

CYC-Online

FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE
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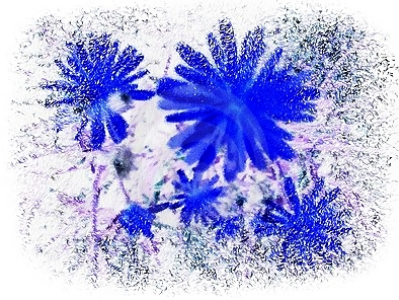


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Marching On ...



March! Oh my goodness, it is March.

And that makes me a happy camper – not that I am going camping, but what it means is that we, here in this part of the North, can start to believe in Spring once again.

It is always good, I think, to have something to believe in. It gives one the motivation to get through the sometimes difficult times we all encounter. And, trust me, by the time it gets to mid-February here, some of us need that little extra motivation. And with that little extra motivation we can find other little things to do that help us hang in and move forward.

Like now, for example, I have the seed catalogue out so I can think about what I want to plant in the garden come spring, and I can wonder about how to reconfigure the garden so it takes best advantage of the light. I am also wondering if it is time to repaint the canoe. Spring thoughts, summer thoughts – when those end-of-winter storms come in mid-March, I will have warm thoughts to carry me through.

What I am saying is obvious, isn't it? We all need something to believe in so we can get through times we find difficult. For some of us, can I say the fortunate ones, we have to get through the types of times I just mentioned. For others, there are life circumstances which challenge us deeply. And when we face those challenges it is sometimes hard to believe that 'this too shall pass'.

While it is common to talk about intrinsic and extrinsic motivation and to talk about how motivation is associated with task accomplishment and goal attainment, I guess what I am thinking of is, in a way, more like 'hope', isn't it? Hope and belief often travel hand in hand. Kindred souls, they are.

I have met so many people who live without hope. Sadness, depression and pessimism fill their lives. Based on their previous experiences, they find no reason to believe that things will get better, that their life can be better than it is. And many of those people I have met have been children and young people. What a way for a young person to live, and experience themselves, in the world.

And that's where you come in, isn't it? Part of your work is to help young people and others come to believe in a more positive future – not unrealistically, of course. No promotion of false or impossible hope. No false illusions about greatness and a life with no pain ever again. But hope, the simple hope that things can be, will be, better, within the realm of realistic possibilities.

This is not to say that the young people and families with who you work will never achieve greatness. Hopefully many of them will exceed your wildest imaginings. But for now, today, the goal has to be to help them take that one step along the road towards a more optimistic way of being in the world.

And you can do that. You can help them do that. Just like you have done it for yourself at times.

So, me, right now, in the slow painful dragging to the end of winter, I get out my seed catalogues and dream of nicer days to come. What seed catalogues do you have for the children, young people and families with whom you work?



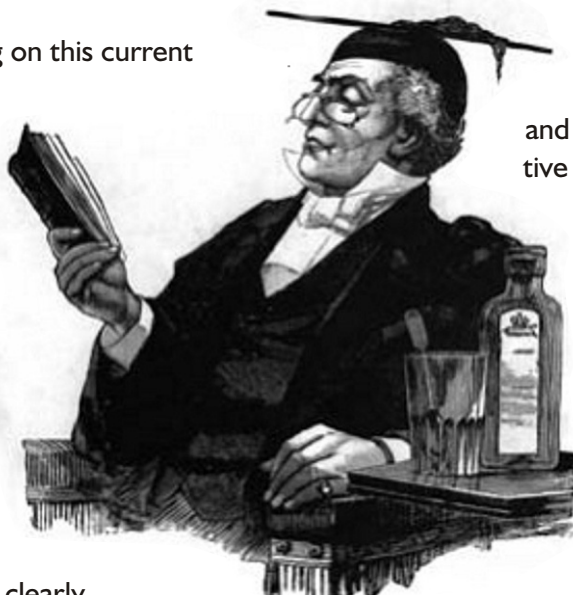
Thom (waiting hopefully for spring).



The 10th Commandment: Beware of the Experts

Gerry Fewster and Ernie Hilton

As I was working on this current series of articles for CYC-Online I asked Ernie Hilton for some feedback. Unlike me, Ernie is still entrenched in the everyday challenges of child and youth care, out there in beautiful Nova Scotia. While thoughtful and supportive, his comments clearly reflected an overriding belief that much of what passes for literature in child and youth care is painfully detached from the day-to-day world of frontline child and youth care practice. And I agree wholeheartedly. Surely, Ernie wasn't accusing me of having my head in the clouds? After all, everything I have to say is about the direct experience of being with kids. But, the more I peered behind my words, the more I became concerned about how far I might have drifted from the realities of life on the frontline – it's been a long time.



Though my stance was always relational and focused upon subjective experience. I began to detect little globs of arrogance and condescension wrapped up in petty paternalistic packages. Perhaps I was falling into the trap of blurring the distinction between making suggestions and dishing out 'advice'. Could it be that I had

become a traitor to my own cause by presenting myself as an expert? Woe is me!

As my final "Commandment" was to be about avoiding 'experts' it seemed opportune for me to impose upon Ernie to help bring this issue into focus. When he agreed to co-creating an article with me, I was delighted. So here it is folks. As you will see, Ernie sets the stage and leaves me to bring down the curtain – my prerogative of course.

...

Hilton's "Rant"

Who are these experts anyway?

There never seems to be a shortage of people telling front-line child and youth care practitioners what to do or how to be. Pick up any journal related to our field, randomly select a chapter, and chances are you will find a plethora of advice being handed out to child and youth care practitioners on how to do their jobs better. These folks, the practitioners, are expected to graciously heed the words of wisdom from these articles and integrate it into practice. The author then moves on to figure out other brilliant thoughts to bestow for next month scheduled deadline.

I realize I may sound full of contempt and ungrateful for the contributions of "experts". I know their goal is to advance the field closer to a reputable, respected place of acceptance utilizing research and frameworks. Thankfully, our field has an abundance and diversity of talents enhancing this field of dreams called Child & Youth Care. Why then is so little of our literature filled with the experiences of the practitioner perspective? What are we doing, or not doing, to ourselves to exploit and embrace the richness of the frontline perspective from a professional and developmental growth perspective?

In practice, I have watched practitioners manage a seemingly endless list of tasks and responsibilities, practical to the daily living of those in their care, with proficiency and expertise. It is a wonder that all practitioners do not walk around filled with resentment as a result of the multi-layered expectations from all the "experts"; while expected to remain hum-

ble and, dare I say, subservient to, well pretty much everybody.

When is the last time you have thought about the endless list of expectations practitioners complete in the course of an often 12-hour shift? Aside from the expectation of being therapeutic from a relational perspective, they are also expected to meet timelines, professionally represent the organization through their phone manner, attire and report writing, be self-aware, be aware of ever evolving best practices know this, that and the other thing...seriously? I understand fractures among management, front line, academics and funding bodies in many professions; but our field, we are supposed to be the relationship people! Is there an unspoken jostle for hierarchy within our field? Oops, did I say something about this "thing of ours" (Soprano reference to La Cosa Nostra) that is to remain sacred ground? I may be self projecting but there seems to be "in-fighting" about who are the experts, instead of appreciating the expertise from each role in the field.

Enough dirty laundry: what is this phenomenon that shapes what an "expert" is? *Wikipedia* defines an expert as a profound thinker, a reliable resource of skill and technique, accorded authority by peers and the public. Not a substantive qualitative or quantitative process for sure; in fact it might explain why there are many self-proclaimed experts out there. And there's the rub; the expert often seems defined as "out there", away from self, away from the mastery that lies within, especially on the frontlines. I could go outside our field and wax on about other professions and their contempt for our work and

their top-down positioning of our role, but why when there are enough budding expectations right in our own community brewing resentment versus connectedness and support.

I happen to love research, frameworks, data and all the latest articles, regardless of their usefulness. That love of such ingredients can be seen as robotic, cold, structured, rigid, no flow, no “Be”, not pure or true to the essence of our mission of caring. Then there is the perspective that real care work needs to have existential flow, presence, rhythm, dance, and the art of practice versus the science and that is the path to expertise and excellence. There are those who sit on the fence and pontificate on the balance between navigating between both camps and perspectives and thus the war begins. Meanwhile, back on the farm, practitioners are looking for something useful they can translate and enhance their practice, some realistic strategy to help them heal devastated hearts. All this can be done of course for \$1000-\$2000+ a training day from an expert.

Here’s what I know: if frontline practitioners ever decided to train their own, guide their own, support and educate their own, there would be a lot of houses up for sale in Expert-Ville. There is theory-land and actual-practice-land and if we are not attentive as a field, these two entities are going to go to war, or worse, have the other denied a place or meaning in the process of evolving the field.

I suspect there are divisions already, benignly sitting, waiting for the revolution – for a new budding branch of the field to emerge. Psychiatry spawned clinical psy-

chology which spawned social work, which spawned, child and youth care that spawned...? My order may be crude but my point is, what is next? Does our inevitable growth and evolution mean we have to divide? In the meantime, if I read one more word in an article that has contempt for the academic, frontline worker, supervisor, manager or administrator, I may have to lead the revolution myself. If I hear one more word that science, data, research, frameworks, models and strategies are not a useful part of practice, I will climb on the turnip truck and become what outsiders think we are anyway – a bunch of glorified babysitters. I can deal with them, the outsiders, those so-called experts, those who are ignorant of our field’s power and expertise to heal. It is the toxic contempt from within that will make our field ‘sick’. We must see our field with abundance of expertise across the profession and be mindful of our words and actions so they support and nurture our field. Then, the identity we search for most, like respect and notoriety will take care of itself. While we compete for rank and identity as experts, we will not benefit from the strengths of each other. In addition, you know who suffers from that in the end. It is within our diversity that our strength lies, to be experts in healing, not the self-importance of one role over another.

I am not asking for a love-in, just a respect-in; an understanding this field, like our bodies, needs to be nourished, challenged, supported, educated, trained, guided, mentored and, ultimately, connected. If experts are defined by the community then we need to set it up, so

this is true. Academics need to be with frontline, frontline needs to be with academics, trainers need to give as do educators, and administrators need to find a way to support all these things. Enough with what the experts say, WE are the experts, as individuals and all that we bring regardless of the differential developmental contribution. A new worker is bringing it every day and exponentially and proportionality that contribution will grow if nurtured and supported. The internal contempt will make our field ill. Then we will have other experts put us on meds and give us shock treatment to heal us. That is not our way, our way is in relationship, in connection with healing words of support and understanding, and actions that reflect authentic caring to others, WE are the others too. Let's be clear I am a hypocrite I have in the first paragraph levied contemptuous remarks...why is it so hard to be consistently grateful as a theme of practice? Why do we have to prove superiority by putting others down to achieve it? The expert lives within, and our actions and self-projections define our expertise or lack thereof. The community of child and youth care can do well by focusing less on putting each other down and more on raising each other up or we may become what we hate.

...

Fewster's Mea Culpa

Let me remind you of Ernie's opening statement: *There never seems to be a shortage of people telling front-line*

child and youth care practitioners what to do and how to be.

Well Ernie, I've spent over fifty years scribbling, in books, journals and newspapers. Over the same period, I've presented at conferences, conducted workshops, led trainings and generally run off at the mouth whenever the opportunity presented itself. I got myself a Ph.D, not because I believed all the stuff dished out in academia but because I wanted to be successful and influential. I wanted people to listen to what I had to say – not what others once said (Freud included). And, of course, I wanted more money.

So, does this make me an expert? Of course not, but who the hell is going to take notice if I stand up and say "I don't have any qualifications and I haven't got a clue what I'm talking about but listen anyway"? Who would hire me to conduct workshops if I announce that I'm grovelling around in the dark just like everybody else? For over twenty years I ran a huge treatment centre for troubled kids and families. Do you think I'd have been given that job if I'd told the Board I knew nothing about kids, human relations, organizational systems and multi-million dollar budgets? If you do, you might as well apply to the post office.

So am I a charlatan, full of baked beans and cod liver oil? No, I firmly believe that what I have to say (or "share", as the nice people put it) is worth listening to. Why? Because it comes from a heartfelt place grounded in many years of experience working with kids, advocating for kids and developing systems that serve kids. Even when I was teaching at the university, I maintained a private practice to pursue

my life-long fascination with relationships and I continue to bring this experience into every aspect of my personal and professional life. Sure I've constructed a belief system that filters what comes in and shapes what goes out but I always make that clear from the outset. I also know that, even at my advanced age, this is not a closed system. In fact, some of the most negative feedback I've received over the years has been because I changed my mind. And this goes to the very heart of the matter.

I suppose, in some way, I am presenting myself as an expert. But in no way am I telling anyone what they should believe, how they should do their jobs or how they should lead their lives (unless they're working in a program under my direction). I have no more idea about the "truth" than the folks sitting around me in the pub (except for that strange guy in the corner who keeps turning glasses of water into vintage claret). My only claim to being an expert is in interpreting my own experience, testing out my own hypotheses and expressing my findings to the world. Over the years I've acquired and developed many 'techniques' that happen to fit my current understanding of the way things are; and these I will gladly pass on to anyone who might be interested – yes, dammit, sometimes for a professional fee. But I take no responsibility for how others incorporate these things into their own lives and, when it comes to adults, I take no responsibility for the outcomes. Working with kids is a little more complicated but the same basic principles apply.

If all this makes me an expert, so be it. Unless I become deaf, dumb or deceased,

chances are I will continue to reflect upon my personal perspective, articulate my 'brilliant' ideas and teach approaches that work for me – but always with the inherent understanding that others have the same rights and the resources to make their own personal and professional choices from their own perspective. But I don't know what's 'true,' or even what's right, anymore than anybody else and I reserve the right to change my mind whenever I see fit. If, for whatever reason, others choose to see me as the guy with the answers, it says more about them than about me. Only they know why they insist on looking outside for answers that can only be found on the inside. And this applies to Child & Youth Care folks who want someone to tell them what to do when things aren't working as much as it does to frustrated parents who want get their kids back into school.

For those who remain committed to the expert fallacy, I would like to offer the following thoughts:

So, Who are these Experts Anyway?

To cite my co-author again, ... *the expert often seems defined as "out there", away from self, away from the mastery that lies within, especially on the frontlines."*

What Ernie seems to be saying is that an expert should be defined by his or her specified area of knowledge and expertise. Now that might be a straightforward proposition in the neatly defined field of cardiology, but in the misty 'people business' it's more difficult to pin down. In the world of child and youth care, it's virtually impossible. So does Ernie's concern stem from the fallibility of the experts or the in-

security of our ubiquitous profession?

Before addressing this question, I want to bring some life into the discussion by offering three brief examples of people likely to attain expert status in our field. From the outset I need to stress that these descriptions in no way represent real people – living or elsewhere. They are entirely fictitious and are offered for illustrative purposes only.

Expert A

Dr. Clare has been in ‘clinical’ practice for over ten years specializing in adolescent issues. She was raised in an upper-middle class home, the daughter of a cardiologist and, from an early age, there was no doubt in anyone’s mind that she was heading for medical school. After completing her M.D., she went on to a prestigious institute to complete her psychiatric training. In other words, Dr Clare was an expert as soon as she stepped into her new office. But what is the nature of her expertise?

Well, after ten years of study and ‘socialization’, she certainly knows how to interpret and implement the medical model. She likes people, particularly kids, but her training was generally limited to prescribed supervised ‘clinical encounters.’ In these brief episodes she learned how to identify and classify ‘patients’ according to established diagnostic criteria. Her relationship training was virtually non-existent and, since psychiatry formally abandoned psychotherapy in favor of psychopharmacology back in the 1980’s, she has only a sketchy view of what Freud actually said. But Dr. Clare gets on well

with kids and some actually enjoy their twenty minutes in her office each week. She supports parents and teachers and provides consultation to a number of child and youth facilities in his community. Of course she believes in psychiatry and would never be expected to challenge its basic premises and practices. In knowing and plying her trade, she is indeed and expert.

Expert B

Jim B. was born in the backwaters of a large industrial city. His parents divorced when he was seven and he was raised in the suburbs by a maternal aunt. At the age of fourteen he was placed on probation for a series of offences and was subsequently sent to a residential ‘school’ for three months. Jim scraped through high school and, unable to find work, he received financial assistance to enroll at the community college. Here he decided he wanted to work with deprived kids. Unlike his teachers and those who had tried to ‘counsel’ him, he knew what it meant to be unwanted and a victim of social injustice. He understood the kids they were talking about because he had been one of them. Helping them to change their lives became his passion.

Armed with a two-year certificate in Youth Work, Jim began work as a counselor in a juvenile remand center and his belief held true - he really did understand the inmates better than the other staff and the kids identified with him. After only a couple of months, he decided that the program, the correctional system and, society in general, were giving these kids a

raw deal and he committed himself to doing something about it. He left his colleagues and supervisors in no doubt about his discontent and, believing that he was also trapped in the same repressive system, he left after four months to become a street worker.

With freedom to work in his own way, Jim created a reputation as an advocate for downtrodden kids and was frequently called upon to appear in court on their behalf. He was the central figure in a feature article in a local newspaper and, subsequently, a regional TV station invited him to collaborate in producing six 30-minute documentaries on 'Community Youth Issues'. Each program included a sequence with Jim talking to kids in a variety of locations and concluded with a five-minute segment in which he drew his own conclusions on camera.

Jim continues to be true to his cause. While he has taken advantage of his many opportunities to become more public and political, he still uses and inner-city youth club as his home base. He has never written anything of note, but his experiences and radical views have become well documented through the media and various publications. He has a wide audience, and what he has to say makes sense to a lot of folks out there. This includes many CYCs for whom J is something of hero. He says what they want to hear so, by acclaim, he knows what he's talking about. To them, he is an expert.

Expert C

Mike F. has been a leading figure in the field of CYC for many years. He began his

career as a frontline worker in a large residential program where he was considered by his supervisors to be "an enthusiastic worker with potential". That "potential" was put on hold when he decided to enroll in graduate school and complete an M.A. in Counseling. On graduation he accepted a position as the Director of Research in a community mental health project aimed at troubled kids. After two years, his report was presented to Government and became an influential document in the re-organization of youth services. He was then hired by the government department to oversee the implementation of their new 'Policy and Procedures' Manual. Three years later, Mike published a book on 'developmental strategies for working with children and youth'. This publication was widely acclaimed in government circles and incorporated into their training programs for all youth workers in the system.

In the following year, Mike was invited to provide consultations and workshops for a wide variety of government programs and private agencies. He spoke at conferences and delivered a well-received keynote at a regional child and youth care annual conference. This re-ignited his interest in practice issues and he left government service to become a free-lance consultant offering workshops and trainings for CYC practitioners. In the interests of his blossoming career, he returned to graduate school and added a Ph.D. to his list of academic achievements. A couple of years later, he published a book on working with children and families that is still considered by many to be a seminal contribution to the field. With

more offers than he could handle, Mike established his own consulting company promoting his ideas and methods to the widest possible audience.

Without question, Mike had become a leading figure in his field. Since accepting a position at a university, his consulting company has continued to flourish and his latest publications are eagerly anticipated. As an expert, he is nationally and internally acclaimed.

Discussion

Without doubt, all the fictitious characters described above have something to offer frontline CYC practitioners. But, to address Ernie's primary concerns, can we consider them to be experts in understanding and implementing the fundamentals of child and youth care practice – particularly the relationship aspects? This is a question that can only be answered if we have some agreement on the specific nature of Child and Youth Care and how it can be distinguished from other professional approaches.

At this point, I would suggest that there is no such consensus, although the debate has been going on for many years. Ironically, much of this discussion has taken place among those Ernie might consider to be 'outside' experts. It may well be that this is simply a reflection of a widely diverse, dispersed and disorganized agglomeration of activities that can never be adequately contained within any definitive framework. If this is so, then perhaps we should just drop the generic label and create sub-sets. This is precisely what we did when we changed the name of *The Journal of Child & Youth Care* to *Relational*

Child & Youth Care Practice. I suspect Ernie will not approve of my decimation of his beloved profession but what can I say?

So, having revealed my own 'relational' bias, I can briefly state what I personally consider to be the definable characteristics of a profession that can be distinguished from all others. To save time and energy I will simply repeat the words I used while participating in a debate initiated by Mike Wattie and put out on the CYC-Net some months ago:

In a nutshell, I believe that effective CYC practice works from the "inside out." The focus is upon the subjective experience of the child rather than external judgments and labels applied by parents and professionals. By the same token, the essential resources for change and growth are to be found within each individual child, rather than in specific forms of treatment or therapy. Practitioners who work in this way are more curious about the inner world of the child than the theories that purport to explain behavior and the techniques designed fix the problem. For these reasons, their essential skills are personal and relational rather than objective and technical.

By contrast, psychiatrists are primarily concerned with the brain, psychologists with deviations from their standardized norms and social workers with environmental circumstances. None of these folks are in a position to respond to the subjective experience of the child. Caught up in their own theories and traditions, they are not likely to challenge their own methods of external intervention and questioning each other's would be very "unprofessional".

I should acknowledge that the second paragraph was not well received by representatives from other professionals who believe that I diminished their practices. This was not my intention but I can see their point. But my personal “opinions” still stand. I think Ernie might share their concerns but to explore this would involve another writing another article.

Conclusion

Given my idiosyncratic sub-set within the generic field of Child & Youth Care, I believe I’m in a position to identify the external ‘experts’ who might have something to contribute to the cause. I would have a framework in which to assess the validity of their contributions, without necessarily casting aspersions on their beliefs, theories or methodologies. Like Ernie, I believe that collaboration is in everybody’s best interests and certainly in the best interests of the kids we work with. So my conclusion is brief and simple: There’s no point in dissing ‘outside’ experts until child and youth care folks have some idea what they’re actually looking for. As Ernie suggests, this means that CYC practitioners must begin to recog-

nize and honor their own specific areas of expertise. But this will never happen until they are able to define the nature of their work and ingredients that make for exemplary practice.

Amen

(This is the eleventh in a series of articles. If you have read this article, please contact the author at: fewster@seaside.net You don’t have to make any comments but any such responses will be greatly appreciated. All emails will be acknowledged)

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Thinking about Vulnerability

Kiaras Gharabaghi

In recent years much of the conversation in child and youth care practice as well as in several other human service disciplines has turned to resiliency as a conceptual framework for developing programs and services for people facing multiple and complex challenges. Identifying what sort of characteristics or factors might help people overcome adversity does indeed seem like a good idea. Of course, in spite of the theoretical potential of resiliency, I have previously written about its pitfalls in the context of trying to design programs and services with a view of enhancing the resilience of young people. Back then I wondered aloud whether we are simply finding yet another reason for trying to get kids to conform to what seem like reasonable and civil social standards and expectations. I am somewhat encouraged by the shift in thinking expressed by one of the leaders in the field of resilience research, Michael Ungar. His writings have always been a little more on the edgy side of the resilience juggernaut, but in recent years he has asked some interesting questions, including whether our need to get kids to abandon risk and danger in favour of conformity might eventually backfire on us and on the kids.

I tire a little from this conversation. Ultimately, no matter how hard I try to strain my brain I keep coming to the same conclusion. Resilience is a bit of a

no-brainer, a tautological approach to understanding what those we seek to understand understood a while ago. When translated into practice, resilience moves from tautology to circular reasoning. What we need to do is to create programs and services where kids in trouble can avoid the circumstances that get them into trouble, thus resulting in kids who are not in trouble. The trouble is, of course, that kids are still in trouble, “40 assets” and other conveniently packaged approaches to practice notwithstanding.

All of this has got me thinking about the concept of vulnerability, perhaps as a counterweight to resilience, or maybe just because I think we spend far too little time thinking about the vulnerabilities of kids, of staff, of systems and perhaps even of culture. By vulnerability I mean all those things that render our everyday experiences a little less predictable, a little less reassuring and perhaps occasionally, a little more scary than they otherwise would be. For the young people we work with vulnerability is sometimes the outcome of violent or troublesome ecologies, in the family, in the community or even in the country and beyond. At other times, their vulnerabilities are symptomatic of the importance they give to what other people might think of them or of their conduct. But most of the time, vulnerability for young people is about not knowing

what the hell is going on, either inside of them or all around them.

I like thinking about vulnerability because I think it is a concept in which all people can find some common ground. I am quite certain that everyone is vulnerable in some way, at some time, in some context. Some people find it difficult to deal with silence; their ability to know themselves is mitigated by the absence of self-orienting noise and familiar sounds. Others are rendered vulnerable by darkness, which they experience as disorienting and confusing. Again others might find challenging being alone, especially if most of the time they identify themselves in the context of relationships. But just about everyone struggles with facing all of these conditions at the same time: total silence, alone, in complete darkness. Add to this an unfamiliar environment, perhaps one that could be associated with identifiable dangers even if these are unlikely to come to be (such as a forest at night), and suddenly we begin to recognize what vulnerability might feel like for those whose everyday lives are indeed lonely walks in the forest at nighttime. Indeed, many of the young people I have met in my time in group homes, special school programs or homeless youth shelters were on just such a walk. They really didn't know what was coming next. They could not answer with certainty whether they would still be there the next day, who was going to be important in their lives tomorrow or even what their role in their current physical and social context really was.

Vulnerability is acute and intense in the lives of many young people we tend to as-

sociate with in our work. But it is also significant in the lives of the child and youth care practitioners, the social workers, the parents, the neighbours and everyone else around. Interestingly, virtually no one is really allowed or encouraged to express their vulnerability, or even to acknowledge it. For the young person, doing so may expose weaknesses that are unacceptable in the tough and judgmental peer group. For the child and youth worker, doing so may mitigate the trust and comfort colleagues have in him or her. For the social worker, expressing vulnerability is just a short step away from openly acknowledging burn out. The families are supposed to be concerned about their kids and take responsibility for them, not whine about their own issues and concerns. Neighbours who do anything more than keeping their distance are clearly motivated by a right wing, individualist and ego-centric concern about property values and everyone else's vulnerability is just symptomatic of their lack of professional credentials in a field that values (but never admits to valuing) toughness, resilience, and the uncompromising commitment to denying a lack of answers or solutions.

Funny how it goes. The one thing we probably all have in common is too dangerous to talk about. And so the kids go on pretending they are tough; the child and youth workers and the social workers continue to pretend they know, families deny everything or simply disengage, the neighbours stay away as much as possible, and everyone else goes about their business, hoping against all odds that the resilience magic will kick in eventually and make all the problems go away.

Punishment or Self-Discipline? Early Roots of Reform

Beate Kreisle

Pioneers in work with troubled children sought, with mixed results, to replace coercive discipline with democratic self-governance.

After World War I, Germany experienced a brief interlude with democracy. During this period, schools and youth programs were experimenting with new systems of discipline which involved youth in self-governance. In 1927, law student Clara Liepmann wrote her doctoral dissertation on the history of self-governance in correctional settings in Europe and the United States. Her father, Moritz Liepmann, was a law school professor who advocated for replacing punishment with education. Together they toured progressive correctional facilities in the United States. Clara combined data from that visit with historic and emerging developments in Germany and Switzerland. This article summarizes her research (Liepmann, 1928).

Early delinquency reformers believed that offenders must be given opportunities to practice responsibility if they were to become responsible citizens. Liepmann believed that traditional discipline by force

had totally failed to transform and educate. Antisocial behavior is a lack of inner restraints and willpower. Only self-education will make lasting change.

In early 19th century Switzerland, a young teacher, Johann Jakob Wehrli, worked with orphans and children who lived in the streets of Swiss cities. He created a setting in which learning and work were intertwined. Wehrli believed that only community could prepare someone to live in a community. Initially, the groups were plagued with bullying and acting-out behaviour. His solution was a council of self-administration, where the older youth were expected to be positive role models. These youth mentors were deeply invested in guiding and educating their younger peers. The council was also involved in the decision about when a youngster was ready to leave the program.

Liepmann cites another early example of self-governance, the Boston House of Reformation, directed by Reverend E. M. P. Wells from 1826 to 1832. Wells strongly believed no child was inherently bad, no matter how badly he or she behaved. He

tracked their growth in responsibility with a six-level system, and in only four weeks, a youth could reach the highest level. Students could lose a level by bad behaviour; however, if they admitted wrongdoing, the level did not change. Every evening, students rated their own behaviour, and peers provided feedback on how to develop more positive behaviour.

In mid-19th century Germany, Johann Hinrich Wichern directed the Rauhe Haus. Boys and girls up to the age of 14 lived together like families, guided by elected peer leaders called Friedenskinder (peace children) who were given the task of instilling positive behaviour within the group. Every four weeks, a new election was held so that many youngsters had the opportunity to show leadership as peace children.

After describing these progressive 19th century youth work pioneers, Liepmann documented self-governance systems which she observed in the United States. Among these was George Junior Republic in Freeville, New York, which created a democratic community of delinquent youth. She also visited various prisons for young offenders and adults. All of these settings developed close-knit communities where residents had responsibility for a wide variety of tasks, including ensuring positive conduct within the community. A common denominator was "no privilege comes without responsibility." These positive correctional communities thrived, but when committed charismatic leaders were no longer in charge, the programs regressed into punitive prisons. Notably, New York's Sing Sing was once a model of self-governance, but became a symbol of subjugation.

Liepmann describes numerous other projects in the United States which employed self-administration systems. Most failed after a short time because the culture deteriorated into empty routines. Level systems became punitive. Positive groups collapsed as rapid turnover prevented teaching newcomers how to operate in a community.

Change of leadership posed the biggest challenge to these programs. For example, after World War I, Karl Wilker transformed Berlin's worst delinquency institution into a model of self-governance called Lindenhof. But his progressive beliefs were at odds with political powers of the time and he was fired. This positive climate quickly deteriorated.

The challenge of maintaining positive programs was the subject of careful analysis by Liepmann. To be successful, self-governance programs must give tasks of real responsibility. Superficial rituals of youth empowerment will be seen for what they are and will fail to enlist youth in a partnership with adults in authority. Thus, when adult leadership changes, the techniques may continue but the spirit of democracy is lost.

In order to use self-administration for discipline, there must be an inner circle of youth who show strong positive leadership. Lacking this, groups revert to negative peer leadership. This is a continuing challenge as new members enter existing groups.

Effective education must make deep changes in the core of the personality if the young person is to be able to transfer what has been learned and live without trouble in a community. This begins with a

good connection between the adults in charge and young people in their care. These positive adult-to-youth relationships form the foundation of a culture of self-governance. The task of the adult is to communicate his or her strong conviction that the youth can do the right thing.

Level systems are only effective if it is easy to get out of the lower levels quite quickly. If too many people are stuck in the punitive lower levels, there is something wrong with that level system. Self-governance is more than getting youth to comply with rules. Only inner

work on values and attitudes provides success in the long run.

Liepmann concluded that self-governance will only work if the adults in charge truly and fully buy into it. Those not able to use the system in the right way will execute force and power, not democracy. Effective self-governance is not a set of techniques, but a way of thinking, trusting the good in every person.

From *Reclaiming Children and Youth*, Vol. 19, number 3.



Here's my card. Don't forget to tell your friends.

‘Do you seek to be a specialist therapeutic residential care provider for children and young people who have complex needs?’

Some thoughts on the necessary criteria for practice in specialist residential services

Richard Cross

Introduction

This paper explores aspects of the provision of specialist therapeutic residential child care for children between the ages of 6 and 18 years who have experienced significant loss and neglect in their lives. The views expressed are purely those of the author and do not refer to any particular service. These views are meant to provoke some thought around how we define specialist therapeutic residential services.

The children and young people who access such services are looked after and have been taken into care to live separately from their families as this is deemed to be in their best interests. The reality in the UK is that each week, at least one child will die as the result of an adult's cruelty (NSPCC, 2009). In my view, specialist therapeutic residential services are needed to respond to the reality which some children have experienced and survived in our society. The challenge is to ensure that such services in which children who are cared away from their family homes, truly provide stability and the opportunity to heal, develop and grow. Many residential child care practitioners are at-

tracted to work for such organisations due to the emphasis their values and organisational structures which tend to be based on traditional therapeutic community principles (Main, 1946). They may also be attracted because of a personal commitment to help provide high quality services to meet the needs of children.

By sharing my thoughts on the strategic aims of any organisation which wants to deliver services for children who may have complex needs due to severe trauma, it is hoped that those who are providing specialist therapeutic residential services will reflect on their own vision for these children.

Characteristics of children requiring specialist therapeutic services

In 2004, a report was published by the Scottish Executive on the mental health of young people in residential care in Scotland (Meltzer et al., 2004). Among the report's findings were the following:

- 45% were assessed as having a mental disorder;
- 38% had clinically significant conduct disorders;

- 16% were assessed as having emotional disorders such as anxiety and depression;
- 10% were rated as hyperactive.

Some of these mental health indicators are symptoms relating to chronic trauma and dissociative disorders (Terr, 1991; Putnam, 1993). For many centuries various theorists and clinicians have postulated about the psychological and emotional distress observed in children, and some began to attribute some of the causes to early childhood experiences of neglect and trauma. In 2001, the Department of Health started to record the principal need of the child that led to social service intervention.

Factors resulting in intervention by social services

The experiences of young people taken into care during 2001 include:

- Abuse and neglect (62%)
- Family dysfunction (10%)
- Disability (4%)
- Parental illness or disability (6%)
- Family in acute stress (7%)
- Socially unacceptable behaviour (4%)
- Low income (1%)
- Absent parenting (6%)

(Department of Health, 2001)

Chronic traumatisation relates to the recurrent exposure to major stressors over time, such as child abuse. Evidence

now strongly supports the view that chronic traumatisation increases the risk of trauma-related disorders (Perry, 2003; 2005). Young people entering care in Scotland may already have experienced trauma and difficulties over and above those experienced by most of their peers. Even the experience of entering the care system can involve major and sometimes traumatic upheaval in the child's life (McCann et al., 1996). Factors such as the moving to and from residential homes is damaging and it is believed that certain children with complex needs related to trauma are more likely to experience placement breakdowns. Farmer and Pollock (1998) found that sexually abused children and young people who become looked after had more moves in their first six months in care than other children and they showed new behaviour problems. What was concerning in this study is that fewer than one in five entered care because of the abuse, 'so this aspect of their history was easily overlooked' (Farmer and Pollock, 1998:63).

Recent reports in Scotland (SWIA 2006) suggest that little progress has been made on understanding and providing appropriate care and help for children who have been traumatised through sexual abuse. It appears that professionals lack knowledge and skill in working with sexually abused children and with children and young people who acted in a sexually harmful way to others. There is acknowledgement that there is a shortage of specialist resources for young people who have been sexually abused or show sexually harmful behaviour. It is my belief that local authorities expect specialist thera-

peutic residential services to be able not only to meet the needs of children who have complex trauma-based needs but also to help create an environment where they can heal.

Building the therapeutic organisation

The key elements in the therapeutic community approach focus on creating environments where children can heal: this includes participation, personal agency, communication and social learning. Interestingly, all of these elements are mentioned in policy documents aiming to have a direct impact in improving the provision of care for children who are looked after away from home (SWIA, 2006; Scottish Government, 2009). These are also key elements in some therapeutic approaches such as the Sanctuary model (Bloom, 1997) which provides a framework to assist in the development of healing environments for children.

The outcomes for children in our care are largely dependent on the organisation's ability to:

- acknowledge factors influencing the child's experience;
- provide excellent quality of care;
- access both formal psychotherapeutic support and informal social milieu therapeutic experience, for example, implementing recognised approaches such as the Sanctuary model.

For any organisation, time needs to be taken to explore what structures are required truly to meet the complex needs of children who are accessing specialist therapeutic residential services. The need to

implement a clear and considered strategy to not only improve outcomes but also be able to evidence these within a clear theoretical framework is important. The organisation needs not only this, however. It also needs the capacity to understand that the very structures within staff groups can break down if not acknowledged and understood. This can be due to tensions which may be created by parallel processes and traumatic re-enactments which can occur in any organisational system (Bion, 1977). Specialist therapeutic residential services need to not only understand children but also need to recognise how trauma can present itself at different levels of the organisations. I argue that the natural propensity to make changes at the macro and micro levels in organisations can be 'circumvented' and opportunities lost due to:

The fear of the unknown and the potential danger to the status quo... [This] entails leaving conformist standards and becoming a 'deviant' in the eyes of society [or group].
(Jones, 1982, p.134)

There is a need to do that which is at times is not instinctual and to allow systems, groups and ourselves to be open to reflection and challenge. It is crucial to be able to communicate about issues which have in the past been left unspoken. This is the only way that dysfunctional cultures which can naturally occur in organisations can be changed (Foulkes and Anthony, 1965). This is what is meant by the common saying 'Hurt people, hurt people', as 'loss of words' is a key hallmark to the

start of damaging communication. This can be represented in diagrammatic form: (shown overleaf).

My experience of implementing such approaches in organisations is that it takes a significant emotional shift to encourage open communication among the staff team which means truly saying what is normally left 'unspoken.'

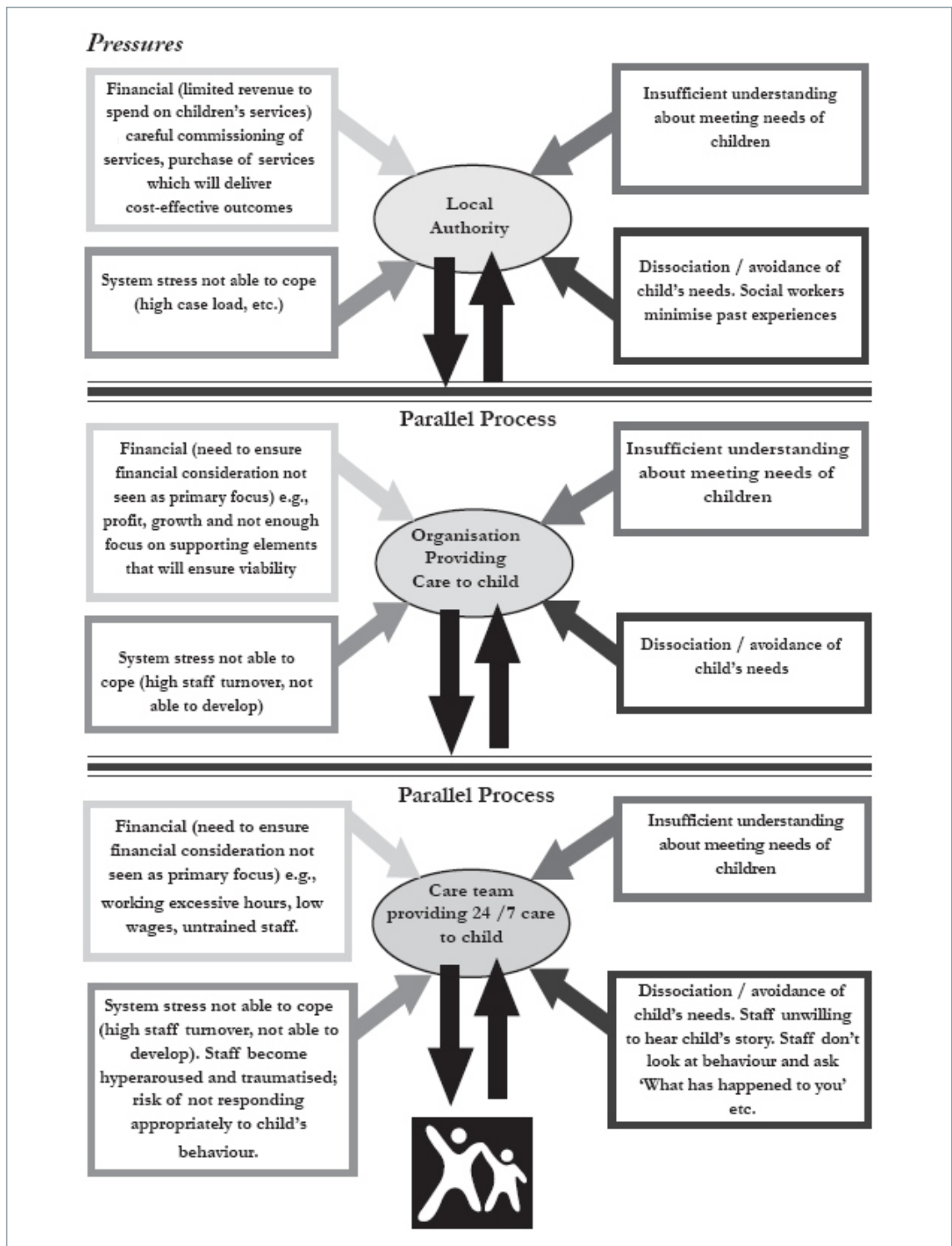
Another benefit is that this approach challenges what can be called 'the fallacy of delusional equilibrium' (Docker-Drysdale, 1991, p. 148). This implies that by keeping things calm and smooth on the surface, any chaos below this need not be recognised or addressed. Breakdown of this false equilibrium at any time often means that suppressed feelings are projected onto any available scapegoat. If such processes go unchallenged and services have not been developed to meet such complex needs, abusive practices can begin to occur within the residential care environment, which can be disguised as an attempt to manage children's behaviour (Levy and Kahan, 1991).

Specialist therapeutic residential services need to have a range of structures in place to address the needs of their children and the staff groups who work with them. A clear theoretical framework should be in place and implemented through adequate training. This will provide a foundation for the development of the culture and vision of the organisation. Good management is important. I would, however, propose that it is possible to have management without therapy, but not therapy without management. Management in this context includes safety, boundaries and all aspects of the organisa-

tional structure. Without these structures, feelings of mistrust, insecurity and anxiety are likely to be the dominant dynamics within the environment. This, of course, can be a parallel in terms of the children's experiences. The whole environment must be organised and managed in such a way that the therapeutic model can be implemented and that everyone has a clear understanding of tasks, roles and responsibilities.

Currently the dominant focus within service development in Scotland's 'therapeutic' provision has been on the 'bricks and mortar' of the homes. Therapeutic is seen in terms of size, for example, the small group care house. However, I suggest that much more needs to be done to ensure the basis for the belief that this is therapeutic in its own right is researched and evidence-based. My belief is that for some children this may, in fact, create a more intense experience which may not necessarily be positive. Issues such as attachment can on the one hand be extremely healing; on the other, if we do not have the necessary knowledge to facilitate healing, it may increase the likelihood of placement breakdown. I advocate therefore that those organisations providing specialist therapeutic residential services in Scotland ensure that they have the structures in place which are required to provide for the needs of most hurt and injured children in our society and help them heal. I have outlined some brief thoughts below to illustrate some areas which I believe will have an impact on all levels in the organisation, with points of action which might be considered:

Pressures and factors which can occur at various levels within society and group functions that can impact on the child's care within a residential setting



- (1) **Staff training:** Staff need to be trained in all aspects of child development, the effects of childhood trauma, and the rationale for any therapeutic models which are put into place. *Proposed action: Review of your organisation's current training programme, with a greater focus on developing peer mentoring in situ, to show and model to staff how the work should be undertaken, building upon the experience and commitment of skilled workers.*
- (2) **Support and supervision structures:** It seems common-sense and logical, but there should be an aim for any organisation to have only professionals with substantial experience in direct supervision of child care workers undertaking the supervision task. The teaching of the skills required should be provided in situ during work with children. Direction and facilitation of interaction of inexperienced practitioners with children is invaluable. In my view, skills cannot be learned purely from books or through didactic methods. This is akin to believing that the analysis of cement could tell us how to construct a building. *Proposed action: Review of job descriptions and criteria for specific roles.*
- (3) **Understanding tensions:** The best interests of the child can easily be forgotten as the worker strives to satisfy superiors, co-workers and organisation. This is a process which should be open to identification and challenge through the application of therapeutic community principles. Such

processes will provide containers and boundaries for all. *Proposed action: Explore how tensions are going to be managed and responded to within your organisation (e.g. Financial or growth targets) so as to ensure they do not affect care. This could include a clear statement from organisation as to its 'vision' endorsed by all in the organisation distributed to staff and children.*

- (4) **Therapy services:** A clear commitment should focus on the fact that many of the children entering our care may require the opportunity to access therapeutic services. This requires the organisation to have appropriate structures and knowledge in relation to assessment and psychotherapeutic interventions, along with contraindications of various therapeutic approaches for children. Naturally this process will need to be a multi-disciplinary approach between Health (CAMHS), social work and residential childcare providers. *Proposed action: Re-emphasise how the child's emotional needs are going to be met in the care planning process and before placement and ensure that therapeutic means to meet the needs are identified. Services should be able to answer the question 'Can we meet the emotional needs of this child?'*
- (5) **Education for children:** The permanent exclusion rate among children in care is well documented (Her Majesty's Inspector of Education/Social Work Services Inspectorate, 2001). Work with traumatised children

in educational settings requires having a consistent approach to that which is applied in the residential setting. Some traditional approaches to teaching and learning are not successful if behaviour relates to complex trauma / dissociation. Trauma / dissociation can give rise to hyperarousal which is difficult to deal with in a traditional classroom setting. The overall mental, physical and emotional wellbeing of the child are the essential pre-conditions for successful learning, and this is acknowledged in policy documents relating to education (Her Majesty's Inspector of Education 2006). *Proposed action: Develop education on site or educational supports. Provide advocacy about the needs of traumatised children.*

Conclusion

The UN Convention on the Rights of the Child states: 'Governments should do all they can to promote physical and psychological recovery and the 'social reintegration' of children who have been neglected, exploited, tortured or been subject to any form of cruel, inhuman or degrading treatment' (UNICEF, 2009). To do so requires that Governments need to ensure that children have access to appropriate services. Specialist therapeutic residential services offer one resource to help meet these needs. As I sit and write this conclusion I would like to emphasise the words of Donald Winnicott (1964):

Now what happens if the home fails the child before he has a framework of his own nature? The popular idea is that,

finding himself 'free' he proceeds to enjoy himself. This is far from the truth. Finding the framework of life is broken, he no longer feels free. He becomes anxious and begins to look for a framework elsewhere.

(Winnicott, 1964, p. 228)

All specialist therapeutic residential services need to demonstrate an ability to meet the psychological and emotional needs of the client group they have been set up to work with. They should also open themselves up to assessment against this by the appropriate regulatory care inspection frameworks. At the moment, standards for therapeutic communities for children are currently being finalised by the Royal College of Psychiatry 'Community of Communities' initiative. This may be a good starting point.

We should also pay attention to how the overall system can reflect dysfunction, and be prepared to deal with this. I propose that one way of breaking re-enactment patterns and parallel processes is to focus in on the particular needs of the children coming to stay with the organisation and to develop appropriate structures to meet these. These structures then direct the organisation along with the vision. In the end, this leads to shared governance. If we are able to focus solely on what are the underlying needs of the children in all of our residential child care services in Scotland, I believe we will be able to design key performance indicators which are measurable. This will help us to provide the evidence that we not only provide a good standard of care but also help children heal.

So I will end as I started with a ques-

tion: 'Do you seek to be a specialist therapeutic residential care provider for children and young people who have complex needs?'

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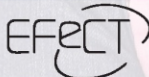
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The Relationship between Child Maltreatment and Delinquent Behavior

Elizabeth T. Sexton

The effects of prolonged abuse and neglect often persist long after a child has been removed from the home, manifesting as a puzzling picture of delinquent behaviors and academic failures. This article reminds readers to look beyond the conduct to the child's history and its context.

David had a long history of running away from home and being disruptive in school. Because of this, he had been de-

clared incorrigible by the courts and placed in foster care for a short period of time. By high school, he was diagnosed with a severe emotional/behavioral disorder and placed in special education classes.

Philip had a long history of drug abuse, noncompliance, and running away. He had

also been declared incorrigible and hospitalized in a residential treatment facility. He began abusing drugs and was placed on probation. He finally dropped out of high school when he turned 18.

I encountered both of these young men when they were on my caseload as the case manager for students with emotional and behavioral disorders at their high school. While their special education folders

provided me with much pertinent information about their histories and school performance, one of the most significant factors in their lives was conspicuously absent: the fact that they had both suffered severe physical abuse as young children.

Phillip finally revealed this to me one day as he was describing his history of



running away and of being hospitalized for incorrigible behavior. I asked him why he had done such things, and he said that his parents used to beat him with fly swatters, so he ran away. When I asked him why he had never told anyone, he said that no one had ever asked. This highlighted for me a significant weakness in our response to juvenile delinquency. We tend to see outward behaviors as totally separate from history or context, from either past or present. “Juvenile delinquent” becomes the sum total of all that is wrong with a youth, and also relieves us of any response but incarceration and the courts.

The Persistent Effects of Maltreatment

Research consistently shows a significant correlation between a history of abuse and subsequent delinquent behavior and involvement in the juvenile courts. In particular, this correlation was confirmed by the results of a recent study (Sexton, 1998) that examined the school histories of 123 young people currently living in foster care. All of these young people had been removed from their homes because of abuse and/or neglect, and a striking number demonstrated similar negative patterns in their behavior, academic achievement, and relationships. The four patterns revealed in this study have also been well documented through much additional research.

Drug involvement and aggression. In studies involving maltreated children, the behaviors that most frequently require intervention by the courts involve drug abuse and aggression. According to Groves, Zuckerman, Marans, and Cohen (1993), children who have been mistreated may fail to take adequate care of

themselves, and “seek relief from the intolerable feelings of fear and anxiety through alcohol and other drug abuse; and/or they may become the perpetrators of violence” (p. 264). When seen in the context of a significant history of abuse, both of these behaviors can be understood as efforts to relieve unbearable pain, either by numbing it or turning it outward.

Negative academic outcomes. Maltreatment — both the commission of physical abuse and the omission of neglect -- is also implicated in a broad array of negative academic and social outcomes. These ranged from below-average performance on intelligence tests to social and emotional problems ranging from hostility to apathy and withdrawal, to learning problems and low self-esteem (Cicchetti, 1989; Erickson, Egeland, & Pianta, 1989; Malinosky-Rummel & Hanson, 1993). The exceptional over-representation of older, maltreated children in populations of truants (as well as runaways, delinquents, prostitutes, and chemically dependent youth) also underlines this grave consequence of abuse and neglect (Kurtz, Gaudin, Wodarski, & Howing, 1993).

Disrupted relationships with peers. In addition to its effects on behavior and academic achievement, abuse can affect children’s social relationships in dramatic ways. In particular, maltreated children exhibit significant deficits in peer interaction and in emotional control (Hoffman-Plotkin & Twentyman, 1984; Cicchetti, 1989). They have difficulty not only in regulating their own emotions, but also in reading others’ emotions. This is often demonstrated by their failure to show empathy (Erickson, Egeland, & Pianta, 1989) and by

their responding with fear, anger, and physical aggression to other children who are upset. Although both neglected and abused children show more aggression toward peers than children who have not been maltreated, neglected children interact less frequently with peers, while the aggression of physically abused children spills over into fantasy and free play.

Disrupted relationships with adults. Research also indicates that maltreated children have far greater difficulty developing good relationships with adult caregivers other than their parents than children who have not been maltreated have (Cicchetti et al., 1993). In fact, these children may “manifest a striking difficulty with relationship formation, maintenance, and consolidation that persists over time and that extends to other adults as well as to peers” (Cicchetti, 1989, p. 399). Superficially innocuous overtures by an adult to build relationships with a child, or entirely appropriate discipline, may spark unexpected and disturbing responses in a chronically traumatized child, which in turn affect the way those adults interact with the child (James, 1994).

Looking beyond the Behavior

Often, the simplest way to view young people who are acting out in the four ways described above is to categorize them as “conduct disordered” or “oppositional defiant.” However, my early experience as a special education resource support person for students with emotional/behavioral disorders taught me the inherent danger of such thinking. At that time, I had 20 adolescents on my caseload, virtually all of whom had a behavioral his-

At the heart of maltreatment is a disruption in the primary relationship between the child and the one person who should have taken care of him or her. Therefore, one of the greatest needs for these children is to come in contact with at least one person they can trust, rely on, and bond with. Above all else, maltreated children need such caring adults who are predictable and “there” for them long-term.

tory rife with aggressive, oppositional behaviors, and drug abuse. However, when I got to know them, only one actually met the criteria for a conduct disorder. The rest were living out the effects of experiences early in life that had set them on a trajectory of school failure and trouble with the juvenile justice system.

So what, then, do we do with these troubled and troubling young people? Clearly, the answer is a complex one that involves primary prevention (e.g., wrap-around services to meet the needs of at-risk families) and various types of social, emotional, and academic support. However, at the heart of maltreatment is a disruption in the primary relationship between the child and the one person who should have taken care of him or her. Therefore, one of the greatest needs for

these children is to come in contact with at least one person they can trust, rely on, and bond with. Above all else, maltreated children need such caring adults who are predictable and “there” for them long-term.

Unfortunately, many of our social service and educational policies are not designed to meet this need. For example, in the study cited earlier (Sexton, 1998), it was not uncommon for the participating foster children to have been moved five or more times from one foster home to another. In schools as well, such discontinuity is built into the very structure of the system. In junior high and high schools, students change classes up to six or seven times a day and have a different teacher each period.

Elementary school children often bond with one teacher for a year, but then must move on to a new teacher when they enter the next grade. While this can be difficult for typical children, it can be devastating for children who have been maltreated, because every change signifies another loss. Although enrollment in special education resource classes may allow for a slightly greater chance to forge and maintain relationships, overall, opportunities to provide nurturance can be limited.

However, schools and programs around the country are finding innovative ways to meet this need. For example, nurturing is an integral part of the structure of the successful Central Park East schools in New York City (Meier, 1995). While these schools exist in some of the most dangerous settings in America, they are characterized by great success for their children. Not surprisingly, their program

includes a group component where every adult in the school meets for six hours a week with a small group of young people, providing counsel, guidance, and *nurturance*. Hopefully, such programs and their promising results will encourage all of us to look beyond young people’s troubling behavior to the history and context in which it occurred, and to find new ways to provide the nurturing and support that *all* children need to grow and thrive.

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If I had my child to raise all over again,
I'd build self-esteem first, and the house later.
I'd finger-paint more, and point the finger less.
I would do less correcting and more connecting.
I'd take my eyes off my watch, and watch with my eyes.
I'd take more hikes and fly more kites.
I'd stop playing serious, and seriously play.
I would run through more fields and gaze at more stars.
I'd do more hugging and less tugging.

— Diane Loomans

When you don't know that you don't know

Jack Phelan

I am a firm believer in education and training for CYC practitioners, both before and during their careers.

I unfortunately see many examples of poorly trained (first aid, self-defense, behavioural techniques) and theory-resistant practitioners. There are many reasons for this state of affairs, but it is not justified or ethical, particularly in agencies which claim to be delivering treatment.

The familiar Johari Window metaphor is useful here, we are most lacking awareness when we enter the quadrant of our self which is the area labelled “what you don't know and you are not aware that you don't know it”. Mark Krueger has described effective CYC practice as being able to dance well with the youth or families, i.e. match their rhythm and energy as we attempt to engage with them. I believe that many CYC practitioners and agencies believe that they are good “dancers” because they have never seen anyone dance better, but in fact they are not dancing well at all.

I want to pose a very regularly occurring interaction between CYC practitioner and a youth as an example of this state of benign ignorance. It occurs because behavioural events are more powerful than

developmental awareness when the practitioner is not supported to understand how to do relationally based, developmental CYC practice. Unfortunately, there is enormous support for a behavioural view because a great many people doing CYC work do not know that they are making major mistakes in how they interpret and respond to the people they are supposedly trying to help.

Picture this interaction; a youth comes home after school, the CYC practitioner greets him and asks about his day at school. The youth states that he attended all his classes and things were okay. Both the youth and the worker are aware that the school reports any absences every day before 5pm.

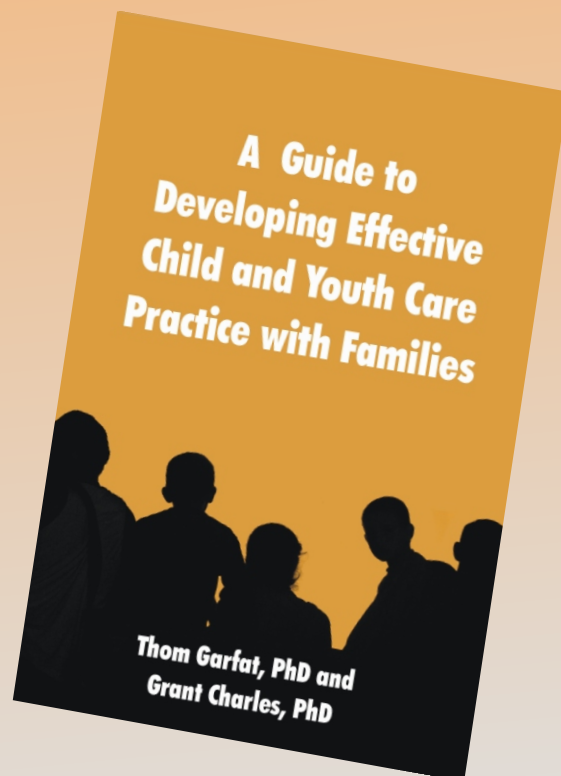
The CYC practitioner gets a call from the school stating that this youth was absent for the entire day. Discussions later on, both with the youth and with the other workers will be focussed on this “lying behaviour” and perhaps adding adjectives like pathological or bold-faced. The case plan for this youth will include lying as a major issue to be modified or eliminated, using behavioural reinforcements (punishment) as well as guilt inducement. The illogical thinking of the youth (he knew I would find out the truth

in another hour) would be further evidence of how troubled and untrustworthy the youth is. This interaction would cause the CYC workers to be more suspicious of this youth's ability to be helped.

Awareness of moral development theory would create a very different result. Abused and neglected youths have a much more self-protective logic about right and wrong, they do not evaluate good and bad by how it affects others, only how it affects themselves. So a behaviour is good if it keeps me safe from harm, and a behaviour is bad if it creates punishment. When the youth was questioned about school, he was doing a good thing to say that he attended all day. It would have been morally wrong for him to freely admit to being absent, since it would have resulted in being punished. The fact that the school was going to call later is irrelevant in his decision, and he truly believes in the moral correctness of his behaviour. Punishment and guilt are useless responses, since they only further convince the youth that you both do not understand him and do not know how to help him.

When the CYC practitioner misinterprets this behaviour as lying, he is totally misjudging the intent and moral correctness of the youth, and the youth is very aware of this lack of understanding between them, although the practitioner is not (he doesn't know what he doesn't know). Relational connections between them are weakened, and the youth's trust in the helper being able to help him is diminished.

This simple transaction occurs daily with abused and neglected youth, and our "not knowing" response prevents us from being helpful.



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The 'Other' Staff

John Stein

Much is made of the relationships between child care workers and children. It is indeed important. In fact, it is critical. But we cannot neglect other relationships and what they can contribute to the development of our children. Their relationships among each other, peer relationships, can be most powerful. Perhaps not so powerful, but still important, are the relationships children may have with other staff in residential settings.

This article is inspired by Lucille, a remarkable woman who worked as a secretary, actually more of an office manager, for over five years in a group home for twelve boys that was within walking distance of her home. Lucille was one of those rare people whom everyone liked. A lot. That was because Lucille seemed to like everyone. A lot. When you walked into Lucille's office, you were the center of her attention, as if nothing else was important to her – no matter who you were: visitor, co-worker, Executive Director, or resident. She had a hug for anyone who needed it. Staff made it a point to pass through her office – day staff



at their convenience, evening staff when they came on duty, night staff before they left for the day. Somehow, she knew everything that was going on. Because she never engaged in office gossip, with one exception, people confided in her. The exception, if someone were having a problem, personal or job-related, Lucille would tip off the appropriate supervisor so that they might lighten the duties a bit. As supervisors, we knew that if Lucille trusted us with some information, we had better handle it effectively and with discretion. She was a key to the effectiveness of our team.

Even more important was the role Lucille played with the boys. The boys, just as the staff, somehow managed to pass through her office on a regular basis. She knew them by name. They would share their accomplishments with her – she was often the first person to see their report cards. Lucille never, however, became involved in any of their problems. Misbehaviour never occurred in her office. It was unthinkable. Consequently, Lucille's office remained a positive place for the boys, and for everyone else. It was the place a boy could go when he was

feeling down, when he had somehow managed to get on the last nerve of the staff and the other boys. When he knew he had done something wrong. In Lucille's office, he was just another boy, to be accepted as a worthwhile person, with genuine, unconditional affection and, if needed, a hug. It was a respite – a place for boys to feel some acceptance and self-worth, no matter what. It brings to mind a phrase I have seen in one or two places in one form or another: "Give me a hug (or love me) when I least deserve it, for that's when I need it most."

Lucille was not involved in therapy. Her relationship with the boys was not intended to be therapeutic. (I think sometimes we go overboard, referring to anything that is beneficial as 'therapeutic.') Nevertheless, I think Lucille's relationship with the boys contributed a lot to their success in the program, keeping some of the more challenging boys from becoming totally discouraged. We had an excellent staff with a superb team leader, all of whom enjoyed excellent therapeutic relationships with the boys. Lucille's relationship was not therapeutic. Rather, it was normal. Children need normal relationships in their lives just as much as they may need a therapeutic relationship at times.

Secretaries

As I considered writing this article which was inspired by Lucille, I began to realize that many of the programs in which I had worked had secretaries who played a similar role with the children – Donna and Cheryl. (Cheryl after a year chose to accept the challenge of becoming

a child care worker, despite the fact that the longer hours were at the same pay. She eventually rose to the position of assistant director). I also worked in a program where the secretaries, Stacey and Janice, were actively prohibited from having any involvement with the children. Once, I allowed Janice to accompany the children on a special activity. There were no problems, but it was never again allowed. And Stacey's request to become involved in the therapeutic riding program (horse) was denied. A shame. The kids, boys and girls, all struggled in that program. Nothing in their lives but therapy—mostly 'state of the art behavioural therapy.' Janice and Stacey could have contributed a lot and met some unmet needs.

Cooks

In the same program in which Lucille worked, we had a cook everyone called Mama Marie. She was close to retirement age. Loved her 'babies' and loved to cook for them. Wednesday was brownie night – homemade double chocolate brownies with chocolate chips. Decadent. Sunday night was spaghetti night – great to encourage kids to return promptly from weekend passes (or on occasion to return from a runaway). Mondays was the New Orleans tradition of red beans and rice. Doesn't sound like much, but it is a stick-to-your-ribs delicacy the way they make it here. Slow cooked kidney beans with lots of seasoning and smoked sausage. (It is a tradition from the days when Mondays were laundry days. Housewives would put the beans on in the morning to simmer all day before starting the laundry.

Then, dinner was ready when all was finished.) These traditional meals, well, they helped to create some stability in the volatile lives of troubled children – something on which they could always depend.

One Wednesday morning, Mama Marie came to me. It seems the kids and staff had failed to clean up Mama Marie's kitchen after snacks the night before, leaving it in a terrible mess. She wanted something done about it. I suggested that she not make the brownies that day and that we explain to the boys that because she had such a mess to clean up, she did not have the time or energy to make the brownies. Out of the question. She could not deprive her 'babies.' She was another lady who gave hugs freely with unconditional acceptance and affection.

And when the boys had time to hang out in her kitchen, they learned some of the skills that go into the art of cooking. More importantly, they learned about the love that goes into the art of cooking.

As with secretaries, as I thought about Mama Marie, I was reminded of other cooks in my career who contributed like Mama Marie, most notably Joyce and her staff, including Cherry Ann.

Maintenance Men

Secretaries and cooks. Jobs for women? In one program, I had two cooks who were men. Retired master chefs, they both cooked great, but they were not nurturing. One once chased a boy from his kitchen throwing a pan of boiling water at him. No harm done. He hit me instead. My trousers protected me from any burns and dried pretty quickly.

Maintenance, on the other hand, is

most traditionally a job for men. Were they nurturing? No, I think not. At least, not in the same way secretaries and the female cooks were. Were they beneficial? Absolutely. No hugs. Unconditional acceptance? I don't know. I think their acceptance was conditional, but it was quite different from the acceptance granted by treatment personnel. Their acceptance was based on performance – not performance based on treatment plans and goals and point systems and such stuff, but performance based on completing the task at hand. And if the boys acted out, they got 'fired,' sent back to their unit having only earned a portion of the pay for the job – a real-world consequence. I think real-world consequences are the best teachers.

In an institution with multiple units for over 100 boys, we had a fully-fledged maintenance department headed by Cecil. Cecil often had odd jobs for the boys for which they could get paid. They got to work alongside men who were doing real work, cutting grass and landscaping, repairing faucets and doors and windows and things, refurbishing an empty unit. Sometimes, Cecil worked with me to come up with some project when boys needed money. I don't know what all the boys got from working with Cecil, but I do know they came back after their work with a sense of accomplishment that we could not provide for them, that feeling you get from a day's work well done. In another program, there was Alvin who provided much the same. Both were down to earth men as it were, who taught the boys skills that they might otherwise not have an opportunity to learn.

In the program where I worked with Lucille and Mama Marie, we hired Henry as a part-time maintenance man. Henry was a local from this rural community outside New Orleans that had its own identity, culture, and pride. Henry was a retired roofer of about 72, as I recall. The boys loved to hear his stories about the old days. To be sure, all of us had our stories that we shared freely with the boys when we thought it appropriate. But with Henry, it was different. Henry was not a treatment person. Consequently, his relationship with the boys was somehow different, just as was that of Mama Marie and Lucille. He added perspective. His stories somehow gave additional perspective and more credibility to our stories. And more, they provided the treatment staff with more things with which to work.

Financial personnel

My experience with financial personnel in four different programs was quite different from my experiences with other support staff. These folks tended to stay more in their offices and have little contact with the children. Since they did not turnover nearly so frequently as treatment staff, they had considerable seniority. More, financial matters, although equally as important as treatment (you can't do treatment if you don't have the money), are not nearly so ambiguous as treatment may be. There's only one way to account for money. It's either right or it's not; the books either balance or they don't. Because of their longevity and financial expertise, financial staff tended to have considerable influence with executives on

policy matters that at times exceeded their financial expertise.

One problem: they came from the orientation of "Everyone knows how to raise kids." It had more to do with making sure the kids suffered appropriate consequences for their behaviour than with treatment.

Upon accepting a position directing a program of three units for 32 boys in a large agency, I found that my program had not had funds for community activities for several months. It seems the bookkeeper charged any damages to the activity funds! Our activity funds had a substantial negative balance – even if there were no further damages, it would be months before there were funds for activities. There were things like a broken window, someone playfully swinging on a heavy solid wood fire door and pulling the door out of the frame, some deliberate damage during a boy's temper outburst, discharging fire extinguishers, and more.

Since the boys had not had activity funds for months and would not have any for months to come, there really were no immediate consequences for further damages. Damages were not only continuing but also accelerating. I spoke with the bookkeeper to see whether we might get a pardon as it were and a fresh start. Nothing doing. The boys had to pay. I spoke with the executive director. He supported the bookkeeper. Then I spoke with the maintenance man (Cecil, from above). He had a large project – he had to empty a building that had been used for storage and get it cleaned up for a new program. He was willing to 'pay' enough not only to cover the amount we owed

but also to provide a balance for activities for the next month, provided the boys cleaned out the building to his satisfaction. They did so. Once the boys had the opportunity to take some active responsibility for paying off the damages and then to experience some activities in the community, damages somehow subsided.

In another case, two boys got into an altercation. One had his jaw broken and had to have it wired shut. There were \$25 in medical expenses that were not covered by his insurance and were charged to the program. The bookkeeper charged the \$25 to his allowance. The consequences for getting involved a fight (he didn't have much choice) – broken jaw wired shut, liquids only by a straw for 6 weeks, and no allowance for at least five weeks if he earned maximum points. Somehow, he failed to earn anywhere near maximum points, earning only \$1 per week, so that it was going to take him months to pay off his charges. Needless to say, he did not do well in treatment after that.

In that same program, a new business manager decided that the agency could

save money by preparing meals in a central kitchen and transporting them to two satellite cafeterias, closing the kitchens on the units. Staff would escort the boys to the appropriate cafeteria for meals. Boys would no longer return from the day's activities to the aroma of dinner being prepared. Cooks would no longer have any contact with the people for whom they were cooking and boys would no longer have the opportunity to have any relationship with the people who were cooking for them. What a terrible loss.

In Conclusion

The therapeutic relationships between children and child care staff are of critical importance in a residential setting. Other relationships with 'normal' (i.e., non-therapeutic) staff are also important. They should not be neglected. Not everything has to be treatment. The more relationships we can provide for children with people who genuinely like them, the better. After all, is not our goal to empower children to have and to enjoy normal, healthy relationships?

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Key Developmental Assets for Children and Young People in Foster Care

Leon Fulcher, Suzanne McGladdery & Dave Vicary*

Abstract

Every child or young person placed in out-of-home care presents a unique set of opportunities and challenges for those seeking to make a difference in their lives. Targeting key developmental assets helps to nurture and reinforce the achievement of specific outcomes that equip looked after children and young people to become healthier, more emotionally and physically resilient young adults. This paper provides a conceptual rationale for targeting twenty developmental assets and adapting these for use with European and Commonwealth populations. A Key Developmental Assets (KDA) recording tool assists Foster Carers and Supervising Social Workers to monitor, record and report on developmental outcomes achieved by each child or young person in their looked after care. Twelve key external assets wrapped around children and young people are monitored by Foster Carers from the first hour of placement. Eight key internal assets are nurtured and promoted by Foster Carers through a daily life approach to caring, with weekly recording of achievements.

Introduction

Since the end of the 20th Century, outcomes measurement has become a requirement for non-profit, government and private sector child, youth and family

service providers in North America (Stuart, 2008) as well as in the United Kingdom and Ireland where policy initiatives such as *Every Child Matters*¹ (2003) in England, *Getting It Right For Every Child* in

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¹ Stay Safe; Enjoy & Achieve; Be Healthy; Make A Positive Contribution; Achieve Economic Wellbeing

Scotland² (2005) and Ireland's *Agenda for Children's Services*³ (2008) all reinforce outcome strategies. Such initiatives have shifted the focus of child and youth services away from targeting children and families with particular problems to locating provisions within a more universal framework of support for families and carers, acknowledging that some children and families may require additional support at different points along the way. Further policy directives were highlighted in the Report *Looked After Children and Young People: We Can and Must Do Better* (2007) published by the Scottish Government where structural disadvantages associated with becoming a "looked after kid" (Hewitt, 2002) were clearly acknowledged.

An important 21st Century policy theme that has driven looked-after care in the UK and out-of-home care in Ireland has been an expectation that service providers will **demonstrate accountability and achieve outcomes** associated with specific funding and policy targets. Such accountability has required that a new set of attitudes and skill-sets will be demonstrated by all engaged in corporate parenting functions at *direct service* levels. Cost-effectiveness, care planning and evaluations are now commonplace, with multiple efforts geared towards improving looked after care, education and treatment outcomes. Goal-oriented activity that helps looked after children and young

people meet specific objectives are required in the form of Care Plans. These are reviewed by UK statutes through legislated administrative processes known as LAC (Looked After Child) Reviews. LAC Reviews are monitored by corporate parents assigned a legal mandate to provide looked after care in the UK (*They Are All Our Bairns*, 2008), or out-of-home developmental care administered by the Health Services Executive in Ireland.

An *Outcomes Agenda* now requires that human services achieve targeted outcomes with clients, customers or end-users, regardless of how the recipients of services are identified. Care outputs are frequently confused with care outcomes and both are important. In their survey of Welfare and Family Service Agencies across Canada, Ferris-Manning and Zandstra (2003) found that

"only 50% have systematic processes for integrating results of their own outcomes evaluation and needs assessments into practice, and only 30% have processes for integrating the results of external research into practice... 39% do not have any process" (Stevenson & Balla, 2003, p.9).

Care outputs are produced by service organisations operated by or through purchase of service contract for corporate parents – the actual people in government

2 Safe; Nurtured; Healthy; Achieving; Active; Respected & Responsible; and Included

3 Healthy, both Physically and Mentally; Supported in Active Learning; Safe from Accidental and Intentional Harm; Economically Secure; Secure in the Immediate and Wider Physical Environment; Part of Positive Networks of Family, Friends, Neighbours and the Community; Included and Participating In Society.

agencies who are assigned mandated authority by the judiciary for all children and young people in out-of-home care. The corporate parent rarely has direct contact with looked after children and young people, although some attempts are made through youth in care forums. *Care outcomes*, on the other hand, involve developmental achievements that are shaped through relationships with children and young people in out-of-home care during important periods in their lives. This distinction between care outputs and care outcomes is commonly seen with pre-school children in day nurseries. A care output may require that all pre-school aged children in the centre receive meals in a timely, nutritional and age-appropriate manner. A care outcome might focus in the same setting on whether this child can feed him or herself using a spoon.

Policy outcomes are commonly pursued by politicians and civil servants who represent or report to government bodies (for example, the Care Commission in Scotland, Ofsted in England or the HSE – Health Services Executive – in Ireland) seeking annual assurances that public funding is achieving targeted goals and policy objectives. *Service outcomes* are targeted by health, education and welfare agencies and professionals – social workers, psychologists, teachers, doctors, nurses and their managers – seeking to show whether particular services are achieving targeted objectives. Fewer at-

tempts are made to record, monitor and report systematically on *developmental care outcomes* achieved by UK children and young people in looked after care, or by those receiving out-of-home developmental care as highlighted in Irish legislation.

Looked After Children and Young People⁴

There were 60,900 children and young people in looked after care in England on 31 March 2009, a figure that has remained relatively unchanged since 2005 (DCFS, 2009). On the same date, there were 15,288 children and young people looked after by Scotland's local authorities, an increase of 3 per cent over 2008, with the trend profile showing an increase every year since 2001, its highest since 1983 (Scottish Government, 2009). During the same period in Wales, there were 4,941 children and young people in looked after care on 31 March 2009, a demographic increasing 3% on 2008 but a significant 50% increase since 1997 (Dolman, 2009). The latest information identified for Northern Ireland shows that on 31 March 2008 there were 2,433 children and young people in looked after care, 57% (1,376) of these were living with foster carers; 26% (622) were living with their family; 13% (319) were living in residential care; and 5% (116) were living in other types of placements

Overall, boys outnumber girls in the UK's looked after care system by a ratio

4 Instead of terms like 'in care' or 'out-of-home care', the term 'looked after care' was introduced in the United Kingdom via the Children Act in 1989 and refers to children subject to care and supervision orders.

of roughly 3:2 (BAAF, 2009). The children and young people in looked after care in Scotland (87%) and Wales (92%) are mostly of White European heritage whilst for England, that proportion dropped to 76%, with 7% Black, 5% Asian, and 8% dual parentage highlighted (DCSF, 2009). There were 3,700 unaccompanied asylum seeking children in the 2009 English census of children and young people in looked after care in England, roughly 6% of the total (DCSF, 2009). Roughly 2 out of 5 of looked after children and young people in Scotland (5932 or 38.8%) were living under supervision at home with parents, whilst 1 in 5 were looked after by friends or relatives (kinship care) (3037 or 19.8%). Nearly a quarter (4,739 or 23%) of children were looked after by foster carers provided by the local authority, with a further 6% (917) looked after by foster carers purchased by the local authority. The numbers of children looked after by foster carers or prospective adopters have increased every year in Scotland since 1993. 1 out of 10 children and young people in looked after care (1580 or 10.3%) were living in residential placements, and 2% were placed for adoption (Scottish Government, 2009). Almost as many of Scotland's looked after children and young people were living under home supervision with family members as were looked after in foster care.

That compares with three quarters of the total looked after population of 44,200 children and young people in England living in some form of foster care on 31 March 2009. In England, the total number of foster care placements has risen

steadily each year since 1995 when 65% of looked after children and young people were living in foster care, increasing to 75% of placements in 2009. This compared with 73.5% of foster care placements in Wales and (or half the looked after population being in fostering (30%) or kinship care (20%) in Scotland. Placements of looked after children and young people in English and Scottish residential care have remained roughly 10% of placements over the past decade. That compares with only 4% of looked after children and young people in Wales placed in children's homes, but 13% of placements in Northern Ireland at 31 March 2008.

Targeting Key Developmental Outcomes

The basic premise for this outcomes initiative builds from the practice imperative – *We Can and Must Do Better* – with services which nurture and reinforce achievements that matter in the lives and futures of looked after children and young people. Based on empirical research with more than three million North American children and young people, the Search Institute delineated forty Developmental Assets which they described as “concrete, common sense, positive experiences and qualities essential to raising successful young people”

(<http://www.search-institute.org/assets/foty.htm>). Twenty external relationships and opportunities, along with twenty internal values, skills and self perceptions were shown to influence young people's future life chances as they transition through childhood and adolescence towards young

adulthood. This *strengths-based approach* directs attention towards personal strengths and resilience (Daniel, Wassell & Gilligan, 1999; Gilligan, 2009), reinforcing competencies, bolstering personal capacities, supporting motivations and accomplishments, whilst reinforcing goals, hopes and aspirations. Benson, *et al* (2006) referred to this as *positive youth development*. Strengths-based approaches identify and make use of resources (natural supports) and promote active participation in decision-making with young people, family members and others (Burford & Hudson, 2000) through processes that Abraham (2009) described as *team parenting*.

Twenty **External Assets** were highlighted around four developmental themes: *Support; Empowerment; Boundaries & Expectations; and Constructive Use of Time*. These wrap around children, young people and families in culturally defined ways (Fulcher, 2003) and involve family members, other adults, opportunities to participate in community life with family and extended family members, at school, where there are neighbourhood and peer group boundaries, as well as purposeful use of time at school, at home and in the community.

Twenty personal or **Internal Assets** that help shape daily living activities and social relations address four other distinctive themes: *Commitment to Learning; Positive Values; Social Competencies; and Positive Identity*. These internal assets high-

light achievements, engaging in learning activities at school and at home, and a nurturing of values⁵ such as caring about others, equality and social justice, integrity, honesty, responsibility and restraint. Competencies associated with planning and decision-making, interpersonal and cultural skills, resistance skills and peaceful conflict resolution are also highlighted, along with personal power, self-esteem, developing a sense of purpose and instilling hope for the future.

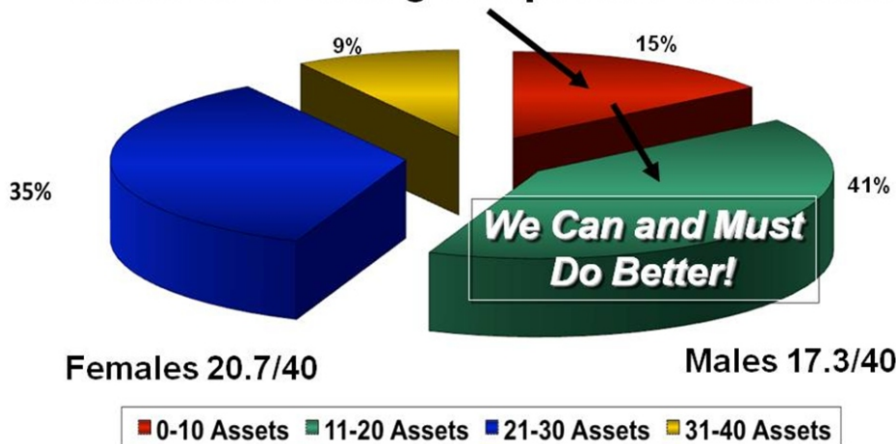
Search Institute research (2001) found that roughly 1 in 7 young people in their study reported 10 or fewer developmental assets while roughly 2 in 5 reported 11-20 assets. Other Search Institute research showed how young people reporting 10 or fewer of the 40 developmental assets face particular challenges that impact on those with whom and around whom they live. Search Institute research (2001) found that roughly 1 in 7 young people in their study reported 10 or fewer developmental assets while 2 in 5 reported 11-20 assets.

Other Search Institute research showed how young people reporting 10 or fewer of the 40 developmental assets face particular challenges that impact on those with whom and around whom they live. Starkman (2002) found that of young people reporting 10 or fewer assets, 92% of the research population were not achieving in school; 39% were experimenting with drugs; and 61% had been involved in 3 or more acts of fighting, hit-

5 Kholberg (1991) expanded on Piaget's cognitive theory of child and adolescent development to explain this as the development of moral reasoning.

Assets Identified by ±3 Million Young People, 2001

Key Developmental Assets for Children & Young People in Foster Care



HALF THE YOUNG PEOPLE HAD LESS THAN 20 ASSETS!

From *Speaking of Developmental Assets: Presentation Resources & Strategies*, 2001, Search Institute, Minneapolis, MN . 55413 (USA) www.search-institute.org

ting, injuring a person, carrying a weapon, or threatening physical harm in the previous 12 months. Statistics such as these frequently profile the plight of children and young people in looked after care in the UK, as well as children and young people in out-of-home care in Ireland, Australia, Canada and New Zealand.

Following attempts to engage Foster Carers around weekly recordings using all forty developmental assets – including formats differentiated for young children, older children and young people – it became apparent that Foster Carers could not sustain focus at such intensive detail from week to week, no matter how important. To simplify weekly recordings, twenty developmental assets were targeted as Key Developmental Assets for Children and Young People in Foster

Care. Our selection of twenty developmental assets and naming these key assets for children and young people in foster care takes account of how more than half of the large normative population of young people surveyed by Search Institute reported 20 or fewer assets (Scales & Leffert, 2004). This posed a practice dilemma: ***Which developmental assets really matter for children and young people in foster care?***

A rationale is provided in what follows, for targeting twelve key external assets and eight key internal assets for use with children and young people in foster care, suitably amended for European and Commonwealth applications. The Search Institute argues that all forty developmental assets are important as a strengths-based curriculum for children

and young people. The authors share some of these sentiments. However, the twenty key developmental assets identified here are considered strategically important in care and protection work with children and families, as well as for the supervision of duty of care obligations with children and young people in foster care (Fulcher, 2002). Quality care in a family setting involves Foster Carers promoting personalised care and education that is tailored to the capabilities and interests of each child or young person in placement. Children and young people are actively encouraged to engage with and thrive in foster care environments that are wrapped around them in a supportive and purposeful manner (Fulcher & Garfat, 2008). 'Looked after' care nurtures personal as well as social competencies and skills. It takes into account each child's personal disposition as well as their particular social and cultural values. Such an approach to 'looked after' or developmental care targets specific, evidence-based developmental outcomes that are building blocks towards the health and social wellbeing of children and young people, in their present and futures.

The very fact of obtaining 'looked after' status or becoming the subject of a care or supervision order means that important external assets have become compromised for most children and young people in out-of-home care. It is also likely that personal nurturing and supervision has been intermittent at best. Early developmental experiences such as these

offer good explanation for why so many looked after children are now over-represented as adults in UK prisons and mental health populations (Scottish Executive, 2007; Department for Children, Schools and Families, 2005). A pilot study targeting 20 developmental assets for children and young people in foster care was conducted with Search Institute permission.⁶

Child welfare legislation and care standards operating for the care and protection of children, and for the supervision of youthful offenders in the UK, Ireland, Australia, Canada and New Zealand further informed our selection of Key Developmental Assets with Children and Young People in Foster Care, as with the risk assessment question *Is this child safe now?* Child Care legislation in all parts of the UK and Ireland identifies care standards that are monitored and evaluated at regular intervals by quasi-government bodies. The 20 Key Developmental Assets for Children and Young People in Foster Care required that all grounds for looked after status be addressed with immediacy and consistency. This accounts, in part, for the ratio of 12 External Assets and 8 Internal Assets in our final selection of 20.

Twelve key external assets were identified for use by Foster Carers, Social Workers or Child and Youth Care Workers to fulfil duty of care obligations to monitor, record and report on – *be accountable* – for ensuring that children and young people in their care are making developmental achievements that matter for

6 Developmental assets, copyright © 1997, 2009 Search Institute® were adapted with permission.

EXTERNAL ASSETS TARGETED AS KEY DEVELOPMENTAL ASSETS

Developmental Theme: Empowerment

Safety: The child/young person feels safe at home, school and in the community. They sense danger, seek help from trusted adults, and resist pressure from peers to participate in unacceptable or risky behaviour. Carers, teachers, neighbours, and the community take action to ensure child/young person's health & safety (Half of the SI sample viewed safety as a priority. It is also a requirement for all individuals and services providing care to children and young people).

Service to Others: Child/young person takes up opportunities to perform simple but meaningful, helpful and caring actions for others. For example, helping tidy up after play (Half the SI sample reported such opportunities -many children who become looked after have had few opportunities for learning or guidance developing empathy and citizenship).

Developmental Theme: Constructive Use of Time

Play/Social Activity: The child/young person participates in opportunities for organised social activity or play that allows self-expression, physical activity, and interaction with others (Over half the SI sample reported participation in structured activity programmes promotes physical & emotional wellbeing, developing social skills & positive experiences).

Developmental Theme: Support

Carer Family Support: Carers provide the child/young person with high levels of consistent and predictable emotional & physical care, and promote positive attention in ways that are responsive to their individuality (Two-thirds of the SI sample reported having this; vital for children living in foster care as mandated by legislation)⁷.

Positive Carer/Child Communication: Carers express themselves positively and respectfully, engaging the child/young person in conversations - as appropriate for that child - that invite their input. Child feels comfortable seeking advice and support from their carer. (A quarter of the SI sample reported having this. Through positive communication Foster Carers assist the child or young person in their care feel safe enough to express their feelings, make sense of their past and strive to achieve a more emotionally stable and secure future).

... continued over

7 Ratios of young people who reported experiencing each asset gathered from the administration of the Search Institute Profiles of Student Life: Attitudes and Behaviors survey to nearly 150,000 children and young people in their final year of primary school through the end of secondary school (roughly ages 12-18) in 202 communities across the US in calendar year 2003 – <http://www.search-institute.org/research/assets/asset-levels>.

Family and Other Adult Relationships: Child/young person receives and accepts support from other adults, for example her/his birth family or other significant adults, and demonstrates a sense of belonging (43% of SI respondents had such relationships - so important to sustain and foster with children living away from birth families).

Child Care/School or College Environment: Child care workers, teachers or youth workers create a consistent and supportive approach to encouraging the child/young person's learning and development appropriate to their level of ability and language (Less than a third of the SI sample reported having such an environment - children & young people in looked after care can face stigma, need more support and/or struggle with inconsistency in these environments).

Carer Involvement in Child Care or Education: Carers support child/young person to succeed in learning environments, for example working with teachers/play group leaders to create a consistent and supportive approach that encourages the child's learning & development (Less than 1/3 of the SI sample reported this, but UK National Minimum Standards for Foster Carers (2002) require this based on poor educational outcomes found for looked after children).

Developmental Theme: Boundaries and Expectations

Carer Family Boundaries: Carers provide consistent supervision for the child/young person and maintain reasonable guidelines for behaviour that they can understand and achieve. Family has clear rules and consequences and monitors the child/young person's whereabouts (About half the SI sample reported having these, for children and young people who assigned looked after status, boundaries were lacking so appropriate boundaries help children feel safe).

Child Care, School or Work Experience Boundaries: Child care workers/teachers/supervisors provide clear, consistent rules & consequences and use a positive approach to discipline (Half the SI sample reported these. Consistent boundaries at home, school & in the community help young people in looked after care feel secure & engage in learning).

Adult Role Models: Carers/other adults in the child/young person's life model positive, responsible behaviour and encourage them to follow these examples (Only a quarter of the SI sample reported this, an asset particularly important for children and young people who have experienced negative role models but also a requirement under UK legislation)

High Expectations: Carers, teachers and other influential adults encourage the child/young person to do their best in all tasks and celebrate their successes (Half of the SI sample reported having these. Many children in looked after care have experienced low expectations, blame and shame. High expectations can positively influence achievement outcomes).

their futures. A listing of key external assets for children and young people in foster care is provided below, with two external assets identified under the theme *Empowerment*; one under the theme *Con-*

structive Use of Time; five under the theme *Support*, and four under the theme *Boundaries and Expectations*.

Eight *Internal Assets* were identified as key developmental assets for this initiative

8 INTERNAL ASSETS TARGETED AS KEY DEVELOPMENTAL ASSETS

Developmental Theme: Commitment to Learning

Motivation to Achieve: The child/young person responds to new experiences with curiosity and energy, and shows pleasure in learning and mastering new skills (Two thirds of sample & many children and young people in looked after care may score low on this asset as a result of the trauma or abuse they have suffered making this an important asset to monitor).

Engaging in Learning Activities—at Home/School or in the Community: The child/young person participates fully in a variety of activities and opportunities offering personal learning (Over half the SI sample agreed the importance of assessing whether each child or young person has opportunities for learning but opportunities to engage in these; children in looked after care often experience difficulty in this area due to low self esteem, poor concentration or anxiety).

Learning Opportunities and Homework: Child/young person seeks support, and is encouraged, in their learning. For example, pre-school aged child asks adult to read to them, or young person seeks support in completing/submitting homework and learning projects on time (Nearly half the SI sample reported this. It is important to assess and monitor the extent to which children and young people in looked after care make use of learning opportunities, given their statistically weaker educational outcomes).

Developmental Theme: Positive Values

Responsibility: Child/young person begins to/can follow through on simple tasks to take care of him or herself, begins to/can accept personal responsibility for their actions (appropriate to age & ability) (63% of the SI sample agreed that being 'response able' is important. It is a learned asset that commonly requires nurturing in children and young people in out-of-home care, i.e. learning to and developing social skills needed to respond in an appropriate manner regarding themselves and others).

Developmental Theme: Social Competencies

Planning and Decision-Making: The child/young person begins to plan for the (immediate) future, choosing from options and trying to solve problems (Almost 1/3 of the SI sample reported this. Care Leavers make it clear that many young people didn't have opportunities for developing these skills in preparing for and living independently; key UK policy agenda).

... continued over

Peaceful Conflict Resolution: The child/young person begins to compromise and resolve conflicts without using physical aggression or hurtful language (2/5 of the SI sample had this asset which may require targeted development for children and young people in looked after care who've learned to resolve disputes using negative or abusive strategies).

Developmental Theme: Positive Identity

Personal Power: The child/young person can or begins to show empathy, understanding, and awareness of her or his own and others' feelings. They can make choices that give a sense of having some influence over things that happen in their life (2/5 of the SI sample reported this. Children and young people in looked after care commonly experience low self worth and require opportunities for experiencing personal power that contribute to developing positive self esteem).

*Positive View of Personal Future*⁸: The child/young person views themselves, others or their future in positive terms, taking account of their own cultural identity, a growing awareness of difference and the diverse world around them. (Almost three-quarters of the SI sample had such a view. Looked after populations often have good reasons for having negative views about their futures, thus it's important to monitor this amended asset).

with children and young people in foster care. Three assets were targeted around the theme *Commitment to Learning*, one with *Positive Values*, two around the theme *Social Competencies*, and two around the theme of *Positive Identity*.

Monitoring and Reporting Developmental Achievements

In constructing a simple recording tool for use with children and young people in foster care, an important challenge involved compiling something that can be readily understood and used by Foster Carers, Child and Youth Care Workers and Social Workers (Phelan, 2001). The recording tool had to be simple enough to complete on a weekly basis without requiring excessive time or training to

complete. Following trials in Scotland, Ireland, New Zealand and Australia, a 5-option Likert Scale was adopted (as illustrated below), offering weekly interval level options (days per week) that help Carers record in a reliable fashion.

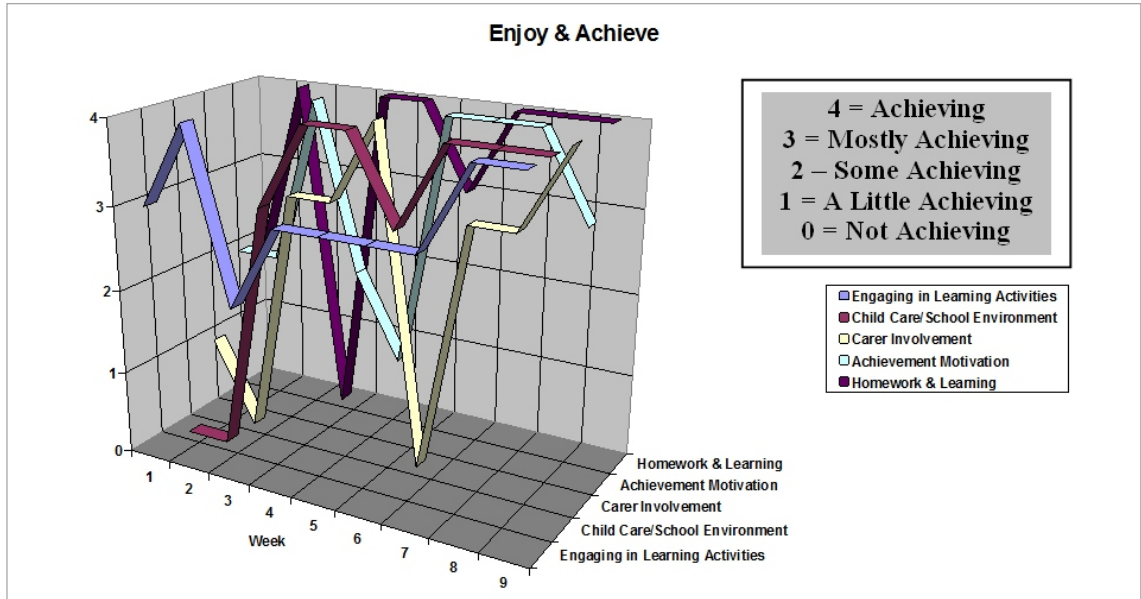
A Foster Carer provided narrative above, supporting her assessment that the 12 year-old young man in her care was Achieving around one specific Developmental Asset. *Not Assessed* is identified when an assessment could not be made at the end of any given week, with a reason, such as not attending school, absconding or school holidays. *Not Achieving* (0) is when Carers report that an outcome is being achieved less than 1 day per week.

8 This descriptor was amended so as to monitor a more holistic orientation towards children and young people developing a positive view about their futures – physically, socially, culturally and within their own sense of gender, sexual identity, capabilities and ethnicity.

Positive Carer/Child Communication: Carers express themselves positively and respectfully, engaging the child/young person in conversations - as appropriate for that child - inviting their input. Child feels comfortable seeking advice and support from their carer.

- Not Assessed (Give reason)
- Not Achieving (less than 1 day per week)
- A Little Achieving (1-2 days per week)
- Some Achieving (3-4 days per week)
- Mostly Achieving (5-6 days per week)
- Achieving (7 days per week)

Very early in the morning after the visit with his family, he woke me up to say "my sisters didn't really talk to me". From his tone of voice it seemed as if I knew why they hadn't really talked much. I said that maybe he could bring up some topics – such as a new movie or what's happening for them at school - to help them join in conversation.



Achievement Profile of Developmental Outcomes associated with Enjoy & Achieve:

4 out of 9 weeks Mostly Achieving and 2 weeks Achieving around *Carer Involvement*; 4 weeks out of 9 evidencing *Achievement Motivation*; after school holidays, 5 out of 9 weeks Achieving within his *School Environment*; Mostly Achieving 4 out of 9 weeks and 3 weeks Achieving around *Engaging in Learning Activities*; and 6 out of 9 weeks Achieving with *Homework & Learning*.

A Little Achieving (1) is when the child or young person has been achieving an outcome 1-2 days per week. Some Achieving (2) is recorded when the child or

young person demonstrates achievement 3-4 days in a given week. Mostly Achieving (3) is recorded when they have demonstrated achieving an developmental

9 The Developmental Assets® used in the Key Developmental Assets Recording Tool were adapted with permission, copyright © 1997, 2009 Search Institute®. Adapted from *Every Child Matters* (2005), *Getting It Right For Every Child*

outcome 5-6 days per week. *Achieving* (4) is recorded when a child demonstrated achieving every day of the week. A short narrative is provided to evidence achievements with each developmental asset. The Likert Scale reporting format supports the plotting of trend analyses and **Achievement Profiles** which illustrate weekly achievements around each developmental outcome being monitored throughout the placement. Achievement Profiles are shown for the same 12 year-old noted in the illustration above, highlighting issues around 5 important assets at the start of placement.

The five Achievement Profiles shown in this example are reported using the second objective from the *Every Child Matters* (2005) policy agenda – **Enjoy & Achieve**. Aggregate measures of achievement can be reported using this recording tool for groups of children or young people placed by the same local authority, referring Court or Children’s Hearing; by age or gender cohorts; by external and internal outcomes; by service locations; or even by designated caseloads for supervising social workers. The Achievement Profiles also highlight achievements with External and Internal Assets as well as the clustering of particular assets of interest to service providers, commissioning agents and even families.

Conclusion

Personal and social circumstances that result in *looked after* status being assigned mean that children and young people placed in out-of-home care are still highly over-represented in virtually all categories in which negative statistics are reported (Scottish Executive, 2007), or as Jackson and Martin found, leaving care “to face unemployment or to form part of the prison or homeless population in later life” (1998). If *We Can and Must Do Better* then out-of-home care must target those children and young people most at-risk – those with the fewest developmental assets – and assist them more to achieve targeted developmental outcomes more systematically whilst in receipt of state-sponsored care (Search Institute, 2001). By targeting *Key Developmental Assets* (KDAs), care providers, social workers, child and youth care professionals and service managers – as well as children, young people and their families – can identify developmental needs, highlight achievements, reinforce competencies, strengthen resiliency and pinpoint where particular service responses may be required. All are reminded that children and young people are particularly vulnerable as they transition into and from primary school, between schools because of changes of address, and from primary school into and through secondary school.

(2007); *Ordinary People Doing Extraordinary Things: Training, Support and Development Standards for Foster Care* (2007); *Ireland’s Agenda for Children’s Services* (2008); Scales, P. C. & Leffert, N. (2004); Scales, P., Sesma, A. & Bolstrom, B. (2004); VanderVen, K. (2008) and Durie, M. (1998) highlighting 12 External Assets and 8 Internal Assets that can be monitored on a weekly basis prior to LAC (*Looked After Child*) Reviews, and at regular intervals thereafter. Carers provide behavioural evidence of progress towards developmental outcomes each young person is achieving whilst in foster care.

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Last (Bad) Words

Last week I flew halfway across the country to my old home town to speak at a conference, and took advantage of the trip to spend some time with my Mom.

I hadn't seen Mom in almost a year. My sisters, who have been there with her on her gradual descent into the murky fog of Alzheimer's, warned that the visit would go hard on me. They had been there every day; I would be instantly confronted with changes that had been a year in the making.

A nurse at the home showed me up to her room. "Mary," said the nurse. "There's someone to see you."

Mom turned to me. My heart tore to tatters.

She lay in her bed, eyes wide open, staring at the ceiling. I was shocked at her appearance. Once a woman who was both athletic and empirically beautiful - we're talking movie star good looks - she was now grey and gaunt and sunken.

"Hi, Mom," I said. "It's me." I used the nickname that she had for me since I was a baby (and no, you're not entitled to know).

I don't know what I expected. Some

flicker of recognition? There was none. A smile? Nothing. Just a vacant stare.

She began to talk ... sort of. She unleashed a pleasant, conversational stream of gibberish. Half-formed words, nonsense syllables, sounds of all kinds. But not a single intelligible word in all of it.

I took her hand . It was incredibly soft, as if she'd never done a lick of work in her entire life. She'd had six kids in nine years, raised them all on a military salary, and once made the local paper when she was named Chatelaine Magazine's Housewife of the Year. The woman's hands knew hard work.

Mom never wanted this. I mean, who would? She had often specifically said that if she ever wound up this way, she hoped one of us would be kind enough to cover her face with a pillow and press down. For years, it was a family joke: when she'd stumble on a word or forget where she'd put something, my sister would grab a pillow from the couch and begin fluffing it up.

And Mom would turn to her and sweetly say, "(Expletive) off. It's not time yet."

(Mom was a military wife. Every bad

word I know – and a few I would never use – I heard first from her. She took inordinate delight in a well-placed expletive.)

Well, God forgive me, I really did look speculatively at her pillow. The only thing stopping me was the thought that sooner or later I might get to Heaven and Mom would greet me with, “Get over here, you little (expletive). Now, what the (expletive) was that all about?”

I began to sing to her, songs from when I was a little boy. When I began singing “The Teddy Bears’ Picnic”, she waved her arms, conducting the imaginary parade. I fetched up in tears in the chorus, unable to go on.

Mom looked at me, then pulled a marvellous caricature of a crying face as if to say, “Don’t be such a baby. Get hold of yourself.” (I remember once when she flushed a turtle of mine down the toilet upon its demise. She let me cry for a little while, but when the keening went on too long she said, “Oh, for God’s sake, enough. He wasn’t going to grow up to be Prime Minister, you know.”)

After about an hour, you could tell she was getting tired. I didn’t want to break off the visit. I was still industriously drilling

to see if I could get that one tiny glimpse of the strong, funny, woman who kept our family together all those years. But it felt like it was time to leave.

That’s when Mom uttered the last intelligible words I will ever hear from her. In the middle of yet another stream of gibberish, she paused, frowned, and said, “Oh, (expletive)!”

Not exactly poetry, I know. But perfect, in its own way. Her situation, summed up in a way that was so much like her.

I chuckled when she said it, and chuckled when I told the nurses outside about it. “Oh, that’s Mary,” they said.

I wasn’t chuckling in the car on the way back into the city. I was crying. Tears of sorrow, tears of loss ... but also tears of gratitude. Her six kids were lucky to have had her as long as we did.

Those two words won’t be her last, I’m fairly sure. Physically, she’s got a few more miles left in her. But they will probably be the last words I hear from her.

I’m OK with that.

They shocked me, made me laugh, made me cry.

A good way to go out, you ask me.

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Post Card from Leon Fulcher



Tuai Horse and Pony Club Show

Hi Everybody! For the past several weeks I've been living in the country, amongst high country farming people working livestock on farms in our area. When I learned about the Tuai Horse and Pony Club Show, I thought this was a Saturday not to be missed! So sun hat, sun screen and picnic chairs, we set off for country entertainment! There was a sausage sizzle also offering fresh venison sandwiches and soft drinks to make the day celebratory for all.



A Horsin' Around Sort of Family Day for Country Folk

Country folk from throughout the rural district had come together on what used to be a fairway on the Tuai Golf Course – an old sign drew attention to the out-of-bounds fence of an old 9-hole

course carved out of a farm. The golf course is no more but it offered a great venue for the horse and pony competitions. I grew up around horses and worked with them until – as a young adult – I moved away from that country life with horses. This was like old times!



Pole Bending for the Littlies with Mum Running Ahead of the Pony

Pole Bending – or to name it more specifically Nez Perce Pole Bending – is a timed event that involves a horse or pony racing through a sequence of 6 slalom poles as fast as possible, then weaving back through the slalom to the finish line. It requires a lot of horsemanship and practice for the horse or pony to avoid knocking over the poles, thereby incurring

a 5 second penalty per pole. Young children rode their ponies with a family member trotting them through the slalom course. The mother in this photo made sure that I knew that her daughter was riding a miniature horse, not a pony! That is important!



Junior Barrel Racing

Junior barrel racing involves entering a sequence of 3 barrels that are positioned in a course set out to form a 3-leafed clover. The riders entered the course at speed in this timed-event and raced towards the right hand barrel, rounding it and then galloping across the course to circle the second barrel. Riders then gallop as fast as possible to the top of the 3-leaf clover, circle it and gallop at speed back down through the course. A horse very experienced with barrel racing can actually turn out from under the rider!



Junior Course Jumping

Course jumping for the juniors involved moving through a sequence of 6 diverse jumps and then return through the sequence of jumps for a second time. It was a laugh watching horses asked to jump after little practice. For some it became a rodeo and a few riders and their horses parted company!



A Beautiful Appaloosa Horse in the Senior Barrel Racing!

There was a beautiful Appaloosa horse which took out the Senior Barrel Racing. The Appaloosa breed of horse originated amongst the Nez Perce peoples of what became Idaho, and became the State Horse of Idaho

<http://en.wikipedia.org/wiki/Appaloosa>

Nez Perce Pole Bending involved head-to-head run-offs between riders on Appaloosa horses!



Children Playing on Their Make-Believe Pony

At this Country Family Day around horses, it was fun watching children turn the abandoned barrel-racing barrels into their own imaginary horses! The whole day was a fun one with many laughs! There were some very expert young riders so watch out Olympic competitors! Not London 2012 but very, very soon!

A handwritten signature in black ink that reads "Ilon". The signature is stylized with a large, looped 'I' and a small smiley face above the 'l'.



One hundred years from now,
It won't matter what car I drove,
What kind of house I lived in,
How much I had in my bank account,
Nor what my clothes looked like,
But, the world may be a little better
Because I was important in the life of a
child.

EndNotes



My Future

My head was down, preoccupied by long-ago lost memories of good times, of laughing and love, of more recent bad times of hurt and doubt and fear.

Today I lift my head and see at least the possibility of finding once more those early experiences of carefree safety and togetherness.

Who knows whether these todays will conquer those yesterdays so that my tomorrows will be hopeful and rewarding and fun ... ?

—

Although there are many trial marriages... there is no such thing as a trial child.

— **Gail Sheehy**

If children live with criticism, they learn to condemn.

If children live with hostility, they learn to fight.

If children live with fear, they learn to be apprehensive.

If children live with pity, they learn to feel sorry for themselves.

If children live with ridicule, they learn to feel shy.

If children live with jealousy, they learn to feel envy.

If children live with shame, they learn to feel guilty.

If children live with encouragement, they learn confidence.

If children live with tolerance, they learn patience.

If children live with praise, they learn appreciation.

If children live with acceptance, they learn to love.

If children live with approval, they learn to like themselves.

If children live with recognition, they learn it is good to have a goal.

If children live with sharing, they learn generosity.

If children live with honesty, they learn truthfulness.

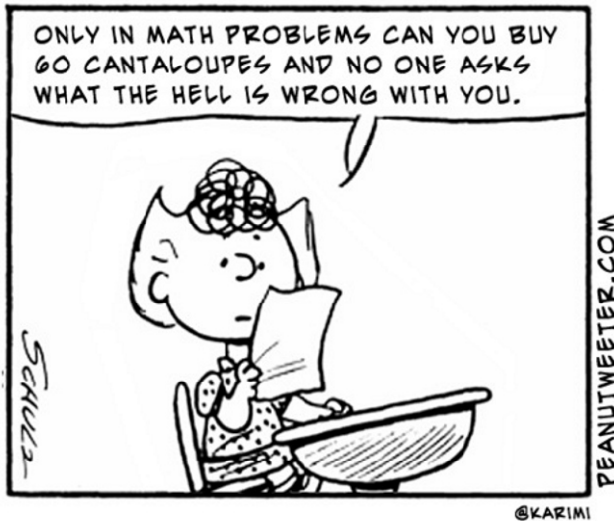
If children live with fairness, they learn justice.

If children live with kindness and consideration, they learn respect.

If children live with security, they learn to have faith in themselves and in those about them.

If children live with friendliness, they learn the world is a nice place in which to live.

— **Dorothy Law Nolte**



From the moment of birth, when the Stone-Age baby confronts the twentieth-century mother, the baby is subjected to these forces of violence called love, as its father and mother and their parents and their parents before them, have been. These forces are mainly concerned with destroying most of its potential.

— **R.D. Laing**

In spite of the seven thousand books of expert advice, the right way to discipline a child is still a mystery to most fathers and ... mothers. Only your grandmother and Ghengis Khan know how to do it.

— **Bill Cosby**

Conspicuously absent from the Ten Commandments is any obligation of parent to child. We must suppose that God felt it unnecessary to command by law what He had ensured by love.

— **Robert Brault**

What a child doesn't receive he can seldom later give.

— **P.D. James**

Mother Nature, in her infinite wisdom, has instilled within each of us a powerful biological instinct to reproduce; this is her way of assuring that the human race, come what may, will never have any disposable income.

— **Dave Barry**



Dad, I think I'm ready for our little talk about the bulls and the bears.

information

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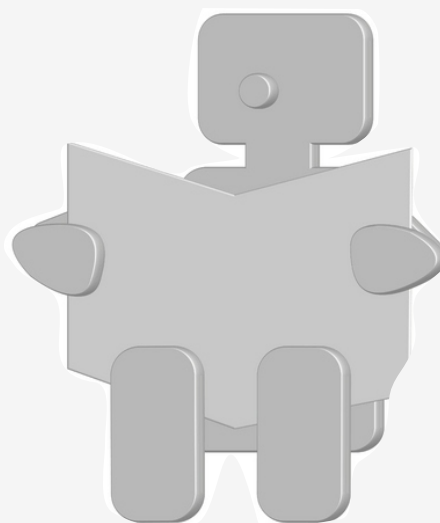
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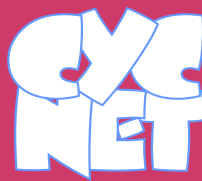
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