

**THERAPEUTIC MILIEU AGENT OR SUBSTITUTE PARENT?**

A study of the role of houseparents in children's homes  
in South Africa

Thesis submitted in fulfillment of  
the requirements of the degree  
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A.S.W.

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## CHAPTER 1. INTRODUCTION

### REASON FOR STUDY

Interest in, and concern about, residential care for children in South Africa developed after several years experience in the field of social work. During this time, I committed quite a few children to this type of care, only realizing afterwards that I had sent them to an institution about which I knew only the basic facts. What I did not know, and what I was powerless to control, was the type of experience the particular child would be subjected to. To what extent would his<sup>1</sup> needs, for which I felt he required institutional care, actually be met? To what extent would he become just one of a large group of children, with little attention being paid to his individual feelings and problems? To whom was I entrusting his care, and what guarantee was there that this person would do a better job than his own mother?

Although I was not always able to see these same children after their return from the children's home, as their stay usually stretched over several years, I came into contact with others after their release. It was then my task to supervise their adjustment back into the life of their families, and to help their parents to cope with them once again. In some of these cases, the return went smoothly, and the child remained well<sup>1</sup> behaved and controllable; in other cases, it was necessary to arrange for the child to go back to the institution for a further period of care.

More in-depth experience of children released from children's homes was, however, gained by being the social worker in charge of an after-care hostel established to care for girls of working age who were ready for discharge from children's homes, but no longer had family able to care for them. The hostel functions as a half-way house, and is virtually the only one of its kind operating in South Africa at present. It caters for a maximum of six girls at a time, and is staffed by a set of houseparents. On their release, the girls are assisted to find employment, and are expected to contribute a proportion of their wages for their board and lodging. They are permitted to remain in the hostel for up to two years, after which time they must find alternate accommodation.

1 For convenience, the male pronoun will be used throughout this study when referring to children, and the female pronoun when referring to houseparents. It is however realised that both could be of either gender.

Most of the girls have come from up country, isolated Homes<sup>1</sup>, but this cannot be the only factor contributing to the many problems they exhibit on arrival. An attempt is made to treat the girls like young adults and to encourage them to go out into the community as much as possible. Consequently, behavioural problems have, to date, been minimal. However, it is in the emotional sphere, where the girls exhibit the greatest difficulties.

Although they have ranged in age from sixteen to twenty-one years, they all tend to function at a much lower emotional level. They constantly vie for the attention of the houseparents, are reluctant to leave the secure, relaxed atmosphere of the hostel to participate in the social activities outside, they are moody and quick tempered, and have a wealth of ambivalent feelings towards their families, many of whom abandoned them at a young age.

Reference to individuals will probably better highlight the above comments, and several of the girls who have passed through the hostel spring to mind. To ensure anonymity, their real names have been altered.

Mary arrived on Cape Town station dressed in an exceptionally short dress, crisp white socks, and flat shoes. She was already eighteen years old and had spent several years in an up-country Home, after an earlier foster care placement had broken down. She had never in her life worn nylon stockings, and it soon became clear that the staff of the institution had not treated her, a teenager, any differently from the other younger children. However, she had been made a prefect, and was given some responsibility for maintaining control over other children in the home. This had taught her one thing - how to inform on her peers, and this behaviour she attempted to continue in the hostel. She immediately reported any wrongdoing on the part of the other girls to one of the houseparents. They in turn had a tremendous task trying to teach her that they were fully aware of happenings around them, and did not require her assistance. Being a prefect presumably also conferred a few privileges on her. She thus resented being treated equally to the other girls, and would sulk for long periods if things failed to go her way.

Then there was June, committed to an institution, also up-country, on the death of her

1. A capital 'H' indicates reference to a children's home.

mother. Although she went to work regularly from the start, she was completely unable to socialize. Most of her leisure time was taken up by sleeping, no doubt her method of escape from this new reality. No matter how much she was coaxed and urged to go out and visit family and friends, she always preferred to remain in the hostel. On a few occasions she did visit her father and brother. However, she was so shocked by the conditions in which they were living, and disappointed in the woman with whom her father had chosen to cohabit, that, after a few visits, she severed contact. Although her other brother was released from the same institution shortly afterwards, she showed no interest in maintaining a relationship with him. June's two years have nearly expired. We have had to admit that she will not change, and so one fears for her future, when she is forced to fend for herself.

The third example concerns Anne. From babyhood she was cared for in a series of institutions. Each time her behaviour became difficult, she would be moved on to another. She was referred to us from an industrial school<sup>1</sup> where the staff informed us that if we did not accept her she would be transferred to a reform school.<sup>2</sup>

Although Anne had progressed academically further than the other girls, and was in the midst of Standard 7 on her arrival, emotionally she was the most disturbed and confused. In fact, when all her feelings finally surfaced, it became clear that she required specialist psychiatric treatment to provide her with better insight and help to cope more adequately. Arrangements were thus made for her to be admitted to an in-patient adolescent unit for approximately six months.

While one does not want to be too harsh on institutions and staff of institutions who no doubt cared in the best way they knew for Anne, many of her problems seemed to result from inadequate experiences while in care. One of her major problems related to confusion about her sexual identity which was traced directly to attitudes to which she was exposed while in a Home run by nuns.

- 1 An industrial school is an institution generally caring for adolescents displaying behavioural problems. They are more restrictive than a children's home, more educationally orientated, and emphasise absolute obedience.
- 2 A reform school generally cares for children who have clashed with the law, and have been referred to them by the juvenile court.

After a great deal of input from the houseparents who are constantly surprised by the immaturity and inadequacy of the girls, a measure of independence and responsibility develops. Yet the question constantly arises as to why it is in fact necessary to provide such a service to these girls, who have to be taught seemingly elementary behaviour, like basic hygiene and cleanliness, how to work with their own money and the importance of saving, how to introduce and entertain their friends, politeness in answering the telephone - the list is endless. Surely these are things they should have been taught during their many years in their various institutions. And if they are not being socialized in these ways, why not? And what sort of care have they received instead?

The scope of this study had to be limited in some way. It was thus decided to focus attention on the latter question, in order to find out as much as possible about what actually happens inside children's homes, with special emphasis on the daily routines the children are subjected to, and the skill of the houseparent in charge, to understand the children and provide them with experiences designed to meet present needs and equip them for their future.

I have expressed concern for three particular children who have been released from children's homes, but, as the following figures will show, there are many more still in care, and I feel concern for them, too.

#### HOMES AND CHILDREN IN CARE<sup>1</sup>

At the end of December 1979, there were 80 registered Homes for white children, and in 1980, 23 for coloured children. It is, however, interesting to note, that in both cases, there has been a steady decline in the numbers of such Homes over the last few years, which cannot solely be attributed to decreasing numbers of children being committed to children's homes.

1 The statistics in this section were obtained directly from the Departments of Health, Welfare and Pensions, and Internal Affairs (Coloured Affairs).

Table 1 shows the number of white and coloured children in Homes between the years 1975 and 1980. In the case of coloured children, the figures are slightly lower than they should be, as they do not include numbers of privately placed children, information which the Department of Internal Affairs (Coloured Affairs) was unable to provide. Statistics obtained from the Department of Health, Welfare and Pensions were only available up to 31 December, 1979.

TABLE 1 : Numbers of white and coloured children in children's homes between 1975 and 1980.

YEAR	NUMBER OF CHILDREN		
	WHITE	COLOURED	TOTAL
1975	7224	2030	9254
1976	6673	1900	8573
1977	6744	1935	8679
1978	5793	1790	7583
1979	5665	1579	7244
1980	-	1976	-

Although the figures in the Table reflect a slowly declining population of children being cared for in children's homes, the combined figure for 1979 still stands at 7244. This is a large number of children who are not experiencing normal family life and enough to require thorough study of the circumstances under which they are living.

What are the reasons for their placement in children's homes? Table 2 provides information which can answer this question. As can be seen, "indigence" is not included as a category for white children. There is, however, no certainty that this reason is never applicable to white children.

TABLE 2 : Reasons for children's committal to children's homes : 1977 - 1980

Reasons for Committal	YEAR							
	1977		1978		1979		1980	
	White	Coloured	White	Coloured	White	Coloured	White	Coloured
Orphanhood	187	31	162	26	136	16	-	30
Inadequate Parents	6458	225	5520	82	5424	176	-	186
Behavioural Problem of Child	99	200	111	201	105	253	-	232
Indigence	-	70	-	60	-	20		53
Total	6744	526	5793	369	5665	445		501

In examining the Table, an important difference in figures pertaining to white and coloured children should be noted. While the figures on white children refer to reasons for all the children in care in that year, the figures for coloured children refer only to new admissions. Thus in order to draw some comparison, it is easier to compare proportion of children in each group, at the same time assuming that the newly admitted coloured children reflect the same proportions in the entire population of coloured children in care that year. This becomes valid for a rough comparison if we compare proportions over the years, which remain more or less the same.

We thus see that the majority, approximately 96 per cent, of white children are sent to children's homes because of inadequate parents, while the picture with regard to coloured children is more varied. Here we find behavioural problems of the child usually being the most common reason, although inadequate parents also play a major role.

Reasons such as these are largely dependent on interpretation of the presenting problems. In other words, if a child steals in order to gain attention, he could be displaying a behavioural problem, or his parents, who fail to give him the attention he requires, may be inadequate. Too much emphasis should thus not be placed on the reasons provided except to note that a large proportion of children are sent to children's homes, not through their own shortcomings, but through those of their parents.

This does not mean they are not emotionally affected by the removal, or the circumstances at home which led to the removal, but that it is our duty, as adults, to provide these children, as far as possible, with opportunities and experiences equal to those they would have received in a normal home. At no stage should the children feel their committal to the Home was a form of punishment. Whatever the official reason, all children need understanding, sympathetic, concerned handling, and treatment.

### EFFECTS OF INSTITUTIONAL CARE

At the beginning of this chapter, I cited examples drawn from personal experience, which appeared to indicate rather negative consequences of long-term institutional care. For more substantive evidence, we now turn to research to find out what it has concluded on the basis of proper study and investigation.

The central debate still revolves around the concept of maternal deprivation, as highlighted by Bowlby (1965), in a report first presented to the World Health Organization in 1951. In his review of research findings, Bowlby (1965) concluded that there was abundant evidence that maternal deprivation can have adverse effects on the development of children, (a) during the period of separation, (b) during the period immediately after restoration to maternal care, and (c) in at least a small proportion of cases permanently. Most commonly, language processes are affected, as well as the ability to establish and maintain deep and meaningful interpersonal relations. What was thus believed necessary for mental health was that "an infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother - substitute - one person who steadily "mothers" him) in which both find satisfaction and enjoyment" (Bowlby, 1965 : 13).

Ainsworth (1965), in attempting to clarify the maternal deprivation controversy, pointed out that its effects were dependent on a multiplicity of variables. These included the age of the child at separation, the nature of his experiences (including his experiences with his mother) before separation; the duration of the separation; the extent to which substitute mother-figures are present to interact with him; the presence of traumatic circumstances either surrounding the separation itself or complicating

the experience following separation; and the nature of the child's experiences after the separation is over. (Ainsworth, 1965 : 198).

Dinnage and Pringle (1967), in reviewing research conducted after Bowlby's (1965) findings were publicized, point out that it generally can be divided into three kinds : finer investigations regarding the kind and duration of the effects of maternal deprivation; observational studies of deprivation while it is in progress; and research on the effects of improving and "enriching" the residential nursery environment. Much of this research however, serves to confirm Bowlby's (1965) earlier findings.

While a great deal of attention has been focused on the effects of institutional care on babies who either grow up in nurseries, or are removed from their mother's at a very young age, there are fewer studies on older children. Dinnage and Pringle (1967) have noted the complications inherent in such studies. As the majority of older children have had varying periods of home care as well as various painful experiences, which all contribute to their development, it is extremely difficult for any analysis to be able to distinguish all the different factors in the life of the older child in care. Consequently, most research on older children has focused on intellectual and psychological testing of the children; retrospective studies of adults who were once in care; and studies of the reversability of deprivation. What these studies generally find is that the ill-effects of long-term institutional care of older children "manifest themselves in relatively low scores on intelligence tests, poor educational progress and deficiencies in emotional and social development, when compared with children from similar socio-economic backgrounds who live with their own families." (Dinnage and Pringle, 1967 : 35).

Another way of assessing the effects of institutional care is by means of follow-up studies of children after their release. What such studies have generally found is that performance at discharge is not predictive of post discharge adaptation because of the many environmental factors which impinge on children after discharge (Shyne, 1973).

In concluding their review of research on residential child care in which similar studies resulting in similar findings were conducted by many investigators, Dinnage and Pringle (1967) suggest that research should now shift to practical comparative

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studies of institutions in order to discover the beneficial elements in group life. They thus recommend, amongst other topics, that research be conducted into the general routines of Homes, the feelings of staff, as well as the question "how can a therapeutic community be created so that children leave residential care emotionally and intellectually strengthened, rather than even more deficient or damaged than when they entered it" (Dinnage and Pringle, 1967 : 48). It is this question which leads to the present study.

### PURPOSE OF PRESENT STUDY

The purpose of this study was to investigate day-to-day experiences in children's homes, through an examination mainly of their daily routines and leisure time activities. In order to achieve this goal, these experiences were assumed to be contained in the concept of a therapeutic milieu. Each respondents commitment to the creation of a therapeutic milieu was thus assessed by means of a range of questions which formed a Milieu Therapy Scale, and the consequences of such commitment for factors such as the size of the Home, incidences of bedwetting, frequency of visiting by friends and parents, the tasks performed by respondents, the use of corporal punishment, and the number of absconders, was then investigated.

### OUTLINE OF STUDY

The following aspects of residential care is covered in the chapters that follow :

- Chapter 2 provides an overview of the development of residential care in general. This is followed by an examination of the situation in South Africa, including the historical development of children's homes, and legislation related to them.
- Chapter 3 examines relevant research on residential care, including research conducted overseas and local studies.
- Chapter 4 examines the development of the two main concepts applied in the study: the child care worker, and the therapeutic milieu.
- Chapter 5 discusses the research methods applied.
- Chapter 6 presents findings obtained from the questionnaire.
- Chapter 7 contains an examination of the proposed hypotheses.
- Chapter 8 contains concluding remarks and recommendations for further research.

## CHAPTER 2. RESIDENTIAL CARE

### ✓ HISTORICAL DEVELOPMENT OF RESIDENTIAL CARE

Institutional care for children goes back many centuries. In Western Europe there are records of hospices (or shelters) for people in need dating back to the 4th century. Those served included travellers, the sick, the poor, and children, with care being provided mainly in convents or monasteries.

In 787, Datheus, Archbishop of Malan, established an institution to care especially for abandoned children. Similarly, in France, in 1633, St. Vincent de Paul, also sympathized with the plight of these children, and established homes for the enfants trouves (Kadushin, 1974).

In England children were first cared for in large institutions or workhouses, which accommodated over two hundred children at a time. There was consequently little individual attention from the staff, who were generally untrained.

In the United States, records show that the first orphanage was founded in 1729, by nuns, to care for a group of orphans whose parents had died in an Indian massacre (Bolman, 1969).

Later a number of different motivations for caring for children emerged. These included a concern for idleness, lack of productivity, presumed moral depravity, and protection of society, as well as a genuine concern for aiding needy children (Whittaker, 1972 a). In addition, crises such as floods and epidemics have further led to the establishment of Homes.

Two diverse arrangements to meet the needs of these children were made. Able-bodied children in good health were sold at auctions or indentured to work as apprentices. Those unable to work, such as the emotionally, physically, or culturally handicapped, were cared for in an English-style place of refuge, or almshouse, where they were cared for together with other dependent persons such as paupers and lunatics, or an orphanage.

In general, the goals of institutions were the provision of shelter, care and training, with an emphasis on obedience, conformity, and character development through work. These institutions were usually separate from other welfare services, which undoubtedly influenced their poor image in the community. They were often stereotyped as mysterious, isolated places where children were sent, usually after clashing with the law.

Gradually these earlier types of institutions were replaced by new structures that attempted to offer a homely atmosphere. The large, impersonal buildings were replaced by smaller cottages, staffed by people known as houseparents.

With the widespread development of foster care, a form of care preferred especially for orphans, and the increasing recognition of the need to assist the child with his emotional problems, many residential institutions became more specialized treatment centres. Their focus shifted from shelter and deterrence, to rehabilitation and treatment, with the ultimate goal being the return of the child to the community. No longer is the institution isolated from the surrounding community, but the children are now encouraged to participate in the activities offered by it, and to use its resources maximally.

A further development has been the introduction of an interdisciplinary staff team, whose responsibilities are to plan and provide treatment for individual children. Not only do they make use of the one-to-one method of treatment, but also recognize the value of interpersonal relationships and the need to consciously manipulate group forces.

In summary, as Ramasar (1972) has stated, child care institutions developed through three major stages :

- (1) The care of children in almshouses, which took the form of large congregate facilities for society's misfits and outcasts.
- (2) A movement toward child centred institutions which arose from an awareness of the psychic damage to children which occurred in large depersonalized institutions.
- (3) The development of facilities which provide temporary care and treatment for

children who have needs that can only be met by a group living programme and specialized services planned in accordance with individual needs.

Today's institutions are thus seen as having positive qualities which can be of great value in assisting certain groups of children. Before listing these benefits, Kadushin (1974) defined the children's institution as "a twenty-four hour residential facility in which a group of unrelated children live together in the care of a group of unrelated adults" (Kadushin, 1974 : 617). He then spells out its advantages :

- Concept*
- adv*
- (1) The child is not pressured, or obligated, to develop a close relationship with any one parental figure, but has a range of such figures from which to choose to identify.
  - (2) The peer group itself can be used as a catalyst for helping the child to change.
  - (3) The routine required in group living and the regulations which the institution is required to enforce, offer security to the child and support him in controlling his impulses.
  - (4) The child's daily living experience can be planned so that it will be optimally therapeutic.
  - (5) The institution can tolerate a wider range of behaviour than is acceptable in the community.
  - (6) Special facilities for care, treatment, rehabilitation, and vocational training can be made available to a group of youngsters burdened by the same disability.

Gannon (1980) adds the following points to this list.

- (1) There is a high degree of accessibility of clients for workers, and workers for clients. Being a residential setting each party can always find the other.
- (2) There is the benefit of a staff support system through the team approach to care and treatment.

Kadushin (1974) was also aware of the problems inherent in residential care. These included :

- Challenges*
- (1) The difficulty in providing continuity of care because of great staff turnover.
  - (2) The potentially negative effects of group living. Children living in groups set up their own social system and code of behaviour, which may oppose, rather than

support the aims of the institution.

- (3) The contradiction between the need for regulations and the need to individualize; the conflict between the needs of the individual child and the needs of the group.
- (4) The disparity between the education and status of the child-caring staff and their therapeutic significance to the child.
- (5) The public's ambivalent attitude toward the institution and the children it serves.

Today's institutions then, are not merely places providing physical care for children. Nor are they places where treatment takes place. A review of the literature shows that they are now recognized as part of the treatment process, and that its characteristics are for the large part advantages in treatment. No longer are children placed in a Home as a last resort, but after a conscious decision has been made that the particular child will benefit most from care and treatment in a residential centre, as opposed to remaining with his family, or placement in foster care.

This view is gleaned from literature, emanating mainly from the United States of America. One has to ask, is this the picture in South Africa today, or are we still lagging behind in our provision of residential care. It is hoped that the present study will partially answer this question.

#### RESIDENTIAL CARE IN SOUTH AFRICA

As pointed out in the previous section, most of the literature on residential care emanates from America, and consequently pertains to the conditions in that country. It has thus been decided to devote a separate section to the South African situation, both for the sake of clarity as well as to provide future researchers with easy access to this information.

The following aspects will be covered.

- (1) The Historical Development of children's homes.
- (2) Legislation pertaining to the establishment and control of children's homes, and the procedure for committing children.

(1) Historical Development

The first children's Home in South Africa was established in 1814, as a joint undertaking of the Dutch Reformed and Lutheran churches. Its purpose was to care for orphans, provided they had been born in wedlock.

Nearly a half century passed before the second Home was established, but by the end of the century, ten more existed, founded mainly by the Protestant and Roman Catholic churches.

The Anglo Boer war, the First World War, and the influenza epidemic of 1918 acted as further stimuli to the establishment of Homes.

In 1913 the first Child Protection Act was passed, which, amongst others, made provision for the registration and inspection of children's homes. Although few Homes actually registered themselves, inspections were conducted regularly. Many institutions resented this interference by the State, yet general conditions left much to be desired.

The buildings were of poor quality, furniture and equipment was inadequate, conditions were often primitive, and the staff were immature and untrained. Some institutions were found to be so bad that they were forced to close.

Attention and concern was continually focused on the state of children's homes, and recommendations for their improvement made. The Carnegie report on the Poor White Question, which appeared in 1932, stated that in view of the goal of rehabilitation, only properly trained and suitable persons should head children's homes. Another report, that of the Interdepartmental Committee on Indigent, Neglected, Maladjusted and Criminal children and young persons, which was published in the late 1930s, mentioned the need to commit to Homes only those children who displayed deep-rooted deviant behaviour which required treatment outside the community. The need for the appointment of social workers to the staff of children's homes was also recognized around this time. In the 1940s, recommendations were made for small Homes with more homely atmospheres to replace large institutions.

Despite these recommendations, change and improvements came about slowly. In 1964 an investigation conducted by the Department of Welfare and Pensions into the standard of training of staff, showed that two principals had only a Standard 6 education, more than twenty per cent only a Standard 8, and about a third only Standard 10. Only two principals were social workers.

With regard to child care staff, it was found that forty per cent had no training above Standard 8, while only about five per cent had post-matriculation training.

Similarly, despite the call for smaller institutions, it was reported in 1975, that of the two-thirds of Homes under the control of churches, half catered for more than 100 children, and in many cases for as many as 200 to 300 (Louw, 1975). And, as recently as 1978, additions were made to at least one particular Home in order to accommodate over 600 children.

<sup>10</sup>  
A (2) Legislation Governing Children's Homes

The Children's Act, No. 33 of 1960, lays down provisions both for the establishment and management of children's homes, and for the procedure by which children are admitted to them. It also provides a definition of a children's home. Section 1 (xii) states that " 'children's home' means any residence or home maintained for the reception, protection, care and bringing-up of more than six children or pupils apart from their parents but does not include any school of industries or any reform school". It is this kind of Home with which we are concerned in this study. However, although the definition refers to more than six children, it was decided to include only Homes catering for 40 or more children as it was felt that the organization of a Home with fewer children would not be comparable.

(i) Establishment and Management of Children's Homes

Every children's home (other than a home maintained and controlled by the State) has to be registered, and be managed by an association of not less than seven members. A certificate of registration is then issued and the Home may be classified according to the race, sex, age, physical or spiritual needs of the children for whom it will care.

All Homes are subject to inspections, in order to ensure standards are maintained and that the Home is properly administered. These are usually carried out by social workers employed by the Department of Health, Welfare and Pensions in respect of Homes for white children, and by the Department of Internal Affairs (Coloured Affairs) in respect of Homes for coloured children.

The Regulations to the Children's Act lay down the type of records and registers which the managers of every Home are obliged to keep. These include :

- (1) A register containing details of every child admitted, including date of admission; name, race and sex; date of birth; place of residence prior to admission; and names and address of parents, guardian or next-of-kin.
- (2) Records of dates of expiration of detention, or of child's release on licence, discharge, transfer or re-admission.
- (3) Daily attendance register.
- (4) Punishment book, with a record of every child punished, the date and nature of the transgression, and the date and nature of the punishment meted out and by whom administered.
- (5) Register of absconders.
- (6) A record file on every child including all documents and reports pertaining to that child.
- (7) Books of accounts, which reflect all financial transactions, as well as a record of all assets and liabilities.

All children's homes which care for children committed by a children's court (see below) are assisted financially by the State in the form of subsidies and grants. At present a subsidy of R115.00 per month is paid in respect of each white child, and R85.00 per coloured child.

(ii) Procedure for Committal to Children's Homes

Children in children's homes fall into two categories : committed and non-committed. A non-committed child is one who has been placed in the Home by private arrangement between his or her parents or other persons responsible for the child's care, and the managers of the Home. A committed child is a

child admitted to a Home in terms of provisions as laid down in the Children's Act which operate as follows.

A registered social worker, who in one or other way has become aware of the case, and who believes it is in the child's best interests to be committed to a Home, draws up a comprehensive report showing that the child is "in need of care" and recommending the child's admission to a Home. Section 1 (x) of the Children's Act defines a "child in need of care" as a child who :

- (a) has been abandoned or is without visible means of support; or
- (b) has no parent or guardian or has parents or a parent or guardian who do or does not or are or is unfit to exercise proper control over that child; or
- (c) is in the custody of a person who has been convicted of committing upon or in connection with that child any offence mentioned in the First Schedule to this Act; or
- (d) cannot be controlled by his parents or guardian or the person in whose custody he is; or
- (e) is an habitual truant; or
- (f) frequents the company of any immoral or vicious person, or is otherwise living in circumstances calculated to cause or conduce to his seduction, corruption or prostitution; or
- (g)
  - (i) begs; or
  - (ii) being under the age of twelve years, engages in any form of street trading within the area of jurisdiction of a local authority unless that local authority has by means of bye-laws made under Section twenty-two or any other law, prescribed that such a child may engage in that form of street trading and unless he does so in accordance with bye-laws made under Section twenty-two; or
  - (iii) being not under the age of twelve years but under the age of sixteen years engages in any form of street trading within the area of jurisdiction of a local authority in contravention of bye-laws made by that local authority under Section twenty-two; or
- (h) is being maintained apart from his parents or guardian in domestic circumstances which are detrimental to his interests and whose parents or

guardian cannot be found or have failed to make suitable provision for the care and custody of the child although they have been called upon to do so; or

- (i) is in a state of physical or mental neglect.

The child concerned and, if possible, his family, will then be brought before a children's court which is presided over by a commissioner of child welfare, who is also a magistrate. If the commissioner is satisfied that the child is in need of care, he may then order that he be sent to a children's home. If he disagrees with the recommendation of the social worker, the commissioner also has the option of ordering a child in need of care to return to or remain in the custody of his parent or guardian, be placed in foster care, or be sent to a school of industries.

While the child is in the children's home, services are provided to him and his family by social workers, the goal being the reconstruction of the family. However, if after two years the child is still in the Home, and after every succeeding year that he remains there, a report has to be furnished to the relevant State department, giving reasons why he is still in care.

When a child is ready for release, he is normally released on licence to the custody of his parents or other suitable person, and placed under the supervision of a social worker. If the child and his family experience no serious problems during a two year period, the child may then be discharged from the provisions of the Children's Act, or transferred to the custody of his parents. If, however, problems do arise, and it is felt that the child should return to the children's home, the licence may be cancelled and the child ordered to return.

Although there are a number of different ways a child released on licence may be handled, this is the usual course of events. Anyone interested in further details may consult the Children's Act directly.

### CHAPTER 3. RESEARCH ON CHILDREN'S HOMES

In this chapter general research studies relevant to the present one will be described, and these will be followed by a presentation of research conducted in South Africa.

#### GENERAL RELEVANT RESEARCH

From available literature, it appears as if very little research has been conducted on children's homes. Most work that has been done consists of research from a social work point of view where the purpose is a survey of a number of Homes in a particular area, the number of children in homes, the reasons for placement, family background, etc. Many examples of this type of study can be found in Dinnage and Pringle's (1967) review of research carried out in the United States, Western Europe, Israel and Great Britain between the years 1948 and 1966.

The other main emphasis is a psychological one. Again, Dinnage and Pringle (1967) review many psychologically oriented studies, in which researchers administered various psychological tests such as intelligence, verbal and adjustment tests. A large number of studies were also found to be concerned with the issue of maternal deprivation.

Maluccio and Marlow (1972 : 242-243) pointed out that a review of the literature on residential treatment of children "suggests that the field is characterized by insufficient conceptual clarity, fragmentation of practice theory, and limited substantive research. Available studies, which are largely descriptive, reveal a lack of cumulative building of knowledge and experience". They also found that before the 1960s, there was very little consideration of the residential treatment centre as a formal organization. Only after this time did interest in the application of sociological theories in the study of such institutions develop.

One of the earliest examples of such research was the work done by Polsky (1962) in which he and his associates, by means of participant observation techniques, analyzed the cottage life of a children's home from a sociological perspective. They were thus able to demonstrate the impact of various sub-systems and sub-cultures on staff

members and on children.

With regard to the present research, there were three major studies which stimulated and influenced it. These were the works of Street, Vinter and Perrow (1966), King Raynes and Tizard (1971), and Berry (1975). Although only Berry's (1975) research studied children's homes, the methods, theoretical framework, and findings of the other two, are relevant to this work.

Street, Vinter and Perrow (1966) conducted field studies of juvenile correctional institutions from 1958 to 1960. Their studies involved the administration of questionnaires, formal and informal interviewing, observations, and coding of data from files.

The basic theoretical problems of the research were "to characterize the juvenile institution as a type of organization undergoing change, to analyze and explain major variations in organizational patterns within this type, and to assess and account for the outcomes of these patterns" (Street, Vinter and Perrow, 1966 : 15). More specifically their interest lay in the consequences of different goals, especially traditional custodial ends as opposed to modern, rehabilitative ends, for organizational structure, staff perspectives and behaviour toward the inmates, and inmate behaviour.

The inmate-staff ratios, official goal statements, reports by officials, and goal conceptions of chief executives of institutions for boys throughout the United States of America, were studied. Thereafter they were able to rate the institutions according to their commitment to custodial or treatment philosophies. Six institutions with different goals were thus selected for in-depth study. These institutions were divided into different organizational models according to their dominant goals, and the consequences of their commitment to the goals was thus explored. The three models were :

1. Obedience/Conformity

Habits, respect for authority, and training in conformity are emphasized. In addition, an undifferentiated view of the inmates is maintained, with an emphasis on immediate accommodation to external controls. A high level of staff domination with many negative sanctions is also utilized.

## 2. Re-education/Development

Inmates are to be changed through training. Changes in attitudes and values, acquisition of skills, the development of personal resources, and new social behaviours are sought. More gratifications are provided, and closer staff - inmate relations are maintained.

## 3. Treatment

The focus is on the psychological reconstitution of the individual. Gratifications and varied activities are emphasized, with less punishments. In individual treatment, stress is placed on self-insight and two-person psycho-therapeutic practices. In milieu treatment, attention is paid to both individual and social controls.

Three major areas were thus studied - strategies of the executive leadership, the system of social control of the staff, and the perspectives of inmates. Their findings consistently confirmed their guiding propositions, which were :

1. that commitment to differing goals would have consequences for organizational behaviour, which included staff perceptions of institutional purpose and beliefs about the inmates, day-to-day operating patterns, and staff modes of authority in handling inmates.
2. that the executive plays a crucial role in formulating goals, and developing internal and external strategies.
3. that different organizational types will produce different responses in inmates.
4. that different patterns of social relations and leadership will emerge consequent to the organizational type.

King, Raynes and Tizard (1971) carried out their research between 1963 and 1968, in and around London. Their work consisted of two phases. The first phase consisted of field work carried out in more than 100 separate living units in 26 different establishments, caring mainly for retarded children. These field studies were then followed by a more systematic survey of 16 institutions for severely retarded children, in each of which one living unit was selected for study. They believed that organizational features

would be of primary importance in determining the type of care given to the mentally retarded, and their work, like that of Street, Vinter and Perrow (1966) was also conducted within the framework of organizational sociology. Using the individual ward or cottage in which the children lived as their unit of analysis, they examined its organizational structure and that of the wider institutional context in which it was found, in order to explain the differences in the daily patterns of care of the children.

Committed to a quantitative approach, they developed a Child Management Scale consisting of 30 items, scored partly on the basis of observations, and partly by means of interviews with staff. Four main areas were examined: rigidity of routine; "block treatment" of children; depersonalization of children; and social distance maintained between staff and children. The purpose of the Scale was to rate the institutions along a continuum with institutionally oriented practices at one end, and child oriented management practices at the other end. Consequently, each item was scored on a three point rating Scale, with a score of 0 indicating child orientation, while a score of 2 indicated institution orientation. Where the pattern revealed a mixture of institution orientation and child orientation, a score of 1 was recorded.

While Street, Vinter and Perrow (1966) divided their institutions into three different organizational models according to their goal commitments, King, Raynes and Tizard (1971) were concerned with different types of institutions, namely local authority hostels, mental deficiency hospitals and voluntary homes, and the effect of these on the pattern of child management as evidenced in the daily routine. Their findings were as follows :

1. Large and characteristic differences in child management practices, as measured by their Child Management Scale, were found between the three different institutional types. The hostels were characterised by mainly child-oriented patterns of care while the hospitals were characterised by institutionally-oriented patterns of care.
2. The differences in the levels of handicaps of the children in the different establishments were not an overriding factor in determining child management practices.
3. The size of the institutions did not affect management practices.

4. The size of living units was also not related to management practices.
5. No relationship existed between assigned staff ratios and scores on the Child Management Scale.
6. Child-oriented units had more staff on duty at "peak" periods of the daily routine, while institutionally-oriented units had no differences in staffing between peak and slack periods.
7. Child-oriented units experienced a lower staff turnover than institutionally-oriented units.
8. Heads of child-oriented units spent a significantly greater proportion of their time in activities which necessarily involved them with children, while heads of institutionally-oriented units spent more time on domestic and administrative activities.
9. Child-oriented unit heads interacted more frequently and more warmly with the children than their counterparts in institutionally-oriented units.
10. Patterns of activities of junior staff in child-oriented units more closely resembled that for heads of their units, than did the activities of junior staff in institutionally-oriented units.
11. Junior staff in the hostels interacted with the children more frequently than junior staff in the hospitals.
12. The amount of responsibility delegated to unit heads show marked differences between the hostels and hospitals.
13. High rates of interaction with the children was associated with training in child care as opposed to training in nursing.

Although this study concentrated on institutions for retarded children, the subject matter, as already noted, was approached from within the framework of organizational sociology, with their stated aim being to develop a method for the systematic study of all residential institutions. It was for this reason that their study was considered applicable to residential homes for mentally normal children, and was used as a pilot study in this research project, results of which can be found in Appendix B.

Berry (1975) investigated the organization of 44 residential units for children and adolescents by means of observations undertaken by social work students. Although she did not explicitly relate her findings to organizational sociology, her concerns were similar to those of Street, Vinter and Perrow (1966) and King, Raynes and Tizard (1971).

After briefly also describing the latter works, Berry (1975 : 9) stated that her "examination of daily routines is less in organizational terms but serves rather to emphasize the fact that emotional and social caring are interwoven with the practical arrangements for physical caring." As in milieu therapy, Berry's (1975) central idea was that treatment need not rely on the availability of highly qualified therapists, but that effective, economical and more easily attainable treatment can be provided by comparatively ordinary members of staff in their day-to-day handling of ordinary, routine events.

The 44 units were thus divided into three different categories according to their different patterns of care, graded on the basis of 12 aspects of daily life from dawn to dusk, including methods of discipline and staff reactions to children who are unco-operative in their daily routines. The three categories were labelled "more positive", "good enough", and "more negative", where "more positive" was defined as "deliberate attempts to create a therapeutic atmosphere akin to milieu therapy within the daily routines" (Berry, 1975 : 34).

It was thus found that six units containing 17% of the children offered more positive care, twenty-one units containing approximately 43% of the children offered a mid-point standard of good enough care, and seventeen units containing 40% of the children offered more negative care. Translating these findings into the terminology adopted in the present study, only a small proportion of the units have recognized and introduced elements of milieu therapy into their daily management of the children.

Having delineated the three patterns of care, Berry (1975) then relates them to various factors such as unit type, relationships between residents and within the neighbourhood, staff qualifications, and length and conditions of service. In the summary, it is stated that "the findings represent a fairly widespread incidence of personal isolation, tension, distress, lack of self-confidence amongst grown-ups as well as children -...

much of which could be prevented... the central, indisputable fact is that a sizeable proportion of children have a comparatively poor experience of daily care in residential life" (Berry, 1975 : 156-157).

Bearing in mind that her study was conducted less than a decade ago, this must be seen as a serious indictment of residential care for children.

In reviewing the above works, it can be seen that all the researchers divided the institutions they were studying into three categories, and examined the consequences of these categories on a number of other dependent variables, relating mainly to the daily routines, the care of the children, and aspects of staff qualities and actions. While Street, Vinter and Penrow (1966) gave the initial impetus to this research and led initially to the examination of the goals of children's homes, King, Raynes and Tizard's work (1971) was eventually found more applicable and contributed to a great extent in the choice of questions incorporated into the final questionnaire. Berry's (1975) study, lacking a theoretical framework, will be of value in comparing findings relating mainly to the differences in daily routines.

Essentially, however, the present study adopts the same basic approach as all three studies. Commitment to a therapeutic milieu can be seen as a goal, whether consciously or unconsciously adopted, from which a number of consequences flow. The units studied were also divided into three groups, according to their commitment to this goal, and the effect on a number of dependent variables examined.

#### SOUTH AFRICAN RESEARCH STUDIES

Several studies of children's homes in South Africa have been carried out over the years, generally in the form of a Master's thesis. Although only one, that of Ramasar (1972), has direct relevance to the present study, it is interesting to examine the approaches and findings of the other available studies.

Brown (1948) investigated the socio-economic background of a sample of 196 white children from fourteen children's homes in the Western Cape. Her main purpose was to investigate whether the type of child in children's homes came out of a home where

there are only economic problems, or whether there was more serious anti-social behaviour on the part of the parents and/or the children. Her main source of information was the documents which were presented at the Children's Court Enquiry, as well as information gathered in discussions with heads of Homes, and in some cases, files at welfare societies. Her main findings were :

- (1) 76,5% of children lived with one or both parents at the time of their committal to a children's home.
- (2) The greatest percentage of children came from families consisting of 5 or 6 persons.
- (3) 17,3% came from good white neighbourhoods, while 14,3% came from poor white neighbourhoods.
- (4) The majority of children had come from good, well cared for homes, and thus this aspect was found to be an unimportant factor in committal.
- (5) 26,5% of the children had, however, lived in overcrowded conditions.
- (6) The median age of mothers was found to be 36,1 years, and that of fathers 42,6 years.
- (7) The largest group of fathers were unskilled labourers, and second largest group semi-skilled.
- (8) The income of parents was generally low.
- (9) 26,4% of fathers and 36% of mothers had health problems which could have affected their ability to care for their children.
- (10) The vast majority of parents were found to be guilty of misconduct of a more or less serious nature, such as alcohol abuse, work shyness and immoral behaviour.
- (11) In nearly all cases where there was a step-parent in the family, the relationship between that person and the child was poor. In addition, abnormal or extraordinary marital relationships of parents were found in a large majority of cases.
- (12) Median age of children at the time of committal was 8,4 years.
- (13) More than half the children had behaved well at school prior to committal.
- (14) 43% of the children were physically and mentally healthy, while 17,9% were considered underfed.
- (15) Half the children were admitted because their parents or guardian were unable to exercise proper control over them.

The study thus concluded that the children's homes were not, as in earlier times, dealing with normal orphaned children, but with children who had been physically and socially neglected. Although this study was conducted more than 30 years ago and one would assume changes in this time, its findings coincide quite substantially with a study by Stricklin (1972), which will be reviewed further on.

Hanekom (1950) conducted research designed to (1) assess the number of children removed from their families in a certain place and during a certain time; (2) investigate the reasons for their removal, what happened to the children, the degree of success attained and after care services rendered; (3) see how far the Children's Act of 1937 reached its goal, what its shortcomings were, and what recommendations could be made. Like Brown (1948) she studied reports submitted to the children's court. Eighty such reports, dealing with 156 children were investigated in depth. Although this study did not only deal with children's homes, it was found that of the cases examined, 55,15% were in fact committed to institutions, with the remainder being committed to foster parents (31,51%), being legally adopted or remaining with parents under supervision. The areas examined were largely the same as those studied by Brown (1948) and as her findings were also similar, it is not necessary to repeat them here. It is, however, interesting to note that once again problems displayed by the parents, such as instability, inadequacy, alcoholism, immorality, and mental retardation, were the main reasons for removal of the children.

During 1972, three theses on children's homes were published. Urbani (1972) conducted a study of the provision of social needs of children in children's homes run by the Cape Dutch Reformed church. However, the biggest fault of this research is the emphasis on subjective views, strongly influenced by the researcher's religious background. For example, in discussing the training of the principal he states that this should be undertaken preferably at an institution, college or university, which stresses the need for a Christian orientation. In another part, he criticizes in a rather sarcastic manner another researcher who has stated that a married couple need not necessarily be chosen as houseparents. He remarks :

...vir hierdie insig geniet McGovern ons dank maar McGovern se Katolieke agtergrond moet hier as verskoning en verklaring geneem word vir haar siening oor kinders in kinderhuise wat nie 'n getroude egpaar as modelle vir identifikasie nodig het nie (Urbani, 1972 : 89).

Thus he accuses others of being influenced by their religious convictions, yet fails to recognize his own biases. Urbani (1972) relies heavily on published and unpublished literature and the only original material which he presents was obtained from a questionnaire administered to heads of the 13 homes in his study. He thus obtained descriptive information on the number of staff in the Homes, their sex, mental status, home language, church affiliation, age, state of health, and qualifications. His main findings thus pointed to the shortage of men as identity figures, and to the fact that staff were not suitably qualified for their jobs.

Stricklin (1972), who conducted research towards a doctoral degree, provides us with a more scientific study. She conducted a psychological study of 52 white English-speaking children between the ages of 10 months and 16 years, who were admitted to a Place of Safety during specified months of 1971 and 1972. A battery of psychological tests were administered to the children in order to assess functioning of the children at the time they came into care. Case histories, interviews with parents, and medical reports were also used to obtain information. Her findings showed that all the children had experienced emotional deprivation and trauma, as well as social, economic and cultural deprivation. Their scholastic performance was poor, and most of the children were in standards below their age expectations. A recurring theme throughout the study was of anger felt by the children towards their parents for their deprivations and rejections, and a fear of this anger. In her concluding remarks, Stricklin (1972 : 318) states :

Throughout this study, the children demonstrated immaturity, exaggerated negative aggression, dependency, fearfulness, poor impulse control, low self-esteem, under-development of intellectual potentials, ego-centricity, ineptness in social relationships, need for excitement and stimulation, generalized anger and hostility, depression and pessimism, expectation of disappointment and suffering, lack of discipline, deep feelings of worthlessness, hypersensitivity to criticism, lack of identity, and the insatiable need to be "given to" which is so frequently associated with the severely socio-culturally and emotionally deprived and traumatized individual.

Although this study examined children in a place of safety, it is many of them who are eventually moved on into a children's home. Her findings thus provide us with a clear picture of the type of child to be found in a Home. It also provides overwhelming evidence that the assumption that milieu therapy is required in children's homes is indeed valid.

Ramasar (1972) conducted an in-depth examination of current practises in relation to structure, organization and programmes in 20 children's homes serving the four main racial groups in Durban. The study was designed to gain more insight into and knowledge about child care services in these Homes, as well as to establish the validity of the assumption that the form of residential care for children was designed mainly to provide custodial care. Like Berry (1975), her study was largely descriptive and did not adhere to any particular theoretical framework. Data was gathered by means of observations as well as the administration of a questionnaire which consisted of five sections covering organization and administration, physical setting, children, staff, and programmes for care and treatment.

In general, her findings showed that the children's homes studied were not operating entirely on the basis of custodial care. In many respects the practice and orientation indicated that features and patterns accepted in present day residential care of children had been incorporated.

As the questionnaire was fairly lengthy, a great deal of information was obtained on many issues. It is thus not possible to present all the findings here. However, those which are relevant will be discussed and compared with the findings of this study in Chapter 6.

## CHAPTER 4. EXPLANATION OF CONCEPTS

In this Chapter I will examine the two concepts central to this study : the child care worker (here referred to as a houseparent), and the therapeutic milieu. In both cases their development will be examined from the early beginnings to their use today.

### THE CHILD CARE WORKER

The "ancestor" of today's child care worker was the matron of the orphanage and almshouse in the nineteenth century. She served as the overseer of the children's moral training to assure them respectability and usefulness (Maier, 1972). As institutions changed from large, impersonal barrack-type structures, to smaller, more homely units, so was there a shift from matrons to housemothers and houseparents, who not only supervised the children, but who also cared for them.

After World War II residential programmes began to be influenced by psychiatrists, psychologists and social workers, which led to yet another shift in the role of the child care worker from that of a substitute parent, to a therapeutic change agent, as important, if not more so, than the professionally trained, highly skilled members of the staff. The elderly couples and matrons who "retired" to the security of institutional living were thus replaced by younger, upward striving adults.

Maier (1972), examining data of 100,000 child care workers, found that their ages generally ranged between 26 and 55, and 46 and 55. Fifty percent had high school education or less, and two-thirds were women.

Despite their changing role, many child care workers are still referred to as houseparents, which is the reason for the use of the term in this study. Yet Mayer (1958) pointed out that the title of child care worker should not include any concept of a parent substitute. He gave two reasons for this point of view. Firstly, most children in institutions have at least one living parent, and the hope thus always exists that they may return to that parent, or, if this is not possible, to substitute parents in a real family. Secondly, within an institution there are a number of potential parent figures from whom the child may chose to invest with parental identification. Although in the

majority of cases it is the child care worker, it could just as well be the cook, gardener, social worker, or principal. The willingness and readiness for such a relationship will be determined by the child's past experiences with his parents, and any pressure to accept a new "parent" could prove harmful. Mayer (1958) thus deliberately abstains from using the term houseparent, and adopts the straight forward term, child care worker.

Maier (1963) has also pointed out how misleading the general perception is, that child care is analogous to parenting, which results because of the identical emphasis upon mastery of daily routines. This image tends to build up a subjective frame of reference and a notion of "doing what comes naturally". In contrast, the work should and usually does involve quite different and more specified functions than those usually carried out as a part of parenting. What then is a child care worker? Maier (1972 : 267) offers the clearest definition. He states the child care worker is :

the person responsible for the daily care and the nurturing living experience of a specified group of children and youth in a child caring institution. He is the primary nurturing agent in twenty-four hour group living, as the parent is in family living.

In the United States of America the quality of an institution is, sometimes, judged solely on the number of different specialists which it employs. Thus the staff might include a psychotherapist, a group therapist, a family case worker, an occupational therapist and a music therapist. One would thus expect the role of the untrained, often poorly educated child care worker to diminish in importance. Surprisingly, the opposite has occurred. As the importance of milieu therapy has become recognized and accepted as the core of residential care, so has there been increasing recognition of the crucial role that the child care worker plays within the institution. Whittaker (1972b : 309) points out that "the child care worker remains the single, most important and influential person in the institution."

This point was also confirmed during 1976, at a national conference on group care organized by the Child Welfare League of America, and attended by 200 persons. In discussions on child care workers, agreement was reached on three concepts :

- (1) that there must be teamwork.
- (2) that the major "therapists" and "educators" are the child care workers.

- (3) that in a treatment centre, milieu therapy is a major treatment technique. Since the child care workers are the arrangers, providers and guardian angels of the daily "milieu", their role is the most important of all. (Mayer, Richman and Balcerzak, 1977 : 148).

While the so-called specialists may see a child for one or two hours a week, the child care worker is responsible for the everyday life experiences - she ensures the children are fed, she bathes them and puts them to bed, she wakes them in the mornings, and ensures that they get to school on time, she greets them on their return from school, she settles their fights and disputes, she disciplines those who need disciplining, tends the sick - in short, she is responsible for every aspect of the child's day-to-day existence. It is thus obvious that she is the person most able to influence both the behaviour and emotional state of the children in her care.

As the role of the child care worker has shifted from that of a substitute parent to that of a therapeutic agent in the total treatment plan, so has there been increasing recognition of the need for the training of child care workers. As Mayer and Matsushima (1969 : 525) have pointed out :

it is a generally accepted axiom that any treatment centre is only as good as its child care workers. Since milieu therapy is the core of residential treatment, and since child care workers are usually not professional, this axiom is a sobering one for any conscientious planner.

In many European countries training programmes are already well established. Hromadka (1972) found that most European workers who took direct care of children had at least a two year comprehensive training. In addition these graduates were considered professionals, and in some cases were even in total control of institutions.

In contrast, in America, the central debate relating to child care workers, presently revolves around the issue of training, and professionalization. Little agreement has been reached on the form, nature and content of training, with the result that training courses vary from short workshops of varying intensity, to fully accredited undergraduate and graduate training.

Three methods of training are, however, usually distinguished :

- (1) pre-service and inservice training, generally in the form of group learning
- (2) supervision, usually on an individual basis, during which the supervisor and child care worker would prepare and review specific parts of the work, as well as clarifying and interpreting the work
- (3) outside courses, sponsored by universities, colleges and interested organizations

In South Africa there has also been increasing recognition of the need for the training of child care workers. Although in the past a variety of generally unrelated informal courses have been offered in the major cities, two national training courses have been instituted in 1981. The National Higher Certificate in Residential Child Care is a course for people in possession of a Senior Certificate or equivalent. It is a two year course with examinations set by the Department of National Education.

The National Certificate in Child Care has no admission requirements. This course is a two year correspondence course with lectures provided by the External Studies Department of the Witwatersrand Technikon. Examinations will also be set by the Department of National Education.

We are thus led to believe, together with Dinnage and Pringle (1967), that it is a fallacy "that any motherly woman with common sense can successfully undertake such work. This is an unrealistic and misleading over-simplification, which ignores the understanding and skills required to care for other people's emotionally unsettled, if not disturbed and unhappy, children. Neither affection nor common sense are sufficient by themselves." (Dinnage and Pringle, 1967 : 38).

Today's child care workers require, and are receiving, a thorough training in order to provide the children in their care with more than just food, clothing and shelter.

Following such training, child care workers generally demand, and should be accorded, recognition that they too are carrying out a professional job requiring decent conditions of service, including proper working hours and realistic salaries.

## THE THERAPEUTIC MILIEU

As we saw in the previous section, many writers on residential care assume that the establishment of a therapeutic milieu is one of the central components of such care. What do they mean by this term, which is also a major concept in this study? In this chapter we will look more closely at it, in an effort to clarify its meaning.

Before examining its development, it is necessary, however, to discuss and define a similar term, that of the therapeutic community, which is sometimes confused with therapeutic milieu. While a relationship between the two does exist, and while the central ideas of each have certainly influenced each other, they do not refer to the same thing. We will thus first examine the therapeutic community so that, with a full understanding of its meaning, we can concentrate on the therapeutic milieu, the concept relevant to this study.

### (i) The Therapeutic Community

It is generally agreed that the idea of the therapeutic community developed towards the end of the Second World War (Sharp, 1975; Jones, 1979), while the term itself was first used by Main (1946) in a paper entitled "The Hospital as a Therapeutic Institution". However, some practitioners claim a direct link with the ideas of moral management of the late 18th and early 19th century.

The moral management approach to treatment reflected both changing conceptions of individuality and the relation of social and environmental factors in the care of mental illness. There was thus increased concern with the overall organization of the treatment milieu, which included the provision of recreational and occupational activities. However, by the 1860s, with the enlargement of asylums, the period of moral treatment ended. The therapeutic community is thus seen to be a return to these ideas, and another stage in the history of recent psychiatry (Sharp, 1975).

Maxwell Jones is a psychiatrist whose main ideas on treatment developed while working first at the Effort Syndrome Unit at Mill Hill, then the Prisoner-of-War Rehabilitation Unit at Dartmouth, and in the 1950s at the Social Rehabilitation Unit at

Belmont. Almost by accident he found traditional hospital barriers breaking down, a spirit of democratization developing, and more involvement by the patients in what were previously staff functions. Out of this work, developed the idea of the therapeutic community proper, for which he is credited as the originator. It is thus helpful in an attempt to understand the concept to look at what constitutes Jones' therapeutic community. Clark (1965 : 950) listed the following characteristics :

1. Size: It is small, not more than 100 persons. It is small enough for each member to know the others and small enough for community meetings of all involved.
2. The Community Meetings: Regularly, often daily, all the people in the community - patients, nurses, doctors, social workers, domestics, etc. - meet for a period to consider common problems.
3. Its underlying Philosophy is the Psychodynamic Hypothesis, the belief inherent in most psychotherapy and psychological treatment that an individual's difficulties are mostly in relation with other people and that these can be examined in discussions, understood and remedied.

Clark then goes on to list the most important social methods which were used for dealing with problems :

4. Social Analysis of Events: Happenings in the Unit are discussed in the community group meetings and an attempt made to understand them.
5. Freeing of communications: Attention is given to improving the flow of information upward and downward.
6. Flattening of the Authority Pyramid: This happens inevitably but is regarded as important in itself and is in marked contrast to the traditional ward.
7. Provision of Learning Experiences: There are constant protected situations where patients can try out their ego strength and learn new ways of coping with difficulties.
8. Role Examinations: This applies to all but especially to the staff. As they examine their work they are able to change to a more effective and helpful way of functioning.

In addition to these characteristics, there were no status distinctions, no uniforms worn, and everyone was actively involved in the organization and management of the community.

Similar developments, also inspired by the turmoil and effects of the War, took place at Northfield Military Hospital where ex-Tavistock Clinic army psychiatrists were operating. It was these latter efforts which Main described in his 1946 paper. Under the heading "A Therapeutic Community" he stated:

The Northfield Experiment is an attempt to use a hospital not as an organisation run by doctors in the interest of their own greater technical efficiency, but as a community with the immediate aim of full participation of all its members in its daily life and the eventual aim of the resocialisation of the neurotic individual for life in an ordinary society. Ideally, it has been conceived as a therapeutic setting with a spontaneous and emotionally structured (rather than medically dictated) organisation in which all staff and patients engage. (Main, 1946 : 66)

For twenty years after these developments, revolutionary changes took place in mental hospitals, with a reduction in the number of patients, the opening of previously locked doors and more freedom and responsibility being granted to inmates.

However, according to Whiteley (1979), during the 1960s, with the development of physical and pharmacological methods of treatment, enthusiasm for the therapeutic community began to fade. Clark (1977 : 555) also stated that many people in the United States of America at this time felt that "the therapeutic community is last generation's fad, the fad of the 1950s, gone like the hula-hoop, Camelot, the Apollo Missions and the snows of yesteryear".

Nevertheless, a review of the literature on the subject seems to indicate that this is an inaccurate account of events. While the establishment of therapeutic communities as developed by Jones were not widespread, modifications of the method continued and gained followers. Consequently in 1971 there were sufficient people in England still involved with these ideas to begin meeting together, and in 1972 they formed an Association of Therapeutic Communities (A.T.C.). A new era was thus initiated, and enthusiasm for and interest in therapeutic communities increased. Similarly in the United States of America reviews of the literature have shown that, although the term is now ill-defined and covers a wide range of methods and applications, interest in a

social approach to psychiatric treatment remains universal (Whiteley, 1979).

In order to clarify the confusion now surrounding the use of the term; Clark (1977 : 553-554) based on the writings of Rossi and Filstead, has differentiated the following three related concepts :

Social Therapy (also known as Milieu Therapy) is the idea, the concept, of the use of the milieu as a mode of treatment. The phrase encompasses theory and practice, activities and analysis, results and criticism.

A Therapeutic Milieu... is a setting designed for the practice of social therapy - an environment consciously structured to produce desired change in those who enter. There are many therapeutic milieus - sheltered workshops, hospital wards, halfway houses, Synanon houses, etc - with differing social structures.

A Therapeutic Community... is a specific kind of Therapeutic Milieu, developed by Maxwell Jones in the 1950s at Belmont...

The principles of the therapeutic community developed within psychiatric hospitals, and are generally still practised in them or other related psychiatric settings. However, its central notion, that of the importance of the social environment, developed both independently and by the spread of this knowledge, to other organizations. Residential institutions for children are just one example.

The idea of the therapeutic community is thus related to the concept of the therapeutic milieu, but rather in the form of a speciality. We can now examine the general idea, without any confusion.

(ii) The Therapeutic Milieu in Residential Institutions for Children :

While Jones is credited with the development of the therapeutic community during World War Two, Aichorn (1951) is considered the first to appreciate the need for the planned use of the milieu as a therapeutic tool in institutions for children (Trieschman, 1969; Taylor, 1973). He was a teacher, who studied Freud's psychoanalytic theories and adapted them to meet the needs of the delinquent boys in the institution he

established for them in Austria during the 1920s. In Wayward Youth he stated:

The problem of grouping is not solved merely by bringing children together in the expectation that the interaction of their psychic mechanisms will operate therapeutically. Conditions other than those of the personality of the individual pupils must be considered. I refer to those external conditions which in general constitute the milieu. Not only are the companions with whom he lives important to the dissocial child, but also the material world around him; not only the milieu of the group but also the institution as a whole. (Aichorn, 1952 : 146)

Despite this early beginning, it appears that it was only in the late 1940s that these principles were extended. Although the literature does not show a direct link between these developments, and those of the therapeutic communities, it is probably no coincidence that the developments took place simultaneously.

In discussing their work at the famed Orthogenic School at the University of Chicago, Bettelheim and Sylvester (1948) stressed the importance of meaningful interpersonal relationships with the children, which became therapeutic tools for personality rehabilitation.

Their work at the school was later described in more detail in Love is Not Enough (Bettelheim, 1950). In it, Bettelheim describes the importance of everyday activities in helping emotionally disturbed children. He stated:

We also try to organise the child's total life activities so that gradually he becomes able to master more and more difficult tasks, and so that insight and experiences gained in the normal course of events may become steps towards his personal development. (Bettelheim, 1950 : 33).

He then discussed the therapeutic importance of every routine activity, from the moment of waking to the settling of children at bedtime.

Mayer (1958) also stressed the importance of the daily routine. He argued that since all institutions are based on the assumption that education, treatment and growing up are a twenty-four hour a day business, everything in daily life becomes a means toward the goal of bringing about a healthy, well integrated, socially functioning individual. Tasks such as cleaning and laundering become not only important for the smooth functioning of the institution, but also for the smooth functioning of the child. The child care worker thus has to be aware of the needs of each child and has to

arrange the routine in such a way as to help meet these needs and assist the child to overcome his problems.

However, Mayer (1958) not only recognized the importance of routine activities, but he also acknowledged the value of the group. He thus pointed out that one factor which distinguished institutionalisation from other forms of care and treatment, was the group living experience. He believed that it was this group process, when fully understood and integrated into the total programme, which made institutional care a therapeutic experience.

As these ideas spread and were accepted by more and more workers in the field, an increasing number of so-called residential treatment centres were established. Everyone wanted to be known as a treatment centre, whether or not they fully understood the concept or its implications. In most cases, however, it signified the recognition that therapy could no longer take place only in the psychoanalytic hour, but that the other twenty-three hours of the day were of equal therapeutic importance. To clarify this concept, many writers offered definitions. Schulman and Lourie (1952 : 799) stated :

We would define residential treatment as therapeutically directed institutional or group care for emotionally disturbed children, in which all possible ways of helping - casework, education, recreation, planned group life and psychotherapy - are utilised and integrated into a clinically oriented and directed treatment plan for the individual child. It is not merely the removal of the child to a benign environment where he is available for psychotherapeutic interviews. The essence of residential treatment lies in the milieu - in the compliment of adult/child relationships and experiences which can be clinically manipulated and controlled in the interests of therapy.

The Child Welfare League of America laid down the following criteria for treatment centres :

The program should take as its major function the treatment of emotionally disturbed children in residence; it should be a program providing direct psychotherapy integrated with a therapeutic living milieu ... and each staff member will be recognised as a therapeutic agent with specific personality strengths and limitations (Gershenson, 1956 : 268).

Most of the residential treatment centres claimed to adhere to therapeutic milieu principles : Redl (1972), writing in 1959, was consequently forced to warn against the

cry for the therapeutic milieu as a general slogan and easy solution to the organization of a system. He pointed out that not only did the term itself have many different meanings, but there were many factors which determined whether or not a milieu is therapeutically good or bad. He then listed some of the most important items which are relevant in the creation of a milieu for the treatment of a group of youngsters. These included:

1. The social structure, which includes the nature of interpersonal relationships, the power structure and the communication network.
2. The value system.
3. Routines and rules.
4. Group processes.
5. The impact of people on each other.
6. The attitudes and feelings of the staff.
7. Behaviour received, by which he refers to the things people do to each other (in contrast to the way they feel about each other).
8. Activity structure, which includes games played as well as other recreational and cultural activities.
9. The arrangements of space, equipment and props, and organisation of time.
10. The impact of the outside environment.
11. The system of umpiring services and traffic regulations between environment and child, by which he refers to the interpretation by adults of children's feelings and the control of their social interactions.
12. Resilience in the application of regulations, commonly referred to as flexibility.

This list constitutes one of the few efforts of writers to fully enumerate the constituent components of a therapeutic milieu.

Attempts to define residential treatment have continued. Beedell (1970 : 81-82), although reluctant to use terms such as milieu therapy or planned environmental therapy, outlined three main tasks of residential workers. Stated in a different way,

he could well have been describing an organization where the importance of the milieu for therapy is recognised. The three tasks he listed were :

1. To agree to a set of arrangements for daily living appropriate to the needs of a particular group of children and adults living together in a particular unit, for the purpose of enabling these children to survive and grow outside institutional care.
2. To co-operate within this set of arrangements, to "achieve a way of living for a group of individuals".
3. To use the arrangements and this way of living, both as individuals and as a team, to create and maintain a milieu (i.e. an environment of things and people together with a reliable psycho social climate) in which the particular mixtures of holding, nurturing and integrity provisions needed by particular children are made available through countless interactions between adults and children, children and children, and adults and adults.

Maier (1972 (a) : 154-155) defined residential treatment as :

A therapeutically designed round-the-clock living-in experience, the purpose of which is care and treatment. Its clinical components are an integration of functions, structure, physical setting and immediate social environment ... Furthermore, residential treatment offers opportunities for learning to cope with life situations emerging out of placement and residential living. Daily hazards of living, then, become opportunities for treatment.

The importance of establishing a therapeutic milieu has thus become accepted as the major ingredient in the residential treatment of children. In most cases found in the literature, institutional care for children has become synonymous with milieu therapy principles. Every aspect of the institution is recognized as helping the child overcome his problems, and become a better adjusted person. Routine and recreational activities, the group living arrangements, the nature of interpersonal relationships, the staff, from the highly trained psychiatrist to the unskilled cleaner, and the culture and traditions of the institution, all have a direct bearing on the behaviour exhibited by the child.

(iii) The Therapeutic Milieu in the present study:

Having examined the idea of the therapeutic milieu in the literature, questions for the questionnaire were developed in order to assess the extent of the commitment of institutions in South Africa to these principles. Drawing together the questions which make up the therapeutic milieu scale in the questionnaire, the following description of the therapeutic milieu as operationalised in this study can be presented:

The routine of the unit is flexible, not rigid, allowing the children to move gradually from one activity to another.

Meals are informal with children seated at tables in small groups, together with the houseparent who eats the same food as the children. Snacks are provided in between meals.

The Home itself is well integrated into the surrounding community, with the children participating in sporting, recreational and cultural activities outside the Home.

Leisure time is recognized to be of therapeutic value for each child.

The houseparent has limited responsibility for housework in order to maximize both the quantity and quality of time available for the children.

The children are taught to handle money. Their right to privacy is respected, and in all areas their individuality is responded to.

The importance of the role of natural parents in the lives of the children is accepted and they are welcomed in the unit at any time.

## CHAPTER 5. METHODS OF RESEARCH

In this chapter initial research methods will be discussed, as well as the manner of development of the questionnaire and its administration.

### EXPLORATORY RESEARCH AND PILOT STUDIES

The research project, as already stated, was aimed at discovering what children in residential care experience on a day-to-day basis. Various methods to obtain this information were thus tested in the pilot stage of the project.

Influenced by the Street, Vinter and Perrow (1966) study, interviews were conducted with the principals of twelve children's homes in Cape Town in order to obtain information on their views on the goals of their organizations. Their responses to this question can be found in Appendix A.

Although the principals were all co-operative, it was felt that the stated aims would not necessarily reflect the actual operation of the Home. To obtain a more accurate picture, it was thus decided to undertake further interviews with, and direct observations of, houseparents, using the scales and schedules developed by King, Raynes and Tizard (1971).

Three Homes were thus selected on a non-random basis for further study. One unit in each was then investigated in depth. Information concerning the numbers of children in the unit, their ages, length of stay in the Home, reasons for placement, educational standards, as well as characteristics of the staff in charge, was obtained by means of interviews.

In addition, systematic observations were conducted to discover the types of activities carried out by the houseparents, as well as the type of interaction which occurred between them and the children in their unit. The report on this pilot study can be found in Appendix B, where the three Homes studied were given the fictitious titles, Baker, Clarke and Cloete.

King, Raynes and Tizard (1971) hoped that their study would be applicable to a range of institutions, and not merely those caring for mentally retarded children. However, in applying their procedures to children's homes it was found that they were unable to significantly discriminate among them. It was also concluded that one researcher, working on a part-time basis, would have insufficient time available to apply all their methods in a large number of Homes.

Consequently, on the basis of all the information obtained in these initial studies, it was decided to develop a questionnaire directed at all houseparents in Homes throughout the country.

#### DEVELOPMENT OF THE QUESTIONNAIRE

Questions for the questionnaire were drawn up after a study of literature, particularly works relating to a therapeutic milieu in which routines and daily activities are discussed at length, such as the work of Bethelheim (1950) and Trieschman, Whittaker and Brendtro (1969). Related research projects such as those of King, Raynes and Tizard (1971) and Berry (1975) were also consulted.

The first draft of the questionnaire was then tested on a houseparent in a Home in Cape Town generally considered treatment oriented, as well as on two older girls, recently released from an up-country Home, which it was felt would contrast substantially with the local Home.

On the basis of their responses, the questionnaire was refined. Questions in which difficulty was experienced in responding, or which seemed unclear or ambiguous, were thus omitted.

Although a wider range of information would have been obtained by the inclusion of a large number of open-ended questions, it was felt that this would limit the response rate as completion would be more time consuming. Difficulty would also be experienced in the coding of responses. Consequently, with the exception of initial descriptive data, all the questions were provided with a choice of responses. A box

was drawn in front of each response so that the respondent only had to place a cross next to the chosen response. In addition, space was provided at the end of each section for additional comments. Thus although the questionnaire covered sixteen pages, minimal time was required for its completion.

A column was drawn on the right hand side also containing boxes, which enabled coding for computer processing to be done directly on each questionnaire. The questionnaire was divided into the following sections :

- Section A : General Information
- Section B : Rising and Bedtime
- Section C : Mealtimes
- Section D : Leisure Time
- Section E : Houseparent/Supervisor's Duties
- Section F : Handling of the Children
- Section G : Additional Questions

Although the questions were ordered to follow each other in a logical way according to the subject matter, they actually fell into two different groups : those making up the Therapeutic Milieu Scale, and those covering more general topics which would provide information which could be compared to scores obtained on the Therapeutic Milieu Scale.

Appendix C contains a copy of the questionnaire, as well as the codes assigned to each question (which were obviously not available to respondents).

#### ADMINISTRATION OF THE QUESTIONNAIRE

In order to introduce the research project, a letter was sent to the principals of all Homes in the country accommodating more than forty white or coloured children. The researcher was introduced and the purpose of the project stated. A sample copy of the questionnaire, in both English and Afrikaans, was also attached. Although each Home was given a specific number, the principal was assured that the Home

would not be identified in any research report.

The principal was requested to complete a stamped addressed postcard, also enclosed, indicating whether he was prepared to co-operate in the research, the number of questionnaires required and in which language, and whether he would like a summary of the findings on completion of the study. Copies of both the letter and postcard can be seen in Appendix D.

The introductory letter was posted to all Homes in the middle of May, 1980. Although some Homes responded promptly, others failed to reply. Consequently in July, a reminder letter was sent to those who had failed to return their postcards, a copy of which can be found in Appendix E. This brought further responses, but a number of Homes still failed to indicate their willingness or otherwise to participate in the research. As a large a response as possible was desired, in order to obtain an overall picture of residential care in South Africa, yet another attempt was made to prompt a response by telephoning all outstanding Homes.

Eventually, in mid-July, the questionnaires as requested by the principals, were dispatched. Each questionnaire was placed in its own stamped addressed envelope, together with an introductory letter to the houseparent/supervisor. This letter, as well as the covering letter to the principal, can be found in Appendix F.

The purpose of the separate envelopes was to assist the principal in distributing the questionnaires, and to make their return as easy as possible. In addition, it was felt that the respondent could in this way be afforded a degree of confidentiality, in that she could return the questionnaire herself and would not necessarily have to hand it back to the principal, possibly inhibiting her responses.

Although this was probably effective in the majority of cases, it was clear from some responses that the questionnaires had been discussed in a meeting of houseparents, and joint decisions made regarding responses, reflected in identical response sets and comments.

After about six weeks, a reminder postcard was sent to principals indicating the

number of replies received from the Home, and requesting him to remind his house-  
parents to return outstanding questionnaires. This postcard is included in Appendix  
G.

In early October, telephone calls were made to the Homes from which a large num-  
ber of questionnaires were still unreturned. Shortly thereafter the coding and  
analysis of the data began.

## CHAPTER 6. THE FINDINGS FROM THE QUESTIONNAIRE

### CHARACTERISTICS OF THE RESPONDENTS

#### 1. THE HOMES

One or more questionnaires were received from fifty-three Homes. Of these, thirty-seven were Homes caring for white children, and sixteen were caring for coloured children. If we bear in mind the total number of Homes in the country, these figures represent 46,25 per cent of the total number of white Homes, and 69,56 per cent of coloured Homes. However, only those Homes accommodating forty or more children were selected for inclusion in the study, which means that of this group, 69,81 per cent of white Homes and 76,19 per cent of coloured Homes participated in the study, giving an overall response rate of 71,62 per cent.

As the results of the study are analyzed according to responses per unit of each Home, it is necessary to examine the response rate according to the total number of units which could have participated. As it is not possible to know the total number of units in all children's homes in the country, the only information which can be used is based on the number of units per Home as indicated by the responses to this question on the questionnaire. This figure, then, equals 310. As 238 responses were received, this indicates a response rate, according to the total number of units which could have participated, of 76,77 per cent.

The Homes in the study varied in size from those which can accommodate 40 children to those with accommodation for more than 600. Table 3 shows this distribution. As can be seen the majority of Homes accommodated 50 to 100 children. Only one Home falls beyond the 350 mark, and it stated it can accommodate 646 children.

The total number of children in the units studied is approximately 4,600. The mean number of boys in the Homes is 80, and the mean number of girls is 58. Their ages range from about one year old to twenty, with the mean being about twelve years.

TABLE 3 : SIZE AND FREQUENCY OF CHILDREN'S HOMES IN THE STUDY

No. of Children Accommodated	No. of Homes in Study
40 - 50	2
51 - 100	30
101 - 150	10
151 - 200	5
201 - 250	2
251 - 300	1
301 - 350	2
601 - 650	1
<b>Total</b>	<b>53</b>

## 2. THE INDIVIDUAL RESPONDENTS

The characteristics of the respondents can be looked at in terms of their sex, age, marital and family status.

With regard to sex, the respondents were overwhelmingly female, constituting 85 per cent of the respondents.

Table 4 shows the age distribution of respondents.

TABLE 4 : AGE DISTRIBUTION OF RESPONDENTS

Age	No. of Respondents	Percentage of Respondents
less than 25 years	31	13,48
25 - 30 years	33	14,35
31 - 40 years	46	20,00
41 - 50 years	53	23,04
more than 50 years	67	29,13
<b>Total</b>	<b>230</b>	<b>100,00</b>

As can be seen, a significant proportion of respondents, 13,48 per cent, are less than twenty-five years old, possibly being rather young and inexperienced to be responsible for a number of disturbed and difficult children. However, the largest proportion, 43,04 per cent, are between 30 and 50 years old, which replicates more closely a normal age difference between parents and children.

TABLE 5 shows the marital status of respondents.

TABLE 5 : MARITAL STATUS OF RESPONDENTS

Marital Status	No. of Respondents	Percentage of Respondents
Married	123	52,12
Single	53	22,46
Divorced/Separated	25	10,59
Widowed	35	14,83
Total	236	100,00

Over half of the respondents are married. This means in turn that a large proportion of children are having the benefit of a man in their unit, and are able to witness the functioning of a married couple as they go about their daily business - a valuable experience for their futures.

With regard to children, information revealed that 78,49 per cent of respondents have their own. At least two respondents pointed out that their own children had been placed in a boarding school. This is rather disturbing, and one must wonder about the motives of such parents who can devote their lives to caring for other people's children, yet send their own away. Others recognized that their own children are at times neglected, and expressed concern about this.

## THE THERAPEUTIC MILIEU SCALE

Twenty questions were selected and included in the questionnaire to make up a scale which would measure the degree of commitment to a therapeutic milieu in each unit. The questions explored eight main areas generally considered important by the proponents of milieu therapy. These included the following :

- (I) Waking up behaviour
- (II) Meals and food
- (III) Integration into the neighbourhood
- (IV) Recreation
- (V) Handling of money
- (VI) Privacy
- (VII) Individualization
- (VIII) Contact with natural family

Each question was coded from 1 to 5, whereby a 1 would indicate a highly positive response in terms of commitment to a therapeutic milieu, while a 5 indicated a highly negative response, which could be considered anti-therapeutic. The decision on how to assign values to each response was made after extensive examination of the literature on milieu therapy, as well as knowledge gained from experience in this field of child care.

In this section, the literature pertaining to the therapeutic milieu in children's homes will first be examined, then the findings of this study presented and discussed, and finally, where possible, these will be compared with results of similar studies.

### I. Waking up Behaviour

Several writers have stressed the importance of this time of the day to children in children's homes. Whittaker (1969 : 120) states that the child care worker's actions at this stage are crucial because the "children almost invariably wake up with at least one foot on the wrong side of the bed". Bethelheim (1950) also suggests that this is possibly the time of day when a child needs his counsellor most. During

the night the child enjoys the warmth and security of his own bed. For about ten hours he is isolated and uninvolved in the realities of the outside world. He turns inward and is concerned only with his own thoughts and dreams. However, on waking, as Mayer (1958) points out, he is immediately confronted with an unpleasant reality - the fact that he is not at home with his parents. It is for this reason that the process of waking up is often a difficult and slow one for many children. It is also why children need individual support and help in order to find their way back into reality.

The children should thus be woken in a sensitive and kind fashion (Mayer, 1958). Whittaker (1969) suggests that the child care worker should adopt a quiet, conversational approach as she moves about waking each child, while Bettelheim (1950) points out that it may be necessary to devote time to a child who wishes to discuss his dreams. Although he recognizes the danger in prolonging irrational fantasies, the child may have strong feelings of hostility and anger which he will need help with in venting.

Both Mayer (1958) and Strydom (1973) condemn the use of mechanical devices such as a bell or a whistle, and also emphasise the importance of the personal, human touch.

In this study two questions were designed to find out what happens at this time of day. The first asked how the children were woken, while the other asked how long they were permitted to lie in bed between waking and rising. The responses to these questions can be seen in Tables 6 and 7.

**TABLE 6 : MANNER IN WHICH CHILDREN ARE WOKEN IN THE MORNINGS**

Manner of Waking	No. of Responses	Percentage of Responses
Calling to all	25	10,50
Lights switched on	32	13,45
Bell	31	13,03
Radio going on	1	0,42
Each child woken individually	149	62,61
Total	238	100,00 <sup>1</sup>

1. Although this figure actually sums to 100,01, for convenience, in all tables the total percentage response is indicated as 100,00

**TABLE 7 : AMOUNT OF TIME CHILDREN ARE PERMITTED TO LIE IN BED  
BETWEEN WAKING AND RISING**

Amount of Time	No. of Responses	Percentage of Responses
30 minutes	2	0,85
20 minutes	4	1,69
15 minutes	11	4,66
10 minutes	67	28,39
Have to rise immediately	152	64,41
Total	236	100,00

Table 6 shows that 62,61 per cent of houseparents<sup>1</sup> woke children individually. Although some houseparents selected more than one response, in all cases only the most desirable choice was coded. In other words, although some of those who woke children individually, may also use other methods of waking, the remaining 37,39 per cent use only an impersonal method. Only one respondent stated that a radio was used.

These findings can be compared to those of Ramasar (1972) who found, in a study of 20 institutions, that 13 institutions woke children as a group, one rang a bell, three allowed children to rise on their own, and only three (or 15 per cent) woke children individually. It is hoped that this shows improvement over time, although it should be noted again that the latter study was limited to institutions in and around Durban.

Table 7 shows the majority, 64,41 per cent, of respondents insisting their children rise immediately, and thus failing to meet the standards suggested for a therapeutic milieu.

In other words, the two tables present data which is contradictory. While the majority of houseparents recognize the importance of waking children individually, the

1 As the respondents were all houseparents, the two terms will be used interchangeably.

same proportion have also, as yet, failed to recognize the need for children to wake and face reality gradually. These findings probably closely resemble those in the study by Berry (1975 : 76-77). She found that the :

main differences between units lies in whether inmates rise like clockwork automatons and almost sleepwalk themselves down to breakfast, or whether there is some resistance so that this is a fairly tense time of day easily leading to arguments with callers or between inmates, or whether children are given some leeway to rise at their own pace.

As her study is largely subjective she does not provide further information as to how these differences were distributed among the various units studied.

Many houseparents took up the offer to add further comments to each section of the questionnaire. In this section on waking up behaviour, as well as in discussions of the main areas of the therapeutic milieu, these comments will be quoted extensively. While the actual responses to the questions can provide us with quantitative data, comments provide us with additional insight into the motivations and opinions of the respondents. In many cases the comments reveal that the houseparents are aware that their practice does not meet the ideal. This also indicates that their theoretical knowledge, whether obtained from literature or practice, is developing in the right direction, but for one or other reason, they experience constraints in the implementation of this knowledge.

Some of the comments made in relation to waking up behaviour included the following:

"The reason why the children have to get up immediately after been woken is because they clean up the cottage and we all sit together and have breakfast and this takes time. The bigger girls each have a turn to prepare the breakfast so there really isn't time to laze about after been woken";

"Ek lui 'n klein klokkie met opstaantyd maar dan skakel ek ook sommige ligte aan en roep vir hul : 'goeie môre ; môre ; môre ; môre ! " ;

"The Home is woken by our bugler blowing Reveille at 5.55 a.m. My boys woken individually twenty minutes before reveille " ;

"Omdat ons met groot getalle te doen het, is daar minder tyd om alles rustig te doen want alles gaan volgens die horlosie " ;

"The children are accustomed to rising at the same time and do so automatically without much difficulty".

In contrast to these comments which generally do not conform to views of writers who stress the implementation of a therapeutic milieu, a larger number made more positive comments. In a unit where the children are permitted to lie in bed for twenty minutes before rising, the houseparent commented:

"I find that the atmosphere in which the boys are woken up sets the tone for the whole day."

Another commented:

"Ek vind dit hinderlik dat daar te veel klem gelê word op stilte wanneer kinders opstaan of gaan slaap... Ek sou graag dat die kinders 'n paar minute lê voordat hulle opstaan."

In yet another unit where the children are woken by a bell and individually, and where they have to rise immediately, the following was stated:

"Dit is belangrik dat hulle rustig en mooi wakker gemaak word. Die manier hoe jou dag begin, bepaal die gemoedstoestand vir die res van die dag."

These latter two comments seem to indicate that although the houseparents would like to arrange things in a different way, they are prevented from so doing by rules laid down for the Home as a whole. In yet another unit where children are woken individually and allowed ten minutes before rising, the houseparent, referring to both bedtime and waking up, states:

"I feel that both should be a very quiet time. If possible no-one should go to bed angry - without someone trying to find out why - no-one should be woken harshly... No-one should be woken by having the light snapped on and told to "get up !"

An innovative idea is expressed in this suggestion:

"Ek sou hulle graag met die speel van 'n slaaplidjie wou gaan laat slaap en met die speel van mass-musiek wou laat opstaan - of om die beurt met elkeen se geliefde musiek !! "

Yet another comment which portrays a difference from what the response would

indicate, from a houseparent in whose unit the children are called together as well as woken individually, but where all have to rise immediately:

"Hulle het 'n tyd om bed toe te gaan en op te staan maar as daar 'n klein onophoud is maak dit nie saak nie. Ek kry my kinders rustig en kalmeer voor hulle slaap en ek maak hulle rustig wakker en sorg dat ek self kalm is."

A final comment stressing the mood at waking up time:

"I feel a person should be in a happy mood when awakening the children in the morning."

In summary of this section, the findings reveal that the majority of children are woken individually, but the majority have to rise immediately. However, the comments added on the questionnaire reveal a fair amount of insight into the importance of this time of day but, in many cases, the houseparents are not able to devote the necessary time to each child, nor to create the atmosphere they would like to. As there is virtually no training available for houseparents, it can be assumed that the majority of the views expressed are derived from personal experience. It is thus interesting to see how they conform with the literature on the subject, where many of the writers have, likewise, obtained their knowledge from practice in the field.

### Bedwetting

Many writers, in referring to the problem of bedwetting, stress that children who bedwet should not be singled out or discriminated against because they suffer from enuresis. Strydom (1973) points out that a child over the age of 3 years should no longer wet his bed at night. This problem is thus generally a result of inner unhappiness (Mayer, 1958), as well as a symptom of inner tension, emotional condition, anxiety and feelings of rejection (Handboek vir Kinderinrigtings,<sup>1</sup> 1957). It is seldom the result of laziness or physical ailments.

1. In future referred to as the Handboek.

Consequently children who display this problem require sympathetic handling, encouragement and help in overcoming it, as well as assistance in building up self-confidence. The child should not be punished as this may increase tension in the child, nor should he be made to wash his sheets himself (Mayer, 1958 and Strydom, 1973).

Having noted these views, it was felt that information on the houseparents' response to bedwetters would provide further evidence of their commitment to a therapeutic milieu. As the bedwetting would generally be discovered and acted upon in the morning, it is included here as part of waking up behaviour.

Respondents were asked what they did when a child wets the bed. Their responses can be seen in Table 8.

TABLE 8 : RESPONSES OF HOUSEPARENTS TO BEDWETTERS

Responses	No. of Responses	Percentage of Responses
Punish the child	1	0,49
Ensure he/she washes the sheets	28	13,79
Ignore the matter	18	8,87
Discuss problem with social worker	51	25,12
Reassure and comfort the child	105	51,72
Total	203	100,00

In terms of the literature, the first two choices can be considered negative, while the latter three can be considered as positive responses to the problem. From the Table it can be seen that only one houseparent admitted actually punishing a child for this behaviour, while 13,79 per cent insist that children wash their sheets. (It has already been pointed out that the most desirable response made was coded in every case, which again means that those making more positive responses may also ensure the children wash their sheets, but those who were included in this response count,

did not display any "better" response.) Approximately half of the sample indicated that they would actively reassure and comfort the child, while the remainder would ignore the matter or discuss the problem with the social worker, and presumably obtain information and guidance on how best to cope with the situation. In other words, 85,71 per cent respond positively, while 14,28 per cent react in a negative way. It is, however, also interesting to note that on this question 35 respondents or 14,7 per cent, failed to reply at all, possibly indicating a sensitive issue and a degree of hesitancy in admitting their reaction.

These findings can again be compared with the Berry (1975) study in which it was found that more than half the respondents mentioned spontaneously the uncritical attitudes of staff toward enuretic children, with the prevailing attitude being the matter-of-fact provision of clean sheets without fuss.

In examining our findings, it is again valuable to include some of the comments made by houseparents. On the two questionnaires received from one particular Home, the following identical points were made, probably dictated or written by a more senior staff member :

- " 1. Hulle was beddegoed wywilling, kleineres word deur groot seuns gehelp.
2. Staan veelal met agtergrond in verbandens.
3. Maak hulle rond middernag wakker."

It is also interesting to note that these respondents indicated that they reassured and comforted bedwetters, yet their comments reveal not completely satisfactory handling of the problem. Another respondent who selected both the "ensure child washes sheets", and "ignore the matter" options, commented :

"Spoel slegs uit voor dit in washuis gewas word (in die water waarin kind eers gebad het)".

Yet another who reassures and comforts the child but who believes the cause is laziness, makes the following emphatic remarks :

"I firmly believe that no child under the care of a dedicated and sincere child care worker should feel emotionally upset and insecure after six months stay. Therefore,

unless he has physical problems and requires medical treatment, (my 8 years experience has taught me) he is too lazy to get up at night."

All the generally accepted views are here forcefully negated.

The following was a more sympathetic comment :

"Only the 5 year old wets. She is not reprimanded in any way. She is very embarrassed and even distressed. This has been discussed with our nursing sister and she is being given medical attention. This is an emotional problem I feel."

While recognizing the emotional component, this respondent displays a certain amount of confusion. She thus refers the child for medical attention even though a social worker is also employed in the Home.

Both the findings and these comments indicate a certain degree of uncertainty amongst houseparents as to the best methods of dealing with enuretic children. While 14,28 per cent admitted to negative methods, the possibility also exists that the roughly equal number of those who failed to respond, also resort to similar methods (but were afraid to admit this).

## II Meals and Food

Mayer (1958 : 76) has pointed out that :

food is one of the easiest social, educational and therapeutic tools that the child care worker has at his disposal. While nutritional and budgetary factors must always be considered in organizing food in an institution, social factors have the greatest educational effect on the child. While the nutritional and pleasure values are mainly determined by the dietician and the administration, the psychological and social values of food are greatly the responsibility of the child care worker.

In elaborating on the psychological value of food, he points out that the relationship which develops between the adult who provides the food and the child is very important. To a large extent this relationship is determined by the attitude with which food is given, and whether the child feels that the adult enjoys feeding him and "that every piece of food symbolizes a 'piece of love' " (Mayer, 1958 : 64).

In addition, food provides the institutional child, who has often experienced insecurity and deprivation in relation to food, with a sense of security. Bettelheim (1950 : 200) puts it this way :

...food and eating are of great aid in restoring security in all moments of stress. They are a convenient distraction, they provide outlets for tensions, and most of all they are symbols of security.

The child thus needs to know that meals will be served at set times, and that there will be more than enough available so that he is able to eat as much as he desires.

Mayer (1958), Bettelheim (1950), Trieschman, Whittaker and Brendtro (1969) and Berry (1975), all stress the importance of the child care worker eating the same food as the children, in order to demonstrate that there is no special food for the adult. They also point to the value of the child care worker actually sitting with the children. In this way, table manners can be modelled for the children, and meal-times can become a social event for the entire unit and be of assistance in group formation. For this reason, relaxed table conversation is also desirable.

Bettelheim (1950) found that children experience food as a symbol of pleasure, and thus, together with Mayer (1958), stresses the need for food also to be available to children outside of normal mealtimes.

A further important point made by Mayer (1958) is that the preparing of food can also be used for the socialization of children, and there should therefore be opportunities for children to prepare food in the kitchen. This will also provide them with the experiences they would have had were they living at home. While their mothers cooked food, they would sometimes be around her, observing, assisting and occasionally tasting.

As a consequence of the importance attached to mealtimes and food by many writers, seven questions on this subject were included in the Therapeutic Milieu Scale. In order to assess to what extent attempts were made to create a cozy and small group atmosphere, respondents were asked whether the whole Home ate together or whether they ate in their respective sections, and the number of children at each table. The responses to these questions can be found in Tables 9 and 10.

**TABLE 9 : RESPONSES TO QUESTION AS TO WHETHER ENTIRE HOME EATS TOGETHER, OR IN SECTIONS**

Manner of Eating	No. of Responses	Percentage of Responses
Together	92	41,63
In Sections	129	58,37
Total	221	100,00

**TABLE 10 : NUMBER OF CHILDREN WHO SIT AT EACH TABLE**

Number of Children	No. of Responses	Percentage of Responses
1 - 4	22	9,32
5 - 6	74	31,36
7 - 8	83	35,17
9 - 12	42	17,80
more than 12	15	6,36
Total	236	100,00

In terms of organization of mealtimes, the Homes generally seem to meet the standards as suggested in the literature. A slightly larger proportion of respondents, 58,37 per cent, indicated that the children eat in their respective sections, as opposed to those instances where the entire Home eats together. These figures coincide with those of Ramasar (1972) in which it was found that 9 institutions ate their meals in a common dining room or hall, and 11 ate in small groups in their respective cottages or houses.

The possible negative effects of eating together can be counter-balanced by the use of tables accommodating small groups of children. If one were attempting to recreate conditions in a normal family, it could be assumed that, on average, there would be four to six people around the dinner table. While the responses indicate that 40,68

per cent of units are arranged in this way, the remainder consist of tables where more than 7 children are seated at a table, which includes 6,36 per cent with more than 12 children per table. This would conform more to the old style form of congregate care, with children being served food in large dining halls at long tables and benches. Although it is possible that some of those included cases where the entire unit ate together at one table, groups of more than 12 cannot be considered therapeutically positive.

As has already been noted, writers have stressed the importance of houseparents sitting with the children at mealtimes and eating the same food. Two questions elicited responses in this connection, and their findings can be seen in Tables 11 and 12.

TABLE 11 : RESPONSES TO QUESTION ON WHETHER HOUSEPARENTS SIT WITH CHILDREN AT MEALTIMES

Response	No. of Responses	Percentage of Responses
Yes	146	61,60
Sometimes but not always	34	14,35
No	57	24,05
Total	237	100,00

Table 11 indicates that three-quarters of the respondents sometimes or always sit with the children at mealtimes, and hopefully perform tasks such as modelling good table manners, which the literature suggests they should do. However, nearly a quarter of the respondents do not sit with the children and the possibility of creating a homely atmosphere is thus precluded.

**TABLE 12 : RESPONSES TO QUESTION ON WHETHER HOUSEPARENTS CONSUME THE SAME FOOD AS THE CHILDREN**

Response	No. of Responses	Percentage of Responses
Never	9	3,85
Sometimes	33	14,10
Always	192	82,05
Total	234	100,00

Table 12 shows quite clearly that by far the majority of respondents eat the same food as the children, which shows an improvement over Ramasar's (1972) study in which it was found that the staff of 12 institutions ate the same food as the children, while 8 ate separately.

The findings in Tables 11 and 12 can also be compared to the Berry (1975) study, in which it was found that in about three-quarters of the sample, the children ate with their care givers at the same table, having the same food.

Part of creating a relaxed atmosphere at mealtimes, is the opportunity to engage in light and friendly conversation. Here it was again found that in just over 90 per cent of the cases children were allowed to talk during meals.

As a result of the importance that institutionalized children generally attach to food, it is necessary for food to be available more than three times a day. The responses to a question on this topic can be seen in Table 13.

**TABLE 13 : FREQUENCY OF FOOD PROVISION**

Frequency	No. of Responses	Percentage of Responses
Three main meals only	72	30,90
Three main meals and snacks in between	160	68,67
Whenever they like	1	0,43
Total	233	100,00

Although it can be seen that in nearly 70 per cent of the cases, children are being fed more often, a relatively large proportion of houseparents are failing to take advantage of the psychological value of food, and restrict food provision to three main meals only.

The importance of access to the kitchen has already been pointed out. Table 14 indicates responses to the question on when and whether children have access to the kitchen.

TABLE 14 : FREQUENCY OF ACCESS TO KITCHEN

Frequency	No. of Responses	Percentage of Responses
Any time	106	45,11
Only certain times	104	44,26
Never	25	10,64
Total	235	100,00

From the table it can be seen that 89,37 per cent of respondents indicated that children have access to the kitchen, either at any time or at certain times. It is thus only in a small proportion of cases that children are being denied this opportunity which is normal for most children.

Once again it is interesting to note some of the comments made by houseparents on the subject of mealtimes and food. One houseparent wrote her comment in this way:

"They set the table, table manners never talk at table unless they want something passed to them. by that they enjoy their meals, and after every meal to clear the tables. And they have learned to thank me for every meal."

Instead of meals being pleasurable and the provision of food a sign of the houseparent's love for the children, they are expected to eat in silence and be grateful to her (as if she personally provided the food, rather than the institution). From a houseparent in a Home where 9 to 12 children sit at a table, came this comment:

" Ons kinders sit almal saam in eetsaal. Die kant in eetsaal sit die dogters en een kant vir seuns. Dan wanneer hulle eet sit ek so nou en dan tussen en gesels saam met hulle. Dan wanneer die kinders vrugte of eiers eet en een vra my of ek nie 'n stukkie wil neem nie dan nuttig ek dit saam met hulle om hulle nie te beledig nie. Maar anders sin koop ons ons eie koswaarde ."

Bettelheim (1950) has indicated that children should never be forced to eat. Although this aspect was not specifically explored, several houseparents mentioned themselves or rules insisting that children eat certain or all foods. Some of their comments were :

" Kinders word nie gedwing om al hulle kos op te eet nie, maar as daar nie iets verkeerd is nie laat ek hulle gewoonlik net die helfte van die porsie eet ";

" Dit is vir my hinderlik dat kinders gedwing word om kos te eet waarvan hulle nie hou nie ";

" Die kinders moet gesellig hul maaltye kan nuttig. Hulle moet leer om alles te eet en nie uitsoekerig te wees nie " .

In contrast there were many comments which indicated full awareness on the part of the houseparent as to the value and importance of mealtimes :

" Talking at mealtimes for me is very important, because I find when the children are eating they respond more and mealtime becomes a happy time for them and us ";

" Mealtimes are family togetherness times when a lot of sharing and happiness takes place ";

" I feel the mealtimes are the centre of our "family" life. Times to talk about things that concern all of us. The children have an unhurried meal when they can chatter/ reminisce and generally enjoy each others company. Very important time. "

Then there were the comments indicating the houseparents desire for changes :

" I would like to have the staff eating their meals with the children in this section - because of the smaller tables and chairs etc we have not yet been able to do this ";

" Given adequate finances it would be nice to have cozy dining rooms with small tables of not more than 4. We are working toward this. With large numbers it is impossible to get away from canteen style but we do our best";

" Ek sou graag een keer per maand saam met die kinders by kerslig wou eet en hulle dan geleentheid gee om te praat oor die dinge wat hulle kwel of gelukkig laat voel. Hulle moet dan praat oor die ouer-kind, seun-dogter verhouding, die alledaagse lewe en sommer oor alles wat om jou aangaan. Dit moet die vorm van 'n gesinsaad aanneem ".

In summarizing this section, it can be seen that on the whole most units are operating satisfactorily on most of the aspects explored, with the exception of seating arrangements and frequency of meals, both which, in many cases, require improvement to be therapeutically positive.

### III Integration into the Neighbourhood

Most writers on institutional care stress the need for children's homes to be integrated into the local neighbourhood, and for children to have opportunities to participate in the various activities in it. The Handboek (1957) stresses the importance of contact with the outside world in achieving the goal of preparing the child for later life in the community.

Both Mayer (1958) and Berry (1975) have pointed out that it is the recreational activities which can be used as the bridge between the institution and the outside world. For example, the children can join outside sporting teams, visit friends in their homes, or participate in important events in the lives of families outside. Beedell (1970) has also suggested that the residential unit use all possible local resources, and that the children be allowed out of the unit as much as possible.

Two questions were included in the Milieu Therapeutic Scale to assess its integration into the local community. Table 15 indicates frequency of childrens participation in activities in the community. It can be seen from the figures provided, that nearly all the children do participate in recreational and cultural activities, either

regularly or occasionally, with only ten respondents reporting that their children never have this opportunity.

**TABLE 15 : FREQUENCY OF PARTICIPATION IN ACTIVITIES IN THE LOCAL COMMUNITY**

Frequency	No. of Responses	Percentage of Responses
On a regular basis	155	66,24
Only occasionally	69	29,49
Never	10	4,27
Total	234	100,00

This is especially noteworthy if one bears in mind that more than half of the children's homes which participated in this study are situated on the outskirts of cities or country towns, which would possibly make participation difficult and inconvenient.

A second question designed to measure the units integration into the neighbourhood concerned the activities the children participated in on a Saturday. It was felt that this question would provide further evidence of the frequency of participation which was reported in the previous question. Table 16 shows the results of this question.

**TABLE 16 : ACTIVITIES IN WHICH CHILDREN PARTICIPATE ON A SATURDAY**

Activity	No. of Responses	Percentage of Responses
Activities in local community	162	68,07
Visit parents or friends	26	10,92
Receive visitors	13	5,46
Amuse themselves on premises	36	15,13
Household chores	1	0,42
Total	238	100,00

From the table it can be seen that nearly 80 per cent of the children are out in the community on this day, while the majority of the remaining group are isolated on the Home premises where they amuse themselves.

Berry's (1975) study also attempted to measure the degree of integration of the units into the neighbourhood. In contrast to these findings which seem to indicate a fairly good amount of integration, she found that of the 44 units studied, only 13 were either well or fairly well integrated, while the remaining 31 were fairly or totally isolated.

Ramasar (1972) found only one institution where there was no marked participation in community activities, which the staff of this institution explained was the result of the children being too young. All the other institutions participated in school-related activities as well as others, such as choir singing and sporting and recreational events.

Only one houseparent elaborated on the type of activities in which the children participate in the community. She stated:

"All the children in our cottage are involved in extra activities. Boys - cubs - scouts - karate - choir - singing - guitar lessons. Girls - modern movement dancing - ballet - girl guides - choir singing - guild - guitar playing. Most of these activities bring them into contact with children and people outside home environment."

There is little doubt that these children are enjoying fully the activities offered by their community.

Another houseparent, who clearly recognizes the value of leisure activities in integrating the children into the community, wrote:

"We do our best with limited financial resources and organize various activities and encourage the older girls to make friends and get involved outside of our community. We also bring in outside help for homework and Youth for Christ People. I feel this type of thing should be encouraged so that the children integrate into the community as a whole."

#### IV Recreation

Several writers have pointed out that recreational activities are not just time fillers but are part of the entire treatment plan for children in residential care.

Whittaker (1969 : 102) has stated :

If activity programmes are accepted as therapeutic skills, then they must be part of the therapeutic milieu and not something held out solely as a reward for 'good' behaviour.

In a similar vein, Trieschman (1969 : 29) said that :

activities are the medium in which the child care worker builds his relationship with the children. Programs and activities are not time killers. They are not for keeping children busy until they get to therapy. They are the real substance of the most meaningful interaction between children and adults in the therapeutic milieu.

Ingram (1968) is yet another writer who has made the same point. In discussing this topic, he divides recreational activities into two parts : play and games. While play is creative and is developed by the child, games are more organized with definite rules and regulations. Whichever type of activity the child is engaged in, to be truly recreational, they ought to meet three requirements - they should be enjoyable, voluntary, and ego building (Mayer, 1958).

The Handboek (1957) lists the following as the value of play, which in terms of Ingram's (1968) distinction, would include games :

- (i) helps develop characters of the children
- (ii) gives children self confidence
- (iii) improves team spirit
- (iv) teaches children how to lose.
- (v) forms a valuable emotional safety valve through which children can get rid of fears, aggressive feelings and psychological tension
- (vi) it teaches juvenile delinquents and the anti-social child to obey rules and regulations and to show consideration for others.
- (vii) it meets a natural need of children and gives them pleasure
- (viii) it keeps children busy in a constructive manner and out of trouble and is an important outlet for excessive energy
- (ix) it exercises and is healthy for body, mind and spirit.

In order for recreational activities to be valuable, the child care worker has many important tasks to perform, which include more than supervision, aimed mainly at maintaining order. The child care worker has to assist children in initiating and planning activities, either for groups of children, or for an individual child interested in some type of solitary activity. In a group activity, the worker may need to support a child in losing, and help him recognize that losing a game does not mean losing status nor reflect personal inferiority; or she may need to help a shy, isolated child join the group (Mayer, 1958).

Where a child is involved in a solitary activity such as stamp collecting, reading, drawing, or playing with dolls, the child care worker should show an interest and provide encouragement, which will help develop the child's self confidence.

By observing a child in a variety of recreational activities, the child care worker will also gain increased knowledge as to their level of functioning, which will be of benefit in the handling of that child.

As part of their exposure to the outside community, it is also important for outings to be arranged, for both social and cultural purposes.

Thus, for recreational activities to be of therapeutic value, the child care worker needs to be fully available to the children. In order to assess to what extent this is the case, houseparents were asked about their activities on a Saturday, the day children are most likely to be involved in such activities. The responses to this question can be found in Table 17.

The results show that nearly 90 per cent of houseparents are involved in either supervising activities or taking the children on outings, while the remaining 10.9 per cent are totally uninvolved with the children on this day. However, as only one response was coded, one cannot assume from this information that the houseparents who supervised, were involved exclusively in this task. It is unfortunate that a question which could have elicited more information as to the form the supervision of activities takes in each case, was not included.

TABLE 17 : ACTIVITIES OF HOUSEPARENTS ON A SATURDAY

Activity	No. of Responses	Percentage of Responses
not on duty	2	0,84
occupied with personal business	2	0,84
household chores	22	9,24
supervise children's activities	123	51,68
take children on outings	89	37,39
Total	238	100,00

Comments made by the houseparents, do, however give a certain amount of additional insight as to how they view recreational activities, and what the children actually do in their leisure time. A comment indicating a houseparent's dissatisfaction with this area of the Home's operation was the following :

"Kinders se vryetyd is beperk a.g.v. baie bedrywighede by die skool. Oor die algemeen is hier 'n leemte wat betref vryetydsbesteding a.g.v. gebrek aan die nodige toerusting.";

A suggestion which conforms with both Theron's (1948) and Ingram's (1968) belief in the importance of a playroom :

"Ek stel voor 'n groot ontspanningsaal met tafeltennis, 'n sitkamer in die eenhoek en 'n radio en 'n platespeler. Modern danslesse 'n plekkie om te ontspan, waar hulle weet dis hul eie plekkie. Hier is geen afleiding vir die kinders nie."

Another comment, made by a male houseparent who seems rather confused about so-called free time and recreational activities :

"In hulle vryetyd maak die kinders die jaarts asook hulle kamers skoon. En studietye neem hulle ook waar in vrytyd. Dan ook sport soos byvoorbeeld rugby sokker en ander speletjies...waarvan ek saam met hulle hulle werklike help doen asook speel ek saam met my seuns rugby en sokker."

A brief description of leisure activities was made in the following :

" Mooi handwerk, hekel, brei, lees. Plak en teken werk, stap en ligte speletjies."

Thus while some houseparents recognize the lack of facilities for recreation, and others have pointed out how they keep their children fully occupied, there is no indication from the comments that any of the houseparents are aware of the therapeutic value of leisure time activities in terms of the total treatment of the child.

## V Handling of Money

It is important for every child, whether living at home or in an institution, to learn to handle money, and be taught how to budget and to save. The provision of pocket money is one of the means by which this goal can be achieved. Both Mayer (1958) and Bettelheim (1950) have stressed the importance of giving children pocket money, and of allowing them to use it at their own discretion.

The Konsephandleiding vir Kinderhuise <sup>1</sup> (1979) points out that pocket money is not a reward for good behaviour or payment for tasks performed, but an educational tool with a specific goal of giving the child the opportunity to handle money and accept responsibility for its use. It recommends that money should be given weekly, and should not exceed an amount with which the child is able to cope.

Houseparents were thus asked about the frequency with which the children were given pocket money. Their responses can be found in Table 18. Although nearly all the children in the study receive pocket money, only less than half, 47,60 per cent, receive it on a fortnightly or weekly basis. Young children must find it exceedingly difficult to handle money received only once a month, and its educational and therapeutic value must thus be reduced.

1 In future referred to as the Konsephandleiding.

TABLE 18 : FREQUENCY OF POCKET MONEY PAYMENTS

Frequency	No. of Responses	Percentage of Responses
Never	13	5,68
Only at end of the year	0	0,00
Only in school holidays	16	6,99
Monthly	91	39,74
Fortnightly or weekly	109	47,60
Total	229	100,00

In the study conducted by Ramasar (1972) it was found that sixteen of the twenty institutions gave pocket money, at varying intervals. Some gave weekly, some monthly, some whenever necessary, and some at the end of the year. Again, it appears that there may have been an improvement over time, and that more Homes are providing children with pocket money on a more regular and frequent basis.

Only one houseparent, in a Home where pocket money is not provided, commented on this matter. She stated:

"Ideaal om sakgeld aan kinders te gee en sodoende hulle in te stel om met geld te werk. Die vraag is of dit prakties uitvoerbaar is."

Since the majority have made the necessary arrangements, it must be practically possible, and is probably a matter of priorities.

## VI Privacy

The respect for privacy was explored by three questions which related to the reading of mail, the sharing of rooms, and access to rooms. We will first examine the issue of mail, and then that relating to rooms.

(i) Mail

The only writer to specifically mention this issue is Mayer (1958) who notes that it is only in rare cases that it may be necessary to read a child's mail. It appears that he, and possibly other writers, assume that this view is widely accepted, and thus in no need of further elaboration. However, in South Africa, this view is not accepted by all, and thus the Handboek (1957) and the Konsephandleiding (1979) elaborate on the topic. The former book, published twenty-four years ago, states that a controversy exists over censorship of mail. It points out that those against argue that respect for the individual, the sanctity of privacy, and the respect between adult and child is damaged if letters are censored; while those for censorship argue that children need to be protected from wrong ideas and news about their family.

Despite this controversy, the Handboek (1957) points out that the overwhelming majority of institutions believed in censorship of both incoming and outgoing mail. It is thus interesting and encouraging to note that in the Konsephandleiding (1979), which is designed to eventually replace the long outdated Handboek, the children's right to privacy is recognized, and included in this is his right to receive and send letters which are uncensored.

Table 19 shows the responses of houseparents on this issue.

TABLE 19 : RESPONSES TO QUESTION CONCERNING THE READING OF MAIL

Response	No. of Responses	Percentage of Responses
Always read mail sent and received	48	20,96
Only read mail sent	8	3,49
Only read mail received	10	4,37
Only read mail in exceptional circumstances	62	27,07
Never read mail sent or received	101	44,10
Total	229	100,00

Despite updated official views on the matter, there appears to be a lag in practice. More than half of the respondents, 55,89 per cent, indicated that they read mail, with greater or less regularity. It would be interesting to know how the 62 respondents interpreted "exceptional circumstances" and what this actually means in terms of frequency of reading mail. Two opposing points of view were expressed by houseparents. The first, from a respondent who always reads letters sent and received:

"I feel that by reading their mail at times, you get to know them better and so help to deal with them. Also by sometimes reading the mail they receive you can help them and get to know more about home circumstances etc. It is not with a sense of prying that these letters are read."

Disagreement, in brief:

"a child receives mail unopened (to instil trust)."

(ii) Sharing of and access to rooms

In an institution, children spend most of their time with a large group of other children, sleeping and eating with them, attending school together, and playing with them. As Mayer (1958) points out, this makes a child feel very exposed, and he has to fight to retain his individuality and personal dignity. It is thus important for a child to be afforded some degree of privacy, which can be arranged by reducing the number of children sharing a room, or by partitioning larger rooms so that the child has a portion which he can call his own.

In contrast to its views on censorship, the Handboek (1957) recognizes a child's need for privacy in his bedroom, and points out that doors should be able to be shut, and children permitted to be alone in their rooms to think about their own heart-aches and problems.

Konopka (1968) also stresses the need for a child to have privacy, but cautions against the use of solitude as a punishment in the form of solitary confinement.

While the question concerning access to rooms revealed that 92,02 per cent of the units permit children access at any time, the picture with regard to the sharing of

rooms is more varied. The results of this question can be found in Table 20. While 68,65 per cent accommodate up to four children to a room, in 17,37 per cent of the units, rooms are provided in which more than eight children sleep. This arrangement can provide a child with very few opportunities to be alone.

TABLE 20 : NUMBERS OF CHILDREN SHARING A ROOM

Number of Children	No. of Responses	Percentage of Responses
Children have single rooms	35	14,83
2	69	29,24
3 - 4	58	24,58
5 - 8	33	13,98
More than 8 per room	41	17,37
Total	236	100,00

In summary, the responses to these three questions seem to indicate that the child's right to privacy is some way from being fully recognized by houseparents. Only when all children receive and send mail unread by others, and are provided with small rooms to which they can retreat when they desire to be alone, can it be said that this stage has been reached. In terms of the milieu, increased opportunities for privacy can only be therapeutic for the child.

## VII INDIVIDUALIZATION

In a therapeutic milieu, it is important for each child to be individualized. Routines and all other activities should be child-centred, as opposed to institution-centred.

In order to assess the degree of individualization in the units, two questions were included in the Therapeutic Milieu Scale. The first related to the activities performed by houseparents between supertime and bedtime. At this time of the day

the essential events and chores of the day should have been completed, which means there is more leeway for the houseparents to organize this period in any way they choose. Table 21 shows the responses to this question.

**TABLE 21 : ACTIVITIES OF HOUSEPARENTS BETWEEN SUPPERTIME AND BEDTIME**

Activities	No. of Responses	Percentage of Responses
Spend time alone with own family	0	0,00
Household chores	10	4,20
Supervise homework/ studying	0	0,00
Play with children and/or watch television with them	54	22,69
Spend time informally chatting to children	174	73,10
Total	238	100,00

As can be seen, only 4,2 per cent of houseparents are involved with household chores, while the remainder are all relating to the children in an informal way. More details as to the specific evening activities can be obtained by examining the comments made by respondents.

Some of the comments made were :

" They are taken for chapel by our Lady Warden and the housemothers every evening. They learn to know God, that they must always know God comes first in life, And to read from the Bible, and we tell them what the reading is all about ";

"like in normal home I and my husband take part in supervising study, talking to the children and also watching T.V. with them ";

" Hou gereeld Godsdienst tussen aandete en slaapyd ";

"We have individual prayers in the evening and find this is the time the boys like to confide in whoever is on duty, usually me. Boys are kissed goodnight and tucked in";

"If time and energy permit, it has been found good to tell bedtime stories when the chaps are in bed - or just have a short 'chat' session about anything and everything."

From these and other general comments, it can be seen that religion plays an important part in many Homes, and for many children their evenings are taken up with prayers and Bible reading.

The manner in which birthdays are celebrated also provides an indication as to the recognition given to each child as an individual. Therefore the second question concerned the manner in which birthdays are celebrated. Table 22 shows responses given to this question.

TABLE 22 : MANNER IN WHICH CHILDREN'S BIRTHDAYS ARE CELEBRATED

Manner	No. of Responses	Percentage of Responses
Presents from the home	147	66,22
Individual parties	66	29,73
No special recognition	9	4,05
Total	222	100,00

As can be seen only a very small proportion of units give no special recognition to children's birthdays. However, an additional 16 respondents failed to answer this question, and it could be suspected that they would fall into this group. In addition, this rather favourable picture is changed somewhat when one takes into account additional information provided by the houseparents in their comments. These revealed that in several cases, the Home itself does not provide the present or party, but these are arranged by women from local church groups. In one Home it was pointed out that birthdays are all celebrated together once a year, when each child receives a present, while in another, parties are held quarterly. In yet another the children are wished happy birthday over the intercom. More favourable information was provided by one houseparent who stated that on each child's birthday she takes him and one

friend or host parent out to supper, while another remarked:

"As one big family I feel that birthdays are important and should be special days and shared."

It can be seen then that the majority of children appear to be receiving individual attention and recognition. However, a Home which can miss out on taking advantage of a child's birthday to make him feel special and instead arranges a mass celebration, is falling far below accepted standards of practice.

### VIII Contact with natural family

Today few children in Homes are orphans, because such children are usually placed in foster care. Consequently the majority of children in institutions have natural families with whom they have a natural desire to remain in contact. As much as any one may try, no adult can take the place of a child's real mother and father. Mayer (1958) thus totally rejected the idea that either the title or the function of the person caring for children should include any concept of being a parent substitute. It is for this reason that he uses the term "child care worker" when referring to this person. In this study, the term "houseparent" has been adopted, in order to avoid confusion amongst those who are accustomed to its usage.

Balbernie (1966:94) has also pointed out that institutions need to provide much more than the qualities of a really good family and home. Children need to be deliberately and consciously offered "additional relationship security, unconditional acceptance, and specific remedial and corrective treatment." He also notes the confusion caused by the family concept, which attempts to substitute rather than supplement natural family experience.

Despite these views, many units attempt to replace the natural family, while houseparents attempt to become a mother for the children, referring over and over in the comments to "my children".

Some of their comments which indicate this attitude can be included here. Although referring to household chores, the following reveals the feelings of this houseparent towards her role :

" They take the form of a normal mother and housewife ";      Others stated :

" I try to be an ordinary mother to the boys ";      and

" Vervul die taak van 'n moeder soos in 'n normale huis ".

Yet another expressed her feelings this way :

" Being a housemother, you have a lot in your hands. Because when a child takes you as her very own mother she look forward to how you going to take her or him how you going to treat them. Because she really needs your love understanding, I really love my children that I look after, and they love in return ".

Several houseparents did however indicate their awareness that a unit should not and, in fact cannot, replace the normal natural family. They put it in this way :

" I try as far as possible to make this a Home for the girls, but obviously it can never be like a normal home as I know a home to be ";      and another said :

" Have tried to run the Home on the basis that it is ' our ' home in which we all have a place, rights, privileges and to which we all contribute. Have tried to instil a bit of ' family ' pride. Have found that my ' ideal ' demands more than I'm prepared to or want to give - have concluded that achieving normality of a natural family life within the bounds of a children's home is very difficult if not impossible ".

A final comment which possibly indicates the most correct approach to the issue :

" Our organization is aimed at providing a supplementary service to the children. We don't see ourselves as replacing their families - but as working fairly closely with the families - i.e. an extended unit ".

In order to function in this way, natural parents should be made welcome in the Home, and rules and regulations regarding the days and times for visiting should not be in operation.

Kadushin (1974) noted how thinking on this subject has changed. In the past many institutions sought to reduce contact between the child and his parents because they felt that parents had "done enough harm already". While the child was fenced in, the parent was fenced out. However, institutions now see themselves as allies of the parents in helping the child. They therefore actively encourage parent contact with and involvement in the life of the child.

It was for this reason that a question on this topic was included in the Scale. The responses indicated only 29,31 per cent of units permitting parents to visit at any time. The remaining 70,69 per cent laid down set visiting times. These figures seem to confirm the attitudes expressed by houseparents. After all, if the units replace natural families, then contact with parents becomes of secondary importance, and must not disrupt the smooth functioning and routine of the Home.

In this respect the majority of units do not match the thinking of specialists who recognize the continuing importance of natural families to children who have been removed from their own home.

The figures also compare unfavourably with those of Berry (1975) who found that only eight of her forty-four units had restricted visiting hours.

This then concludes the discussion on the questions making up the Therapeutic Milieu Scale. In the next section, the findings will be discussed according to the scores obtained by the units on this Scale.

## THERAPEUTIC MILIEU SCALE SCORES

As has already been noted each response in the questions making up the Therapeutic Milieu Scale was given a value between 1 and 5, where 1 indicated greater commitment to a therapeutic milieu, and 5 lesser. The precise coding per question can be found in the code book in the Appendix C.

In order to obtain a scale score for each respondent, their scores on the twenty questions were totalled and then divided by 20. Where respondents had failed to answer a particular question, their total score was divided by the number of questions which had been answered. Scale scores with a possible range of 1 to 5 were thus obtained. In actual fact, the minimum score, which indicated greatest commitment to a therapeutic milieu was 1.4, while the maximum score, indicating a low commitment, was 3.3, with a mean score of 2.2 and a standard deviation of .45.

In order to be able to draw comparisons between units which indicated a high, medium and low commitment to a therapeutic milieu, the distribution of scores was divided into quartiles. Approximately twenty-five per cent of the group were thus characterised as having a high commitment to milieu therapy and included 62 units with scores equal to or less than 1.85; approximately fifty per cent having a medium commitment, which included 118 units scoring between 1.85 and 2.5; and twenty-five per cent having a low commitment, which included 58 units with scores greater than 2.5.

This can be compared with the method employed by Berry (1975) in which she attempted to grade the units studied according to their daily patterns of care. Those with a standard of care more than adequate though not inspired, are labelled "good enough"; those where there were deliberate attempts to create an atmosphere akin to milieu therapy within the daily routines, she labelled "more positive"; and those which fell below the mid-point standard were "more negative".

In the next chapter a number of hypothesis will be tested by comparing a range of variables to the units grouped according to their commitment to a therapeutic milieu.

## CHAPTER 7. HYPOTHESIS TESTING

A number of hypotheses were proposed, in an effort to test the relationship between commitment to a therapeutic milieu and a number of other variables. The following hypotheses will thus be tested:

"The greater the commitment to a therapeutic milieu ...

1. ... the smaller the number of children accommodated in the Home
2. ... the smaller the number of children per unit in the Home
3. ... the greater the likelihood that the Home is divided into cottages
4. ... the greater the likelihood that the Home is situated in the centre of a large city
5. ... the fewer the number of bedwetters
6. ... the better the understanding by houseparents of the reasons for bedwetting
7. ... the greater the frequency of visits by friends of the children to the Home
8. ... the fewer the number of hours the houseparents are on duty
9. ... the greater the likelihood that assistants are available to help the houseparents
10. ... the greater the likelihood that houseparents have a regular supervision session.
11. ... the greater the likelihood that houseparents receive background information on all the children in their unit
12. ... the greater the frequency of staff meetings
13. ... the greater the likelihood that staff meetings centre around discussion of individual children
14. ... the fewer the number of household chores which are the responsibility of houseparents and children
15. ... the less the likelihood that corporal punishment is administered
16. ... the greater the likelihood that social workers are employed by the Home
17. ... the longer the length of employment of the houseparent
18. ... the greater the likelihood that the children attend outside schools
19. ... the smaller the numbers of children absconding
20. ... the greater the likelihood that the majority of parents live within easy

visiting distance

21. ... the greater the frequency of visits by parents. "

(1) Size of Home

The first hypothesis was that the greater the commitment to a therapeutic milieu, the smaller the numbers of children accommodated in the Home. Table 23 shows this hypothesis to be true. While 72,22 per cent of respondents who scored high on milieu therapy, came from Homes with less than 100 children, 47,78 and 36,36 per cent of those scoring medium and low respectively, came from Homes with the same number. In contrast, in Homes caring for more than 250 children, 16,37 per cent of respondents came from the low group, as compared to only 5,56 per cent of the high group. These differences were found statistically significant, and the contingency coefficient was .42.

TABLE 23 : COMMITMENT TO A THERAPEUTIC MILIEU AND NUMBER OF CHILDREN PER HOME (in percentages)

No. of Children	COMMITMENT		
	High	Medium	Low
40 - 50	11,11	15,56	5,45
51 - 100	61,11	32,22	30,91
101 - 150	9,26	14,44	29,09
151 - 200	12,96	15,56	18,18
201 - 250	0,00	4,44	0,00
251 - 300	0,00	8,89	1,82
301 - 350	5,56	8,89	0,00
601 - 650	0,00	0,00	14,55
Total	100,00 (54) <sup>1</sup>	100,00 (90)	100,00 (55)

$$\chi^2 = 42,84$$

$$d.f. = 14$$

$$p = .0001$$

$$\text{contingency coef.} = .42$$

1 Figures in brackets in all tables represent the actual number of responses.

(2) Number of Children per Unit

The number of children per unit ranged from one unit where the respondent reported only having two children to care for, to units in one Home which contained eighty to ninety children. However, the mean was found to be 19,53. This indicates a low staff-child ratio, which, in view of the fact that few respondents have assistants to help them, is likely to be true. Table 24 shows the frequency of units according to numbers of children cared for.

TABLE 24 : FREQUENCY OF UNITS ACCORDING TO NUMBERS OF CHILDREN CARED FOR

No. of Children	No. of Units	Percentage of Units
1 - 10	53	22,75
11 - 20	95	40,77
21 - 30	55	23,61
31 - 40	16	6,87
41 - 60	4	1,72
61 - 80	5	2,15
81 - 110	5	2,15
Total	233	100,00

As can be seen the largest proportion, 40,77 per cent, consisted of 11 to 20 children, with 87,13 per cent having 30 or less children. The hypothesis was that the greater the commitment to a therapeutic milieu, the smaller the number of children per unit in the Home. Table 25 shows information up to units containing 40 children.

If we examine units catering for up to 20 children, we find 82,25 per cent of the high group in this category, as compared to 64,91 per cent and 40,35 per cent of the medium and low groups respectively. Similarly, while all the high groups care for a maximum of 40 children, 22,81 respondents in the low group are caring for more than 40 children. This indicates a clear distinction between commitment to a

therapeutic milieu, and the number of children per unit. The relationship was also found statistically significant, with a contingency coefficient of .34.

**TABLE 25 : COMMITMENT TO A THERAPEUTIC MILIEU AND UNITS CARING FOR UP TO 40 CHILDREN (in percentages)**

No. of Children per Unit	COMMITMENT		
	High	Medium	Low
1 - 10	35,48	23,68	7,02
11 - 20	46,77	41,23	33,33
21 - 30	11,29	28,07	28,07
31 - 40	6,45	6,14	8,77
Total	100,00 (62)	99,12 (114)	77,19 (57)

$$\chi^2 = 30,73$$

$$\text{d.f.} = 18$$

$$p = .0309$$

$$\text{contingency coef.} = .34$$

### (3) Division of Home

Houseparents were asked whether their Home was divided into cottages, dormitories, or in any other way. They were asked to clarify the latter responses, which several did by explaining that their Home was in a period of transition from the old style dormitory system to more modern smaller units. In coding, where there was doubt as to whether the Home was divided into cottages or dormitories, the response was coded in the "other" category. Leaving this response aside, it was thus found that 60,61 per cent of respondents indicated that their Homes were divided into cottages, while 25,97 per cent still had dormitories.

From this information it was hypothesized that the greater the commitment to a therapeutic milieu, the greater the likelihood that the Home is divided into cottages. This would make it possible for routines to be more flexible and child-centred.

Table 26 shows this relationship.

**TABLE 26 : COMMITMENT TO A THERAPEUTIC MILIEU AND MANNER IN WHICH HOME IS DIVIDED (in percentages)**

Manner in which Home divided	COMMITMENT		
	High	Medium	Low
Cottages	71,67	68,64	30,19
Dormitories	15,00	15,25	62,26
Other	13,33	16,10	7,55
Total	100,00 (60)	100,00 (118)	100,00 (53)

$$\chi^2 = 47,43$$

$$p = .0000$$

$$\text{d.f.} = 4$$

$$\text{contingency coef.} = .41$$

That this hypothesis is true can clearly be seen. While 71,67 per cent of those in the high group came from Homes divided into cottages, 62,66 per cent of the low group came from Homes divided into dormitories.

Statistically this relationship is found significant with a correlation of .41.

These results conform to those of King, Raynes and Tizard (1971) in which they found that in the institutions they studied, the units which were organized to resemble family households, were likely to be more child-centred than those organized in other ways.

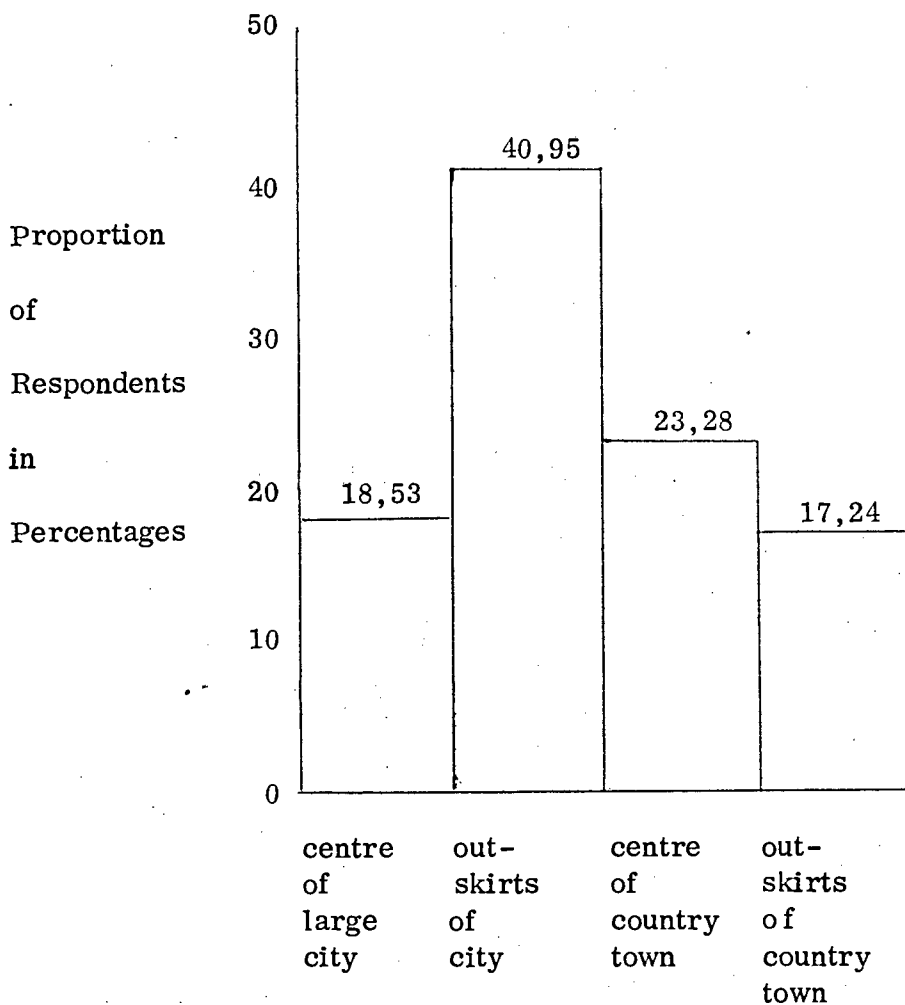
#### (4) Geographic Location

It was hypothesised that the greater the commitment to a therapeutic milieu, the greater the likelihood that the Home is situated in the centre of a large city. For obvious reasons it was felt that Homes in country areas would probably experience greater difficulty in recruiting quality staff, would have fewer resources at

their disposal, and would be less exposed to contemporary ideas on child care often shared at meetings of child care workers, such as those held regularly by the National Association of Child Care Workers in Cape Town and other large cities.

Diagram 1 shows the distribution of all units according to their geographic location. As can be seen, the largest proportion, 40,95 per cent, were situated on the outskirts of a large city.

DIAGRAM 1 : DISTRIBUTION OF UNITS ACCORDING TO GEOGRAPHIC LOCATION



**TABLE 27 : COMMITMENT TO A THERAPEUTIC MILIEU AND GEOGRAPHIC LOCATION (in percentages)**

Geographic Location	COMMITMENT		
	High	Medium	Low
In midst of large city	27,42	16,52	12,73
On outskirts of large city	51,61	38,26	34,55
In small country town	12,90	28,70	23,64
On outskirts of small country town	8,07	16,52	29,09
Total	100,00 (62)	100,00 (115)	100,00 (55)

$$\chi^2 = 18.23$$

$$\text{d.f.} = 6$$

$$p = .0057$$

$$\text{contingency coef.} = .27$$

Table 27 provides information comparing the commitment to a therapeutic milieu of units and their geographic location. If one examines it in terms of units situated in a city or country town, one obtains a clearer picture of the correlation. We then find that in the high group, 79,03 per cent are situated in or near a city, in the medium group, 54,78 per cent, and in the low group, 47,28 per cent. This relationship is also confirmed by statistical tests.

In other words, we can rephrase the hypothesis to state that units with high commitment to milieu therapy are more likely to be situated in or near a city, as opposed to being in or near a country town.

(5) Number of Bedwetters

It was hypothesized that the greater the commitment to a therapeutic milieu, the fewer the number of bedwetters. However, 30,80 per cent of houseparents reported no bedwetters in their units, while 67,93 per cent reported having only a few, usually one or two. The remaining group consisted of two houseparents who reported that half of the children in their unit bedwet, and one respondent who reported that all the children wet their beds. From this information, it appears that bedwetting is not a major problem in children's homes which is rather surprising in view of the widely held belief that emotionally disturbed and unhappy children can be expected to display such symptoms. Since we have already seen that most of the children in Homes fall into this category, one would expect a fair number of bedwetters to exist.

A comparison of this information, according to commitment to a therapeutic milieu, shows that 45,16 per cent of respondents in the high group report no bedwetters, as compared to 27,97 per cent and 21,05 per cent in the medium and low groups respectively. The Chi Square statistical test shows these relationships to be not significant, possibly because of several cells containing no responses. Further details can be found in Appendix H. The hypothesis can thus not be accepted.

(6) Understanding of Reasons for Bedwetting

Houseparents were asked why they thought children wet their beds at night. While 88,99 per cent gave the reason as emotional upset and insecurity, the remaining respondents gave the reason as being too lazy to get up at night, or drinking too much liquid, with twenty failing to answer this question at all.

Once again the method of coding does not give any indication of how many houseparents responded to more than one choice. However, an examination of the questionnaires reveals a fair number selecting two or three of the options, indicating a degree of uncertainty in this area.

Statistical testing shows no significant correlations between the high, medium and low groups. Further details can be found in Appendix I. The hypothesis that the greater the commitment to a therapeutic milieu, the better the understanding by houseparents of the reasons for bedwetting, can thus not be accepted on the basis of the information obtained.

(7) Visits by Friends

Berry (1975 : 42) has stated that :

natural contacts are formed spontaneously in playing with neighbours' children or in being invited to neighbours' homes, so better integrated units are those where inmates are able to offer informal hospitality themselves.

To extend this further, the frequency of friends actually taking up this offer of hospitality, is an indicator of the units integration into the neighbourhood, and, in our case, could also be related to the units commitment to a therapeutic milieu. The responses to this question showed that in all but one case, friends were permitted to visit. However, just over half of the units, 53,16 per cent, reported that friends visit regularly or fairly regularly, while the remainder reported that friends only sometimes or never visit.

It was thus hypothesised that the greater commitment to a therapeutic milieu, the greater the frequency of visits by friends of the children to the Home. This relationship can be found in Table 28.

TABLE 28 : COMMITMENT TO A THERAPEUTIC MILIEU AND FREQUENCY OF FRIENDS VISITING (in percentages)

Frequency of Visits	COMMITMENT		
	High	Medium	Low
Regularly	32,26	17,09	3,45
Fairly regularly	38,71	35,90	31,03
Only sometimes	29,03	41,03	51,72
Never	0,00	5,13	13,79
Friends not permitted to visit	0,00	0,85	0,00
Total	100,00 (62)	100,00 (117)	100,00 (58)

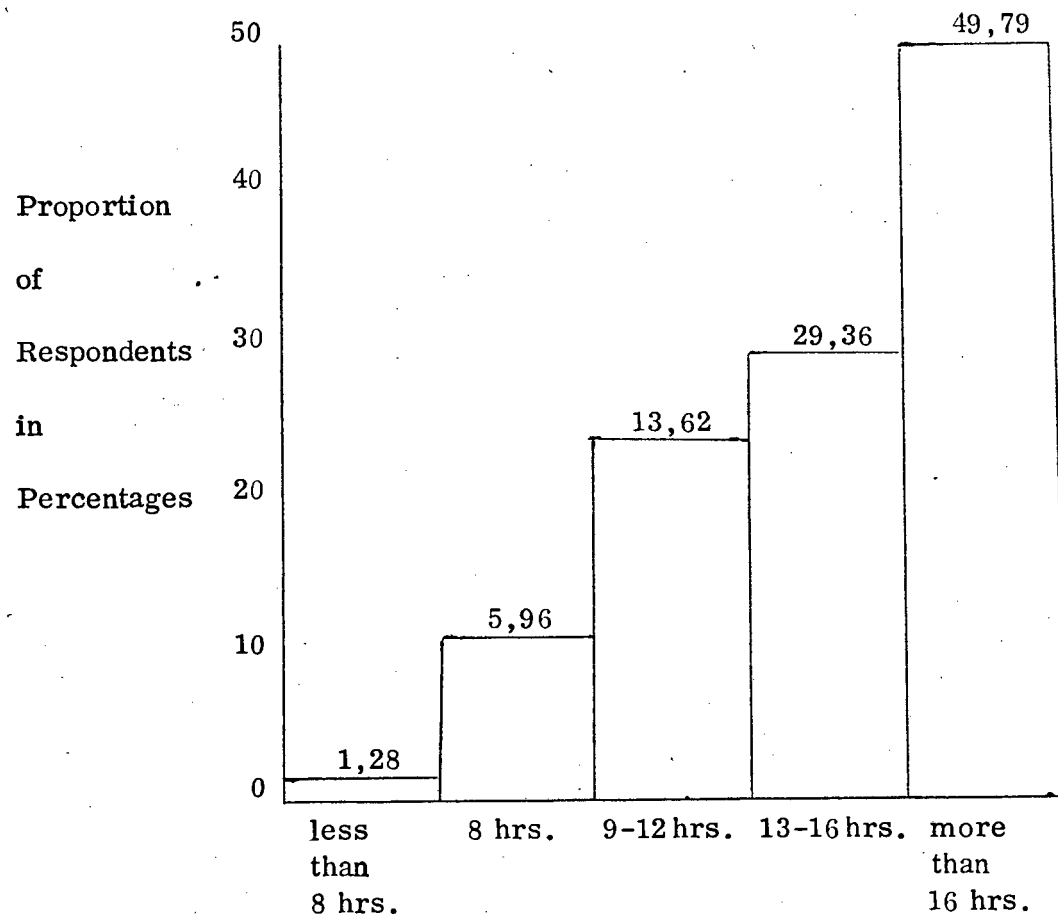
$$\chi^2 = 23,67 : \text{d.f.} = 8 : p = .0026 : \text{contingency coef.} = .30$$

From the Table it can be seen that of the high group 70,97 per cent report friends visiting regularly or fairly regularly; in the medium group, this figure is 52,99 per cent; and in the low group, it is 34,48 per cent. While none of the high group reported friends never visiting, 13,79 per cent of the low group responded in this way. From examination there thus appears to be a correlation between commitment to a therapeutic milieu and frequency of friends visiting and this is in fact confirmed by the statistical tests.

(8) Houseparents' hours of duty

Houseparents were asked approximately how many hours per day they worked. Their responses can be found in Diagram 2 in which it can be clearly seen that the majority, 49,79 per cent, indicated that they worked for more than 16 hours per day. This usually meant that they were available, should the children need them, around the clock. Only 5,96 per cent reported working a normal 8 hour day.

DIAGRAM 2 : HOUSEPARENTS' HOURS OF DUTY



If one examines this information, together with the information provided in the next section which indicates that just over 70 per cent of the houseparents have no assistant child care workers to help them, it is not surprising that they are forced to work such long hours.

That they find the work hard and tiring is reflected in their comments: One commented that:

"Die lang ure is 'n stremmende faktor. Dit is moeilik om 'n vertrouens verhouding met elkeen van jou kinders op te bou a.g.v. al die bykomende verpligtinge bv. naaldwerk, ens."

The frustration comes through clearly in this rather lengthy comment from a widow older than 50 years:

"Behalwe 1 afdag elke week verlaat staf nooit die gronde. Alhoewel jydare jou gaste tussen in mag ontvang solank jy jou kinders sien speel of weet waarmee hulle besig is. Eintlik is jy 24 uur aan diens want al slaap hulle al saans mag ons nooit uitgaan of na 'n konsert of so iets. Kerk tye los ons mekaar af. Want die kleintjies kan tog nie gaan nie. Dus van ontspanning kan mens maar vergeet. Behalwe my huis is ek ook naaldwerk matrone en moet help met al die wasgoed sorteer en uitsoek en heelmaak. Hier help darem 2 kleurling vroue... Maar na 5 gaan hul huistoe en is elke aand vry."

It was hypothesized that the greater the commitment to a therapeutic milieu, the fewer the number of hours the houseparent is on duty. The comparison of these scores can be seen in Table 29.

Examination of the Table shows a reverse trend, with 62,89 per cent of the low group working more than 12 hours per day, in contrast to the high and medium groups, where 80,33 per cent and 86,32 per cent of houseparents respectively work these long hours. In other words, the greater the commitment to a therapeutic milieu, the longer the hours worked.

**TABLE 29 : COMMITMENT TO A THERAPEUTIC MILIEU AND NUMBER OF HOURS HOUSEPARENTS ARE ON DUTY (in percentages)**

No. of Hours	COMMITMENT		
	High	Medium	Low
8 hours	1,64	4,27	14,04
9 - 12 hours	18,03	7,69	21,05
13 - 16 hours	31,15	33,33	19,03
more than 16 hours	49,18	52,99	43,86
less than 8 hours	0,00	1,71	1,75
Total	100,00 (61)	100,00 (117)	100,00 (57)

$$\chi^2 = 14,23$$

$$\text{d.f.} = 8$$

$$p = .0759$$

$$\text{contingency coef.} = .24$$

Statistical testing, however, shows no significant differences between the groups. The hypothesis must thus be rejected.

These responses could have been predicted if one were not aware of increased calls both for professionalization and better conditions of service for child care workers. One would assume that with these changes would come improved staff-child ratios, which would, amongst other things, allow the houseparent more free time for rest and outside pursuits.

Working such long hours must at some point reduce the worker's effectiveness, and thus negatively affect the children in her care.

In addition, as it has already been pointed out, many houseparents see themselves as replicating a natural family. If the management of the Home have not led these people to think otherwise, then it must be assumed that they too share these feelings. Thus, while this point of view persists one can expect few changes in this area. It is only as management begins to see the Homes function as being therapeutic, will they recognize the need for shorter working hours for their staff, to increase the quality of care they are able to give the children.

(9) Assistant Child Care Workers

Respondents were asked whether they had any assistant child care workers helping with the children in their section. As already pointed out the large majority replied that they had no helpers. While 19,57 per cent had one assistant, only just under 10,00 per cent had two or more assistants. Although details of exact numbers of staff employed by Homes was not obtained, which means it is not possible to calculate precise staff-child ratios, this information seems to indicate a low ratio, which means the available staff are not able to give each child very much individual attention.

The houseparents are in fact themselves aware of this problem. One houseparent who has 26 boys in her unit stated:

"Our group is still far too large for the number of child care workers. Children in this age group need far more individual attention. Their greatest need is for a one to one relationship - many of the children having come from another Institution since infancy."

Table 30 shows the relationship between commitment to a therapeutic milieu and the number of assistant child care workers.

TABLE 30 : COMMITMENT TO A THERAPEUTIC MILIEU AND NUMBER OF ASSISTANT CHILD CARE WORKERS EMPLOYED (in percentages)

No. of Assistants	COMMITMENT		
	High	Medium	Low
more than 5 assistants	0,00	0,00	1,82
4 - 5 assistants	1,67	0,87	1,82
2 - 3 assistants	11,67	5,22	10,91
only one assistant	26,67	18,26	14,55
no assistants	60,00	75,65	70,91
Total	100,00 (60)	100,00 (115)	100,00 (55)

$$\chi^2 = 4,80$$

$$\text{d.f.} = 8$$

$$p = .7790$$

$$\text{contingency coef.} = .14$$

Although the statistics show no significant relationships among the variables, an examination of the Table does in fact show a trend in the predicted direction. While in the high group, 40,01 per cent report having assistant child care workers, only 24,35 per cent and 29,10 per cent respectively in the medium and low groups have assistants. On the basis of statistical testing we would thus have to reject the hypothesis that the greater the commitment to a therapeutic milieu, the greater the likelihood that assistants are available to help the houseparents. However, examination of the data does indicate a degree of truth in it.

It should, however, be borne in mind that it is not only the numbers which are of importance, but the roles performed by these assistants and the quality of the care they offer. King, Raynes and Tizard (1971) found in their study that the provision of many staff was no guarantee that institutionally-oriented practises would not occur.

#### (10) Supervision Sessions

The literature on child care workers generally points to the importance to them of a supervision session, during which time they can receive guidance and support in their work with the children, as well as assistance with personal problems they may be facing (Fontand Ross, 1979; Berry, 1975). In the field of social work this is standard practice, especially because social workers experience enormous pressures and demands from their clients. Bearing in mind what a child care worker is faced with on a daily basis, she, more than anyone, needs an opportunity to ventilate and release all her pent-up feelings and frustrations.

It is interesting to note that the major recommendation made by Berry (1975) at the conclusion of her study, was for widespread availability of consultancy services; in other words, supervision services. She believed this would prove to be both "the biggest single influence in raising standards of residential care and the most economical method." (Berry, 1975 : 158).

It was thus hypothesized that the greater the commitment to a therapeutic milieu, the greater the likelihood that houseparents have a regular supervision session.

Responses to this question, however, showed that 89,03 per cent of houseparents do have supervision in which problems related to the children are discussed. This figure made comparisons meaningless, and statistical testing showed no significant relationships. Details will thus not be shown here, but can be found in Appendix J.

(11) Knowledge of the Family Backgrounds of the Children

In order to understand and deal with a child, it is important for the houseparent to have knowledge of his background, including his early development, present home circumstances, and the factors which led to his committal to the Home.

The houseparents were thus asked for how many children they had received this information. While 34,91 per cent reported having received this knowledge on all children, 44,82 per cent reported knowing about only a few or none of the children. In view of the fact that in order for a child to be committed to a Home, a social worker has to submit a comprehensive report to the Children's Court, it is disappointing to discover how little of this information is passed on to those who ultimately become responsible for the child on a day-to-day basis. It was also surprising to find the following comment from a houseparent in a Home where two social workers are employed on a full-time basis :

"Ek sou baie graag so 'n bietjie weet van die kinders se agtergrond waar ek niks weet nie van een van die kinders."

It was hypothesized that the greater the commitment to a therapeutic milieu, the greater the likelihood that houseparents receive background information on all the children in their unit. This comparison can be seen in Table 31.

The figures in the Table show quite clearly that this hypothesis is correct. In the high group, 74,58 per cent of houseparents have information on all or most of the children, while in the medium and low groups only 50,00 per cent and 43,86 per cent respectively have this information. The statistics provide further confirmation of this relationship.

**TABLE 31 : COMMITMENT TO A THERAPEUTIC MILIEU AND NUMBER OF CHILDREN ABOUT WHOM KNOWLEDGE OF FAMILY BACKGROUND HAS BEEN OBTAINED (in percentages)**

Number of Children	COMMITMENT		
	High	Medium	Low
On all the children	57,63	31,90	17,54
On most of the children	16,95	18,10	26,32
Only on half of the children	1,69	0,00	0,00
Only on a few of the children	8,47	20,69	40,35
On none of the children	15,25	29,31	15,79
Total	100,00 (59)	100,00 (116)	100,00 (57)

$$\chi^2 = 30,16$$

$$\text{d.f.} = 8$$

$$p = .0002$$

$$\text{contingency coef.} = .34$$

### (12) Staff Meetings

In order for the staff of the Home to function as a team, and in a democratic manner, it is necessary for them to meet regularly. Case discussions on problem children should be arranged, as well as more general topics covered, such as those concerning the general running of the Home.

The houseparents were thus asked about the frequency of staff meetings, as well as what is normally discussed at these meetings. Their responses showed that 72,61 per cent meet daily or weekly, 25,22 per cent meet fortnightly or monthly, and 2,17 per cent do not hold staff meetings at all.

It was hypothesized that the greater the commitment to a therapeutic milieu, the greater the frequency of staff meetings. This relationship can be found in Table 32. An examination of the data contained in it reveal a trend in the predicted direction.

With regard to daily meetings, 14,52 per cent of the high group hold them, as opposed to none of the low group. If we combine those who hold daily and weekly meetings, we find 89,71 per cent of the high group falling into this category, 68,96 per cent of the medium group, and 61,54 per cent of the low group. Of this latter group, 30,77 per cent hold only monthly meetings. Statistically, these differences were found significant, with a contingency coefficient of .32, and the hypothesis is accepted.

**TABLE 32 : COMMITMENT TO A THERAPEUTIC MILIEU AND FREQUENCY OF STAFF MEETINGS (in percentages)**

Frequency of Staff Meetings	COMMITMENT		
	High	Medium	Low
Daily	14,52	5,17	0,00
Weekly	74,19	63,79	61,45
Fortnightly	4,84	16,38	5,77
Monthly	6,45	11,21	30,77
No staff meetings held	0,00	3,45	1,92
Total	100,00 (62)	100,00 (116)	100,00 (52)

$$\chi^2 = 25,66$$

$$p = .0012$$

$$\text{d.f.} = 8$$

$$\text{contingency coef.} = .32$$

With regard to the content of staff meetings, the houseparents were asked what was normally discussed. Those who discuss individual children comprise 53,42 per cent, while the remainder discuss the general running of the Home, rules and regulations, and staff duties. Again it must be noted that it is possible that the former group also discuss these general matters, but not vice versa.

It was hypothesized that the greater the commitment to a therapeutic milieu, the greater the likelihood that staff meetings centre around discussion of individual children. Although the largest proportion of the high group, 62,30 per cent did do so, as opposed to 46,61 per cent of the medium group, and 58,18 per cent of the low

group, the relationship was not found significant. The Table containing this data will thus not be reproduced here, but can be found in Appendix K.

(14) Household Chores

Mayer (1958) has pointed out that in most institutions, children participate in some work, for either educational or economic reasons. Although the two are not mutually exclusive, economic consideration should be secondary, and children should not be used as substitutes for domestic help.

The Konsephandleiding (1979) lists several reasons for chores being assigned to children. These include :

- (1) Where child and houseparent work together, a trusting relationship develops.
- (2) When a child learns to do something himself, he is taught independence and an ability to meet his own needs.
- (3) Through work the child learns a skill and develops self confidence because he achieves something.
- (4) Recognition for what he does, improves his self image because he feels of some value.
- (5) By undertaking chores that benefit the entire Home, he develops a sense of belonging and is taught to do things for others.

Despite these values, the amount of work should not be so heavy that it conflicts with leisure time activities.

Although many children may show some resistance to doing chores, this is often an expression of their resistance to being at the institution (Mayer, 1958).

Questions regarding household chores were asked of houseparents, with two purposes. Firstly, to assess to what extent children were responsible for different tasks, and secondly, to see to what extent houseparents were involved, which would result in a decrease in the time available to spend with the children.

With regard to washing, ironing and mending clothes and cooking, only a small number reported the children being fully responsible. However, 19,09 per cent of respondents replied that the children were entirely responsible for heavy cleaning, such as polishing and scrubbing. With regard to light cleaning, such as dusting and sweeping, in 42,22 per cent of units children bear full responsibility. Although the latter figure can be considered acceptable, it appears that a rather large proportion are involved with heavy cleaning. Although it would be expected that the children may assist with these tasks, it cannot be considered satisfactory for them to shoulder the full burden. This seems to indicate economic considerations taking precedence over educational consideration.

Some houseparents are also aware of the excess emphasis on household chores. In a unit where both the houseparent and children are together responsible for the heavy and light cleaning, the houseparent commented :

" Ek voel die kinders werk te hard. Die bediendes moet die swaarwerk doen."

With regard to duties performed by houseparents, the data obtained show that only a small proportion of houseparents have full responsibility for this range of household chores. Table 33 shows the tasks and what the proportion of houseparents is, who are always or sometimes responsible for them, or whether a domestic worker is responsible. The remaining proportion, not shown in the Table, consists of those instances where children shoulder responsibility.

TABLE 33 : RESPONSIBILITY FOR HOUSEHOLD CHORES (in percentages)

Chores	Houseparents always Responsible	Houseparent sometimes Responsible	Domestic Worker Responsible
Heavy cleaning	3,64	4,55	72,27
Light cleaning	11,11	16,00	30,69
Washing clothes	8,49	5,19	83,49
Ironing clothes	6,28	6,28	84,06
Mending or darning clothes	40,37	14,22	42,20
Cooking	18,91	21,39	57,71

As can be seen from the Table the only chore for which a large proportion of house-  
parents are always responsible is that of mending and darning clothes. In the case  
of cooking, it would have been expected that possibly a large proportion of house-  
parents, especially in self-contained cottages, would have been responsible.  
However, only 18,91 per cent of houseparents bear this responsibility, fully, while  
in 57,71 per cent of cases, the domestic workers have exclusive responsibility.

This data can again be compared with commitment to a therapeutic milieu. Table 34  
provides this information in regard to heavy cleaning. As can be seen, in the high  
and medium groups, domestic workers are responsible for heavy cleaning in 75,41  
per cent and 85,19 per cent respectively, of the cases in these groups, as compared  
to only 41,18 per cent of cases in the low group. These differences are made up by  
both houseparents and children in the low group bearing greater responsibility.

**TABLE 34 : COMMITMENT TO A THERAPEUTIC MILIEU AND RESPONSIBILITY  
FOR HEAVY CLEANING (in percentages)**

Responsibility	COMMITMENT		
	High	Medium	Low
Domestic worker/s	75,41	86,11	41,18
Houseparent sometimes	1,64	2,78	11,76
Houseparent always	1,64	0,93	11,76
Children	21,31	10,19	35,29
Total	100,00 (61)	100,00 (108)	100,00 (51)

$$\chi^2 = 33,60$$

$$p = .0000$$

$$d.f. = 6$$

$$\text{contingency coef.} = .36$$

With regard to the children's responsibilities for heavy cleaning in the high and  
medium groups, they are responsible in 21,31 per cent and 10,19 per cent of units  
respectively, as compared to 35,29 per cent in the low group. These differences  
are also confirmed by statistical tests which find them significant.

Thus in the medium group, houseparents and children have less responsibilities in regard to heavy cleaning than the high group. In the low group houseparents and children both have to work harder. A similar picture emerges in connection with light cleaning. Table 35 provides this information.

**TABLE 35 : COMMITMENT TO A THERAPEUTIC MILIEU AND RESPONSIBILITY FOR LIGHT CLEANING (in percentages)**

Responsibility	COMMITMENT		
	High	Medium	Low
Domestic worker/s	46,67	32,14	9,43
Houseparent sometimes	16,67	17,86	11,32
Houseparent always	1,67	7,14	30,19
Children	35,00	42,86	49,06
Total	100,00 (60)	100,00 (112)	100,00 (53)

$$\chi^2 = 38,97$$

$$p = .0000$$

$$d.f. = 6$$

$$\text{contingency coef.} = .38$$

Again we see that in the high and medium groups, domestic workers are more often responsible for light cleaning - in 46,67 per cent and 32,4 per cent of units respectively, as compared to 9,43 per cent of units in low groups. Houseparents and children again also shoulder less responsibility.

With regard to the children, the trend is also in the direction from less work in the high units to more work in the low units. Statistical tests also confirm a definite difference with a relatively high contingency coefficient of .38.

With regard to washing and ironing, a different trend is observed, with houseparents in the high group bearing greater responsibility for both these tasks. For washing, they are responsible in 16,95 per cent of units, as compared to 4,85 per cent of medium units and 6,00 per cent of low units. Similarly, for ironing, 13,79 per cent of houseparents in the high group do this work, as compared to only 2,97 per cent

in the medium group and 4,17 per cent in the low group. Bearing this difference in mind, there are no real differences among the groups in who performs this work in the other categories. Statistical tests also find differences not significant. These Tables will thus only be reproduced in Appendix L and Appendix M.

With regard to mending, houseparents in the low group appear to have fewer responsibilities and more domestic help, but these differences are again statistically not significant. Further details can be found in Appendix N.

Significant differences are, however, found in relation to cooking, although in the opposite direction to what would be expected. Table 36 presents this data.

TABLE 36 : COMMITMENT TO A THERAPEUTIC MILIEU AND RESPONSIBILITY FOR COOKING (in percentages)

Responsibility	COMMITMENT		
	High	Medium	Low
Domestic Worker/s	40,00	61,62	73,81
Houseparent sometimes	25,00	23,23	11,90
Houseparent always	35,00	15,15	4,76
Children	0,00	0,00	9,52
Total	100,00 (60)	100,00 (99)	100,00 (42)

$$\chi^2 = 28,09$$

$$\text{d.f.} = 6$$

$$p = .0001$$

$$\text{contingency coef.} = .35$$

In the low group, 73,81 per cent of units have domestic workers cooking, as compared to 61,62 per cent of the medium units, and 40,00 per cent of high units. Conversely, in high units 35,00 per cent of houseparents cook, as compared to only 4,76 per cent in low units. While no children are responsible for cooking in the high and medium groups, 9,52 per cent are responsible in the

low units. In examining these figures, it should be noted that 15,55 per cent of respondents failed to answer this question, and they fell mainly in the medium and low groups. Statistical testing shows these differences to be significant.

These unpredicted differences can be explained if we compare the units according to whether they eat in sections, or whether the entire Home eats together. This information shows that 81,97 per cent of the units with high commitment to a therapeutic milieu eat in their sections as opposed to only 20,75 per cent of the units with low commitment. In other words, where meals are taken in sections, in many cases it is the houseparent's responsibility to prepare them.

In summary, this information seems to indicate that neither houseparents nor children in Homes are overburdened with domestic chores, and that a large amount of domestic workers are employed to undertake these tasks. The amount of responsibility among the high, medium and low groups varies and, as we have seen, it does not always follow that houseparents and children in the high group have less work than those in the low group.

The hypothesis that the greater the commitment to a therapeutic milieu, the fewer the number of household chores which are the responsibility of houseparents and children, was thus not found to be true.

(15) Corporal Punishment

It has been pointed out that punishment should be used with caution, especially in an institution where the children tend to be very sensitive to rejection (Strydom, 1973). Ramasar (1972) has also noted the views held in the United States, where it is recommended that punishment should only be resorted to when other means have been found ineffective. It should then be part of the child's learning process, and the adult should be clear of his motivation for applying punishment.

Mayer (1958) states that punishment need not necessarily fit the crime, but should be suited to the offender. Care should, however, be exercised in applying punishment for problems which essentially have an emotional cause, such as absconding and stealing, as this would only exacerbate the problem (Strydom, 1973).

One of the most common methods of punishment used is the deprivation of privileges (Handboek, 1957; Ramasar, 1972). In this connection, the Handboek (1957) correctly recommends that a distinction needs to be made between rights and privileges.

Every child has a right to enough sleep, to three daily meals, and to recreation. Privileges, in comparison, are these extras which are not essential to one's existence, such as a visit to a movie or the beach.

With regard to the use of corporal punishment, most writers condemn its use entirely. Mayer (1958) states that its use is generally seen by the child as a manifestation of the adult's aggression and of his own helplessness, rather than as punishment for his deed. Strydom (1973), although advocating its use in certain instances, also expresses the view that its use can be abused by a houseparent to get rid of their own feelings of aggression.

The Konsephandleiding (1979) notes that children's homes that deliver a service of high standard, generally agree with the opinion of authorities of residential care that corporal punishment has little or no place in the modern institution, and thus recommends that it should seldom be applied, and especially not for small children and adolescents.

In this study, information was only obtained about the administering of corporal punishment, and not on other forms of punishment. However, some houseparents expressed views on the subject in their additional comments, some of which included the following :

"When a child has being naughty I call her or him behind closed doors. And we speak it out not in front of friends. Then you've won its heart. That child gets to know you better";

"I find that the only way I manage to get through to the boys and get them to co-operate is by being firm but loving... If I have chastised them I do not stay cross and I feel this helps them to realize that it is not them that I dislike but the action";

"Find my girls respond very well to quiet manner, only occasionally find it necessary to raise voice or resort to corporal punishment. "

Finally, some words of advice and a note of caution :

"One must be firm, but kind, and one must try and set a standard for these children, in which they can grow up. A person must have a lot of patience, and be a good listener. And please count to ten before you want to hit a child."

In the study by Ramasar (1972) it was found that the types of punishment most frequently resorted to by the institutions included deprivation of privileges, gating, an occasional smack, assigning of additional tasks, gentle scolding or a reprimand, and only when absolutely necessary, corporal punishment.

Houseparents in this research project, were asked whether they administered corporal punishment, and the frequency of doing so. In 12,23 per cent of units it was reported that no corporal punishment was administered. In the remainder, 34,06 per cent have this form of punishment administered only by the principal, while 50,66 per cent of houseparents admitted using it sometimes. Thus despite modern views on the issue, we find that in South Africa, corporal punishment is used on children in 87,77 per cent of the units studied.

How do these figures relate to the commitment to a therapeutic milieu. Table 37

displays this information. As can be seen, there is less use of corporal punishment in the high and medium groups, where 15,00 per cent and 14,78 per cent of respondents selected this response as opposed to only 3,70 per cent in the low group. However, in the former groups, nearly 60 per cent of houseparents sometimes or fairly regularly administer corporal punishment, as opposed to 38,88 per cent of houseparents in the low group. Thus while there is less use of corporal punishment in the high and medium groups, there is more control exercised over its use by the principals of Homes who fall into the low category.

TABLE 37 : COMMITMENT TO A THERAPEUTIC MILIEU AND THE ADMINISTERING OF CORPORAL PUNISHMENT (in percentages)

Administering of Corporal Punishment	COMMITMENT		
	High	Medium	Low
No corporal punishment administered	15,00	14,78	3,70
Only principal administers	26,67	26,96	57,41
Houseparent only sometimes	58,33	54,78	33,33
Houseparent fairly regularly	0,00	3,48	1,85
Houseparent regularly	0,00	0,00	3,70
Total	100,00 (60)	100,00 (115)	100,00 (54)

$$x^2 = 20,50$$

$$p = .0086$$

$$\text{d.f.} = 8$$

$$\text{contingency coef.} = .29$$

Although there appears to be little difference between the high and medium groups, statistical testing indicates a significant relationship among the groups, and a reasonable correlation between commitment to a therapeutic milieu and the use of corporal punishment. The hypothesis that the greater the commitment to a therapeutic milieu, the less the likelihood that corporal punishment is administered, can thus be accepted.

(16) Employment of Social Workers

Throughout this study the importance of milieu therapy in the treatment of the children in a children's home, has been emphasised. However, this is only one mode of treatment available to management. The employment of a social worker, who can conduct individual and group therapy with the children, as well as provide in-service training, support and guidance for the staff, should be another mode employed in a Home. Although exploration of the duties of social workers in children's homes fell beyond the scope of this study, houseparents were asked if, and how many, social workers were employed by their Home.

While 10,78 per cent of respondents reported that no social worker was employed by their Homes, 81,47 per cent reported one or more full-time social worker employed. Only 7,76 per cent of the respondents reported having only a part-time social worker.

These figures were again compared to the commitment to a therapeutic milieu, and it was hypothesized that the greater the commitment to a therapeutic milieu, the greater the likelihood that social workers are employed by the Home. Table 38 provides this comparison.

TABLE 38 : COMMITMENT TO A THERAPEUTIC MILIEU AND EMPLOYMENT OF SOCIAL WORKER/S (in percentages)

Social Worker Employed	COMMITMENT		
	High	Medium	Low
More than two full time	14,75	10,34	9,09
Two full time	8,20	16,38	5,45
One full time	67,21	59,48	47,27
One part time	4,92	9,48	7,27
No social worker	4,92	4,31	30,91
Total	100,00 (61)	100,00 (116)	100,00 (55)

$$x^2 = 30,47$$

$$d.f. = 8$$

$$p = .0002$$

$$\text{contingency coef.} = .34$$

From the Table it can be seen that 30,91 per cent of houseparents in the low group reported no social worker employed, as compared to only 4,31 per cent and 4,92 per cent in the medium and high groups respectively. With regard to the employment of full time social workers, 90,16 per cent of houseparents in the high group reported having one or more full time worker, as compared to 86,29 per cent of the medium group, and 61,81 per cent of the low group. There thus appears to be a relationship between commitment to a therapeutic milieu and employment of social workers, and this relationship is further confirmed by statistical testing.

(17) Length of Employment of Houseparents

Houseparents were asked how long they had been employed in the Home in which they were presently working. It was thus hoped to get some idea of how stable they were in their employment, and an indication of the rate of staff turnover. Without additional information it is, of course, not possible to draw definite conclusions. However, if one obtained information showing that a large proportion of houseparents had been in their present jobs for only a short period, it would seem likely that there is a generally rapid staff turnover in this occupation. Conversely, if most houseparents had been in their job for relatively long periods of time, this would indicate a degree of satisfaction with the job.

The results, in fact, showed a relatively even distribution of houseparents falling into the different time periods, with 29,49 per cent having been in their job for a year or less, while 20,51 per cent had been employed for more than five years. When this data was compared to commitment to a therapeutic milieu, a relatively even distribution was again found among the groups, and statistical tests indicated the differences were not significant. The Table can, however, be found in Appendix O.

The hypothesis that the greater the commitment to a therapeutic milieu, the longer the length of employment of the houseparents, is thus not true. This conforms to Berry's (1975) data, in which she, too, found little relationship between length of service and her three patterns of care.

(18) Location of Schools

Ramasar (1972), in her study, refers to the recommendations made by the Child Welfare League of America in connection with schooling. They recommend that intra-mural schools be established to meet the needs of children functioning below their expected level, or for those too disturbed to get along in a school in the community. However, where children attend outside schools, they stress the need for staff at the school to be given a proper understanding of the Home and the type of care the children may require. Full co-operation between staff of the children's home and of the school is also required.

The Handboek (1957) pointed to the disadvantages of children attending local schools. These included possible ill feelings between school teachers and institutional staff, the negative attitudes often held by teachers of institutional children, as well as the child's inability to join in conversations about daily family and home occurrences. Nevertheless it was felt that children should attend schools outside of the Home in order to increase their contact with other children, and reduce their isolation.

Information obtained relating to whether the children attended schools on or off the premises, showed that in 75 per cent of the cases, children attended outside schools, in 16,23 per cent cases only younger children attended on the premises (which may include pre-school children), and only 8,77 per cent of cases where all the children attended school on the premises.

These results are similar to those of Ramasar (1972) where it was found that of 20 institutions, 15 sent their children to neighbourhood schools.

It was then hypothesized that the greater the commitment to a therapeutic milieu, the greater the likelihood that children attend outside schools. Table 39 provides this comparison.

**TABLE 39 : COMMITMENT TO A THERAPEUTIC MILIEU AND CHILDREN  
ATTENDING SCHOOL ON PREMISES (in percentages)**

Children attending School on Premises	COMMITMENT		
	High	Medium	Low
None of the children	67,74	85,59	61,82
Only younger children	29,03	13,51	7,27
All the children	3,23	0,90	30,91
Total	100,00 (62)	100,00 (111)	100,00 (55)

$$\chi^2 = 47,82$$

$$p. = .0000$$

$$\text{d.f.} = 4$$

$$\text{contingency coef.} = .42$$

While the medium group has the highest proportion of respondents, 85,59 per cent, reporting that children attend school off the premises, the low group reports in 30,91 per cent instances that all the children attend school on the premises. The high group has the largest proportion, 29,03 per cent, reporting that younger children attend school on the premises. Thus, although the high group does not have the majority of its children attending school off the premises as was expected, the low group does show a trend in the expected direction.

Statistical testing show these differences to be significant, with a relatively high contingency coefficient of .42.

#### (19) Absconders

Strydom (1973) questioned a large number of absconders over a three year period, and discovered three main motives for absconding. These were :

- (1) A deep longing for home.
- (2) To attain a specific goal outside the institution, such as stealing, or in the case of a girl, to meet a man and fulfill sexual needs.

(3) Conflict and problems in adjusting to the group.

Whatever the reason, the absconder seldom makes plans in advance to run away. He generally experiences a feeling of restlessness, and when the right moment comes, he decides to leave ( Koorts, 1948).

The Konsephandleiding (1979) makes several suggestions for curbing absconding. These include ensuring the child is well integrated into the life of the group especially on admission, by firm but sympathetic discipline, by encouraging contact between parent and child, by creating a happy and relaxed atmosphere in the institution, and by stressing responsible behaviour.

Strydom (1973) has in fact noted that in institutions where a relaxed and spontaneous atmosphere exists between children themselves, and between children and staff, there is seldom absconding.

The Children's Act, 33/1960, lays down regulations for dealing with absconders. Section 54 states that any pupil who has absconded from any institution must be brought before a commissioner of child welfare. The commissioner must then interrogate the child in order to find out his reasons for absconding. The result of this interrogation is then reported to the relevant Minister. On the basis of the interrogation, the Commissioner has the option of returning the child to the institution from which he absconded, or, if he feels the child has good reasons for absconding, order that the child be removed to a place of safety pending action by the Minister.

As a result of this procedure, the relevant State departments are able to collect information relating to the numbers of children absconding. Statistics provided by the Department of Health, Welfare and Pensions on white children, showed that in 1977, 2,92 per cent of all children in children's homes absconded, in 1978, 6,31 per cent and in 1979, 4,12 per cent. Similar statistics provided by the Department of Internal Affairs (Coloured Affairs) show a larger proportion of coloured children absconding. In 1977, 13,64 per cent absconded, in 1978, 8,21 per cent and in 1979, 13,24 per cent. During 1980 this figure, however, dropped to 6,58 per cent.

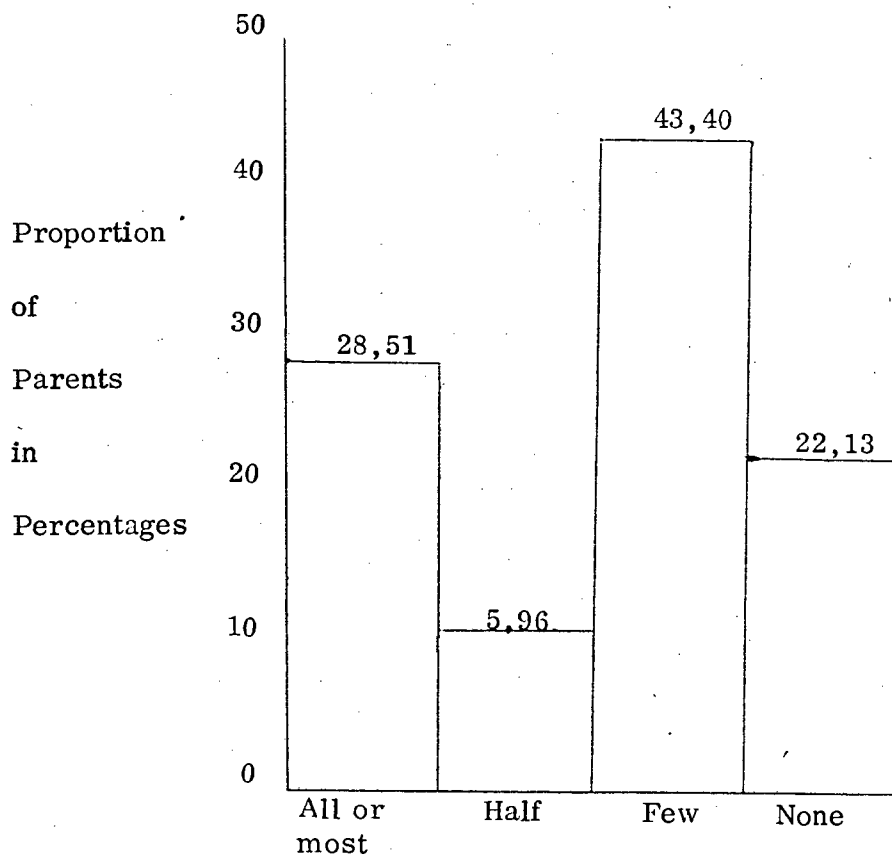
In this study, houseparents were asked how often children absconded from their section. Of their responses, 59,21 per cent showed that children never abscond, 38,60 per cent that children sometimes abscond, and 1,75 per cent reported that children abscond quite often.

When these figures are compared to commitment to a therapeutic milieu, no significant relationships are found, with roughly equal numbers absconding from all three groups. The hypothesis that the greater the commitment to a therapeutic milieu, the smaller the numbers of children absconding, is thus not true. The Table can be found in Appendix P.

(20) Visiting Distance of Parents

Houseparents were asked to provide information relating to the proportion of parents who were within easy visiting distance of the Home. Diagram 3 shows their responses. As can be seen, the greatest proportion, 43,40 per cent, reported that few parents were within easy distance.

DIAGRAM 3 : PROPORTION OF PARENTS WITHIN EASY VISITING DISTANCE



This information was again compared with commitment to a therapeutic milieu because it was felt that those with a higher commitment were more likely to accept children into the Home where parents could easily maintain contact with them.

Table 40 shows this distribution. From the Table it can be seen that 41,93 per cent in the high group indicated that all or most of the parents of the children in their unit were within easy visiting distance, as compared to 29,57 per cent in the middle group, and only 12,07 per cent in the low group. Only 9,68 per cent of the high group reported that the home of the parents were within easy visiting distance, as compared to 26,09 per cent and 27,59 per cent in the medium and low groups respectively.

TABLE 40 : COMMITMENT TO A THERAPEUTIC MILIEU AND NUMBERS OF PARENTS WITHIN EASY VISITING DISTANCE (in percentages)

Number of parents within easy Visiting Distance	COMMITMENT		
	High	Medium	Low
All	12,90	4,35	3,45
Most	29,03	25,22	8,62
Only half	8,06	3,48	8,62
Only a few	40,32	40,87	51,72
None	9,68	26,09	27,59
Total	100,00 (62)	100,00 (115)	100,00 (58)

$$\chi^2 = 16,85$$

$$p = .0317$$

$$\text{d.f.} = 8$$

$$\text{contingency coef.} = .26$$

Statistical testing also confirms these differences.

The hypothesis that the greater the commitment to a therapeutic milieu, the greater the likelihood that the majority of parents live within easy visiting distance, is thus true.

(21) Frequency of Visits by Parents

Although parents may live within easy visiting distance of the Home, this is no guarantee that they will in fact visit their children. The houseparents were thus asked about frequency of parental visiting. Only 21,80 per cent responded that parents visited regularly or fairly regularly, while 4,70 per cent reported that most parents never visited the children in their unit. The largest proportion, 43,59 per cent, reported rare visiting.

This information compares rather unfavourably with Berry's (1975) data which show that only 25 per cent of her sample receive virtually no parental visits.

When this data were compared to commitment to a therapeutic milieu, the differences were found not to be significant. However, a difference is found among those reporting regular and fairly regular visits. In the high and medium group, the proportions are 22,03 per cent and 27,35 per cent, as compared to only 10,34 per cent in the low group. In the other categories, the infrequency of visiting is much the same in all three groups. Further details can be found in Appendix Q.

The hypothesis that the greater the commitment to a therapeutic milieu, the greater the frequency of visits by parents, can thus not be shown to be true.

## CHAPTER 8. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In this chapter, a summary of the major findings will first be presented, conclusions will then be drawn, and finally recommendations will be made, in regard to changes which should be implemented within Homes, and in regard to areas requiring further research.

### SUMMARY OF FINDINGS

The findings fall into two sections. The first section consists of information which was obtained to assess each unit's commitment to a therapeutic milieu, and the second section of information obtained to assess which factors were related to this commitment. The two sections will be presented separately.

#### Commitment to a Therapeutic Milieu

From the information which made up the score on the Therapeutic Milieu Scale, the following results were obtained :

- (1) While the majority of houseparents wake the children individually, the majority also insist on them rising immediately.
- (2) Half the respondents reassure and comfort bedwetters, but nearly a quarter ensure the child washes the sheets, or totally ignore the matter.
- (3) Only slightly more than half of the respondents reported having meals in their respective units, while the rest have meals in the communal dining hall.
- (4) Just over 40 per cent of respondents reported that children are seated at tables with six or less children, with the remainder being seated in larger groups.
- (5) Just over 60 per cent of houseparents always sit with children at mealtimes.
- (6) The majority of houseparents consume the same food as the children.
- (7) Nearly 70 per cent of respondents provide children with three main meals and snacks in between, with the remainder providing only three main meals.
- (8) The majority of children in the study have some access to the kitchen, either at any time or at certain times.

- (9) More than 60 per cent of respondents reported that children participate in local community activities on a regular basis, with only a very small proportion never participating in community activities.
- (10) On a Saturday, the majority of children participate in local community activities or visit parents or friends, while the majority of houseparents supervise children's activities or take them on outings.
- (11) Although nearly all the children in the study receive pocket money, less than half receive it at least weekly or fortnightly. The remainder receive it monthly or only in school holidays.
- (12) Only 44 per cent of respondents reported never reading children's mail, while the remainder all read either incoming or outgoing mail, or both.
- (13) Nearly 70 per cent of respondents reported that children share their bedrooms with four or less children, while nearly 18 per cent of respondents have children in their units sharing rooms with more than eight children.
- (14) The majority of houseparents spend the time between supper and bedtime relating informally to the children.
- (15) Nearly all the respondents reported giving special recognition to birthdays, either by means of presents or individual parties.
- (16) Only just under 30 per cent of units permit parents to visit at any time, with the remainder having set visiting hours.

#### Factors associated with commitment to a Therapeutic Milieu

Scores on the above information indicated a greater or lesser commitment to a therapeutic milieu. When the remaining responses were compared to this commitment, the following factors were found to be associated with units of high commitment:

- (1) The Home itself accommodated 100 or less children.
- (2) The unit consists of 20 or less children.
- (3) The Home is divided into cottages.
- (4) The Home is located geographically either in or near a city.
- (5) Friends of the children in the unit visit either regularly or fairly regularly.
- (6) The houseparents have received information of the family backgrounds of all or most of the children in the unit.

- (7) Staff meetings are held daily or weekly.
- (8) Corporal punishment is administered less frequently.
- (9) One or more social workers are employed by the Home.
- (10) The children attend outside schools.
- (11) A large proportion of the parents of the children in the unit live within easy visiting distance of the Home.

The following factors were found to have no significant relation to commitment to a therapeutic milieu, although many of them showed a trend in the predicted direction.

- (1) The number of bedwetters.
- (2) Understanding by the houseparents of reasons for bedwetting.
- (3) The number of hours houseparents are on duty.
- (4) The employment of assistant child care workers.
- (5) Participation in supervision sessions.
- (6) The discussion of individual children during staff meetings.
- (7) Responsibility for household chores.
- (8) The length of employment of the houseparents.
- (9) The number of children absconding.
- (10) The frequency of visits by parents.

## CONCLUSION

When social workers recommend that a child be committed to a children's home, it is, or should be, after they have made an assessment of the child's circumstances and have concluded that it will be in the child's best interests for such a step to be taken. However, as pointed out at the beginning of this study, such a decision is all too often made in ignorance of the real treatment the child will receive once he or she arrives at the Home.

Can it really be in the child's interests to be woken each morning by the sound of a bell, to have to rise and dress in the presence of eight or more other children, to have his meals in the presence of hundreds of other children, to attend school with no other children but those with whom he performs every other aspect of his daily

functioning, to have his mail censored, to be subject to corporal punishment according to the mood of the houseparent, and to have visits from his parents restricted according to set hours decided upon by the Home? Yet these conditions exist today in a number of Homes throughout the country, where management has failed to recognize the special needs of the children in their care, and houseparents are forced to carry out their duties with little proper support or guidance.

Nevertheless, many units were found to be operating most satisfactorily, with the houseparents being only too aware of their limitations and shortcomings. They perform admirably under difficult conditions, which include extremely long hours, low salaries, few off-days and holidays, and by sacrificing their own needs, and sometimes those of their own families, to meet those of the children for whom they are employed to care.

Findings which were considered negative can thus not be laid at their door. They are not in control of the Homes, yet the way they function in their respective units is often dependent on the way the entire Home functions.

In addition, if they seem to be misguided about their role, it is, I am sure, more out of ignorance than out of any desire to maltreat the children in their care. The responsibility for replacing the ignorance with awareness and knowledge is again that of the Home, which should not only provide in-service training courses, but also encourage and facilitate the houseparents to enrol for and attend training courses.

For an improvement in the services provided to children in children's homes to occur, management must recognize the need of every child for treatment of varying degrees. Such treatment ranges from the need for intensive individual psychotherapy, to that provided through the daily routines within the context of a therapeutic milieu. Not every child needs the former but as Stricklin (1972) showed, every child removed to children's homes is disturbed to some extent and thus has special needs which must be met.

In the establishment of a therapeutic milieu, decisions regarding the organization of routines, work and leisure times, the physical arrangement of the Home, and the methods of dealing with children, should all be related to the therapeutic needs of

the children. This is not to imply that separate decisions and arrangements must be made for every individual child as this would obviously lead to chaos. However, to use King, Rayne's and Tizard's (1971) terms, the Home should be child-oriented, concerned only with meeting the needs of the children, as opposed to being institutionally-oriented, ensuring only the smooth functioning of the entire institution.

Finally, the extremely important role played by houseparents in children's homes must be recognized. Until they are given the status they deserve, and are properly trained for their jobs, there is little hope for these Homes to be anything more than places caring physically for children removed from their parents, but offering little in the form of treatment of present problems or preparation for future life.

## RECOMMENDATIONS

In this section two sets of more specific recommendations will be made. The first set relates to changes which can be implemented within Homes, and the second set relates to areas requiring further research.

### Recommendations for Change within Homes

The findings of the study seem to indicate the need for the following changes or improvements to be made within Homes in order for them to be more therapeutic:

1. More attention needs to be given to children in the mornings on waking up. Many writers, as already noted, have stressed the importance of this time of day. While the majority of houseparents realize the need to wake each child individually, thereafter it would seem as if the rush of the day begins immediately. The children have to rise promptly in order to be able to wash, dress, have breakfast and do chores without being late for school. As a result of this rush, and of the low staff-child ratio, little attention is given to their feelings and needs. Not only should children not be woken as a group by mechanical methods, but somehow an opportunity needs to be provided for their special needs at this time to be recognized and responded to.

2. There needs to be a greater awareness amongst houseparents as to the reasons for bedwetting, and appropriate methods of responding to and dealing with the problem. At present there appears to be confusion and uncertainty in this area.
3. The importance of food to deprived or emotionally disturbed children needs greater recognition, with food being provided more often than during the three main daily meals.
4. Mealtimes themselves should be more informally organized, with children eating in their own units in small groups. Eating in a large communal dining room can only serve as a constant reminder to the children of the institutional nature of the care they are receiving. Such an arrangement, however, does not necessarily mean that meals have to be prepared in the separate units. The cooking can still be done in a communal kitchen with arrangements made for its delivery to the respective units.
5. Pocket money should be provided more frequently, preferably weekly, and its provision used as a tool to teach children how to use money, to budget, and to save.
6. There needs to be greater recognition of each child's right to privacy, which includes his right to send and receive mail uncensored.
7. Contact with natural parents should be actively encouraged. Parents should be made to feel welcome in the Home at any reasonable time and, wherever possible, should be assisted to remain involved in the care of the children, by example, bathing them, putting them to bed, or tidying their cupboards. The houseparents should not attempt to replace the natural parents, but to supplement them.
8. Smaller units with an increased staff-child ratio should be introduced in order to provide the children with more individual attention and enable routines to be more flexible. In addition, the employment of more staff should automatically decrease the number of hours each houseparent is expected to be on duty.

9. The dormitory system should be phased out and replaced by some form of independent cottage system.
10. Friends of the children should be encouraged to visit and made to feel welcome in the Home.
11. Houseparents should be provided with detailed information on the family background of each child in her care, as well as information concerning the child's early development and relationship with parents prior to his committal. Such information will not only assist the houseparent to understand the children better, but will provide some guidelines of how to relate to and handle each child more appropriately.
12. Staff meetings should be held regularly in order for staff to obtain the support of colleagues and, when necessary, advice and guidance in handling difficult children. In addition, a team approach can be fostered, with houseparents becoming more involved in general policy-making affecting not only their own units but the operation of the entire Home.
13. Houseparents should be relieved of responsibility for household chores in order to free them to devote more time to the children. These chores, which generally have no direct therapeutic value for the children, should be performed by domestic workers.
14. Corporal punishment should only be administered by the principal, in exceptional circumstances, where its use has been carefully considered as being necessary for a particular child. Houseparents should never be permitted to physically punish a child.
15. All Homes should have in their employ at least one social worker, and in larger Homes, more than one, dependent on the number of children in the Home.
16. Where possible, children should attend schools in the local community. Again, where possible, they should be enrolled in a number of different schools to

facilitate their full integration into the school and avoid being seen and reacted to as the group of children from a particular Home.

Where pre-school children are being cared for, they should also be sent to an outside nursery school or playgroup. Alternatively, where such resources are not available in the neighbourhood of the Home, they could be established on the premises, with admission being open to any child from the local community.

17. An attempt should be made to only admit children to the Home whose parents are residing in an area within easy visiting distance.

#### Recommendations for Further Research

The findings of the study seem to indicate the following areas requiring further in-depth research.

1. The implementation and content of in-service training courses for houseparents.
2. Investigation into the precise nature of leisure time activities, whether they are being used to therapeutic advantage, and the role played by houseparents in their initiation and organization.
3. The effect and use of television with emphasis on its use in a constructive manner, as opposed to its use as a convenient substitute for providing children with other leisure activities, and opportunities for inter-personal relationship building.
4. The role of religion and religious beliefs.
5. Investigation into the most effective size of Homes, and of individual units.
6. The conditions of service of houseparents, including their salaries, hours of duty, off days, and weekend and holiday leave.
7. The characteristics of houseparents, including their level of education and training, individual personalities and life experiences.
8. Investigation and development of a method of selection of houseparents which could assist Homes in recruitment of such staff.

9. The nature of supervision services provided to houseparents.
10. The role of other staff members, such as domestic workers and handymen, in a therapeutic milieu.
11. Investigation into the forms of punishment used in Homes.
12. The role of the social worker.
13. The reasons for absconding, and the manner of dealing with absconders.
14. Follow-up studies of children cared for in Homes of different sizes, in different locations, and with different methods of organization and treatment.

APPENDIX A.SUMMARY OF RESEARCH INTO AIMS OF RESIDENTIAL CHILDREN'S HOMES

Interviews were conducted with the principals of 12 children's homes in Cape Town, 6 for white children and 6 for coloured children. The main question asked was "What are the aims of the Home?" The length of interviews varied from 15 minutes to 1½ hours, but averaged a half hour. Full co-operation was obtained from all the principals and all of them stated their willingness to assist again in the future.

As far as possible an attempt was made to allow the principals to state in their own words, with as little prompting as possible, what they considered the aims of their Home to be. It appeared that this was not a question they often thought about, and some seemed surprised that they were even asked. A summary of their responses can be found in the Table. The responses are based on the aims actually mentioned by the principals, although there may be additional aims not specifically stated. This approach is based on the assumption that aims verbalized are those foremost in the minds of the individuals concerned, and thus of greatest importance to them.

The most common aim is that of the provision of formal education. Although all the children in the Homes attend school, four principals did not specifically mention it, perhaps because they felt it was too obvious to be stated. The next most common aim was that of the meeting of the individual emotional needs of the children, which was mentioned by seven principals. However, it should be noted that there are large differences among the ways in which this aim is achieved. Some Homes employ social workers, and/or have consulting psychiatrists and psychologists offering their services on a part time basis, while others are entirely reliant on psychiatric units, e.g. at Red Cross Hospital, while still others use the abilities of their own staff who have no professional training. Preparation for future life, and reconstruction of the natural family and providing a substitute home, were each mentioned by 6 principals.

Hereafter various responses were made, without much uniformity. The results of this exercise show that it is not possible to classify these Homes on a simple custodial-therapeutic continuum, without a more thorough analysis of their actual functioning and organization. The aims very greatly depend on the outlook of each

principal and no two Homes show the same response set.

However, the individual interviews at the Homes did provide a rough impression of their principals, and their functioning.

TABLE SHOWING RESPONSES TO QUESTION ON THE AIM OF EACH HOME

RESPONSE	NO. OF RESPONSES
Formal Education	8
Preparation for Life	6
Reconstruction of Natural Family	6
Provision of Security and Love	3
To meet the emotional needs of individuals	7
To teach domestic chores, e.g. cooking, knitting	1
Provision of meaningful relationships	2
Physical care	4
Provide substitute home	6
TOTAL	43 <sup>1</sup>

1. As respondents gave more than one aim, the total is greater than the number of Homes in the sample.

February, 1980

APPENDIX B.A PILOT STUDY OF THREE CHILDREN'S HOMES

Three units in three different Homes, namely Baker, Clarke and Cloete, were surveyed. The former two accommodate white children, while the latter accommodates coloured children. The units varied in size, as can be seen in Table 1 below, from 30 children in Clarke, to 12 in Cloete, and 6 in Baker. While Clarke and Cloete accommodate only boys, Clarke had two girls in the unit studied.

The mean age of the children in the three units, as seen in Table 1, were roughly similar, ranging from 10,83 years in Baker, to 13,67 years in Clarke, and 15,08 years in Cloete.

The average length of time the children had been in the institution as is also seen in Table 1, were again similar in Clarke and Baker being 36,87 and 32,17 months respectively, while in Cloete it was 44,83 months.

TABLE 1 : COMPOSITION OF CHILDREN, MEAN AGE IN YEARS AND MEAN LENGTH OF STAY IN INSTITUTION IN EACH UNIT STUDIED.

Home	Boys	Girls	Number of Children	Mean Age	Mean Length of Stay in Institution
Baker	4	2	6	10,83	32,17 months
Clarke	30	0	30	13,67	36,87 months
Cloete	12	0	12	15,08	44,83 months

The longer period of stay of the children in Cloete does not, however, as could be suspected, account for the older mean age of these children. The unit studied consisted of boys grouped according to their age, in contrast with Baker and Clarke where units were formed to roughly replicate a normal family, so that younger and older children are kept together.

Table 2 shows the various reasons for placement of the children in the three Homes. It should be noted that the totals are not equal to the number of children as in several cases siblings are both in a unit and the reasons for their placement are not repeated, and secondly, many children had more than one reason, for example, the parents are divorced and the mother is inadequate. Both reasons are then listed. The Table shows then that there is little difference in reasons for placement among the Homes, and also that family breakdown and disorganization can be considered the main reasons for the children's removal to the institution.

TABLE 2 : REASONS FOR PLACEMENT IN HOME.

Reasons	HOME			
	Baker	Clarke	Cloete	Total
Parents Separated or Divorced	-	12	1	13
One parent deceased or whereabouts unknown, while other parent unable to cope	4	4	-	8
Child abandoned	-	-	3	3
One parent alcoholic, drug addict or psychiatrically unstable	2	5	6	13
One or both parents inadequate	-	3	1	4
Other	-	6	1	7
Total	6	30	12	48

Table 3 shows the educational standards of the children in the different units. As can be seen, more than half the boys in Clarke are in high school, while in Cloete, with the highest mean age, only a quarter of the boys are in high school. However, the data do not indicate whether this difference was already present when the boys were admitted to the Home, or whether the boys in Cloete, as a result of their own

inability and the lack of emphasis on education in the Home, on the whole make poor academic progress.

TABLE 3 : EDUCATIONAL STANDARDS OF THE CHILDREN.

Home	Sub A & B	Std 1-3	Std 4-5	Std 6-8	Std 9-10	Total
Clarke	1	6	6	15	2	30
Baker	0	4	1	1	0	6
Cloete	0	3	6	3	0	12

#### DESIGN OF STUDY

The study was designed partly to replicate the work done by King, Raynes and Tizard (1971) in which they surveyed sixteen establishments for severely retarded children in and around London. The establishments included Local Authority hostels, mental deficiency hospitals and voluntary homes. The aim of their study was to investigate organizational factors which influenced patterns of child management as measured by their Child Management Scale. This scale of thirty items was constructed after undertaking preliminary field studies in four large institutions. Thirteen hypotheses were drawn up which were concerned with:

1. administrative categories
2. the characteristics of the inmates
3. the size of the institutions
4. the size of their constituent units
5. aspects of staffing
6. the organization of the living units
7. the training of unit heads

Data were obtained by means of interviews, recording schedules completed by staff and returned to the research unit after the field work, and observations. All the

questionnaires, schedules and observation check lists with instructions on methods of administration are fully reproduced in their appendices, thus making their research particularly easy to replicate with a fair degree of accuracy.

Although their study concentrated on institutions for retarded children, the subject matter was approached from within the framework of the sociology of residential institutions, in order to develop a method for the systematic study of all residential institutions. It was for this particular reason that their study was considered applicable to residential homes for mentally normal children.

Their findings were as follows :

1. Large and characteristic differences in child management practices, as measured by their Child Management Scale, were found between the three different institutional types. The hostels were characterised by mainly child-oriented patterns of care while the hospitals were characterised by institutionally-oriented patterns of care.
2. The differences in the levels of handicaps of the children in the different establishments were not an overriding factor in determining child management practices.
3. The size of the institutions did not affect management practices.
4. The size of living units was also not related to management practices.
5. No relationship existed between assigned staff ratios and scores on the Child Management Scale.
6. Child-oriented units had more staff on duty at "peak" periods of the daily routine, while institutionally-oriented units had no differences in staffing between peak and slack periods.
7. Child-oriented units experienced a lower staff turnover than institutionally-oriented units.

8. Heads of child-oriented units spent a significantly greater proportion of their time in activities which necessarily involved them with children, while heads of institutionally-oriented units spent more time on domestic and administrative activities.
9. Child-oriented unit heads interacted more frequently and more warmly with the children than their counterparts in institutionally-oriented units.
10. Patterns of activities of junior staff in child-oriented units more closely resembled that for heads of their units, than did the activities of junior staff in institutionally-oriented units.
11. Junior staff in the hostels interacted with the children more frequently than junior staff in the hospitals.
12. The amount of responsibility delegated to unit heads show marked differences between the hostels and hospitals.
13. High rates of interaction with the children was associated with training in child care as opposed to training in nursing.

#### DATA COLLECTION

In this study data were collected by means of interviews with the principal and social worker of each Home, by the completion of a number of schedules as developed in the King, Raynes and Tizard (1971) study, and by systematic observation of a houseparent. The schedules administered included the Child Management Scale, the Unit Organization schedule, and the Staff Questionnaire. The observations were carried out during three periods of a day, namely from the time of awaking to departure for school, arrival home from school for an approximate two-hour period, and dinner time for another approximate two-hour period. These periods thus included almost the entire period in which the children are at the institution, excluding only that part of the day spent at school.

## THE FINDINGS

### CHILD MANAGEMENT SCALE

The scale was scored partly on the basis of interviews with the houseparent and partly on the basis of information obtained during the observation periods. Questions related to the times of rising and going to bed, the freedom of the children to use various parts of the institution, rules for visitors, general routine associated with mealtimes and bathing, procedures relating to private possessions and the children's clothes, decorations of children's rooms, time available for playing, methods of celebrating children's birthdays, and arrangements for going on outings with staff.

The lowest scores represented child-oriented practices while the highest scores indicated institutionally-oriented practices. The following scores were found for the three Homes studied: Baker 1 point, Clarke 2 points, and Cloete 4 points. The possible range was from 0 to 60 points. These scores are presented in Table 4.

TABLE 4 : SCORES OBTAINED ON THE CHILD MANAGEMENT SCALE

HOME	SCORE
Baker	1
Clarke	2
Cloete	4

Although these scores all fall near the lowest end of the scale indicating child-oriented practices, they do indicate some differences among the three Homes and the direction of these differences.

As it was felt that these differences could possibly be related to the ages of the children and the number in each of the units studied, this data was obtained and

compared. The mean age of the children in Clarke was 13,67 years, in Baker 10,83 years, and in Cloete 15,08 years. The sizes of the units varied from 30 children in Clarke, through 12 in Cloete, to 6 in Baker. This data is presented in more detail together with the Child Management Scale score in Table 5.

From examination of the data it can be seen that no consistent relationship exists between the size of the unit and the scale score. Baker has the smallest unit and obtained the lowest score, while Clarke with the largest unit obtained the middle score. This confirms the King, Raynes and Tizard (1971 : 146-147) hypothesis that the size of the living units did not relate to management practices as measured by the Child Management Scale.

Scale scores as compared with the ages of the children in the different units found a consistent relationship. Cloete, with the highest mean age obtained the highest score, followed by Clarke and Baker.

TABLE 5 : CHILD MANAGEMENT SCALE SCORES, NUMBER OF CHILDREN IN EACH UNIT, AND THE AGES OF THE CHILDREN.

	CLARKE	BAKER	CLOETE
Scale scores	2	1	4
Number of Children	30	6	12
<u>Age in Years</u>			
less than 8	1	0	0
8 - 10	3	3	0
11 - 14	12	2	3
15 - 17	12	1	9
18 +	2	0	0
Mean age	13,67	10,83	15,08

Scale scores were also compared with the length of service of each houseparent. The houseparent at Baker and Cloete had both been head of their units for 6 months, while the houseparent at Clarke had been in her unit for  $8\frac{1}{2}$  years. This data can be found in Table 6.

TABLE 6 : SCALE SCORES AND LENGTH OF SERVICE OF HOUSEPARENTS.

HOME	SCALE SCORE	LENGTH OF SERVICE
Baker	1	6 months
Clarke	2	$8\frac{1}{2}$ months
Cloete	4	6 months

Examination of this data immediately indicates that length of service has little influence on scale scores. The two houseparents with the same length of service have the extreme scale scores.

#### OBSERVATION ON STAFF

The observations conducted attempted to discover the types of activities carried out by houseparents, as well as the type of interaction between them and children in their unit. As in the King, Raynes and Tizard (1971) study, activities were classified into six categories: social child care, physical child care, supervision of children, domestic activity, administration, and miscellaneous. Each category was defined by a check list of activities. Not only was the activity noted, but also the presence of absence of children and whether there was any interaction between them and the houseparent.

Although King, Raynes and Tizard (1971) observed at intervals of 30 seconds, this was found to be too short to record changes from one activity to another. Consequently observations were checked every 2-5 minutes. Results of these observations were

expressed in percentages obtained by adding the number of occasions a particular activity occurred, dividing it by the total number of observations, and expressing this figure as a percentage.

Table 7 shows comparative results for the morning and afternoon observation periods in the three Homes studied. Unfortunately no scores were obtained in the afternoon period in Baker.

**TABLE 7 : ACTIVITIES UNDERTAKEN BY HOUSEPARENTS DURING MORNING AND AFTERNOON OBSERVATION PERIODS, EXPRESSED AS A PERCENTAGE.**

ACTIVITY	BAKER		CLARKE		CLOETE	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Social Child Care	0,00	-	18,28	70,00	12,50	0,00
Physical Child Care	50,00	-	27,27	10,00	18,75	15,00
Supervision of Children	25,00	-	36,36	0,00	31,25	15,00
Domestic Activity	25,00	-	9,09	0,00	12,50	45,00
Administration	0,00	-	0,00	0,00	0,00	20,00
Miscellaneous	0,00	-	9,09	20,00	25,00	5,00
Total	100,00 (10)		100,00 (11)	100,00 (10)	100,00 (16)	100,00 (20)

In Baker the houseparent in the morning, was engaged mainly in physical child care activities. In Clarke the houseparent was engaged mainly in supervision type activity in the morning, while in the afternoon she spent more time in social child care, namely chatting to the children in an informal manner. In Cloete the morning was also characterised by supervision, as in Clarke, but in the afternoon the houseparent was engaged in domestic activities, leaving little time for child-oriented activities.

## ROLE PERFORMANCE

King, Raynes and Tizard (1971 : 164) used the term "role performance" to describe the way in which staff carried out their activities. During observation periods a note was made of whether there were children present, whether the staff member was talking to them and whether the interaction could be described as rejecting, tolerating or accepting. The indices used to compare this behaviour were the proportion of observation periods when the unit head was in the presence of children, and the frequency of talking to the children when they were present. As in the scoring of the activities, these proportions were expressed as a percentage, and can be seen in Table 8.

TABLE 8 : CHILD MANAGEMENT SCALE SCORES, PERCENTAGE OF TIME CHILDREN PRESENT, AND PERCENTAGE OF TIME STAFF TALKED TO CHILDREN WHEN PRESENT.

Home	C.M.S. Scores	Children Present	Staff Talked
Baker	1	80,0	64,0
Clarke	2	90,5	64,6
Cloete	4	83,3	35,3

Examination of this data shows that while the amount of time children were present was roughly the same in the three units, there is a consistent difference in the amount of time spent by the houseparent actually talking to the children. In Baker with the lowest scale score, the houseparent spent 64 per cent of her time talking to the children, in Clarke the houseparent spent 64,6 per cent of her time, while in Cloete, with the highest scale score, the houseparent spent only 35,3 per cent of his time in talking to the children.

POLICY DECISIONS AFFECTING THE CHILDREN

The unit heads were asked to describe who was involved in deciding who were admitted to and removed from the unit, went home on leave, needed to be restrained and required specialized treatment. A score of 0 was assigned if the unit head had no say in the decision, a score of 1 if he/she were consulted, and a score of 2 if he/she made the decision without consultation with others. Table 9 shows the frequency of scores obtained.

TABLE 9 : FREQUENCY OF SCORES OBTAINED IN RESPONSE TO INVOLVEMENT IN DECISION-MAKING QUESTIONS.

HOME	FREQUENCY OF SCORES		
	0	1	2
Baker	2	1	2
Clarke	0	1	3
Cloete	0	3	1

In some cases unit heads indicated that the questions were not applicable and therefore there is a difference in the number of responses. The scores nevertheless seem to indicate that the unit head in Clarke has greater responsibility for decision-making (3 out of 4 decisions made without consultation) as compared with the unit head of Cloete who is normally consulted but only makes one decision on his own. The unit head of Baker is either not consulted (2 decisions) or has final say (2 decisions).

These findings can be compared to those of King, Raynes and Tizard's (1971) findings where a score of 2 was never awarded, and where there was found to be no relation between responsibility for policy matters and patterns of care. The findings of the present study again did not find a direct relation between Child Management Scale scores and policy decisions.

### CHILDREN'S ROUTINE

Unit heads were asked whether they had standing orders from the office relating to the times the children got up, the time they went to bed, the number of baths to be taken, visiting times for parents, and mealtimes. A score of 0 indicated orders received from the office, a score of 1 indicated that the unit head had guidelines from the office but was free to use his/her own discretion, while a score of 2 indicated that the unit head made his/her decision by himself. Table 10 shows the frequency of scores obtained.

TABLE 10 : FREQUENCY OF SCORES OBTAINED IN RESPONSE TO INVOLVEMENT IN DECISION-MAKING RELATED TO CHILDREN'S ROUTINE.

HOME	FREQUENCY OF SCORES		
	0	1	2
Baker	1	1	3
Clarke	4	0	1
Cloete	2	0	3

While the unit head of Clarke had greatest freedom in policy decisions relating to the children, she has the least freedom regarding the children's routine. The unit heads of Baker and Cloete have more or less equal power over this aspect of the children. Baker obtained scores of one 0 and one 1 and three 2's, Cloete obtained two 0's and three 2's, while Clarke obtained four 0's and one 2.

The score obtained from these questions relating to unit head responsibility were summed in order to give an index of responsibility for each unit. These scores were then compared with the C.M.S. scores. Table 11 shows the scores.

There were a total of 10 items giving a possible range of scores from 0 to 20.

Responsibility Index scores totalled 12 for Baker, 9 for Clarke and 11 for Cloete.

TABLE 11 : CHILD MANAGEMENT SCORES AND RESPONSIBILITY INDEX SCORES

Home	C.M.S. Scores	Responsibility Index Score
Baker	1	12
Clarke	2	9
Cloete	4	11

The data indicate that Baker obtained both the lowest score on the C.M.S. (i.e. most child-oriented) and the highest score on the Responsibility Index (i.e. high degree of responsibility for decision-making.) However, on examination there again appears to be no correlation between the two scores obtained by Clarke and Cloete on the two scales.

#### CHARACTERISTICS OF STAFF

Information relating to the age, marital status, number of own children and training of staff was also obtained.

In Baker and Cloete the unit heads were young, i.e. between the ages of 18 and 24, single and without children. In addition, neither of them had any training in child care. In contrast the unit head of Clarke was between the age of 35-44, was married and had two young children. She had also obtained the National Certificate in Child Care, and was attending a course arranged by the University of Cape Town Extra-Mural Studies Department on Child Care.

Thus all the results seem to indicate greater similarity in organization and practices in Baker and Cloete with Clarke usually differing in one or other way from them.

QUESTIONNAIRE ON CHILDREN'S HOMES

Instructions for completing the questionnaire

- 1 PLEASE ANSWER ALL QUESTIONS. Next to each question you will find a series of alternative responses. Please place a cross in the block next to each response you choose. For some questions it is possible to give more than one response. In such cases you may make as many crosses as you feel accurately reflect your situation.
- 2 Where differences in the age or sex of the children would affect your response, please specify these differences next to each question.
- 3 If no response is provided which answers the question for you, please choose the response closest to the actual situation. If you wish to elaborate on any answer, you may add additional comments either next to the question concerned, or in the additional spaces provided.
- 4 When you have answered all the questions, please place the completed questionnaire in the self addressed envelope in which you received the questionnaire, and return to me as soon as possible.

Thank you very much for your assistance.

SECTION A : GENERAL INFORMATION

COMPUTER  
USE ONLY

About the children:

1 What is the total number of children the Home can accommodate

Code No

1	2	3
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 How many boys in the Home at present

Code No

4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 How many girls in the Home at present

Code No

7	8	9
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 How many boys do you have in your section

Code No

10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 How many girls do you have in your section

Code No

13	14	15
<input type="text"/>	<input type="text"/>	<input type="text"/>

6 The youngest child in your section is Code No years old *If less than a year, code 0.*

16	17
<input type="text"/>	<input type="text"/>

7 The oldest child in your section is

Code No years old

18	19
<input type="text"/>	<input type="text"/>

8 Most of the children in your section are about

Code No years old

20	21
<input type="text"/>	<input type="text"/>

9 The child in the lowest standard in your section is in

Sub/Std Code No

*For Sub A + B,  
Code 0*

22
<input type="text"/>

10 The child in the highest standard in your section is in

Sub/Std Code No

23	24
<input type="text"/>	<input type="text"/>

2

11 Are the children

- 1 white
- 2 coloured

COMPUTER  
USE ONLY

25

About the Home:

1 How is the Home divided

- 1 cottages
- 2 dormitories
- 3 other (please explain)

26

2 Into how many sections is the Home divided

Code No

27 28

3 Who is in charge of each section

- 1 housemother
- 2 housefather
- 3 supervisor
- 4 child care worker
- 5 other

29

4 How are children assigned to each section on arrival

- 5 by sex
- 4 by age
- 3 by age and sex
- 2 by type of problem
- 1 where a vacancy exists

30

5 Is the Home situated

- 1 in midst of large city
- 2 on outskirts of large city
- 3 in small country town
- 4 on outskirts of small country town

31

SECTION B : RISING AND BEDTIMECOMPUTER  
USE ONLY

1 How are the children woken in the mornings

32

- 5 calling to all
- 4 lights switched on
- 3 bell
- 2 radio going on
- 1 each child woken individually

2 What time are children woken

33

- 1 7.00 am or later
- 2 6.30 am
- 3 6.00 am
- 4 5.30 am
- 5 5.00 am or earlier

3 How long are children permitted to lie in bed between waking and rising

34

- 1 30 minutes
- 2 20 minutes
- 3 15 minutes
- 4 10 minutes
- 5 have to rise immediately

4 About how many of the children in your section wet their beds at night

35

- 1 none
- 2 only a few
- 3 half
- 4 most
- 5 all

5 What do you do when a child wets the bed

36

- 5 punish the child
- 4 ensure he/she washes the sheets
- 3 ignore the matter
- 2 discuss problem with social worker
- 1 reassure and comfort child

6 Why do you think children wet their beds

37

- 5 too lazy to get up at night
- 3 drink too much liquid before bed
- 1 emotional upset and insecurity



SECTION C : MEALTIMESCOMPUTER  
USE ONLY

- |   |   |
|---|---|
| <p>1 Does the whole Home eat together or do the children eat in their respective sections</p> <p><input type="checkbox"/> together</p> <p><input type="checkbox"/> in sections</p>  | <p>38</p> <p><input type="checkbox"/></p> |
| <p>2 How many children sit at each table at mealtimes</p> <p><input type="checkbox"/> 1 to 4</p> <p><input type="checkbox"/> 5 to 6</p> <p><input type="checkbox"/> 7 to 8</p> <p><input type="checkbox"/> 9 to 12</p> <p><input type="checkbox"/> more than 12</p> | <p>39</p> <p><input type="checkbox"/></p> |
| <p>3 Do you sit with the children at their tables while they eat</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> sometimes, but not always</p> <p><input type="checkbox"/> no</p>   | <p>40</p> <p><input type="checkbox"/></p> |
| <p>4 Do you eat the same food as the children</p> <p><input type="checkbox"/> never</p> <p><input type="checkbox"/> sometimes</p> <p><input type="checkbox"/> always</p>  | <p>41</p> <p><input type="checkbox"/></p> |
| <p>5 Are the children allowed to talk during meals</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> yes</p>   | <p>42</p> <p><input type="checkbox"/></p> |
| <p>6 When are the children given food</p> <p><input type="checkbox"/> three main meals only</p> <p><input type="checkbox"/> three main meals and snacks in between</p> <p><input type="checkbox"/> whenever they like</p>   | <p>43</p> <p><input type="checkbox"/></p> |
| <p>7 Do the children have access to the kitchen</p> <p><input type="checkbox"/> any time</p> <p><input type="checkbox"/> only certain times</p> <p><input type="checkbox"/> never</p>   | <p>44</p> <p><input type="checkbox"/></p> |



SECTION D : LEISURE TIMECOMPUTER  
USE ONLY

- 1 Do the children participate in recreational and cultural activities in the local community
- 1 on a regular basis  
 3 only occasionally  
 5 never
- 2 Do the children bring their friends to visit them in the Home
- 1 regularly  
 2 fairly regularly  
 3 only sometimes  
 4 never  
 5 friends not permitted to visit
- 3 What activities do the children normally participate in on a Saturday
- 1 activities in local community eg sports, shopping  
 2 visit parents or friends  
 3 receive visitors  
 4 amuse themselves on premises  
 5 household chores
- 4 What do you normally do on a Saturday
- 5 not on duty  
 4 occupied with personal business  
 3 household chores  
 2 supervise children's activities  
 1 take children on outings
- 5 What arrangements are made for homework to be done
- 1 set period with staff supervision  
 5 children left to do it in own time
- 6 What do you do between supertime and bedtime
- 5 spend time alone with own family  
 ~~household chores~~  
 4 supervise homework/studying  
 2 play with children and/or watch television with them  
 1 spend time informally chatting to children

35  
46  
47  
48  
49  
50

Do you have any additional comments to make about the organization of leisure time activities

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COMPUTER  
USE ONLY

SECTION E : HOUSEPARENT/SUPERVISORS DUTIESCOMPUTER  
USE ONLY

- 1 Approximately how many hours per day are you on duty 51
- 1 8 hours  
 2 9 to 12 hours  
 3 13 to 16 hours  
 4 more than 16 hours  
 5 less than 8 hours
- 2 Do you have a regular supervision session with someone above you, in which you discuss problems related to the children in your section 52
- 5 no  
 1 yes
- 3 Do you have any assistant child care workers helping you with the children in your section 53
- 1 more than 5 assistants  
 2 4 to 5 assistants  
 3 2 to 3 assistants  
 4 only one assistant  
 5 no assistants
- 4 Do you have detailed knowledge of the family background of the children in your section, obtained from written reports, the principal or social worker 54
- 1 on all the children  
 2 on most of the children  
 3 only on half of the children  
 4 only on a few of the children  
 5 on none of the children
- 5 If you have regular staff meetings, do you meet 55
- 5 no staff meetings held  
 4 monthly  
 3 fortnightly  
 2 weekly  
 1 daily
- 6 What do you normally discuss at staff meetings 56
- 1 individual children  
 2 general running of the Home  
 3 rules and regulations of the Home  
 4 staff duties  
 5 no meeting held

For each of the following questions 7 through 12, please indicate if you are responsible for the domestic tasks as listed. Columns A to D apply for each question.

	A	B	C	D
	always	sometimes	children responsible	domestic worker/s responsible
7 Heavy cleaning (eg polishing, scrubbing)	<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 1
8 Light cleaning (eg dusting, sweeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Washing children's clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Ironing children's clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Mending or darning children's clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER USE ONLY

- 57
- 58
- 59
- 60
- 61
- 62

Do you have any additional comments to make about your duties and general responsibilities

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SECTION F : HANDLING OF THE CHILDRENCOMPUTER  
USE ONLY

1 How often do you administer corporal punishment to the children

63  

- ① no corporal punishment administered
- ② only principal administers corporal punishment
- ③ only sometimes
- ④ fairly regularly
- ⑤ regularly

2 Do the children get pocket money

64  

- ⑤ never
- ④ only at end of year
- ③ only in school holidays
- ② monthly
- ① fortnightly or weekly

3 Do you read mail received and sent by the children

65  

- ⑤ always read mail sent and received
- ④ only read mail sent
- ③ only read mail received
- ② only read mail in exceptional circumstances
- ① never read mail sent or received

4 How many children share a room

66  

- ① children have single rooms
- ② 2
- ③ 3 to 4
- ④ 5 to 8
- ⑤ more than 8 per room

5 Are the children allowed access to their rooms in the day

67  

- ⑤ only certain times
- ① anytime

6 How are children's birthdays celebrated

68  

- ① presents from the Home
- ③ individual parties
- ⑤ no special recognition

Do you have any additional comments to make about the handling of the children

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COMPUTER  
USE ONLY

SECTION G : ADDITIONAL QUESTIONS

COMPUTER  
USE ONLY

1 Do you have a social worker employed by the Home

59

- 5 no social worker employed
- 4 one part-time
- 3 one full-time
- 2 two full-time
- 1 more than two full-time

2 How long have you been employed as a houseparent/  
supervisor in this Home

70

- 1 more than 5 years
- 2 3 to 5 years
- 3 1 to 2 years
- 4 6 months to 1 year
- 5 less than 6 months

3 Are you

71

- 1 male
- 2 female

4 How old are you

72

- 1 less than 25 years
- 2 between 25 and 30 years
- 3 between 31 and 40 years
- 4 between 41 and 50 years
- 5 older than 50 years

5 Are you

73

- 1 married
- 2 single
- 3 divorced/separated
- 4 widowed

74

75

76

77 78

Home No:

Response No:

14

6 How many children do you have (please tick block and indicate number in space provided)

Code No

- less than 6 years \_\_\_\_\_
- 6 to 12 years \_\_\_\_\_
- 13 to 18 years \_\_\_\_\_
- older than 18 years \_\_\_\_\_
- no children *no children - code 1*  
*children - code 2*

7 Do you live

- 1 on the premises
- 2 off the premises

8 Do the children of the Home attend school on the premises

- 1 none of the children
- 2 only younger children
- 3 all the children

9 How often do children abscond from your section

- 1 never
- 2 only sometimes
- 3 quite often

10 How many parents of the children in your section are within easy visiting distance (eg same town or city)

- 1 all
- 2 most
- 3 only half
- 4 only a few
- 5 none

COMPUTER  
USE ONLY  
card two

1

2

3

4

5

6

7

8

9

11 When may parents visit their children

- 1 any time
- 2 set times
- 3 no visitors permitted

COMPUTER  
USE ONLY

10

12 How often do most parents visit

- 1 regularly
- 2 fairly regularly
- 3 occasionally
- 4 very rarely
- 5 never

11

13 During June and December holidays, how many of the children in your section go on leave

- 5 none
- 4 only a few
- 3 half
- 2 most
- 1 all

12

13

14

15

16

17

18

19

20 21

Home No:

22 23

Response No:



Thank you for the time you have  
spent completing this questionnaire.

Please return it as soon as possible  
in the envelope in which it came.

20 Cook Street  
OBSERVATORY  
7925

20 MAY 1980

The Principal

Dear Sir/Madam

QUESTIONNAIRE ON CHILDREN'S HOMES

I am a professional social worker working on a thesis which is examining the different organizational systems adopted by children's homes throughout the country. I therefore require the assistance of the staff in your Home and hope you will agree to permit them to co-operate in this study.

I have enclosed a sample copy of the questionnaire and covering letter. The questionnaire is designed for completion by the person in charge of each section of your Home, usually designated the houseparent or supervisor.

All information obtained will be treated as confidential and you can be assured that the name of your Home will not appear in any research report. Your assistance in this research is considered to be very important, especially in view of the large numbers of children currently being cared for in children's homes.

You will also find enclosed a stamped addressed postcard. Please indicate on it whether you are prepared to co-operate in the research; in which language you would prefer the questionnaires; and the number of additional questionnaires required (i.e. one per houseparent/supervisor). Please also indicate whether you would like a summary of the research findings on completion of the study. Sign the card and then return it to me as soon as possible.

Should you require permission to co-operate in the research from a higher authority, I will gladly contact them on your behalf if you provide me with the name and address of the appropriate person/s.

Your co-operation in this research which is in fulfillment of the requirements for a Masters degree in social science will be much appreciated.

Yours sincerely

ADELE SPEKTOR WILTER

PLEASE INDICATE YOUR REPLIES IN THE BOXES PROVIDED:  
DUI ASSEBLIEF U ANTWOORDE AAN IN DIE KOKKIES:

Name of Home \_\_\_\_\_  
Naam van Huis \_\_\_\_\_

I am prepared to co-operate in this project   
Ek is bereid in die projek mee te werk

I would like \_\_\_\_\_ questionnaires in  
Ek verkies \_\_\_\_\_ vraelyste in

Engels/English

Afrikaans

I would like a copy of the research findings   
Ek wil 'n opsomming van die bevindings ontvang

Signature of principal \_\_\_\_\_  
Handtekening van prinsipaal \_\_\_\_\_

20 Cook Street  
OBSERVATORY  
7925

Dear Houseparent/Supervisor

I am a professional social worker employed in the field of child welfare. I am currently also doing research on children's homes towards a Master's degree and require your assistance in this study.

As there are thousands of children being cared for in children's homes throughout the country, it is considered important to know how their daily lives are organised. Your assistance could thus be of help in improving the services to all the children in residential care.

Your principal has indicated his/her willingness for staff members to participate in the research and your co-operation will be greatly appreciated.

The questionnaire which must be completed by you is designed to find out how your section of the Home is organised and run. It is not designed to assess how good you are as an individual. You are therefore not required to include your name or that of the Home on the questionnaire. You will however notice on the top right hand corner of each page of the questionnaire a number. This is a number which will enable the responses from the same Home to be correlated to provide an overall picture of how the whole Home is organised. These numbers are written on a master sheet which is in my possession only. You can thus be assured that all the information you provide will be treated as confidential and the final report will contain only comparative data on the Homes surveyed.

Although the questionnaire may look lengthy, it should not take you too long to place your mark next to each question.

When you have completed the questionnaire, please return it to me in the self addressed envelope in which you received it.

Yours sincerely

ADELE SPEKTOR WILTER

20 Cook Street  
OBSERVATORY  
7925

Dear Sir/Madam

QUESTIONNAIRE ON CHILDREN'S HOMES

I have so far received \_\_\_\_\_ replies to the \_\_\_\_\_ questionnaires posted to your Home.

It would be appreciated if you could remind your houseparents/supervisors to complete and return their questionnaires to me as soon as possible.

Thanking you  
Yours faithfully

ADELE SPEKTOR WILTER

APPENDIX H.COMMITMENT TO A THERAPEUTIC MILIEU AND NUMBER OF BEDWETTERS

(in percentages)

No. of Bedwetters	COMMITMENT		
	High	Medium	Low
No bedwetters	45,16	27,97	21,05
Only a few	53,23	71,19	77,19
Half	1,61	0,00	1,75
Most	0,00	0,00	0,00
All	0,00	0,85	0,00
Total	100,00 (62)	100,00 (118)	100,00 (57)

$$\chi^2 = 8,12$$

$$\text{d.f.} = 6$$

$$p = .2297$$

$$\text{contingency coef.} = .18$$

APPENDIX I.COMMITMENT TO A THERAPEUTIC MILIEU AND RESPONDENTS REASONS FOR  
BEDWETTING (in percentages)

Reason for Bedwetting	COMMITMENT		
	High	Medium	Low
Emotional upset and insecurity	92,86	87,39	88,24
Drink too much liquid before bed	1,79	4,50	3,92
Too lazy to get up at night	5,36	8,11	7,84
Total	100,00 (56)	100,00 (111)	100,00 (51)

$$\chi^2 = .37$$

$$\text{d.f.} = 4$$

$$p = .9847$$

$$\text{contingency coef.} = .04$$

APPENDIX J.COMMITMENT TO A THERAPEUTIC MILIEU AND SUPERVISION SESSIONS

(in percentages)

Supervision Session	COMMITMENT		
	High	Medium	Low
Yes	90,16	86,44	93,10
No	9,84	13,56	6,90
Total	100,00 (61)	100,00 (118)	100,00 (58)

$$\chi^2 = 1,88$$

$$\text{d.f.} = 2$$

$$p = .3915$$

$$\text{contingency coef.} = .09$$

APPENDIX K.COMMITMENT TO A THERAPEUTIC MILIEU AND DISCUSSION TOPICS OF STAFF MEETINGS (in percentages)

Discussion Topic	COMMITMENT		
	High	Medium	Low
Individual children	62,30	46,61	58,18
General running of the Home	34,43	41,53	27,27
Rules and regulations of the Home	3,28	7,63	12,73
Staff duties	0,00	1,69	1,82
No meeting held	0,00	2,54	0,00
Total	100,00 (61)	100,00 (118)	100,00 (55)

$$\chi^2 = 6,71$$

$$\text{d.f.} = 8$$

$$p = .5684$$

$$\text{contingency coef.} = .17$$

APPENDIX L.COMMITMENT TO A THERAPEUTIC MILIEU AND RESPONSIBILITY FOR WASHING CHILDREN'S CLOTHES (in percentages)

Responsibility for Washing Children's Clothes	COMMITMENT		
	High	Medium	Low
Domestic Worker/s	76,27	86,41	86,00
Houseparent sometimes	5,08	5,83	4,00
Houseparent always	16,95	4,85	6,00
Children	1,69	2,91	4,00
Total	100,00 (59)	100,00 (103)	100,00 (50)

$$\chi^2 = 5,76$$

$$\text{d.f.} = 6$$

$$p = .4501$$

$$\text{contingency coef.} = .16$$

APPENDIX M.COMMITMENT TO A THERAPEUTIC MILIEU AND RESPONSIBILITY FOR IRONING CHILDREN'S CLOTHES (in percentages)

Responsibility for Ironing Children's Clothes	COMMITMENT,		
	High	Medium	Low
Domestic Worker/s	77,59	85,15	89,58
Houseparent sometimes	6,90	7,92	2,08
Houseparent always	13,79	2,97	4,17
Children	1,72	3,96	4,17
Total	100,00 (58)	100,00 (101)	100,00 (48)

$$\chi^2 = 6,87$$

$$\text{d.f.} = 6$$

$$p = .3334$$

$$\text{contingency coef.} = .18$$

APPENDIX N.COMMITMENT TO A THERAPEUTIC MILIEU AND RESPONSIBILITY FOR MENDING (in percentages)

Responsibility for Mending Children's Clothes	COMMITMENT		
	High	Medium	Low
Domestic Worker/s	40,98	37,04	55,10
Houseparent sometimes	13,11	16,67	10,20
Houseparent always	42,62	41,67	34,69
Children	3,28	4,63	0,00
Total	100,00 (61)	100,00 (108)	100,00 (49)

$$\chi^2 = 4,17$$

$$\text{d.f.} = 6$$

$$p = .6536$$

$$\text{contingency coef.} = .14$$

APPENDIX O.COMMITMENT TO A THERAPEUTIC MILIEU AND LENGTH OF EMPLOYMENT  
OF HOUSEPARENT (in percentages)

Length of Employment	COMMITMENT		
	High	Medium	Low
More than 5 years	20,97	18,64	24,07
3 - 5 years	20,97	20,34	22,22
1 - 2 years	37,10	27,12	24,07
6 months to 1 year	8,06	20,34	14,81
Less than 6 months	12,90	13,56	14,81
Total	100,00 (62)	100,00 (118)	100,00 (54)

$$\chi^2 = 6,59$$

$$\text{d.f.} = 8$$

$$p = .5811$$

$$\text{contingency coef.} = .17$$

APPENDIX P.COMMITMENT TO A THERAPEUTIC MILIEU AND FREQUENCY OF  
ABSCONDING (in percentages)

Frequency of Absconding	COMMITMENT		
	High	Medium	Low
Never	68,33	57,14	54,55
Only sometimes	30,00	42,86	40,00
Quite often	1,67	0,00	5,45
Total	100,00 (60)	100,00 (112)	100,00 (55)

$$\chi^2 = 5,74$$

$$\text{d.f.} = 4$$

$$p = .2191$$

$$\text{contingency coef.} = .16$$

APPENDIX Q.COMMITMENT TO A THERAPEUTIC MILIEU AND FREQUENCY OF PARENTAL VISITS (in percentages)

Frequency of Parental Visits	COMMITMENT		
	High	Medium	Low
Regularly	13,56	9,40	8,62
Fairly regularly*	8,47	17,95	1,72
Occasionally	25,42	31,62	31,03
Very rarely	44,07	38,46	53,45
Never	8,47	2,56	5,17
Total	100,00 (59)	100,00 (117)	100,00 (58)

$$\chi^2 = 12,11$$

$$\text{d.f.} = 8$$

$$p = .1463$$

$$\text{contingency coef.} = .22$$

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