

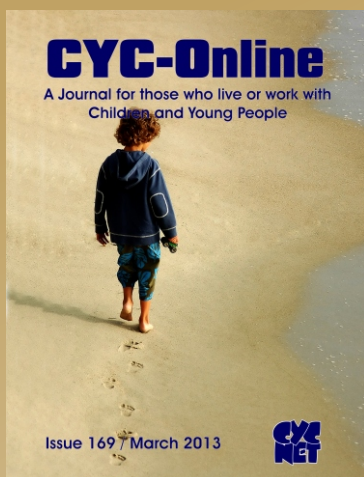
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Waiting for the thaw

It's been cold for a while now — sometimes I think it's been 'forever'. But it is not all bad.

Today, for example, there is a little less 'chill in the air' and as I wander around I find little spots where it feels okay to let down the shields just a bit and let the warmth touch me a little. I didn't realise, until I felt a little warmth, how much I have been shielding myself daily from the chill.

As we have moved this far along in the process, we even have large parts of days where some sunshine warms for longer periods. It is easy at this stage to make a mistake and think the cold has gone, or is fully on its way out. Invariably, after a short period of warmth, the chill sets back in.

I remember the beginning of this process, of this long cold: storms blowing in, winds howling, the cold deep and harsh enough to freeze anything within sight.

Everyone wanted to stay huddled in some warm corner rather than engage with the chill. But even then it wasn't all bad — oh, maybe we would go days with little reason to be optimistic and then sometimes, when we least expected it, a little thaw would occur. It's good when that happens: it reminds us that this really is not 'forever' but rather just a necessary part of the process, an important part of the cycle.

There is really nothing we can do to push it along so we try to ride it out as best we can. Sometimes we just take a deep breath, bundle up the self, step into

the context and go meet it where it's at, feeling the rhythm and the power, and knowing that this chill needs to be met with respect. To do otherwise is to risk harm to self.

And then, eventually, the periods of warm seem longer than the periods of chill and we move out more to engage with it as if thinking that somehow our presence will move it along faster — whether it does or not we can never tell of course — nature is what it is. But we are a part of it all. And, who knows, maybe it isn't really the beginning of the great thaw; maybe, just because we decided to engage in it, it seems less threatening somehow, so we interpret it differently, maybe even get involved in some activities that help to set the chill aside. Maybe it is us that are thawing.

This much we know, and it helps us some: after the storm, comes the calm; after the freeze comes the thaw; after the chill comes the warm. We repeat this at times, when we are all together; like a mantra keeping us focussed, keeping hope alive. And when this deep freeze is over, as it will be one day, we will bathe in the warmth, connecting with everyone and everything, reflect together back on the process which now seems not quite so long, and prepare for the next one, hopefully just a little more ready than last time. But likely not ☺

Waiting for the thaw is a part of the cycle of living, healing and being in this climate.

— Thom

The Third Third: The Evening Shift

Kiaras Gharabaghi



The evening shift in residential care is, without a doubt, the most dynamic shift, where the only truly predictable component for the staff is that something will happen that they (the staff) did not expect to happen. This lack of predictability is also a source of anxiety, for staff and young people alike, and therefore much time and energy is expended to avoid things from happening or to put safety and limits around the things that do happen. In fact, it is quite amazing that in spite of there being many different theoretical approaches, program designs and policy and procedure frameworks for residential care programs, the evening shift everywhere features common routines most of the time: there is a snack period for when the young people return from school, followed by a little free time, eventually some quiet time (also referred to as homework hour, room time, personal time, etc.), dinner, a chore, some structured recreational and/or therapeutic

activity, another snack time and then bed-time routines. Of course there are many variations in the degree of structure, and some residential care programs build in more free time than others. In addition, sometimes some young people can be exempted from particular elements of the program and instead plan their own routines or activities. Nevertheless, there is an overarching framework for the evening shift nearly everywhere within which staff move young people from one element of structure to the next, all well-intended, all usually well-executed, and most elements of the structure underwritten by a meaningful rationale (sometimes more meaningful than other times).

As part of the Three Thirds Approach to Residential Care, it becomes necessary to re-think not so much the structure of the evening shift, but instead the way in which staff place emphasis on the different elements of this structure. For this shift, as for each of the others, it is important

for staff members to start their work with a team intention of making the next eight hours as pleasant, meaningful and safe as possible for the young people. This does not mean working to avoid issues or crises, but instead, it means creating spaces for re-grouping, for finding comfort (for both staff and young people) and for experiencing one another without the pressure to conform, comply or perform. As with the other shifts, one of the core questions for the evening shift is how to care for the physical context in which staff and young people come together. This is often a neglected feature of evening shifts, not because no one cares, but simply because this shift is usually very busy, and there never seems to be enough time to look around, and to think about how to render the physical space a comforting one. Of course, this perception of busyness is just that, a perception. In fact, it is entirely possible to render the evening shift busy precisely because everyone is occupied with rendering the physical space one of comfort that exudes a sense of belonging for everyone. Instead of a “therapeutic activity”, for example, staff and young people could come together and re-design the layout of furniture within the space; or the group could work on an art project specifically designed for display in the living room. Perhaps the most obvious place where the physical space can be impacted is not so much through physical interventions, but through the other senses, such as smell



and sounds. A selection of mutually agreed upon music in one area, and a joined cooking effort using interesting spices in the kitchen can alter the experience of being within the physical space without actually requiring any extra time or effort on anyone’s part. The point here is not to constantly find ways of altering the physical space, but instead to make the way the physical space is experienced a joined experience on the part of staff and young people, with a collaborative, empowering approach to deciding on changes or even temporary enhancements.

Dinnertime in particular is arguably one of the most underrated opportunities in residential care. Usually, dinner is seen as having an instrumental role, and thus is structured as a routine of the program to be completed. Instead, dinnertime could easily be transformed into a core aspect of embedding connectivity and stress-free group living (work) within the residence. Instead of a twenty minutes affair, thoughtful residential care would at least often (if not always) strive to extend dinnertime to last for much longer, perhaps by having multiple courses and by encouraging “lounging” between courses and during and after dinner. This is an opportunity to utilize a safe, comfortable and enjoyable context for coming together as a vehicle for forming deeper connections, practicing social graces and skills through daily life events, and even supporting the learning and education of

the young people by steering the conversation toward school curriculum (without really talking about school).

Another question we ask for every third of the Three Thirds Approach is how each shift can contribute to the other two. During the evening shift, many (almost all) residential programs require the young people to do chores. This particular routine is an example of how sometimes program routines are enforced for the sake of getting them done, instead of in ways that render them meaningful for the young people, the staff, the other shifts, or the program as a whole. Instead of having a pre-set list of chores and assigning young people to rotate through these on a week-by-week basis, why not identify things that would actually be helpful based on the feedback from the other two shifts. This might include cleaning chores, household management chores or administrative chores, such as preparing particular kinds of forms, putting together admission or information packages, or preparing shopping lists or, in programs for older youth, actually doing the shopping, or taking out the trash, vacuuming, cleaning behind the fridge and so on. One might ask each night what sort of chore the young people are most up for; some nights, someone might feel ambitious or feel the need to do something that might be appreciated by the overnight staff; others might just want to take out the trash and be done with it. The point is that chores present an opportu-



nity to take action related to the connections of young people with overnight staff, the connections between shifts, and the motivation of young people to do things that they see as being useful.

Another question we ask ourselves for each of the thirds within the Three Thirds Approach is how we might use the third as a way of deepening connections and relationships. Here it is interesting to note that the core focus of relationships in residential care, and perhaps in child and

youth care practice more generally, has been on relationships between individual young people and individual staff members. There is great value to this focus, but there is also an element of incompleteness associated with it. We must acknowledge

that these interpersonal relationships are only one aspect of relationship and connectivity in residential group care. Other, equally important aspects include relationships amongst peers, between groups of peers, amongst staff members, and between several young people and several staff members. The evening shift lends itself to working on some of these 'other' relationships and connections. The common focus on one-on-one time as a precondition for working on relationship does not correspond to the child and youth care principle of working through daily life events and in the moment. Those DLEs and 'the moment' are almost always characterized by the involvement of multiple individuals, staff and young people, and in some cases peers and fam-

ily members from outside of the residential program.

The third third of the Three Thirds Approach is therefore an opportunity to explore the connections in multiple constellations of individuals; this is where we can ensure that our relational work is centered within the lifespace of the young people, which usually is a complex space (rather than place) in which multiple relationships are

colliding all the time. Engaging diverse small groups of young people in activities, play and conversation ensures that connectivity throughout the evening provides for shared experiences that do

not chronically leave any individual on the sidelines. It also ensures that neither staffing groups nor resident groups form in such a way that some individuals within the program experience their everyday life as less connected than others.

This same logic also applies in the context of maintaining a healthy team. It is virtually always the case that a range of connectivity characterizes the relationships amongst team members, with 'cliques' often appearing as the worst possible outcome. The evening shift provides an opportunity, therefore, for each staff member to find their path to contributing to a team effort, and to work side by side with every other team member in render-



ing this path compatible with the paths of others. Each member of the team can contribute here by embracing being paired with a colleague who may not be immediately compatible with oneself. The challenge of working together in spite of different personalities, perspectives and approaches is an asset in residential group care when it is approached as an opportunity for innovation rather than an imposition.

The Benefits of the Three Thirds Approach

Over the course of the past three months, I have tried to articulate, in simple language, an approach to residential care

that mitigates some of the chronic stressors for staff members while at the same time focusing considerable energy on rendering each third of the day as positive as possible in relation to some of the most central elements of residential care: the physical context, the relationships, the transitions from shift to shift and the health of the team. There are several immediate benefits associated with thinking about residential care in this way.

First, this approach eliminates any ideas about legitimizing different value ascriptions for each of the shifts. It is a core element of this approach that all moments in time, including the middle of the night when most young people are asleep, are

of equal significance and provide for great opportunities to contribute to the promotion of the core elements as defined above.

Secondly, this approach calls into question any ideas that legitimize the hiring of less-qualified individuals for different shifts, and in particular for the overnight shift. Every person entrusted with caring for and about young people in residential care must understand and make a commitment to the everyday life experiences of young people, and therefore must find ways of utilizing their time and opportunity to contribute positively and meaningfully to that experience.

A third benefit of this approach is that it places significant importance on the physical context of being with young people. This is an area that is often neglected for long periods of time, and then addressed through somewhat random efforts to 'clean the place up'. This kind of thinking really separates the physical context of care from its relational, activity-based, and therapeutic context. As Michael Burns made clear in his book about *Healing Spaces*, this kind of separation makes no sense and is to the detriment of young people's everyday experiences of care. Within the Three Thirds Approach, the physical context of residential care (framed as the response to all of the senses, including sounds and smells), caring for this context is a central component of each of the thirds.

And finally, the Three Thirds Approach is really about providing a framework for maintaining the highest possible commitment to caring for others in the moment. Fewster has written passionately about

the importance of the word "care", both here on CYC-Net and in scholarly articles and books. Yet much of this compelling writing finds few opportunities for surfacing in the everyday chaos of working or living in residential care. For this reason, I think that focusing on eight hours at a time, and ensuring the complete integration of care into everything that happens, is smart and less stressful than trying to create program frameworks, theories, policies or any other overarching approach to building care into residential care. It also promotes simple ideas, such as lounging over dinner, giving greater importance to food (which is almost universally recognized as the foundation of care), and letting young people know that we are with them (present) even when that may not be obvious.



Children and the Hidden Manifesto

Cedrick of Toxteth

As a professional idiot, unfettered by morality or social conscience, almost anything can be a cause for celebration. So I don't mind whooping it up with anyone offering a few free scoops, whatever their reason. For example, I think football (i.e. Soccer) was designed to bore the balls off buffalos but, as an unemployed Aroma Therapist living on Merseyside, I was always ready to join the lads in the Alehouse whenever Liverpool F.C. won another trophy. For them it was a moment to be cherished – a fleeting opportunity to sing their beloved anthems and brag about something in their otherwise repressed and depressing lives. For me it was simply an excuse for a skin full of ale and a chance to be delightfully obnoxious.

And so it was a month or so ago when I hooked up with a group of delirious Democrats bent on celebrating another season of Obamarama. Now politics isn't really my poke either, but even I can see the stupidity of giving more power to the financial and corporate warthogs, so I was ready for the big shindig at Bubba Dumbowski's place.

The inauguration ceremony was unabashed theatre crammed with patriotic

anthems and, despite being an "alien," I raised my voice with the best of them. There were cheers all round when the re-elected President spoke about the need for environmental management, healthcare, gun control and inviting our gay brothers and sisters back into the dysfunctional human family. Sure this was all about the mighty U.S. of A, but when I led the group in a rousing rendition of "You'll Never Walk Alone" (The revered anthem of Liverpool F.C.) we, *the people*, became as one.

But, a week or so later, when we resumed our festivities at Bubba's to watch the State of the Union address, my enthusiasm waned. All that crap about the middle class began to stick in my craw. Then, when El Presidento went on about education, it dawned on me that, behind the rhetoric of human values, we are still stuck with the insidious cliché, "It's the economy, stupid."

This triggered the only legitimate cause I fess up to – attacking the repressive agenda we are urged to impose on our kids in maintaining the status quo. Even with a rejuvenated bunch of mindless middle class consumers and jobs for all, the status quo sucks and our primary agenda

should be to use our educational resources to liberate our kids from its clutches. As it is, we've been conned into believing that education should be a nationwide system of job training designed to serve the needs of the self-serving corporate leaches and their mindless political toadies. From their perspective, law enforcement, prisons, insane asylums, 're-education' institutions and workhouses are all potential job-creation options. A pox on them all.

As my fellow revelers continued to celebrate the beginning of a new era, my own spirit sank into a bottomless bog. On the Greyhound Limo back to the Ruby Dubb Doss House, I amused myself by scribbling the hidden manifesto that had taken me from frivolity to foreboding after only one mug of Dumbowski's best domestic champagne. Having been informed by reliable White House sources that Mr. Obama likes to read this column in the Oval Office Bog (Rest Room), I would like to share with you, the dedicated readers of CYC On-Line, the document that will never be, and never should be, made public.

BRINGING THE CLASS BACK INTO THE CLASSROOM

Let it be known that, in accordance with the Presidential State of the (Trade) Union address, we *the people* will take im-

mediate steps to re-establish our rightful place as the world leader in Industry & Commerce, and all other matters deemed to be capitalistic, competitive or just plain cool.

Let it be known that, to this end, we *the people* will create a new and prosperous middle class capable of driving our internal economy to infinite levels of expansion through ever-increasing levels of consumerism in the pursuit of individual happiness and corporate wealth. We'll deal with the lower class next time around.

Let it be known that the old conservative 'Trickle-Down' economic dogma of the Reagan/Thatcher era has been officially replaced by the new liberal "Make it Pour-Down" philosophy of the current administration. May it

pour down on those most in need – we *the people*. Let us not forget that most children will become *people* some day.

Let it be known that the new spirit of scientific, technological and entrepreneurial advancement will inspire our children to find jobs commensurate with their scientific and managerial talents and aspirations. For children who are prepared to work hard, the ultimate reward will be jobs, jobs and more jobs. Then they will have the bucks to send their own kids to college.

Let it be known that, wherever possible, children will be enrolled in state



monitored pre-school programs as soon as they have moved through that awkward infantile stage of wanting everything their own way. The emphasis will be upon individual goals and measurable levels of achievement. State funded residential treatment programs for adolescent adjustment reactions will be established in every State.

Let it be known that, given the above, the following principles and practices shall be adopted by all who raise, teach or otherwise influence the children of this diminishingly green and potentially prosperous land:

1. Couples planning to have children must be gainfully employed and committed to family values. They should have either achieved, or be in the process of achieving, middle-class status at the time of application.
2. *Research shows* that children who experience the struggle of birth without assistance become the most highly motivated achievers. For this reason, medical inductions and C-Section deliveries will only be performed for middle and upper class mothers at the request of their lawyers.
3. *Research shows* that children begin learning immediately after conception. For this reason, state-assisted early childhood education programs will train expectant parents in the latest data-input techniques. All prospective parents will be provided with the manual "Learning in the Classwomb" free of charge. Increased family allowances will be made available

where newborns are able to recite the two-times table within three days following birth (n.b. 421 Chinese babies have already demonstrated this potential on the abacus).

4. *Research shows* that the first three years of life are critical in the development of a child's sense of self and future aspirations. For this reason, parents will be encouraged to focus upon rewarding all the good stuff and ignoring (or punishing) all that childish nonsense kids get into when their real education is neglected. Self esteem that isn't based on accomplishment is no more than self-deception.
5. *Research shows* that children who have been adequately prepared for pre-school will have abandoned childish fantasies and refuse to waste time messing around with the other kids. Early achievers who have mastered their number facts and are thinking in a logical and scientific manner are ready to engage in play activities that emphasize discipline and healthy competition.
6. *Research shows* that pre-school kids enter grade school with a distinct advantage. They know how to sit in rows and repeat in unison whatever they've just been told. This makes it possible for teachers to control educational inputs, sort out the stars from the stragglers and establish differentiated levels of competition. The sooner children know whether they are going to become scientists, administrators, accountants, entrepreneurs or security guards, the more they can become focussed on

the job at hand and look forward to the job ahead. In this way, every child can experience success and feel good about himself (or even herself). Even a delivery boy (no girls here) can find his way into the middle class by hiring other delivery boys when the time comes.

7. Teachers are there to teach the curriculum approved by the state authorities and selected corporate sponsors. Their remuneration and status will be based upon measurable educational outcomes. Those mush-peddlers who think of themselves as 'facilitators' will be redirected into other more suitable work in Government Service or on the Corporate parking lots. This is compatible with our motto – "Jobs for all, regardless of race, competence and sexual orientation."
8. The afore-mentioned curricula should be geared to the philosophy and objectives stated in the New Manifesto.

To this end, the following practices shall apply:

1. Pre-schoolers should not be distracted from reality with fairy tales and sandboxes. These archaic forms will be replaced by stories of real-life heroes (eg. Bill Gates, Lee Iacocca and Donald Trump) and pre-designed learning kits (e.g. Mattel's *Magic Micro-Lab*, Playtime's *Build Your Own Drone* and Tinkertoy's *How to Dismember Your Teddy*).

2. Science, mathematics, technology and business administration are what real education is about. Creative teachers will know how to incorporate all the other stuff into the prescribed curriculum. For example, drafting and technical drawing are the purest form of artistic design. In music, computers can crank out sound variations that Mozart could never have imagined. And, when it comes to drama, acting out the roles being played out in the theatre of corporate life contains unlimited learning and diagnostic potentials.
3. There shall be no school drop-outs or kick-outs. Teachers of 'Special Needs' students will be trained to prescribe and dispense psychotropic medication as appropriate, thereby reducing the staggering costs of our healthcare system. Special Needs kids who want to waste their lives dancing, painting pictures or playing with words will be removed from the mainstream and taught how to market their products without state assistance. Statutory rewards such as pocket-money and



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trips to Disneyland will not be made available for recalcitrant offspring who refuse to participate in creating the new tomorrow. Children who persistently fail to meet the grade will be grouped according to their particular disability and given the benefit of differential treatment administered by duly qualified remedial practitioners.

4. Parents with middle-class status, or above, will be permitted to enrol their children in state-licensed private schools (see section 47.1). These institutions will be required to comply with all of the above with special dispensations for those paying an annual licence fee in excess of twelve million dollars.

(At this point in my scribbling, I was distracted by two adolescent pillocks sitting on the other side of the bus. Obviously bored and incapable of creating their own entertainment, they decided that I should be the object of their amusement. It took the rest of journey for me to put them in their place. "Good luck Mr. Obama" I said as they sank silently into their own stupidity.)

Don't get me wrong, I think the current President of the United States is a class act. I can't imagine what it must be like to juggle such an array of conflicting interests in presiding over the most powerful and forward-looking nation on the planet. But, for my money, education and compromise don't mix. If we still have a chance to reclaim our collective relationship with Grandmother Earth, this is the arena in which we, *the people*, can create

a future based upon the human values that Mr. Obama so passionately and eloquently articulates. For me this means that the overriding educational goal should to provide children with opportunities to explore and express their own innate humanity; to create relationships that have meaning and substance and to learn how to collaborate with others in meeting the greatest challenges we have ever faced.

Such principles call for a very different manifesto from the one I scribbled on my fifty-two minute bus ride. The challenge does not begin with our kids. Whether they are born in Chicago or Beijing, they already possess the basic ingredients to change the world. It is we, *the people*, who must change, not so much in our thinking but in our way of being with ourselves, each other and ultimately, our children. In other words, we need to re-educate ourselves before we can invite our kids to join the party.

As for me, I'm fully recovered from my Cynical Depression and ready for the next festive occasion (telephone number on request).

About the author

Cedrick was a columnist with *Relational Child & Youth Care Practice* before entering private practice as a certified idiot.

His current whereabouts are unknown but he can generally be traced through his demented editor Gerry Fewster
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Seeing “I” to “I”: A Phenomenological Analysis of the Caring Relationship

David Austin and William Halpin

The caring relationship is at the epicentre of child care, and inhabiting this epicentre are the child carer and the child. This is epitomised in history by the relationship between mother and child, although recently the father has been allowed a brief role. The question of whether the mother-child relationship can ever really be substituted for is still with the jury, but the question of whether the caring relationship can ever be substituted for is, we would suggest uncontested: it cannot.

Children come into care because they come from being out-of care. The most important task for the new environment, whatever it is, is to re-establish in the child's being the possibility of relationship. Learning appropriate behaviours, cognitive skills, responses, is all secondary to this.

As Keith-Lucas (1981) says most succinctly: “One doesn't have to behave in order to be loved, but be loved in order to behave”.

The elements that make up caring have been most powerfully detailed by Mayeroff (1971). They include commitment, love, constancy, patience, authenticity, an absence of judgement and a shared life. Given the demands of the experience of caring, most professionals have hastened to find reasons why caring is unprofessional. This is presently seen clearly in the field of day care, where we do not face

the question of whether putting one's child with another during the day is detrimental to growth. Phenomenology has nothing to say about caring itself, but the caring relationship as defined above is a lived experience which allows the full pos-



sibility of personal knowledge as described by a phenomenological approach. It is our basic position that what child care workers do in the caring environment allows to the fullest extent the fact of direct perception, something which all child care workers experience and know and which only those persons who are removed from the shared lived-in experience deny.

Let us start by saying what phenomenology is not. It is not the mere reporting of subjective data. To ask someone to report on their perceptions or feelings about themselves is not phenomenological, although this is frequently asserted in the literature. Phenomenology aspires to be a theory of knowledge which allows for the direct perception of another.

The way it does this is to argue, in essence, that if one looks at another, having bracketed all theories, preconceptions, notions, ideas, etc. of what the other is, then there is direct sight (insight). This involves the following:

- Suspending one's common sense beliefs in the natural world of cause and effect, time and sequence, object and subject. In child care terms, this can be translated as the suspension of beliefs (prejudices) about how children act, how this one in particular acts, what causes them to behave. The objective is not to see the child through the lens of some particular theory or history, but to see the child directly as he is, living out his experience in the present and now.
- Seeing clearly and directly. The argument is that if one gets rid of one's prejudices as above, then one will be

able to see clearly.

- Seeing consciously. Phenomenology focuses on the conscious, however inarticulate, and assumes that perception is conscious perception of another object.
- This other object can include another consciousness, so that one consciousness can perceive another consciousness.
- Frequently this immediate experience of another is a bodily felt awareness of the other (embodiment). One is aware of feelings before one can necessarily put them into words.
- In addition to directly seeing facts (that is a child) one is able to immediately grasp principles (that is an angry child).
- The "thing" doing the seeing is the "I", as in I SEE. The I is not a construct like the Ego, it is simply the irreducible see-er.
- One "I" can directly see another "I".
- Seeing clearly takes practice, just like anything else. It is not intuition, it is not empathy, it is not taking the role of the other, although all these things may help, it is seeing directly, without interference, and with clarity. Frequently in order to see clearly, one needs to focus, to attend, to intend to the other. What is seen dimly at first, or is felt bodily, with effort can become clear.
- If an "I" is to see another "I" clearly, then it is necessary they inhabit the same space, that they live in the same world of bodily felt experience. We feel/sense behaviour before we see. As soon as one steps out of that world, one becomes an observer, and ceases to perceive directly. An observer can

only see behaviour, not the intention of the behavior, and while reflection may be valuable, it is not perception. A scientist, of course, is yet further removed from direct experience, and inhabits a world of post facto analysis and deduction/induction.

- The focus is on understanding and truth, not on explanation and prediction. While every child has a history, the importance of this history may help us understand the child, but it does not explain or predict the child; if it did, one would only have to know the history (read the chart) and one would be able to predict how the child will behave. The fact is, as every child care worker knows, one cannot predict a child's behaviour from reading about him, only from knowing him, and then only to a certain extent. The explanation of a child lies in his being at the moment, not in some distant past.

Alfred Schultz summarises the argument as follows: "Sharing a community of space implies that a certain sector of the outer world is equally within the reach of each partner, and contains objects of common interest and relevance. For each partner, the other's body, his gestures, his gait and facial expressions, are immediately observable, not merely as things or events of the outer world but in their physiognomical significance, that is, as symptoms of other's thoughts. Sharing a community of time – and this means not only of outer time but also of inner time – implies that each partner participates in the on-rolling life of the other, can grasp in the vivid present the other's thoughts as

they are built up step by step. They may thus share one another's anticipations of the future as plans, or hopes, or anxieties. In brief, consociates are mutually involved in one another's biography; they are growing old together, they live, as we may call it, in a pure We-relationship" (I, 1967).

Let us give an example from the field of residential care. Residential care is clearly the best environment for analysing what we are talking about. It is in residential care that the child care workers and the child most evidently share the same lived experience, and which therefore allows for the I to I sight.

Take a room where two boys are fooling around on the floor, making a lot of noise, their arms and legs thrashing, grunts and sweat pouring out. A child care worker walks into the room. What happens then depends on the extent to which the worker and the children have lived together – know each other. If the child care worker is new, the likelihood is that he will be confused as to what to do, he will not know whether the boys are fighting seriously or horsing around, whether he should intervene, simply tell them to knock it off, call for help, etc. This is not because he does not "know the boys" – he may have read their charts from beginning to end, have discussed them with other more experienced workers, talked about them with his supervisor. He may have a master's degree in child care, and ten years' experience in some other setting. But he does not know these particular boys.

It is true that phenomenology would argue that if the worker looks at the boys, bracketing all his prejudices, that he can

see them clearly. However, the chances of his doing that when he is a stranger are slight, and he is more likely to either play safe (tell the boys to stop, and put himself between them) or to start reflecting before acting, in the hope of coming up with an explanation (was there anything in the charts which will explain this and help me decide what to do).

On the other side, if the boys do not know the worker, they too will have no direct perception of him (who is this guy) and will treat him as an object (let's see what he does) rather than a subject (Oh, it's Jim, we had better start behaving). Moreover while the worker is likely to want to perceive the boys directly, the boys may have no such motivation. Insight requires that the object as well as the subject permit direct access.

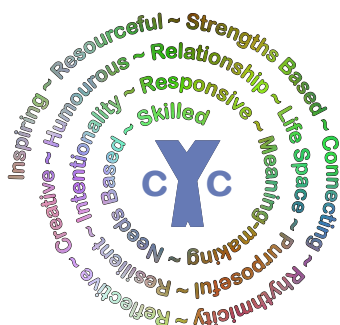
We cannot stress too strongly that in our experience this article will be perfectly acceptable (and comprehensible) to all those persons who have worked directly with children, and perfectly unacceptable to those who have not. We

think that child care workers perceive in this way all the time and cannot say so, because direct perception and direct knowledge are not acceptable in the light of a natural science model of knowledge. In our opinion that should be too bad for the natural science model of knowledge.

Bibliography

- Husserl, E. *The Idea of Phenomenology*, translated by William P. Alston and George Nakhnikian. Martinus Nijhoff, The Hague, 1964.
- Keith- Lucas, A. *Report on Co-ordinated Child Care Consultation*. Paper presented to the Presbyterian Synod of North Carolina, Camp Caraway, Asheboro, N.C.,
- Mayeroff, M. *Caring*. Harper and Row, New York, 1971.
- Schultz, A.S. and Luckmann, T. *The Structures of the Lifeworld*. Heinemann Education Books Ltd., London, 1974.

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An equality perspective on residential child care

Niall Hanlon

Introduction

An equality perspective on residential child care is one which places the issues of power and oppression as central concerns of practice. This requires more than an understanding and appreciation of the nature of the inequalities that children in care experience. The residential practitioner must appreciate egalitarian values and develop the skills, competences and knowledge base to evolve programmes and strategies that promote equality. Fundamentally, equality practices require significant changes in relationships of power. This paper will outline a means of conceptualising inequalities by discussing the way that they often have an impact on children and young people in residential care.

Baker (1999) and Lynch (1995; 1998) have presented comprehensive frameworks that outline major inequalities. They argue that inequality involves five basic dimensions. These are in the areas of resources, representation, respect, working/learning, and love / care. Inequalities in these five areas are generated from sources within political, cultural, economic and affective systems, which relate in complex ways. The five basic dimensions

are explained below using examples from the residential care context in the Irish Republic with which I am most familiar; however, I have referenced a variety of sources, both old and new, from both the UK and Ireland to support my claims. The purpose of the article is to emphasise the broad context of inequalities with which many young people in care have to contend.

Inequalities and children in residential care

Children and young people in residential care are not homogeneous, having unique life-stories and individual experiences of inequality. Nonetheless, inequalities are shaped by social regularities, manifest within common social divisions, and often expressed as social problems. The circumstances of social class, family status and family conflict, ethnic background, gender, sexuality, disability, age and generation, and the way that these patterns interconnect with systems of welfare and care, shape certain common inequalities. Children and young people in care experience a wide variety of common inequalities with multiple sources. These include the family context,

but are also related to their care experiences, and more generally to age, ethnicity, class and gender inequalities (Frost, Mills & Stein, 1999). It is also widely appreciated that the wellbeing of children and young people in need of care is generally poorer than that of other groups of children (Department of Health, 1991). Some of the specific inequalities facing children and young people in residential care will now be outlined.

1. Resource inequalities

A variety of resources are required by people in order to live a fulfilling life. These include income and wealth, housing, play and recreation facilities (McVerry, 2006; Drudy & Punch, 2005). Additionally it includes the quality of welfare, health and care systems, clean air and a pollution-free environment, freedom and safety from drugs, gang violence and other threats. Different groups of people will have different access to, and command of, resources and different forms of capital, with social class divisions being particularly important. Those with less power and access to resources face greater obstacles to living and a decent life (Baker, 1987).

With the majority of children in residential care coming from some of the most marginalised sections of working class communities (Bullock & Little 1991; Gilligan, 1991) they typically experience class-based resource inequalities. The burden of social disadvantage for children in care means that they often experience poorer physical health resulting in greater health care needs (Parker et al., 1991). These young people are at greater risk of

homelessness, imprisonment, drug and alcohol abuse, unemployment, or psychological and relationship difficulties, than many other young people, particularly those from more privileged backgrounds (Focus Ireland, 1996; Barnardos, 2000). Many children and their families experience intermittent homelessness and displacement, whether this is caused by fleeing persecution, the asylum process, escaping domestic violence, or the general vagaries of housing markets (McVerry, 2006). These insecurities have far-reaching implications for the general health and well-being of children and families, and may contribute significantly to the need for care (Costello, 2002).

Living in care is not always a protection from resource inequalities. Historically children in care were significantly neglected by state and religious systems in Ireland and were exploited by unpaid work (Raftery & O'Sullivan, 1999). In many respects, however, contemporary systems compensate for the more negative experiences of poverty by meeting basic needs of food, shelter and care. Although the degree of basic security that young people in care experience is questionable, there is little doubt that systems of residential child care have improved remarkably in recent decades. Yet there remain many resource deprivations within the care system. These are often evident as human resource issues, poorly managed homes, breaches of quality standards, and the whims of short-term funding which force residential closures (Fulcher, 2001; Irish Social Services Inspectorate, 2005). What is clear is that a poor quality residential system is a resource inequality for

children in care. More fundamentally, resource inequalities are experienced in terms of the lack of family support, intervention and aftercare services (Gandy 1997; Doolan, 2005). The distribution of resources in relation to meeting the needs of children in care raises many questions including whether investing in residential, rather than community, services is the best way to meet care needs and reduce resource inequalities. Ultimately resource equality is concerned with children in care having a wide range of resources to meet their particular needs, in a way that provides them with the same range of options as other children in society.

2. Power and representation inequalities

Representation inequalities are inequalities of power, voice and decision-making. There are many aspects of this for children in care. Care systems have traditionally given children very little power and control over aspects of their lives and children themselves command little political power to create change (Frost et al., 1999). Children in care have traditionally had little say in their care in terms of who should look after them, for how long, whom they will live with, what they will eat and where they will go to school (Laxton, 1998; Barnardos, 2000). One of the most significant power inequalities for children in the care system is the neglect and abuse by adults which includes abusive care systems (Frost et al., 1999; Raftery & O'Sullivan 1999).

Another crucial power inequality is disempowering care processes for families (Bullock, Hosie, Little and Millham, 1990). Chakrabarti and Hill (2000) suggest that

the experiences of powerlessness, prejudice and dependence are three dynamics that exist in social welfare services, including residential child care services. These processes can disempower, exclude, de-skill and create dependencies on professional skills, and parents can feel overwhelmed and incompetent. Prejudice is also evident in care services in terms of classism, sexism, racism, ageism and discrimination because of disability. This is particularly evident if the culture of care lacks an appreciation of anti-oppressive or emancipatory practice.

The United Nations Convention on the Rights of the Child has undoubtedly reduced power inequalities, giving children greater voice and decision-making. Child-centred policy and practices and children's rights frameworks are positive signs that care systems are moving in the right direction (Pinkerton 2001; Forkan 2005). The creation of children's ombudsmen, the Children's Commissioner in Scotland, and the development of advocacy organisations for children in care such as Who Cares? Scotland and the Irish Association of Young People in Care, promotes practice that moves to include children more meaningfully in decisions in residential care homes and in the selection of care workers. Empowerment approaches to practice can help to adjust imbalances of power between professionals and families (The Scottish Social Services Inspectorate, 1992; Warren 1997). The key issue is to avoid tokenism and develop innovative practices in ways that change oppressive structures.

Although there have been developments in the training and qualification of

residential workers, the drive towards professionalism could risk reinforcing inequalities of power (Hugman, 1991; O'Connor, 2006). Professionalism institutionalises power as authority, expertise, the power to define needs, to coerce, restrain and detain and is therefore subject to dangers of abuse. Ultimately representation and power equality is concerned to empower and enable each young person in care on an equal basis so that they can influence and make decisions about their lives.

3. Respect and recognition inequalities

Respect and recognition are related to status and social esteem. Respect and recognition inequalities are experienced by all minority groups including children in care, minority ethnic communities, people with mental health difficulties, prisoners, lone parents and all groups that are seen as different and denigrated by normative social standards. Women in general experience recognition inequalities within a male-dominated culture.

Inequalities of respect and recognition have far-reaching social and psychological consequences for children in care. The image, or stigma attached to being in care is a sign that children carry well into their adult lives, making the construction of positive identities difficult. Children in care, and even more so, minority ethnic groups in care such as Irish Travellers, will often have significant problems in configuring positive images of self-identity, with major implications for their mental health (Hayes, 2006). The labelling of children in care as deviant, disordered and dangerous has strong social currency. It manifests it-

self when residents object to residential homes opening on their street, when parents threaten children with being sent away, and when children are stigmatised and bullied in school because they are in care. More widely, disrespect comes from familial ideology where the nuclear 'ideal' family form is valued above other forms. It is noteworthy that other forms of residential care such as boarding school care are validated and even privileged by society. Prejudice towards care is reinforced by the standard view that residential care is a last resort (Chakrabarti & Hill, 2000) as well as other negative images of family support and welfare services. Greater equality of respect and recognition means realising social conditions where children in need of alternate forms of care are valued equally with others.

4. Working and learning inequalities

Inequalities of working and learning are broadly about the quality of working, educational and developmental experiences. Educational disadvantage and exclusion are a major inequality for children in care in terms of both the quantity and quality of the education that they receive. Educational disadvantage is one of the multiple causal contributors that result in children entering care (Edmond, 2002; Maclean & Connolly, 2005). Many children and young people in care will have negative experiences of formal education with histories of truancy, disrupted schooling (especially from placement moves), school exclusion, and a lack of opportunities to develop basic educational skills. Many young people in care experience stigma and embarrassment when in school because of

their care situation which can make integration difficult. The poor educational life-chances and experiences of some young people in care contribute to cumulative disadvantage and 'multiple traumatisation', which affects their quality of life into adulthood (Frost et al., 1999; Carroll 2002).

Emotional, behavioural and educational difficulties including low self-esteem are exacerbated by under-resourced schools, which are ill-equipped to meet education needs. Large class sizes, a lack of awareness of the needs of children in care, and the lack of supportive interventions, such as home-school-liaison officers, all contribute to cumulative educational disadvantages (ADT Fourth World, 2004). Education is sometimes given low priority by care workers (Parker et al., 1991). Many children in care leave their residential home without the appropriate educational qualifications or without entering further or tertiary education, or worse still with poor literacy abilities leaving them ill-equipped for the employment market. A care history is also a potential source of discrimination by employers. Children in care are more likely to be unemployed when they leave care. They are also more likely to change accommodation frequently (Millham, Bullock, Hosie & Haak, 1986). Unemployment is a particular problem for young people leaving detention settings (Bullock & Little, 1991).

Equality of working and learning for children in care means ensuring that they are able to develop their abilities and talents and to realise their potential equally with other children. It means preparing

them developmentally for the social environment, including paid work, so that they have a decent choice of employment options after they leave care.

5. Inequalities of love, care and solidarity

Affective inequality is concerned with who has access to and who is denied relationships of love, care and solidarity, and also about who takes on the greatest burdens in terms of maintaining these relations (Lynch & McLaughlin, 1995). Supportive relations of love and care are often under significant strain in contemporary life, which may be exacerbated for different groups because of a lack of respect, power, resources, education, or because of the way our working lives are organised.

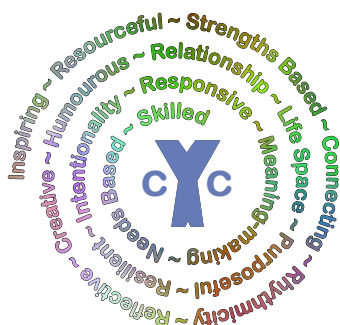
Deprivations of love, care and support are a major source of inequality for children in care. The consequences of affective deprivations on children in care have been well documented. Major issues include a poorly developed sense of identity and belonging, ongoing attachment and relationship difficulties, and family problems both emotional and social (Craig, Donellan, Graham & Warren, 1998; Edmond, 2002). Deprivations of familial love and care are often compounded by systemic inadequacies of the care system. Poor access to quality supportive relationships and social support networks compound psychological difficulties arising from early attachment problems (Trowell & Bower, 1995; Costello, 2002; Graham, 2006). Poor social, familial and community attachments, and care-placement disruptions contribute to homelessness (Focus Ireland, 1996;

Frost et al., 1999). Disrupted community networks and diffuse social relationships cause significant problems for children throughout their lives in terms of a sense of identity and belonging. These children in adulthood will often have nowhere to access care and support in times of difficulty with possibly greater consequences in relation to secure care (Berridge & Cleaver, 1987; Kelleher, Kelleher & Corbett, 2000; O'Neill, 2001; O'Doherty 2006).

Abuse and neglect are major sources of affective inequalities for children in care both within families and in residential care systems. Frost et al. (1999) argue that children in care have been subjected to four distinctive forms of abuse that are enveloped by the wider structures of inequality. *Sanctioned abuse* is where forms of therapy have become institutionalised. Examples of this are 'regression therapy' and the 'Pindown' procedures, which were based on extreme psychodynamic and behaviourist methods that have become misguided and abusive physically

and psychologically. *Institutional abuse* is described as the failure of care to deliver outcomes that will compensate and assist the young people educationally and developmentally resulting in the problems of 'instability, dependency, stigma, identity formation and under-achievement'. The common fear expressed by residential workers of physical closeness with residents because of the risk of allegations is another institutional deprivation of love and care. The only time some children experience physical closeness is when they are restrained. *Systematic abuse* is the organised physical, emotional or sexual abuse of young people in care whilst *Individual abuse* is isolated incidents of abuse that can occur.

Residential care has possibly placed most emphasis on emotional and therapeutic roles viewing young people as emotionally damaged. What is important is that an equality perspective recognises that these difficulties, either in their social or psychological manifestations, are strongly related to inequalities of love,



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care and solidarity. Affective equality means promoting conditions in which children in care have an equal capacity to develop and maintain fulfilling relationships of love, care and solidarity. This includes not just family relationships, but also community networks and friendships and other resilient support structures in time of illness and need.

Conclusion

This article has outlined five sets of inequalities commonly experienced by children and young people in residential care. This is a brief introduction to a way of conceptualising inequality rather than an attempt to evaluate these issues definitively. Equality raises many issues for care work. Understanding that there are various dimensions to inequality, that inequality is multiple and interconnects with a wide range of social divisions, and that it impinges on different social groups in a wide variety of ways, is only a starting point (Baker, 1999). An equality perspective on care asks not only what inequalities are, and what they look like, but also what equality objectives are worth pursuing. It also considers how greater equality can be advanced and what obstacles stand in the path. These questions raise difficult issues for care workers. Laxton (1998) points out the problematic deficit in blaming micro-institutional shortcomings on socio-political and economic problems by stating that:

... social work child care services however well organised or funded cannot deal with all the social ills of society. Children from families who

experience long-term poverty, unemployment, poor housing and inadequate educational opportunities will continue to come into care. (Laxton, 1998, p.29)

While this is an important point I think that the de-politicisation and 'psychologising' of caring is an equally problematic feature of residential care practice. Therapeutic care must be placed within the social context within which it is nurtured (O'Connor, 2006; McVerry, 2006). Residential care can do much to compensate and develop the resilience of children in these circumstances but it should do this with an understanding of the wider nature of inequalities in the merging of personal and political issues (Gilligan, 2001). The way that equality is presented opens up debates about the complexity of powerlessness, exploitative relationships, disempowering structures and forms of abuse which are all part of social inequality. Locating residential care policy and practice within an equality perspective seeks to reconnect the personal and political in a new dynamic way.

References

- ADT Fourth World (2004). *Valuing children valuing parents: focus on family in the fight against child poverty in Europe: A European discussion paper*. Brussels: ADT Fourth World.
- Baker, J. (1987). *Arguing for equality*. New York: Verso.
- Baker, J. (1999). Equality. In S. Healy & B. Reynolds (Eds.), *Social policy in Ireland: principles, practices and problems*. Dublin: Oak Tree Press.

- Barnardos (2000). *Responding to the needs of troubled children: a critique of high support and secure special care provision in Ireland*. Dublin: Barnardos.
- Berridge, D. & Cleaver, H. (1987). *Foster home breakdown*. London: Blackwell.
- Bullock, R. & Little, M. (1991). *Secure accommodation for children: Highlight No. 103*. London: National Children's Bureau.
- Bullock, R., Hosie K., Little, M. & Millham, S. (1990). The problems of managing the family contacts of children in residential care. *British Journal of Social Work*, 20 (1), 591-610.
- Carroll, E. (2002). *The wellbeing of children: four papers exploring conceptual, ethical and measurement issues*. Dublin: Ashfield Press.
- Chakrabarti, M. & Hill, M. (Eds.) (2000). *Residential child care: International perspectives on links with families and peers*. London: Jessica Kingsley.
- Costello, L. (2002). *A literature review of children's wellbeing*. Dublin: Combat Poverty Agency.
- Craig, S., Donnellan, M., Graham, G., & Warren, A. (1998). *Learn to Listen: the Irish report of a European study on residential child care*. Centre for Social and Educational Research, Dublin Institute of Technology: Dublin.
- Department of Health (UK) (1991). *Patterns and outcomes in child placement: messages from current research and their implications*. London: HMSO.
- Doolan, R. (2005). Aftercare. In P. Share & N. McElwee (Eds.), *Applied social care: an introduction for Irish students*. Dublin: Gill & MacMillan.
- Drudy, P.J. & Punch, M. (2005). *Out of reach: inequalities in the Irish housing system*. Dublin: Tasc.
- Edmond, R. (2002). *Learning from their lessons: a study of young people in residential care and their experiences of education*. Dublin: The Children's Research Centre.
- Focus Ireland (1996). *Focus on residential child care in Ireland*. Dublin: Focus Ireland.
- Forkan, C. (2005). Enabling young people through consultation. In P. Share & N. McElwee (Eds.), *Applied social care: an introduction for Irish students*. Dublin: Gill & MacMillan.
- Frost, N., Mills, S., & Stein, M. (1999). *Understanding residential child care*. London: Ashgate.
- Fulcher, L. (2001). Differential assessment of residential group care for children and young people. *British Journal of Social Work*, 31(2): 417-435.
- Gandy, Z.H. (1997). *Aftercare: What care? An analysis of the outcomes for young people leaving care and the role of aftercare services*. Coventry: University of Warwick.
- Gilligan, R. (1991). *The Irish child care services: policy, practice, provision*. Dublin: Institute of Public Administration.
- Gilligan, R. (2001). *Promoting resilience: a resource guide on working with children in the care system*. London: British Agencies for Adoption and Fostering.
- Graham, G. (2006). Social care work with families in crisis: attachment strategies and effective care-giving through life-space opportunities. In T. O'Connor & M. Murphy (Eds.), *Social care in Ireland: theory,*



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- policy and practice*. Cork: Cork Institute of Technology.
- Hayes, M. (2006). *Irish travellers: representations and realities*. Dublin: The Liffey Press.
- Hugman, R. (1991). *Power in caring professions*. London: MacMillan.
- Irish Social Services Inspectorate (2005). *Annual Report*. Dublin: ISSI.
- Kelleher, P. Kelleher, C. & Corbett, M. (2000). *Left out on their own*. Dublin: Oak Tree Press.
- Laxton, M. (1998). *A report on the requirement and necessity for special care and high support residential child care and provision in Ireland*. Dublin: Eastern Regional Health Authority.
- Lynch, K. (1995). *A framework for equality proofing*. Paper prepared for the National Economic and Social Forum. Equality Studies Centre, University College, Dublin.
- Lynch, K. (1998). *Equality policies and social change*. Dublin: Community Workers Co-operative.
- Lynch, K. & McLaughlin, E. (1995). Caring labour, love labour. In P. Clancy, S. Drudy, K. Lynch & L. O'Dowd (Eds.), *Irish society: sociological perspectives*. Dublin: Institute of Public Administration.
- Maclean, K. & Connelly, G. (2005). Still room for improvement: the educational experiences of looked after children in Scotland. In D. Crimmens & I. Milligan (Eds.), *Facing forward: residential child care in the 21st century*. Lyme Regis: Russell House.
- McVerry, P. (2006). Homelessness, housing and the failure of social policy. In T. O'Connor & M. Murphy (Eds.), *Social care in Ireland: theory, policy and practice*. Cork: Cork Institute of Technology.
- Millham, S. Bullock, R., Hosie, K. & Haak, M. (1986). *Lost in Care: the problems of maintaining links between children in care and their families*. London: Gower.
- O'Connor, T. (2006). Social care practice: bringing structure and ideology in from the cold. In T. O'Connor & M. Murphy (Eds.), *Social care in Ireland: theory, policy and practice*. Cork: Cork Institute of Technology.
- O'Doherty, C. (2006). Social care and social capital. In T. O'Connor & M. Murphy (Eds.), *Social care in Ireland: theory, policy and practice*. Cork: Cork Institute of Technology.
- O'Neill, T. (2001). *Children in secure accommodation*. London: Jessica Kingsley.
- Parker, R., Ward, H., Jackson, S. Aldgate, J., & Wedge, P. (Eds.) (1991). *Looking after children: assessing outcomes in child care*. London: HMSO.
- Pinkerton, J. (2001). Developing partnership practice. In P. Foley, J. Roche & S. Tucker (Eds.), *Children in society: contemporary theory, policy and practice*. London: Palgrave.
- Raftery, M. & O'Sullivan, E. (1999). *Suffer the little Children: the inside story of Ireland's industrial schools*. Dublin: New Ireland Books.
- The Social Work Services Inspectorate, (1992). *Another kind of home: a review of residential child care (The Skinner report)*. Edinburgh: HMSO.
- Trowell, J. & Bower, M. (1995). *The emotional needs of young children and their families: using psychoanalytic ideas in the community*. London: Routledge.
- Warren, C. (1997). Family Support and Empowerment. In C. Cannan & C. Warren (Eds.), *Social action with children and families: a community development approach to child and family welfare*. London: Routledge.

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Some time ago **Mark Gamble** had just returned from a two-month practice study with the Pressley Ridge Schools in Pittsburgh, where he focussed on the Ohiopyle village programme for youth offenders. He talked to us about his experience.

High-Octane Program for Youth Offenders

The physical 'plant' for this programme is a series of six camps, each with ten youngsters and three teacher-counsellors, set about a kilometre apart from each other in state forest land, 10km from the nearest shop. The kids are 10 to 17 years old, average 15, who have mostly been involved in petty crime (shoplifting, car joyriding, housebreaking, etc.) and who need a period of relearning. For this brief report, just a few striking features of the programme, but there's lots more to talk about with anyone who is interested.

Programme

First of all, there really is a programme! The youngsters do not merely come to stay: from the first minute it is perfectly clear that the place has a function and a structure and no time is wasted pretending that this

is anything else. Each day is filled from moment to moment, and each activity has a beginning, a middle and an end. First thing, the boys are grouped for a 'huddle' (a sort of team talk) which plans how the 'tents' (see picture) will be tidied. As soon as this is done, the boys are again huddled so that the task can be reviewed. In fact

every activity goes through this process of planning/motivation, execution, and then review/debriefing. A prominent feature of the programme is this re-

peated experience of planning, activity, involvement, achievement and success. It is obvious to the visitor within five minutes that the boys are contained by this structure — not imprisoned by it but secured, focussed, guided, channelled. The structure reaches every aspect of their day — from the way the tables are laid, who takes duties, how people are greeted, to routines for showering, etc. The structure ensures that things are done, and also that the underpinning resources for doing them are in place. It is reliable.



Activities A wide range of healthy activities is always on the go — but central to these is a regimen of productive work — learning to organise things, build tents, repair outhouses, cut and

strip trees, tie knots. A remarkable feature of the six camps is that they have no permanent

Everything stands or falls by the quality of the relationships between adults and boys. These are facilitated by the long working hours of staff: five 24-hour days on duty with two days off. Sustained interaction moves relationships along quickly to deep and productive levels.

buildings. Lean-to's and 'tents' are made with untreated wood cut from the surrounding forest, so that all structures are constantly in need of repair and replacement. The boys are thus coming into contact all the time with adults who have various skills — or maybe adults who do not have specific skills and may even have to learn something from the boys. Running through it all is the structure: each segment of each task is talked about, planned, put into practice, evaluated and celebrated. Three or four times a year there is a major activity, such as a two-week river expedition, which requires considerable planning and preparation. An important goal is to move youngsters back into school routines, and so they may move from the first camp to another one where schooling fills more of the day.

Relationships

Everything stands or falls by the quality of the relationships between adults and boys. These are facilitated by the long

working hours of staff: five 24-hour days on duty with two days off. This sustained interaction moves relationships along quickly to deep and productive levels. It is essential that staff are experienced and enthusiastic about life. No great emphasis is placed on their specific human services education, though new staff undergo intensive training and there is on-going inservice training. All counsellors are graduates who will move off after a year or so to careers in engineering, law, education or whatever. Such a staff turnover presents no problem since the children's stay is also around two years, after which it is OK for people to move onwards in their lives.

Different

Of course there are a few glitches in the programme — some staff become demotivated, the good success rate could be better, the after care and follow up may need attention — but the lasting impression is of how different this is from the residential work one is used to seeing. For example, the programme really focuses on priorities: kids in need of radical re-orientation probably need to concentrate on this for a period rather than keeping up with school; kids who are busy with intensive activity and interaction experiences probably don't need electric lights, TV and health department approved bathrooms; kids who are learning to discover their skills and their value, and how to relate to others pro-socially, need a few ordinary, accepting people around.

— *Child & Youth Care*

Thinking About Politics

Hans Skott-Myhre

It may come, as something of a surprise to many here that for the first decade or so of my CYC career I was avowedly non-political. In fact, I took a strong stance that human service workers should be quite careful to avoid any political engagement or stance in their work with others. This positioning was directly tied to my training as a brief family therapist. The people who trained me were students of Gregory Bateson (more on him in a future column). Bateson was an anthropologist who had worked in the intelligence service during World War II and had seen first hand how psychological techniques could be used to manipulate people's beliefs and behaviours in devastating ways. As a result, he was extremely cautious and dubious about any role for human service workers in the realm of social change or politics.

In spite of my earlier history as an activist and radical student in the late 1960's and 1970's, I found the logic of my teachers compelling. My own experience had led me to be a bit suspicious of movements and leaders that proposed radical solutions. Like my mentors, whose own lives had encompassed the betrayal of socialist and Marxist ideas by the rise of dictatorships in the Soviet Union, Cuba and China (two of them, John Weakland and Jay Haley had actually worked as com-

munication specialists analyzing Chinese propaganda), I was disillusioned by the failures and betrayals of the revolutionary and progressive movements of the 60's.

In the theoretical orientation of the originators of brief therapy, liberation was first and foremost from therapy and therapists. They were profoundly critical of the most popular forms of therapy at the time, which were rooted in the assumptions of long-term psychoanalysis. They proposed, that it was not an appropriate role of the therapist to be deeply involved in their patient's lives over many years at substantial cost. Instead, they sought ways to assist the people who came to see them in solving their own problems as expeditiously as possible, so they could get on with their lives outside the therapy room. In this sense, they were profoundly and radically political. However, they insisted on retaining vestiges of the old psychoanalytic and scientific notions of objectivity and therapeutic distance. As a result, they took the position that they were technicians working to solve problems and problem constellations and once the problem was solved to the client's satisfaction the therapy was over, except for some minor tune-ups in the future.

In this, there was some degree of acknowledgment of power relations. These early brief therapists sought to minimize

both the scope and breadth of their bias' and impact on the lives of the people who came to see them. However, there was little or no investigation of the role of the broader dominant discourses that might inform their own descriptions of the problems presented to them or that might inform how the people seeking their assistance might frame their concept of what constitutes a solution. Any analysis of the impacts of race, gender, sexual orientation, poverty, or disability was not accounted for in terms of power and/or knowledge.

Much of this was remedied in the next generation of brief family therapy with the introduction of feminist analysis and the broadening of the political scope of the work to include a much more sophisticated sense of community and economic concerns. For myself, while I made some effort to be thoughtful in regards to others' marginalization or disenfranchisements, I remained focused on setting people loose from therapy and its associated institutions, while hoping they would use an expanded sense of their problem solving capacities and stronger sense of agency to take on the political issues pertinent to their situation. In my personal life, I certainly took political positions and engaged in political action, but I made a strong effort to keep my political activities and opinions outside the work I did as a CYC worker and/or therapist.

Obviously, something changed. I became political and brought together my work and professional life as a site for my political work. While I won't take the time here to delineate the specific context for the change, I want to attempt to think

rather broadly about the process that politicizes and radicalizes a previously political agnostic. One way to think about this is through the lens of the rather stunning chapter "Freedom" in *The Phenomenology of Perception*, by Merleau-Ponty, where he delineates a phenomenological accounting of how one becomes a revolutionary.

Before engaging Merleau-Ponty's account, however, I should note that his work in phenomenology is one of the deep sources of inspiration for the notion of relational encounter in Child and Youth Care. However, in conceiving CYC from an existential or phenomenological point of view, somehow the political project mounted by Sartre and Merleau-Ponty among others was elided or perhaps simply forgotten. Indeed, along with humanistic psychology, a field that has many concerns in common with CYC, there appears to be what is almost a powerful aversion to the political. The work of phenomenologists such as Sartre and Merleau-Ponty are taken up as platforms for personal growth and self understanding or in a broader sense as a way of talking about the encounter between young people and CYC workers as something to be experienced as in Krueger's writings on lunch.

Let me be clear, I am not suggesting that this experiential approach to CYC, founded in the insights of phenomenology and existentialism, is not truly radical in assisting us in breaking away from the rigid boundaries and confines of objectivity and scientism that still permeate much of the thinking about our work. I am suggesting, that such a purely experiential approach

does not fully encompass the possibilities of these lines of thinking. Each of these philosophers emerging after the horrors of World War II and the collapse of the utopic expectations of communism in the Soviet Union had a political agenda. Each of them engaged Marx and Marxism seriously and thought deeply about revolt and revolution.

In particular, for Merleau-Ponty, experience and perception were the fundamental elements of producing a revolutionary subjectivity. How does he propose that such a subject emerges? He begins by doing away with causality, motivation and acquisition as having any relation to freedom. Freedom is “our state of nature. Since we do not have to provide it, it is the gift granted to us of having no gift, it is the nature of consciousness which consists in having no nature ...” He then goes on to tell us that freedom has nothing to do with choice since “freedom is the silent upsurge of our being in the world” and requires no choosing. Freedom is not something to be acquired or chosen, but is the force that produces all history. Merleau-Ponty tells us that freedom functions by aligning itself with our desires and providing the force to seek particular but indeterminate resolutions of social contradictions.

The political then, is produced in the conditions of possibility brought about when the force of freedom adheres to a set of desires under a particular set of social circumstances within a given historical moment. He states that what creates a revolutionary subject is a combination of the ways in which we carry the economic and institutional frameworks of our time

within ourselves, and the emerging recognition that the world could be different. Such recognition is not an abstract set of ideas or political slogans or ideologies. It is produced through seeing that others around us are already changing the world and that in spite of our differences we hold a common agenda.

It is important to note, that Merleau-Ponty is explicit in telling us that suffering and even the recognition of suffering is not sufficient to bring about a revolutionary politics. Instead, revolutionary moments are produced in common between us “because they crystallize what is latent in the life of all productive workers. The revolutionary moment, like the work of an artist, is an intention which itself creates its instruments and its sense of expression.”

In thinking about what this means for politics in the context of CYC there are a few of thoughts that come to mind. First of all, in a historical moment in which young people are being disenfranchised economically and politically in increasingly brutal ways, we might ask about our response as CYC workers? One might wonder why we are discussing how to effectively control, discipline, assess and diagnose the young people we encounter, and not discussing the ways in which young people are creating worlds of political possibility across the planet. It might puzzle us, as to why the creation of instruments of revolution and new modes of expression by young people do not have at least some profile on our discussion boards such as the CYC forum? Why are we not paying attention to these movements and their implications for the young

people we encounter? Can't we see the relevance of what is happening on the streets of the planet to our work? Have we in some way imagined that the young people we encounter on a daily basis have less revolutionary possibilities than the young people of the occupy movement, or those in streets of Egypt or Syria?

In this sense, we have to wonder why we avoid the political in an age of massive social transformation and crisis. Why does CYC as a field of social endeavor continue to frame its experience of young people as one of helping them to overcome their individual psychological and emotional limitations and pathologies? As Kiaras Gharabaghi has pointed out in these pages, we seem to be obsessed with creating good citizens of the existing order. Perhaps, this is because we have not yet seen what we have in common. Maybe this is because we have failed somehow to see that the increasingly fascistic regimes of global capitalism and its fundamentalist religious reactionaries affect our lives and dreams as profoundly as those of young people. Or possibly, in our fear of chaos in the face of a deteriorating social order we hold discipline in higher regard than freedom; order more than creativity; obedience over love or joy.

What would politicize us and turn our work towards the transformation of the system that is so powerfully demeaning the value of life? Under what conditions would we come to see the struggles of young people as our own? In what historical moment, if not

this one, would we come to understand that it is not sufficient to produce ourselves and young people as well behaved and docile citizens. Merleau-Ponty makes it clear that politics are fundamentally about the ways in which the force of freedom actualizes our desire in the face of a social order that restrains or mutilates them. If so, then desire might well be a starting point for exploring the political in our work. We might well begin by discovering what frustrated desires we share. Instead of having "therapeutic interactions" based on our "objective" assessments of how to get kids to behave, we might turn our group meetings and conversations over lunch to exploring our frustrated desires for a more full and comprehensive field of expression. In another term, we might begin to explore the becoming revolutionary of CYC practice.



"Books are alright, but they only offer one channel!"

The therapeutic power of kindness

Nicholas J. Long

Staff kindness as an important therapeutic value has been neglected or disregarded in reclaiming troubled students. The author defines kindness in practical terms and describes its potency in changing troubled youth.

As I paged through my photo albums of colleagues I have worked with over the years, I wondered why so many of them were so successful with troubled students. I knew they were professionally well trained and dedicated, but I speculated that they must have another common thread among them. I realized they also displayed ongoing acts of kindness toward their students during times of student conflict. This triggered a host of questions and thoughts regarding the therapeutic value of staff kindness during a student crisis.

Kindness and capitalism

In our competitive, make it to the top, be Number 1 society, kindness is not

awarded the same value or status as the attributes of money, power, beauty, and fame. Kindness is not viewed as being critical to personal success in everyday interactions. Kindness is often thought of as doing something nice or extra for a per-



son when it is convenient or when such an act will receive ample public approval and praise. Kindness does not appear on Dave Letterman's list of the 10 reasons for helping at-risk and troubled children

and youth, the homeless, AIDS victims, prisoners, welfare recipients, or drug users.

There is an alternative view: Kindness is envisioned as a vital force to our well-being and in our therapeutic work with troubled students. Just as sunlight is

the source of energy that maintains organic life, kindness is the source of energy that maintains and gives meaning to humanity. Without sunlight and kindness, neither organic nor compassionate life can exist on this planet. Without the spirit of kindness, we become self-centered, vain, and emotionally cold; we inadvertently make life more difficult for those around us. Only by demonstrating interpersonal kindness can we prevent our “milk of human kindness” from turning sour — we are kind to others not because they will appreciate us and say “thank you.” We are kind to others because it is a nurturing act and the right thing to do. Acts of kindness offer hope to troubled students who feel hopeless. They affirm and strengthen the need for having a supportive relationship during stressful times.

A new interest

My interest in acts of staff kindness grows every time I visit a special school, a group home, or a residential program and talk with the students and staff about their concerns, hopes, and dreams. I believe in the importance of staff kindness as a therapeutic force, but I am not sure how it can be translated from a generic theory to specific intervention skills. This article represents my first-draft thinking about staff kindness. The following questions and comments are offered as an invitation to take a different look at kindness and, it is hoped, get others involved in this concept.

Six questions about kindness

1. How is staff kindness defined?
2. Why are troubled students initially resistant to acts of kindness?

3. What is the connection between acts of staff kindness and the development of a trusting student-staff relationship?
4. Can acts of staff kindness be identified and classified?
5. Are acts of staff kindness remembered by troubled students?
6. Are acts of staff kindness also beneficial to staff?

1. A definition of staff kindness

Kindness is a behavior driven by the feeling of compassion. Compassion is an emotion that cannot be seen or touched, but can only be felt in our inner life. The feeling of compassion develops when we take seriously a troubled student’s stressful reality, including his or her emotional state and external circumstances. This ability to experience willfully and vicariously a student’s emotional turmoil is a definition of compassion. However, if we also act on this feeling of compassion in a helpful and caring way, this behavior becomes an act of kindness. An act of kindness is defined as any staff behavior that brings inner relief and comfort to a troubled student in a current state of distress.

2. Why troubled students initially resist acts of staff kindness

Most troubled students who are placed in special programs because of emotional and behavioral problems have a developmental history filled with early, intense, and prolonged experiences of adult neglect, abuse, and rejection. Over time, these traumatic life experiences will harden them against accepting any acts of staff kindness as genuine. When these

young people enter a new program, they arrive with a chip on their shoulders and search for staff to entice into knocking it off. They seem conditioned to perceive any new staff relationship as toxic rather than enriching. Any attempt by staff to get close to students is met with suspicion, alarm, and rejection. Predictably, these students react to any positive staff attempts by either “biting” or avoiding any psychological “hand that tries to feed them.” At this stage, these students do not have accurate perceptions of the adults, nor are they able to accept any acts of staff kindness as genuine. This lack of trust in staff creates a significant treatment problem. Nicholas Hobbs (1982), founder of Project Re-Ed, highlighted this concern when he wrote about the role of trust in facilitating his 12 Re-Ed principles:

Trust between student and staff is essential. It is the foundation on which all other principles rest. Trust is the glue that holds teaching and learning together. Trust is the beginning point of the re-education process. (pp. 22-23)

If trust is the centerpiece of any effective therapeutic program for troubled students, then a rigorous understanding of trust is necessary. Trust is described as an emotional bond between people that cannot be won or awarded. Trust is based on a relationship that must be earned slowly over time. To trust someone is to believe that person will not exploit or betray your confidence. To trust someone means you can count or rely on that person today and in the future. For example, if I call my

friend, Larry Brendtro, and ask him to help me, I know in advance he will do it. Larry and I have struggled through some difficult professional problems together as co-editors of this journal, and, because of these experiences, I know he is trustworthy. I have confidence in our relationship.

However, what if I had lived with adults who were not trustworthy but who exploited me? As an example, let me tell you about Tyrone. Tyrone was 9 years old when he was admitted to our Rose School day-treatment program. He was extremely withdrawn and had an overwhelming fear of all male staff. It took 3 months before we discovered that his single mother’s boyfriend had traumatized him. One evening Tyrone ran into his mother’s bedroom when the two of them were in bed. The boyfriend became so angry that he grabbed Tyrone, tied a rope around his legs, and dangled him out of the third-floor window until he promised never to run into the bedroom again.

Given this frightening and unconscionable experience, isn’t it reasonable for Tyrone to have a pervasive sense of mistrust and to view all new male relationships with doubt and suspicion? Wouldn’t he be particularly concerned if a male staff-member told Tyrone he wanted to be his friend and Tyrone should trust him? Psychologically, there was only one way for Tyrone to test the validity of this proposed friendship. He would systematically make the staff-member’s life miserable by challenging his authority; depreciating his personality, race, and religion; ridiculing his professional competence; bad-mouthing his family and ancestors; and, ultimately, physically fighting with him. All

of these behaviors were designed to discover if this person could accept and manage Tyrone, or if the alleged friendship was a false mask covering a true nature that was aggressive and hostile.

This interpersonal battle between a troubled student and staff concerning the underlying issue of trust is inevitable, and its outcome is crucial to the success of any therapeutic program. Unfortunately, this battle becomes even more difficult and explosive when the student begins to like a staff-member.

The resolution for such a struggle involves three staff skills: The staff must (a) be aware of the underlying dynamics of this relationship, (b) have the skills to manage the student's counter-aggressive feelings, and (c) demonstrate continuous acts of kindness toward this student.

3. What is the connection between acts of staff kindness and the development of a trusting student-staff relationship?

Staff kindness includes both a commitment to and the ability of putting our personal needs last in line. First and foremost, we must focus on the needs of a troubled student and, second, on the needs of the group. Third, we must maintain the ongoing program, and, finally, we must meet our own needs.

The most important therapeutic need for the student is to develop a trusting relationship with a staff; therefore, the primary goal for staff-members is to behave in ways that will promote and foster this relationship. Continuous acts of staff kindness will help in developing a trusting student-staff relationship. The following analogy shows how acts of staff kindness

can overcome the student's resistance and fear of interpersonal closeness.

Whenever there is a struggle between a rock and a stream, the stream wins, not because it is stronger but because it persists. Similarly, staff acts of kindness are like a continuous stream of caring in the face of a rocky relationship. Over time, kindness succeeds, not because it is tougher but because it persists. Kindness has the forceful energy to wear down the rough, harsh edges of any formidable student, allowing a new and smoother relationship built on mutual trust to remain.

4. Are there different types of staff kindness?

Because crisis is an opportunity to teach insights into a student's pattern of self-defeating behavior, to learn some new interpersonal skills, and to enhance a relationship with staff, a student crisis also is an opportunity to demonstrate the value of staff kindness. Our staff at the Institute of Psycho-educational Training reviewed over 200 written Life Space Crisis Interventions and identified six different types of acts of staff kindness.

Protection. Our primary responsibility as staff is to guarantee the physical safety of all students in our program. This also includes protecting a student from his or her own primitive impulses when the student loses self-control and tries to attack others or to injure him- or herself. When this happens, we are obligated to intervene and to restrain the student in a firm but kind way. This is not an easy task for

staff. Whenever we are involved in a physical restraint, it will stir up strong feelings of counter-aggression in us. Unless we learn to feel comfortable with these uncomfortable feelings, we are not going to be helpful to a student in a crisis.

Understanding and managing our own anger is the first step in achieving the act of protection. Once this is accomplished, the messages the students could hear are: "I care enough about you to protect you from your own fearful impulses." "If I had not held you, what do you think you might have done?" "The fact that you had to be held is not a point against you." "I'm not angry at you. I'm pleased you are in control of your feelings and behaviors." "I'm pleased I had the opportunity to help you during this difficult time."

Protection as an act of kindness is an experience that fosters the student's feelings of trust in staff.

Forgiveness. The act of forgiveness is well established as a universal principle among all religions. Forgiveness is a kind and liberating way of purging acts of wrongdoing and feelings of guilt. Forgive-

ness wipes the slate clean and gives others an opportunity to begin again without any handicapping conditions.

Forgiveness also is an important part of our work with troubled students. Just as it

is in the nature of lemons to be sour, it is in the nature of troubled students to behave in impulsive and primitive ways under certain conditions. When they are angry, sad, fearful, or confused, and their behavior is driven by their feelings, they often will say and do things that are offensive, repulsive, and hurtful. Although these behaviors cannot be condoned, we must not add up all the students' misdeeds and hold them in our hearts. The act of forgiveness begins with

understanding the complexity of behavior and our own history of personal woundedness. Once we have forgiven those in our life who have caused us pain, we become ready to forgive the misdeeds of troubled youth during dysfunctional times. Staff forgiveness is a potent act of kindness because it brings inner relief to students in distress.

Emotional Support. Providing emotional support to a troubled student is the most



frequent act of kindness. Emotional support means the ability to take a stand with the student and not against him or her. When a student says, “Forget it, it doesn’t matter to me,” “I don’t care what you do,” or “Nothing ever works out for me,” our compassion allows us to see beyond the student’s words and to focus on his or her needs. This involves the sequence of decoding words, identifying feelings, and discovering the original source of stress. The process not only brings logic and understanding to personal confusion, but also it helps the student to accept full responsibility for his or her behavior.

The staff’s ability to provide on-the-spot emotional support to a student in a conflict sends an important message: “I am aware that you are upset and that you are struggling with many feelings and issues. I invite you to talk about them so we can both better understand your point of view.” Emotional support is an active and effective way of demonstrating staff kindness.

Empowerment. Often, our discussion with troubled students escalates to a power struggle regarding the issue of authority or who is in control of this relationship. Staff empowerment is a concept that authorizes a student to have full responsibility for choices and behaviors. The act of staff empowerment takes the control or authority issue out of the relationship. It no longer is a concern as to who is conducting the symphony and who is playing assigned music. For example:

Corey, an impulsive 8-year-old, is in the crisis room because he refused to

follow the gym teacher’s directions. Corey is quietly seething with anger. Alex, the crisis teacher, has two other students in his office and asks Corey to please go into the next room and sit down in one of the chairs. Corey puffs out his chest, constricts his eyes, and says adamantly, “I’m not going to do it!” Alex calmly replies, “Corey, I know you are upset about what happened with the gym teacher. Now you have another choice to make. You can refuse to follow my directions, you can fight with me, or even try to run out of this room. You can also choose to make a good choice and walk into the next room. It is really up to you.” Corey doesn’t move or say anything for the next minute. Then he shouts, “Okay, I’ll go but I won’t sit down in a chair.” “Corey, that’s okay with me. It is your choice, but I want to thank you for making a decision that was helpful to you.” Corey walks into the other room and shuts the door.

In this example, Alex was respectful of Corey and empowered him to take control of his behavior. This resulted in Corey’s decision to follow Alex’s direction and avoid a “no-win” power struggle with staff.

Benign Confrontation. Many of our troubled students seem to be deaf and blind when it comes to hearing or seeing their pattern of self-defeating behavior. Benign confrontation is a sophisticated skill that encourages a student to examine his or her behavior without “boiling over” or

running away. This skill depends on three conditions: First, the staff must like the student. Second, the student must have a beginning level of trust in the staff. Third, the staff must have the skill to say what they mean, to mean what they say, and to not say it in a mean way. Most troubled students, I have found, do not respond to any review of their behavior with a resounding cry of “Eureka — I have discovered an important insight into my pattern of self-defeating behavior!” Instead, they often deny the existence of any self-awareness. If a staff-person continues to be benign and kindly and asks the student to think about what was presented, the student usually agrees, although it often takes a few days before the student is ready to talk about this problem. For a troubled student to acknowledge his or her pattern of negative behavior takes courage. Benign confrontation is an act of kindness because it respects the student’s defenses and self-esteem while also motivating him or her to examine and change his or her behavior.

Personal Commitment. All of us can be kind to troubled students at times, but it is much more difficult to make a long-term commitment to a student. Comments such as “I’m going to be here for you. There is nothing you can say or do that will make me give up on you. I’m here for the long haul. I’m here until you leave and then I will be part of your memories,” are statements of unconditional acceptance. In order for a troubled student to believe and to accept an offer of unconditional acceptance, he or she must also feel it. We

can say, “I care about you,” but troubled students will hear your caring by the tone and pitch of your voice. They will see your acceptance by the expression on your face and the look in your eyes. They will be touched by your kindness during a crisis when they are treated with respect, listened to, and empowered to be responsible.

These six different acts of staff kindness are identified as a beginning way of translating the concept of staff kindness into specific crisis intervention skills.

5. Are acts of kindness remembered by troubled students?

I don’t have any empirical data on this question, but I do have some strong convictions. Many of the troubled students with whom I have worked are now 40 years old. Occasionally I will see one of them on the street or in a mall. Most often they will seek me out by saying, “Dr. Long, I bet you don’t know who I am!” I usually agree and, after a few friendly questions, I always ask them what they remembered about our school. An active monologue often occurs.

They start to reminisce, recalling the names of staff-members, students, and special events I have forgotten. They will describe one incident or person that had special meaning to them. One student surprised me by remembering the times he used to yell and fight with staff until he had to be restrained. I thought he was going to tell me how unpleasant these experiences were, but instead he surprised me and said, “I remember how you, Mr. Tompkins, and Mr. Bissett used to talk to me after I quieted down and tell me that

everything was okay. I was a difficult kid, but I want you to know these were some of the nicest times of my life!” The fact that this 41-year-old man could remember these times with such warmth convinces me that staff acts of kindness are always remembered. We may never hear about them, but they are real and important for our students. Adult acts of kindness are so rare in the lives of troubled students, they often become significant life events for them.

6. Are acts of staff kindness also beneficial to staff?

Confucius answered this question when he wrote: “The fragrance of the flower remains in the hands of the giver.” Another Chinese proverb underscores the benefits of kindness:

If you want happiness for 1 hour –
Take a nap.
If you want happiness for 1 day –
Go fishing.
If you want happiness for 1 month –
Get married.
If you want happiness for 1 year –
Inherit a fortune.
If you want happiness for a lifetime –
Be kind to others.

Emanuel Swedenborg, a 17th-century mystic, supplied a more modern view of kindness. He wrote:

Kindness is a joy of life. When we do a good deed, there is kindness in everything we think, say, and do. A current interpretation of the benefits of kindness was offered by a

philosophy professor. He told his class that if they had a choice among selecting beauty, wisdom, power, or kindness, he would urge them to select kindness because

Beauty — fades
Wisdom — changes
Power — is temporary
but Kindness — grows even more with time.

Kindness, I believe, is self-reinforcing to staff. The more we demonstrate it, the more it influences how we think, what we feel, and how we behave.

Kindness gives meaning to our lives and makes the lives of others more hopeful and satisfying. Acts of staff kindness are essential to the success of any therapeutic program and are the fundamental reason why troubled students learn to develop trusting relationships with adults. Kindness is the emotional coat that we wrap around a troubled student to provide human warmth and hope.

Reference

Hobbs, N. (1982). *The troubled and troubling child*. New York: Jossey-Bass.

This feature: Long, N. (1997). The therapeutic power of kindness. *Reclaiming Children and Youth*, 5, 4, pp.242-246

The Experience Arranger

Jack Phelan

Child and Youth Care practice is not a verbal counselling activity. In fact we already know through recent brain research that most abused and neglected youths have neural brain patterns that block verbal input about trusting others or being too hopeful. We are most effective when we avoid trying to influence youths through their brains, and instead focus on communicating physically, through the heart or emotions. This is one reason why I do not use the label Child Care Counsellor, and prefer to see our professional task as being an experience arranger.

Mark Krueger has described the focus of our work as “creating moments of connection, discovery and empowerment” for youth, and I heartily agree with him. Many CYC writers and thinkers of the past decade define the practice as relational and developmental, not behavioural. The life space work that we do is ideally suited to communicating physically, a process that I have called analogue, not dialogue communication. The goal is to create moments where a youth is staying close to you even though his brain is warning him to move away, because his body/heart is feeling safe and comfortable with the closeness.

The process of becoming a capable, strategic experience arranger is not sim-

ple. Inexperienced Stage 1 workers cannot be expected to do this. More mature practitioners, the Stage 2 workers who are able to fully focus on the youth and are not self-consciously preoccupied with doubts about safety or personal competence, can become better and better at using the multitude of daily events to create experiences that promote connection, discovery and empowerment.

The needs of the youth we work with are quite simple, the ability to provide the help they need is quite complex. Fritz Redl said this over 60 years ago, describing the mundane medicine which is needed, and the superhuman skill needed to get it out of the doctor’s bag and into the youth’s body. We can readily describe the experiences we hope to provide to our charges; a message of being cared for unconditionally, a hopeful attitude about the future, a desire to learn and become competent. In sum, Connection, Discovery and Empowerment.

An example may be helpful.

A CYC practitioner (Level 2) is observing a youth who is supposed to do the dishes after lunch on a Friday. The youth is getting very agitated because he is going for a home visit in an hour, but he sees the van which will take him leaving the parking space and he believes that he will be left behind. Even though he is told that the

van is only going to the gas station and will be back soon, he cannot control his anxiety. The other CYC worker is a Level 1 practitioner and he begins to insist that the boy finish doing the dishes before he can leave. Unfortunately, the predictable result of this demand is that the boy will lose control, possibly break several dishes or worse, and probably not get through the afternoon smoothly. Level 1 workers are preoccupied with keeping things safe by insisting on the rules and routines. Instead, the Level 2 worker moves closer to the boy, puts his hand on his shoulder and says that he will finish the dishes and tells the boy to go and get ready. The Level 2 worker knows that the only problem with this interaction is explaining it to his colleague, who will be challenged to see the value here. If we believe that chaos will not result by having this boy abandon his chore so that he can manage his anxiety (a belief which is not so easy for a Level 1 worker), then the experience arranged by the Level 2 practitioner is that the boy will be relieved and empowered by being able to focus on his trip home, and puzzled by the caring gesture of taking over his chore. He may begin to connect more easily with the Level 2 worker, and will certainly have a better start to his home visit.

Once we have established a safe environment (see last month's instalment) there is little need for insisting on behavioural expectations when they are counter-indicated by the situation. In fact, our treat-

ment efforts should build experiences of connection, discovery, and empowerment, not adherence to a predetermined schedule. Level 1 workers are not free to think this way, and are more focussed on their own experience than the youths', which is a developmental journey that cannot be rushed. The Level 2 practitioner, the Treatment Planner and Change Agent, often has the difficult task of keeping the Level 1 worker safe while arranging this type of experience for the youth.

The physical experiences arranged by skilled workers look simple after-the-fact, but the level of thinking is quite complex. In fact, truly skilled practitioners know that they are continuously improving in this complex ability and never reach a final level of skill. The interesting parallel result of this interaction is that it also enhances the connection, discovery and empowerment experience for the practitioner.



"Please stand by. You have temporarily lost your picture. Broadcasting will resume when you have done your homework."

from this journal six years ago ...

Reaching beyond caring to loving in child and youth care practice – I

Patti Ranahan

Abstract: This article presents a brief look at incorporating the act of loving into the professional helping relationship that is created in child and youth care practice. The differences between the act of caring and the meaning of loving are discussed. Through an exploration of the author's relationship with a child, the dangers of loving (including the expectations of acceptance of the love being given, expectations on the child to feel love, using love as a reinforcer, and love leading to burnout) are discussed. A new way of loving in child and youth care practice that allows for the inclusion of loving in the helping relationship is explored and experienced by the author. Implications for incorporating love in child and youth care practice are discussed.

I have often wondered if I care “too much.” The cautions and reminders of getting hooked on other people’s problems, or trying to “save” someone are always present in the educational forum where I presently am learning about child and youth care practice. I have noticed that we rarely discuss loving the individuals we work with, and if a colleague does venture to that forbidden place of loving a client, I find myself thinking, “Oh, she’s hooked.”

The expectation that I demonstrate the act of caring is obvious, yet to reach the place of loving is scary. There are fears

that are triggered when I think about expressing the loving part of my Self to the world in personal or professional relationships: fears of hurt or inevitable abandonment if I show that side of my Self, or fears that loving another person will mean that I have to give up a part of my Self and be inundated by that person. The definition that I have created regarding love has allowed me to face these fears of abandonment and inundation. Yet this definition has not truly opened itself to being able to express love in practice. We have yet to study how to love the children, youth, and families we work with.

What does loving a child we work with mean? What are the dangers of love and is it really appropriate in the professional helping relationship? If I am to go beyond caring to loving in my practice, what will I need to do to make sure my work remains effective? In this article I examine the differences between caring and loving, the dangers of different types of loving, and loving in child and youth care practice through the exploration of a caring and loving relationship I have with a child I work with.

What is means to care

The title of “child and youth care practitioner” itself suggests a relationship in which the main characteristic is the act of caring. Caring can be seen as “a close attention, liking or regard, to protect or to look after” (Mayeroff, 1961, as cited in Denholm, 1990). Mayeroff also looks at the following criteria as part of the act of caring: knowing another’s needs and being able to respond; showing an ability to alternate one’s rhythm to maintain or modify one’s behaviour in order to help another; demonstrating patience, honesty, and trust; instilling hope in order to promote growth and courage to face the unknown; having a willingness to learn without arrogance; and possessing humility. These tasks involved in demonstrating the act of caring from the practitioner can be seen as what essentially makes the profession unique. The wonderfully clear definition of the act of caring appeals to my desire for knowledge regarding exactly what the profession I have chosen in the child and youth care field means. It gives a sense of an objective and a purpose and

allows for clarification to those who so often question, “What is a child and youth care worker?”

Caring moves beyond being “good with kids” or being able to play floor hockey. It requires the skillful exploration of the meeting of selves between the worker and the child. The child and youth care practitioner can be seen as being required to bring their Self to their work. So often we define people by their chosen profession — be it a firefighter, a nurse, or a lawyer. The child and youth care practitioner could easily be labeled a “Self,” for that is the tool and the briefcase that the practitioner brings to the work. In order to respond and be present with those we work with, we must bring to work various aspects of our Self, which include our knowledge, our patience, our trust, our honesty, our experience, and our openness for learning, which essentially is the caring. When I have at times let the child or youth know I care about them, the response has been quick. “You only care because it’s your job!” Yes, it is my job to care, and how I fulfill that requirement can determine how effective I am in practice. How I choose to bring my Self into my practice could quite possibly determine how effective I am in the work. It is impossible to fully bring this tool to work without understanding and having an awareness of how it operates in practice. This exploration may take years, months, practice, experiences, and education to be fully reached. Once child and youth care practitioners have ventured to that place, know where it is, and know how to draw each part of their core Self into practice, they can fully embrace the profession and

have an experiential understanding of the demands that they themselves are placing on the individuals they work with, healing the child within (Whitfield, 1989).

Going beyond caring, to loving

Yet how far do child and youth care workers have to go in caring for their clients? Does caring include loving? If I were to describe myself as a child and youth “love” practitioner, I would most certainly raise some eyebrows. I imagine colleagues would be quick to raise the issue of boundaries and question my motives behind loving. Can I have, then, a boundary and still love?

I struggled when initially addressing this question of whether or not there is a potential to love the children, youth, and families we work with, as I saw love as being personal and not a part of my Self that I would express in the professional world. I believed love to be a two-way street, only really true if it was reciprocated by the person I was in relationship with. If it was not true, not reciprocated, there would be a sense of loss. McKeen and Wong (1991, p. 74) describe this kind of love that is based on reciprocation as a “need ... that must be filled, else that person is in danger of depletion.” There was a sense that if I loved, then I was giving a piece of my Self that would be lost if love was not returned. With this reciprocal love in mind, I would easily dismiss the idea that child and youth care practice was to include love, for it would be based on the condition that it was expected of the client. The kind of love that I would be faced with demonstrating to my clients (if I were to include it) would need to be un-

conditional and not based on their success or failure, their love for me or for others, or how they treated me or others.

Is this possible? “Most people are unable, fortunately, to turn their love on and off” (Krumboltz & Krumboltz, 1972, p. 13). I am like most people, and thus I questioned how appropriate it was to love in helping relationships that can be so brief, so constrained by outside influences, and essentially directed by the client who may or may not wish me to love them, or even to care. The kind of love, then, that I must ultimately demonstrate if I’m to include it in my practice, needs to be able to withstand rejection. I believe that I could continue to care, and have continued caring, in the face of rejection, although rejection of love, when it is brought from the Self, appears to me to be more difficult. And of course the question arises of what happens when we are no longer there? Our job changes, a move happens, the child leaves, our time allotted for service is up. What then? I have always believed that loving included a commitment, and defined that commitment in terms of amount of time. It is difficult to imagine how I can love for only six weeks, let alone for a quick intervention of an hour.

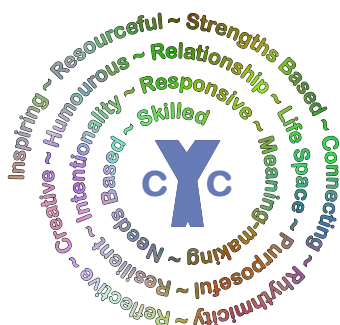
Yet is it possible? I questioned how ethical it was to include love in our profession due to the fact that we are being paid. I have worked with children and youth previously, and I realized that everyone who “cares” or “loves” them in their life was paid to be there. Can that be considered unconditional? The recent strike of a number of human service professionals in British Columbia, Canada, demonstrated

how it was a priority for practitioners to receive appropriate payment for their services. The care we give, and potentially the love we give, can thus be considered conditional. So, inevitably, the question of going beyond the profession of caring to include with it the energy of loving once again arises.

Dangerous love

The dangers of loving are easily found in my own professional and personal experience. One child in particular speaks to my fears of loving. When I went beyond the act of caring and began to love, the relationship became far more meaningful in my life, and I believed that, through time, it would in the child's life also. Through that level of relationship, I thought that change and healing would be able to occur, as "indeed love is the most healing of our resources" (Whitfield, 1989, p. 133). I initially saw myself loving the child while faced with physical violence, abusive language, and daily tensions. I faced the confrontations and the struggles with the

energy of love, which for me at the time was defined by my beliefs around commitment and reciprocity as being a part of loving. The love that I had for this child went beyond my occupational requirements of progress reports and case conferences. The act of caring was always a part of the relationship, yet I saw this as the professional side of my job. To love this child, for me at that time, meant that I was committed and "in it for the long haul." I read the case files, heard the child's story, spoke with previous foster parents, and became enveloped in the tragic tale. I had entered dangerous ground in how I defined the love I had for him, as I was hooked. Barends and Harper (1999) speak directly to the attempts I had begun making to give the child the love I believed he was owed. My love, then, became conditional as I expected him to accept the love I was giving. In my choice to go beyond professional caring and to show my love to this child, I was challenging him to recognize and accept the lack of love he had received from others. "The



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child cannot easily understand how you are able to care, when the most important people in his life have let him down” (Barends & Harper, 1999, p. 2).

How vital that realization is! It took a lot of time to bring to my awareness how irreplaceable is the love, acceptance, and attunement in the initial relationship the child had with his mother. In portraying my definition of love as being reciprocal and therefore needing to be accepted and involving a commitment, I was also expecting the child to face that others may not have loved him if he accepted my definition of what that meant. He could, in essence, believe that he could no longer love his mother, for in his view, it was not reciprocal, nor was she committed to an amount of time with him, which would follow my definition of loving. I believed that I was giving the child what he really needed. Love was my mode of intervention, yet I neglected to consult him regarding his perceptions of his wants and his needs. I neglected to discover and explore his own definition of loving and invite him to bring that to the surface.

From his developmental history, and reflecting now on my experience with him up to that point, I believe he had taken on the stance that “I will reject love, no matter who gives it to me” (Gravitz & Bowden, 1985, as cited in Whitfield, 1989). Possibly this rejection was more about my definition of love that I had presented to him at the time. Gravitz and Bowden also state that with this stance of rejecting love that is given, the child may continue to have difficulty experiencing feelings and emotions, including love. My showing this kind of love, then, conflicted

with his experience of the love I gave to him. He was told through my love that he had to accept it from me, the child and youth care worker, as opposed to someone else, and had to actually feel the love I gave him. This inevitably was a large burden for this young child to carry. One of the dangers of love, then, is the expectation that can be placed on children we work with and the omission of an invitation to bring their own style and definition of loving into the world.

Another danger in incorporating love into child and youth care practice is using it as a reinforcer. If I choose to include love, and potentially to express the loving part of my Self through hugs and statements, these need to be consistent and authentic. The consistency of love needs to be evident as children watch and may be invited by the child and youth care practitioner to express their own loving part of their core self. Love, and the expression of it, cannot be given as a reward based on the achievements or strides the children have made toward their goals. The child who asks for a good-night hug from the staff at the group home needs to receive it regardless of the window they broke or the milk they split. Learning that love comes only after “good” behaviour is teaching the child that love is payment and is conditional, for “if we use love as a reinforcer, we must be prepared to withhold it just as readily as we grant it” (Krumboltz & Krumboltz, 1972). Withholding or granting love is also described by McKeen and Wong (1991) in their belief that “often love is treated as though it were a commodity, something that could be exchanged or bartered, or withheld and

used for ransom or control.” I was discovering that the expression of loving from the core Self that we can incorporate into practice as child and youth care practitioners must be beyond expectations, acceptance, conditions, and commodity.

Through time with the child I was working with, I discovered that the expectations of acceptance of the love I was expressing, and the child having feelings of being loved, were unrealistic at the time. This is not to say that this child will never reach acceptance, feeling and hopefully expressing his own loving, for he will continue to grow and change through our continuing relationship and the future relationships he is involved in. As I faced the fact that my expectations for the child would be unmet, I also realized that I began to show signs of burnout. The definition I had created around love had drawn out my fears of loving. The love in the relationship was not reciprocal, nor accepted, by the child. I had believed that if I loved him in this way, he would be filled up with that love and change would occur. Yet the child did not reciprocate, nor accept, the love as I had defined it. Changes had occurred, but I began to discount the positives that the child was demonstrating in his life and magnify the negatives when they occurred. The child had worked incredibly hard to go from one hour a day at school to full days, yet if homework was not completed, consequences were quickly given.

I began to over-organize and work harder on the child’s needs. The amount of energy I spent in what had started out as love, but was now more directed toward my own needs, led to an inevitable

burnout and a leave of absence which shifted the relationship between the child and myself to something completely different.

By the time I returned, the child had realized that I was not a permanent fixture in his life and that I, like others, would, could, and at times should leave. This shift in physical presence as a demonstration of loving challenged the initial definition of love that I had presented to him. My initial definition considered commitment of time and being “in it for the long haul” as important expressions of love. My absence raised questions concerning how to be loving when being physically present is not an option. The demands that had come with the definition of love that I had in the beginning of my involvement with the child had not allowed the meeting of Selves as two connected individuals to occur. I had been depleted, not from loving, but rather from fighting for the expectations I had placed on myself and the child. Trying to replace the love that had been missed in the child’s earliest relationships, being “committed” to be physically present for the child all the time, and the game of reciprocation had emotionally exhausted me. I had lost my boundary and had forgotten my Self in the process. Re-entering the home was different for me. I also realized that I wasn’t permanent and that the love that I had attempted to demonstrate in the past, and my “in it for the long haul” attitude, was not going to “save” him. There was no requirement for me to “fill him up” with the love that I believed he had lost in his primary relationship with his mother. Yet the absence of loving in my relationship with

this child was not an option for me. Expressing that part of my core Self was a joyful way of being that I had experienced in brief moments in relationship. A shift in my “love mode” of intervention slowly occurred as I sought out a new way of being loving that was without cost or expectation.

References

- Barends, A., & Harper, E. (1999). Relationships and play. International Child and Youth Care Network. *CYC-Online*, December 1999.] Available at <http://www.cyc-net.org/cycol-1299-barends.html>
- Denholm, C.J. (1990). Canadian child and youth care 1979-1989. *Youth Studies*, 9(2), 51-57.
- Krumboltz, J.D., & Krumboltz, H.B. (1972). *Changing children's behavior*. Needham Heights, MA: Simon and Schuster, Inc.
- McKeen, J., & Wong, B. (1991). To be... love-ing... to be.... *Journal of Child and Youth Care*, 6(4), 73-83.
- Perlman, H.H. (1979). *The heart of helping people*. Chicago: University of Chicago Press.
- Whitfield, C.L. (1989). *Healing the child within*. Deerfield Beach, FL: Health Communications, Inc.

This feature: Ranahan, P. (2000). Reaching beyond caring to loving in child and youth care practice. *Journal of Child and Youth Care*, 13 (4), pp.55-65

Quality Care in a Family Setting A Practical Guide for Foster Carers



Leon Fulcher & Thom Garfat

While training and practice standards are now used in many places to enhance, monitor and evaluate the quality of care given to children and young people in out-of-home care, Foster Carers are often expected to perform miracles without practical assistance. Building from a strengths-based approach, **Quality Care in a Family Setting: A Practical Guide for Foster Carers** seeks to redress that deficit, offering practical help for Foster Carers seeking to do extraordinary things with the kids for whom they care.

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Food for Thought

Laura Steckley

I'm squeezed for time this month, so instead of skipping my column I've decided to briefly write about a project that may be of interest to you. It's called *Food for Thought* and its aim is to turn the findings of study into useful materials and resources to inform practice. The study explored food practices in residential child care here in Scotland, and it looked way beyond simple issues of health and nutrition. It explored the symbolic power of food to emotionally nurture or alienate, and illustrated the role of food in exercising care and control. The way that food can serve to build relationships, express (or repress) feelings, and create a sense of belonging are key themes from this research.

For those of us coming from a CYC perspective, all this fits well into the use of everyday activities to promote healing and development. Food is part of our every day, and it's easy to overlook the restorative (or destructive) potential in our related practices.

The Food for Thought project is developing a suite of resources, including a

reflective tool to assist practitioners to think about a particular child that they work with and how they might consider the role of food in that child's life. This is going to be freely available online. Training is also being developed, and this will likely be of more interest to those here in Scotland. Other resources (free and online) may also be forthcoming.

In the meantime, it might be worth having a quick nose about on their website (which you can check for developments).

<http://blogs.iriss.org.uk/food-for-thought/resources/>

They have a Resource Handbook for Reflection that was created at the end of the research, and it has some great information and exercises. I strongly recommend it.

<http://blogs.iriss.org.uk/food-for-thought/files/2012/11/Food-Practices-in-Residential-Children%E2%80%99s-Homes.-Resource-handbook.pdf>

They also have a leaflet for children.

<http://blogs.iriss.org.uk/food-for-thought/files/2012/10/Childrens-views-on-food-in-residential-care.-Leaflet.pdf>



Post Card ~~from~~ Leon Fulcher



Postcard to Leon from Dr. Tuhinul Khalil in Bangladesh

Hello from Dhaka, Leon. As promised, I'm sending this postcard from the capital of Bangladesh to share an experience I had shortly after returning from my studies in Edinburgh at the start of the year. It involved Rita, a young woman brought up in care.



Rita with Her Tangail Children's Home Family

Rita, lived for almost ten years in a Children's Home designated for sex-worker children run by an NGO. She left in 2007, after getting married. I was Head of Programmes there prior to starting at Edinburgh University and in this capacity, Rita knew of me and agreed to participate in my PhD research. Shortly after returning, I bumped into Rita during a visit to the Executive Director. We exchanged pleasantries and arranged to

meet. It seems that life is treating her well, or at least the NGO was. I was amazed by Rita's transformation from when I interviewed her five years ago.



Rita and Her Children's Home Living Group

At the time of interview, Rita's story was full of woe. She was having problems with her husband and in-laws, and the relationship with her mother – a 'madam' at one of the brothels – was strained. She spoke about the neglect she had experienced as a child; the stigma of being the child of a sex worker; and the problems she had encountered in care. All had had an effect. She feared that if she left her marriage she would end up as a sex worker – like her mother – something she abhorred. She recognised this was 'the easiest option for a prostitute's daughter'.



Rita and Her Friends Celebrating Bangla New Year

During our recent meeting, Rita spoke about how she had overcome her difficulties. I was pleasantly surprised by how much she had matured over the last 5 years. She appeared secure, confident and settled. Relationships with her husband and in-laws have improved significantly. Her thoughts now were for her own daughter and other brothel children – those denied residency in a Children's Home. Rita has a vision for a Home that could potentially *'change their lives for the better!'*

On reflecting about what Rita said, I wondered what it was that made her feel settled and secure? What 'miracle' happened in the Home that enabled a child like Rita to flourish? Was it ready access to the head of the organization, head of the Home and other staff? Children were not excluded from decision-making processes and were supported. Rita told me that the Executive Director supported her financially and guided her emotionally after she left the Home. She felt he was there for



Rita's Wedding Day

her and his door was always open! He made time – what little he had – to nurture confidence in residents, through his guidance, affection and care; enabling residents to settle in society. This living example resonated with the research which says that *'children' need at least one significant adult in order to feel secure and*



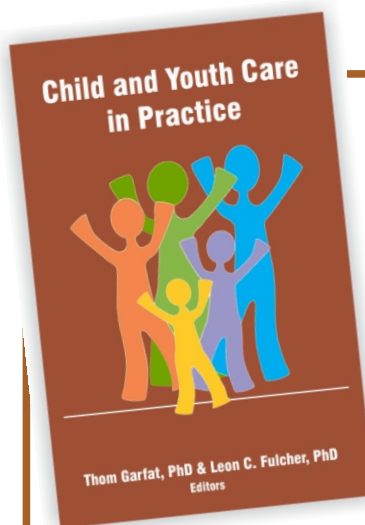
Rita's Daughter

thus settled'.

Rita reminded me of the qualities of love, affection, guidance and support that are needed by all children, especially those in care. Such qualities help equip children to stand on their own feet. Instead of thinking only of themselves and their own satisfactions, such children were willing to help others living in the Home or brothel. Rita's smiling face has given me the courage to challenge those who degrade or dismiss residential child care, and in particular, care homes for children of sex-workers. Care, if denied, means children like Rita lose out on their childhood. Society needs to ensure that those working in child care professions can go the 'extra mile' to make 'being in' and 'transitioning from' care as helpful as possible.



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Thom Garfat & Leon Fulcher - editors

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EndNotes



It's not only children who grow. Parents do too. As much as we watch to see what our children do with their lives, they are watching us to see what we do with ours. I can't tell my children to reach for the sun. All I can do is reach for it, myself.

— **Joyce Maynard**

Be aware of wonder. Live a balanced life - learn some and think some and draw and paint and sing and dance and play and work every day some.

— **Robert Fulghum**



Do something together

Do something with your kids this weekend that doesn't get counted or valued in terms of time, money or measurable skills. Just for the fun of doing something together. Something which may open up possibilities for enjoyment for those you play and relax with. And also for yourself! Without watching the clock. Without trying to demonstrate how good you are. Without being embarrassed at how awful you are. Simply find some occupation a few of you can share for its own sake. Go along with what others suggest. For the sake of spending some time together. For some sun on your back or some wind through your hair. Feel free to talk, play, laugh — or be silent together. By all means bring along something to play with, a ball, a fishing rod. Some food or goodies to share. But bring yourself, leave the rest of you at home. Don't feel that you must observe, record, interpret or remember ... be there just for the fun of doing something together ...

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**

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**



"In every dispute between parent and child, both cannot be right, but they may be, and usually are, both wrong. It is this situation which gives family life its peculiar hysterical charm."

— Isaac Rosenfeld

Getting down on all fours and imitating a rhinoceros stops babies from crying. (Put an empty cigarette pack on your nose for a horn and make loud "snort" noises.) I don't know why parents don't do this more often. Usually it makes the kid laugh. Sometimes it sends him into shock. Either way it quiets him down. If you're a parent, acting like a rhino has another advantage. Keep it up until the kid is a teenager and he definitely won't have his friends hanging around your house all the time.

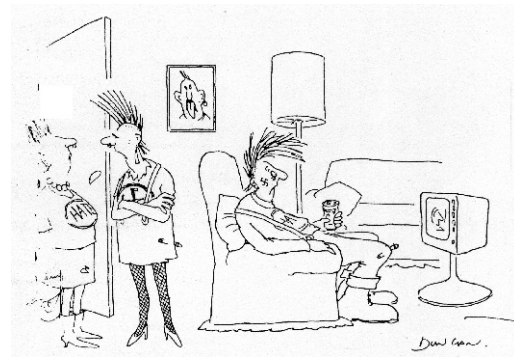
— P.J. O'Rourke

The guys who fear becoming fathers don't understand that fathering is not something perfect men do, but something that perfects the man. The end product of child raising is not the child but the parent.

— Frank Pittman

There comes a time when every scientist, even God, has to write off an experiment.

— P. D. James



He's worried about getting old. He counted the first brown hairs among the pink this morning.

"The future is something which everyone reaches at the rate of sixty minutes an hour, whatever he does, whoever he is."

— C.S. Lewis

You are worried about seeing him spend his early years in doing nothing. What! Is it nothing to be happy? Nothing to skip, play, and run around all day long? Never in his life will he be so busy again.

— Jean-Jacques Rousseau, 1762





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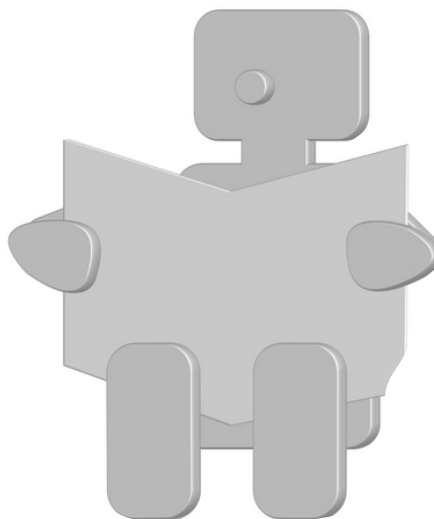
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