

The child care worker



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Kinderversorgers

Internasionale Geaffilieerde

CWLA

Child Welfare League of America

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National Association of Child Care Workers Nasionale Vereniging van Kinderversorgers

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 standarde vir kinders in residensiële omgewings te verbeter.

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NACCW/NVK



EDITORIAL

GUEST EDITORIAL

Child care workers or auxilliary social workers?

The registration of child care workers is an issue the NACCW needs to address. For some years the Council for Social and Auxilliary Workers has toyed with the proposal of registering child care workers as auxilliary workers under its auspices, and although the idea was earlier dropped from that Council's agenda, it has once again come up for consideration. It would seem that some of the questions to be considered include —

- Do child care workers want to be regarded as practitioners in their own field or as auxilliary workers in another field, namely social work?
- Does child care really have its own national umbrella body in the NACCW and the Institute of Child Care?
- Is it feasible to consider registration when the majority of child care workers are untrained or only partly trained?

From its inception the NACCW envisaged a national and independent organisation which generates qualitative practice standards for the profession. The Association's mission statement: "The NACCW 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". Two of the Aims and Objects in the NACCW's Constitution are:

1. To work towards professional standards for child care workers in respect of their knowledge and skill, their status, their material circumstances and conditions of service;

5. To maintain a register of child care workers and to establish a professional Institute of Child Care as an authority on standards and practice.

As a growing profession, child care work has struggled to develop its own identity and to emerge from the shadow of the social work profession. We have made considerable progress. The child care worker sees himself as having a unique set of skills within his own practice setting as distinct from that of social work. It is known that child care workers prefer to be supervised by senior child care workers than by social workers. Yet as auxilliary workers they would have to be supervised by social workers. Moreover, a social worker may not supervise more than two auxilliary workers, so most children's homes could not comply with the present requirements of the Council.

Child care work will never develop its own

identity and will never grow to maturity in this country if it must see itself as an auxilliary to social work. On the other hand, in recent years we have seen child care achieve several of the distinguishing marks of a profession: clearer task definition and professional boundaries, the development of a code of ethics, its own knowledge base and literature, certification of workers who complete child care coursework, and clearer career pathways whereby senior positions are increasingly held by child care workers. Having come this far, do child care workers really want to roll over and play dead for social workers?

When it comes to the availability of a suitable organisation for the registration of child care workers, there have been realistic questions as to whether the NACCW is truly a national body or whether it represents only limited sections of the population. The answer lies in the fact that while so many organisations in South Africa have been divided along sectional lines, the NACCW remains the only association of its kind. Those who are not members are only those who have chosen not to be members. The Association is and always has been completely non-racial. In 1990 its courses will be offered in the following languages: Afrikaans (6 centres), English (4 centres), Xhosa (2 centres) and Zulu (1 centre).

It is agreed that there are problems when it comes to registering child care workers who are neither experienced nor qualified, alas, a very large proportion of those presently in practice. On what basis does one register them? Workers who have completed a two-year course and two years in service, may join the Institute of Child Care, and this seems an appropriate body to register them at this point as child care workers. Perhaps we need to be more careful in our use of the term 'child care worker' and reserve it for those so qualified and experienced — and refer to child care interns or child care trainees for those still undergoing training. Whatever is decided, child care workers should themselves be clear as to whether they want to promote their own profession — or make it subservient to another. — MB

**The National Executive
Committee and Staff of
the NACCW, together
with the Editorial
Board of The Child
Care Worker, wish all
Readers a peaceful
Christmas and a happy
and fulfilling New Year**

Everybody is at risk to depressive moods, but here I will be concentrating on depression that persists or is recurrent and interferes with the child's usual life.

Definition and Clinical Presentation

Depression is described in a medical dictionary as a lowering or decrease of functional activity with a morbid sadness, dejection or melancholy. Depression is common to all mankind. It is recognised by a feeling of sadness with worthlessness and a conviction that nothing one can do matters. Depending on the circumstances, depression may be quite natural, for example, when a loved one dies. This is known as a depressed mood, but the person is not clinically depressed. There comes a point when a response to loss and stress becomes inappropriate and this a type of mental illness.

When a child shows no sign of being comforted or of resuming his normal life within a week after feeling low, or within six months after undergoing a severe loss, he is at risk of developing a depressive disorder. If the child does not partake in usual activities, perform his work adequately or play as much as usual a week after the depressed mood began, he is at risk of experiencing more serious consequences. Other indicators are a sudden change in eating and sleeping patterns. Appetite either increases or decreases when a depressive disorder starts. The child's sleep pattern may change; he may fail to fall asleep at the usual time, or wake up during the night and have trouble falling asleep again. He may wake up in the morning very early. However, a depressed child may sleep a lot, but constantly feel tired.

Some depressed children have suicidal thoughts. As they get more depressed, they may plan or even attempt suicide. 50% of depressed children will talk about thoughts of hurting themselves, if asked. Children do not show their depression as easily as adults. Children become depressed in a quiet way and by the time they exhibit signs of depression, they are usually severely depressed.

Childhood depression has become recognised as a separate disorder for only about fifteen years, but several psychologists have described depressive states in infants and young toddlers over the past 70 years. Spitz was interested in child development when he came across 123 young children in the 1940s being raised in a South American nursery. He found that some of them tended to withdraw socially, lose weight, have trouble sleeping and become ill. Spitz called this behaviour anaclitic (leaning upon) depression. It could last up to three months, after which some assumed a rigid, frozen posture. Spitz found that

all the children who developed these symptoms had been separated from their mothers between the 6th and 8th month for a period of at least three months. They had no mother or mother-substitute to lean on, hence the term 'anaclitic'. When separation ended in less than six months, Spitz found that the children

Childhood Depression

A contribution by a
second-year student in the
National Certificate in
Residential Child Care at the
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suddenly became "friendly, gay and approachable, and the withdrawal, disinterest, rejection of the outside world and the sadness disappeared as if by magic." Those children whose mothers did not return became in the worst cases stuporous, agitated or retarded. Most could not be brought back to normal. Some even died as a result of their condition.

John Bowlby studied the relationship between mother and child in the 1950s. He found that the child is dependent on the mother not only for food, clothing, warmth, cleanliness, etc., but also for love, tenderness, empathy and closeness. This is called bonding. When the mother goes for a short while, the baby may cry and try to find her. When separated for a long time Bowlby found the baby's reaction could be separated into three stages:

First there is *protest* which can last from a few hours to a few weeks. Then comes a stage of *despair* in which the child loses all hope and looks depressed, withdrawn and apathetic. The third stage is *detachment* in which the child seems to have accepted the help of nurses and mother substitutes. When the child has lost his mother and substitutes, he loses trust in all human beings and is indifferent to human contact. In the 1960s Margaret Mahler, one of the foremost child psychoanalysts, agreed with Bowlby that a child's depressed mood can be caused chiefly by separation.

Classification and factors associated with depression in children

One of the first people to classify childhood depression was Weinberg who drew up a set of criteria in the early 1970s. These criteria were that the child show both an unhappy mood and sense of self-depreciation and two or more of the following symptoms: aggressive behaviour, sleep disturbance, lessened desire to socialise, change in attitude towards school and change in school performance, physical complaints, loss of energy and unusual change in appetite or weight or both. The symptoms had to be different from usual behaviour and be present for at least a month. With this scheme Weinberg studied 72 children aged 6 to 12 years at a diagnostic centre who were having trouble in school. 42 of these children met the criteria for depression.

Ten years ago childhood depression was divided among three main types in school-aged children: acute, chronic and masked. The acute and chronic have similar features: impairment of child's scholastic and social adjustment, disturbance of sleeping and eating, feelings of despair, helplessness and hopelessness, retardation of movement and occasional suicidal thoughts or attempts. Children with chronic depression, in contrast with acute depression, have no immediate precipitating cause, the condition lasts longer, there is a history of previous depressive times and depressive illness in relatives, particularly the mother. In children with masked depression, the illness is associated with acting-out behaviour, for example, stealing, setting fires, drug abuse and running away.

Different manifestations of depression:

Depression manifests itself at several different levels. The first is *unconscious*, so called because the child is not aware of the real meaning of his thoughts or what motivates his behaviour. His distress may come out in a dream. Projective tests such as the Thematic Apperception Test (pictures on cards) may reveal depressive

themes. Depression also manifests itself in *verbal* expression. When asked, the child will describe his depressed feelings. Again, *mood and behaviour* can indicate depression. One can see by watching the child that something is wrong, for example, crying, slowness of movement and emotion reaction, delinquency, enuresis and physical complaints. When depression lifts, the signs of mood and behaviour disappear first, then improvement is seen verbally, and lastly pre-consciously, which is at the deepest level.

Defences against depression: Depressive feelings are emotionally painful, therefore children often seek to avoid experiencing and expressing them. The most effective defence is sublimation: the child handles depressive feelings by diverting them into channels of which he and other people approve. Another defence is denial: the child refuses to acknowledge thoughts or feelings that are too painful. Again, there is projection, when the depressed child cannot accept something in himself and he attributes it to others. The child might feel he doesn't like someone, but it is easier to think the other person doesn't like him. The child may act out: he suppresses his depression by cheating, stealing, etc. Reaction formation is often used: the child talks or behaves opposite to what he feels.

Maturation: The infant is not always able to contain or get rid of depressive feelings. Since he has no words, he is unable to talk about these feelings or find solutions to those situations causing his depression. The infant is unable to develop a depression as in adulthood, as he is not psychologically equipped to do so, but he may develop a primitive depressive state characterised by a sad expression, withdrawal, failure to interact or even refusal of food. However, the infant's progress to maturation helps to counteract the depression. Depression in infants is usually short-lived, except where the child is in an institution. From the age of 5 or 6 one can diagnose specific depressive disorder. Their increased intellectual development allows them to assess the past and future. Language development allows the child to describe his feelings. With adolescence the depression is expressed more openly in word, mood and behaviour. The DSM III lists three kinds of depression in children:

1. Major depressive disorder, single episode (acute).
2. Major depressive disorder, recurrent (chronic).
3. Dysthymic disorder (once known as neurotic).

Indications of depression as listed in DSM III include unhappiness, sadness, hopelessness, loss of appetite, disturbance of sleep, slowness of movement, loss of pleasure, low self-esteem, decreased concentration, aggressive behaviour and suicidal thoughts or actions. These may not all be present in one child. A depressed child also shows disturbance in school behaviour. Other

With adolescence the depression is expressed more openly in words, mood and behaviour

signs are guilt, loss of interest in life, physical illness, anxiety, loneliness, restlessness, sulkiness, loss of energy, irritability and feelings of helplessness. Suicide and attempts are rare before the age of 15, but about half of depressed children have had suicidal thoughts and all suicidal talk and gestures should be taken seriously. After the age of 15 children do commit suicide frequently. There are two warnings of suicidal behaviour: one is depression and alcohol and drug abuse, and the other is suicidal talk.

Etiology: Causative factors

There are many sources of stress in childhood which may set off a depressive illness. There are two main groups of causes of depression: environmental and biological factors.

The family and other social causes: Family distress is frequently present in depressed children. The parents' problems and unhappiness may rub off on the child, that is, they follow their parents into their depression. Such a child's sadness may be seen as anti-social and being withdrawn. They are encouraged to mingle with other children which makes them feel worse. Some children unfortunately may be misdiagnosed as mildly retarded because of poor grades. In the same way, depressed children may be seen by some as normal and exceptionally well-adjusted (because they cause no trouble), or as anti-social or mildly retarded. Depressed families keep their members in an abnormally tight bond that creates unusual closeness and dependency. In other cases, children may be excluded from the family. There is a lack of communication between ex-

cluded members and the rest of family which causes problems. The other type is when the child is accepted only if he or she lives up to standards set by the family. Each failure is met with open expression of disappointment and disapproval. The child then feels guilty and inadequate. The lowering of self-esteem is followed by a long period of depression.

Separation from loved persons or places: Frequent separations for several months or more from important people or places may cause depression. This occurs usually during the first few years of life. This type of loss is associated with chronic or recurrent depression.

Loss of a strong attachment: This occurs when a central figure in the child's life suddenly withdraws his interest although still being present, for example, through illness, tragedy or new involvement with people as with a new baby. It is associated with chronic or recurrent depression. The child feels excluded, his self-esteem is lowered, and he experiences a feeling of loss.

Depreciation and rejection: Many depressed children have been rejected by parents or loved ones from birth onwards, or over a period of many years. They may feel unworthy or inadequate. The child may be criticised and humiliated or the parents' love of their child is never expressed. Depreciation may be shown through over-protection as well as rejection conveying the message of inadequacy and worthlessness.

Depressive disorders in parents: The most common cause in episodic or chronic depression is depression in a parent. Some parents show clinical evidence of depression, or some may have been treated for depression. In others it is in a subtle form which didn't require treatment. Parental depression is sometimes inherited by the child or may affect the child because he identifies with the parent, or because the parent is less involved with the child he feels alone and rejected.

Sudden loss: Single episodes of depression are usually caused by sudden and permanent loss of a loved person, by death, divorce or a move away from a familiar environment.

Physical stressors: This may be a physical disability of the child or parent. These patients include mostly those enduring hospitalisation, immobilisation, pain or disfigurement. Children with disabilities such as kidney disease, severe allergies and heart diseases often show depressive

episodes or chronic depression, the frequency depending on family background, personality, psycho-social stresses and biological make-up. Children of parents with chronic physical illness often suffer from depression, either from losing the parent during hospitalisation or identifying with the parent's reaction to the illness.

Social factors: Depression in children occurs frequently from loss of a person, place or thing very special to the child. Separation from the mother decreases general activity, eating, interest in surroundings and social activities. The final result may be death.

Biological factors in depression: This points to central nervous system chemicals called neurotransmitters which carry messages from neuron to neuron. Each message is transmitted electrically in the nerve cells. There are tiny gaps between neurons called synaptic clefts. In depression, something goes wrong with the amount of the transmitting agent available at the synapses. These agents are norepinephrine, dopamine and serotonin. When there is not enough agent, depression can result. When there is too much, the outcome is mania. This can be seen to be true as antidepressant medication is often effective in children.

The genetic risk: Unless you are a close relative of someone with serious depression, you have less than one chance in a hundred of developing the illness yourself. If you are a close relative of such a person, you have a 20 to 25% chance of developing depression. If one identical twin is affected, the other usually is as well, whereas non-identical twins have as high as a 40% chance of being affected. Such findings show a strong genetic factor, but it is recognised that depression can be caused in part by the conditions under which a child is raised and other environmental factors. It can be seen, then, that childhood depression may be caused by social or biological factors, or both. Social factors include loss or rejection, the family whose members are abnormally close or who set too high goals for their child. It is associated with a physiological disability of the child or his parents. Or it may be the child's biological make-up which predisposes him to depression.

Epidemiology: the extent of the problem The number of children with major depressive illness is quite large. In the USA it runs into hundreds of thousands. The proportion of children with major depressive illness is small — most depressed children suffer from dys-

thymic, or neurotic, depression. The total number of American children with some type of depressive illness is at least 3 million. In a recent epidemiological study in New Zealand by Dr Javad Kashani and others, the frequency and type of depressive disorder in 650 normal nine-year-old children were as follows: major depression: 1,7%; minor depression: 3,6%

Management and treatment

A diagnosis of depression should be confirmed by a pediatrician, family doctor, school nurse or counsellor. Two kinds of treatment can be sought: psychological and pharmacological. The two are often used together.

The goal of therapy is to help the child reach his maximum level of functioning while diminishing his mental pain. This may be reached through insight, behaviour modification or counselling. The most common therapy is psychotherapy. This therapy, whether with an individual, family or group, evokes insight into personal problems if the patient is ready to face this. Another form of treatment is behaviour modification. The idea is to manipulate the environment to alter certain behaviours. Reward and punishment systems are often used. A variant of behaviour therapy is cognitive therapy which attempts to correct disturbed thinking by direct examination of the patient's views, helping him to gain a realistic view of himself.

Family therapy: Child and parent may benefit from this. The choice of method depends on the severity of the depression, the age of the child, and the intelligence, motivation and insight of the parents.

Parent counselling: This may be the giving of advice to the parent about the child such as suggesting outings, going shopping or to the library or helping him with his homework. These activities will bring the parent closer to the child. Insight therapy is probably the most effective here.

Parent therapy: This is to provide treatment for parents with a depressive illness in order to improve the parents' functioning, giving the child a better model.

Individual therapy with the child: Individual psychotherapy with the child may be necessary. A good relationship with the therapist is vital. The therapist accepts the child totally. The depressed child feels hopeless and has a low self-esteem, so the therapist must make him feel that he is of value, as a person and believes the child has the abilities to overcome his difficulties. The therapist helps

the child to air his negative feelings such as worry, sadness, hopelessness, etc. Advice and counselling are important. The goal is to help the child to understand his feelings and conflicts. Children younger than 5 need play therapy through which they can express their feelings. Most children respond favourably to psychotherapy.

Hospitalisation: For most children this is not needed. Those who need to be hospitalised have a major depressive disorder and are very ill, unable to function normally. Although frightening at first, it can be beneficial to the child, and often there is prompt and sustained improvement once the child is admitted to hospital. This is probably due to the removal of the child from a problematic environment. Hospitalisation may be an effective form of crisis intervention.

Drug therapy: Recently drugs have been used for depression in children and would appear to be as beneficial to children as to adults. Drugs should never be used as the only method of treatment, but rather together with psychotherapy. If a child is ill enough to need drugs, he will definitely need psychotherapy to help him understand his frightening experiences while ill.

Prognosis

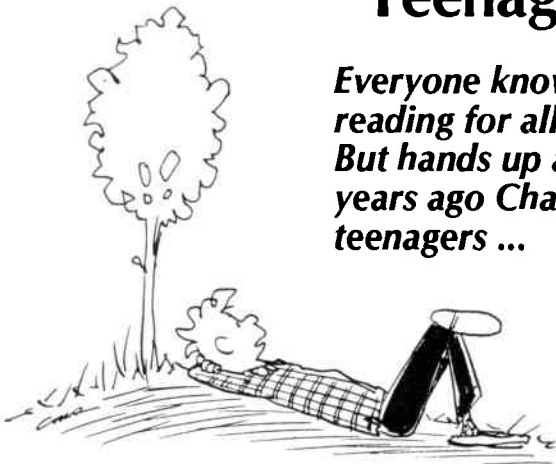
The prognosis for depressed children is generally good. It would appear that only a minority of children have a genetic disorder despite the relatively high frequency of depression, particularly in those with manic-depressive parents. Depressed children are responsive to both to pharmacological and psychological treatment. Often even children with severe depression who have had to be hospitalised are found in later years to be well-adjusted and functioning adequately. Sometimes children improve spontaneously without formal treatment. This may be because of a positive change in the family as well as the child's normal maturational push for growth. It is recommended that treatment is given in all cases of childhood depression to ensure a positive outcome. Given appropriate help at the right time, most depressed children can be helped to live a normal and productive life.

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"Teenager" is not a Disease

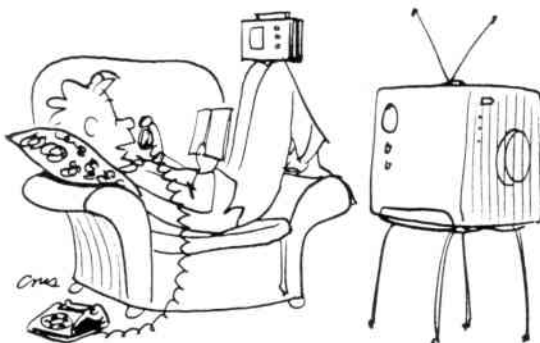
Everyone knows that "Peanuts" is required reading for all students of Child Psychology. But hands up all those who knew that thirty years ago Charles M. Schulz was also doing teenagers ...



I like you, Mildred, because you're the kind of girl a guy can talk to ... Mildred? Mildred?



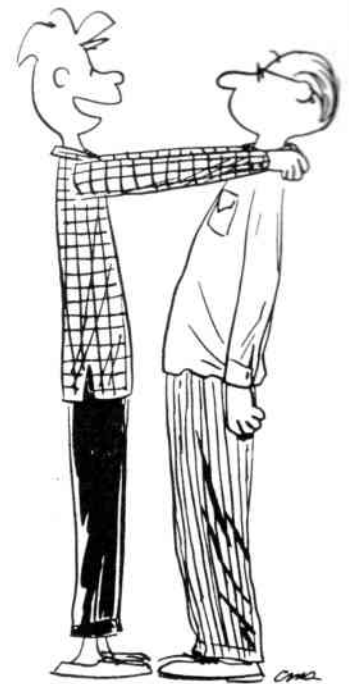
Someday when I get to be rich and famous, I wonder if I'll still be the same sweet, lovable, humble person I am now.



Sure, I can listen to the radio, watch TV, read a book, and talk on the telephone all at the same time, but I will admit that I'm glad breathing is automatic!



OVERDUE? How could this book be overdue when I've only read the first two chapters?



You are my Dad ... I am your son ... isn't that a thrilling thought? How about letting me use the car tonight?



I'm proud to be able to say that I've never been late for a Sunday morning service ... would you care for a piece of toast?



Could you hold the line for just a moment? I think I'm about to be hit on the head with my own shoe!

INTER-STAFF RELATIONSHIPS

Productive Resolution of Conflict

Marjorie J. Kostelnik

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In every agency there are times when staff members fail to see eye-to-eye. The entrance of new employees to the group, proposals for changing familiar practices, competition for materials and physical space, contrasting interpretations of professional responsibilities, differences in philosophy or style, and the unintentional violation of implicit programme traditions, all serve as potential sources of staff friction. In fact, discord among agency personnel poses a major problem for many child and youth care administrators. Overwhelmingly, supervisors agree that when dissension mars staff interactions, programme morale is adversely affected and the quality of youth services is impaired (Szuch, 1988). Conflict, in and of itself, need not be debilitating. Differences of opinion that are constructively expressed often contribute to the continued vitality of organisations (Hersey and Blanchard, 1988). However, dysfunction will occur when such differences are ignored or when they permeate the workplace in the form of grumblings, lack of co-operation, gossip, snide remarks, silent brooding, absenteeism, or high turnover. As an antidote to this dilemma, supervisors can teach staff members to bring their concerns out in the open using methods that neither harm the organisation nor inhibit employees' needs to express themselves freely.

A prerequisite to fruitful dialogue on areas of potential disagreement in an atmosphere in which open communication about concerns and differences is not only encouraged but required. If this has not already been established, development of such an atmosphere will be a long and laborious process; it will not take place overnight, nor can administrators simply demand that it happen. Rather, supervisors must set into motion a series

of gradual changes that will lead to the ultimate goal of more constructive interactions among staff members.

Communicating with the Staff

The first step in developing candid, constructive methods of communication is for administrators themselves to model the behaviours they expect workers to use with one another. This requires providing feedback to each staff member on a regular basis. Feedback is most effective when stated in positive rather than negative terms, and when it describes some specific aspect of an individual's behaviour rather than his or her personality. In addition, employees benefit when feedback is given in both positive and negative situations so they have opportunities to assess their strengths as well as their weaknesses (Glickman, 1981). Most importantly, supervisors must express any concerns they have about a worker's performance directly to the person to whom it pertains. It is not realistic to expect agency personnel to confront one another about their differences if the supervisor's own approach relies on using the "grapevine" as a primary means of communication.

Encouraging the Staff to Communicate with you

Since communication is a two-way process, many administrators find it beneficial to institute an open-door policy in which time is allocated for employees to approach them with ideas, concerns, or suggestions. However, it is not enough for workers simply to have access to the administrator. They must also be assured on receiving an impartial hearing regarding their perception of a situation (Ivancevich, Donnelly and Gibson, 1983). Supervisors demonstrate objectivity when they remain calm even when criticised, when they refrain from immediately evaluating an idea, when they listen carefully to the employee's point of view, and when they take the time to consider several options prior to adopting a particular line of action (Strauss and

Sayles, 1980). Numerous studies show that even when the administrator reaches a conclusion that is contrary to workers' suggestions, workers are more willing to accept the decision if they feel that their positions at least have been considered (Rothman, 1974). In addition, it is critical for staff members to be able to express themselves freely without the risk of ridicule, censure or retribution. For this reason, the content of administrator and employee discussions should be kept strictly confidential.

Finally, it must be noted that not all staff members will be equally comfortable discussing their feelings or concerns in such an open manner. Certain individuals naturally may be timid or fear future vulnerability. In these cases, the administrator must make a special effort to interact with employees who are reluctant to take advantage of the open-door policy. Once workers have had opportunities to hear the supervisor give constructive feedback and to express their own reactions in the relative safety of the administrator's office, the stage is set to encourage them to express their own concerns directly to one another.

Facilitating inter-staff Communication

The ability and willingness to confront fellow workers when problems first arise is at the heart of preventing or reducing inter-staff conflict. However, even practitioners who are able to state clearly their expectations to children and adolescents are frequently uncomfortable doing so with adults. Often gripes go underground because people feel insecure discussing their concerns with potential adversaries. It seems easier and safer to complain to other co-workers who may concur with a particular point of view than to risk a confrontation that may end up in failure, reprisal or embarrassment. Simply modelling good communication skills will not necessarily lead to the adoption of those strategies by agency personnel. The administrator can, however, help employees learn particular skills that will enable them to communicate effectively with each other and thus ensure a more successful interaction. Covert means of communication will then become unnecessary. One excellent technique that contributes to this process is called a personal message.

Personal Messages

Personal messages involve describing complaints in terms of one's own reaction to a situation (Kostelnik, Stein, Whiren and Soderman, 1978). When workers use this strategy they avoid making inflammatory remarks to the person with whom they are dissatisfied. For instance, if one worker said to another: "You never fol-

low through on the limits I set on my shift," the person to whom this is addressed will probably react defensively. Defensive reactions do not lead to problem resolutions. A personal message could be used to pinpoint the same problem in a less threatening way. An example would be: "I feel frustrated when I set a limit and come back the next day to find you didn't enforce it during the

afternoon. It bothers me that we don't have more consistency throughout the day. I'd like to discuss some ways to make this situation more comfortable for me." Chances are, the person who is coming on to the afternoon shift is also experiencing some frustrations. This personal message allows each worker to react to the problem (how to set consistent limits from one shift to the next) rather than to attempt to avoid or affix blame. While it may not be possible for the problem to be resolved at the exact moment it is expressed, the way is now clear to continue the discussion in a productive manner.

The guidelines for teaching workers to use personal messages are simple. First, each personal message should begin with the word "I" rather than "You". Second, workers should identify their own emotions in relation to the problem described. Finally, solutions should be viewed as a way to relieve the worker's feelings of anxiety, anger or discomfort rather than simply giving in to his or her demands. In other words, the worker is saying, "A problem exists that is bothering me" rather than "You are making a problem for me".

Problem-solving Skills

Workers who are able to identify and express their emotions to another person have made a good start towards relieving the tension of inter-staff conflict.

However, confrontation alone does not lead to resolution of the differences between individuals. They must go a step further and decide on a plan to prevent the problem from continuing and to avoid future difficulties. Workers' acquisition of basic problem-solving skills is necessary if such a plan is to be developed and carried out. Problem-solving consists of the following steps:

1. defining a goal;
2. generating alternative solutions;
3. weighing the potential benefits and disadvantages of each alternative;
4. developing a plan of action based on one or more of the suggested alternatives;
5. deciding on the strategies to be used to carry out the plan;
6. determining the means by which the plan will be evaluated; and
7. implementing revisions as necessary.

Frequently, when workers approach the administrator with a problem, they expect him or her to take primary responsibility for its resolution. The administrator must shift this expectation to one of mutual problem-solving in which employees share in formulating the solution that is finally selected and carried out. In order to do this, ad-

Communication is inhibited when a few people dominate the discussion to the point that others become observers rather than participants

ministrators can help workers find their own solutions to problems rather than dictating particular answers themselves. Employees who are not used to this non-directive approach may become frustrated at what they interpret as a lack of decisiveness on the part of the administrator. It will take patient explanation and encouragement for many staff members to accept the process. There is clear evidence that workers ultimately value the opportunity to take responsibility for the decisions that affect their performance in the organisation (Rothman, 1974). One of the most effective ways to introduce problem-solving of the type just described is to present specific issues to be discussed by the staff as a whole. This is described as group problem-solving.

Group Problem-solving

Group problem-solving provides an excellent means for confronting and resolving operational issues such as sharing one gymnasium among five cottages or deciding what piece of equipment to buy for the playground next year. Youth care workers benefit when some portion of each regularly scheduled staff meeting is used for this purpose. First, they have an opportunity to practise each step of the problem-solving process. Second, workers feel a greater commitment to a plan in which they have some input. Finally, designation of an official time and place to discuss issues that relate to organisational policies and responsibilities help alleviate the need for

workers to use the more covert strategies that characterise inter-staff conflict. Group problem-solving is not difficult to initiate if the following ground rules are observed:

1. All complaints should be phrased as personal messages.
2. Problems submitted for group consideration should involve procedural or organisational issues that affect more than one person. Inter-personal conflicts that revolve around differences in philosophy, personality, or intervention styles should be taken up privately between the individuals involved.
3. Everyone should have an opportunity to contribute to the final plan that is developed.
4. Solutions that any one person vehemently opposes should be avoided. It is better to select a compromise about which everyone is a little less enthusiastic than to choose a plan some members feel impossible to support.

Techniques to Facilitate Group Problem-solving

It helps to remember that the success of group problem-solving is dependent upon each person feeling that his or her ideas have been heard. Communication is inhibited when a few people dominate the discussion to the point that others become observers rather than participants. It is the administrator's responsibility to elicit from each person in turn, a reaction to the issue at hand or to a suggested alternative. In addition, direct statements such as "If we adopt option two, tell me how you think this would affect your current workload", foster more active participation than the general question, "What do you think?"

A round-robin gripe session is a second strategy that generates interest in and commitment to problem-solving in a group. In this procedure, a time limit is set to identify problems. Individuals around the table have an opportunity, one at a time, to present an issue of concern to them. This may involve a major or minor irritation. The administrator summarises each concern and writes it down. No evaluation of the concern should be made. Lengthy explanation about possible causes are not necessary at this point, nor are discussions of potential solutions. The purpose is to give all staff members the opportunity to get their gripes out into the open. This process continues as long as time permits. At the end of the stated time period, problem-solving begins. Starting with the first concern, the group works its way through the list in order. In this manner each person knows his or her concern eventually will receive attention. The group does not move to the next item

until some plan or action has been decided for the current issue under discussion.

This plan may involve a solution, a compromise, or a strategy for gathering the information needed for further discussion at a later date. Allocation of responsibility for specific aspects of the plan, including who will report its progress at the next meeting, is the final step before tackling the next concern. By the end of the meeting, if each item has not received attention, the administrator keeps the list for the group's next meeting, and sets a specific date to cover this unfinished business. This type of forward planning is necessary so that staff members will know there is a definite timetable for dealing with issues of particular interest to them.

It also must be recognised that not everyone will be pleased with the approach that is finally selected by the group. A favourite idea or suggestion may have been revised in the spirit of compromise. While an individual may not oppose a plan strongly enough to veto it altogether, he or she may feel cheated in the bargaining process. When this happens, the administrator would do well to offer comfort by acknowledging the worker's willingness to try an idea on which he or she is not completely sold. Such acknowledgement goes a long way towards helping staff members accept solutions brought about by the group process. Finally, it is encouraging to note that when workers have an opportunity to practise problem-solving in a group, they frequently learn to transfer many of the strategies to working out their concerns with individual staff members.

Personnel Policies

Once the preceding forms of inter-staff communication have been addressed, personnel policies that reflect the inter-personal skills staff are expected to use can be put into place.

1. Individuals experiencing an inter-personal conflict with another employee must bring it to the attention of that person prior to discussing the issue with any other staff member or administrator.

2. Problems related to programme operation should be submitted to group problem-solving.

When staff members approach the administrator with complaints, the first step is to determine whether the problem is an inter-personal one that should be addressed privately or one more suitable for discussion by the group. In the case of an inter-personal problem, the individual should be directed to bring it to the attention of the other parties involved. Concerns related to programme operation or management should be included on the

agenda of the next staff meeting. Quick action in either case is imperative. Occasionally, staff members will seek advice from the administrator about how to present their concerns constructively. This is an appropriate request. However, supervisors should refrain from expressing any opinions regarding the problem at this time. Instead, they should encourage the worker to pursue a solution to the best of his or her ability. Compliance with these policies can be recorded as part of each staff member's yearly evaluation. Continued failure to discuss problems with other staff members or frequent use of covert methods to express dissatisfaction may serve as cause for probation or termination. Organisations that institute constructive problem-solving strategies and follow through on them, usually find that inter-staff conflict is reduced because agency personnel have an effective means for settling their differences.

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Why am I here?

Miriam Seidenfeld is a student at the Centre for Youth Development & Research at the University of Minnesota, and has done youthwork at the Temple Israel Synagogue and at Project Offstreet, a drop-in centre for homeless youth in Minnesota. A visitor to our recent Biennial Conference and to other child care activities in the Western Cape, many people ask her "Why are you here in South Africa?" Here she attempts to answer this question ...

Always in the big woods when you leave familiar ground and step off alone into a new place there will be, along with the feelings of curiosity and excitement, a little nagging of dread. It is the ancient fear of the unknown, and it is your first bond with the wilderness you are going into. What you are doing is exploring. You are undertaking the first experience, not of the place, but of yourself in that place. It is an experience of essential loneliness, for nobody can discover the world for anyone else. It is only after we have discovered it for ourselves that it becomes a common ground and a common bond, and we cease to be alone.

— Wendell Berry
The One Inch Journey

I left my hometown, Minneapolis, Minnesota, my friends, my family, my job, and my studies at the University of Minnesota to arrive in mid-September in Cape Town, South Africa. What possessed me to travel so far (nineteen sleepless hours by plane) to a country that I had heard so much of, yet knew so little about? I am often asked that question. Unfortunately, I am not quite as poetic as Wendell Berry. I don't answer, "I am leaving the familiar ground of Minneapolis to step off alone into a new place where I will feel curious and excited with a little nagging of dread, to discover the world for myself". Instead, I usually answer the posed question with a lot of practical idealism and a bit of reality (and absolutely no poetry). So why *did* I come to South Africa? Practically, I came here intending to find out how the culture of a particular country affects youth, youth agencies, and youth workers' ability to serve the needs of the children in their care. By observing a variety of child care facilities in Cape Town, I had hoped to get a sense of what services are available and how they compare to those in the United States. To gain a deeper understanding of how South African culture affects work with

youth, I took a more active route of exploration.

First of all, by living at Oranjia Jewish Children's Home, I can observe and participate in the daily lives of South African children. All of the children and the staff of Oranjia have been extremely friendly and inquisitive since the moment I walked in the door. I thank them all for sharing their space, their stories, and their concerns with me. Secondly, I am trying to establish a cross-cultural (non-racial) programme for young people from a variety of children's homes. The programme is similar to one that I supervised in the United States. The minimal structure is there so that participants can get to know one another and begin working together as a group. But beyond that, the participants decide what form and function their group will take (forum for discussion, social outings, sports club, etc.) By working through the process to set up this programme and observing factors such as —

1. community support and acceptance;
2. children's willingness to participate; and
3. issues that arise in cross-cultural programming,

I hope to gain a better understanding of the role that culture plays in youth services.

Now that I have outlined the ideal process and outcomes of my experiences in South Africa, I can more honestly describe the reality of what has happened since my jet-lagged arrival in Cape Town.

My entire excursion was based on a plan that allowed me to "experience the place" that I am visiting as an observer. I thought that I would come to South Africa and see the people, the institutions, etc., and magically understand them and find a useful context back home to apply my new-found understanding of youthwork in a foreign country. (Here's where the reality sets in.) After leaving the security of my past, I am certain of only two things: one, nothing

happens magically; and two, Wendell Berry knows best.

I thought that I had left the States to learn about new places and new people. But, instead, I am learning about myself and how I react when I come into contact with new places and new people. I have found how frustrating it feels to be speaking the same language as the person I am speaking to, but I don't feel that we are communicating. I have found how energising it feels when I am talking with a person who speaks a language that I don't, and I understand them. I have felt the anger and the insecurity of having my most basic values challenged, and I couldn't find the words or the courage to challenge back. And most importantly, I have realised that it is these uncomfortable experiences that are allowing me to see myself and look at my thoughts and ideas in a new way.

As child care workers, it is our responsibility to ourselves and to the children we work with to challenge our own development. The more we challenge ourselves to learn about who we are in relation to our old and new surroundings, the better able we are to challenge and encourage the development of the children with whom we work and grow.

Travelling "far from home" doesn't have to mean flying to a different continent. If you live on top of a mountain, it might mean taking a hike along an untravelled path. Or if you have a distant view of the ocean, it might mean you have to get closer and play in the sand or the water. So why did I leave the security of my life in Minnesota to travel to the unknown land of South Africa? Maybe it was to "get closer to the ocean and to play in the sand". But whatever the answer is today, I know that it will be different tomorrow, next week, and when I leave Cape Town in January. That is why I am here.

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Preparation for Life Outside the Institution

Jackie Winfield

Jackie Winfield is a second year residential child care student at Technikon Natal and a child care worker at Ethelbert Children's Home, Durban

Research has shown that children who come out of care experience more problems than children in the general population. Often, such children are lacking a network of family and friends, and consequently, find themselves without any support when they leave the institution. This problem is exaggerated by the child's low level of self-determination which is often the result of few decision-making opportunities within the children's home.

In order that children are able to function effectively when they are reintegrated into the community, it is imperative that they are adequately prepared. Such preparation should not, however, be considered as an "extra" which is given to the child shortly before he/she leaves the institution; rather, this education must be continuous from the time the child is removed from the parental home.

In this essay, the importance of preparation for life outside the institution will be discussed. Various issues will be highlighted in terms of areas of education, means of preparation and how such preparation is incorporated into the ongoing treatment programme of the institution.

Discussion

For an institution to be successful in its preparation of children for life in the community, it should operate as an open system in which children are encouraged to explore beyond the institutional walls, and members of the community are invited to contribute to the work of the institution. The basis of such a system rests in the philosophy of the institution. In the past, philosophies have resulted in the virtual incarceration of children; however, modern trends are child-orientated and tend to aim towards returning children to the community within a two-year period. As mentioned earlier, preparing the child for the time when he/she leaves the institution should begin as early as pos-



sible. The initial plans and tentative goals may be decided upon at the time of admission. Thus, the admission meeting should be attended by all those involved in the rehabilitation of the family – the child, the parents, siblings, social workers, the principal, the child care worker, and any others who have a significant contribution to offer. These people must learn to function as a team working towards a common goal – replacement of the child within the family – and this is made much easier if they are involved right from the beginning. Admittedly, plans and goals are often vague and ill-defined at this early stage and this necessitates a great deal of flexibility from all those concerned. Preparation for life outside the institution can be broken down into three major components:

- preparation of the parents;
- preparation of the child; and
- preparation of the parent-child relationship.

Each of these facets requires different methods, and indeed, there are usually wide discrepancies between individual cases. Consequently, there can be no global procedures, as successful preparation may only be achieved by means of ecological treatment and individualisation.

Preparation of the parents

If a child's replacement within the family is to be successful, it is essential that the parents are properly prepared. It is easy for parents to become complacent when

their children are removed, and for some, it may be a relief if not a pleasure, to relinquish the responsibilities of parenthood. Therefore, it is imperative that parents are left with certain responsibilities such as providing pocket money, clothes and school equipment. In this respect, the removed child maintains his/her place in the family budget. There should be ongoing contact between the child and the parents. At certain ages, children develop very rapidly, and indeed at all ages, they change a great deal as they learn new skills, discover new experiences, and fulfil more of their inherent potential. So that parents maintain an understanding and realistic view of their children, there must be regular visits, telephone calls, outings, and weekends together. The optimum arrangement would be a hostel programme whereby children remain in the home during the weekdays and return to their families every weekend, much like a boarding school. The success of such an arrangement is increased when there is a positive relationship between staff and parents which allows for and encourages communication.

Parents are also prepared in terms of their own particular difficulties. The majority of children in care have parents who suffer with financial, psychological, social and/or marital problems. These issues must be addressed by appropriate specialists such as psychiatric or family therapists, and the parents are assisted and supported by a social worker.

Preparation of the child

In terms of children, it is the institution's task to meet deficits, maintain the level of development, and plan for the future. Treatment programmes should be implemented for each individual child, and specific tasks must usually be actively planned and organised by the child care worker. Some skills may be taught by a social worker or volunteer by means of group work, for example, how to use community resources such as public transport. Such skills may also be learned experientially whereby children practise



functioning in the "real world". Children in care have been removed from lifestyles where there is a breakdown in family functioning. Difficulties are often maintained through genera-



tions of the same family, thus perpetuating the cycle of disruption, disintegration and institutionalisation. In order to break the cycle, removed children must be educated in terms of marriage, sex and relationships. Some aspects of family life may be taught through the implementation of a programme whereby children are allowed to foster or adopt dolls when they have demonstrated that they are capable of ministering to its "needs". Children need to be taught to become self-sufficient adults. Therefore, facets of life such as personal hygiene, clothing maintenance, cooking, and ironing need to be addressed. It is also important that children learn to be unselfish and compassionate by sharing with and helping others. Individuals who remain in the institution until they reach school-leaving age need to be assisted in terms of post-school activities. When appropriate, further study should be encouraged and the child will need help in securing finances and information. Many young people require vocational guidance and assistance with career planning and setting goals. Education of this type may be offered on a group work basis if there are several young people of a similar age.

Preparation of the parent-child relationship

To prepare the relationship between the parents and the removed child, it is necessary that they hold realistic views and expectations about each other. To encourage this, ongoing contact is essential and this may take the form of letters, telephone calls, outings, visits and holidays or weekends spent together. Further, both parties must learn to interact with, communicate with, and understand the other better. This process is facilitated by therapists or specialists who encourage the relevant party to participate in programmes such as STEP (Systematic Training for Effective Parenting), Aloteen, T.A. (transactional analysis), and family counselling. It is also

important that there is a partnership between the parents and the staff of the institution so there may be sharing of information and teaching of skills. According to Peter Righton (1981), to educate children for life outside the institution, child care workers must encourage them to independently explore the community both locally and farther afield. Children need freedom to play and experiment with risk-taking exploits as well as the opportunity to learn about relationships and hierarchies. Child care workers must help children to acquire and practise knowledge, skills, independence, coping capacities for survival, and mastery and enjoyment of the world. Righton also emphasises that preparation for the departure from the institution should begin at admission and mentions five factors which will positively influence the child's preparedness:

- Child care workers must be flexible and realise that children may end up in other types of care. Staff must be careful about holding expectations as these often become self-fulfilling prophecies.
 - Teamwork is important to ensure consistency in terms of plans and programmes.
 - The "team" working with a particular child consists of *all* those who are significant in the child's community. This usually includes numerous people from outside the institution.
 - Child care workers should be involved in the development of appropriate structures and systems to facilitate the occurrence of the previous three factors. In other words, they must function in an open system.
 - The institution's policy must encourage the implementation of the abovementioned four factors.
- Righton mentions several areas which are important in preparing children for life outside the institution. These are budgeting, work, transport, cooking, friendships, and ambivalence about leaving.

In the United States and Canada, "independent living" programmes have been implemented. These may be run as hostels with a live-in role model, or on the basis of a "proctor" system which is a one-to-one situation for a short period.



Such programmes prepare young people by means of experimental learning, setting expectations, individual planning and contracting. There is also assistance in terms of social networking which consists of establishing community contacts, joining social clubs, helping with leisure activities, and building an adequate support system. A survey of staff and children identified the following elements as important in preparation: housing, finance, job training and education, self-esteem, relationships with the family, loneliness, accepting responsibility and decision-making.

Conclusion

From this discussion, it is evident that the process of preparing children for life outside the institution involves a great deal of work on the part of all team members. Preparation must begin at admission when goals are set and tentative plans are made. Individual treatment programmes



must be constructed to meet the child's deficits and equip him/her for the future. This is an ongoing task and the child's entire living experience in the institution should be orientated towards the time when he/she will leave. Children must be actively encouraged to remain a part of their community and appropriate skills must be taught. No longer should we hear the words of Alexander Thompson: "Taken from want and penury, children are placed at once in the midst of abundance. Here they are kept for years, and then turned out into the world to make their way in it as best as they can, without the possibility of having learned a single practical lesson to enable them to struggle against hardship and privation."

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An intriguing contribution from another country on a problem common in our own ...

Street Children and Children working in the Street: Preliminary Results of a Field Study in Turkey

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One of the social problems originating from urbanisation is "street children". It is predicted that the 21st century will be an era of urbanisation and that in the year 2000, urban population will increase twofold, surpassing that living in rural areas.

The Problems

Presently two-thirds of the population increase of third world countries is in the cities, and this proportion will be four-fifths by the beginning of the 21st century. Another point to note is the fact that the urban population is not only increasing, but that it is also becoming younger. In the year 2000, half of the world population is expected to be younger than 25. At that time, a 247 million increase is expected in the number of youth between the ages of 5 and 19, with 233 million of this number living in the cities of third world countries. Problems such as division of land due to inheritance, inadequate farming techniques leading to low productivity, climatic conditions, natural disasters, etc. are responsible for migration to cities. On the other hand, the development of mass communication has led to publicity concerning the opportunities available in the cities, and to viewing migration as a hope for a better future by the rural population. In other words, the city is conceived as a place providing better education and income by these people. However, hope is often replaced by disappointment when migrants have to live in poor conditions and face problems originating from unemployment. Those who find jobs can only earn their daily bread. Parents have to work all day for their basic necessities, and children have to spend their time on the streets. Also, the problems of the city lead to stress on parents which in turn may lead to maltreatment of the children by them. On the other hand, economic

necessity may force children to contribute to the family budget from a very early age. Since employment of young children is prohibited by law in many countries, children have to work illegally or on the streets. These children have to spend most of their days on the streets. Another reason for children spending time on the streets is broken families. In short, whatever the reason, the number of children on the street increases in developing countries. A conservative estimate made by UNICEF is that there are thirty million children living on the streets all over the world. However, it is impossible to give a definite figure concerning the number of the street children because different criteria are used in categorising children as "street children" (i.e. the number varies according to the criteria employed). One of the most commonly used criteria in categorising street children is the quality of their relationships with their families. This criterion is used also by UNICEF. In one of the UNICEF publications, street children are defined as: "Street children are those for whom the street, more than their family, has become their real home, a situation in which there is no protection, supervision or direction from responsible adults".

According to UNICEF, street children can be divided into two groups: (a) children on the street, and (b) children of the street. Children of the street can be defined as children who spend twenty-four hours a day on the street, and who have left their families by force or by their own decision. Some of these children visit their families irregularly, while others are completely abandoned and/or have rejected their families. The children of the street mostly live in groups. Groups provide them with support and serve as a substitute family. Reasons for being a child of the street may be poverty, maltreatment at home, alcoholic parents, single parent households, and attraction of the freedom enjoyed on the street, etc.

On the other hand, children on the street are large groups of children who are spending a lot of time on the streets, but return home every night. Most of them work on the street. In African, Asian or Latin American countries, they sell newspapers, chewing gum, cigarettes or ice-cream, wash and look after cars, carry purchases for people, or shine shoes. Their families have not abandoned them, nor have they abandoned their families, but extreme poverty has forced them to become self-supporting. Most of them go to school while working. Sometimes their work is seasonal or limited to special days of the week or year. The work they perform to support their families and their own survival is not always legitimate. Some of them are involved in petty theft, pick-pocketing, drug trafficking, prostitution or pornography. Many children in this group become vulnerable to abuse and exploitation in street life, develop an increasingly weakened self-esteem, and increasingly negative view of themselves. The attitude of the community towards these children is not always positive. People who live in the environment often perceive these children as anti-social or delinquent, and are afraid of them. Especially shopowners in the environment view these children as people who disturb customers and want to get rid of them. In some countries many members of the public maltreat street children because they feel that if the life on the street is made sufficiently harsh for them, they will go elsewhere. In other words, most people believe falsely "the streets are a school of crime", and that street children will inevitably become criminals. However, this popular belief does not reflect reality.

Although street children have been a topic which has been dwelt upon by novelists and social scientists for a long time, there are few investigations focusing on street children *per se*. Since the concept of street children includes, "runaways, abandoned, throwaways, push-outs, delinquents", etc., research on these types of children may be considered as investigations on street children.

Among the studies focusing specifically on street children, the one by Kufeldt and Nimmo consisted of an interview study on Canadian street children, and they reported that these children are at great risk of being drawn into illegal activities.

Another study conducting interviews, both with children and members of the community in Johannesburg, provided data related to children's lifestyle, morality, conflict with authority, expectations about future, and attitudes and feel-

ings of the community about these children. Working in different communities in South Africa, Jill Swart once again reports on the community's awareness and rejection of these children. In addition, multinational studies by UNICEF researchers have been conducted and some are still going on. As may be seen from the above review, street children are an issue of importance in developing countries, and especially in countries where there is rapid social change and massive migration from rural to urban areas.

Turkey

Since Turkey is a developing country experiencing migration from rural to urban areas, the issue of street children is likely to gain increasing importance in the near future. The three metropolitan cities of Turkey, namely Ankara, Istanbul and Izmir, are especially expected to face problems related to street children in the near future. In order to obtain information about street children research was conducted in the three metropolitan cities of Turkey. The aim of the present report is to provide a preliminary account of the characteristics of street children in Ankara. Data related to characteristics of street children in the other two cities will be presented when the data collection is completed.

Method

As a first step, files present in the Children's Bureau of Ankara dating back to January 1985, were examined in order to obtain information about the reasons for the children's encounters with the police, their demographic characteristics, their abuse histories, and the measures taken by the police.

As a second step, a field study was carried out on a sample of 170 children in the street (those who live and/or work, or those who aimlessly roam in the streets). Data was collected through observing and individually interviewing these children. Before starting the study, the regions of the city were identified, either through personal observations or through information given by the Children's Bureau. The interviews were carried out over the summer months (June, July and August 1988). Here I want to point out that some of these preliminary findings should be viewed with caution. Data about only the summer months might have affected the selection of the sample in various ways. For example, some children who live in the street might have moved to the coasts of Turkey, which are more crowded by tourists, or, since schools are closed during these three months, this preliminary sample might have included more

school children than is usual. Pilot work had shown that usually a child was not by himself in the street, but was either in a group, or he was immediately joined by other children when the re-

They were in the streets for business, they earned money for their families.

searcher started the interview. Therefore, several interviewers went to certain regions together in order to interview each child in the group individually. The interviewers worked according to a predetermined time schedule which consisted of the different hours of the day, the night (until 1 am) and weekends. However, very few children (beggars and working children) could be seen in these places after dark. Therefore, the interviews were mostly done during the daytime. The children were asked questions about their demographic characteristics, the reason for their being in the street, their families, family relationships, and abuse histories. If the children were working in the street, several questions were asked about the jobs they were doing, their working hours, income, what they did with their income and whether they were satisfied with their jobs and income. Their peer groups and peer interactions were also investigated. Generally each child was interviewed once, but children who were beggars usually did not co-operate during the first interview. The interviewers tried to get their co-operation and trust for several days before they concluded the interview.

Results

The result of data collected from the Children's Bureau can be summarised as follows: out of a total of 471 children brought to the Children's Bureau by the police, 17% were abandoned children, 6% were runaways from child protection institutions, 50% were runaways from home, and about 30% were children who were wandering in the streets at improper times or places. While 90% of abandoned children were under 5 years old, the majority of runaways were between 11 and 15 years old. 77% of all children brought to the Children's Bureau were male. When the reasons for being in the streets were investigated, it was seen that one-third of the runaways had stated various forms of maltreat-

ment, while 80% of vagabonds wanted to have fun and adventure in the streets. It seems that these children were caught by the police before they began to earn their living in the street.

The information present in the Children's Bureau showed that almost all of these children come from poor families. Their mothers were mostly housewives and the fathers were either workers, manufacturers or government employees. Very few of the fathers were unemployed.

The action taken by the police was also analysed. It was found that 90% of abandoned children were placed in child care institutions, because in most cases their parents were unknown. On the other hand, the majority of runaways and vagabonds were sent back to their families. Although several provisions are present in the Turkish Legal System for the protection of these children, no services were offered to these children or to their families. For example, runaways who had been abused by their families were returned to their families without any treatment or supervision. It was presumed by the researcher that for this reason one-fourth of these children were repeated runaways.

I would now like to summarise the results of the field study we did on the streets of Ankara. We found that 85% of the children were regularly working in the street. The majority of these children were selling either drinking water, chewing-gum, baked goods or balloons. Some of them were shoe-shine boys, and few were porters. 85% of the 170 children we had interviewed were found to be under the age of 13. Most of these children were school children, but they were also regularly working in the street after school or for long hours on weekends and during holidays. Almost all of these children came from low income families. The children reported that they gave their earnings to their families.

When family composition and family relationships of these children were analysed, it was found that the majority of children came from intact families with both parents living. 95% of these families had three or less children. The majority of these children stated that they were physically punished. But they also stated that their parents loved them and accepted them. The majority stated that they were beaten by hands, and only less than 1% were beaten by instruments. When they were questioned about whether or not they received any bruises or other injuries, 62% stated that they received some bruises, mostly on their arms or legs. In 31% of sample, the father was the beater. More than half of the children reported that the person

they were most afraid of in the family was their father. It seemed that this picture is not different from the traditional pattern of parent-child relationship in the Turkish society. The available data suggests that these children were not really different from their peers who did not work in the streets as far as parental abuse was concerned.

When we enquired about the extent and kinds of abuse they were subjected to in the streets, the following picture emerged: 26% reported that they were subjected to several forms of abuse in the street. The majority of these children were subjected to physical abuse, some were subjected to emotional abuse, and only one child stated that he was sexually abused. 43% stated that the abusers were strangers, while 23% stated that they were abused by municipal police. 15% of children reported that they had encounters with the police, either because they were begging or that they were caught by the municipal police for selling goods improper for public health in improper places.

When these children were observed and asked about their peer relationships, it was found that most of them had closely knit groups made up of relatives or friends. These groups were supportive and protected the child from many other incidents. A small group of children we interviewed were beggars. This support group was even more evident in the beggars. When anybody maltreated a beggar child, the other beggar children somehow got this information immediately, and they ran to the child's aid. It was found that the beggar children stayed in the street until midnight. When we asked where they went after midnight, they told us that they went back home altogether, interestingly by taxi. It seems that they had their own, unique subculture.

We think the most important finding of our study is that the majority of street children were not runaways or thrown onto the street by their families. They were in the streets for business, they earned money for their families.

However, street life is detrimental for the child's health, safety and development in many ways. Although we believe that working of children in the street should be avoided, in reality this depends on radical economic changes. In the short term, some preventive measures need to be taken, such as including provisions in the Labour Act, in order to improve working conditions of children working in the streets. Also, in order to increase the number of children who benefit from the protection of the Apprenticeship and Vocational Training Act, the minimum wage limit given to legally working children should be increased. If this is ac-

complished many of the children working in the street may prefer to be legally employed, because they work in the streets to earn more money. Moreover, an immediate step could be the establishment of local social service sections for street children in order to ensure more adequate working conditions in the street, and to protect them from all kinds of maltreatment.

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CASE DISCUSSION FOR STAFF MEETING

Here Comes Santa

This will be Benny Brighteyes' first Christmas at Good 'n Kleen Children's Village. Benny has called a meeting with his Chairman, Norman No-nonsense, to discuss his concern over the home's present policy regarding the children's involvement in various Christmas-time activities. Over the past weeks streams of invitations have been received from schools, clubs, companies and individuals inviting the children to share in their Christmas parties. These invitations are over and above the numerous telephone calls received at the Village from members of the public wanting to have children out for the Christmas weekend or to accompany them on their annual vacations. It would seem that these practices had previously been condoned.

Attitudes and responses from members of the public have ranged from anger to disbelief as Benny has tried to explain why all these invitations cannot be considered. Even the children are angry at not being able to attend as many Christmas tree parties as before. Benny needs clarity from his Chairman.

For discussion

What is your institution's policy towards the annual "Christmas rush" on children?

How should Benny address this problem at Good 'n Kleen?

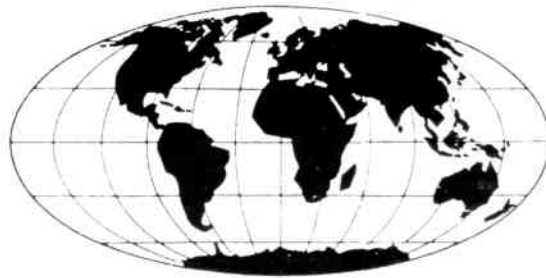
NATIONAL

Brian Gannon Resigns as National Director

At its November meetings in Johannesburg, the National Executive Committee of the NACCW considered the resignation in September of National Director Brian Gannon. Brian has been asked to remain in office until the end of February 1990 to allow time for the appointment of a successor, and it is understood that the NACCW will not entirely lose his services as he will continue as Editor of The Child Care Worker and in charge of the Association's Publications Department. Brian became part-time National Director of the NACCW in 1982, and has held the position full-time since the beginning of 1985. He founded the first child care association in the Western Cape in the late 1960's.

New Course for Principals

The NACCW has been preparing a new course for principals and senior management of children's institutions: the Diploma in Child Care Administration. This will be an intensive two-year course which will make use of distance teaching, telephone tutoring, and seminars. The course includes not only management and financial administration, but also in-depth



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material on child care practice and programming. The course will be offered from mid-1990.

TRANSVAAL

Graduation

A brunch was held at the Johannesburg Hotel on 28 November to celebrate the graduation of those child care workers who have obtained the BQCC. Twenty students qualified and special congratulations are extended to those who passed with distinction. Certificates of Attendance were also awarded to those who had attended short courses on Independent Living Skills and the Care of the Pre-school Child in the Institution. The function was attended by over 100 child care workers and among our guests were donors and special

friends of the NACCW. Thanks to the Lolly Peterson trio who ended on a festive and celebratory spirit with their rock 'n roll music.

Plans for 1990

The Problem Profile Approach (PPA) course of Masud Hoghughli will be offered in conjunction with The Children's Foundation next year after staff have undergone the necessary training in Durban in January. Organisations who have expressed interest will be contacted in February. The orientation course for new child care workers will be offered at the beginning of February, and there will be also be practical coursework in the handling of physical conflict during 1990. Details of these courses will be circulated at the beginning of the year.

NATAL

Regional Meeting

150 people attended the Regional Meeting at Hilltops in Pietermaritzburg on 27 October. John Webster and Clive Willows talked about the proposed Pietermaritzburg Children's Home concept and this led to a very lively debate with child care workers present.

Human Resources

The Principals' Group in Durban has been dealing with a Human Resources Development programme for the past few months and on 16 November dealt with Staff Appraisal as part of an integrated conceptual framework for staff development which also includes in-service training and supervision.

Thank You

All at William Clark Gardens have been grateful for the support of child care colleagues since the recent fire in which one of their children died. The children and staff have had to deal with their loss and grief and many professionals in child care circles are willingly helping at this time. The NACCW expresses its sympathy to all at the home.

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