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**Practice and Policy —
On a Collision Course?**

**"Our plans miscarry because they
have no aim. When a man does not
know what harbour he is making for,
no wind is the right wind." — Seneca**

South African child care workers from all levels of the profession meet at a significant National Conference in Johannesburg this October. It is also a significant time for the child care service in this country as a number of emerging and changing needs become too obvious to ignore any longer — at the same time as a package of public policy shifts are coming down the track with so far unpredictable implications. Whether the needs and the policies will mesh productively — or whether they are on a collision course — will be clear in the next year or so. What is clear now is that the child care profession must speak clearly on issues which affect its work, so that its progress isn't jeopardised by default.

At one level the clientele of children's homes is presenting a new challenge. In Cape Town recently a number of children's homes complained of drastically reduced enrolments at the same time as the local place of safety claimed difficulty in placing youngsters. When the NACCW brought these two views together in a meeting, it became clear that many children's homes had not developed the services necessary to deal with the older and harder-to-serve clients society was now asking us to work with. There seemed to be two choices open: either continue to expect the children we have been used to and become as extinct as the other 38 out of 110 white children's homes which have closed in the past 20 years; or start now to develop programmes for the youngsters who are in fact coming into care. At another level, the need for child care services for black children, estimated by the Ministry of Constitutional Development and Planning itself at 150 places for every 200 000 of the population, seems hardly to have been addressed. In the six years since state policy changed to allow the building of black facilities outside the so-called homelands, scarcely half-a-dozen projects have been tackled, only four so far being completed, between them meeting only one-and-a-half percent of the need. Not only does this represent the single greatest challenge to the child care service today, but there is a terrible danger that solutions are being found in 19th or mid-20th Century models, whose appropriateness today, let alone to the 21st Century (only twelve years away)

seems doubtful to say the least. At a third level, child care is being challenged world-wide to develop services to families so that its resources are useful at a preventive level earlier in treatment planning and not only as a last resort. This requires the learning of new skills and the widening of our responsibility areas — not to mention some inevitable territorial negotiations.

Against these needs we need to look at looming public policy shifts. The proposals regarding "privatisation" of welfare seem to intend something very different from the meaning of that word anywhere else in the world. Welfare in South Africa is almost completely privatised already, whereby independent organisations develop and provide services which are bought by the state with generous support from the private sector. Any attempt by the state to renege on its part of this "partnership" with the private sector is inconsistent with the realities either of the welfare clientele or the resources of the private sector.

A minister of Health Services and Welfare has spoken on a number of occasions about the intention to reduce state expenditure on institutional care in favour of community-based preventive work. Again, sound in theory, but we are unaware of any consultations with child care practitioners which led to this thinking, and remain suspicious of theoretical policies "from on high" which may be out of touch with the reality of practice. The other side of this coin, however, is the warning made by this journal on a number of occasions that child care services must develop effective short-term, family-based preventive programmes themselves to remain relevant to both current legislation and the principle of permanency planning. In other words, children's homes cannot continue to shout the odds without themselves being prepared to develop their own contributions.

Simultaneously, the principle of "differentiation" which gives expression to the "own-affairs" welfare structure under the present constitution, hinders the co-operation so much needed between experienced and new organisations. It also perpetuates the wasteful proliferation of welfare bureaucracies, and worse, leaves residential child care as such small and fragmented parts of their respective state departments which then seem to warrant inadequate attention by all of them. The state's continued failure to provide realistic professional leadership to the child care profession is notorious.

In these times, when the child care service in South Africa is faced with compelling professional and social issues, it needs more than ever to close ranks, to make itself heard — but, above all, to know where it is heading.

NATAL FEATURE

An Ultra-Early Education Programme

Barbara Robertson and St Thomas' Children's Home are little heard of in residential child care — and yet tucked away in a quiet residential area of Durban is a children's home catering for 60 children between the ages of 0 and 6 years, with one of the most up-to-date, stimulating and challenging programmes in child care offered to that age group.

Many of these children are abandoned, many have suffered untold abuse and most are considered to be "damaged beyond help".

Barbara is now the principal of the home and leads a team of enthusiastic, dedicated workers. Prior to her appointment as principal, Barbara worked as a volunteer in the home for 25 years.

Soon after the children's home was handed over to new management in 1974, Barbara, recognising that children who left at age 6 to go on to other institutions failed repeatedly and were often regarded as mentally subnormal, formed an in-house primary school with 50 percent of the pupils coming from the outside community. It then became obvious that the St Thomas children showed vast gaps in their knowledge and abilities when compared with the children from the community — and so began a struggle to prove that babies and toddlers could receive education which would enable them to bridge those gaps.

In spite of warnings from experts that formalised educational programmes for toddlers might be hazardous, an ultra-early educational programme was initiated and has rapidly evolved over the

past 5 years.

By taking one child as an example, and working intensively for one year, Barbara herself showed how this type of programme would work. The change and development of that one child demonstrated very clearly what could be done. Barbara says of the children who have gone through the programme, "Far from the timid and apathetic little beings



of the past, they are now jaunty, brash and confident. Their own eagerness to learn is heart-warming and at the pre-school to which they graduate at age 3, it is now clear that *they* have a head-start on the children from the community outside!"

The staff are able to quote numerous cases of seriously disturbed toddlers, sexually and physically abused children, children with elective mutism and chil-

dren who were to all intents and purposes autistic, who have become well-adapted children able to function quite adequately in primary schools. Barbara emphasises that the programme is not overly expensive to implement. They use what they have available, and what they don't have, they make from waste materials and donations from the community. Every bit of physical space has been used and adapted to fit in with the programme.

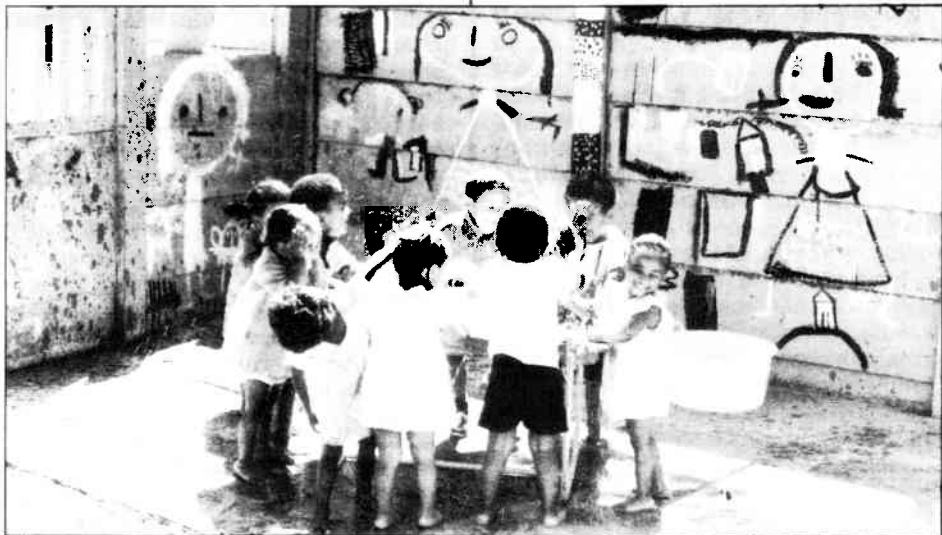
All staff, including the cooks, the gardener, nurses and social worker, participate in the programme. No one is exempt, and all reflect the same sense of excitement and enthusiasm which is so evident in Barbara Robertson's approach to the challenges that have faced her. St Thomas' Home has become a resource to community, welfare agencies and professionals. When no one else seems able to do anything, "Robertson" as the children call her, is prepared to give it a try.

The children are encouraged to develop at their own pace and those who are admitted after the age at which the ultra-early programme starts, are placed in stimulation groups first until they have caught up.

Barbara strongly believes that the programme offered by St Thomas' should be available to all children, and in 1986, after many lengthy discussions, the Minister of Health Services and Welfare granted approval for the home to be opened to children of all race groups.

Barbara serves as an executive member of the SA Association for Early Childhood Education and has been asked on a number of occasions to present reports on her work at conferences and workshops.

Parents, teachers and organisations throughout Durban frequently approach St Thomas' for teaching and guidance because Barbara is adamant that everything that they are learning at St Thomas' must be shared, so that the maximum number of children can benefit. Her concern for young children not only applies to those in institutions. She says, "There is a new and urgent problem which warrants our attention. Infants are placed in creches and day-care centres which are hard pressed just to provide for the material needs of the children and do not have the facilities for early stimulation. Even the concept of "quality time" may not be relevant in this situation, as all too many mothers arrive home physically and emotionally drained and are hard-put to manage the cooking and household chores, let alone find the time to stimulate their little ones. It is our feeling that the principles underlying the St Thomas Ultra-early Childhood Education Programme should form an integral part of the daily service provided by all creches and day-care centres.



NATAL FEATURE

New Programme Development at Ethelbert

The Ethelbert Children's Home has always had a deep and sincere commitment to do what is best for children, and as far as it has been within their power, to meet the needs of each child.

The home, which is situated in Malvern on the outskirts of Durban, is registered for sixty boys and girls of all ages. Ethelbert pioneered the cottage system of care more than 30 years ago and at present accommodates the children in six cottages. As needs have been recognised, so facilities have been developed to meet these needs.

It takes insight, courage and flexibility from management, staff and children to face the challenges of change and growth. This children's home, in response to a growing concern that the children's real needs are not being met, has planned to launch a new programme which addresses itself to the following problems:

- It is an accepted fact that reconstruction services and after care services are inadequate and have therefore been unsatisfactory in meeting the needs of children and their families. There will always be children who need long-term care — that is known and recognised. However, there are many who have remained in the children's home for longer than was necessary.

- Ethelbert Children's Home has come to recognise that they too have failed. They too have contributed to the problem in that they were prepared to accept the poor services, and the fact that children remained in care for long periods of time.

- Perhaps most significant of all, the children's home has experienced a confusion of roles — are we parenting or are we treating? "In all honesty, we've been dabbling in a little of both and been going around in circles" says Ernie Nightingale, principal of Ethelbert Home. Both staff functioning and programmes have been affected by this confusion.

Theoretically, it is well known that substitute parenting is not the beginning and the end of residential child care, and the children's home has sought to move away from this by providing professional care within a treatment-orientated approach. In practice, staff have been faced with the needs of children who have remained in care for long periods, who receive no parenting from their parents and no parenting from the children's home. Too often in child care, the rights of the parents have been emphasised while the needs of the child, par-

ticularly in respect of permanency planning, have been missed.

- The Child Care Act emphasises the two-year maximum period of placement. It also places the emphasis quite clearly on the on-going responsibility and capability of the parents. We are no longer looking after *children* in need of care as much as at *families* in need of help.

- In considering the *real* needs of the child, there is one fact which is absolutely clear: the child has a need to be with his/her parents. Nothing that the children's home can offer can substitute in this regard.

New Programme

The new programme aims at distinguishing between the children who need long-term care and those who will benefit from short-term treatment. Medium to long-term care will be provided for sixteen children and a short-term service for 44 children. Those who will remain in long-term care will be placed in the Ethelbert Children's *Home*, where they will receive "parenting" in a normative environment, probably off-campus in community or group homes. Relationships will become more established and services will be less "high powered". These would be the children who, for whatever reason, are unable to return to their families or be placed in foster care. Short-term treatment will be provided in the Ethelbert *Hostel*. This programme will address itself to the five factors mentioned above.

Ecological treatment, which includes the child's whole family, social and cultural environment, will be an integral part of the programme. A five-day residential programme will be offered where children return purposefully to parents for weekends wherever possible. Maximum parental involvement, with parents playing the role of partners, will be actively encouraged, right from the pre-admission stage. They will be encouraged to make decisions for and with their children, take responsibility for clothing, school books, pocket money, etc. and will assist in daily programmes when possible.

The *maximum* period that a child will remain in the hostel will be two years. During this time the child and his family will enjoy the total commitment of staff and programme.

A *decision* regarding the child's future *must* be made within the two-year period and this will be clearly conveyed to

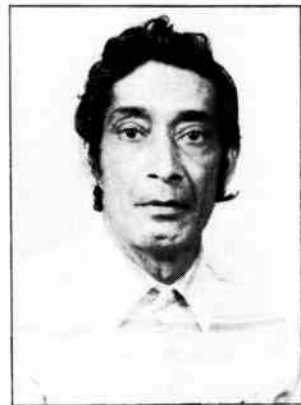
the child and the parents. The child either returns to his parents or is placed in alternate care. Alternate care could mean foster care or placement into the Ethelbert Children's Home or another children's home.

After care services will continue to be provided for those in the children's home. Existing facilities and buildings will be utilised to convert the "Home" into a "Hostel". Admission into the home, where necessary, will be via the hostel programme.

This new programme represents a serious attempt to interpret in practice the intentions of the Child Care Act, and to render a meaningful supportive, educative and preventive service to children and their families, hopefully avoiding the need for long-term separations.

People

John Ross, Child Care Worker



John is a well-known and much-loved personality in the Natal Region, where he has worked as a child care worker for almost 12 years. John comes across as a quiet, unassuming person, but it doesn't take anyone very long to realise that he has a depth of knowledge, together with a good deal of practical experience of the child care field.

John's concern and interest in children began some 34 years ago, when he became involved in the Boy Scout movement. This involvement lasted for 22 years, for the last six of which, he held the position of District Commissioner. John began as a non-residential child care worker at St Theresa's Home for boys in 1975. He obtained his National Certificate in Child Care four years later. John has served on the Regional Executive of the NACCW for six years and is presently involved in lecturing for the BQCC course in Durban.

In a profession where child care workers come and go fairly frequently, it is a tribute to John that he has remained loyal, enthusiastic and consistently dedicated to his profession and the children in his care.

Regulation 33(2)(f) under the new Child Care Act (No. 74 of 1983) for the first time requires children's homes to have on file a "treatment programme" in respect of each child. In this series of articles the authors explore the purpose and nature of such a document.

The Treatment Plan — V

Case Reviews — and some Problems

Merle Allsopp, Peter Powis and Brian Gannon

Merle Allsopp is unit manager at St Michael's Children's Home; Peter Powis is Clinical Psychologist at Tenterden Place of Safety; Brian Gannon is National Director of the NACCW

REVIEW: CASE STUDY I (Adél D'Issent)

Material presented to case conference one month after admission. The following headings from the treatment plan are reviewed:

Peer attachment. Attempts to attach Adél to Patricia and Cheryl failed. They showed her around and introduced her, but she immediately related to Susan and Bonnie (who share many of her problems) and avoids the first two who in turn lost interest in her. Susan and Bonnie are both "hard to reach" youngsters and this relationship is screening Adél from staff and the rest of the group to some extent.

School attendance. Adél accompanied the child care worker to school on the first morning, but claimed to be feeling unwell on the second morning. The child care worker reflected this as "feeling strange in a new school and finding it hard to get back into a school routine", and she has attended every day. She has shown some discouragement at the amount of work she has to catch up on, but ensuring that at least her homework is done each day has been a significant gain for her. The school as expected expresses concern over her ability to pass this year, but has reported no other difficulties.

Involvement of parents. The parents resisted invitations on several occasions to visit and have so far not come to the

home since Adél's admission; nor have they telephoned. This has been interpreted as feelings of inadequacy and guilt following on the Children's Court Enquiry. The child care worker visited the parents twice informally simply to report on Adél's good progress, and they were more relaxed on the second visit.

Sexual activity. Marge (child care worker) was able to discuss quite openly the issue of contraception which has appar-

When child care workers can see where their day-to-day work is leading, their interventions can be seen in context and have meaning for them.

ently been the boyfriend's responsibility so far. Adél has an understanding of the necessity for this, but has expressed fears about female contraception. Greig (the boyfriend) comfortably accepted invitations to visit, has related well to staff, and indeed seems a sensible and mature person. His role seems to be to some extent "fatherly" and Adél shows some over-dependence on him.

Communication. Adél was far more communicative than we had expected. Her language development is poor but she has been very willing to talk, to share feelings and express viewpoints. She has responded extremely well to listening. Once when she was laughed at by a group at supper time for expressing a naive view of a newspaper report, she fled to her room, but when the child care worker reflected her feeling of embarrassment and pointed out her right to

express her own view, she returned quite easily to the table. She later discussed the issue with the same child care worker and was interested in being able to gain a better understanding of it. She has been generally polite and compliant in the living group and has therefore not yet communicated self-assertively towards staff.

Abuse of property. Nothing of this nature has occurred. Adél responded well to the child care worker's interest in her wardrobe budget.

Non-assertiveness and self-image. It seems that Adél has been finding her place in the group and issues and opportunities in this regard have not yet come clearly to the fore.

New observations

1. Undirected and aimless behaviour. Child care workers are concerned that Adél shows little motivation beyond sitting around or spending time in Susan and Bonnie's bedroom. We are unsure as to whether this is still "settling down" behaviour, a normal way of recreation, or avoidance of other activities. She declined three invitations to events during the month, choosing rather just to stay at home. The treatment plan suggested that we should respect her choices like this, but it is wondered whether this will lead to isolation, boredom, and a loss of opportunity for stimulation and extension.

2. Adél has been expressing anxiety about her future. "What will happen to me when I have to leave here?" has been asked more than once. It seems as if her poor school progress together with her removal from home has left her feeling vulnerable and insecure about her future.

3. Adél has telephoned her mother three or four times and seems to have nothing to say beyond "How have you been?" Neither of them have things to talk about and it seems that Adél's shares very little with her parents.

4. When she was invited to help decorate the lounge and plan for an evening entertainment in the cottage, she became helpless and giggly and felt unable to contribute. Also, when asked to help plan menus for the group, she expressed inability saying "I wouldn't know what to do". She seems embarrassed when expected to "perform" in any way.

Discussion

It appears that some of Adél's problems were situational in that they arose out of her parental home circumstances. The poor communication, for example, seems to be reflected in the parents' inability to visit the children's home, the school attendance is probably related to firm limit-setting, and the passive resis-