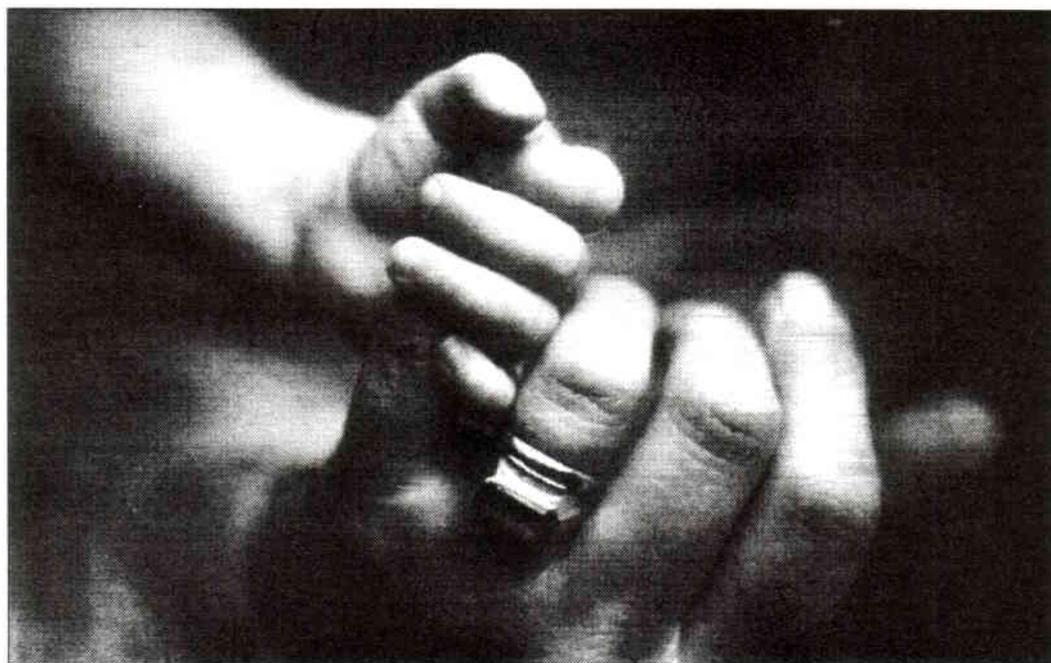


The **child care worker**

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Cover Picture: "A baby grasping its mother's finger is one of the first forms of physical communication between parent and child." Photograph by Ian Bradshaw in *The Thinking Photographer* (Macdonald)



NACCW

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



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



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

Often the institution's timetable imposes its will on all who live in it. Just as often, the children and their neediness impose their own timetable. **Keith White** reminds us of a more enduring timetable — and stops to consider one of the day's seasons in more detail

Daily Rhythms and Bedtime Reading

Each day has a rhythm. From dawn to dusk the day moves through its own seasons. It begins in winter (sleep and hibernation are natural comparisons) and moves through spring (waking, getting up, preparing for the rest of the day) to summer (noon, the heat of the day, with work, tasks or school), through autumn (homecoming, a gentle winding down as evening falls) to winter and sleep once more. When recently we explored this relationship between a day and the four seasons in our staff group at Mill Grove, we were struck by the number of times significant events and outbursts occur at the point of transition between the seasons of the day. The waking moment is for some as cruel as T. S. Eliot's "midwinter spring". For others, leaving for school is a daily crisis. Homecoming, with the release of stored up tension, often proves a difficult time.

Transitions

We noted how gracefully nature manages its own transitions. Far from there being friction and problems, the greatest visual beauty and physical sensations seem to occur where the seasons interact. Our daily transitions seemed abrupt and clumsy in comparison. There are, as every parent or residential worker should know, certain rules of thumb about the different daily seasons. Confrontation is best avoided in winter and spring; a routine is vital in spring; a structure and purpose is necessary for summer. Autumn is the time when reflection, confrontation and shared experiences are most likely to occur. The day seems to have its own moods. I only wish that we had the sensitivity to choose the ap-

propriate seasons of the day for those times of sharing, decision making and open chats. (Steiner is one of the few educationalists who realised the need to organise timetables around the seasons of the day.) Sometimes events will overtake us and leave us with no choice, just as the natural yearly seasons sometimes take us by surprise. Often we are just not aware of the rhythms of each day.

Bedtime

Bedtime is a unique moment of the day. How often a child who has acted out a situation with bravado all day, will become relaxed and open at bedtime; an emotional wound inflicted at school or earlier in the day will come out quite naturally then; privacy is possible in the quietness of the bedroom; questions, often deep and searching ones, seem to fall naturally from the most humdrum conversation; longings and anguish, anxieties and worries often come to the surface in a way that makes it possible to share them. It is so vital to be ready for the opportunities that each bedtime may present. A starting point is, perhaps, the realisation of the vast potential of each bedtime. For younger children, prayers are an important part of this shared experience in many families and I have sometimes been moved to tears by the insights and transparent honesty of children's prayers. But equally important are bedtime stories — not just any stories, but *bedtime* stories. Apparently little attention is given to books in many residential units, and I have been disappointed to find a lack of good reference books for homework, and poorly thought out selections on the bookshelves. Sometimes there seems to be a total

absence of literature. Obviously television is now taken for granted as part of many evenings in residential units, but when it comes to bedtimes, only books will do.

Stories

A good bedtime story is one which adults and children can read with equal pleasure — one that has a clear narrative and is written in such a way that the reader and listener can identify with characters and situations at different unconscious as well as conscious levels. *Charlie and the Chocolate Factory* is a good example of a recent bedtime story we have read. It has all the childhood wishes and the morality of a fairy story. (And talking of fairy stories, when will we realise with Jung and Tolkien how vital they are in the twentieth century?) My personal favourites are the Narnia stories by C. S. Lewis. There are seven of them in all, beginning with *The Lion, The Witch and The Wardrobe* and ending with *The Last Battle*. For six to 14-year-olds they are as thrilling as they are moving to parents. Let me give you an example of the effect they can have. One of our staff, Mike, was reading *The Lion, The Witch and The Wardrobe* to two Nigerian boys (twins, aged 12 years) after much thought about how appropriate such English stories would be to children whose first language and culture until 1980 had been Yoruba. We decided that they were universal enough (as are all good myths or stories) to be worth a try. All went smoothly until Aslan, the great and mysterious lion, was cruelly tortured by the followers of the wicked, white witch. They even cut off his magnificent mane be-

fore the final deathblow is administered on a table of stone, by the witch. At this point the Nigerians seemed to lose interest. Mike feared that they had lost the thread of the story. He continued reading, however, and came to the passage where Lucy and Susan are weeping beside the body of Aslan. They walk away. At dawn, the table cracks and the body is gone. Their sadness and confusion are compounded until suddenly they hear Aslan's voice. He is alive again. At this point the two Nigerian boys leapt up, hugged each other, and for at least a minute rushed round their bedroom, jumping over beds, dancing sometimes in tandem, sometimes independently, shouting with joy "He's alive!" Mike watched in utter (British) amazement until they finally sat down, eager to hear what happened next.

The story continues and this is what it says: "A mad chase began. Round and round the hilltop ... It was such a romp as no one has ever had except in Narnia ... " In a remarkable way, the Nigerians had entered into the story. C. S. Lewis would have been thrilled. Today I took the third Narnia story off my shelf for the same boys, *The Voyage of the Dawn Treader*. They are now firm Narnia fans, and in the process have helped me to see the importance of bedtime stories. As I heard the Christmas story this year in their presence I felt like crying out: "He's come!" Even though I didn't go any further, I'll always see Narnia, Easter and Christmas in a new light. □

Reprinted with permission from: *Social Work Today* 13 (9).



In considering the resilience which helps so many youngsters to persevere, John Seita looks back on factors that influenced his own experience in care

Qualities of Care Environments



“My first placement was in a stereotypical children’s institution. The building had five floors. We lived in large rooms with what seemed to be hundreds of other kids. ‘Matrons’ provided our care, and we were fed ‘mess style’ in the cafeteria. Everything was painted gray or stark white; our bunk beds had steel frames. The pungent smell of urine filled the large dormitory. The first night away from home, when no one else was awake, I kneeled by my bed and started to pray. Why me, I asked myself; why was I taken away from my family and abandoned? Where was my mother and Jimmy? How could I protect Jimmy if I didn’t know where he was? And who would protect me? I felt desolate, abandoned, heart-sick and heartbroken. I was bitter and angry.”

In examining my personal history, I identified factors that contributed to my life and my own ability to overcome potentially debilitating obstacles. To consider only the abuse and indignities that I experienced is to understand only part of the story.

When I was twelve years old, following many failed placement attempts, I was banished (or so it seemed) to what was known in 1967 as Starr Commonwealth for Boys in Albion, Michigan. I lived there for nearly seven years. Starr Commonwealth was an oasis.

At first, I refused to let anyone get close to me. In fact, I was so quiet and full of pain that one social worker’s report referred to me as being nearly autistic in appearance and behaviour. Eventually, I slowly came out of my shell. I started to approach others, especially the staff. I didn’t trust staff or kids, but the staff were less likely to ridicule me than were the kids. I found that the staff provided a daily source of interaction that I wanted and needed. However, when they got too close to me, I could back them off with a vile and aggressive verbal barrage. Because most staff seemed to take my verbal assaults in their stride, and always came back for more interaction, I had created a safety zone for interaction.

Starr Commonwealth was not perfect; few parents are. But

the foundation provided there has served me for a lifetime. Exposure to such values as honesty, loyalty, integrity, spirituality and fairness eventually influenced and guided many of my actions. And while many staff members rotated in and out of my life, I did manage to connect with a special few. Besides, I found almost all staff to be remarkably consistent in their tenaciously caring attitudes and behaviour. Some of these factors include:

Relationships

These were the foundation for my being here today. Martin Mitchell (1994) suggests that youth workers’s “care through the anger.” Dr. Mitchell was a child care worker while I was at Starr Commonwealth. Mitchell’s point was that caregivers often are repeatedly rebuffed in their attempts to establish and maintain relationships with angry youth. Caring through the anger means persisting and not allowing the anger and rejection by a youth to torpedo the relationship. I know, I torpedoed more than a few relationships with caregivers.

Talent Searches

Almost all youth have something that they do well. Strive to identify what those sometimes hidden abilities are and seek to foster and promote them. For me, this was basketball. Mr. Wilson and many oth-

ers saw and nurtured my talent for basketball even before I knew it existed.

Values

It is vital for caregivers to model such values as honesty, fairness, industry, integrity and perseverance. The lessons I learned from caregivers throughout my journey have served me for a lifetime.

Goals, Dreams, and Imagination

Goals and imagination were part of my ticket out of what was sometimes a harsh and horrific childhood. Caregivers constantly challenged me to achieve my greatness. That in turn evolved into specific and concrete goals that I continue to pursue.

Spirituality

People were not always there for me, or sometimes I would not allow them to be. Praying was a way to talk and reach out to God. I knew I could talk to Him anytime I wanted. He listened as I poured out my heart. Youth can be encouraged to explore their spiritual selves and connect with a higher spiritual power without promoting a specific dogma or doctrine.

Opportunities

We need to provide opportunities for youth that are consistent with their interests and talents but that also fill a role for society. Although I seemed to be adrift for years at a time, opportunities were still just below the surface. I was aware of and exposed to those opportunities, even if I was not always able to take advantage of them. These opportunities included sports, education, and exposure to career options.

Looking back, I remain convinced that relationships were and are the cornerstone of my personal resiliency and undergird all other factors. For years, I intuitively understood the necessity and power of relationships; and in spite of being outwardly resistant to relationships, inwardly I craved them. I further understood that the nature and strength of these relationships transcended any particular model of programme or treatment that I experienced.

“Caring through the anger means persisting and not allowing the anger and rejection by a youth to torpedo the relationship.”

“Adults who work with children have long been aware of the awesome power of relationships. This was a dominant theme in education, counselling and youth work. However, as professional literature became more scientifically oriented, relationships were increasingly ignored. Now there are signs of a renewal of interest in the synergistic power of human relationships.” (Brendtro, Brokenleg and Van Bockern, 1990, p. 58)

My suggestions for working with troubled youth appear on the surface to be deceptively simple. Still, providing an atmosphere that promotes resiliency in youth may be a product of factors identified through my experiences and through research. Seeking to understand troubled youth through aggressive listening, paired with valuing the experience of youth and recognizing the “strength of the reformed” (Vorrath and Brendtro, 1985) will serve to promote a true partnership with youth that promotes resiliency. While these shared personal experiences are from inside my own heart, perhaps they are generalizable. An awareness of these resiliency factors may serve as guideposts as we grapple with the increasing numbers of adrift youth who need our support to become adaptive and resilient. □

Reprinted with permission from the Journal of Emotional and Behavioural Problems. Today Dr John Seita provides consulting services and evaluation for programmes serving youth at risk, and conducts seminars on strategies for working with challenging children and adolescents.

Keep our children safe

For those of us whose lives have never been touched by the tragedy of a child accident it is difficult to understand the turmoil associated with it. It is however a chilling fact that trauma (childhood injuries) kills more children over four years of age than all diseases combined. Every year more than nine children die daily and thousands more are injured due to injuries or so called “accidents”. The Child Injury Prevention Week is a time set aside to concentrate on children’s safety. It is an arguable fact that most “accidents” can, with a little thought, be predicted, and can therefore also be prevented. The following are just a few tips of some “accidents” - take action and prevent injuries to children:

Drowning

Drowning is the second greatest cause of “accidental” death amongst young children. Daily, more than one child drowns in South Africa:

- Always supervise all children near water.
- Teach children to swim and also survival skills as soon as possible.
- All swimming pools should be fenced — pool nets are available as an added precaution.
- Never leave children under five years alone in the bath.
- Keep nappy and other buckets firmly closed or empty after use.



- Beware of farm dams and ponds. Children should never swim alone.
- The sea is unpredictable. Constant supervision of children is necessary.

Burns

Year after year burn accidents claim their death toll amongst the children of our country. The majority of burns occur in and around the home. A burn takes a second to occur, but a lifetime to overcome and leaves permanent blemishes:

- keep matches/lighters out of reach.
- Never leave a child alone in a room with an open fire burning, candle or lamp.
- Place guards in front of fires and heaters.
- Never place hot liquids or food near the edge of a table.
- Always turn saucepan handles towards the back of the stove.
- Always put cold water into the bath first.
- Children should never play around any fire.
- Place primus stove out of reach of children, and away from curtains.
- Keep electrical cords short and out of reach.

Poisoning

Every year thousands of children swallow dangerous things at home. These include medicines and tablets, sedatives, household products, garden and garage preparations:

- Always lock up all medicines and potentially dangerous household products. Even a high shelf is not safe. Do not forget children are curious.
- Always read instructions on medicine bottles. Keep medicines separate from other products and never store cleaning agents with food.
- Children should be taught never to eat anything from the garden before asking an adult.
- Keep paraffin out of reach

of children. They might think it is water and drink it.

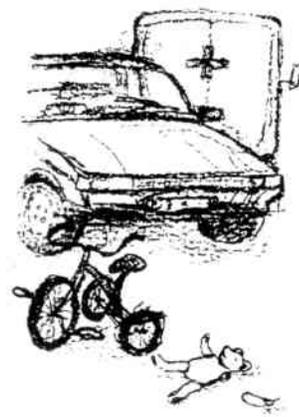
- Dispose of unwanted, left over medicines and pills by returning them to your pharmacist.

Choking and suffocation

- Keep small objects out of your child’s reach.
- Never give children under five years peanuts because they frequently cause choking.
- Never leave a baby to drink his bottle by himself.
- Ensure that cot bars are properly spaced.
- Remove bibs or any clothing with ribbons or cords before putting baby to sleep.
- Children should not play with plastic bags or ropes.

Falls

- Never leave a baby alone on a high surface.
- Place safety gates at top and bottom of stairs.
- Place guards on windows and balconies.
- Always supervise children on playground equipment and teach them how to use them safely.



Prevention Week

Child Injury Prevention Week takes place this year from 6 to 12 August. The Child Accident Prevention Foundation of Southern Africa urges you to join in the effort to keep all children safe, happy and healthy. Every child born in South Africa has a right to be protected, a right to develop and achieve its full potential without the threat of hurt. More information: P.O. Box 13115, Sir Lowry Road 7900. Telephone (021) 685-5208.

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 and big 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

Who put the CARE into Child Care?

Some years ago we published this powerful address given by Lorraine Fox to the first-ever Child Care Conference held in the Los Angeles area. By request, we are reprinting the address in two parts starting this month

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 eared, 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 the journal *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 will be in bed with them and hurt them again. We get paid to protect them. We get paid to make sure 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 that 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 is 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 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.

Next Month: *The cost of caring.*



What messages are our young people receiving from today's world?

Children come into this world without any frame of reference. They have no inherent scale upon which to judge their worth. They must ascertain their value from the messages they receive.

Ratings

Parents and other significant adults determine the ratings that children give themselves — at least until they enter school and begin to re-evaluate themselves based upon the feedback they get from



teachers and peers.

It is no wonder that children whose parents have their own emotional and other problems, have trouble in assessing their own personal worth.

Just about any professional who is worth his salt acknowledges that there are a few basic essentials that human beings need in order to grow into competent adults.

Needs

They need to feel powerful, that they can affect the world around them.

They need to identify to know who they are and with whom they belong.

They need acceptance from caring people and unconditional regard that allows them to experiment with different life skills and make mistakes without fearing rejection.

They need to feel worthwhile and of value.

They need to be cared for and to feel safe.

Those who supply these essentials are more likely to have well-adjusted children. Adults who do not, are likely to have children who suffer from low self-esteem, anxiety, lack of empathy, poor social relationships, drug or alcohol abuse, delinquency or worse.

(With acknowledgements, adapted from *Reaching out to Troubled Youth*)

Sarah Knibbs offers insights into the problem (and some solutions) of bullying in UK schools

THE TORMENTORS



Bullying is being taken increasingly seriously as a traumatic event in many children's lives. In schools there is a growing awareness of the need to be alert and ready to intervene when children are victimised. At the same time strategies for working with pupils to prevent bullying are being developed. For social services, bullying may be one of a range of problems a child is facing, but co-operation between social services and education departments varies widely around the country, and there is scope for more support from outside services for problems faced in school.

The numbers

The extent of bullying has only become clear in the past few years. Peter Smith, of the University of Sheffield's department of psychology, says one in four primary school children and one in ten secondary school pupils experience it. Bullying ranges from serious physical assault to verbal taunting and less direct forms of psychological pressure. ChildLine set up a telephone helpline specially for bullying in March 1994 and by mid-June in that same year it had received 35,000 calls. More than 2,500 callers received in-depth counselling.

In addition, 10 per cent of the calls to ChildLine's general line are about bullying.

Based on differences

Bullying can be based on anything that distinguishes one child from another — including race, weight, appearance or academic ability. Some groups are especially vulnerable.

Children with special educational needs who are integrated into mainstream schools are three times more likely to be bullied than their peers.

Effects severe

For victims, the effects of bullying can be severe.

Mary McLeod, who runs ChildLine's bullying helpline, says: "The effects are profound: some children stop going to school. They have a variety of ways of coping with fear and anxiety. Many have been bullied over a considerable length of time, sometimes up to five years, and fear and anxiety over a long period affects concentration. As well as possible physical damage from assault, they may suffer nightmares and psychosomatic symptoms like headaches or stomach pains." There is also a psychological dimension. McLeod says: "They always look within themselves for the

reason they were bullied, so there is a lot of self-blame. They feel helpless and victimised, and their self-esteem plummets."

Finding solutions

Measures to reduce bullying have been evaluated by a Department for Education-funded study in Sheffield. Smith and his team worked with 23 schools and, he says, "on the whole the results were quite encouraging, and all the schools in the study reduced the bullying level".

They worked on developing 'whole school' policies by consultation with teachers, pupils, parents and other concerned groups like lunch-time supervisors. Policies on bullying were backed up by work in the curriculum, including group work and assertiveness training. The results of the study were included in the Education Department's anti-bullying pack circulated to schools in September.

Bruce Liddington, the head of Northampton School for Boys, which has 1,000 pupils aged between 13 and 18, says a positive discipline policy can help prevent bullying. "Most boys don't want to go to a frightening school and be uncomfortable there, but they need to understand why we want them to behave in a certain way." This means constantly reiterating why bullying is unacceptable behaviour, and covering the subject in the curriculum.

Getting help

Social services could become involved, but they often do not. Smith says: "They should be involved if they are attached to the school. Some bullies are very difficult for schools to help and contain, and that is where others have a role to play in helping from outside the school." Northamptonshire no longer has school social workers. Liddington says relationships between teachers and social workers vary and it can be hard for them to find a common agenda. He is currently investigating the possibility of a school counsellor:

"They would not be teachers nor be part of the discipline and management structure, so they could help come up with solutions outside the normal structure." Liz Allen, of the Advisory Centre for Education, says: "If you have an school social

worker you can build up a good positive relationship. But if you need social services support for a young person, it is frustrating to find it is not available." Her own experience as a governor in an inner-city school is that support services are not adequate. She says governors may face situations where they exclude a pupil because the school can no longer cope — but better support could help avoid this. "We need to be able to feel there is support for the adolescent at a very critical time, without labelling them for all time."

Co-operation

In Kent the social services and education departments are working together on the problem of bullying. Trisha McCaffrey is a senior educational psychologist jointly employed by the two departments to help schools reduce bullying. One of the techniques which is used is the 'no blame' approach, where both ringleaders and bystanders have to explore the problems the victim is facing. She says victims are more likely to disclose what has happened when this approach is used. It also gives teachers an effective strategy to overcome the feeling that bullying is something they cannot do anything about, as well as opening up the possibility of helping the bully, who is likely to have other problems and may also have been victimised. Some Kent schools have developed anti-bullying strategies with the help of pupils' input, which McCaffrey says is effective.

Counselling may be offered, but she says it is important not to make the victims feel that they are the one with the problem. McCaffrey says: "There is an increased awareness of how social services can be involved and how the child protection legislation can come into play. Local management in schools and grant-maintained status make schools more independent and this could open up a role for social services — if they had the resources to take it on. McCaffrey says: "On the positive side, the more opportunities we have to work together, the more opportunities we have to make children's worlds safer. □

(From Community Care)

In this two-part article, **Toni Cavanagh Johnson** introduces an on-going discussion in *The Child Care Worker* on concerns relating to inappropriate and abusive sexual behaviour amongst children and young people in care.

Understanding the Sexual Behaviour of Children

If one were to ask a group of teachers, school counsellors, or social workers, "Do you think children today express more sexual behaviours than they did a generation ago?", most of them would probably say "Yes". Documenting such an increase, however, would be impossible, because, until recently there has been no reliable collection of data about the number and types of sexual behaviours in which children engage; even now, such research is in its infancy. Nonetheless, all of us can point to certain sociological factors that may be contributing to changes in sexual behaviours, including children's access to wider television programming, adult videos, and communications facilities that provide on-line and telephone sexual experiences for callers. Without an established base of research, however, how are parents, teachers, and counsellors able to determine when children's sexual behaviours fall within an acceptable range of sexual behaviours, or when they may require intervention and treatment? Some professionals continue to argue that intervention around sexual issues is never required for children — that all sexual behaviours of children are, by their very nature, benign and uncomplicated. However, a growing body of research, largely based on two specific populations — children who have been sexually abused and children who have used some kind of coercion or pressure to force other children into sexual behaviours — is causing many professionals to rethink that argument. Most professionals who work with children are aware of

contemporary studies that suggest that increased sexual behaviours may be an indication that a child is being, or has been, sexually molested. Increasing evidence also points to the fact that it is important to evaluate young children who are coercing other children into unwanted sexual behaviours; research on adult offenders has revealed that many offenders began their coercive sexual behaviours in elementary school and increased the number and violence of their sexual behaviours during adolescence. Such findings indicate that there may be danger in just hoping that children will grow out of coercive sexual behaviours. On the other hand, overreacting to children's sexual behaviours can also have negative consequences; it could cause them to feel ashamed and self-conscious about a natural and healthy interest in their bodies and sexuality. It is also important to note that adults who work with children often assume that they "just know" whether a child's sexual behaviour is natural and healthy. However, what they are generally using in making their evaluations are just sets of internal — and largely unconscious — intuitive guidelines, which have been drawn from their own sexual experiences as children, their parents' attitudes, their religious beliefs, and other aspects of their personal histories and cultures. Such preformed guidelines may actually reveal more about the adult evaluator than the child in question. Individual standards for evaluation, not surprisingly, vary widely: some adults think that any behaviour of a young

child relating to sexuality is unacceptable, while others accept a wide range of sexual behaviours among children. Professionals who work with children need practical data-based guidelines to determine when a child's sexual behaviours are within acceptable limits and when they are causes for concern.

Some general guidelines

While research data on childhood sexuality is still in the pioneering stages, there is enough information to establish some important observations about the sexual behaviours of children 12 years of age and younger. In looking at the continuum of sexual behaviours presented in this article, it is important to remember that:

1. There is no single standard for determining *normal* sexual behaviours in all children, since there are individual differences due to the development level of the child and due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, and videos. Parental and societal attitudes and values, as well as the child's peer group and living conditions, exert additional influences on the types and range of the child's behaviours. A set of guidelines, nonetheless, may provide a base-line by which children's sexual behaviours can be somewhat objectively evaluated at this time, and may help target potential problems.
2. The sexual behaviours of a child represent only one part of their total being. Sexual behaviours should not be used as the sole criteria for determining whether a child has a significant problem. (See section on Initial Assessment.)

A continuum of sexual behaviours

Professionals who work with children need to have perspectives on the full spectrum of childhood sexual behaviours, from the wide variety of what are perceived to be age-appropriate healthy activities to patterns that may be unhealthy or pathological and may require attention and/or treatment.

After analysing extensive evaluations of hundreds of children, and their families, who were referred to the author due to the child's sexual behaviours, four definable clusters or groups of children have begun to emerge on a continuum of behaviours: *Group I* includes children engaged in natural and healthy childhood sexual exploration; *Group II* is comprised of sexually-reactive children; *Group III* includes children who mutually engage in a full range of adult sexual behaviours; and *Group IV* includes children who molest other children. This continuum of sexual behaviours applies only to boys and girls, aged 12 and under, who have intact reality testing and are not developmentally disabled. Each group includes a broad range of children, some are on the borderline between the groups, and some move between the groups over a period of time.

The initial assessment

The initial assessment, to determine where on the continuum the child may fall, includes:

1. An evaluation of the number and types of sexual behaviours of the child.
2. A history of the child's sexual behaviours.
3. Whether the child engages in sexual activities alone or with others.
4. The motivations for the child's sexual behaviours.
5. Other children's descriptions, responses, and feelings in regard to the child's sexual behaviours.
6. The child's emotional, psychological, and social relationship to the other children involved.
7. Whether trickery, bribery, physical or emotional coercion is involved.



Overreacting to children's sexual behaviours can also have negative consequences; it could cause them to feel ashamed and self-conscious.

8. The affect (levels of feelings) of the child regarding sexuality.

9. A thorough developmental history of the child, including abuse and out-of-home placements.

10. Access and careful reading of protective services' reports, court reports, and probation documents (if applicable).

11. An assessment of the child's school behaviours, peer relations, behaviours at home, and behaviours when participating in out-of-home activities, such as day care or recreational programs.

12. A history of each family member, the overall family history, and an evaluation of the emotional and sexual climate of the home.

Assessment of these areas helps to determine whether the child falls into Group I, II, III, or IV.

If the child falls into Groups II, III or IV, a thorough evaluation to assess the treatment needs of the child, and the family, will be necessary. It is recommended that assessments should be completed by a mental health professional who specialises in child sexual

abuse. While the child may not have been sexually abused, the sexual behaviours demonstrated in these groups may be indicative of previous or current sexual abuse.

Group I: Natural and Healthy Sexual Play

Normal childhood sexual play is an information gathering process. Children explore — visually and through touch — each other's bodies (for example, play doctor), as well as try out gender roles and behaviours (e.g., play house). Children involved in such explorations are of similar age and size, are generally of mixed gender, are friends rather than siblings, and participate on a voluntary basis ("I'll show you mine if you show me yours!"). The typical feeling level of these children, in regard to sexually-related behaviours, is light-hearted and spontaneous. In natural sexual play or exploration, children often are excited, and they feel and act silly and giggly. While some children in Group I may feel some confusion and guilt, they do not experience

feelings of shame, fear, or anxiety. The sexual behaviours of children who are engaged in the natural process of childhood exploration are balanced with curiosity about other parts of their universe as well. They want to know how babies are made and why the sun disappears; they want to explore the physical differences between males and females and figure out how to get their homework done more quickly, so they can go out and play. If children are discovered while engaged in sexual play and are instructed to stop, their sexual behaviour may, to all appearances, diminish or cease, but it generally arises again during another period of the child's sexual development.

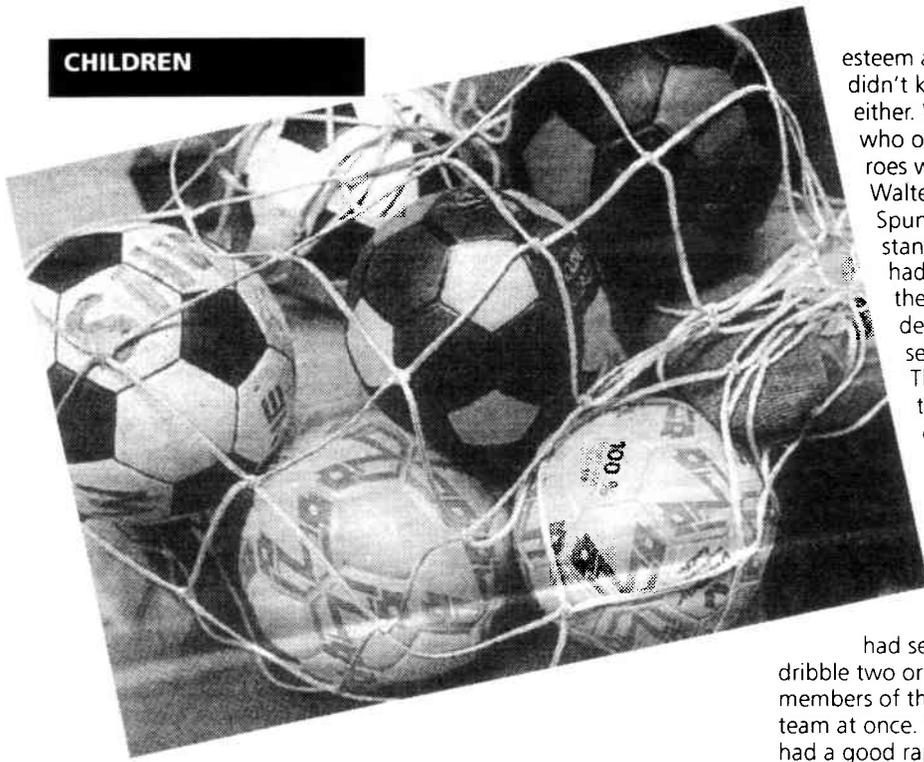
The range of sexual behaviours in which children engage is broad; however, not all children engage in all behaviours some may engage in none, and some may only engage in a few. The sexual behaviours engaged in may include: self-stimulation and self-exploration, kissing, hugging, peeking, touching, and/or the exposure of one's genitals to other children, and, perhaps, simulating intercourse, (a small percentage of children, 12 or younger, engage in sexual intercourse.) Because of this broad range of possible sexual behaviours, diagnosing a child on sole basis of their sexual behaviours can be misleading. Although children who have sexual problems usually manifest more varied and extensive sexual behaviours than Group I children, their behaviours may, in some cases, vary only in degree.

Group II: Sexually-Reactive Behaviours

Group II children display more sexual behaviours than the same-age children in Group I; their focus on sexuality is out-of-balance in relationship to their peer group's; and they often feel shame, guilt, and anxiety about sexuality. Many children in Group II have been sexually abused; some have been exposed to explicit sexual materials; and some have lived in households where there has been too

much overt sexuality. Young children, who watch excessive amounts of soap operas or television and videos, and who live in sexually explicit environments, may display a multitude of sexual behaviours. Some parents, who themselves may have been sexually and/or physically victimised, express their sexual needs and discuss their sexual problems openly with their young children. This can overstimulate and/or confuse their children. Some children are not able to integrate these experiences in a meaningful way. This can result in the child acting out his or her confusion in the form of more advanced or more frequent sexual behaviours, or heightened interest and/or knowledge beyond that expected for a child of that age. The sexual behaviours of these children often represent a repetition compulsion or a recapitulation (often unconscious) of previously over-stimulated sexuality or sexual victimisation. The time between the sexual overstimulation and the sexual behaviours is close, and often overlaps or is contiguous. Behaviours of Group II children include: excessive or public masturbation, overt sexual behaviours with adults, insertion of objects into their own or other's genital, and talking about sexual acts. Such sexualised behaviour may be the way the child works through his or her confusion around sexuality. After being told that their sexual behaviours need to be altered, for example, Group II children generally acknowledge the need to stop the behaviours and welcome help. The sexual behaviours of this group of children are often fairly easy to stop, as they do not represent a long pattern of secret, manipulative, and highly charged behaviours, such as those seen among child perpetrators (as will be seen in Group IV). □

Dr Toni Cavanagh Johnson is a licensed Clinical Psychologist and Director, Support and Therapy for Sexual Abuse Reduction, Hillside Home for Children, Pasadena, California. In next month's issue she will deal with the more worrying Group III and Group IV sexual behaviours.



Remembering that ONE pass!

Peter Dreyer, writing in the Monitor, reminds us that small experiences of success are what count

When the United States was hosting the World Cup soccer tournament this past summer, one player was asked during an interview whether there were any games he would remember for the rest of his life. Not so much *games*, he replied, as certain *passes*, certain *goals* scored.

His observation took me back to the days when my buddies and I would kick a soccer ball around just about every day for hours on end. I was in my early teens then and living in West Germany, and I was a forward on our street soccer team. Needless to say, those were the days before fives and talk about the flow of adrenaline. As far as our street team was concerned, soccer was the national pastime. What we lacked in proper equipment we more than made up for in enthusiasm. None of us played in soccer boots. This was post-war Germany, when even street shoes were at a premium. Some-

times we might have to play in sandals, which cramped our style because sandals didn't allow you to unleash a really hard shot. And sooner or later, because of broken straps, sandals would fly off your foot and hurtle along with the ball. Soccer balls were at a premium, too. The guy who owned one was the most popular kid on the block. He was lionized, he was sweet-talked, he got to play the position he asked for even though he might have been unfit to play soccer at all. But it was his ball, and if he didn't get his way he would grab his ball and stomp off. We had no coach to teach us the finer points; nobody on the sidelines to cheer us on. When someone missed a shot at the goal, nobody was there to yell "good try". Instead, a teammate was likely to berate the hapless player. Unless he happened to own the ball, of course! If there were fragile egos in need of propping up, or self-

esteem at peril, we didn't know about that either. We did know who our soccer heroes were — Fritz Walter and Heinz Spundflasche, for instance — and we had never seen them suffer from deficient ego or self-esteem.

The high point in the annals of our street team was a match arranged by Franz, our best player.

Franz was so nimble-footed, we had seen him out-dribble two or even three members of the opposing team at once. The two of us had a good rapport. We had a decent midfield and a so-so defence.

On street teams, it was standard procedure to assign the weaker players to the backfield. If anything, it gave the goalie a scapegoat to blame. Yet every player aspired to play forward. There was little glory to be had in playing defence.

When we arrived on the field for the match, we noticed that the other team had a couple of older and physically stronger players. It did not bode well for the game. Since there were no hard rules about age in street soccer, we could lodge only a half-hearted protest.

The other team assured us that those older guys were not all that good. This was stated within earshot of those players and did little to convince us, but we acquiesced. Since none of us owned a watch, we agreed we would break for half-time when one team had scored five goals, rather than after the usual 45 minutes. Thus the match could drag on for hours. Our teams turned out to be well-matched. Perhaps those older players held back a bit; perhaps they really were not all that great. After what seemed like a couple of hours, somebody scored the 5th goal and we broke for half-time. No water bottles or refreshments awaited us on the side-

lines. We just sat down on the grass and assessed our chances for victory. The high points of the game were noted proudly, mistakes pinned on culprits, and we resolved to "tighten things up in the back" and do less hogging of the ball and more accurate passing up front. The usual pep talk.

Then we kicked off the second half. After interminable wrangling punctuated by more goals, the match came down to a score of 9 to 9. To lose the game at this point would not have been dishonourable. But each side was doggedly trying to tip the scales in its favour, if for no other reason than to put an end to this marathon contest. In the tired to and fro of the battle, it then happened that our team was in possession of the ball again. I was about 50 to 60 feet away from the other team's goal when a high pass from the midfield came my way. From the corner of my eye, I noticed that the nearest threat was a player only a short distance behind me, and Franz, in turn, was behind him, close to their goal.

I decided I would try to pass the ball to Franz over the head of the defence without wasting time by first trapping and controlling it. So the instant the ball hit the ground, I managed to redirect the bounce with a touch of the tip of my shoe — a street shoe, mind you — having the ball arc over the head of the defence.

I was surprised myself that it worked so well and so accurately. The ball came down right at Franz's feet! The out-maneuvred defender let out a startled yelp. Franz quickly controlled the ball and scored! Grinning broadly, he came and shook my hand.

If I have remembered this one pass all these years, it is mainly because it required so little effort, though some finesse, and it decided the outcome of the game.

For our street team, this game ranked with Germany's first world cup win in 1954. Fritz Walter played on that team. We dedicated our victory to him and Heinz Spundflasche



Without You — it's Back to the Glue!

The small Southern Cape town of Knysna takes the initiative with its street children.
Florayne Carr compiled this report for *Social Work Practice*

"The world of the township child is extremely violent. It is a world made up of teargas, bullets, whippings, detention and death on the streets. It is an experience of military operations and night raids, of roadblocks and body searches. It is a world where parents and friends get carried away in the night to be interrogated. It is a world where people simply disappear, where parents are assassinated and homes are petrol bombed. Such is the environment of the township child today." (Frank Chikane 1986).

It was against this background that South Africa began to encounter the emergence of street children during the late 1970's. The year 1976 comes to mind as the genesis of "the street child" in South Africa. A generation of black and coloured children gave up their education to fight for their liberation. The Group Areas Act of 1950 had destroyed the concept of the "extended family" to a great extent and could be blamed for the development of the street child phenomenon, along with the socio-economic problems which South Africa had to face during the sanctions era. The 1980's gave birth to the concept that it was alright to openly acknowledge social problems such as drug abuse and alcoholism and the existence of street children in South Africa. One of the phenomena brought about by the positive political changes is the squatter camp, many of which have shot up all over the country. The scrapping of the pass

laws allows people to move about the country and live where they feel they can best make a living, thus giving rise to rapid urbanisation, housing shortages, unemployment, inadequate health, welfare and educational facilities. A particular consequence of this poverty is the breakdown of the family unit, which in turn results in the lack of adequate parenting, child abuse, neglect and even abandonment.

Knysna street children: The background

In 1994 Knysna had a population of 34 215 of which 27 510 were either black or coloured, the majority of whom are living either in the coloured townships or adjoining squatter camps. In 1992 Knysna Child and Family Welfare Society (KCFWS) started a Street Children project which was unsuccessful because of the lack of manpower and resources needed to carry on with the project. A year later KCFWS called a public meeting to discuss the problem of the street children and an independent committee was formed to take such steps as necessary to care for the street children. This committee organised clothes and food for the 15 boys identified by KCFWS as requiring support. Initially, as there were no premises or running water available, bathing was done in a tin tub on the lawns at the KCFWS offices, the water carried out in kettles and buckets. The boys were bathed, de-loused and given clean

clothing three times a week. They received one hot, healthy meal a day and medical attention when necessary. All expenses were borne by the committee with donations of clothes, food and money raised from the community. The first priority, then as now, was to get the child back home. To this end, social workers from KCFWS would interview the children, and where possible endeavour to reunite each child with his family. Where this has proved impossible the KCFWS and the Street Children Committee have established an "Educare" programme by finding "places of safety" — homes where the boys can live and attend school or training in a secure environment. This arrangement is obviously preferable to living on the street, but is a desperate measure and not always best for the child. The act of removing him from the place where he was born and has grown up, and from the people he has grown to trust and rely on, can be traumatic and damaging, although constant contact is maintained through letters, food parcels and visits where possible.

Progress

From bathing in tin baths on the grass, the boys are now cared for from a small (3 x 5m) hut on the premises of the KCFWS. A shower has been installed. A hot meal is still supplied every day. Many of the children are semi-literate or completely illiterate and are substance abusers, generally glue or dagga. A drastic reduction of drug

abuse, which was a daily occurrence, is one of the successes of the programme. There is, however, still a problem of adults making Mandrax pills readily available to the children. Three children were found one evening vomiting and having fits after being picked up by adult men who gave them "white pipes" (Mandrax and dagga) and sweet wine. It is suspected that these were given as an inducement to make the boys co-operate in sexual activities. The 19 boys who were originally identified as needing assistance have all been placed in schools, places of safety or training. A further 14 boys are being supported. Once the shelter is completed, these boys will be placed in formal schooling as far as possible. An intermediate education programme for these boys has failed, as their attendance at literacy and educational centres was either erratic or non-existent. It is planned, also, to help children needing temporary shelter, especially at weekends with parents fighting or drinking, but who normally stay at home and go to school.

Street culture

The majority of the boys cared for have been subjected to life on the streets and consequently to the 'street culture' that exists there. In order to help them, it is important to have an understanding of this lifestyle from which these boys have come. Boys in the street form communities — groupings of up to ten boys — who sleep together and, during the day, generally move about together. A 'community' like this would be led by an older boy, and any boy seeking out existence on the street would of necessity become a member of one of these groups. This community alliance provides a system by which the boy can survive, a place to sleep, a mode of collecting money, the knowledge of how to avoid conflict with other communities or the law, and generally ground rules by which to exist. Within the group the young boys pay for their protection by providing food, and in some cases by paying a specific daily fee to the group

leader. Money is collected by begging, helping shoppers with their shopping, petty theft and sometimes prostitution — the latter not so much a function of soliciting as being picked up, abused and paid arbitrary amounts. Places of abode vary considerably and generally amount to carving out a territory anywhere the boys will not be worried by others. Children have been found living on vacant pieces of land, in shop doorways, public toilets, back alleys and even underground sewers. Their diet consists of handouts from the back doors of restaurants and cafes, or whatever they can beg. They sleep huddled together, relying on body heat for warmth, on plastic sheets or cardboard, and a few have blankets or extra clothes. Washing of clothes and the body are rarely done, if at all. Consequently the typical appearance of a street child is that of a thin body, with dirt ingrained into the skin, open sores, two or three layers of filthy clothing, no shoes and unkempt hair and teeth. All this is aggravated by the problem of glue sniffing.

The need for a shelter

It is for these children that the Knysna Street Children Committee aims at building a "home" in the form of a shelter where their basic needs can be met.

In addition to fundamental human needs, there is the necessity to get the children into an organised daily life, both for emotional reasons and so that they can attend schools and solve their literacy problems. The ultimate aim of the Street Children Committee is the rehabilitation of the street child, reconstruction of the family and the children being reunited with their family or relatives. Realistically however, many of these children have no family or relatives to go to, and are therefore in need of longer term care in an environment where they can flourish and become stable responsible citizens.

In January 1994 the Knysna Street Children Committee applied to the Knysna Municipality for assistance in obtaining premises for a shelter. In May 1994 the Municipality agreed

to make a piece of land available at a nominal rental of R1 per annum for the erection of a shelter and related facilities, once certain conditions have been fulfilled.

One of these conditions was that the Knysna Street Child Committee become an affiliated member of KCFWS — which has plus and minus factors.

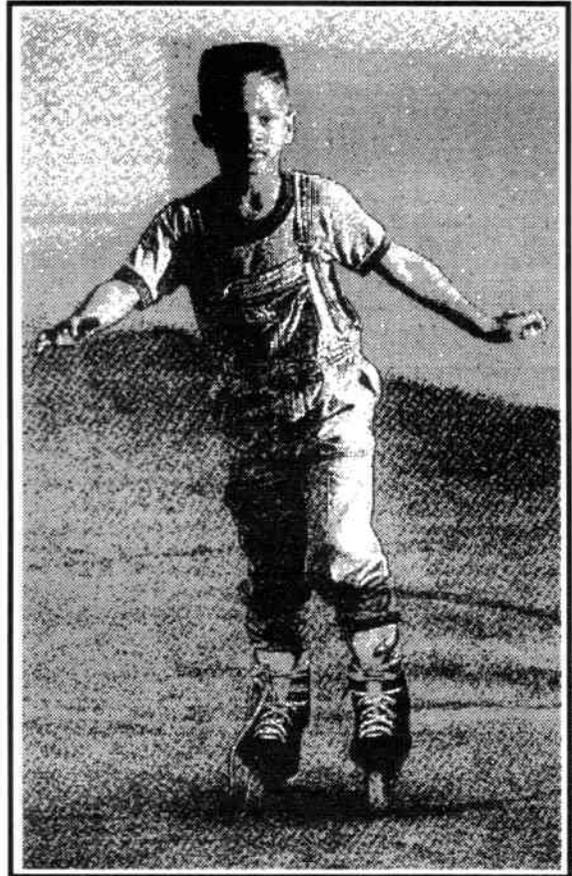
The plus is that the Welfare Organisation number of the KCFWS can now be used. The minus is that fundraising is now restricted to the magisterial district of Knysna. It is however important to note that no financial support is received from the KCFWS and the Street Children Committee is totally independent in terms of administration, organisation and fundraising. During 1994, R30 000 was raised towards the Shelter Fund and negotiations are presently under way with the Minister of Housing for a loan with which to erect a shelter. In the meantime the Committee continues to assist a group of street children, but cannot effectively get them into schools or training programmes until they have a shelter from which to operate. Another 11 boys identified by KCFWS cannot at present be assisted effectively owing to limited resources.

The future

The Knysna Street Children Shelter Project is geared toward encouraging children and youths, up to and including the age of 16 years, living on the streets of Knysna and identified by the social workers of KCFWS as street children, to participate voluntarily in the programme and the services offered. The aim is to offer these children the opportunity to take their normal place in society. The fundraising slogan is the very pertinent: "Without you, its back to glue!"

Acknowledgements

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ADAPTED FROM MELANIE STEINER FREEMAN

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

States Parties shall ensure that the institutions, services and facilities responsible for the care and protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision."



— Article 3 of the United Nations Convention on the Rights of the Child

Ratified by the South African Parliament on 15 June 1995 and assented to before the General Assembly on Youth Day, June 16, 1995

How do you stack up as a Director of a children's organisation? Roger Neugebauer suggests some guidelines.

The Effective Director

How do you stack up as a director? Is your performance finely honed, vibrant, and robust? or is it displaying symptoms of frailty?

If you believe it is time to give your leadership behaviour a checkup, read on. To help you evaluate your performance as a director, I have identified ten vital attributes of an effective director. This selection is based upon my observations of directors in action, as well as upon the advice of numerous business management experts.

Compare your performance against these attributes. But, do not be too harsh on yourself. It is unlikely that anyone would excel in *all* of these areas. View this more as a set of goals to strive toward than as a do or die checklist.

1. The effective director has a vision for the organisation.

The effective director sees himself or herself involved in more than a nine-to-five job. According to Charles Garfield, truly effective leaders have "a sense of being involved in a creative mission that matters." They have a vision for their organisation that gives their work meaning, that inspires them to act.

This vision not only inspires the leader, it also infects all those in the organisation. Warren Bennis reports that "leaders' visions are compelling and pull people toward them. Intensity coupled with commitment is magnetic." Over the past decade, I have observed many programme directors who believe that their programme is special, who believe that they are involved in building an organisation that will make a difference. Invariably, these directors exude intensity and excitement that

energises everyone in their centres.

On the other hand, directors who do not have a sense of vision are hard-pressed to generate much enthusiasm in the people around them. It is hard to generate commitment to a cause that you yourself don't believe in.

2. The effective director achieves results through directing people to accomplish the goals of the organisation.

The effective director is more than a dreamer. He or she can translate an inspiring vision into achievable goals. "In almost every successful performance of a group task," observes Theodore Caplow, "goals and standards must be set clearly in advance, clearly communicated, kept constantly in view, and dramatised along the way". Such goals provide the road map that all staff members can use to guide their day-to-day efforts. "Whatever you can do or dream you can do, begin it. Boldness has genius, power, and magic in it." (Goethe).

By clearly communicating organisational goals (such as "opening a second group home within two years") and clinical goals (such as "developing a system that uses logical consequences to affect a client's behaviour"), the director focuses the resources and efforts of the agency.

By concentrating efforts beyond some minimum (point of intensity and continuity) there is likely to be worthwhile pay-off (Hosrop, 1973). On the other hand, where there are no clear goals in place, the efforts of staff members are dispersed in countless directions, with little, if any, lasting impact.

3. The effective director is continually assessing the performance of the organisation.

The effective director keeps a finger on the pulse of the organisation and continually monitors the progress of the organisation toward accomplishing its goals.

To track programme performance the director has a control system in place. For each programme goal, the director has identified what information should be collected, and how it should be collected, in order to determine if the programme is making progress toward its accomplishment.

From experience, the effective director has learned to keep a control system simple and operational (Drucker, 1983).

To determine if the agency is achieving its budget objectives, for example, the director no longer pores over every invoice and receipt, but carefully analyses monthly income and expense statements and balance sheets.

To determine if the agency is achieving its treatment goals, the director does not bring in outside consultants to do a major study, but periodically sets up focused milieu observations and random interviews.

The effective director recognises that he or she cannot rely totally on formal controls. Much can be learned by walking around the agency on a regular basis, and through informal discussions with all staff members (Garfield, 1986).

Being resolved to perform to the best of his or her ability, the effective director also regularly solicits personal performance feedback. Staff members are invited to share their reactions to his or her leadership behaviour in both informal discussions and through anonymous written surveys.

4. The effective director keeps in touch with changes in the world outside the programme.

The effective director keeps an eye on the environment in which the organisation is operating and is attuned to changes occurring outside the programme that may require programme goals to be modified or abandoned.

"Great accomplishments are al-

ways the result of imagination translated through words and action plans," says Charles Garfield.

He or she continually reassesses the relevance of the agency's programme and directions by keeping in touch with current and potential users of the programme (Peters, 1982). Regular talks with referral services on an informal basis about what's on their minds keeps the director in close touch with the customer, as well as by surveying them in a more organised way in terms of their wants, their needs, their means, and their reactions to the programme.

The effective director also keeps an eye on developments in the broader environment. He or she follows relevant trends in research, technology, advocacy, business, and society in general. Most importantly, the effective director takes time to think strategically, periodically stepping back from the daily crush of activities to consider where the organisation is heading. This is a time to ponder all the information and impressions that have been collected and to see if any new directions or new strategies are needed.

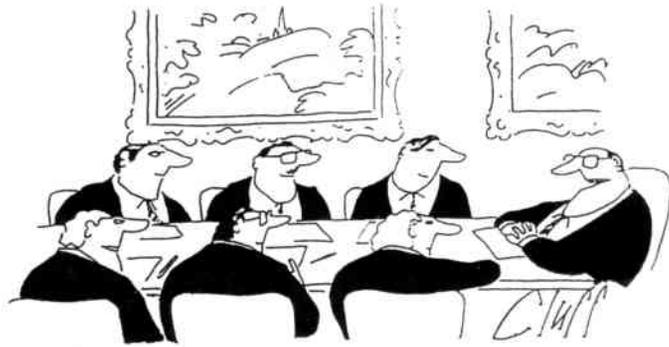
5. The effective director focuses attention on areas where superior performance on his or her part will have the greatest impact

The effective director knows that personal success will be determined less by how hard he or she works than by how astute he or she is in selecting what to work on.

Just as an investor shops around for an opportunity that will provide the highest return on an investment, the effective director invests time on tasks that will yield the greatest benefits for the programme.

Focusing one's limited time on high impact tasks also requires perseverance.

Once the day starts and a myriad of telephone calls, visitors, letters, and unexpected crises compete for the attention of the director, sticking to an agenda may seem next to impossible. The effective director is effective more often than not in maintaining control over how he or she uses time. "The manager's key task is to focus on opportunities for economically significant results," (Drucker, 1983)



"Well, gentlemen, we've achieved the ideal children's institution. Everyone has been given leave. There are no kids in the place!"

6. The effective director is continually working to develop an effective management team.

The effective director extends his or her effectiveness by accomplishing results through others.

He or she is not obsessed with the notion that one has to do everything alone. He or she is able to let go, to turn responsibility over to other talented staff members (Brandt, 1982). The effective director recognises that the development of an effective managerial team takes time and patience. He or she is continually on the lookout for talented staff members who have a high level of commitment. By giving them some modest one-shot management tasks, one can test if they have an interest and a capacity for greater responsibilities.

Once team members have been identified, the director develops their skills by providing them with an incessant flow of growth opportunities. By delegating greater and greater managerial responsibilities, they become indispensable to the organisation.

"Organisations work when they maximise the chance that each one, working with others, will get growth on the job." (Townsend, 1984).

7. The effective director doesn't work to make people love him or her but rather to make people love their work.

The effective director recognises that it would be a mistake to try simply to make people obey and work hard because they love him or her. Not only would this be unachievable (you can't make people love you, especially if you are in a position of authority over them), but it is

also an unstable base for performance. Employees' willingness to work hard will ebb and flow depending upon their current attitude about the director (McClellan, 1976).

"The best-kept secret today is that people would rather work hard for something they believe in than enjoy a pampered idleness." (John Gardner).

Instead, the effective director strives to make staff members work hard because they are excited about achieving the goals of the programme. To build this commitment, one involves staff in setting programme goals. By participating in the goal-setting process, the employees help shape goals that they personally care about. As a result, they have a stake in their accomplishment (McGregor, 1960).

This is not to say, of course, that the effective director is cold and impersonal. In fact, he or she is on warm and friendly terms with most staff members. If there is no comfortable interaction with employees, one would not be able to do the job well or enjoy it (Caplow, 1983). But the director recognises that there are invisible barriers in relationships with subordinates and never tries to use friendship as a form of reward or punishment.

8. The effective director constructs a stimulating, yet secure, working environment for staff members.

After the effective director succeeds in exciting staff members about achieving the goals of the programme, he or she works to create a work environment that will foster the success of their efforts. This is done by:

Having high expectations.

"If people know we expect good things from them, they will in most cases go to great

lengths to live up to our expectations," observes Alan Loy McGinnis. "If we expect the worst, they will meet those predictions with disappointing accuracy."

Respecting employee's autonomy. When a task (leading the group for the adolescent girls or planning a camping trip) is turned over to a staff member and he is given full responsibility to carry it out, he will take the job more seriously and derive more satisfaction from its accomplishment, than if he is simply carrying out detailed orders from above.

Arranging growth opportunities. The effective director works with staff members to establish individualised training plans, then provides staff access to a variety of tools to carry out these plans:

publications, films, visits to other centres, ongoing staff development in staff meetings, workshops outside the centre, etc.

"Act swiftly speed in doing and deciding is more important than avoiding error. Mistakes can be corrected. Time cannot be recaptured." (Sey Chassler).

Providing feedback. According to management guru Peter Drucker, what employees most need to improve their performance is an abundance of objective, timely feedback on the results of their performance.

Applauding achievement.

The effective director knows that nothing is more motivating than success, and to have this success (whether it be an activity that clicked, or the reorganisation of the cottage's physical environment) recognised and praised by the director can have a significant impact.

Encouraging collaboration. The effective director fosters the attitude that all staff members are responsible for helping each other grow on the job.

Fostering creativity. Staff members are encouraged to voice diverse opinions without fear of rebuke, to try out crazy ideas without fear of ridicule, to make mistakes without fear of punishment.

Being a problem-solver of last resort. While the effective director encourages staff members to act independently and to solve their own problems, he or she wants staff to be secure in knowing that there will always be an available ear to listen when a challenge is beyond

them, and to offer advice when they ask for it.

9. The effective director is a good decision maker.

The effective director has a good understanding of the logic and the emotion of making decisions and is able to act decisively when an opportunity or a looming crisis requires it, yet knows how to avoid making unnecessary decisions.

The director reaches out for help when the input of others will strengthen a decision; and he or she delegates decisions to those who have the expertise to act on their own; yet one knows when it is necessary to shoulder the responsibility alone.

Knowing when to reverse a decision and when to insist upon its implementation in the face of strong opposition are essential.

He or she knows that many mistakes will be made and not to grow overconfident with personal successes.

10. The effective director keeps his or her work life in its proper perspective.

The effective director is not a workaholic. One gives one's all at the office and then leaves it all at the office. The director has a life outside of plumbing, and paperwork: hobbies, chores, interests, relatives, and favourite shows just like real people.

The effective director understands the relationship between physical health and professional performance, only rarely staying up all night devouring Fritos and Diet Coke balancing the agency's cheque book. Regular exercise provides the stamina to survive cash flow crises and all day meetings on the new licensing regulations.

Most importantly, the effective director has a sense of humour; can ease a tense confrontation in a meeting by telling a joke on one's self; can look back at a week highlighted by equipment breakdowns, debts, and new regulations with unrealistic deadlines, and laugh; enjoys what he or she does and shares this joy with the staff. □

From The Child and Youth Care Administrator. Reference list available on request. Roger Neugebauer, is a regular speaker at national conferences, and is a noted leader in the child care field.

Principal

Applications are invited from suitably qualified persons for the position of Principal.

Wylie House is situated on the Berea, Durban, and is a home for girls between the ages of three and 18 who are in need of care.

Applicants should have a recognised qualification in Social Work and/or Child and Youth Care Work, together with administrative and welfare experience.

Remuneration package, including accommodation and medical aid, will be structured to suit experience and qualification.

Written applications, together with a detailed CV and copies of references, should be addressed to:

**The Chairman of the Executive Committee,
Wylie House Children's Home,
P.O. Box 70259, Overport 4067**

Wylie House

Child Care Workers

Lakehaven Children Home requires the services of one full-time child care worker and 2 part-time child care workers. BQCC and on-line child care worker experience would be an advantage but not a prerequisite.

Benefits: 1. Accommodation with full benefit of meals, etc. 2. Pension Fund. 3. Medical Aid (optional). 4. 13th Cheque. Salary scale in accordance with experience and relevant child care training.

Apply in writing:

The Principal, P.O. Box 76332, Marble Ray 4035

LAKEHAVEN

Incorporating Lakehaven Children Home, Lakehaven Street Child Project (Zimani) and Lakehaven M.L. Sultan Pre-Primary School

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1. MA (MW) SUPERVISIE 2. MA (MW) GENEESKUNDIGE MAATSKAPLIKE WERK 3. MA (MW) SPELTERAPIE

VEREISTES:

- Vierjarige kwalifikasie in Maatskaplike Werk
- Bewese praktykervaring ten opsigte van MA (MW) Supervisie
- Bewese praktykervaring in Spel terapie en departementale kortkursus

KURSUSINHOUD:

1. MA (MW) SUPERVISIE
Supervisie (Twee modules)
Navorsing/Personeelbestuur/
Maatskaplike Bepanning
Bedryfmaatskaplike Werk of
Opleidingsmetodiek of
Gevorderde Metodiek

2. MA (MW) GENEESKUNDIGE MAATSKAPLIKE WERK
Geneeskundige Maatskaplike
Werk (Twee modules)
Gevorderde Metodiek
Navorsing en Supervisie
Geondheidsorg

3. MA (MW) SPELTERAPIE
Spel terapie (Twee modules)
Navorsing en Supervisie
Geselskapsdiere en
Kinderontwikkeling

LET WEL: Praktiese werk en 'n skripsie, as deel van die kursusinhoud, word vereis ten opsigte van al drie kursusse. Sommige modules mag in blokformaat aangebied word.

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The people we lose from child care

I continue to be saddened by the number of people who, seemingly avoidably, leave child care work.

It's wonderful when colleagues leave in order to study further, to start a family their own, to move with their family to some exciting new chapter of their lives somewhere — or just to retire gracefully. These always go with our good wishes, leaving us with some affirmation that "there is life after child care". Unfortunately, rather more leave because child care work has been hard on them, they have become drained or disillusioned, they have been overwhelmed or defeated — with a sense that more has been asked from them than was reasonable. I often see this illustrated with students. In most of the two-year training courses offered by the NACCW, including the UNISA Certificate in Child and Youth Care, we see very encouraging numbers of new students — people who no doubt come into the field with energy and commitment, determined to give of their best to the healing and development of young people while they themselves work at their own professional and academic progress. But before two years have passed, fully two-thirds to three-quarters of these students have gone, lost to the field, lost to the organisations they worked for, and lost to the children with whom they worked.

The money or the box?

Many will say, correctly, that child care work offers little in the way of material or financial rewards. This is in many ways inevitable when so much of the

work in South Africa is undertaken by religious and charitable organisations who cannot hope to work on high salary budgets, and when many state employers give a very low status to the work (one state department has paid child care workers at the entry-level labourer scale — one-third of the salary paid to drivers.) But the monthly package for an employee in any profession is so much more than the money. It will also include recognition, appreciation, status, challenge, professional satisfaction, guidance, feedback ... and a host of other things which managers should know about.

It is a cop-out for management to claim that child care is a 'vocation' in which workers should expect to give more than they get. We had the opportunity to discuss this issue recently with a group of principals, and three nuns present confirmed that even their life vocation was intended to be one of joy, not a grim life sentence. Nobody expects their career to be constantly rewarding, but the overall equation must generally balance.

Empowered people

Tim Agg, in a very challenging article reproduced from the *Canadian Journal of Child and Youth Care* in the April issue of this journal, sketched what he considered to be the ideal employee in the child and youth care field. His picture is worth re-reading. It included not only a person who likes kids and has skills to work with them and their families and communities, with understanding of the laws and policies which guide their

lives — but also a person who is actively concerned about the laws and policies which impact on his or her own job and profession.

He writes: "This may sound like odd advice from an agency manager and employer, but I expect those planning a career working with youth to learn about employment standards and labour law."

He goes on to say that the employee should become involved directly in these issues, for example through unions, and also in professional organisations which provide the ethical guidelines for the work — in addition to involvement in politics and economics: "There is a direct connection between work with a particular youth and the public policy frameworks established by government. Staff should also learn to think like accountants or auditors, with attention to the proverbial bottom line". Tim Agg draws a compelling picture of recognition and empowerment of child care staff.

The work and the job

When we continue to lose valuable people from child care, it is the profession as a whole which suffers alongside the individual organisations' staff teams and children.

We have to ask why, and be honest in our answers. It seems that any response will have to come equally from professional associations like NACCW (regarding child care work) and from employer organisations (regarding child care jobs). The two are different, but complementary. If, between us, we fail to give meaning and value to child and youth care work in general, and workable and acceptable employment packages to child and youth care jobs in particular, we will deserve the waste and disruption inherent in high staff turnover which our field suffers today.