

The **child care worker**



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CWLA

Child Welfare League Of America

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The National Association of Child Care Workers is an independent, non-racial organisation which provides the professional training and infrastructure to improve standards of care and treatment for children in residential settings.

Die Nasionale Vereniging van Kinderversorgers is 'n onafhanklike, nie-rassige organisasie wat professionele opleiding en infrastruktuur verskaf om versorging en behandeling standaarde vir kinders in residensiële omgewings te verbeter.

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NACCW/NVK



Why belong to a professional organisation?

The medical doctor who qualified in 1960 or 1970 would today be practising a quaintly outdated – and downright dangerous – form of medicine if he did not on an on-going basis keep himself fully up to date with developments in his field. We expect it of doctors that they should be fully informed not only about tried and trusted remedies but also about state of the art treatments, and even about as yet experimental possibilities for the future. Doctors achieve this through their attendance at medical congresses and seminars, through their participation in professional associations and institutes, through consultation with their colleagues, and by their reading of new texts and periodicals. We expect this of them.

The children and families you care for and work with expect just as much from you as a child care professional. As a specialist in child development, education and treatment entrusted with all aspects of their physical and mental health and growth, if you are serious about your career in child care, you will want to seek similar opportunities for keeping abreast of contemporary thinking in your field.

The NACCW was founded by child care workers who felt the need for collegial sharing, for up-to-date input at both theory and practice levels, and for cutting edge information about child care worldwide.

This the Association has attempted to provide since the late Sixties for a fast-growing number of members and affiliated organisations.

What's in it for you – as an individual or as an organisation?

- Involvement in a network of active and committed colleagues throughout the Republic and beyond, with regional meetings, seminars and courses.
- Opportunity to participate in the development of standards and advocacy on behalf of the children you care for through an Association which maintains liaison with hundreds of organisations, universities and state departments.
- Reduced registration fees at all conferences, workshops and courses run by the Association.
- The NACCW's monthly journal *The Child Care Worker* at one-third of the normal subscription price, together with the availability of other publications such as books, reports, career guides and bibliographies.
- An information service relating to all

aspects of child care legislation, resources, administration, and practice.

- The availability of consultancy services both for individuals and organisations on career, staffing, programming, conflict resolution, funding and development issues.

- The right to vote at regional and national conferences and to participate in the management of the Association. The NACCW is currently developing services in a number of new areas and is personally represented by professional staff in most major centres.

There is a great deal to be done in this rapidly growing field in our country, and it will get done a lot faster and a lot more effectively if we do it together. The NACCW has no language, religious, racial or philosophical limitations in its membership since all members and affiliates have as their primary motivation the well-being of the twenty thousand children in South Africa who live in institutions.

If you are not already a member, you are most welcome in our membership. Get involved. Join the national team.

Leserskring Opname

Met aanvang van die nuwe jaar en die sewende volume van *Die Kinderversorger* wil die redaksie meer oor ons leserskring te wete kom, veral sover dit lesers se behoeftes en wense bevredig. Wees asseblief so vriendelik en voltooi die ingeslote opname poskaart. Sodoende kan ons volgens u antwoorde voortgaan om dit wat lesers behuipbaar en genotvol vind in te sluit. Die oorsig is geheel en al anoniem, dus kan u vrylik u menings gee.

Nuwe Jaar

Die Uitvoerende Raad en personeel van die NVK wens al ons lesers 'n suksesvolle en bevredigende 1989 toe met hulle belangrike werk vir kinders en hul gesinne.

BIBLIOGRAPHY

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Imperfect Practice: A Tool for Developing Professional Skills in Child and Youth Care

Frank Ainsworth

The author is well known internationally for his writing on Child and Youth Care issues, especially residential practice. He has held senior academic positions in Schools of Social Work in Britain and Australia. Currently he directs a residential programme in Australia for adolescents and acts as a freelance consultant to child welfare organisations.

This article uses an incident of imperfect practice in a residentially based programme for adolescents to show how such events can be used to improve professional skills. The programme is a learning and living environment designed to re-educate and re-socialise conceptually able conflicted acting out adolescents. It caters for both male and female adolescents between the ages of 14 and 17 years who generally are statutory clients of the state department and who may be the subject of court orders. A particular feature of the programme is its focus on the restoration of parental authority (Munichin 1974, Bruggen, 1975) and on improving the quality of the relationship between the adolescent and his natural family.

A description of the incident, which is controversial in its own right because it involved the physical restraint of an adolescent, is followed by a critical analysis of the incident (Beker, 1972). The analysis focuses on alternative interventions for practitioners faced with such events together with comment on these alternatives. Following this section of the article a draft practice guideline is offered. The value of agencies having such guidelines is then discussed with emphasis being placed on the added security that this provides for practitioners. A concluding section elaborates further on the value of critical incident analysis as a tool that ensures accountability, openness and the maintenance of high quality practice especially with child and adolescent populations that can be very demanding of adult practitioners.

The Incident

During the course of a Friday afternoon a plan was hatched by two residents of the house, Felicity and Sarah, to ambush (their word) Peter, another resident, on his way back to the house from work and

to soak him with water. This plan had its origin in earlier water fights which had occurred in and out of the house over the preceding ten days and which had been the subject of attention by all practitioners.

On hearing of this plan indirectly, one of the practitioners working in the house, John, decided that he would discreetly stow away all buckets which might be used for such a venture and remove the hosepipe from the garden tap at the front of the house as a further precautionary measure.

Shortly before 7 pm Felicity and Sarah openly announced their intentions and John immediately intervened and told them that this action was silly and that they were forbidden to use any house property to assist with their plan. This was to prevent them using household items as water containers. John was challenged about this by both girls and Felicity adopted the position that the matter had nothing to do with the house as all the action was to take place outside the premises. This John repudiated given that all involved were residents of the house and because the ambush was scheduled to take place in the immediate vicinity of the house and in full view of neighbours. Nevertheless, both residents proceeded to acquire from a resident's bedroom, which they did not have permission to enter, a privately owned plastic bucket. They also acquired from their own bedrooms plastic shopping bags to be used as water bombs. After this they left the house in spite of further pleas to them to abandon the whole scheme.

On leaving the house they chose to lock the front entrance by turning the locking button on the inside door handle. This action came to John's notice because in their by now highly emotional state the girls talked and giggled loudly about their intentions. They planned to lock the door so that the returning resident Peter would be cornered outside the house and be unable to enter and escape from their water throwing activity. As soon as Felicity and Sarah had departed John released the locking button on the front door so that Peter might gain access to the house.

At this point John returned to the lounge area and sat with Maria, another practitioner, and two female residents who

were not involved in this behaviour but who had witnessed the entire sequence of events. Before very long the calm of the lounge area was shattered by the arrival of a noisy over excited Felicity who rushed to her bedroom and emerged with an empty waste bin that she clearly intended to use as a water container. John, who was carefully monitoring developments, confronted her about this in the corridor outside her bedroom and told her that as the bin was house property she could not take it outside the premises. Surprisingly, she responded to this instruction and returned the bin to her room. After this she walked hurriedly across the lounge area to the front door. She was followed by John who asked her to cease indulging in this juvenile and delinquent behaviour. This plea was ignored.

John again sat down with the others in the lounge only to find the calm of that area again quickly shattered by the arrival of a wet and dishevelled Peter and shortly thereafter Felicity and Sarah. Felicity and Sarah were screaming and waving water filled plastic bags. They proceeded to chase Peter to his bedroom. Shortly afterwards John went to this area to find all three engaged in bucket and plastic bag water filling activities. In spite of pleas to stop these activities water was thrown in two bedrooms. John insisted that they all return to the lounge area to which all three residents raced amidst screams. By the time John arrived in that area Felicity and Sarah were jumping up and down screaming and waving over their heads plastic bags containing water.

By now Felicity and Sarah were out of control. John intervened and physically pushed Sarah towards the bedroom corridor in order to remove her from the scene. Once she was moving in that direction John returned to the lounge where he quickly opened a patio door. John physically picked up Felicity and forcefully placed her on the patio locking the door in order to leave her outside the lounge area. However, by this time Sarah had returned to the lounge and she unlocked the patio door allowing Felicity to re-enter the lounge. Still in a very high emotional state both girls proceeded to leave the house by way of the front entrance. Once they left the house John



locked the front door.

John returned to the lounge and sat with Maria and the two other residents all of whom had witnessed all of the above events. By this time Peter had retired to his bedroom. A long discussion took place between the residents and the practitioners about the incident and especially the physical intervention. Not surprisingly no one was pleased with the course of events. However, all agreed that the out of control behaviour had to be stopped and that the intervention had resulted in calm returning to the house. Some twenty minutes later at about 7.50 pm both Felicity and Sarah came to the front door and rang the bell to achieve entry. John answered the door and asked them for a commitment, prior to entry, to a cessation of the previous behaviour. This commitment was given by Sarah but not by Felicity who merely pushed her way into the house saying that this was where she lived. When John pointed out to her that she had not made a commitment as Sarah had done she simply replied that she knew that. However, from this point on there was no return to the screaming, hysterical, out of control behaviour that had been a feature of the house for the preceding hour. Later that night Sarah apologised to John for her behaviour earlier in the evening. Felicity left the house to go out with a male friend returning by 10.30pm, at which point she went straight to bed.

Incident Analysis and Alternative Interventions

From this description of a practice incident which led to two adolescents being physically restrained many questions emerge as to the appropriateness of the interventions. Some alternative interventions are now canvassed with each receiving comment.

Alternative 1:

The practitioner could simply have regarded this incident as the adolescents would later claim as 'just good fun'. That possibility is worthy of consideration in that it argues that the practitioners involved should have adopted a stance of minimal intervention in the belief that by doing so the incident would run its own course and come to an end without any harm to either those involved or the programme.

Comment: The explanation 'it was just good fun and if you had left us alone everything would have been alright' is one that is often heard. What has to be remembered here is that such a comment is designed to shift responsibility from the adolescents involved in the incident onto the practitioners. In essence the adolescents are saying if only your prac-

tice was better then we would not have been involved in such an incident. Indeed practitioner responses may be less than ideal but attempts of this type to shift the locus of responsibility for personal action from the adolescents themselves to practitioners deserves to be challenged. This is because such shifts of responsibility do not encourage adolescents involved in incidents of this type to learn to control their own behaviour and their inability to do so is the exact reason for their placement in the programme.

Alternative 2:

It might be possible for a practitioner to view an incident of this type as being nothing other than 'good fun' or simply normal child's play. In such circumstances the practitioner might decide to enter into the activity alongside the adolescents. Indeed why shouldn't practitioner and adolescents have fun together!

Comment: Intervention of this type which practitioners sometimes justify in terms of their closeness to the adolescents in the programme can be hazardous. This is because the practitioners' involvement confirms for the adolescents that the behaviour is acceptable. This confirmation can then lead to an escalation of the behaviour to new unacceptable levels. If this occurs the practitioners by virtue of sanctioning the earlier behaviour through their involvement in it is likely to find their ability to set appropriate limits seriously compromised. There is also the question as to whether this is desirable given that the practitioner's task is to teach adult behaviour.

Alternative 3:

If intervention is assumed to be necessary then the next question that warrants discussion is whether in this instance, the intervention was timed properly or did it occur too early or too late?

Comment: Certainly it can be argued that in this situation the practitioners involved should have begun to engage with the two adolescents about their water fight plans as soon as they had any information about these plans. The precautionary removal of buckets and hosepipe seems appropriate but more verbal interaction and discussion with the adolescents about the inappropriateness of their planned behaviour around the time of this removal might also have been in order. This might then have enabled the adolescents to modify their actions and thereby reduce the seriousness of the later incident.

It might also be argued that the first intervention that took place, namely forbidding of the use of programme equipment in any water fight and a request for an abandonment of the plan, was both too

late and too provocative. By this action the practitioner immediately entered into a power struggle with the two adolescents. Given that acting out adolescents are invariably in conflict with adult authority it is legitimate to suggest that this practice intervention merely enraged the adolescents and helped to escalate the water fight plans into an incident of greater proportion than need have been the case. Certainly following this intervention the issue of control moved rapidly into the centre of the stage. It might also therefore be said that the intervention, rather than assisting the adolescents to give up their plans, had the reverse effect and actually encouraged out of control behaviour. Given that the principal practitioner in this incident was male and the two adolescents female, aspects of power and control may well have been significant.

Alternative 4:

Another question that arises is related to the roles of the two practitioners, one female and one male, who were working in the programme at the time of the incident.

Given the gender factor, would it have been more profitable for the female practitioner to take a lead in this situation? The male practitioner might then have played the support role.

Comment: This certainly would have provided an alternative intervention that might have been experienced by the female adolescents as less challenging and thereby avoided some of the escalation of events that seems to have occurred.

Alternative 5:

Yet another alternative would have been for the two practitioners to work in unison to deal with the emergent incident. This would have involved each practitioner focusing on one of the adolescents and making a point of removing her from the presence of the other. The purpose of this intervention would be to isolate the adolescents from each other and thereby remove peer support for continuation of their water fight plans.

Comment: It can be argued that this type of intervention is the one most likely to lead to a de-escalation of the incident. Certainly separation of the two adolescents allows time for their sense of excitement to subside and their capacity for co-operation with adult practitioners to re-surface.

Other alternative responses and influence techniques (Maier, 1987) do exist.

Hopefully practitioners reading this article will already have begun to formulate these as they reflect on this analysis.

Developing Practice Guidelines

Because incidents of the type which have been described and analysed are not uncommon in programmes for troubled children and adolescents it is also worth developing practice guidelines that can shape practitioners' action both before, during and after such events. These guidelines assist in that they help to ensure consistent handling of issues by a team of practitioners. They also help team members feel confident when faced with stressful and demanding situations. Used together with critical incident analysis, but not in place of such efforts, they also help to improve practice responses. Like all guidelines they should be used to refine rather than bureaucratise these responses. Following the above incident of physical restraint, which was the first of its kind in this programme, the following guideline was drafted:

INCIDENT REPORTING: PHYSICAL RESTRAINT BY PRACTITIONERS OF PROGRAMME RESIDENT(S)

- Whilst the physical restraint of adolescents should be avoided, if at all possible, it may be necessary for a practitioner to intervene in this way on occasions. Usually this occurs when an adolescent is either violent or threatening violence towards another programme resident or practitioner. It may also occur when a programme resident is out of control and causing significant disruption to normal programme activities to the point where the behaviour is threatening programme stability.
- The intent of any physical restraint must always be the restoration of the individual's control of his own behaviour. Because of this, any action must use the minimum force necessary to achieve this end and should be designed so that neither party is physically hurt through the intervention.
- This restraint is likely to consist of holding or limiting an adolescent's movements through the use of self to block access to other persons until such time as the individual concerned has regained personal control. It should never include hitting or locking an adolescent in a room or any action likely to cause physical hurt to the adolescent.
- If restraint is used it must be recorded immediately in detail in the programme log book. In addition a full incident report should be written by the person using the restraint for the programme supervisor. This report will be copied to the residential youth services co-ordinator who will discuss the incident with the programme supervisor as soon as possible.
- Practitioner(s) who witness such

events must also provide a similar report, which should be written independently of that provided by the person who was actually involved in the act of restraint. A copy of this additional report will be copied to the residential youth services co-ordinator. It will be available in time for the above discussion.

- All reports should be a full account of events leading up to the intervention. They should include a description of the intervention, the names of all the individuals involved, as well as other programme residents and practitioners who may have witnessed the intervention. The reports should also show how matters were finally resolved and the time frames involved.
- These reports will allow the intervention and the circumstances surrounding the intervention to be the subject of detailed analysis. In this way practitioners can improve their skills in regard to a particularly problematic practice area.
- These reports also protect practitioners from later claims that they have abused or assaulted a programme resident. An accurate and open recording of incidents involving physical restraint is the best way of dealing with such claims.
- Immediately following a situation in which restraint has been used the parent(s) of the adolescent involved should be informed, preferably by the assigned practitioner. This is in line with the programme's policy in regard to parental involvement. Copies of the reports prepared about the intervention can, if requested, be made available to parents.
- The assigned practitioner should also immediately inform any external social work agency with responsibility for the adolescent, of the intervention. Copies of the reports prepared about the intervention can, if requested, be made available to the external agency.

Improving Practice Skills

Critical incident recording and subsequent analysis is an important means by which practitioners can learn to improve the quality of their practice responses. The record of this incident of physical restraint clearly illustrates the complexity of the practitioner's task. It also illustrates that practice in this situation was far from perfect. The imperfection of the responses are in some measure understandable in that incidents develop rapidly and practitioners are required to make decisions almost instantaneously. The incident described covered a fifty minute time period. Subsequent recording and analysis has taken many days. In the author's view it is through the ex-

amination of imperfect practice that practitioners can better prepare themselves for direct work with children and adolescents.

Through detailed examination practitioners may learn to read practice situations quickly and accurately and to be aware of the range of intervention possible. It also helps practitioners think about how different interventions have a different impact on different situations. Finally, it helps practitioners to ensure the selection of appropriate interventions in difficult situations.

Transferring Learning

Whilst this article has used an incident of physical restraint as a vehicle for looking at ways in which child and youth care practitioners can improve their practice skills other less emotive incidents can be used for the same purpose. The programme in question has used incidents of adolescents absencing themselves overnight from the programme, and police visits to the programme as worthy of critical analysis out of which have emerged agency-approved practice guidelines. These have undoubtedly improved the consistency and quality of individual and team practice responses. The use of critical incident analysis and the openness it encourages enhances the accountability of practitioners not only to other team members but also to the broader agency responsible for the programme. This accountability is seen as highly desirable as it promotes within the agency a firmer understanding of the complexities and stressful nature of direct practice with troubled children and adolescents.

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Die Moeder en haar Tiener

Renée van der Merwe

"Today's youth is rotten to the core, it is evil, godless and lazy. It will never be what youth used to be and it will never be able to preserve our culture".

Hierdie is 'n aanhaling vanaf 'n Babiloniese kleitablet wat dateer uit sowat 1000 vC. Dit is duidelik dat wat ons die "generasiegaping" noem, nou reeds meer as 3000 jaar bestaan — en dit lyk ook asof volwassenes alreeds vir meer as 3000 jaar probeer om die gaping te oorbrug! Ek dink hierdie gaping is 'n belangrike deel van die plan van die natuur in die lewe van die mens. Dit lei tot verandering en vooruitgang.

Gedrag wat tipies en gepas is vir tieners

- *Geheimsinnigheid en onmededeelzaamheid.* Tieners word meer geheimsinnig en deel nie so geredelik hulle gevoelens met ons nie. Dit is deels so omdat hulle soveel teenstrydige gedagtes het, wat hulle weet ons nie sal goedkeur nie, maar ook dikwels soveel vreemde gevoelens wat rondwoed, dat hulle nie altyd weet *hoe* hulle regtig voel oor 'n saak nie.

Ons as ouers kan hulle baie help deur nie hierdie behoefte aan privaatheid te misken nie en hulle ruimte te gee om self sake uit te werk en net te sorg dat hulle altyd weet ons is beskikbaar as hulle ons nodig het.

- *Buierigheid.* Die tiener se emosies is baie naby die oppervlak en hulle gemoedstoestand wissel maklik van die grootste vreugde/opgewondenheid na totale swartgalligheid.

- *Selfstandigheid.* Tieners het die behoefte om nie so baie by die gesin te wees nie. Dit is baie swaar vir ons as moeders om te voel en sien hoedat ons tiener wegbeweeg van ons; hoedat hy buiteaktiwiteite en vriende verkies bo die gesinsamesyn. Die natuur druk egter die tiener om te skei en sy eie identiteit te ontwikkel.

Ons moet onthou dat die tiener ons op 'n ander manier nodig het as 'n kind en ons moet leer om hom nie skuldig te laat voel omdat hy wegbeweeg nie.

- *Rebelsheid.* Elke mens ontwikkel sy eie waardestelsel op twee maniere. Die vernaamste metode is om mense wat vir jou belangrik is dop te hou en na te

boots. Tweedens probeer mens verskeie waardes en idees uit totdat jy sien wat jou die beste pas. Sodoende ontwikkel jy jou eie unieke volwasse persoonlikheid. Die ouer is nie alleen die belangrikste voorbeeld nie, maar moet ook die tiener se veilige klankbord wees.

Wanneer ons so kla oor die kleres, die hare, die luide musiek en die deur-mekaar kamer moet ons seker maak dat hulle dan ander veilige maniere het om te rebelleer. Dit is dikwels 'n kwessie dat ons die een stryd wen en die hele oorlog verloor wanneer hulle totaal onaanvaarbare alternatiewe wyses vind om te rebelleer.

- *Portuurgroep.* Tieners het nodig om aanvaar te word deur hulle maats. Omdat hulle saam soveel onsekerheid deel, voel hulle veilig by vriende en identifiseer hulle met mekaar.

Algemene wenke oor wat ons te doen staan

Belangrikste om te onthou ten alle tye is dat 'n mens op drie wyses leer: deur *voorbeeld* en deur *voorbeeld* en deur *voorbeeld*. Die ouer wat dus werklik leef soos wat hy glo en sê, het die beste kans dat sy tiener later sy waardestelsel sal aanvaar.

As ons leer aanvaar dat ons tiener se gedrag baie beïnvloed word deur die portuurgroep, sy skool, televisie, ens. sal ons beseft dat ons nie persoonlik verantwoordelikheid kan aanvaar vir al sy gedrag nie. Ons kan nie al die slaggate uit die lewe verwyder nie, en moet leer terugstaan sodat ons tieners self kan leer om hulle probleme te hanteer deur die lewe self te beleef.

Ons moet ons ingesteldheid van negatiewe verwagtings en kritiek verander na 'n meer positiewe benadering. Ons is almal geneig om te glo dat as ons gedurig vir ander hulle foute uitwys, hulle gemotiveerd sal wees om dit reg te maak. Navorsing bewys egter dat dit die kinders met 'n sterk selfbeeld is wat waag en wen.

Ons selfbeeld is eintlik maar net die prentjie van onself wat ons binne in onself rondra. Of ek 'n persoon van waarde is, met 'n positiewe bydrae om te maak, lei ek af uit hoe ander my behandel. As ons leer om vir kinders hulle sterk punte uit te wys, as ons positiewe verwagtings aan hulle stel, kan ons hulle 'n

prentjie gee van hulself as bekwame en selfstandige mense.

As ek binne in myself vol slegte gevoelens en negatiewe denke is, is dit wat gaan uitkom as ek praat, en is dit ook wat in my gedrag gaan uitkom. Wanneer ek goed voel oor myself sal ek lus wees om saam te werk en om sukses te behaal. Ons kan slegs gee wat ons binne in onself het en wat ons self ondervind het. Laat ek illustreer met die volgende situasie:

Jan Tiener sit op die stoel met sy voete op jou koffietafel. Wat sê ons vir hom? "Jou onnosel, kan jy nie sien jy beskadig my tafel nie?! Haal dadelik jou vuil voete af!"

Maar as dit 'n vriendin was, wat sou ons dan sê? "Ag Nettie jong, ek wil nou nie aanstoot gee nie, maar ek is ... so ... bang my tafel krap ..." Dit is — as ons dit sou waag om enigiets hoegenaamd te sê.

Ai, as ons tog maar ons kinders, wat soveel leer uit ons gedrag, sou behandel met dieselfde agting en respek waarmee ons ons vriende behandel!

Laastens wil en net weer verwys na die feit dat kinders uit eie ondervinding leer om die lewe te hanteer. Kinders hoef nie al die tyd "gelukkig" te voel nie, die lewe werk nie so nie. Ons probeer so hard om deur advies en pamperlang hulle opgeruimd te hou. Die tiener sal soms vir geen rede en soms vir goeie rede, wat dikwels niks met ons te make te het nie, terneergedruk en vies voel. Kom ons leer om hom die reg tot sy eie gevoelens te gee en net daar te wees, te luister na sy probleme en hom net te aanvaar soos hy is.

Kahlil Gibran het gesê:

"Julle kinders is nie julle kinders nie. Hulle is die seuns en dogters van die Lewe se verlange na lewe. Hulle kom deur julle maar nie van julle nie, En al is hulle by julle behoort hulle nie aan julle nie.

Julle mag hulle julle liefde gee, maar nie julle gedagtes nie, Want hulle het hulle eie gedagtes. Julle mag hulle liggame huisves, maar nie hulle siele nie, Want hulle siele woon in die huis van môre wat julle nie kan besoek nie, nie eens in julle drome nie.

Julle mag strewe om soos hulle te wees, maar moenie probeer om hulle soos julle te maak nie. Want die lewe beweeg nie agteruit nie, nog minder vertoef dit met die dag van gister. Julle is die boë waarvan julle kinders soos lewende pyle geskiet word."

Who put the *CARE* into Child Care?

Lorraine Fox

Recently the California Association of Child Care Workers along with several local agencies sponsored the first Child Care Workers' conference ever held in the Los Angeles area. One of the speakers was Lorraine Fox, formerly an active member of the Illinois Association and now living in San Clemente. The following is an edited transcription of her talk.

What I'd like to do for my address today is to look at our profession and our title. Professional titles are meant to tell you what somebody has expertise in. A lawyer has expertise in the law. A teacher has expertise in teaching. A physician has expertise in the physical body. Titles are meant to let people know what you're good at. So let's look at our title: "Child Care Worker". That's our professional title. But only the middle word defines our area of expertise. Children will be children without us. The Child in the Child Care Worker is the Who. The Work is defined by your agency. They'll tell you what to do. They'll tell you when to show up and they'll tell you how many days you work. They tell you when you are off and when you're on, and what you're supposed to do when you're there. The work is defined by the agency. The *care* is defined by you. This is the area of expertise that gives meaning to our job title, because the *child* is there and the *work* is there, defined by others. But we are not *child workers*. It's a mistake to say that you're a child worker — that you work with kids. People who do a lot of things work with kids. People who take kids swimming work with kids. That's not what we do. We *care* for kids. That's quite different. So I'd like to look at what makes *caring work*. Usually caring is not seen as work. Caring is supposed to be a joyful experience. Caring is supposed to be something that happens and is often associated with violin music playing. Caring is supposed to flow from us in times of elation. So why do we say that we do Child Care *Work*?

One of the reasons I am convinced that we're still not receiving professional recognition, and in some places we're still having trouble being recognised as even paraprofessionals, is that we're not doing a very good job of communicating the skill that's necessary to *care* for kids. When you see these little creatures that we take care of, you don't automatically flow with love. And that's been one of the problems. People have thought that because they were children, that caring for them was something that just came to us. Well it doesn't just come to us. It's work, hard work. And that's why we're professionals. Because these are the type of kids that ordinarily, if I saw them playing in my backyard, I'd tell them to go play in their own yard. I wouldn't want them in my yard. I wouldn't particularly want them playing with my kids. So why do I give my life to taking care of them? Because that's my profession. That's what I chose. Also what you chose. So I think that one of the things we need to do to enhance ourselves professionally is to stop saying "I work with kids", and let people know that you *care* for very troubled youngsters whom nobody else will care for. If somebody else cared, they wouldn't be in your face. If somebody was willing to have them in their home, they'd be in their home. If Aunt Martha was willing to take them, they'd be with Aunt Martha. If they hadn't messed up in four foster homes, they would be in a foster home. These kids don't come easy to care for. That's why we have them. So let's look at our caring.

I went to my little desk dictionary and I opened it up and found four definitions of "care". One was to handle with care. That's one of the things we get paid for. To handle these kids with care. Because the fact is that they're pretty broken up. I like to think of them as something like a treasure, and if you had something like this that's broken and damaged, you don't just toss it casually to someone and say "fix it". When something precious

is broken and damaged, you carry it carefully, and you ask "Would you please fix this". Those are our kids. Our kids are all broken up. Someone has whacked them silly, either emotionally or physically or otherwise. And we are the ones who have to handle them with care. They look pretty good and sometimes it doesn't occur to you when you see them on the street corner that they need to be gently carried. They look like they need to be kicked across the street maybe. That's why they get in so much trouble, because they look like they need a good swift kick. But we know that they need to be carried. Sometimes, of course, it takes three or four of us to carry them, but we do it, and we do it carefully.

The dictionary also said that caring means to like or regard. This is not easy. Give yourselves permission to find this hard. The defensive behaviours that our kids resort to are the very things that make our work *work*. They're defending themselves against a world that they expect will hurt them, and it takes a lot of work to look under that and see a child who needs to be cared for. The world can't see this because most people in the world don't work in our field. They don't know how to care, so they give them another kick, or they put them in jail, or they turn them in to the cops, and they don't see their brokenness and frailty. But we see, and we call them "honey", and that's care and liking. Another thing that makes it work is that our kids don't respond very well. Remember "caring" is when the violins are supposed to play, and then I start walking across this stage here and another person walks toward me and we meet in this warm embrace. We could run all day after our kids and never get a warm embrace. They don't come running toward us; they run away from us. Helen Pearlman made an analogy in an article written for *Child Welfare* and I loved it. She talked about starving people in some place like Ethiopia and watched the way they dished out food to them. They don't



hand those kids huge barrels of food because they're so hungry. They give them little cups of food because their stomachs are shrunken, and if you give them too much food, they'll get sick and die. They can't take it — not all at once. It's just like after you've been on a diet and you start eating a sundae and you maybe get a little nauseous, and you can't believe it yourself, that you can't finish the whole thing. "What's happened to my old self? I used to eat three of these and now I can't finish one". Helen Pearlman says that our kids are like this. They're *starved* for affection, and we come to their shrunken emotional selves and try to pour in huge doses of affection, and they can't take it. That's why they call us a "mother" after we've called them "honey". They can't take it. And it's not because there's anything wrong with them. But they're shrunken emotionally and we have to feed them with an eye dropper. A little pat on the back at a time, a little bit of hand-holding at a time. It'll take years, though, before they come back to respond, and that again is why it's *work*.

Another definition of caring is to provide protection. That's our job also. That's why we have people like Paul Smith come to conferences like this to talk about the assaultive child. But how do you protect the child who's out to get you? It's kind of a funny thing, right? I mean, the child throws a chair across the room and it's aimed at your head, and if you weren't a child care worker, you'd think about protecting your own head. Instead, we think about how to protect the child against their own impulses, against their own violence, against their own tendencies to lash out at the world that they think hates them. It's an interesting concept, and it's one of the reasons why professional caring is very different from just good feelings.

We're supposed to keep our kids safe. That's also why we have a workshop here today about sex. We work with kids who have been brutalised sexually. They come to our place, and if we don't watch them in the shower, they're going to get brutalised again. If we don't watch them at night, somebody'll be in bed with them and hurt them again. We get paid to protect them. We get paid to make sure that they don't throw a chair at us, and that we don't throw a chair at them. And we get paid to make sure that they don't sleep with us and we don't sleep with them. And it's hard work, because normally people don't react to having a chair thrown at them by worrying about the person who's throwing the chair. The last thing the dictionary says is that when we care we watch over and worry about. Unfortunately, we always get told

not to take our work home with us. Breathes there a mother who goes away on vacation and never gives a thought to her children? It can't be done. You might tell yourself, "I'm going to leave these kids and I'm not going to think about them all weekend". Never happens. We promise ourselves that we will not bring these kids home with us, but we can't escape it. Not because we get paid to work, but because we get paid to care. And when you care, you worry. So instead of telling yourself that you're not being good at your job because you can't shake it, remember that unfortunately, we

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**If we don't care well  
enough, it costs the kids;  
and if we care well, it's  
going to cost us**

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bought into it. We bought into caring, and when you care, you lose a little sleep; you lose a little food; you lose a little peace of mind.

All of these are what makes our profession *work*. So give yourself permission to care and to call it "Child Care Work" because that's what it is. We get paid to care, and unfortunately for our kids, they wouldn't get cared for if we didn't get paid. Especially the kids who are cast away and tossed aside because they have already bombed out with people who will take care of them for free.

There is another aspect of the cost of caring. It costs to care either way: well, or poorly. If caring is done badly, it costs the recipient. If caring is done well, it costs the person who is caring. So somebody in this little dyad has got to pay for this job. The best example for me is my car. What happens when you take your car in? You leave it there all day, you arrange for a ride, you call and make sure it's done, you go to pick it up and it's not done yet. You wait, and you pick it up and it's still broken. It costs. It costs me for them to have loused up my car. It costs me a day of trouble, it costs me time, it costs me all that mess of going back and forth, it costs me money that I paid and didn't get anything back for. So when a job is done badly, the recipient pays. If the job is done well, it costs the person that's doing the job, because you can't do a job well and have a good time. If you do a job well, any job really, you have to work hard. You have to pay attention. You can't make any mistakes. You have to sweat a little bit. So the way we care for

our kids is going to cost somebody. If we don't care well enough, it's going to cost the kids; and if we care well, it's going to cost us. If we're willing to slip shod around, come into the unit, drink a little coffee, hum a little music, put our feet up, every so often say, "Kids, stop that", they're going to pay, because they are not going to get cared for and they are not going to get better. If, however, I come to the unit and I decide I'm really going to care, my stomach knots up, sweat pours from my brow, and they make me cry and go to the bathroom to hide. I can't think of what to do, I have to work longer because I have to stay even though my shift is up. So, if we're going to be true professionals, we're going to have to give up being careless and sloppy, and we're going to have to accept that being a professional is going to cost us.

The other thing is that when we love our kids, it hurts us. Any of you who are parents or are married or are in love with somebody know that when somebody that you love hurts, you hurt. Think of the last time you planned to visit someone in the hospital. Think of the last time somebody fell down and got a boo-boo and you had to take them to the doctor and they were crying, and all of a sudden, you hurt too. In child care, we don't have any kids that don't hurt. As soon as they stop hurting, we send them away. As soon as our kids stop hurting, they're better, treatment is over and away they go. We get in a new kid who hurts. And if we care, and they hurt, we hurt. Freud has used the word "empathy" which is a German word for feeling into or being one with. If you're going to feel into these kids who live with you, you're going to hurt. If you're going to be one with the kids who live with you, you're going to hurt.

So, ours is a profession that demands personal involvement. I can bake cookies without hurting. I can even fix my car without hurting. We can't care for these kids without hurting, and if we don't hurt, we don't care. So we have an emotional profession. Beyond getting paid to feel, however, we also get paid to act and to behave in certain kinds of ways. A good child care worker can't just walk around *feeling* all day. You have to be able to feel and to be one with, but if you can't put the kids to bed when it's time, you'll get fired. And if you can't anticipate which kid is going to hit you, you're liable to get hit, and fired too. For us to do our job, we have to act. We have to cook and clean and sew and do the beds and rock them when they're sick. And all of this for a few hundred a month! And one of the reasons that we get paid what we get paid is that we have not convinced people that what we're

doing is work. It's not just "do-gooding". I would not do this on my own if I wasn't getting paid. And most of us wouldn't. And we have to get the word out. Because this is not something that comes naturally. This is a very hard, demanding job that demands all that we are and all that we have. But nobody is going to give us what we deserve until we convince them.

There are many ways to say "I care". Loving gestures, for example, being kind, being respectful. They all say "I care". Another way to say I care is to know what you're doing. The caring mother who learns how to be a mother. Professional development which is what the Child Care Worker Association is all about, demands that we move from defining caring as only a feeling, and add to that definition skilled ability and practice. That's a profession. We've already said that the job demands our feelings. We've said that the job demands our action. It also demands our thinking. We have to do it well. We have to know what we're doing. Think about what needs to be done, and care about the way we do it. In many ways, we're still paying for the orphans, you know. We're paying for that time when there were lots of kids around who didn't have any parents, and what they needed was a roof and some food and some basic nurturing. But there aren't any of those left. We're still living with the stigma, however, that there are poor orphans out there and we'll give them food and shelter and that's good enough. But it's not true. Our kids need a lot more than food and shelter, and if we're looking into the future, it's going to get worse. Money has dried up. People do not like institutions. People do not like placing children in institutions, and they will only place into child care agencies those kids who cannot be handled any other place, and they're going to get worse and worse. Think about the kids that are coming in now — the idea of feeding them and clothing them is so removed from their real needs that you don't even think about it. It's not where your energy goes. You don't think about their sneakers. You think about providing them with what they need, and they need care — professional care — and that demands of us our feelings, thoughts and actions.

No profession allows learning on the job. I don't want my doctor learning on the job! When I'm sick, I want her to have gone to school first. I want her to have gone through a residency. Then, maybe, I want her to touch my body. We have to move toward a professional reputation. We have to move toward education. We have to go to school. We have to visit

other agencies and find out what child care is all about. We have to go to conferences like this one today. We have to combine our formal and informal education. Our kids deserve from us all that I expect from my doctor.

What do other professions do? Other professions combine education internships and experience. But we give somebody a set of keys, point to the classroom or the unit, and say, "There they are". We also have to supplement our formal "book" learning by learning from the kids. When you're sick and you go to the doctor, and he says without even looking at you, "Ah, I see exactly what your problem is", how does he know? He doesn't. He only knows if I tell him where and how it hurts. I say, "It hurts me here, or here". Our kids tell us where it hurts and how it hurts. We can learn how to take care of them by asking, "Where does it hurt?" and by listening and observing and seeing where they hurt.

We have people's lives in our hands. We have to break away from the myth that too much learning and education interferes with caring. You know, when we hear people say that you can't learn how to do this in school, and book learning doesn't help, don't believe it. It's kind of like a mother who only cleans up vomit and never reads Dr Spock. Most good mothers clean up vomit and read Dr Spock. That's us. We need to care and we need to do whatever is required to learn how to care better. The other thing about caring has to do with doing whatever is necessary. When you care for kids, you do all that's required. That means that you lock up at night to protect them. It means that you clean up after them. It means that you clean the house. It also means that you're going to study and you learn how to take care of the more disturbed. It's easier to care, by the way, when you understand. If you go on a course, you'll like the work better. I always like my kids better after going to a conference like this. When you hear about them, when you think about them, you like them better. Education and training will enhance your caring. You'll like them better. So there are at least three elements to professional caring: feeling, thinking, doing. Professional caring requires emotional involvement. It requires a willingness to act in whatever capacity is needed. And, it requires a willingness to study and learn, to constantly improve our skills. And this is hard work. To be a professional and involve all three dimensions of our self requires considerable dedication. We have not communicated this; and because we have not communicated this, we allow agencies that employ us to employ child

care workers for little pay, to employ child care workers who have no prior training — after all, they can learn it on the job — and to employ child care workers who may not have the brain power. It is up to us, it is our responsibility, to begin to communicate the kind of skill, knowledge and emotional maturity it takes to properly care for our kids.

In conclusion, I'd like to say that professional skill and knowledge is no longer a luxury. As I've said, there are no more sweet young things referred to your agencies. They're all gone. The other thing is that the eyes of the community are on us. Everybody knows that. You can't get insurance. We're being watched. We're being scrutinised. We can't just diddly-bop around. We have to do what we do and do it well, and we have to communicate what we do and describe what we do to the community. This requires ethics, integrity, morality, and all that which is governed by professional associations. Not just anybody can be a member of a professional association. The doctor with too many malpractice suits against him gets kicked out. A doctor who has never gone to medical school would never get into the professional association to begin with. I really believe that if we have only professional child care workers, we would have no institutional abuse. There just wouldn't be any. If everybody who worked with our kids were professionals in their caring, there would be no institutional abuse. There would be no newspaper stories. There would be no hurt kids getting hurt again! So let's give up our low self-image. We talked about low self-image for the kids all the time. It must be contagious because I think we've caught it. When is the last time that a mother asked her doctor son, "So, when are you going to get a real job?" How many child care men have been asked by somebody, "You're still working with those kids? Why don't you get a real job?" We have to turn that around, and we can't do it by saying "I work with kids" and we can't do it by accepting myths like formal education isn't necessary. We need to have a professional identity so that we feel good about what we are doing and so that people stop thinking that we're different and apart from everybody else that has a job to do and does it well. So let's care. Let's learn some things. Let's join our professional organisations. Let's begin to pay the price for caring and stop complaining, and let's communicate the value of our kids and our work to the community. So "Who put the *care* in Child Care?" It's not the kids; it's not the agency. You did. We did. We put the *care* in Child Care.



Why Train Youth Workers?

Some musings from Mike Baizerman of the University of Minnesota

Youthwork is a form of education, i.e. a facilitating process in which an individual penetrates his taken-for-granted reality and, by so doing, comes to understand how reality for her is constructed. Thus are extended the possibilities of finding moments of (for) choice and, in this, for extending and living her freedom. Youthwork is a process of creating the opportunities for a youth to choose more often about more things in her everyday life and in this way more thoroughly construct herself. Choice is a freedom-in-action.

Training in youthwork is directed at the development of the youthworker so that she too can choose. Further, it is focused on *unlearning* a wide variety of cultural, taken-for-granted, hence invisible, ways of seeing and thinking so as to be able to perceive the world in its uniqueness, similarity, normalcy and possibility, i.e. to see what might become. This type of unlearning is necessary before the youthworker can be an educator of youth. One necessary unlearning is the uncoupling of apperception and perception, or at least learning to be conscious of how one joins these. Related is the uncoupling of perception (as a form of interpretation) from biography. It is precisely here at the moment of looking, seeing and grasping the other that youthwork is born and exists as a challenge to the established helping professions and the ways in which they work with youth.

Youthwork exists through its ways of seeing possibility, meeting in the grounded present and confirmation of the unique Other, the youth. Youthwork as here conceived is to work without a method, except for a faith in emergence and possibility, and without a protocol, except for the theological metaphors of "availability" and "presence" as these are driven by hope and caring. This is not a whole lot to go on! It is seemingly naive, romantic, anti-intellectual and metaphysical, to say the least; a simplistic, pseudo-philosophical (i.e. theoretical) and an incomplete mix of existential, phenomenological, Buberian and other metaphysical ideas! (So there!) Well, is it? And if so, why should youthworkers be trained to work in their way?

Youthwork as conceived and presented herein is clearly of a different order than is work with youth by practitioners in the human services. This kind of youthwork does have source in theology, philosophy and the human sciences, particularly in their existential and phenomenological wings. This is not a false or pseudo-scientific practice. Rather it is a full humanistic and poetic practice, more like applied aesthetics, or applied philosophy than applied psychology. This means that there is clarity in the spirit of the enterprise

(sounds metaphysical, no!), but not in its specifics.

Training in youthwork as herein conceived is directed at developing the skills necessary to pierce one's taken-for-granted, ordinary, mundane life so that one becomes aware of *how* the ordinary is constructed and how one is implicated in constructing one's own reality. Joining this skill to awareness of how one's biography pre-forms the present gives the youthworker the possibility of seeing in the moment its manifold possibilities, not simply what is there. Done well, all of this slows down the instantaneous process of seeing and making meaning. Once slowed, the youthworker can "control" how she makes sense, and, in this way, come to be accountable to herself. Once aware, she can tell how she came to understand as she did, i.e. present her reasoning.

The tension here is put well by Johnson in his *Existential Man — The Challenge of Psychotherapy*: "Explicit awareness destroys the spontaneous expression of the self ... Impulsive action without self-awareness has no existential significance. An action is mine only if I am present in it".

The tension is between the slowing down necessary for heightened self-awareness and the spontaneity necessary for life, i.e. between the "pure" and the "forced". This issue is found framed in the idea of "the encounter" (or "the meeting") as basic to youthwork (as this is derived from existential and related theory and therapy practice.)

Encounter may be the basic unit in youthwork training for it is therein that the concrete person, the youthworker, is immersed in the concrete moment, is with a youth. It is this concreteness that is crucial, particularly in its grounding to the ordinary. Central to encounter is *confirmation*, the process through which one makes the other present in her uniqueness and "induces this other's inmost self-becoming" (Friedman, 1981). To Buber and Friedman, this occurs through "real meeting". In professional language, meeting can be conceived of as a youthwork skill, but this is not so. It is the quality of a moment between people, one not created by skill, but human being-ness. Buber writes that in confirmation "... I wish his particular being to exist", in his uniqueness, his particularity. Thus, youthwork training is orientated away from the explanatory and towards understanding, away from diagnosis and the medical model within which it resides, and toward the youth at that moment in her concreteness and uniqueness. Away from notions of "personality" or "character" or the like and toward this kid, now, as she is now: "Why?" does not matter,

what is and what emerges does. Life is forward and is to be lived together, worker and youth, from "right now" to "next minute".

Youthwork training must concentrate on uncoupling and demystifying time as *chronos* and remystifying it as temporality and as *duree*. This is crucial in part because adolescence is understood as time, a span of (linear) time, as is development. Neither is life lived. (This is not simply the so-called subjective experience of time. Instead, it is time as lived).

Also part of youthwork training must be a grounding in philosophical anthropology and language and meaning. The first is the big picture or the underlying assumptions about human being within which root the derivative notions of adolescence and youth. Language and meaning are central, practical, everyday concerns in life, and in youthwork. So too in recent academic philosophy, the human sciences (in their European forms) and the humanities. Yet in youthwork, little attention is given to these topics. Attention must be paid because, as these other subjects teach us, a youth is a "linguistic locus", her self given presence through talk; her "personality" a form of discourse; a juvenile court a place where narrative structure is judged guilty or not. Each therapeutic school had its conceptions of language and interpreted words and symbols using its own

dictionary. Later work suggests that meaning lies in use, and there may be need for multiple dictionaries, which in the end too would be insufficient. Meaning lies in use, meaning is tied to context and context is situation. Another road is laid to a situational youthwork. Youthwork is done through the alternation of silence and talk. We believe in the power of our words to cure or change the other, while too often we accept the words of the other as data about his condition and/or as entry to his "real self". Can these be silent youthworkers? Can cross-cultural youthwork occur without mastery of the local language? To ask these questions is to show the power of talk and to urge a considered position on the place of talk in youthwork. A possibility is that talk will be heard as an invitation to silence or talk. Thus, youthwork is an ongoing conversation which ends when it is done. To Giacometti, the artist, the drawing was finished when it was delivered to the buyer. For us, the conversation deepens the talk which in turn deepens and enriches the conversation.

Youthwork education and training must focus on how to learn about youth from youth in *their* terms, so that the youthworker can struggle with accepting them *on* their terms. This is a basic youthwork value and set of skills. It is also suggestive of *the* basic youthwork orientation — an anthropology of youth in everyday life.

This is the general context for understanding youth and the particular youth one is with. Note that understanding precedes, in logic and in fact, the processes of youth-changing. Fixing, therapy, intervention are *not* the basic youthwork task. Indeed, they may have *no* role in clinical youthwork. The youthwork *goal* is *never* to change the youth. It is to join with her in a joint exploration of the possibilities of a relationship. A result will be the natural changes which are an *a priori* aspect of relationship. But this is *not* the intention. That is *always* the walk into possibility.

Youth must be understood in context, *in situ*, as it were. Hence our need of an anthropology of situations and contexts. Ask first horizontal questions about a youth in the context of her friends so as to establish context *before* asking a vertical question about biography so as to establish a history.

Youthwork is grounded in a powerful belief in normalcy and in the transitory nature of personal trouble and problems. When these persevere, in effect they teach the youthworker that the believed-in normalcy is not present, i.e. that the normalcy assumption must be treated as a failed hypothesis. To believe in normalcy (while being open to its disproof) is a learned perception, one which is always challenged in most social service agencies and by most human services professionals. The perception and language of pathology and pathogenicity is more common as these are grounded in a model of adolescence as a medical condition. Normalcy is a perspective grounded in at least two places: a philosophical anthropology and an empirical anthropology of difference. The English language is more exact in the negative than in the positive, with the result that the language of hurt, pain and conflict are more easily articulated than the experiences or ways of being of health, joy and peace. The latter are spoken of by the poets in a challenge to the measurement attempts of the Neo-Positivist scientists.

Youthwork training and education must include thus the *unlearning* that difference is *a priori* bad or ill, and, almost reflexively, concluding that help, caring or treatment is needed. In part, this is a recognition of the broad range of typical and ordinary or normal, and that much of what is seen as different is simply out on the edge of a normal range. (The issue here is far more complex, but it is left at this, here).

In short, presented herein are some themes for youthwork education and training. To use these is not to guarantee a product. Rather, it is to assure the youth that her worker is aware of the impossible vocation called youthwork.

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Alcoholism and alcohol abuse by either or both parents inevitably affects and involves the family in many important and harmful ways. Among the ways in which the alcoholic's family is affected, there are five areas which seem to be of the utmost importance. Firstly, the alcoholic usually lets the family down by failing to assume his share of family responsibilities. Secondly, the alcoholic's spouse is deprived of a satisfying emotional relationship. Thirdly, the alcoholic serves as an improper model for his (or her) children. Fourthly, his uncontrolled drinking affects the prestige of his spouse and children among their friends. Fifthly, the alcoholic's drinking and the consequences of his drinking often affect the financial needs of the family.

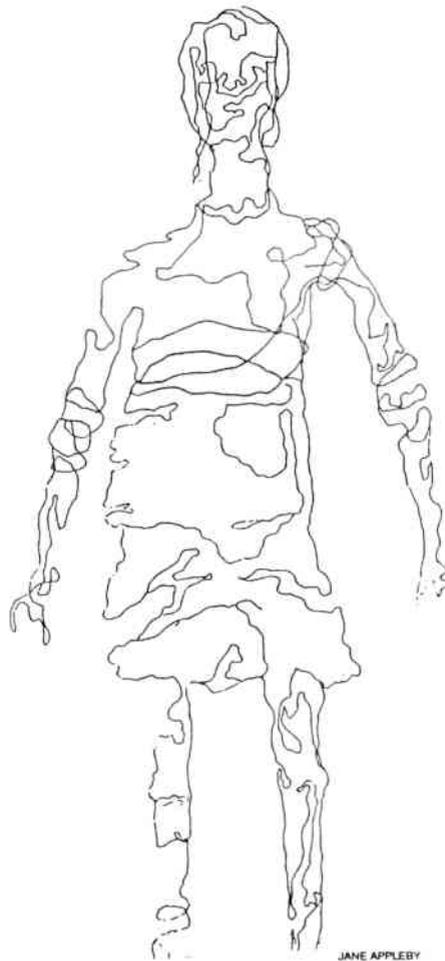
Although there is no unanimity of opinion as to whether there is always an antecedent and causative personality maladjustment underlying alcoholism, there is complete agreement that the alcoholic when in the active phase of his illness is a most disturbed and disturbing individual. In the early stages when some measure of control exists, he may be able to abstain during working hours or during an emergency, so that his alcoholism can be kept secret from all but the members of the family. As the addiction advances, each episode of drinking will be accompanied by a greater and greater craving for more alcohol — a dependence which is both psychological and physiological — so that he will continue to drink at no matter what expense to his family, his health, his business or his previous intellectual or ethical standards. Because he cannot face life without alcohol, he builds up elaborate alibis and defences against admitting his addiction. The fact that social drinking is an acceptable part of our culture, plays into his hands and lends plausibility to his statements that he drinks as others do. His egocentricity, his denials, his rationalisations, his blaming of others, his eventual shedding of responsibilities should be looked on as part of the illness from which he usually cannot recover without outside help.

The Alcoholic Father

In his periods of sobriety, the alcoholic father is frequently charming, affectionate, understanding and penitent. He inspires the natural love of his offspring who from this, build an ideal father image of omnipotence and loving kindness. The disillusionment of drunken episodes is shattering to the frail super-ego structure of the child.

The effects of alcoholic behaviour on the child may be direct, swift, sure and devastating but they may be mediated indirectly also through the effect on the mother,

The Alcoholic Parent



who finds it difficult to be relaxed and loving with her children when she is hostile, tense, angry, afraid, vindictive, exhausted and worried.

Many of the normally shared activities of family life are denied the child of the alcoholic. He needs both parents to teach him the rules of our culture. Since the alcoholic does not himself live according to these rules, he cannot be a good teacher. His own insecurity, egocentricity, im-

patience and capriciousness render him incapable of consistent discipline so that the child rarely knows what is expected of him. Until and unless the wife takes over completely there are frequent battles over discipline. The child may even blame himself for these quarrels between parents or may even blame himself for a drinking episode, assuming that some shortcoming of his own triggered it off, thus, the child lends himself to the role of scapegoat and can be unmercifully punished.

The child may play one parent against the other, ending up with little respect for either one. Either the frustrated parent may take out his anger toward his spouse on the innocent child, who cannot retaliate, or an angry parent may overindulge a child to win him away from the spouse, not because he loves the child but to spite the other. Derogating the child, humiliating him and unjustly punishing him, makes it impossible for the child to develop a sense of self-worth. As the father senses his loss of masculinity he may substitute sadistic brutality for it, turning against one or several members of his family. The child, in his helplessness, will develop fear, hatred and revenge, fantasies for which he later on feels guilt and fear of retaliation. This situation may produce a lifelong difficulty with authority figures. A child may become overly dependent on the mother but deny it out of fear, or he may become the target of the alcoholic's jealous rage as the mother administers to his needs rather than the father.

Unable to endure the incessant quarrelling, a child may turn against both parents or he may even come to feel that the non-drinking mother is to blame for the father's drinking, thereby identifying masculine independence with drunkenness.

The Alcoholic Mother

Because the mother plays the more important role in child rearing in our culture, the effect of an alcoholic mother can be more serious than that of an alcoholic father. Since she is usually drinking at home her physical presence cannot be avoided and the children have to bear the brunt of her regressive behaviour. She is often unreasonable, aggressive and quick to anger, impatient, demanding, deceitful, extravagant and grandiose, and helpless. After a few drinks she may be extravagantly exuberant and grandiose, embarrassingly sentimental and maudlin, demanding of the centre of the stage, or she may become morose and complaining. As the illness progresses she may become supersensitive, resentful, quarrelsome and even violently hostile and aggressive. She may become ill, hurt

herself when drunk, drop lighted cigarettes and break dishes or furniture.

All of this is so frightening and humiliating to the children that they will not bring playmates into the house. Fearful for their mother's safety they may also refuse to go out to play. With behaviour so contrary to our ethical norms, the children find it difficult to reconcile what they are told with what they see. They may fail altogether in developing a stable conscience or they may feel that they come from a mother who is no good and that they themselves can therefore never amount to anything.

The effects of an alcoholic mother and a young infant can be disastrous. Though she may sincerely love the child she will frequently be so guilt-laden that she also becomes over-solicitous.

Since she frequently is not living in harmony with her husband and because she has withdrawn from much of her social life and interests outside the home, she may turn all her unsatisfied love and yearning onto the child and build an unhealthy clinging overdependent attitude in the child.

When the mother is drinking she cannot help but neglect the infant. She may leave him cold and wet, unfed, slap him when he continues to cry or leave him alone for long periods. Quarrelling of parents can also deeply disturb a child of even a few weeks old, causing gastro-intestinal upsets, asthma, skin rashes, etc. When the father takes over and cares for the child the mother may become jealous and spiteful, competing with the child for the father's attention. When the drinking bender is over, the mother being deeply ashamed, may try to make it up to the infant, becoming maudlin and over-indulgent.

With such unpredictability the smooth flow of symbiotic communication between mother and child on which the future sense of confidence, self-esteem and trust are founded, is shattered. Into the child's character may be built a fundamental and permanent mistrust and sense of having been cheated. This may be central to the later development of psychopathic, psychotic or neurotic trends.

Parallel Defences and Symptoms

During the progression of alcoholism the family gradually adapts and learns to live with the dysfunctional member.

However, such an adaptation takes its toll on the rest of the family resulting in the development of certain defences and even symptoms by all the members of the family. This is why alcoholism is also known as a "family disease". In his description of the progressive stages of alcoholism, Jellinek identified such defen-

ces and symptoms as denial, projection, isolation, rationalisation, deterioration of physical health and personality changes. These defences and symptoms are not developed by the alcoholics alone but also by the members of the family. Thus the alcoholic's denial of his problem is matched by the denial of the family unit. The family will often collude with the alcoholic's rationalisations. For example, they will make excuses for not attending a birthday party or function because father is having another ulcer attack from the terrible pressure he is experiencing at work. Gradually, such rationalisations become less and less convincing. Social isolation increases as the family withdraws from outside contacts. Here we can cite the example of the wife of an alcoholic who cuts down on her attendance at church socials, as more and more people comment on her husband's absence or laugh at his inappropriate behaviour when he does join her. The irrational behaviour of the alcoholic is often matched by that of the non-alcoholic family members. Bewildered members of the family especially wives, in order to show support for the alcoholic are sometimes required to lie and deceive in order to get him out of a tight spot or keep him out of trouble caused by his drinking behaviour.

The "Dr Jekyll and Mr Hyde" personality changes often observed in the

drinking alcoholic, can also be experienced by the non-alcoholic family members. During the recovery process, family members can often identify their own past personality changes, an "ethical deterioration" that contradicted their private values and standards of behaviour. Examples are: the non-violent spouse who suddenly hits the alcoholic; the mother who physically abuses her children after she had been abused by her intoxicated husband; the son who steals to help meet the family's needs. The indefinable fears, anxiety and guilt of the non-alcoholic family members are often parallel to those of the alcoholic. It is not unusual for family members, like the alcoholic, to question their own sanity; and, as a culmination of guilt, frustrations, rage and self-pity, to suffer "mental breakdown" and even to contemplate suicide.

Just from the little I have said about alcoholism, it is clear that the disease of alcoholism in one individual cannot be separated from its effect on all the members of a family system.

Thus, it goes without saying that the whole family needs to recover from this family disease.

Adapted from a paper presented by Mr G Fortuin (Regional Director, SANCA) at the NADAG Summer School in 1988. Published with permission from SANCA

NATIONAL ASSOCIATION OF CHILD CARE WORKERS

Regional Director : Western Cape

HALF-TIME POSITION

Assistant Director : National Office

HALF-TIME POSITION

The above posts based in Cape Town may preferably be combined into a single full-time post. Applications are invited from bilingual Social Workers or other professionally qualified people with wide experience in residential child care, who are able to undertake training, consultancy, organisational, academic, development and other assignments for the Association.

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A VISIT TO THE NEW KHUTHELE SCHOOL

Not just another school

Carol Hodes

Carol Hodes, a Remedial Teacher at Khuthlele, introduces us to this new Child Care School in Simondium, Cape.

Being the first of its kind, Khuthlele Child Care School, situated on the outskirts of Paarl, in Simondium, is aiming to live up to its name. The Xhosa word, "Khuthlele", means "to be industrious" — this being the main aim of this special school, initiated by the Department of Education and Training.

Khuthlele caters for boys committed under the Child Care Act No.74 of 1983. These boys are in need of care and therefore full residential care is given. This includes all aspects, such as clothing, toiletries, pocket money and good nourishing food. The hostel does not only offer accommodation, but sees to the mental, moral and cultural needs of the pupils. Regular sporting activities and outings are organised, to ensure a balanced lifestyle.

The school offers a full academic and technical programme. Starting with illiteracy up to matric or the N3 level. "After the initial period of being admitted to the school, we find that the boys soon adapt to their new life" says Derek Morkel, principal of Khuthlele. He also says, "We're surprised at the eager-



At work in the Art Class



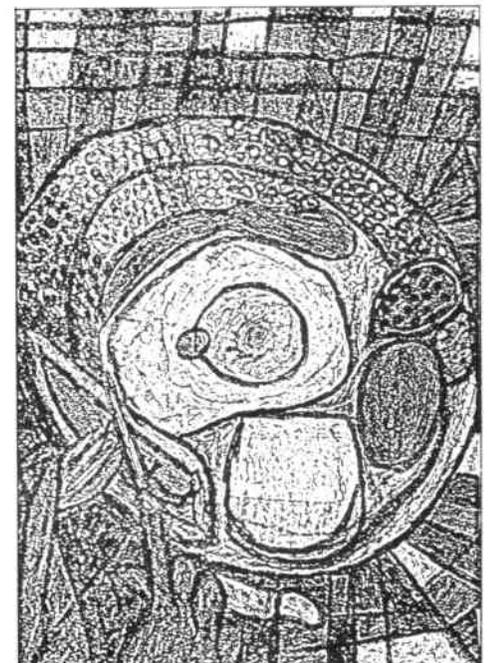
Derek Morkel, Principal

ness with which the boys have adjusted to the routine". The boys are in the care of well trained, caring officials, who see to their daily needs. A special feature of the school is its modern, well equipped kitchen which is privatised. Teaching at Khuthlele is a calling. It involves total commitment to the upliftment and education of these deprived boys. The school caters for boys between the ages of 14 and 18 years. They come from various parts of the country and at present, are mostly Xhosa speaking. The pupils spend half their week in the academic section and the other half in the technical department. Subjects such as Guidance, Environment Studies, Religious Instruction, Book Education, Art and Physical Training are of utmost importance to these pupils. Mathematics, English, and Health Education also form an integral part of the curriculum. On arriving at the school, the boys are subjected to academic evaluation tests, as well as a medical test. Two fully qualified nursing sisters are in charge of the boys' physical well being. The Auxiliary Services assist in assessing the pupils' abilities and needs and then allocating them to the respective academic phases, as well as providing the necessary



My friend Richard by Zola Gule, aged 16

psychological care. The technical classes offer a variety of subjects, such as: Metal Work, Plumbing, Building and Agricultural Studies. At Khuthlele, the boys do not only go to school. They are guided and assisted to



Breakfast at Khuthlele by Richman Baba, aged 14

develop *all* aspects of their being. Work is done on building and improving self-image and self-confidence. The idea is to let these boys go out into the world and cope as well adjusted people in society. The words of the principal bear the message: "The school is seen as an investment in a better future for the children of our country, who would otherwise have been lost".

Interviews with Street Boys in Botswana



Ellen Drake

Boy Number One is slim, but not more so than most teenagers; he does not look under-nourished. He is wearing a new, expensive looking shirt (perhaps in honour of this interview?). He says he was born in 1970, but he looks younger, perhaps sixteen.

Boy Number Two says he is fourteen years old, but he, on the other hand, appears older — perhaps seventeen or eighteen. He is tall, his voice is mature. His hands and arms are covered with scabs, crust and sores, which he says he has on his legs as well. But otherwise he, too, looks healthy. He has strong white teeth that would suit an advertisement for toothpaste; the teeth flash when he smiles. His smile is wary, but neither timid nor servile.

The boys have been asked to come to the City Council office for this interview. The Council Officer says she has tried to bring some younger boys, but they refused to come. The interview starts with Boy Number One. When asked where he stays, he says he lives at Old Naledi. His mother lives at Village X, in the Southern District. She is not employed.

Q: "Where is your father?"

A: "I have no father".

Q: "What did you have to eat today?"

A: "I ate half a loaf and a pint of milk for breakfast. I did not have lunch".

(The interview is taking place at half past two in the afternoon).

Q: "Why did you not go to Lesedi Community Centre where you would be given free food?"

A: "... Because the other boys refuse to go ... We don't want to go there because the other boys don't go there ... We are busy washing cars. We would lose business if we went for food".

(I do not point out that if they eat free

food they would not need to wash so many cars. I do ask why the other boys do not go to the Centre, but the boys do not answer).

Q: "Do you go to school?"

A: "No. I prefer to go to night school and wash cars during the day time. But I have no uniform".

The Council Officer asks if he would go to school if he had a uniform, and he says yes. She says the Council will buy a uniform for him. Then he says that he goes to church service at the YWCA and that there is a lady there who promised to take him to school next year. She said she would buy a uniform for him.

Q: "Where you stay, are you paying rent?"

A: "No. I am staying in my father's house".

Q: "But earlier you said you have no father".

A: "My father abandoned us. But we are staying in his house. Some of the rooms of the house are rented, and the money goes to repay a loan the Botswana Christian Council gave to my mother. She used to cook food for workers at the industrial site, and the BCC gave her a loan to buy a stove, plates and pots".

Q: "Is there anything in particular you would like me to write about you for the newspaper?"

A: "You can write that we are here because we don't have money and our parents are not working. It is not because we are bad. If we could get employment we would not be in the Mall".

Q: "What do you want to do when you grow up? Do you think about that?"

A: "Yes, I think about it. I want to be a policeman or soldier".

Q: "But that is dangerous! You might get shot!"

A: "But the money is better".

Boy Number Two says his mother and father are at home in Village Y, also in the Southern District. His father is employed — the Council Officer says the father is a head man. His mother is at home, looking after her family.

Q: "Where do you stay?"

A: "I have no place to stay. I sleep in culverts, or just anywhere in town".

Q: "Why did you leave home? It seems you have a nice home".

A: "I wanted to stay in Gaborone".

Q: "What is so attractive about Gaborone?"

A: "I wanted to go to school"

Q: "Are there no schools in Village Y?"

A: "... I wanted to go to school in Gaborone. I lost the school books ...". (Council Officer says Boy Number Two was one of the ones helped by Mrs Gudrun McArthur, whom the boys call Mma Ngaka. Mma Ngaka said in an earlier interview, reported in *Future Gen*

magazine, that the boys whom she had helped to put in school had all absconded after a few days).

Questioned further by the Council Officer, Boy Number Two begins to fidget uncomfortably. He said he was beaten at school and left because he had no place to sleep ...

Thinking that perhaps he is dyslexic (or suffering from some other learning disability) I ask him if he likes to read. He says yes. But when asked what he reads, he is not specific — "anything", he says; when I ask him whether he uses the library, he says no.

The Council Officer then inquires why he does not go to the hospital for the sores on his body, and he says he will go if she will go with him. Then he adds, hastily, that he does not want the hospital to give him an injection.

(But when I called the Council Officer on Monday afternoon, she said Boy Number Two had not appeared).

Q: "What do you want to do when you grow up?"

A: "I want to be a cabinet minister". I ask both boys about the glue-sniffing some people say goes on. Both of them deny that they sniff glue, but confirm that others do. They say that that the ones who do are always drowsy. I ask why the other boys sniff glue, and they say it is because they want to feel ... they hesitate to find the right word. "Drunk?" I query; they say yes.

Q: "Do you drink *bojalwa*?"

A: "No, we don't. But some boys do".

Q: "What kind of glue do the boys use for sniffing?"

A: "There are two types, the yellow one and the white one".

There is someone at a certain shop in town who buys glue for the boys. The nickname for the glue is "Rothmans". It costs R2.60 for a big bottle, and R1.75 for a small bottle. But there is also a very big bottle which costs R5.00. They pour some glue into a milk carton and sniff it from the carton.

Q: "How long does it last?"

A: "If you pour half a small bottle of glue into the pint, it lasts all day, for one person. If you take it at midday, the effect lasts until you sleep".

Q: "Does the glue make the boys sleepy?"

A: "No. But they have some kind of ... like nightmares. They talk and you cannot understand what they are saying".

Q: "Do any of the boys smoke dagga?"

A: "No. But some of them drink beer, and even *kgadi*".

They buy it at a certain bottle store. Even young boys buy it. They are not refused. The interview has gone on for more than one hour. The future soldier/policeman and the future minister are getting restless. They shuffle their feet and glance at

the exit. The Council Officer and I thank the boys, and tell them that they may go. "I have missed a lot of chances to was cars this afternoon", says Boy Number One, the soldier/policeman-to-be. "I have no money". So I part with some change, and he seems satisfied. "What about me?" asks the minister-to-be. But the Council Officer reminds him that, earlier in the interview, he had told us that he has a postal savings account, and P6 in his pocket — more than I have, in fact. I explain that I did not know I was going to be asked for money, or I would have come prepared. The minister-to-be flashes his smile. Together the two boys, released at last, move swiftly and purposefully out the door, back to the Mall of Gaborone.

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Carolyn Nystrom
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Tafelberg — R14.95

Hierdie is 'n hardeband boekie in eenvoudige Afrikaans geskryf. Dit sal maklik leesbaar wees vir kinders van 8 to 10 jaar. Vir jonger kinders kan die boek voorgelees word. Dit kan suksesvol gebruik word as 'n aanknopingspunt vir 'n gesprek wanneer die kind probleme ondervind. Die boek het realistiese, kleurvolle illustrasies. Dit is in storievorm geskryf wat gou die aandag boei. Relevante inligting word egter besonder suksesvol deurgegee. Die volgende aspekte word bespreek: Die kind se verwardheid en skuldgevoelens tydens die egskeiding. Die hartseer van die hele familie, spesifiek ook die ouerpaar wanneer so 'n besluit geneem word. Egskeiding is 'n "grootmens" probleem wat nie deur kinders veroorsaak of opgelos kan word nie omdat man-en-vrou-liefde anders is as Ma-liefde en Pa-liefde. Die skryfster gebruik insidente in die verloop van die aanpassingsproses om 'n reeks belangrike boodskappe oor te dra. Ek dink die boodskap van hoeveel moeiliker en meer verantwoordelik die taak van die enkel ouer in vergelyking met dié van die naweek ouer is, is baie belangrik. Daar is noodwendig 'n mate van rolskommeling, (Ma laat nou die motor nasien) maar kinders se basiese verwagtings van die ouer kan dieselfde bly (Pa maak steeds die fiets reg). Ten spyte van die feit dat selfs die kind take moet oorneem (gras sny) moet hy steeds nie die rol van die afwesige ouer oorneem nie. Egskeiding maak die daaglikse lewe van almal moeiliker en kinders moet noodgedwonge 'n groter bydrae lewer om die huishouding te laat funksioneer (Martiens moet nou dat Ma werk vir hom en sy boetie middagete maak). Wanneer dissipline toegepas word is dit egter nie 'n teken dat die kind die ouer se liefde ook gaan verloor nie, maar dat die ouer steeds omgee. Die boekie het 'n sterk godsdienstige inslag. Kinders kan troos vind in die volmaakte liefde wat God vir hulle het. Die feilbaarheid van die mens, die eensaamheid en hartseer van 'n egskeiding word treffend en eenvoudig uitgebeeld. Omdat die boekie in storievorm geskryf is sal dit eerder aanklank vind by kinders wat in 'n soortgelyke situasie verkeer. Die realisme van die insidente en gevoelens sal die kind baie insig gee in sy probleme. Die kind in die kinderhuis wat gewoonlik uit 'n multi-probleemgesin kom, waar die vermoë van sy ouer om hom te versorg te betwyfel is, sal ongelukkig nie baie baat vind by die meeste van die voorbeelde in hierdie boekie nie. RvdM

NATIONAL ASSOCIATION OF CHILD CARE WORKERS
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