Pretoria, 0001 of skakel 021-212817.

Geregistreerde maatskaplike werkster verlang 'n pos in 'n kindersale. Sewe maande ondervinding met Diakonale Dienste en drie jaar in die gevangenis diens. Skakel asseblief Mev. Pearl Flint, 02232-208.

Honours graduate in both Psychology and English seeks suitable position in child care. 10 months group experience in therapeutic centre in Holland. Languages: English, Afrikaans, Dutch, French. Available 1st January 1986 in any urban situation. Contact Machteld van Lennep at 17 Fitzroy Street, Grahamstown 6140. Telephone 0461-4493.

Unmarried 39-year-old Zimbabwe immigrant lady seeks child care position. Willing to undergo any training. Contact Linda Payne, P.O. Box 144, Stellenbosch 7600.

Matriculated young man, 23, seeks child care position in Cape Town. Contact David Stemmet on 021-47-4439 or write 29 Palmerston Road, Woodstock 7925.

German-qualified male social worker with one year internship in Germany and one year with Cape Town Child Welfare Society seeks position in child care. Contact Martin Strussman on 021-69-8122.

Reading for Staff...

From Burnout to Balance: a workbook for peak performance and self-renewal

Dennis T. Jaffe & Cynthia D. Scott
McGraw-Hill Book Company, 1984.

People must respond to the modern world with bodies and minds which were designed to function well in a far simpler world. In child care particularly there are things demanded of the child care worker which ask more than we seem capable of giving. The result: physical illness, emotional distress, difficulties in our lives and ultimately *Burnout* — a generalised depletion of energy, lack of involvement and an inability to function well and achieve satisfaction. Burnout has become a critical problem in child care, and with the experience of overwhelming pressure comes a sense of loss of competence and control over one's life, and yet another 'separation experience' for the children as the child care worker burns out and then drops out of the field.

From Burnout to Balance synthesises the essential themes and techniques that prevent or overcome burnout and suggests easy to learn measures.

These centre on helping readers to gain greater control and mastery over themselves and their life situations so that they will no longer feel victimised, overwhelmed or attacked by pressures and demands. The workbook is aimed at increasing self-awareness, self-management, self-determination and self-care.

Each chapter presents a problem area, followed by a self-assessment questionnaire, and instruction in the self-management skills, techniques and practices which can be implemented on one's own to create a work life that preserves health, and which is also active, creative, involved and productive.

The book is strongly recommended for all child care workers who are serious about improving themselves and thereby ensuring that they continue to make a positive contribution to the field. — P.H.

...and Children

Nothing reflects contemporary issues for us the way a good racy novel does. The hot spots of the globe come alive with people, their lives, their work and friends. Novels written for children and adolescents deal with

the same social issues, a death in the family, war, friends, relationships, parents, and most significantly, who am I?

I have been a little out of touch in this field, and recently I impulsively visited a bookshop specialising in young people's books. Hours later I emerged with a treasure trove. Suddenly I was seeing the reading of books with a child care worker's eyes, and not solely those of teacher and parent. A new resource was opened to me in dealing with adolescents: books written for them and about them, and above all to be read by them.

So I set out to read and share the experience with those I had most contact with. Sometimes it can be easy. Mills & Boon, if nothing else, may nurture the habit, and pure escapism can gently be turned to learning much about oneself by reading.

The first book I shared with Theresa was *Sweet Frannie* by Susan Sallis, a Puffin Plus publication. A day later we could talk together about the wonderful girl who had so many disadvantages, and about how we had both cried.

Frannie is confined to a wheelchair, she is constantly anxious that she smells as she has no bladder control. She lives in a hospital for special cases and geriatrics. But quite apart from this, she is delighted to have her first bra, and her head is filled with romance and the celebration of life.

We move into a new home with Frannie and see how she stirs trouble to provoke some action — and wins loyal friends. Then Neil Hawkins arrives, an amputee whose lifestyle of sport and promise was cruelly ended in a car accident. Frannie badgers Neil to respond, to come out and participate in activities. There is a bristly side to her that makes her unable to accept love graciously; after all her mother abandoned her with her disability.

Frannie learns this and you love her for doing it, and for her bravery when the reason for your anxiety is superbly revealed at the end.

You will enjoy reading this and, what is more, sharing it.

Next was *Buddy* by Nigel Hinton, Puffin Plus. In this novel parents move into the scene together with the other issues adolescents have to deal with. This is a book which both boys and girls identified with, although it is about a boy.

Buddy has problems. He finds it easy to 'lift' things and is mortified when his mother accuses him of being like his dad. (Dad has done a stretch in

prison.) But he needs money to go on a school outing, and not be the only one to stay behind again. Buddy is bright, clever enough to be promoted to a brighter class, but he is socially disadvantaged and the others in his class are snobs. There is no money because Dad lost his job, and eventually even Mom leaves home.

This book is about communication, guilt and loyalty. When Dad suddenly says he has work, Buddy is sure it is illegal, yet he is guiltily glad to get a new pair of school pants he desperately needs.

Buddy also experiences pain about discrimination and his reaction to it. Although Dad goes to the PTA, Buddy is horrified to see him in his Teddy Bear gear, and he is hurt by his own disloyalty. He also hates himself for not sticking up for his Jamaican friends. Buddy wants to belong.

For children, there are times when it is easier to discuss a story than oneself, and there is nothing wrong with vicariously untangling issues like these. *Buddy* is this kind of book, and a jolly good story too.

Lastly, *Second Star to the Right*, Deborah Hautzig, Fontana Lions. Anorexia Nervosa is an illness which creates a sense of helplessness in us. It is a difficulty which occurs most frequently among adolescents, and would seem to be a strange subject for a novel.

This is a compelling story and the stuff of real tragedy. Small clues add up as you get to know the heroine, a privileged girl from a cultured New York family. The reader is completely engrossed, half believing her need to be thin, excusing it and being revolted by turn. Leslie's health deteriorates rapidly, yet this nice girl can even kid her teachers and intimidate her mother into avoiding the fact that she is starving herself to death!

Then follows her long path back towards security, self-respect and a sense of self worth.

This book has to be fairly carefully read to be fully understood, but even at a superficial level it has a lot to recommend it. I think, too, that it is a great book for child care workers to read in order to get right under the skin of the adolescents they may work with.

These books can be read quickly, in fact one was nearly finished by Theresa as we waited for her to see a doctor at a Provincial Hospital, so read them and share them. There is something special about sharing a book, and not only are you benefiting from the opportunity to talk with children about it; you are fostering in them a habit for life. — Vivien Lewis