CYC-Online

FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE

ISSUE 166 • DECEMBER 2012

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Contents

What the Heck!
Let's Change the World!

I am in the north of Quebec today, in the Cree Nation, in the village of Whapmagoostui. Winter is just settling in – the Great Whale river shows the first signs of freezing where it empties into the Hudson Bay. This is an ancient land, belonging to these people for thousands of years. For a 'southerner', such as me, it feels barren and isolated. For them it feels home.

We are different and yet we are so the same. We share common values about how to be with young people, about what young people need, about how our communities are fractured and torn, and about the pain of our children.

I am here to do training on working with young people and as I go through my material I realize once again that I am only encouraging them to be with their young people in a way that is consistent with how their people, historically, have been with their youths. But the invasion – for surely it is nothing less than that – of southern, eurocentric government policies and procedures which they are compelled to follow has driven / enticed / encouraged them away from their traditional ways. As a result, their young people show the same, confusion, rejection and pain that the young people in other communities demonstrate.

I don't understand how we came to decide that raising children in cultures of respect, where they had meaningful and satisfying roles in the community was not the right thing to do. I don't know how it is - because I am not an historian - that we came to believe that it was better to raise children in an environment of power, control and dominance. I don't know how we came to decide that creating a world, and a way of raising children, which cause young people to have and hold such pain was acceptable.

But somehow, we made all those decisions. And then we made policies and procedures, developed programs, and enacted legislation that ensured that when young people react to their pain, that we would punish them, causing even more pain.

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Some days it all just seems so 'sick' to me.

We know what young people need from us, as adults and as a society, in order to grow and develop in a healthy manner. But for some reason we ignore our own knowledge and instead wallow in the ignorance of our own denial.

As we are together in this northern community, talking about how young people need us to be with them, we share common hopes, dreams and visions. We comfort each other as we tell stories about our struggles to reach, and our successes in reaching, children through the barrier of their important and necessary defences of safety. As we talk together, we come to realise that if it is going to be different, if we are going to create communities of caring and respect where children can grow and develop without such pain, then it is our responsibility to

act to change our communities, our cultures and our societies.

So, in the end, I invite them all to come to the CYC World Conference (www.cycworld2013.net) where together, with our colleagues and comrades, our friends and our mates, from around the world we might come together in a global commitment to create a better world for young people.

And I hope you will come too, because together we *can* make a difference.

Thom
Whapmagoostui

June 25-28, 2013
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Child & Youth Care World Conference

Connecting at the Crossroads

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Oh Lord. A Manual.

A CHRISTMAS BOOK REVIEW by
Cedrick of Toxteth

If you want to inject a good belly laugh into to your Yuletide festivities, be sure to ask Santa for a copy of "The DSM V". Sometimes referred to as "Doctors Selling Medication" or "The Dictionary of Scientific Misinformation," this latest version spins more hysterical gobbledegook than George W. managed throughout his entire presidency. Sure a lot of the old stuff is regurgitated, but that irrepressible comedy team "Pharmers & Shrinks" has conjured up a devilish selection of new gems from their own inimitable brand of madness. Those of you who work with kids will be particularly delighted with the their hilarious deliberations on the 'diagnosis and treatment of childhood'.

If you're already a DSM fan you'll realize the new edition is no one-shot read. Like its predecessors, it's something you can keep beside your potty to facilitate, or enhance, the simple pleasures of bodily elimination. I always think laughter is the most pleasing of all lavatorial noises and, with P&S for company, you can piss yourself laughing without any embarrassment or inconvenience.

Rather than spoil your anticipation with snippets of the new material, let me whet your appetite with a few of my favorite standards from previous versions. For me they have the same enduring quality as the Pythonic Dead Parrot sketch and Abbot & Costello's "Who's on First" dialogue.

Even if you've never read the original texts, you have to be familiar with the ADHD gag. The idea that kids who aren't interested in the bullshit being dished out by parents and teachers should be medicated out of their distractions is a brilliant parody on cognitive fixation by the cognitively fixated. Add to this the "hyperactivity" tag that turns childhood vitality into an oxymoron (accent on the moron) and you have an undisputed classic.

And what about the old "Attachment Disorder" routine? All seasoned comedians know how to milk a theme, but few can match the creativity of P&S in taking a simple nonsensical proposition to higher and higher levels of absurdity. Of course, we all know that newborn babies don't willfully snub their mothers – it's a survival thing. Yet, with subtle sleight of tongue and a bunch of pseudo-scientific twaddle, P&S convince us that many infants are hell bent on depriving Momma of a rich and satisfying maternal relationship. Once we've swallowed this deception, the no-

tion of treating kids for their obstinacy opens the door to a blistering array of bizarre treatment options designed to coerce the selfish little buggers into giving Mom and Dad the unconditional love they so richly deserve.

And then there's my favorite - "Oppositional Defiance Disorder". Who else but P&S could come up with such a thigh-slapping catch phrase for kids who try to ward off invaders and abusers by telling them to go fuck themselves? Once again their comedic brilliance turns the real into the surreal as they don the medical mantle to convince us that temper tantrums and passive resistance are actually symptoms of a medical condition that requires behavioral, cognitive and, if necessary, chemical intervention. If you happen to like a dash of subtlety in your humor, you'll love the ironic twist that this phony 'disorder' conveniently removes all responsibility from even the most obnoxious patient. Great stuff for anyone who has harbored a secret urge to stick a boiling test-tube where the teacher would least appreciate it.

But comedy and tragedy are inextricably contained within the same pair of underpants (a dubious metaphor drawn from my personal life). When it comes to the work of P&S there are many folks who fail to see (or choose to ignore) the underlying psychotic irony. Sadly, this includes the creators themselves. And herein lies the tragedy.

There's no doubt that the creators of the DSM Five-Alive are oblivious to their own comedic brilliance … and why not? In the twisted world of consensual insanity, this ridiculous tome confirms their status as experts while promoting the most profitable corporate empire in the western world. On the receiving end, the consumers of their products are only too willing to buy into the delusion in the forlorn hope that someone 'out there' will come along to fix their lives, courtesy of over-taxed and equally deluded health care systems. In their own way, they are all tragic figures in the cosmic comedy.

But the greatest tragedy of all is how this self-serving dogma is imposed on the most vulnerable non-participants – the kids. Here, even my own life-long belief in humor as the ultimate reality is stretched to the limits. I don't find anything remotely amusing about pathologizing, labeling and medicalizing children for adult gratification. The com-

mon rationalization that this is all in the best interest of kids is 'adulterated' bollocks.

One of the most insidious examples of this deceptive travesty appeared in a recent UK study. Purporting to address the concerns of the skeptics by assuming a child-centered perspective, these corporately-funded researchers went around asking kids in the mental health systems what they think about their 'diagnoses' and 'treatment'. True to the cause, these investigators conclude that the majority of their subjects actually like the idea of being victims of a mental disorder, rather than be tagged as willful perpetrators of madness and mayhem. As a final blow to the doubters, they also reported that, for the most part, the kids believe that their medication is helping them to cope with their assigned afflictions. Case closed.

Now I could find some comic relief in knowing how many of these young consumers were skillfully deceiving the deceivers – content to play the victim role and flogging their surplus chemical substances in the schoolyard.   I could name a couple of dozen who would be prepared to fess up for a few extra bucks but research funding remains a problem. Meanwhile, I'm quite prepared to accept that a significant proportion of diagnosed and drugged-up kids have bought into the

medical model hook, line and sinker.   And that just ain't funny folks.

But, if Santa brings you a copy of The DSM V, don't tuck it away with Aunt Mabel's perennial jigsaw puzzle. If you can't appreciate the humor, read it as a reflection of our cultural illusions and social values.   Whatever your chosen perspective, please understand that, unless the proverbial pyramid crumbles, this misdirected manual of mental health practice will continue to strengthen its influence on how services to the most vulnerable members of society are delivered and funded.   When push comes to Prozac, it isn't about the well-being of people that matters. "It's the economy stupid."

Merry Christmas,
Cedrick

Cedrick of Toxteth was a columnist with *Relational Child & Youth Care Practice.* He is currently on vacation in Gaza but can be contacted through his editor at
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A 'Three Thirds Approach' to Residential Care

Kiaras Gharabaghi

Residential care, in all of its many guises, is hard to get right. Once in a while it is good to celebrate those who keep trying – the many child and youth care practitioners around the world who come to work every day, prepared for another eight or twelve hour shift, ready to be with children and youth, to engage and be engaged, to work at relationships, good, bad or just challenging. Their challenges, and perhaps their shortcomings, are almost never due to a lack of effort, or a lack of dedication and commitment. In fact, as we approach the holiday season in many parts of the world, I wish them warmth, love and peace, and ultimately the courage to keep trying.

One reason why it is getting more difficult rather than less difficult to 'do' residential care well is the ever-expanding rhetoric that accompanies this way of being with young people. In many parts of the world, the really fundamental concepts of residential care provision, such as caring, engagement and relationship, are being sidelined in favour of frankly peripheral ideas that nevertheless are getting much airtime and are leading to often questionable everyday practices. I am thinking here about the theoretical frameworks, the words and phrases in vogue right now, and the compulsive need of program administrators and often also funders to impose evidence-based practices in contexts where simple moments, such as a young person contemplating running away, call for simple but heartfelt and well thought-out responses. My re-

cent experience with residential care discussions in Canada has been that no one knows anymore what the point of it is, what to focus on, or even where to start the conversation about quality of care. Instead, most conversations have deteriorated into a competitive and grandstanding discursive hyperbole about attachment theory, resilience, trauma-informed care and outcomes.

With this column, I want to suggest an alternative approach to thinking about residential care. In this approach, we can forget about all of the language games we play to make what we do sound good. And we can forget about blaming each other when things don't turn out as we might have hoped (not that we all hope for the same things…). Instead, I want to focus on bringing to life the kinds of ideas and concepts often discussed by Gerry Fewster (in the context of caring), Thom Garfat (in the context of relational practice) and Leon Fulcher, Mark Krueger, and many others (in the context of team work). These are ideas that have also been at the forefront of thinking of many practitioners and supervisors I know, but who are constantly facing barriers in exploring these largely because their concerns don't mesh with the priorities of their employers. It is a simple approach, and I will lay this out in this and the next three columns (January, February & March). I call it the Three Thirds approach to residential care, and this month I want to just provide the rationale and basic idea behind this approach.

The Three Thirds approach entails nothing particularly new; it is simply a way of ensuring that all that we do is geared to-ward ensuring the best possible experience for young people based on who they are individually, as a group, and the kinds of things that very likely impact their experience far more so than our rhetoric. This approach is named very literally; it is focused on the three thirds of each day, corresponding, by and large, to the typical shift schedule in residential care: 7am to 3pm (from morning routines to after school), 3pm to 11pm (from shortly after arriving back from school to falling asleep), and 11pm to 7am (from having fallen asleep to waking up). In January, I will explore the first third (overnights), in February the second third (day time) and in March the third third (afternoons and evenings).

Within the Three Thirds approach, we ask these four questions about each of the thirds:

- What are the environmental conditions that will make a young person's experience during this time as good as it can be?
- How can we be relationally engaged during this time?
- How can we influence how this time might impact on the other two thirds of the day?
- How can each of us contribute to the strength and well being of the team during this time?

None of these questions, or the answers I will provide, will solve any of the everyday problems we might encounter in residential care. And I am very confident that nothing within the Three Thirds approach will satisfy the rhetorically-focused 'experts' in our field(s). But absolutely ev-

erything in the Three Thirds approach will be geared toward creating contexts and everyday experiences for young people that are meaningful, pleasant, and precursors of hopeful futures.

All of us seek sanctuary; whether it is stress at work that makes us crave the evenings where we can relax on the couch and enjoy a glass of wine or a cup of tea. Or maybe it is the chaos of raising our own children that results in us looking forward to being able to go back to work. Perhaps it is financial pressure, relationship problems, health concerns, or something altogether different that results in our craving of the pillow and the heavy cover to pull over our heads; sometimes sleep is the only place left where we find time for tending the wounds to our Self. Fundamentally, knowing one's sanctuary and being able to rely on it gives us strength (not always enough strength) to re-enter whatever chaos or stress might be waiting.

This is not different in residential care. Young people are placed there with little control over where they might find sanctuary. All parts of the day are potentially challenging, stressful and anxiety-provoking. And the same is true for the child and youth care practitioners entrusted with caring for the young people. They never know ahead of time what fires will flare up, when these might flare up, and how these might impact everything else and everyone else. As a result, residential care has moved toward containment practices

designed to limit or extinguish those fires. Routines, rules, consequences and rewards/activities are all designed to get ourselves, the young people and the program through the day.

Behaviour management, psycho-social treatment, and pharmacological interventions are entirely reasonable from a containment perspective, but these do very little to guide the everyday experience of young people and child and youth care practitioners in residential care. In pretty much all existing approaches to residential care we have focused our energies on managing one of two things and sometimes both of these: place and process. In the Three Thirds approach, we manage neither of these two things as our primary focus, and instead manage time as the foundation of excellent practice.

All of this may sound a little difficult to visualize. But for this month, I want to end by simply asking you to imagine a team of child and youth workers, sitting with a group of young people, and discussing in depth and at length, what could be done to make going to sleep something everyone looks forward to; a sanctuary with relatively few demands, and an experience from which flows strength and optimism. This is what I will explore next month, so stay tuned.

In the meantime, the holidays are indeed approaching, and so wherever you are and whatever you might celebrate, I wish you Peace.

A FRIEND IS. . .

A friend is a person
Who ALWAYS cares.
No matter what I do, they'll
Always be there.

A friend is a person
Who won't let you down.
Who makes you feel happy
When you're in a frown.

A friend is somebody
Who listens to me.
They always seem to know
What I mean.

A friend to me
Is what I need,
So won't you be mine,

Amy
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**From the book *Rattle Your Cool*, comprised of work created by children whilst in foster care.
Courtesy Foster Care Associates**

Home Alone

Peter Evans

A couple of weeks ago, our university had its autumn graduations. I always enjoy seeing the students dressed in their black gowns with their families and loved ones in the audience, beaming with pride. This time was no exception and during the ceremony, I started to write this month's column in my head. I was thinking about the importance of rituals and rites of passage and reflecting on how poorly we provided such experiences this for the kids I worked with in residential care.

Afterward, I nipped in to my 'village' (the current euphemism for the open plan space that has recently replaced our individual 'cells') to look online in the hopes of finding some place that might serve eggs benedict on a Saturday afternoon. I dipped into my e-mail first, and saw that I had received a message from Peter Evans, a student on the MSc and a Manager down in England. Peter had sent some thoughts he was having about a young person with whom he had worked for a significant period of time. His correspondence was reflective, insightful and covered similar (though slightly different) ground to my thoughts an hour earlier. I thought they would make a better piece this month, so I invited Peter to expand on them for the December issue of CYC Online. He obliged and wrote the lovely piece that follows. I hope you enjoy it as much as I did.

— Laura Steckley

As I progressed through my teenage years I increasingly found myself at home without either of my parents present. Sometimes I was with my elder brother; other times I was on my own. Our parents weren't being neglectful; nor had they abandoned us. Equally we weren't being punished for being 'bad'. My brother and I had both reached an age where our parents judged we had sufficient maturity and responsibility to be left 'home alone' whilst they attended to boring adult stuff like food shopping, banking or going to the garden centre. As the level of trust, and indeed our ages, increased, this developed into mum and dad being able to go out for evenings to their local club without the need to pay one of the neighbours as a babysitter. Of course having an elder brother meant that I had a role model to steer me through the initial scary 'parentless' hours. He taught me the

rules of these occasions and thus prepared me, as best as he could, for the times he would be out with his mates and it would be just be me on my own – acting captain of the good ship 'Family Home' for a while, trying to keep it in calm water and avoid hitting any rocks along the way.

Though my parents were the most significant influence on my formative years, some of my fondest childhood memories are from the times I was at home and they weren't. The house became a slightly bigger and better playground. My brother and I knew that we could fetch every cushion off the 'three piece', attack each other with them to exhaustion, laugh and yell to our hearts' content. At no point was our mum going to walk into our 'battlefield' and calmly and carefully point out that cushions were for sitting on and that one or the other of us would get hurt if we didn't stop. Ironically in some ways we could act like bigger kids more than ever before, as a result of being given newfound responsibility. So long as the house was back in order before 'the oldies' returned we weren't out of order.

Of course that wasn't always possible. On another home alone occasion the living room had been transformed into the centre court at Wimbledon. In a tense three setter my brother perfected his overhead smash, quite literally on an ornamental glass lightshade so hideous it really did deserve everything that was coming to it. Nevertheless, we knew our parents wouldn't see it that way. Whilst undoubtedly the sole perpetrator was my brother, he had the advantage of being the elder so convinced me it was best that we should take 'joint responsibility'. It was the per-

fect lesson in taking ownership for your actions when placed in a position of trust and acknowledging your mistakes. Of course by using this mature approach it meant that our parent's reaction wasn't half as bad as we first feared and they were more concerned that my brother hadn't got any glass in his hand clearing it up. The worst outcome was that mum did manage to find a like for like replacement for the lightshade, and we were limited by introducing a 'head height' rule to our future games.

Being trusted to be left in the house and have mates around was just the best. It made me feel so grown up. I could host and entertain. My parents recognised this and would encourage me into that role. Before going out they would make sure there was something in I could easily rustle up for supper, thus protecting me from making a complete idiot of myself in front of my mates by serving up a culinary disaster or starting a food poisoning epidemic. Equally my brother played his part by not so politely pointing out that just because I liked the majority of my mother's treasured vinyl collection it was neither cool nor mature to play Roger Whitaker or The Carpenters when my mates came round. He loaned me some of his awful heavy metal cassettes, which I pretended I was 'really' into. However, interestingly instead of mirroring being more childlike when home alone with my brother, I became more 'adult-like' with my mates in the house. I could give the smokers in my clan permission to have a cig in my back garden without any comeback. We could watch age inappropriate television programmes and videos, including the odd

'naughty' one. As a result, our discussions were on more adult themes and we learned off each other through conversation. Then as we got older I could allow just enough alcohol that none of us would get into trouble. It was a balancing act between being responsible enough to ensure that something didn't happen for mum and dad to ban me from EVER having mates round the house again, but being irresponsible enough to do something that my mates would think they would never get away with in their homes so they would want to come back time and again. And so they did; my home became the venue of choice every Saturday night. Thankfully on their return to our home after each of these nights out, my parents were clever enough to ask the questions to make sure everything was okay, but not delve too far by asking the questions that necessitated answers they probably didn't want to deal with. As a result, they made sure I was safe and gave me a safe environment from which I had the freedom to take risks and do the things they had long forgotten they did when they were my age.

Recently in a children's home for whom I am Care Services Manager, one of our young people has flown the nest and moved into his own flat at the ripe old age of 17. Anthony (as he has chosen to be known for this article) had lived in the children's home since the age of 8. That in itself makes this Anthony a rare specimen. In England, at some point between 8 and 17 most young people placed in a children's home would have been moved into foster care, as the familial model remains the preferred placement of choice. Somehow, however, Anthony managed to 'slip the net' and grew up in a residential setting. For Anthony, residential childcare wasn't something he just passed through whilst the permanency planners did their work. Our children's home was his childhood home. It provided Anthony with stability – ironically one of the chief reasons young people are removed from residential care. From this stable place, he has defied the often negative outcomes associated or assumed with residential childcare, those of poor educational achievement and criminality. Furthermore, it is evident that the secure base of a permanent residential placement for over eight years has enabled this young person to thrive in many ways. He is intelligent, can be helpful and entrepreneurial. He has developed the basis of a moral code, has a great sense of humour, and is polite and socially presentable. Anthony left the children's home having achieved academically, obtained full time employment as an apprentice, and having developed the ability to cook, clean and care for himself sufficiently to get by.

Undoubtedly the children's home was a platform from which Anthony could develop several layers of resilience, which has helped prepare him for living on his own. Two years ago I assessed Anthony's early years against the neurosequential model of neurodevelopment, and considered how promoting resilience could help him overcome some of the trauma he experienced in his early years. I provided training to the staff team on the resilience model and neurodevelopment, enabling them to be reflect on both of these concepts when considering his needs. At the time I identified what I felt Anthony

needed to further develop his coping strategies, building on his protective resilient factors of intelligence, frequent school attendance and having a secure base. As he approached his leaving date, I looked back on Anthony's plan and reflected that, on the whole, we had done a pretty good job. As we were his primary carers, I felt it important to promote a culture of being attuned to Anthony's needs, rather than assume, based on unit structure or some formulaic approach, that we knew what they were and how to meet them. This was achieved by listening, paying attention, and helping him to feel safe. Anthony needed repetitive care that was patient, loving, kind, empathetic and giving in order for him to respond likewise. Furthermore, we fought as hard as any parent when his school was failing. We provided new educational opportunities that enabled mastery of the things Anthony was good at and came up with 'out of the box' solutions to prevent the school setting from further compounding his struggles in weaker academic subjects.

Every success, no matter how small, was recognised and celebrated. We identified extended work placements and external activities, thus significantly increasing the number of positive, emotionally rich relationships Anthony had with adults. These now existed beyond the role modelling by staff in the children's home to 'real' people in the wider community. And as Anthony's education came to an end we supported him into employment, helping him apply for jobs that matched his interests and skills. Within both his home and social life we had allowed Anthony to be exposed to

manageable risks, and be allowed to make mistakes, without an unnecessary overreaction from his caregivers. All of this work has significantly added to his ability to cope and has given him strategies to take with him as he moves into adulthood. In the build-up to Anthony moving I undertook many 'direct work' sessions with him, mind-mapping these strategies to situations he may face in his own flat. We even discussed what is perhaps the hardest barrier to overcome: getting used to being on your own and in your own space. Yet it wasn't until he moved and I really saw Anthony's struggle with that very issue, that the significance being 'home alone' became obvious. It fosters important features of resilience.

No matter how big a proponent of residential childcare I may be, there is no getting away from the fact that living in a children's home is not the same as living at home with one's parents. Primary care givers are in paid employment to be there and along the way have developed a whole different set of rules, norms and expectations created through the concept of professional responsibility and accountability. At its worst some of these rules have been so risk averse and ill thought out in order to protect the member of staff (or establishment) from allegation, they have possibly done more harm than good in best meeting the needs of children growing up.

More recently, however, the language of 'reasonable parent' has entered the culture of residential childcare in England. Slowly but surely some of the barriers are coming down, with a more natural approach to care being adopted. Staff in

children's homes are, for example, now encouraged to offer positive touch, make their own judgements on age appropriate music/computer games and to allow children to take reasonable risks.

Yet some elements of care in a children's home are still a million miles away from what a reasonable parent would do in bringing up their own children. The concept of leaving a child unsupervised in the home is one such example. Not only is it unthinkable, if asked, most residential childcare workers would assume it to be a dismissible offence. Just imagine the risk assessment that would have to be written to allow it to happen in the first place. And then what if something did go wrong? Can you imagine the inquest that would go into making that decision at all? It doesn't even need to be a big 'go wrong'. If my childhood example had happened in care, and my brother had cut himself, staff would be filling in the accident book, reporting to the manager and social workers, dealing with scrutiny from our inspectorate, and so on. Staff and management would be questioned about why the children were left unsupervised in the home at all. Only the bravest of the brave would dare to answer 'because, on balance of risk, it is an extremely powerful tool in developing resilience in our young people'.

So instead, as with the example of Anthony, young people in children's homes are never left unsupervised in their own home. From the age of 8 to 17 Anthony never once experienced what it was like to be in his own home without an adult present. Of course we allowed Anthony to do some of the same things I did when I had my mates round; we tried to disappear into the background, to give them privacy, to allow him to make their supper and dictate their agenda for the evening. But we were still there, just in case. The safety net of having an immediate adult back up was never pulled from under him. As a result, both the experience and outcomes are very different. Unlike me, Anthony never had the opportunity of the seemingly limitless play that my brother and I experienced when my parents were out; nor did he have the freedom to get away with more 'adult' activities with his mates in a safe setting. Equally, because it wasn't the done thing in the children's home, he never had an older peer living with him to introduce him to the concept of applying the rules when faced with the responsibility of being left home alone.

Whilst Anthony may have experienced some of these opportunities at his friends' houses when their parents were out, it is not the same as the being host person in the situation. Anthony never experienced the feeling of being put in the position of trust of being left home alone in his own home, and the confidence that gave when nothing bad came to pass as a result. Anthony's childhood memories won't have those special moments of what he did as a child with his peers when no adult was present at home.

Memories aside, we missed a trick here in our resilience building strategy to prepare Anthony for independence. We overlooked something that most of us just simply took for granted from our childhood, without considering the significance it played in our development. Most children's homes will engage in life skills

programs with their young people, teaching them how to budget, cook, wash their clothes, travel independently, change a plug, pay a bill and so on before the leave care. Several times before leaving I talked to Anthony about the steep learning curve he would face when he actually was in his own flat, which no children's home could ever adequately prepare him for. However, I forgot that for most of us learning to cope with being alone in your own home starts long before you are living independently in your own home. Of course finding an appropriate solution to match this experience in children's homes isn't obvious. Nevertheless, by having an awareness I could have placed greater significance in other similar responsibility building activities and mind mapped these into his future thinking. Without this, for the likes of Anthony, not only is he not used to being on his own, he hasn't learned any of the rules or strategies that to employ in that situation. He is vulnerable to getting it wrong with his mates, without the responsibility of being accountable to an adult when they return to the home. He isn't equipped with such transferrable skills, and getting used to being responsible for how he makes decisions and manages his time in his own space is currently his biggest challenge.

Before he created 'Peanuts', Charles M. Schulz was already an established cartoonist. Below is one of his early works, another is on page 28.

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

Dreams, Visions, Fantasies, Fairytales

*Child care workers are people who build the future:
the future of our children, the future of our world, the future of our profession
Some reflections from twenty years ago ...*

by THOM GARFAT

I know that we live in the land of dreams. We talk about the Great American Dream and it is part of our history and mythology. We say that people must have dreams. And is not Heaven for some of us the great dream that allows many of us to die in peace?

The problem, as I see it, is not that we have dreams, but that we are too passive about the dreams that we have. They tend to be vaguely formed ideas about the future, with no clarity, no structure and no pathway to reach them. And when we are passive about the dreams we hold, when they are not clearly formed, they do *not* come true. They are, however, frequently romantic in nature and they can give us moments of feeling good in the present, and they can give us hope for the future. But dreams, poorly formed, can lead us to inaction and future sorrow.

But dreams which become visions, can lead us into a future that we have participated in creating. If, instead of creating a world of fairytales into which we can es-

cape forever, or a world of fantasy into which we escape from times or moments of stress, or instead of creating a future world of dreams and being passive about them, we allow ourselves to have visions, we can act upon the world according to our vision and participate in creating it *as we know it can be.*

For the difference between a dream and a vision is that a dream is a picture of the future as we would *like* it to be but a vision is a picture of the future as we know it *can* be.

Visions are pictures of the future as we can help to create it. Visions give us not only hope for the future, but a pathway to reach it. They allow us to see our role in how things can be. They are perhaps more realistic than dreams because in order to have a vision we must have a pathway of how to reach it, and pathways can only be created if they are possible.

Each and everyone of you has a choice to make. For we cannot pretend that we live our life without making choices. You

can choose to live blissfully, and ignorantly, in the world of fairytales. You can pretend that the world is something other than what it is.

You can choose to indulge in fantasies as a way of escaping from parts of the world you do not like. You can involve yourself passively in dreams about how you hope the future will be.

Or you can decide to be a visionary and act upon the world to create it the way you **know it can be.**

It is your life, you are adults, it is your choice. But which ever you choose, it will have implications on your personal as well as your professional life and it will have dramatic implications for the troubled young people with whom you work.

But if you are visionary, then you will believe in the possibility of creating a different life for yourself and for others in the future. And if you believe in this possibility, the troubled young people with whom you work will also believe in it. And if they believe there is hope for the future; if they believe they can actively do

something to make their own future life a better place, then they, too, will be motivated to be active participants in creating the world as it can be. And if, after their time in care or treatment, they emerge as young people who have an action orientation towards the future, and if they emerge as young people able to take some responsibility for how the world is, then you will have more than succeeded in your goal. For surely it is our goal as child and youth care professionals to help young people become more active and responsible participants in their own future life drama.

Before closing, I would like to make a comment about the development of professional child care in your part of the world. I know that there are people here, involved in child care and its development, who indulge in everything of which I have spoken. There are those here, who as professional child and youth care workers, live in the world of fairytales.

There are also those who indulge in the world of fantasy. And there are those who live in the world of dreams about the professional future.

I know, too, that there are those among you who are truly visionaries about the future of child care. They have a vision of the future of our profession and how it

can be, and they are actively involved, on a regular basis, in creating that future. They are people who see the way our professional life is, have a vision about how it *can be,* and are acting upon the professional world to create a future for child and youth care *as it can be*.

If you believe in the professional future of child and youth care you will seek these people out and ask them to share their vision with you, and if you truly care, you will, together with them, work towards your common vision of the professional future. For, as our profession develops, so will the quality of our services to the troubled young people with whom we work.

I have a vision of how the world can be. It is a world in which *all* children, troubled or not, are well cared for — and I don't mean "adequately"— cared for, I mean *well* cared for.

And it is a world where the troubled children and youth are well cared for by qualified, highly trained child and youth care professionals, who are seen as leaders of the child's treatment — it is a world in which other professionals truly support the interventions of child and youth care workers. It is a world that *can* be, that is possible. It only requires *our* commitment to a shared vision. And the commitment will come when you share the vision. For, unlike dreams, once you have your vision, it will haunt you forever until you commit yourself to work towards it.
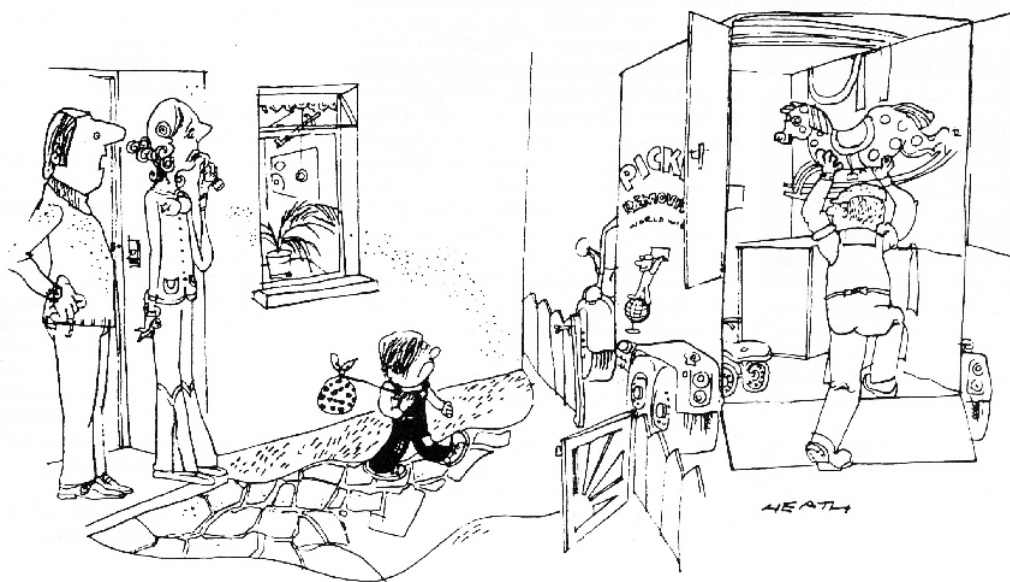
"I think he means it this time!"

Chickens! ... really?

Ernie Hilton

My local television network celebrates acts of generosity by awarding a plaque to people who serve others in the community; a noble gesture. Every week I make sure I watch the recipient receive the reward, because it makes me feel good to be connected somehow with the deeds and actions of these folks who are from the community in which I live.

This week was no different with three people, with many years experience, enjoying their celebratory moment for their generous deeds of spending time with elementary school children at lunch and after school. They each were interviewed about their time spent with children and one commented, "Yes it is loud but that is how you know they (children) are having fun". "Yes", I thought, to myself absolutely, that can be an indicator of good work being done. Then I thought sometimes in residential programs loudness is not always interpreted that way.

I proceeded to go off somewhere in my mind about CYC work, as I tend to do, but was drawn back by the next comment of one of the other award winners. She said, "Children are like chickens..." and I stopped hearing what was coming next and screamed in my head "What!!!! Children are like chickens?" and sorry, I didn't get the remainder of her metaphor, as I was taken aback at the comparison.... initially. However, it became clear as she explained her model of practice there

were no intentional traces of contempt or disrespect. It was her way of framing the excellent work she was being recognized for.

I then began to think, here is a person, receiving a humanitarian award for her generosity with hundreds of elementary school children and her framework for connection is rooted in observing and experiencing chickens!! I have never received an award for working with children and I can offer up a dozen therapeutic approaches and frameworks for practice that have nothing to do with farm animals. Have I been clucking up the wrong tree?

With my arrogance subsiding somewhat, I realized the important lesson is to have a conscious framework for practice. A framework gives you guidance and method to create/arrange an experience with a context of generosity for example. Without a framework in our consciousness to rely on and anchor our practice, we could easily be reckless in our daily life events work. While I don't subscribe to the "Chicken-based approach to change" and only because I don't know enough about it, I do often turn to nature to find lessons and teachings, in addition to relying on our professions more precise ways of thinking about feelings, thoughts and behaviours.

While I "head-off" to understand more on the "Chicken-Based approach to change" I did re-learn the importance of having specific knowledge in my consciousness when trying to arrange therapeutic encounters with others. "Winging" it is careless.
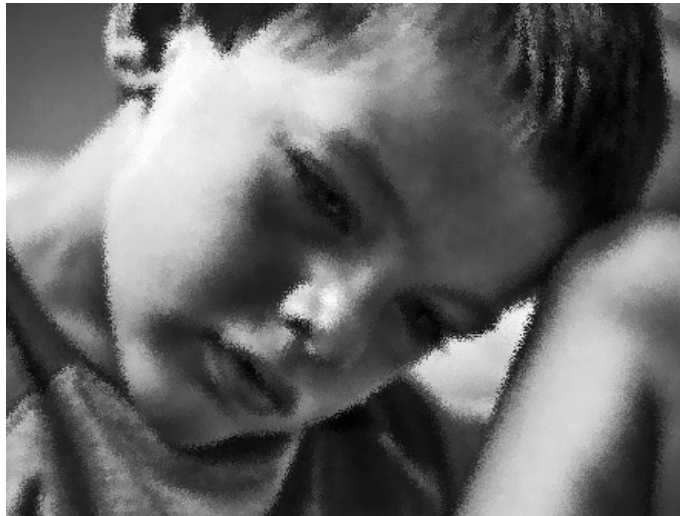
The Experience of Separation

F.G. Lennhoff

Separation is an experience we must all come to terms with. Birth itself, our first major experience, is a separation, a thrusting out from a warm protective all-providing haven into a cold and lonely world where needs are not met immediately. No wonder so many young children sleep in foetal positions, as if to recapture the feeling of this initial security. But the child is born when it is already, in Winnicott's words, "a going concern"; it has the ability, even specific skills, to adjust to its new situation and gain strength by doing so.

Where its own powers are lacking, the instincts of its mother (in normal circumstances) might prompt her to supply what is wanted as it is wanted, "the world in small doses." But when the birth is premature, or difficult, or when the mother is not able for some reason to give what is needed, it is not surprising that difficulties appear which may recur later in some form or other, or even be permanent. Even when things go well, as they generally do, the experience of this initial separation is not just cancelled, but may have its effect on our total view of life. It is not surprising that philosophers from Plato to Tillich have characterised loneliness as a fundamental part of the human condition[1].

The compensations that the mother gives her baby in the way of food, bodily care, cuddling and so forth, also have to be gradually left behind as the child is weaned and encouraged to develop. For those who have learnt to look on the mother and her child as a partnership in which both give and both receive it will seem natural that the weaning is a shared activity in which the mother does not just follow a dietitian's time-table, but learns to recognise her baby's readiness, his frustrations, and the times when he needs for a little to be a tiny baby again. In this way she arranges for the weaning to be a natural development and not an imposed change[2].

These two experiences may serve as the point of departure in our consideration of the separation of children from their homes. This too is a natural and necessary process, a strand in the complex business of becoming adult. Yet it is also the loss of something valuable; and it is important that children should be able to master the emotional turmoil that accompanies it by the time we ask them to face it. This is impossible to prepare for, of course, when death or disaster strikes the family. In that case, as when a baby is born prematurely, all we can do is to devise as good an emergency service as possible, knowing that it can only be a 'second best'[3]. But in spite of the general sympathy which society feels for the abandoned baby, it is fair to ask whether our nursery provision for them is always based on a full understanding of their needs. Those who have seen the film *Frustration in Early Childhood*[4] will understand my doubts as to whether a regime based on principles of physical hygiene, and organised like a hospital ward with matron, sister and uniformed nurses, is adequate for children suffering from the most basic deprivation, loss of close personal contact with mother. The researches of John Bowlby[5] indicate some of the consequences. Where such suffering is involved for the young child, those who look after him are tempted not to involve their own feelings too deeply, especially as they feel inadequate to help. One way of escape is to base one's care on objective principles, such as cleanliness and good diet, which set a less challenging standard than involvement in the child's total situation. But these limits, though they may be justifiable

in the adult hospital situation, are plainly not enough for children who have lost their homes. Psychologists like Gesell[6] and Piaget[7] have shown that mental and emotional development, just as much as physical, comes from an interaction of the child and his environment. But whereas almost any surroundings invite the child to physical action, we cannot expect normal mental or emotional growth unless the adults around the child provide stimulus and respond to his early efforts[8]. One sometimes hears of retarded, apparently unattractive children in a nursery who made no progress until someone was drawn to take a special interest in them; and the resulting development was a revelation to those who had known the child before. And just as care for the premature baby must begin immediately if it is to survive, so our work with children who have been prematurely torn from home must begin at once, even if there is no noticeable response; we must not wait "for them to get over the shock."

There is growing understanding of this, just as it is realised more and more that the child in hospital who is "no trouble" may not be the one who is suffering least. But it is still not recognised widely enough that enforced premature separation from home creates a situation full of danger for the child's development, and a very special awareness is needed in those who then care for the child. It is possible for someone else to take over the mother's role for a short time, and as the child grows older this can happen more often; but the child's peace of mind at such times and future stability depend on the security which has already been built up by consistent

maternal care[9].

One special kind of enforced separation is that which an outside authority brings about, in order to remove the child from surroundings thought unsuitable. The methods of doing this and their results are discussed in the next chapter. Here I only want to mention the responsibilities of such action. It is useless to move a child from "bad conditions" to the finest residential care available if the child is getting something positive from his home and refuses to take anything in from the new setting. The question of bewilderment, disorientation and resentment must be faced. Some Children's Departments used to have a policy of placing almost every child in care in a foster-home. But they found that the problems of placement were not all solved by the fact that homes and foster-homes have a good deal in common. Success still hinged on whether the child could accept a change of home at all. An important contributing factor was the honesty of the adults concerned towards the child. It may be tempting to spare the child (and oneself), a painful scene by painting a rosy picture, but one pays heavily later for doing so, and damages the child. A boy, Pat, who later came to Shotton Hall was adopted by his aunt at the age of five, after his mother died. She "did her duty" but she would not talk to the boy about his mother. It was a forbidden subject and Pat did not even know whether she was alive or dead. He was not allowed to keep any memento of her. Nor was he allowed to keep in touch with his father; when in his teens, Pat heard a rumour that he had just died, but was unable to confirm it. Not surprisingly, when so much was being withheld from him, he began to pilfer. His adoptive parents became very bitter, accusing him of ingratitude for all they had done. This boy's story might have been very different if he had gone to live with people who could have shared his past with him. It may also give a glimpse into the situation of the child who leaves home at an age when he cannot be told what is happening and that he may not see his parents again, because he is too young to grasp it in words.

The question arises: at what age then are children ready to leave home, and what help should then be given? It may be clear from what I have said already that I do not believe in giving a precise answer to this type of question. Children's emotional development at any given age varies more widely than their physical or mental growth, and for this reason I deplore the pressure on parents who send their children to boarding school in England, to enter them at birth for such-and-such a school in a given year. This obliges them to prepare their children for this separation with all kinds of persuasion and promises, whether they feel they are ready or not. And when the boarding school does not live up to the child's expectations he remembers that it was what his parents said that made him want to go, and his disillusionment is all the greater. By contrast, Gesell, in his researches into typical reactions among American adolescents going to day schools, found at fifteen, and not before, that they began to want to break away and go to boarding school[10].

If a time will come in adolescence

when the boy or girl consciously frees himself from dependency on his parents, is it necessary for the parents, often at great expense, to anticipate this? I feel that it is sensible to arrange, with the child's co-operation, stays away from home, with friends or relatives, or camping. This is as natural as teaching the child in the home to become more self-sufficient. (It is no accident that the child who has never stayed away from home has often never learnt to make his own bed; the mother who is possessive is also over-protective). But the value of these visits lies in the fact that the child chooses the adventure of sleeping somewhere else, goes off to do it (perhaps a little nervously), and finds it is fun. But going to boarding school, even after such preparation, is a different matter.

How much do we really understand and take into account what such an experience means to a child? Or the experience of going to a Reception Centre? Or to an Approved School? I have written of separation as a basic human experience — but in what way does our own awareness of it influence us when we are concerned in the separation of a child from his home? One can find people even in social work, who cannot take part in it without haunting feelings of guilt, and others who insist upon it as a cure for most ills. But it is necessary to replace such personal responses with a more objective knowledge of how children react to separation and what it might be expected to achieve. This objective assessment is needed just as much in social work as in the parental decision to send a child to boarding-school, and so this booklet touches on both.

Why should people working in a special residential school for emotionally disturbed children, such as Shotton Hall, attempt to contribute to the answer of all these questions? The fact that they experience many of the normal reactions from all stages of emotional development, but in an exaggerated and distorted form, forces them to face and try to solve problems which in many other settings exist in a dormant state, breaking out into symptomatic behaviour so seldom that it is unfamiliar and unintelligible. Again, such schools have a field of experience which overlaps with that of the psychiatric hospital and clinic as well as the ordinary residential institution; and thus they have two particular contributions to make. They can evaluate everyday institutional happenings in the light of psychological insights, and express these in clear practical terms for those who have little time for study among the pressures of their work. Secondly the methods they evolve to deal with the strains and stresses to which maladjusted children

react so openly, may also be helpful to those who realise that similar strains exist beneath the surface in their own setting. I might add that on our side it is helpful for us to put our approach into words and listen to the comments and criticisms of those who read it.

Shotton Hall organised a conference — one of a series going back for many years — called "Do We Still Need to Work in the Dark?" It asked how far the knowledge of the workings of the mind, which psychoanalytic thinking and new approaches in psychology and education have given us, was a help, and accepted as a help, among those who work with people. If one reads the published report[11] one can find, for instance in the papers by Dr. M. L. Kellmer Pringle, Miss B. Stubbs and Mr. H. Williams, evidence of a combination of outlook and knowledge working in a way which would have been almost unknown in the days when I entered social work, and quite unthinkable in the last century. One also finds expressed, by Dr. R. D. Laing and Dr. W. H. Alchin, the existential darkness which is always liable to confront a man as he tries to help a fellow being in deep distress. This booklet tries to approach the question in a third way, which was only touched on in the conference in passing. It is written to encourage social workers to look more closely at a particular corner of their work, and see what had gone unnoticed in spite of their theoretical knowledge and undoubted concern for the children in their care. Its central chapters describe one particular approach, evolved during many years of experience in one setting. I hope this will be helpful not necessarily as a text-book

example, but as a point of comparison — even contrast — with the work of others, and to show how a particular philosophy can find practical expression.

Viewing the quantity of research published in books, articles conferences, broadcast talks and even films, on human reactions in normal and stressful situations, one must agree that the increase in knowledge has been spectacular. But there are many ways of using new knowledge. The most valuable and most difficult is to use it in developing insight into oneself, the people one works with and the work one does as Clare Winnicott so well describes it[12]. It must also help in developing new techniques and new categories of thought. But there is always the danger that the latter, which should be used in the service of insightful human relationships (whether in education, child care, or psychotherapy) somehow come to take their place. These techniques lead to complex organisations and a hierarchy of roles for social workers. In the complexity of our new administrative arrangements we forget to ask what it means to face them as a child — we ignore how a child feels.

The question of admission and settling in forms an obvious topic for a study of this kind. For most children, as Bettelheim says, no day in a child's stay in a setting is more important than the first one. Apart from Bettelheim[13] few writers have dealt with this at any length; indeed from most of the books describing even the most progressive work, one would not guess that there are any problems surrounding admission.

Notes

1. For instance "Symposium": Plato. Aristophanes' speech. "The Courage to Be": Tillich (Fontana). p. 56.
2. "The Child and the Family": D. Winnicott (Tavistock). ch. 12.
3. "Childhood and After," Isaacs (Routledge). ch. XIII.
4. "Frustration in Early Childhood," directed by Dr. M. Meierhofe.
5. "Maternal Care and Mental Health," Bowlby (W.H.O:)
6. "Infant Development," Gesell (Hamilton).
7. For instance "The Child's Conception of the World," Piaget (Routledge).
8. "Deprivation and Education," K,ellmer Pringle (Longmans). See for instance pp. 190-1.
9. Public Health Papers 14: "Deprivation of Milternal Care," Ainsworth (W.H.O.). also "Brief Separation," Robertson (Tavistock).
10 "Youth," Gesell and others (Hamilton). p.235.
11 "Do We Still Need to Work in the Dark?" (Shotton Hall 1965).
12. "Challenges, Frustrations and Rewards" (Shotton Hall 1964). "The Development of Self-awareness," by C. Winnicott.
13. "Love is not Enough," Bettelheim (Free Press, Illinois). ch. 2.

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

Child & Youth Care Practitioners and the Scientific Method – 2

Jack Phelan

The scientific method can be a very useful approach when we examine some existing "truths" about how CYC approaches support people to live effectively.

The usual youth or family referred for our services is behaving badly, as defined by some authority person or system. The results of abuse and neglect, which are the typical initial problem issues, are youth who do not function well in our social systems.

Using the 5 steps in the scientific method, I can state the problem by describing the behaviour which is troubling, i.e. school attendance, drug/alcohol use, social aggression, self-harming, poor parenting skills and crime.

The hypothesis that I formed last month is that people behave in the most useful way available to them and that their intentions are to maximize the benefit to self.

The hypothesis this month is somewhat different, because I want to describe some problems inbred in our current CYC methods. The hypothesis I will use is – if I can create more socially effective behaviours, the youth or family will change. Another hypothesis, built on this initial one, is that I can change long-standing behaviours very quickly, usually in a few days, by imposing external pressure, usually rewards and punishments.

During the observation and experimentation stage, the immediate effects of this approach are encouraging; youths, who have not attended school regularly for years, have a history of drug/alcohol

use, are aggressive and often criminal, cease these behaviours and conform to much more socially acceptable living habits. Families that have been typically neglectful and even abusive will cease these activities with outside pressure, supervision and threats. These experiments with high control and strict routines result in very swift adherence to acceptable levels of behaviour. Experiments with low external control result in significantly less adherence to the desired results.

Interpreting the data from this hypothesis can be straightforward. The data collecting system, if it focuses on the time spent while under the controls imposed by the program, will indicate very positive results.

Drawing conclusions based on the reasoning described can include many "truths". One conclusion is that CYC staff need training in external control and behavioural techniques, social skill training and systems of measuring change based on observable behavioural data. Programs that are effective will have youth conforming to prescribed behavioural patterns and will focus on consistent behavioural expectations for both the youth and the staff. Family support programs will expect parents to become trained in a prescribed behavioural "acceptable parenting" methodology.

Unfortunately, when data collection includes behavioural functioning six months after discharge, the results are less positive. The straightforward (simple) approaches hypothesized as useful, are not really working well. This unfortunate fact is being ignored for many reasons, but CYC professionals need to highlight this scientifically indefensible logic.

Picture yourself entering a hospital because you suffered a heart attack. As you are being discharged home after successful treatment, your physician informs you that you will probably suffer another attack within a few days. When you protest that you expected to be fixed, he states that real fixing would take more money and better staff skills, which they have chosen not to provide.

A brief history of (residential child care) ethics

Mark Smith

Introduction

When I started working in residential care in 1981 I considered my job to be a vocation. By the time I left in 2000, ideas of vocation had become suspect, as had personal relationships. Instead, a host of 'technologies of care' (Webb, 2006) and ideas of 'evidence-based practice' or 'best practice' had reduced the relational and holistic nature of care to a series of administrative tasks. This brave new world was said to represent progress, modernisation, professionalism and a host of other 'hurrah' terms. I could not help but think we had lost much along the way.

During my time as course director of the MSc in Advanced Residential Child Care at SIRCC, I discovered Moss and Petrie's (2002) book, *From children's services to children's spaces*. It began to make sense of the unease I felt about the direction of residential child care. It was something of an epiphany; we were playing on the wrong ballpark altogether. Moss and Petrie argue that residential child care is fundamentally, irredeemably, a moral endeavour, yet it has, over time been reframed as a technical-rational one.

Getting students to accept the notion of residential child care as, primarily, a moral task was not always easy. I remember, in the course of my early attempts to introduce such ideas, being told by a seasoned campaigner that I was going too far this time. He had a point; rethinking residential child care as a moral endeavour can be almost counter-intuitive, leading us to seek rational and prescriptive solutions to human problems. Reframing these problems as moral ones requires that we challenge dominant narratives that would have us believe that warmly persuasive ideas of 'improvement' and 'modernisation' can be achieved through ever-more prescriptive practice standards, codes of conduct, and regulation. It also requires that we put aside the conceit and the false certainty promised, by such technical-rational fixes. Paradoxically, it begins to implicate the quest for such fixes in many of the problems encountered in residential child care. This position is increasingly recognised in the social work literature, where there has been a discernible turn to ethics as a counterweight to technical and managerial ways of working (Meagher and Parton, 2004; Webb 2006) and indeed in the literature on residential child care (Smith, 2009).

So what are ethics?

The term 'ethics' can be used in different ways, often interchangeably with moral philosophy. Basically it is the study of the norms and standards of behaviour concerning what is good or bad, right or wrong. There are three main branches of ethics: meta-ethics, which concerns the big questions of where our ideas of good and bad, right and wrong might come from; normative ethics, which attempt to offer principles that might guide our moral conduct in particular situations; and applied ethics, which examine specific issues. Examples of such specific issues in residential care might include personal touch or physical restraint.

Starting at the beginning

This article sketches some ethical ideas and frameworks as they relate to residential child care over time. In attempting such a historical sweep I am nothing if not ambitious, starting at a meta-ethical level with Adam and Eve, or at least with their offspring, Cain and Abel. When God said to Cain, 'Where is your brother?' Cain replied 'I know not. Am I my brother's keeper?' With this response, Cain introduced the seeds of immorality into the human condition (Bauman, 2000). Of course Cain is his brother's keeper; it is part and parcel of what makes him (and us) human. Being human is an orientation to 'the other'. 'I am a moral person because I recognise my brother's dependence and accept the responsibility that follows (Bauman, 2000, p.1). These two words, dependence and responsibility are central to moral practice. Ironically, ideas of dependence and the infinite re-

sponsibility that follow from it have come to be avoided in much professional social work. To be professional nowadays seems to be about promoting independence and not becoming emotionally involved.

Beginning any exploration of how ethical ideas relate to care with a Bible story is perhaps fitting. Until very recently the human call to care was essentially a religious one, epitomised perhaps in the Christian tradition by the story of the Good Samaritan who crossed to the other side of the road to reach out to a stranger in need. Again, this is a tradition that can appear alien to contemporary social work, although there may be some signs of a shift in this regard. White (2008), for instance, resurrects ideas of 'love' and 'God' in recent writings on residential care.

The call to care is not without problems; it can be abused, through either design or neglect. A persistent tension emerges between the desire to support a selfless reaching out to the other and the perceived need to guard against the excesses or abuses for which that engagement with the other can open the way. In some respects, the side on which we come down in this debate may reflect our own more fundamental experiences and understandings of human nature and human relationships. All relationships exist somewhere along a continuum of love and fear (Smith, 2008). The dominant impulse in recent decades has been one of fear, reflected in a tendency to deal with increasing fragmentation and uncertainty in *society* by emphasising the worst in human relationships. Thus, we witness the proliferation of regulation, predicated upon a belief that this *is* required to pre-

vent social care workers abusing those with whom they work (McLaughlin, 2007).

The Enlightenment

The Enlightenment was a period of intense scientific and philosophical activity that swept across Europe during the 17th and 18th Centuries. Scottish Enlightenment thinkers reflected what was essentially an optimistic view of human nature. Francis Hutcheson, Professor of Moral Philosophy at the University of Glasgow, identified in human nature what he considered to be almost a sixth sense, that of benevolence. Adam Smith, better known perhaps for his contribution to economics, was also a moral philosopher and he identified an innate sympathy in the human condition. David Hume observed a human predilection towards doing good. He noted that virtue brings with it a sense of pleasure while vice brings a feeling of pain. Our feelings, therefore, can provide a natural guide for moral conduct. The Scottish Enlightenment thinkers, however, came out on the losing side in moral thinking in the eighteenth century (Tronto, 1994).

Two 'winning' ethical approaches emerged from the Enlightenment, both normative in the sense that they sought to set overarching principles to guide moral behaviour. One of these was utilitarianism, associated with the English radicals Jeremy Bentham and John Stuart Mill. Utilitarianism decreed that the touchstone for moral decision-making ought to be a calculation of the greatest good. It is oriented towards the consequences of actions rather than the actions themselves.

The other winner in Enlightenment ethical thinking was the Prussian philosopher Immanuel Kant. Kant, famously, claimed that Hume awakened him from his dogmatic slumbers. Our understanding of ethics would have been very different had Hume left Kant to sleep. Kant believed that, rather than being driven to act in a moral way by virtue of some innate sense of benevolence or sympathy, human beings used reason to determine how they ought to behave. They were considered to be rational, autonomous individuals. Kant also formulated his categorical imperative, which decreed that what was considered right in one situation should apply more universally. There is little room for context in Kant's ethics

Within a Kantian frame of reference, ideas of care are reduced to a sense of duty. If one accepts a role as a carer this carries with it certain duties. If this is the case, residential child care practitioners act upon those duties rather than upon any more emotionally grounded call to care. The notion of care as a duty perhaps reaches its apogee in the Regulation of Care (Scotland) Act (2001). This sets out where care is to be provided, by whom and the penalties for failing to provide it. Nowhere, however, does it get close to defining what might be meant by care.

Following Kant, rationality became the touchstone of human conduct despite Hume's prescient observation that reason could only be the slave of the passions. Social work ethics have largely developed around Kantian principles, stressing universality, objectivity, reason, legalism and proceduralism (Clark, 2000). As Sewpaul observes:

Given its birth during the period of modernity with its emphasis on reductionist, logical positivist rationality, ... social work took on this dominant discourse in the pursuit of status and professionalism. To this end we have seen codified systems of ethics, the move towards greater standardisation and competencies development, ... systems of accreditation, ... and an increase in the development and use of professional jargon (Sewpaul, 2005, p.211).

The professionalisation of residential child care

The professionalisation of social work following the Social Work (Scotland) Act 1968 and the declaration that followed, claiming residential care to be a branch of social work, reinforced a particular view of what it was to be 'professional'. Social workers were not to be 'diverted by their personal beliefs and convictions or by emotions — sympathy or antipathy — to fellow workers or to individual clients ... .' Actions 'should not be oriented to persons at all, but to the rules ... (Bauman, 1994, p.5).

The nature of care itself shifted from what was essentially a private and largely domestic task to become more public and ostensibly professional. This saw a shift away from the 'aunties' and uncles' and live-in staff who had been at the heart of models of family-based care to what Douglas and Payne (1981) call an industrial model. In this, the personal and professional selves of carers became separated, on the one hand by structural changes such as the introduction of shift systems, but also by discourses that made particular assumptions of what it was to be 'professional'. Thus, ensuring that children had clean socks and brushed their teeth regularly was not considered to be 'professional' but counselling them around particular difficulties was. The focus of care shifted from the 'soul' of erstwhile religiously based care to the 'psyche' of a more secularised version. Furthermore, dealing with the 'psyche' called for the imposition of a 'professional' distance between the carer and the cared for. Erstwhile notions of care became suspect; social work discourses of independence, empowerment and anti-institutionalisation became totems of a profession that could consider itself 'so tainted by its associations with care that the word should be expunged from its lexicon and its rationale' (Meagher and Parton, 2004, p. 4).

Interestingly, contemporary commentators observed that 'neither staff nor residents have really benefited from the introduction of industrial practices and conditions to human service organisations' and that 'staff, through no fault of their own, have given up trying' (Douglas and Payne, 1981). I will return to what I consider to be an explanation for why staff might give up trying but before doing so I will address some of the issues raised by what have become the dominant ideologies that have come to frame residential care within social work, specifically those of rights and protection. We are encouraged to believe that such concepts are self-evidently 'good things' and that they need to be enforced through codification.

Yet the very notions of children's rights, child protection and a faith in codes of practice to enforce these betray a rationalist conceit and, moreover, reflect an essentially misanthropic view of human nature.

Rights, protection and codes

Children's rights, as they have emerged in public policy, derive from an essentially Kantian view of human nature, 'premised on particular values and a particular understanding of the subject as a rational, autonomous individual' (Dahlberg and Moss, 2005, p.30). By this way of thinking we become linked to one another through a series of contractual relationships rather than anything deeper. Specifically, there is little sense of community and inter-dependence within rights discourse. Yet, paradoxically, true freedom only emerges from a sense of community and responsibility for the other: this is known as 'heteronomy'.

Protection, similarly, betrays a particular take on human relationships. It 'involves a very different conception of the relationship between an individual or group, and others than does care. Caring seems to involve taking the concerns and needs of the other as the basis for action. Protection presumes ... bad intentions' (Tronto, 1994, p.104). I would argue that assumptions that derive from ubiquitous child protection discourses have been instrumental in the creation of climates of fear and suspicion within child care settings and have seriously limited carers' capacity to care.

These dominant discourses of rights and protection have influenced various codes and standards. The Regulation of Care Act, for example, is premised upon a reductionist assumption of a need to 'protect' service users, rather than anything more aspirational. This goal of protection is to be achieved through codes and standards; however, these too are

> 'negative rather than positive, products of fear rather than a characteristic of a confident profession or workforce'. Codes give no space for context or good professional sense, and so were generally 'ignored or became unworkable', creating 'guilt at their non-compliance' (Piper et al., 2006, p.157).

The self-serving nature of regulation based around rights and protection reflects the spirit of our age. The spirit is one of fear, concerned to avoid things going wrong rather than with articulating any more hopeful vision of the future. This fear is evident in hyper-proceduralism. It is almost as if we recognise that procedures are not working, but rather than draw the conclusion that they might in fact be part of the problem, the 'rational' mindset seeks to address this problem through recourse to ever-more 'technical' solutions. The results of this are all too apparent to practitioners forced to spend more and more time writing about children rather than being with them, at the behest of regulators. Such a mindset is highlighted in the following quote from a magazine feature comparing children's homes in England and Germany.

> Staff are expected to keep three simultaneous daily logs. The first is a

handwritten diary noting movements of staff and children in and out of the home; no Tipp-Ex corrections are allowed and all unused parts of pages must be crossed through and initialled. The second is a round-the-clock record of the children's activities and staff registering, for instance, if a child gets up *for a glass of water in the night. The third is an individual log compiled each day for each child, noting their activities and behaviour. All these logs and diaries must be stored for a minimum of 75 years — partly in case a child makes an allegation of abuse against a care worker. So many need to be held onto that thousands are kept at a disused salt mine in Kent.* (Sunday Times, 18th March, 2007).

This scenario is, paradoxically, a product of ostensibly 'rational' minds. It also takes us to the nub of the matter in terms of considering an appropriate ethical understanding of care. Care, according to Levinas (1981), has to be exercised face to face without intermediaries. When so many procedural intermediaries circumscribe care, its very essence is compromised. Bauman argues that ' .... when we obscure the essential human and moral aspects of care behind ever more rules and regulations we make the daily practice of social work ever more distant from its original ethical impulse' (Bauman, 2000, p.9).). By this reckoning the rules and regulations that increasingly surround practice are not just minor irritants; they act to dull the moral impulse to care. This, perhaps, goes some way to explaining why

workers may give up trying.

Alternative ethical frameworks

The difficulties inherent in overly procedural approaches to practice call for an exploration of alternative ethical frameworks within which to consider care. The wider 'turn' in ethics is away from a reliance on the normative ethics provided by Kantian and utilitarian approaches. There is a growing interest in Care Ethics and a resurgent interest in Virtue Ethics both of which may point a way forward in offering more appropriate ways of thinking about care.

Care Ethics

Carol Gilligan was a research student of Kohlberg. Kohlberg developed what has become a standard theory of moral development, according to which women rarely achieved the highest stage of moral development. Gilligan (1982) reinterpreted his data to argue that, rather than being less moral than men, women applied different ways of thinking to moral decision making; they spoke in a different moral voice, one that emphasised qualities of care, compassion, context and intuition. Men, by contrast, inclined towards decision-making based around qualities of justice, objectivity and reason. From Gilligan's initial work a whole literature has built up around what has become known as Care (or Feminist) Ethics.

An ethic of care, according to Joan Tronto, one of its most influential proponents, is 'a practice, rather than a set of rules or principles ... It involves both particular acts of caring and a 'general habit of mind' to care that should inform all aspects of a practitioner's moral life'

(Tronto, 1994, pp.126-7). It is both an activity and a disposition. Care Ethics eschew Kant's universalism because Care Ethics are bound to concrete situations, rather than being formal and abstract (Sevenhuijsen, 1998). They demand a way of caring that challenges the expectation that carers are dispassionate and objective, taking 'professional caring into the personal realm and requiring that both parties show up, be present, be engaged at a feeling level for each other. The presence of feeling(s) provides the link which connects the worker and client. Very simply put, without this connection, without the feeling(s) in the relationship, the people do not matter to each other' (Ricks, 1992, p.51). Maier (1979) makes a similar point, arguing that physical care needs to be transformed to caring care. By means of example, workers might think of the act of getting children up in the morning. Anyone can wake a child and tell them to get out of bed but to perform this act in a caring way might involve the worker knowing the particular likes and preferences and rhythms of an individual child and responding to these. This can only happen when the 'self' of the carer becomes central to the experience of care. Care becomes enacted and meaningful in relational rather than instrumental terms. Care Ethics are increasingly identified as an ethical paradigm that can challenge procedural ways of thinking and acting (Meagher and Parton, 2004).

Virtue Ethics

Another approach that challenges dominant normative ethics is that of Virtue Ethics. Associated with the ancient Greek philosopher, Aristotle, virtue ethics are oriented towards human flourishing and a conception of 'the good life'. They locate morality within the personal characteristics of the moral actor rather than in the duties imposed by abstract rules. As such, there are those people each of us might identify as exemplifying virtues of care and who we might be happy to have care for us. Children in care, too, can pick out those who truly care for them. David, a respondent in Cree and Davis' book exemplifies this point, noting 'There were people who really cared and that shone through; and there were people who didn't care and that also shone through' (Cree and Davis, 2007, p.87). And then, 'There was a nun, who was the head nun of our children's home who was very, very fair, and kind, but not in a 'goody-goody' way — she was a just person, and she offered us protection' (Cree and Davis, 2007, p.87). Good care, from a Virtue Ethics perspective, is dispositional; it cannot be separated from the 'self' of the carer.

Conclusion

So what tentative conclusions might we draw from this consideration of ethical approaches as they relate to care. Firstly, approaching care from an ethical rather than a technical-rational standpoint throws up some fundamental disjunctions between the ways that care is currently conceptualised and managed and any sustainable understanding of what care actually involves. An obvious disjunction is that public care is provided, directly or indirectly, by organisations that profess rationality. Yet, care is not rational. According to Bauman, 'There is nothing reasonable about taking responsibility,

about caring and being moral (Bauman, 2000, p.11). Caring involves 'being for' the other and assuming the personal responsibility that follows from this. This may require carers to go against convention, to cross to the other side of the road to reach out to someone that the procedures manual might identify as dangerous or 'a risk'. Care cannot be reduced to the procedures manual or the risk assessment.

The wider point here may be that normative ethical theories are inadequate in providing a guide to residential child care because it is rarely clear-cut and is, by nature, messy and ambiguous (Bauman, 1993). In that sense merely following the rules is insufficient. As Ricks and Bellefeuille note:

> *Codified rules of what to do in particular cases and cases of like kind, gets us off the hook of moral endeavour ... Adherence to codified rules does not necessarily require self-awareness or accountability for taking a moral stance. It simply requires learning the rules and following them ...* (Ricks and Bellefeuille, 2003, p.121)

Merely following the rules in complex areas of practice can be dangerous and oppressive. Policy makers, managers and indeed care workers would do well to relinquish the quest for some elusive 'best practice' and to become comfortable with uncertainty; care requires reflexive and morally active practitioners rather than unquestioning followers of rules. This, of course, demands a radical turnaround, away from relationships based around fear to those based around love. Again,

Bauman offers some philosophical rationale for this by arguing (perhaps following the lead of the Scottish Enlightenment philosophers) that there is an innate goodness in humankind. We are not good because of societal rules and impositions; rather society exists because individuals are capable of, and carry out, good and caring acts on a daily basis.

In many respects care needs to move away from the false promise of some elusive 'best practice' and to consider the big picture such as what might a 'good life' look like, what are our hopes for our children and what kind of relationships do we want with them? Applied ethical debates might take us toward how we might help children experience this notion of the good life in our caring interactions. What constitutes good care needs to be worked out in concrete situations amongst the cared for and those caring. Care that is divorced from the caring relationship can, according to Noddings, 'become self-righteous and politically correct. It can encourage dependence on abstraction and schemes that are consistent at the theoretical level but unworkable in practice' (Noddings, 2002, p.22-23). Workers in residential care will recognise this tendency. This makes it all the more important that those who know residential child care need to be at the heart of ethical debates around what it should be like. Furthermore, those debates need to have at their heart a notion of care that centres on the personal relationship between the cared for and the one caring, with all the complexity and duplicity that this entails. We need to provide care settings that allow such relationships to

emerge and to flourish.

A starting point in these debates might be to consider a different vocabulary to help us frame what it is we do and what it is that we hope. Perhaps it is time to put aside simplistic and individualised conceptions of rights, to put aside protection, risk assessment, 'best practice', codes, standards and to consider a vocabulary that speaks a different language with regard to children. Moss and Petrie offer some possibilities:

> *Joy, spontaneity, complexity, desires, richness, wonder, curiosity, care, vibrant, play, fulfilling, thinking for yourself, love, hospitality, Welcome, alterity, emotion, ethics, relationships, responsibility — ... are part of a vocabulary which speaks about a different idea of public provision for children, one which addresses questions of 'the good life.'* (Moss and Petrie, 2002, p.79).

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Reflections on Reflections

Jerome Beker

In the face of the continual demands of young people in care for various kinds of our attention, only rarely do we have time to sit back to think about what we do and why. Preparation for child and youth care workers tends likewise to emphasize the concrete: techniques that "work" (perhaps in the sense of allowing us to manage or manipulate behavior); policies that need to be implemented; standards that need to be maintained; skills that need to be taught; etc. In their proper place, each of these is important, and available time usually does not permit us to teach as much about them as good workers need to know. Yet in any proportion, these do not in themselves add up to effective child and youth care work.

Why then, have we focused so heavily on them? In part, this seems to me to be another reflection of the crisis-management orientation of our traditionally

overworked, understaffed, undertrained endeavour to meet needs for which available resources are inadequate. But even more importantly, it reflects our despair about the possibility of teaching the more fundamental essence of what we are about other than through direct experience. Yet given the high turnover rate characteristic of the field, we cannot afford the full year of experience that many feel is required for someone to gain the facility needed to perform the work well. Perhaps 80% of our personnel are gone by then; perhaps that would not be the case if they could learn the job more quickly.

Thus, we can ill-afford the somewhat smug anti-intellectual stance that has characterized many of our colleagues, who prefer the more romantic notion that the "truth" is accessible only to the few barefooted "naturals" among us to whom it has been revealed. Yet we have had little in the way of professional literature or text material with which to counter their views. Most of our literature has been either academic or experiential, either lectures or stories, rarely combining these two elements in the way it must - in tandem, of course, with field experience - if learning effective practice is to occur systematically and within a reasonable time frame.

Although I have not tested it in the classroom or in practice settings, this is what it appears to me that Gerry Fewster's latest work will enable us to do. It is a story, but one that challenges the reader to understand and internalize from his or her own experience. It represents a particular point of view, as any such experiential approach must, but one that seems increasingly generic as one works his or her way through it. Most important, it gets to the heart of child and youth care practice as it focuses on the relationship between worker and client and on the roots of that relationship in the worker's own experience and development. Thus, it provides a superstructure upon which the kinds of more specific knowledge and understanding referred to above can be built and integrated.

This book does not lily-coat the intensity and pain of child and youth care work, nor does it spare the reader from sharing in the suffering that too often afflicts our clients, but it also highlights the growth and satisfaction that await those who find this work to be their calling. It should serve us all by helping those whom the requirements of the field do not fit to screen themselves out, and by bringing into the work those who will be less likely to depart as soon as so many do today. Thus, and in the hands of capable, sensitive teachers and supervisors, it should do much to enhance our work in the service of personal development for the young people in our care, as well as for those who choose to work with them.

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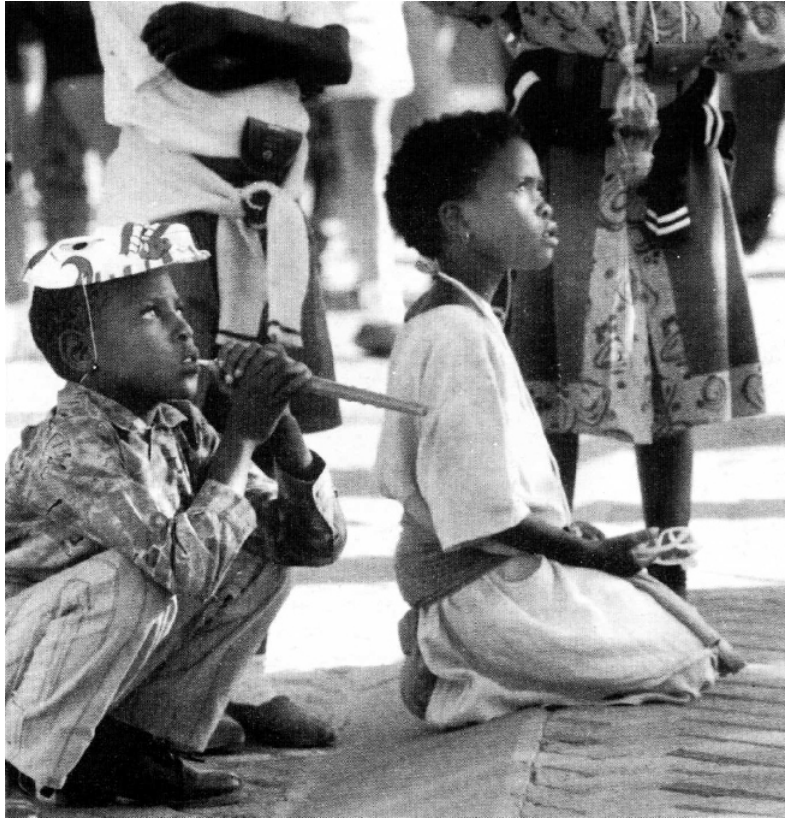
Nativity

Annette Cockburn

The Learn to Live end-of-year Concert is an event not to be missed. It is full of the richness and the chaos of the world we work in. It is longish, in three languages, and full of surprises. (One year the Angel Gabriel stabbed Joseph behind the curtain at the end.) This year the Nativity Play departed from the norm.

I think sometimes we forget, for all the talk of frankincense and myrrh, that Mary and Joseph were poor people. The scene opens with a group of Street Children playing dice, sharing a loaf of bread and a litre of Coke. The overhead projector casts a pool of light onto the stage, and a street girl comes into the light and hears the age-old message from a voice-over: "Behold, I bring you tidings of great joy." Joseph is not convinced. This is not my child.

Don't give me this rubbish about the son of God. Another pool of light, and Joseph is severely reprimanded by a stern angel in the wings. Briefly he apologises to Mary and they set off to find a place for the baby to be born. Some groups of Street Children on the stage say: "There is no room here, not in our territory."

There is also an encounter with the police – very stereotypical – but it elicits waves of laughter and feelings of identification from the boys in the audience. The policeman tells the strollers and Mary and Joseph to push off (though rather more graphically). I glance at the three representatives from the SA Police Services, who for the first time ever have come to this concert. They are laughing their heads off!

Eventually Mary and Joseph end up under the bridge at the bottom of Napier Street and the people there agree to build them a shack. The scene moves to jugglers and acrobats in the street and we see a virtuoso display from the children. CI assume this is instead of the shepherds.) Some chairs are placed in a line and they become a taxi complete with the tout. They are picking up Wise Men from Khayelitsha. The Wise Men are well dressed and want to go to see the baby born under the bridge in Cape Town. They are bearing gifts.

The Street Worker runs onto the stage. "Come and see the baby," he shouts, and everyone rushes off. In the next scene, the baby is there, one month old - and real. There is a token sheep in a grey blanket who says "bah, bah" on an ad hoc basis. The Wise Men arrive and offer their gifts, elaborately wrapped in see-through cellophane: eight tins of baby food, a packet of nappies and a parcel containing some vests. My eyes fill with tears. I bet the real Mary would have preferred these gifts to all that frankincense and myrrh!

…

The rendition, stark, immediate and compelling, lacked no reverence, and was imbued with a sense of excitement and celebration that few traditional nativity plays achieve. Amazing stuff! Accolades to all concerned.

I think sometimes we forget, for all the talk of frankincense and myrrh, that Mary and Joseph were poor people.

To all of our readers and members, wherever you are, the Board of Governors of CYC-Net and the Editors and production team at CYC-Online wish you peace and happiness over the holiday season.

Morning has Broken
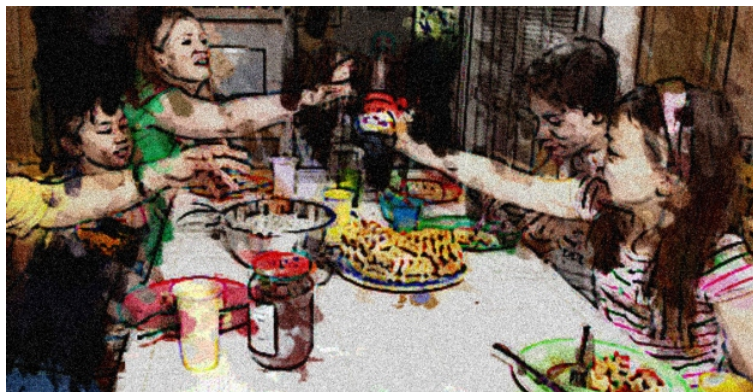
From *The Child Care Worker*

It is breakfast time. Most of the nine kids around the table have that 'early morning' look, wavering between mild surprise at being here at the start of a new day - and a desire to forget the whole thing and go back to bed. Kay Lambert, the child care worker, hates Wednesdays. She is on duty alone in the unit on Wednesdays, and right now she seems somewhat preoccupied by the logistics of all the trips, appointments and purchases and managing the group of children - which will be her sole responsibility today. The electric toaster is not keeping up with the demand, and Kevin (14) is getting peevish having to wait for his next slice. Ellen (16) is chatting with Rosie on her other side, so he grabs her slice as it pops up, and has buttered it before she has even noticed it is ready. "Hey! Gimme my toast!" she yells when she sees what Kevin has done. Kevin scoffs it into his mouth.

"You bladdy-well ate it!" she cries, outraged.

Kay Lambert is irritated by the row. "Ellen, that's enough! I will not have you using that language. You are always so incredibly rude!"

"I am not!" Ellen returns. "You just don't see what goes on in front of your eyes! You just take other people's sides!"

"I do not," snaps Kay. "I simply expect more mature behaviour from people your age. You're acting like a spoilt child."

"Me?!" Ellen is furious. "You're supposed to be in charge here? You haven't a damned clue!" "Ellen!" yells Kay. "Leave this table at once and get to your room. This instant!"

"I'll be glad to," screams Ellen, slamming the dining room door as she runs out.

Kay, white-faced, holds tightly to the table, breathing hard. The other children are glued to their chairs. Another Wednesday has begun.

I was working with a class of child care students a couple of months ago. I asked them: "How do adults feel when the children act out abusively, and violently, suddenly?" They made up a list: "The adults probably feel threatened, cross, startled, afraid, annoyed, anxious, and irritated, disturbed ..."

"And," I asked, "How do these adults then react or behave towards the children?" Another list: "They shout, warn, punish, restrain, threaten, accuse, isolate, belittle ... "

"And how, then, do the children feel when adults do all these things?" The students' third list included: "They feel scared and resentful, humiliated, and angry, rebellious, uncared for ... "

And so on. What the students described was a pretty accurate picture of the negative merry-go-round which parents and their children easily get on to when neither are at their best. A child acts out over something hurtful or frustrating; we adults react almost instinctively (often attackingly rather than helpfully); the child resents this and might say something disparaging or insolent; we go for them again, threaten them, silence them or order them out of the room. Hey-ho! Here we are in the vicious circle which is turning in just one direction - probably to end with a bump: a slammed door, a verbal attack, an excessive punishment, and perhaps with one of us saying or doing things we don't really mean to.

Evaluation

1. The difference between Kay Lambert and any other adult is that Kay is a child care worker. She has actually chosen to work in an environment where you can bet that children are going to act out over things - where almost by definition they have poor images of themselves, where they have short fuses, little experience in behaving age appropriately, less developed verbal skills to express their hurts and disappointments - and where all of their frustrations and angers boil up closer to the surface ...

2. Child care workers, as a result of their training, carry about with them a 'tool box' of skills, and through these - they can design environments and schedules which are meant to be optimally helpful and mInimally harmful and frustrating; they can get a 'snapshot' idea of just what is going on when problems emerge, figuring out the immediate and long-term build-up of situations; they can use 'fire extinguisher' methods to stop situations from escalating beyond the children's present tolerances and controls; they can apply 'sticking plaster' solutions to soothe tempers and patch up bristling egos; they can offer choices, alternatives and ideas to help the youngsters to regain their sense of control and well-being; and they can develop treatment plans (for now, for later today, for tomorrow ...) for those youngsters who are still going to take some work in their development to maturity.

3. It seems that Kay Lambert didn't have her 'toolkit' at the ready with her this morning. The bottleneck of a slowed up toaster with a group of nine troubled kids, is nothing less than a major incident waiting to happen (poor environment planning). Kay misread the conflict situation by seeing only Ellen's rudeness rather than Kevin's impatience (poor observation and interpretation). The wheel of misfortune was beginning to rotate - in the wrong direction! She attacked Ellen ("You are rude, you are immature") instead of pouring oil on troubled waters (poor skills). She got into that silly 'I-am-not-You-are-I-am-not' slanging match (the wheel really spinning out of control now) and then lost the whole battle by pulling rank and dismissing Ellen from the room - and thus losing all opportunity for further helpful communication.

4. At a still more important level: child care workers should never be happy simply to 'slot into' the vacant positions left by the children's own parents, perhaps with the mistaken idea that they can do the parenting task better. For most of the youngsters, the parent-child situation is exactly what went wrong in the first placed, and they expect more than just substitutes being brought into the opposing team. Child care workers are meant to offer something new, something different, to change (and improve) what has been going wrong before, to find creative ways of breaking those old habits and deadlocks. It is vital that we ask ourselves: With all that has gone wrong with this youngster and her family, what new and different thing will we be offering? Just Imagine how the scenario at the breakfast table might have developed if Kay had said: Oh goodness! What can we do about this toaster? Who's got a good idea?" From this first moment, the wheel might have started rotating the other way.

5. A child care worker I know achieves all this by smiling! She believes that a simple smile is the easiest way to give a positive message to children and start the wheel turning in a positive direction. Think about it.

6. And then again, maybe Kay Lambert shouldn't have been alone on duty in the unit on Wednesday mornings.

"Separate bedrooms aren't enough — we need separate breakfast nooks."

nils ling

The Back Side of Christmas

I am hoping our friends and family don't think less of us because we sent them a dog's butt for Christmas.

Well, to be fair, we didn't send them an actual dog's butt. As much as the Post Office tries to, er, bend over backwards to move the mail at this time of year, I don't think they have a rate for that.

What we sent was a photo of a dog's butt. Our dog Roxy's butt, to be precise.

As always, I blame my wife.

It was time to take our annual family Christmas photo. This used to be a simple procedure: my wife and me and our two daughters, everybody dressed up nicely, set the timer on the camera, FLASH, there we go, Marry Christmas, everybody back in their jammies.

But since the girls went off and got married, and especially since the arrival of first one and this year a second grandchild, it has become a major logistical challenge. Just getting all the schedules co-ordinated and getting us all in one room makes D-day look childishly simple.

So one recent Sunday, after a lovely brunch, my wife began rallying the troops for *The Photo*.

My older daughter began readying her newborn for the shoot, leaving her two year old for Grandma to fuss over. Fussing is my wife's specialty. One day I'm going to buy her a t-shirt that says "Fuss R Us". She immediately grabbed a tissue out of her pocket,

spit on it, and set to work. When she was done with me, she started chasing the two year old.

She caught him and got him cleaned up. My younger daughter had already marshalled the two husbands into place. Only a half hour after the call went out to get ready for *The Photo*, we were all in one room and being arranged according to height.

That's when my wife noticed. "Where's Roxy?" she asked, and everybody groaned.

Look, we all love Roxy. She's a very good dog, and she's a member of the family. But five years of taking *The Photo* has taught everyone (with the possible exception of my wife) that trying to include Roxy is an exercise in futility.

It's not that she's an unattractive dog. Most people who meet Roxy agree that she's got beautiful features and a very expressive face.

It's just that Roxy does not quite understand the whole concept behind "posing for a photo". But please don't tell this to my wife, who seems to believe that if Roxy had an opposable thumb and could hold a pencil, she could write sonnets and solve complex mathematical equations.

She gets angry at me for thinking that Roxy is dumb, which is unfair. I think she's quite smart, for a dog. But that's an important qualifier. I know there are people who think that dogs are brilliant, but please. We are marking on a curve. Even the very smartest of dogs will drink out of the toilet and pick cat poo out of the litter box for a treat.

You can almost see the laboured thinking that goes on in Roxy's nougat-sized brain when the family gathers for a photo.

"Oh, great! All my favourite humans in one room! Hurray! And they're calling me over! This is fabulous. And now ... what? They're turning me around! But ... but then I can't see them! And if I can't see them, they might get away! No! No, I must keep my eyes on humans!"

My wife will be helpfully shouting instructions to Roxy from the back row: "Roxy! Roxy! Look at the camera, Roxy! No, don't look at me, look at the camera! Over there! No, don't look at my finger! Look where it's pointing!"

Roxy, hearing her name called repeatedly, will begin wriggling to get out of the grasp of whoever has a hold on her collar, because someone is calling her name, meaning she is needed, right now!

The noise and jostling, of course, wake up the baby and alarm the two year old. Everyone can feel the whole process disintegrating, so the cries of "Take the picture, take the picture!" begin.

So, this year, the picture includes a wailing infant, a concerned mommy, a scared two year old with his face buried in his dad's collar, me growling at Roxy, my wife scowling at me for being mean to her dog, and Roxy facing away from the camera with her tail curled up and FLASH! Merry Christmas!

I hope our friends and family understand that we really do wish everybody a happy holiday season, and that our family photo is not an editorial statement, a visual "Bah, Humbutt!".

As for Roxy, she seems quite pleased with the picture. And why not? It's her good side.

Postcard from Waikaremoana, New Zealand

Hello Friends. Can you believe we've come to the end of another year? Time moves quickly when you're having fun, eh? For the past month I've been thinking a lot about Jim Anglin's idea about "pain-based behaviour" and how important it is that we listen to life stories of young people in out-of-home care.

One of the sisters of pain looking through a locked door

Life stories of young people are such powerful narratives. I've recommended Paolo Hewitt's book *The Looked After Kid* before. Now we learn it will soon become a movie telling of how Hewitt spent his early years being abused by a foster mother before spending the next eight years living in a children's home. He went

on to achieve his dream of becoming a successful music journalist.

Memorial to Mothers

Anyone reviewing narratives about physical and emotional trauma and pain experienced by youths in out-of-home care, it is immediately apparent that the mothers of these young people and their grandmothers also experienced substantial pain. Pain-based behaviour is not an individual thing. Family, extended-family and tribal pain introduces a multiplier effect to the pain experienced by young people. Trauma and pain associated with family fragmentation triggers pain-based behaviour amongst all members.

Pain-based behaviour amongst youths in out-of-home care

Without considerable vigilance, it is easy for child and youth care workers to slip into "judging life stories about pain-based behaviour" instead of using these life stories "to connect" with youths in out-of-home care? 18 year-old Marty acknowledged restorative connections with her Carers around youth-in-care pain just before "aging out" of The System – *"I want to be a person of integrity and a person who has self-respect"*.

Linda – International Judge of Alsatian Dog Shows

Antidotes to pain-based behaviour are located in relationships. Family members, adult carers, teachers, significant adults, cousins, siblings and peers – all feature prominently in the life stories of children and young people in out-of-home care. Animals, too, involve relationships. Linda's first Alsatian puppy was permitted whilst living in out-of-home care. Before adult diabetes took her, she travelled the world as an international judge at Alsatian dog shows.

Thommy jammed with Fleetwood Mac

Thommie's life story also involved pain-based behaviour and a life lived around rock bands in the Edinburgh sub-urbs made famous by the film *Trainspotting*. Health challenges re-di-rected Thommie's musical activities with Fleetwood Mac to start university as an adult student pursuing his dream to be a writer.
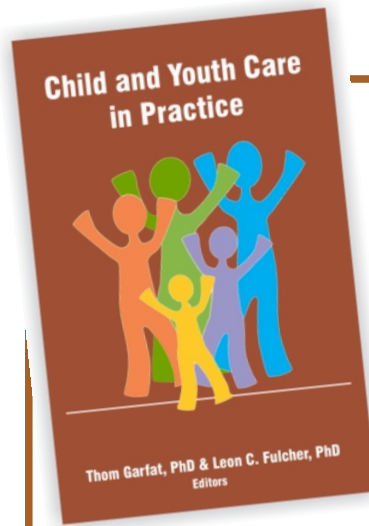
Youthful identities aren't cast in stone

All this reminded me how important it is not to cast youthful identities in stone. DSM-IV diagnostic categories are important but do not replace real life stories.

How do young people see us?

As we participate in their daily life events in care how do those youths view us?

Child and Youth Care in Practice
Thom Garfat & Leon Fulcher - editors

Child and Youth Care in Practice brings together some of the best of contemporary writings on Child and Youth Care practice. Starting with an updated version of the characteristics of a CYC approach and ranging from practice-based evidence that informs evidence-based Outcomes that Matter through to direct care, supervision and management, through education to creative arts, Child and Youth Care in Practice demonstrates the application of a Child and Youth Care approach across many areas of our work.

Drawing upon writings from different parts of the world, this is a practice ideas book for college courses, teams, trainers, carers, managers and individual practitioners. Child and Youth Care in Practice shows the expanse and connectedness of our field. It is a testament to the evolution of a Child and Youth Care approach.

Child and Youth Care in Practice is available in soft cover ($19.95) or Adobe PDF e-book format ($14.95).

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EndNotes

The Parental Figures in Residential Treatment

One of the important ingredients of residential treatment is the warm, supportive and, at the same time, controlling influence of parent substitutes. Hospitals have designated this ingredient in the somewhat elusive formula of T.L.C. (Tender Loving Care). Its content, dosage, and timing cannot be defined adequately. The effectiveness of this ingredient depends on the emotional capacity not only of the child who receives it but also of the adult who gives it.

— **Morris Fritz Mayer**

in *The Parental Figures in Residential Treatment*. Paper presented at the annual meeting of the American Association for Children's Residential Centers, Chicago, Illinois, 1959.

Humanity has advanced, when it has advanced, not because it has been sober, responsible, and cautious, but because it has been playful, rebellious, and immature.

— **Tom Robins**

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There is a great deal of pain in life and perhaps the only pain that can be avoided is the pain that comes from trying to avoid pain.

— **R. D. Laing**

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Christmas shopping

"Oh *Come Along* Dad!"

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But the relationship of morality and power is a very subtle one. Because ultimately power without morality is no longer power.

— **James Baldwin**

Optimism

Morris Fritz Mayer (1955: 668), when resident Director of the famous treatment centre Bellefaire in Cleveland nearly half-a-century ago, reminded us that all child care work is predicated upon the belief that people can change:

"Perhaps the most common ingredient of all residential treatment centres is the optimism necessary in order to help the child. No matter who treats the child, no matter what the educational background of the people living with the child — all of them must deal with children with whom many people have 'given up'.

They must have the hope that the child ultimately can be treated, or at least that his problems can be measurably reduced. Indeed, this optimism, and the fervent belief that disturbed children can be helped if the right facilities can be provided, are the essence of residential treatment itself.

This optimism has to be instilled in everyone on the staff, and finally communicated to the child himself. The child has to know that here is a place in which people believe that he can be helped".

— **Morris F. Mayer**
The role of residential treatment for children: Introduction to symposium. *American Journal of Orthopsychiatry, 25* (1955)

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To be able to look back upon one's past life with satisfaction is to live twice.

— **Lord Acton**

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Avoid problems, and you'll never be the one who overcame them.

— **Richard Bach**

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"I've come to the frightening conclusioin that I am the decisive element in the classroom. It's my daily mood that makes the weather. As a teacher, I possess a tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanized or de-humanized."

— **Haim Ginott**
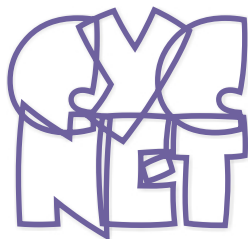
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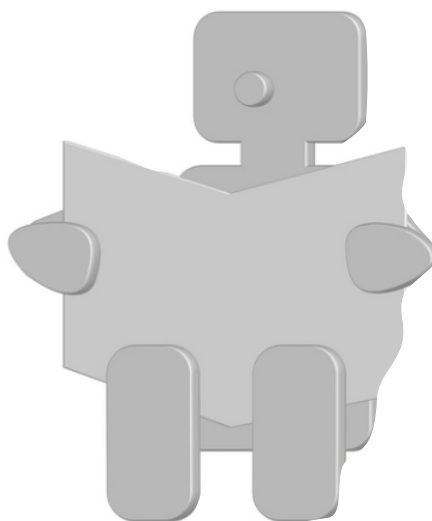
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