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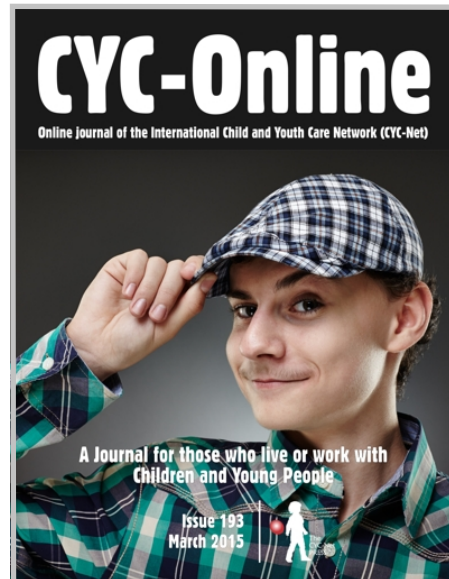
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Ever So Simple

Kiaras Gharabaghi

*School of Child & Youth Care
Ryerson University
k.gharabaghi@ryerson.ca*

As I do every year around this time, I was recently reviewing the non-academic requirements of students seeking admission to our School of Child & Youth Care at Ryerson University. As part of that process, prospective students have to write a short essay that more or less indicates their understanding of child and youth care practice. These essays are often a little on the superficial side of things, re-

flecting the lack of familiarity with the field that is quite appropriate at this stage of the student's career. Occasionally, I encounter some funny bits, like when one prospective student compared the life prognosis of young people facing adversity with the process of flushing a toilet. Or another who quite thoughtfully described child and youth care practice as being all about relationships, and then summed up by saying it's "like

romance without the sex".

After reviewing 20 or so essays on this particular evening, I came across one that was really simple in its substance and thinking. But somewhere toward the end of the essay, the person tried to explain what the benefits of psychological assessments are, and how one might translate these into everyday practice. The example given was that if we know a young person finds it difficult to be around a lot of people, in confined spaces, or in very high stimulation environments, it might be best not to plan trips to the mall with that young person, and instead to seek out activities in wide open spaces like parks. I couldn't help but notice the simplicity of thought embedded in this line of reasoning; but then again, I couldn't help but notice how fundamentally 'true' it was. While I am not a big fan of rendering psychological assessments the be all and end all of everyday activity with young people, it nevertheless seems quite obvious that if one is going to incorporate a strength-

based perspective in any form or shape, then indeed this young person should not be taken to the mall (especially on a busy night), and instead plans ought to be made for activities in environments where the young person can feel safe and comfortable. So then I had to ask myself: I wonder how often such thinking actually happens in the field?

My experience is that it probably does not happen all that often. For the most part, activities are planned to meet several criteria: first, they should be relatively inexpensive, which is why the mall (assuming no purchases) is a popular one. Second, they should be community-based, and a mall certainly fits that bill. And third, they should correspond to what at least many young people typically like doing, and hanging out at the mall surely fits that criterion as well. To be sure, there is some individualization present in these decisions also; if a young person has been aggressive or otherwise poorly behaved prior to the activity, he or she might be judged unsafe to be entering the mall. But I cannot for the life of me remember a circumstance where the mall visit was forgone because a young person was known to be uncomfortable in large, busy and often claustrophobic environments, even though I am quite certain that the psychological assessments of many young people in care, or living in a group home, probably provide some pretty good indication that anxiety may well be heightened by exposure to busy and overly stimulating environments.

So all of this made me think; if we can't

even take into account such a basic observation from a psychological assessment, what are the chances that our attempts to integrate clinical thinking into treatment plans are particularly reflective of the young people's needs, strengths, or challenges? I suspect that one of our core issues is that we are no longer particularly interested in simple things; somehow, we have allowed ourselves to be convinced that 'treatment' is an enormously complex process that requires a clinically sound plan and multi-disciplinary consultation, not to mention evidence-based practices, in order to get it right. In the meantime, unfortunately, the simple steps we can take to fill each and every day of a young person with joy and affirmation of strength and capacity are often overlooked. Perhaps more disturbingly, the skills of practitioners are increasingly becoming irrelevant; sure, we can build resilience, mitigate risk factors, provide for dialectical behavior training, solve problems collaboratively and stop at any time (including now) and plan; but can we still use our wisdom to think about how we might have a wonderful time with a young person, and allow a young person to have a wonderful time with us or his or her peers, without making that young person endure hardships?

In the end, it simply goes to show that experience, training and certificates are not the only thing we need in our field. Sometimes, we need a young, emerging practitioner to ask some pretty basic questions that allow us to re-discover the beautiful simplicity of our work.



Young Carers: Children Caring for Family Members Living with an Illness or Disability

Andrea Harstone, Sara J.R. Bergen and Magdalena Sweetgrass

Abstract

Young people often demonstrate considerable commitment, resilience and skill within their roles as young carers. Their contributions, however are regularly devalued or unrecognized by the systems that seek to support them. In this article we examine existing knowledge on why and how young people become young carers and the influences such a role can have on them. We also look at policy and practice issues related to young carers.

Many children and adolescents live in households where a family member is living with a chronic illness or disability. Often they care for a parent or extended family member who is ill or disabled and subsequently they may be involved in the care of siblings (Charles, Stainton, & Marshall, 2008, 2009; Thomas, Stainton, Jackson, Cheung, Doubtfire & Webb, 2003). These young carers are young people under the age of 19 whose lives are affected by the care needs of another person. The potential negative consequences of caring have been well

documented and include impacts on physical and emotional health and social development (Charles et al., 2008, 2009). Long-term impacts on education and transitions into adulthood have also been identified (Aldridge & Becker, 1999). Although young carers face many difficulties in their caring roles they also report benefits such as an increase in self-reliance, self-esteem and empathy for others as well as a fostered capacity to accept responsibilities. (Pakenham, Chiu, Bursnall, & Cannon, 2007).

Living with a family member with a

chronic illness or disability does not make caring inevitable. The nature and extent of caring within a family are often determined by a combination of factors. These can include the type and severity of the illness or disability of the person being cared for; the extent and frequency of the care required; the structure and socio-economic status of the family unit; and the informal and formal support networks outside of the family (Warren, 2007).

In North America, as in other parts of the world, some degree of caring in childhood is valued and encouraged as part of healthy child development. The factors that distinguish 'normal' care from that provided by a young carer are the extensive levels or types of caring, which frequently consume many hours a day (Aldridge & Becker, 1999). Some young carers may take on short-term caring of a parent or siblings, while others become long-term caregivers. In both long-term and short-term caring, impairment to the child may occur (Aldridge & Becker, 1999).

The positive and negative impact on children and adolescents caring for others depends largely on the medical condition of the care receiver, a young person's resiliency and ability to cope and their network of both informal and formal supports. Problems that affect one person in a family inevitably affect the family as a whole. Different illnesses bring different challenges that change over time as the family learns to cope with and anticipate the various manifestations of an illness (Cree, 2003). This paper will provide an

overview of some of the challenges and benefits reported by young carers who live with and care for family members with mental and chronic illness, substance use and disabilities.

Mental illness

It is estimated that in Canada almost 570,000 children under the age of 12 live in households with parents who experience mood, anxiety or substance use disorders, corresponding to 12.1% of all children in this age group (Bassani, Padoin, Philipp & Veldhuizen, 2009). Furthermore, a growing number of young people worldwide are taking on the responsibility of caring for parents with serious mental illness (Aldridge, 2006). Unable or unwilling to reach out for assistance these young carers regularly provide emotional support, perform domestic chores and care for other family members. Young carers of parents with mental illness are often involved in providing crisis and ongoing support when a parent experiences symptoms and behaviours associated with their illness. They are vigilant in monitoring the mental health of the family member and frequently take on responsibility for administering medications (Gray, Robinson, & Seddon, 2007).

Mental health has a special significance for young carers. Children of parents with depression, bipolar disorder or schizophrenia may be at higher risk of developing mental illness in adolescence or early adulthood (Cree, 2003). Many of these young people experience sleep disorders



and in extreme cases have an increase in suicidal thoughts and higher risk for self harming. They also tend to experience bullying and have increased worries about problems at home and school. Adolescents of parents with mental illness report more involvement with the police and the use of alcohol and drugs as a means of coping (Cree, 2003).

Ultimately, many of these children experience isolation, a lack of opportunities and the associated stigma of caring for a parent who is mentally ill (Gray, Robinson & Seddon, 2007; Reupert & Maybery, 2007). Families fearful of being targeted by child protection services often become purposefully invisible. Consequently many young carers get caught between a sense of obligation to protect and care for family members and their own educational, emotional and social needs. Evidence of the invisibility experienced by young carers can be seen in a typical family intervention that focuses on treating the parent's mental illness with the assumption that the needs of the child will also be met (Aldridge, 2006).

Chronic Illness

Young carers of parents with chronic illnesses may suffer particular consequences. Children and youth experience worries and fear associated with health of their parent, and not understanding what the illness entails (Coles, Pakenham & Leech 2007). Increased anxiety and somatization were found in children caring for parents with Multiple Sclerosis (Coles

et al, 2007), with increased emotional difficulties for those who were not given age-appropriate information about the illness (Coles et al, 2007; Forrest Keenan, et al, 2007; Beach, 1994). When modifications to the treatment of the disease, or changes in the progression of the illness occurred, children felt more helpless when they were not included in discussions (Gates & Lackey, 1998). Certain illnesses can lead to further emotional and psychological disturbances; carers of cancer patients are reported to develop high levels of emotional distress and are found to be less likely than patients to disclose their distress (Bolas, Van Wersch & Flynn, 2007). Huntington's disease has a genetic component that increases the risk of future generational contraction. Other types of chronic illness, such as HIV, carry a stigma that can affect a young carers' interactions with others. This can further burden the already stressed young carer (Keenan et al, 2007; Tisdall, Kay, Cree & Wallace, 2004). When a parent is ill, young carers may be providing care that is beyond their capacity; this may include personal care and medical interventions; providing care that is of an intimate nature, such as bathing and toiletries, can further exacerbate the situation (Lackey & Gates, 2001).

Substance Misuse

Growing up in a family where substance use affects parental functioning has an impact on a child's well-being. Parental substance misuse commonly leads to changes in familial roles (Godsall, Jurkovic,

Emshoff, Anderson & Stanwyck, 2004). In Canada, childhood exposure to parental alcohol misuse is greater than 10%, for children under 12 years; with substance misuse being the most common psychiatric diagnosis (Bassani et al, 2009). The extent of role reversal is not consistent between families. However, a number of families that include a substance misusing parent have children who take on a young carer role. Young carers commonly help with housework, or caring for younger siblings; others take on a more mature role that includes managing the family budget, and providing physical care and emotional support for the parent (Kroll, 2004).

Previous research indicates that negative consequences that include substance misuse (Godsall, Jurkovic, Emshoff, Anderson & Stanwyck, 2004) are prevalent when children take on caring roles that are beyond their age or ability, within families. In these circumstances children are at greater risk for developing psychiatric disorders including depression, or increased substance use themselves. This may be due to increased risk of abuse and neglect (Bassani et al, 2009). Children may have significant fears about the future including safety for themselves and their siblings, fear of being separated from their family by child protection services, and worry about parental safety. This prevents the child from asking for the help of others who may be able to provide the care and support needed (Barnett & Parker, 1998; Kroll, 2003). Children report that at times parental substance misuse causes them embarrassment and they would very often

limit time away from home with the parent as well as limit interactions with peers (Kroll, 2003).

Disabilities

The population of young carers is diverse within a wide range of family backgrounds and circumstances. Children and adolescents who care for family members with physical and intellectual disabilities are equally diverse. Each type of disability: physical, cognitive, or learning disabilities, impact families and young carers in different ways. These challenges to ability can occur on a somatic, psychological, sensory, or behavioural level, and most individuals will demonstrate a combination of several or all of these (Newman, 2002). While these young carers undertake many tasks similar to those of other young carers, they often assume responsibility for personal and intimate care tasks in addition. These responsibilities are considered the most physically involved and time-consuming tasks of young carers (Warren, 2007). For example, back injuries suffered by early caregivers as a result of improper lifting can persist into adulthood. In addition, there are several distinct scenarios which have emerged as unique to young carers supporting their family members with a disability.

The existence of young carers is a contentious issue within the disability community where there is a debate over the rights of the child in contrast to the rights of the person with the disability. Young carer advocates have focused their

attention on a concern for overburdened children who are filling a service gap. These advocates have argued that many young carers providing support to their families were not receiving any personal support themselves. These advocates have focused heavily on the potentially negative outcomes, such as developmental delays, poor academic performance, and low socioeconomic status (Aldridge & Becker, 1999; Newman, 2002). In contrast, disability rights advocates have been casting much of this argument as an issue of discrimination, citing that parents with a disability are more likely to have their parenting skills called into question and have their children removed (Aldridge & Becker, 1999; Booth & Booth, 1998; Newman, 2002).

Protective Factors

Negative impacts of early caring have been well documented in research (see Charles et al., 2008). However, more recently positive outcomes and protective factors have been identified for young carers. These positive aspects include a sense of being needed and appreciated within the family while being in the caring role, and developing greater caring and compassion for others that carries into adulthood (Lackey & Gates, 2001). Being a young carer can be a source of positive feelings of familial connection, and a place to build even stronger relationships since so much time is spent with family (Beach, 1994). Developing positive communication skills with others, including using humour

to discuss difficult topics and express aspects of their lives, is a positive outcome of taking on a role in a family that involves higher levels of caretaking than others their own age (Beach, 1994; Blackford, 1999).

In addition, coping and choice in caring are important predictors of positive caring outcomes. For example, when a young carer perceives choice in their caring roles they have more positive outcomes. In addition, having a greater social support network is highly correlated with positive outcomes of early caregiving (Pakenham et al, 2007). All aspects of the lived experience of young carers need to be identified and addressed in order to provide the appropriate support to them and their family. Many of the identified negative consequences of caring can be mitigated with appropriate interventions by the workers involved (Beach, 1994; Keenan et al, 2007; Lackey & Gates, 2001).

Practice

Collaborative practice needs to occur between all of the professionals who are best able to identify young people who may have caring responsibilities beyond those of children their age. This includes child and youth care workers, social workers, teachers and all of the other professionals who may come across these young people. Professionals need to be willing and able ask parents and children questions about the overall functioning of the family. Gaining a better understanding of the lived experiences of children and

adolescents living with family members experiencing illness or disability is critical to ensuring their needs are met. However, these findings should not be taken in isolation. Young carers need to be seen within the many different contexts that make up their lives.

Supporting these families provides an opportunity to use interventions that will support the positive outcomes and mitigate the negative consequences of caring. Education about the illness and inclusion in the discussions regarding care, treatment and progression has been found to lower stress level in young carers and increase the satisfaction of all family members (Coles et al, 2007; Lackey & Gates, 2001).

Having social supports in place has been shown to reduce isolation, and lower stress levels associated with caring for an ill parent (Coles et al, 2007; Pakenham et al, 2007). The school system may be the first place of access and the source of social support for young carers; it can therefore act as an extremely important protective factor for troubled children (Cree, 2003; Lackey & Gates, 2001). Psychosocial education groups can be a useful tool to provide education and support to these young people. Lessons on stress reduction and emotional expression, as well as a place to know you are not alone and that other young people have similar experiences, can be a very useful component to ensure that young carers are supported in their role (Beach, 1994).

Acknowledging both the positive and negative consequences of caring and targeting interventions which support the

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entire family can help young carers maintain a balance between caring for others and themselves. Workers can provide the support needed to maintain safety for the young carers and the care recipient. For example, this can include ensuring that, where possible, intimate care of the parent is looked after by others and that young carers are educated about the care they are providing and what is expected of them. This should include ensuring that there is adequate respite so that young people have time away from their caring role (Gates & Lackey, 1998; Lackey & Gates, 2001).

Working with families who have developed particular dynamics that encouraged the development of young caring roles may need the support of workers to make lasting changes. Children need to be provided with an opportunity to share their experiences and discuss what their needs are in a safe environment (Kroll, 2003). For example, families should be supported to create changes within the family that go beyond the reduction of substance use or maintenance of mental illness to ensure children are relieved of some of their caretaking roles, and those responsibilities are then provided by other adults in the family's life (Godsall et al, 2004). Worries are a common experience for all young people, particularly during the transition between childhood and adolescence, and adolescence and adulthood. Young carers need to be provided with adequate formal and informal support to mitigate additional worries associated with their caring roles.

Policy

Young carers often fulfil the unmet needs within the family, and on a broader level, within social programs and services. Hence, there is an urgent need to recognize the role of young carers through policy measures. Central to this initiative is the argument surrounding who – children or parents — should be supported first and most comprehensively. This battle began in the disability rights movement, as advocates for young carers have suggested that the rights of the child must be the first priority, endorsing interventions that allow the family to support the developmental needs of the child (Aldridge & Becker, 1999; Warren, 2007). Meanwhile, disability rights advocates have endorsed interventions which support the parent, arguing that these individuals are otherwise “doubly disabled”, lacking access to necessary resources to enable their full abilities as parents (Aldridge & Becker, 1999; Booth & Booth, 1998; Newman, 2002). The most succinct arguments suggest it is a matter of integrated support for the needs of each member of the family; thus minimizing the young carer role, providing support for the family member with the disability, and supporting the entire family through their experiences (Aldridge & Becker, 1999; Booth & Booth, 1998; Newman, 2002; Warren, 2007).

Thus policy must have three main functions, each of equal importance. First, it should ensure that young carers have adequate support for the positive growth and development. Second, it should establish

improved resources, funding, and services for parents with disabilities. Finally, the policy should aim to close the service gap that has created the young carer role, so that families do not have to rely on these informal caregiving relationships to maintain their basic functioning.

Conclusion

Children often demonstrate considerable commitment, resilience and skill within their roles as young carers. Their contributions, however are regularly devalued or unrecognized by the systems that seek to support them. It is important to recognize that the role which young carers undertake is individually determined, complex and multi-modal. Understanding the subjective role of early caregiving is critical in determining the health outcomes for both carer and the recipient of care (Bolas, Van Wersch & Flynn, 2007). Isolation occurs for a number of reasons, but is often a result of the social discomfort and shame the child associates with being a young carer. Unfortunately, this lack of ability or willingness to talk about their experiences, serves to highlight their sense of isolation and the social distancing they experience (Bolas, Van Wersch & Flynn, 2007).

Child and youth care workers, social workers, health professionals and school staff can play a key role in identifying young people who have a caring role. This early identification is an important first step to providing services and creating policy that supports children and adoles-

cents in the role of caregiver as well as individuals with physical, social, emotional and educational needs. The needs of young carers and their families should always be considered in the context of the complex circumstances in which they live.

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The early stages of the care relationship

Jack Phelan

CYC practitioners work with youth and families who have suffered abuse and neglect — and the human cost of those experiences.

When we meet a youth and try to connect with him/her, the usual assessment questions we ask can be less effective, perhaps even alienating the person we are trying to understand.

Rather than repeating a process which has been followed too often already, the CYC practitioner could think differently. I suggest asking yourself these questions:

“Who is this person? How do they see the world? What do we agree on? What do we see

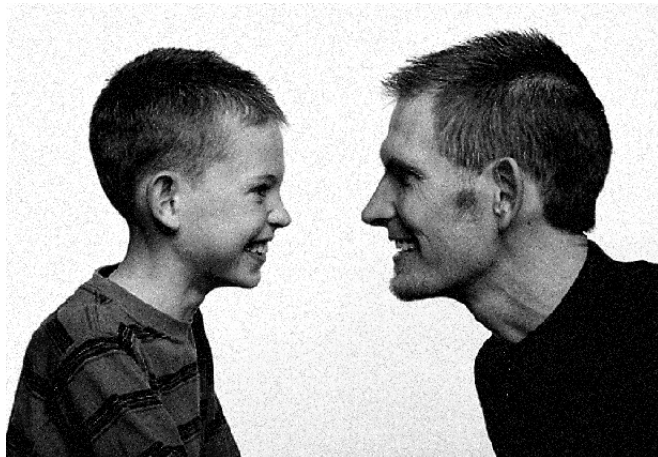
differently?

The goal is to create common ground and shared meaning, with the youth so that we can eventually expand our mutual understanding and build a relational connection.

Vygotsky developed the concept of a “more knowledgeable other”, like an adult

teaching young people about life and culture. This is a key role for CYC staff, but to do this effectively we must understand the ladder they are climbing and which step is the next most useful one for them to achieve. When the adult gets too far

ahead of the youth the message is not helpful, in fact it may alienate them.



Two of the major issues for youth in care are safety and power. These are big issues for everyone, but many CYC workers might not appreciate the differences between mature adults and young people who have been abused and neglected.

The youth feel very unsafe and suspicious of anyone who expects them to drop their defensive stance and become vulnerable, which has invariably led to their being victimized in the past.

The adult, on the other hand, feels safe and comfortable about trusting other people, living as he or she does in a relatively safe world-space. The adult may well feel unsafe around an unpredictable and hard-to-manage youth, though this anxiety can in turn trigger the youth to feel threatened.

Experienced CYC staff have more confidence in managing behavior, so they are less threatening, but also are very unlike the youth in their view of the world. We experienced staff think it is only “common sense” for people to trust us — unless we have acted unhelpfully and have caused them to see the life space as unsafe.

The hyper-vigilance of abused/neglected young people can come across as rudeness, aggression, and even as anti-social. Unfortunately, because this is not logical to the adult, he is blind to the essentially logical basis for the young person’s attitude.

Youth who feel especially unsafe, live in the present moment, with little concern about future consequences. Their past experiences and interactions will evaporate quickly from conscious consideration.

The logic of being punished today for something that happened yesterday is totally absurd to these youths. Going to bed early because I got up late this morning is not understandable, except to see it as the adult victimizing me, “because the adult gets pleasure out of inflicting punishment.”

Unfortunately, when the adults (often supporting each other) only see these interactions through their own logic, the youth is seen as absurd.

Creating shared meaning in these everyday situations is essential before any relational connections can occur.

This is the challenge of effective CYC practice.



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The Role of Intellectuals in CYC: Part III

Hans Skott-Myhre

Brock University / hskottmy@brocku.ca

In this instalment on the role of the intellectual in CYC, I want to focus a type of intellectual that I believe is very necessary to the development of the field in this contemporary moment. This is what Antonio Gramsci called, the organic intellectual. Gramsci said that this term described members of the working class who are conscious of the issues facing workers and of the impact of broader social conditions on life and work in their community. He suggested that intellectuals who are rooted in the lived experience of the worker must be developed in contradistinction to traditional intellectuals composed of “men of letters, philosophers and professors” whose interests were associated with the perpetuation of the dominant culture. The association of the traditional academic with the interests of the ruling class, Gramsci proposed, compromised and limited their ability to provide clear analysis and proposals of use to the working class. Indeed, as Basaglia has argued, often they simply operate as functionaries on behalf of the ideas and beliefs that are deployed to sustain the subjugation and discipline of the workers.

The organic intellectual, according to

Gramsci, arises out the conditions that form and shape the lived experience of those who actually produce society through their labour. In this sense, Gramsci argued, “All men (and women, we might add) are intellectuals,” wrote Gramsci, “but not all men have in society the function of intellectuals.” In other words, all of us are involved in producing the beliefs and ideas that shape our perceptions of the world. This is Foucault’s great insight when he tells us that all politics are forged at the level of the micro-political where each interaction we have with each other at the most mundane level opens or forecloses new possibilities and modes of thought. For Foucault, the power of the dominant society is always premised on the swarming aggregations and assemblages of thought and practice occurring at the most mundane level.

In his description of the development of academic disciplines, for example, Foucault delineates how the force and power of such disciplines relies on their ability to claim access to truth. The manner in which such truth is obtained, however, cannot begin with the expert.

Indeed, the truths of a discipline are

seldom about that discipline. Psychology's truths are about categories of others, not psychology (Ian Parker and the critical psychologists being the recent exception to the rule). How are such truths about others comprised? Well, through careful observation and collection of data about the other. The phenomenon in question, the raw data, the living force of the micropolitical is translated by those proclaiming themselves qualified to gather information as the self-appointed experts on the now objectified other. In this process, the "scientist" culls their observations according to pre-determined frameworks that dispense with data that doesn't fit the methodological imperatives of the researcher. Put simply, whatever the experience or self accounting of the subject in question, it will be translated into the language of expertise developed by the discipline in question. This distilled information is then categorized according to the degree of truth the experts decree it to have, according to the numeric or qualitative measures being deployed at the time of the research.

Of course, such measures and qualities change over time with the various demands of the system of rule in any given historical period. Based on the accumulation of such truths, those associated with the developing discipline have increasing capacity to declare themselves experts on those they have studied. The truths generated in this way, by these experts, are then broadly circulated through the schools, families, media and even churches, where it is received by those whose knowledge was

originally pilfered to construct the truths they now receive. Based on the truths presented to them about themselves, the subjects now begin to re-think who they must be, because the experts told them the real truth about themselves. As they absorb the new truths, they begin the process of reconfiguring society at the level of the micropolitical. This reconfiguring of society, of course, then occasions new research into the new emerging social conditions and the cycle repeats; always, however, reinforcing the power of the discipline as experts and producers of truth.

It is precisely this cycle that Gramsci is refusing by saying that all of us are intellectuals. It is also, I might add a refusal of the discourses of anti-intellectualism that we sometimes find in our own field that claims to be able to distinguish the intellectual from the worker. Gramsci is saying that we all produce thought, theory and practice in all of our encounters and this is why we are all intellectuals. Some of us, however, specifically dedicate ourselves to thinking about what we do and under what conditions we do it. Such people have as a primary social function, the role of the intellectual. It is important here, to distinguish between intellectuals whose primary impetus is to become experts within a discipline, so they can tell us what the truth is about ourselves, and those whose impetus is to think about how we might bring greater force to the micropolitical day-to-day lived experience of those who work to produce society at the ground level. I would argue that this distinction is far more important than any



distinction based on who uses the most accessible vernacular. In another term, the folksy down home salesman who appears to speak your language may not be the one with your best interests at heart.

Now, Gramsci didn't rule out using knowledge produced by traditional research or academic scholarship. Instead, he proposed that such scholarship and knowledge be assessed on the basis of whether or not it could be used in the service of greater freedom for society as a whole and workers in particular. In this regard, an assessment of the relationship of academia to CYC practice might be measured on a Gramscian scale according to its capacity to open new fields of relationship between young people and adults that hold political force in areas that would be mutually beneficial for both. One might ask, for example, whether the scientific information (social or natural) being offered to us as a lens through which to see our relationships with young people advances in any meaningful way broader social agendas such as democratization or equity?

For Gramsci, this is the importance of the role of the organic intellectual. Because such intellectuals base their work on their own experience in the field of praxis, their interests are focused on producing a society in which workers have the greatest access to the fruits of their own labour. For our field of CYC, this is actually a rather complicated endeavour. Because, as I have noted in the first column in this series, we are both the worker and the object of the work, at the end of the day we are the fruits of our own labour. When

we work with young people relationally, we are working with all parties in that relationship including ourselves.

We are working to produce society, which includes us in the final product. As a result, our praxis is always collective and multiplicitous; we are the work and the worker operating amongst a milieu of other workers and young people who are also the work. This becomes even more interesting, in terms of the organic intellectual, if we understand that our current mode of global capitalism is premised in communication and social production.

As Hardt and Negri have pointed out, the most dominant forms of production today that involve human labour are not factories or farms but media of all types including social media, virtual financial platforms, popular culture including fashion,



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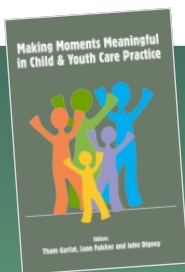
music, sports, film etc. Other growing and powerful forms of production include the service industry heavily premised in the ability to use our social skills in the service of the dominant class in areas such as tourism and call centers, as well as the expanding and proliferating realm of networked virtual production, where the platforms for all of the above are being produced and disseminated at an astonishing rate. All of these forms of production rely on our intellect; our creative capacities to think both conceptually and socially. This gives new meaning to Gramsci's statement,

There is no human activity from which every form of intellectual participation can be excluded ... Everyone carries on some form of intellectual activity, participates in a particular conception of the world, has a conscious line of moral conduct, and therefore contributes to sustain a conception of the world or to modify it, that is, to bring into being new modes of thought.

The function of the organic intellectual under such conditions takes on both a

new role and new sense of urgency. If it is our very capacity to creatively produce the world conceptually and socially that is being appropriated and exploited, then our ability to be in control of the products of our thought and sociality become a matter of extreme importance if freedom from overarching systems of dominant control is a worthy endeavour.

For us, in CYC, the organic intellectual is a thinker whose primary interests lie in the ability to conceptualize the primary values of our field within the contemporary political landscape of the current system of domination and control. Such an intellectual needs to possess the skills to both think within the current socio-political terrain and to imagine and propose a world beyond. At the same time, they need to be able to articulate their analysis and vision in such a way as to touch those working in the day-to-day struggles of youth-adult relations. In an age saturated at all levels by media and other virtual formats this requires a specific set of skills perhaps best found in what has been called the public intellectual. More on that next time ...



MAKING MOMENTS MEANINGFUL IN CHILD AND YOUTH CARE PRACTICE (2013) is the latest book edited by Thom Garfat, Leon Fulcher & John Digney. In this volume, CYC practitioners, educators and trainers demonstrate the applicability of a **Daily Life Events (dle[®])** approach across various settings and practice areas. It demonstrates the breadth and depth of the Child & Youth Care field and how it has evolved. This is an excellent student or professional development volume.

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Meaningful Development of Social Interaction Skills

James Freeman

Abstract

This article describes general classifications of social interaction skills and the importance of using everyday life events that are meaningful to the individual as opportunities for skill building.

Keywords

relational care, social interaction, skill building, use of daily life events

One of our residential care counselors took a group of young boys out to a local restaurant for breakfast on a Saturday morning. He had reviewed with the group some general expectations for the encounter, including how to enter the restaurant, how to select an item from a menu, and how to ask questions if they encountered something with which they were unfamiliar.

When it came time to order, the unsuspecting waitress greeted the boys and asked one of the young men what they would like. “Get me some eggs, woman!” he demanded in a sharp, firm voice. The waitress was shocked and the CYC counselor apologized in an attempt to mitigate her resulting stress. An occurring moment of opportunity was presenting itself in which the young man might learn something about himself and the effect of his action toward the server. Specifically, how to make a request from others using a voice and tone appropriate for person and setting. A three year old saying, “I want it now” is somewhat age appropriate. Yet at seventeen that same behavior might cause the individual trouble.

Opportunities to practice and develop skills are most effective in the course of daily life and when a young person is engaged in something meaningful to them. Too often we value compliance and conformity over freedom and experiential learning. Supporting the optimal development of young people requires that we are aware of the skills needed to enjoy life and that we look for meaningful ways for young people to acquire them.

Social skill classifications

In a recent CYC course I facilitated on helping young people gain self-awareness and conflict resolution skills, the group reflected on the various demands of the environment that are placed on young people through the course of their daily experiences. In our discussion we listed the specific skills used in environments such as at home, at school, or on the playground as well as in specific circumstances such as dining in a restaurant or engaging in a conversation with someone. As you read through the list, notice the complexities and the various micro-skills that are inherent in each skill.

Skills essential at home:

- Showing respect to others in the home (e.g. parents, caregivers, siblings, room-mates)
- Respecting the privacy and personal space of others
- Participating in family activities in a way that is enjoyable
- Being responsible for personal actions
- Contributing to household tasks (e.g. cooking, cleaning, laundry, maintenance).

Skills essential in public spaces such as the park, playground, or sports field:

- Asking to join in a game or play activity
- Taking turns and sharing
- Learning and following the rules of play
- Demonstrating sportsmanship
- Accepting not winning or being on the winning team

- Peaceful conflict resolution.

Skills essential in a conversation:

- Listening (including taking turns and not interrupting)
- Discussing topics appropriate for the setting and those present
- Respecting the opinions of others
- Recognizing and receiving feedback
- Respecting confidentiality and privacy of others.

Skills essential in a restaurant or dining area:

- Being courteous to servers and other diners
- Using table etiquette (e.g. sitting in chair, passing of food, use of utensils)
- Maintaining hygiene (e.g. washing hands, cleanliness at table)
- Being willing to expand palate and trying new things
- Maintaining conversation appropriate for meal time.

Skills essential at school:

- Respecting school and classroom rules
- Being present and focusing attention
- Adapting to changing circumstances
- Following schedule and instructions
- Being open minded regarding differences in background and views of others
- Completing and submitting work.



Of course all of these skills are likely to be used in multiple settings, however the list identifies some of the more important or key skills required across the changing environments or situations in a young person's day.

Lagging social interaction skills (along with other domains such as executive function, language processing, emotional regulation, and cognitive flexibility) can be the source of problems in living (Greene, 2014). Specific social interaction skills include interpreting social cues, connecting with others, seeking attention in socially acceptable ways, recognizing how behavior is affecting others, appreciating the perspective of others, and understanding how he or she perceived by others.

Another classification of social skills across child and youth development explores nine specific categories including communicating, nonverbal communication, being part of a group, expressing feelings, caring about self and others, solving problems, listening, standing up for self, and managing conflict (Shapiro, 2004).

Natural, everyday experiences

Whichever categories or classifications you might use each of these skills are best learned in the life space or daily experience of living. Sometimes, for example, the best learning occurs through unstructured play or simply hanging out together.

Play is widely recognised as a powerful vehicle for learning and development, where the rudiments of life skills are

tried and tested. It sparks qualities of imagination and creativity, as well as skills of turn-taking, thus promoting cognitive and social growth that are fundamental to growing independence so that young people are equipped with the survival skills needed to operate autonomously and live interdependently with other people. The nature of play changes with age and stage, and it need not always be formally organised. Seemingly aimless 'mucking about' and horseplay in which teenagers engage can be just as important in helping them gain a sense of their place in the world as a toddler might demonstrate whilst playing with bricks. (Fulcher & Moran, 2013, p. 338)

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intervening within the activities of daily living with young people as they live out their lives (Garfat & Fulcher, 2012). The young man's apparent disrespect to the wait staff at the restaurant described above was not a mistake or something that should have been punished. In fact, the problem with punitive responses and imposed consequences is that they fail to teach young people the skills they need to improve their lives and solve problems (Greene, 2014). He was using the a tone and approach learned through previous life experiences. This momentary opportunity opened up the potential to discuss and explore the impact of his behavior on others in a natural and meaningful manner. Foundational learning theory reminds us that "the single most important factor contributing to successful and rapid learning [is] the more meaningful the task, the easier it is to learn...[and] meaning implies understanding by the [youth] not just in the material [or task] itself" (Hunter, 1967, p. 31).

Reflection on these requisite skills for getting along well in life is a reminder of the breadth of expectations the world puts on young people as they develop. Many of our systems (e.g. education, juvenile justice, child welfare) expect young people to comply and conform, all too often missing opportunities to allow for freedom, trial and error, and experiential learning. It is our responsibility to know the skills needed throughout the development of childhood and to create meaningful ways for them to be acquired.

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James Freeman facilitates training on a variety of child and youth care topics. He is the training director at Casa Pacifica Centers for Children and Families. He serves on the board of governors for CYC-Net and is an advisor for the American Association of Children's Residential Centers. He can be reached at jfreeman@casapacifica.org



A Model for Child and Youth Care Leaders for Excellent Decision Making

Frank Delano —

email: Fdelano24@aol.com

At the core of Child and Youth Care practice is a strong emphasis on the importance of collaboration in relationships and in decision making. Krueger (1996) points out that organizational leaders set the tone in the agency and should be modeling collaborative work among themselves. When making decisions leaders must think of both short term and long term implications of their choices. Any crucial decision should look at the impact of time and that might include longer

term ethical implications. Inclusive decision making is a strong asset in making ethically sound decisions (Doyle and Smith, (2003).

Ideally a CYC Leader would have enough time and resources when making a significant decision to gather multiple viewpoints and have a process that achieves consensus among all impacted by the decision. However, we also know the reality of organizational dynamics, and the world we live in, seldom allow for that to happen as much as we would like. We are also in a period of rapidly changing times in our field that can impact the ability of a leader to make decisions at an optimum collaborative level. The increased pressures of compliance, budget cuts, staffing struggles, and increased demands on a leader's own time can steer the leader, if not careful, to making decisions with the eyes of a "manager" and not a "leader". Ultimately, as those pressures increase, and inherent in the role of a leader, the responsibility to make crucial decisions will center on the leader's ability to make decisions more strongly on their own judgment. Reinsilber (2006) points out that one of main reasons a person is promoted to be a supervisor is to ultimately make the tough decisions. Jill Shah and I have developed a working model for a leader to make decisions in a thoughtful way to maximize assessing the impact of the decision on others in a short term and long term framework, as well as assessing how the decision will impact their credibility as a leader. The leader should place strong emphasis on how the decision may effect relationships they have with others and have that focus throughout

the process. When making decisions our suggestion for a working model is:

- **What are the issues to be decided?** What is the best way to frame what exactly is being decided? How do the issues inter-relate with one another? Is there a way to frame the issue in a quantitative manner?
- **How will the decision be made?** It is crucial for leaders to be clear and very transparent about how the decision will be made. Will you have a vote in a team meeting? Will you take some input and then decide yourself? Will you try to get consensus from all before moving forward? It is very important for a leader's credibility not to try to "fake" wanting more input that they really do.
- **Who is important to consult with?** Have peers in my position made similar decisions? Who else will this decision impact both inside and outside the program? Should they be consulted before making the decision? How much approval range do you need above you in the hierarchy of the agency to finalize the decision? Have others in the agency, or peers in the community, made similar decisions and



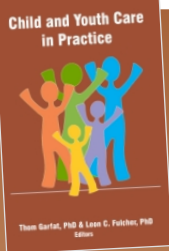
what can you learn from consulting with them about their experiences?

- **What are the options available for a decision?** How much will you narrow the realistic choices down before deciding? Will the decision be for a shorter term and then open to formal review before finalizing?
 - **What are predicted concrete short term plus and minus consequences?**
What are predicted concrete long term plus and minus consequences?
"Managers" are usually very good at making decisions with the information in front of them geared to short term effectiveness. Excellent leaders need to be able to think "three steps ahead" and assess how the decision will impact people and systems over time.
- **Am I willing to accept short term loss for potential long term gain?** Am I taking a foolish short term gain for a long term loss? Excellent leaders should be able to assess and accept the importance of being comfortable with short term losses for potential strong long term gains. This focus would be

exceptionally important when making decisions that are tied to a strong value base you have or building a program culture you believe strongly in. It is also important to assess how the decision will impact relationships in both the short and long term. You should be particularly careful not to take a tempting short term gain for a long term loss of credibility, integrity, or relationship.

- **What are potential unintended consequences?** When making a decision a leader should try to use as much of a critical thinking process as possible. Most leaders have a “dominant thought process” that will drive their decision making. Particularly when you feel very strongly that a decision you are making is the “correct one”, you should take time to argue against your strongest beliefs in formulating the decision. This may be a way to assess what consequences may be created outside your targeted impact areas of the decision. Who can you trust to be fully honest with you to present strong arguments against your strong beliefs about a decision?

- **Is the decision ethically and mission related sound?** Were there any “Divided Loyalty” decisions involved and if so, how to address it? Is your decision sound within the core values of the agency and the field? Are there ethical issues to consider with your decision? If you conclude there are no short term ones are their possible long term ethical concerns? The more collaborative the decision is, the more protection you will have against unsound ethical implications. It is also important to consider that most ethical decisions are not merely a choice between “right and wrong”, but often a decision between more than one “right” and involve situations that may create divided loyalties to children/families, the agency, workers, etc. Have everyone’s rights been protected?
- **Will the desired outcomes produce a standard of excellence level of service?** It is important to define and communicate what an “excellent outcome” would entail. How will you evaluate and monitor that?



CHILD AND YOUTH CARE IN PRACTICE (2012), edited by Thom Garfat & Leon Fulcher, offers some of the best of contemporary writings on Child & Youth Care practice. Starting with an up dated version of the characteristics of a CYC approach this book demonstrates the application of a Child & Youth Care approach across many areas of our work. This is a practice ideas book, ideal for college courses, teams, trainers, carers, managers and individual practitioners.

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- **What are the political consequences short term? Long term?**
How can I monitor and adapt to them? Being able to have a thorough understanding and positively navigate organizational politics are crucial qualities for a leader to have maximum effectiveness and enhance quality service in a program. It is a crucial for a leader to avoid the thinking that “politics” are distasteful or negative. Strong attention should be given to assessing how the decision will impact others and how you will preserve and nurture relationships to get maximum short and long term support.
- **Who/what will we competing with this decision?** Who/what will be conflicting with? How will the decision meet structured or institutional resistance?
- **What don't I know?** When told he was the smartest man in all of Greece, Aristotle is rumored to have said “If that is so, it is only because of how much I am aware of what I do not know”. Think this through!
- **What is the worst that could happen?** Are there safety issues involved? How would the program or your credibility be damaged? What is your plan if the worst should happen? Is the potential gain worth the risk?
- **Will this decision, in any way, change “who we are”?** This is very crucial long term thinking. For instance, an agency that has a strong value and history of nurturing and welcoming clients puts a visible security presence at the front door after an incident. Does

that “message” change the tone of program values and culture?

- **What resources are necessary for implementation?** Are the resources enough to produce a standard of excellence outcome? Leaders should make a realistic assessment of whether there are necessary monetary, time and people resources to achieve a standard of excellence in the implementation.
- **Do we have the personnel already to implement this decision?** Who will champion the decision and be key in implementing it? Who will accept in unenthusiastically? Who will resist it? Who will undermine it? An assessment should be made of these factors to create a flexible and realistic strategy for implementing and monitoring progress of a decision.
- **How will the decision be announced?** Is there anyone I should alert before announcing it? How and when should the decision be announced? Should it be in a senior leadership meeting and then interpreted for other staff? Should an e-mail be sent? Should there be an all-staff meeting? How will the decision be received by children and families and when and how should they find out? Emphasis should be placed on a consistent, clear message that is carefully announced in regard to time.
- **Once announced how will progress of implementation be monitored and adapted to?** How will progress of implementation be monitored? Will there be reports at meetings? Will you



do more “management by walking around”? Excellent leaders have a process to monitor implementation and are willing to adapt the process as needed as time moves on?

- **How will the outcomes be evaluated? Who will evaluate it? When will it be evaluated?** What is the criteria to determine if we achieved “excellence” in the outcome? Leaders should be clear about outcome expectations connected to each decision and how and when that will be reviewed and evaluated. Strong emphasis should be placed on reviewing decisions that turn out very successfully as much as those that do not reach expectations. Excellent leaders learn from their mistakes, but should also keep a clear focus on learning from successes. Understanding and communicating that well can help in building a positive program culture.

At the 1st CYC World Conference in Newfoundland in 2013 I chaired a panel discussion that included Okpara Rice (USA), James Freeman (USA) and Kathleen Mulvey (Scotland) that was entitled “The Island Can Be Lonely: Leading and Learning”. At the 2014 Scottish Institute for Residential Child Care National Conference we added Kelly Shaw (Canada) to the panel and presented the same topic. What I believe came across loud and clear to both audiences was how seriously established CYC leaders, spanning a number of countries, take the responsibilities of the decisions they make that impact the lives

of so many practitioners and children and how important it is to be self-reflective and thoughtful in how they make those decisions. That sense of responsibility is admirable, but it can definitely make one feel a little lonely sometimes. Hopefully these guidelines will help provide a structure for more leaders to feel “the island is less lonely”.

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Peering Behind the Invisibility Cloak

Maxwell Smart and John Digney

When you're in danger of losing a thing it becomes precious and when it's around us, it's in tedious abundance and we take it for granted as if we're going to live forever ...

John McGahern, Irish Writer

There are two great days in a person's life - the day we are born and the day we discover why.

William Barclay, Scottish Theologian

The concept of 'invisible transitions' in child and youth care is a construct that has recently made its way into our radar and in January 2015 the authors presented an introduction to this notion and articulated some thoughts about the potential trauma that may result when we, as child and youth care professionals are not fully cognisant of the facts around how these invisible transitions come into existence. We are now more aware of how these lived experiences are being communicated by youth in care settings and consequently we are becoming more attuned to the in-

visible transitions that can be so overwhelming for our young people. As one youth remarked to us, 'I wish I had an "invisibility cloak" to disappear from all that is happening to me'.

We are beginning to reconsider what we know and do not know about this most complex of phenomena and in this, our second paper about invisible transitions, we will drill a little deeper in order to understand better why transitions can be so messy, clouded and complex for youth in difficulty.

Thinking beyond the Cloak

Of course it is now well recognised that any type of transition can create difficulties for anyone and also that young people in care encountered change and transitions all too frequently - often at times of acute vulnerability in their lives. That said, it is important to challenge some traditional notions of conventional transitioning, these being the usual 'stepping stones' that we all need to navigate at the more complex stages of lifespan development.

Where the 'stepping stones' metaphor is poignant for usual transitional events in life, (such as from; childhood to adolescence, school to college, singlehood to marriage, and work to retirement) it is less effective in describing the problematic invisible transitioning experienced by troubled youth in our care regimes. These are different to traditional lifespan transitions, and are much more complex to define and at least as difficult to traverse.

De-sequencing Transition

Many of the universal transitions encountered in life tend to occur by degrees and increments. They are usually expected or planned for. This expectation and planning consequentially makes them easier to navigate – almost like 'climbing the ladder' to the next stage of our own development.

Yet as far back as the early 1980's writers such as Hogan (1981) were discussing societal & culture changes that were occurring and that challenged the idea of traditional sequenced transitions. Hogan

drew comparison to the seemingly well-defined 'expected transitions' of the 1900's (often structured by family and locale) which were becoming mutated and very different to those experienced by individuals in contemporary western countries. This sense of changed societal patterns was reflected in the work of Coles (1995), who reported a 'de-sequencing' of traditional transitions - such as the observation that whilst young people now leave home earlier than in previous generations, it was become more common for them to subsequently return 'home', more than in previous decades.

Other social trends such as changing educational and employment patterns; marriage expectations; delayed age of starting a family and child rearing; and changing patterns of retirement, have all interrupted previously expected sequences of age located transition with the result that the 'stability of expectation' enjoyed by previous generations has become all but extinct, replaced by unpredictability and general instability. This volatility suggests that transitions have become de-sequenced as societies adapt to new social trends and that a life stage model is no longer appropriate as a way to understand the serial transitions of in care youth.



Making Invisible Transition Visible

As Garfat (1998) points out in his discussion about meaning making/ construction, we interpret the world as we encounter it - from our own experiences of the now and of the past. We only see the perspective of 'Other' when it is drawn to our attention, this having the consequence that we can subsequently co-construct understanding of an experience based on what we both see.

Transitions are clearly subjective and interpretive experiences, and though most of us will encounter them relatively infrequently in our lives, as we have noted already, young people in care experience change and transition frequently (as a direct result of their disrupted life experiences). Like the air around us, we are unable to see their 'invisible transitions' and more and more it seems that the only way we can freely facilitate entry of these (and understanding of their impact on the young person) into our cognition, is by become more aware of and open to their existence. Often this is by listening to the voice of our young people as they try to explain the impact of their experience on the way they think and the way they feel. If we are unaware of there being a problem, we will not think of what we can do to help make things better.

Recently a youth who had being 'doing well in placement' was described as regressing and 'acting out' in ways that had not been seen since his admission to our service, some two years previous. This regression had been unexpected given the

huge developmental strides he had taken over the course of his placement. Following an incident where physical intervention was used with this young man, he revealed during 'debrief' that he had begun to struggle recently following the admission of another youngster (six weeks earlier). He advised his key-worker that when staff attention was being drawn to deal with the distress of this new resident, he was feeling that he had to deal with 'all of this new kid's problems as well'. When asked what he meant by this, he advised that the new boy shouted, screamed and threatened people, just as he had done.

Further probing on whether he thought that that meant he should be more understanding of this other boy's worries and distress, the youngster advised that where this may be true, in truth the new boys behaviour only reminded him of his own pain of that time. He felt that he was reliving his own historic upset through the distress of this other new resident. In essence, he was re-encountering a transitional experience from the past but which was now located in the present. Not only was there a transitional experience occurring for the new youth but also our previously 'settled resident' was returned to a sense of transition – not by encountering a new personal event but one created by a disruption to his ecology.

Had this young man not made us aware of this, we would have struggled to make this link and in fact possibly not even considered this as being 'a transitional event' for him – his own outing of this experience brought the invisible into view.





Removing our Transitions Blindfold

Within altered situations can come the invisible moments - the invisible transitions. These can be plans that are arranged and altered; events expected but which do not occur (visits from family, admissions and readmissions to schools); the imposition of new people; changes to rules and routines; and placement & care reviews/assessments. This is not to mention possible jeopardy to one's safety and the blurring of predictability and control. As we start to recognize that transitioning is multiple and cumulative for young people in 'out of home care' we come to realise both the volume and magnitude of these experiences. Our vision and understanding of transitioning in the past has been obscured, our vision having been hampered as if by a blindfold - as young people have begun to discuss their lived experience of transitioning our ability to see has become closer to 20:20.

So, with our blindfold removed where do we look and where should we go? Of course removing something that has blurred our vision is a start but it is equally important that we try to see even more, to move beyond clearer vision to a place where we can assist with positive change for young people. We will

endeavour to ascertain how young people perceive even the slightest changes to their world and be willing to reflect on our own perception and interpretations; adapting our practices to militate against the difficulties that serial transitioning brings to the lives of our young people.

Having peered behind the invisibility cloak, our final article of this trilogy will look at what we can all do to reduce both the volume and impact of 'invisible transitions'.

Maxie & Digs

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Fifty years ago John Lampen and F.G. Lennhoff were doing interesting work with troubled youth at Shotton Hall in Shropshire, England, and they left invaluable accounts of their work in a number of books. They did pioneering work in regular group discussions with the boys, and this is an extract from their book 44 Children Thinking Aloud; Therapeutic Group Discussions in a Residential Setting (1965).

On Punishments

F.G. Lennhoff —

Mr. Lennhoff said he wanted to find out what the boys felt about punishment. Some people might think it was the best way of stopping certain kinds of behaviour, or of paying people back who did them wrong. Sometimes punishment was used for reasons only distantly connected with the person being punished. What did the group think?

Kim said that he did not think it was fair when a whole class got punished for one member's fault. He gave some examples from his last school. In one of these he claimed that the class' behaviour drove one teacher to punish more and more. Barry said: In my opinion caning and so on does no good; after all you don't use the cane here, hardly at all. Mr. Lennhoff said in a surprised way: Don't I? (In point of fact he hardly ever does, but some of the boys have a superstition that the cane is always ready for use). Keith said that the cane did not do a boy any good, but perhaps it was

needed as a last resort. Wilfred said the Shotton Hall way of finding a method to put the matter right was far more helpful. Barry disagreed with Keith, saying that having to write an essay was quite enough of a punishment. Dick joined this argument against Barry. Mr. Lennhoff asked the rest of the group if they thought there should be the possibility of corporal punishment. The answer came from Tom, who recently tried to manipulate the staff into a punitive role. He said corporal punishment had a very short-lived effect, and very little point. Mr. Lennhoff seemed to agree, and one of the boys said accusingly: You sometimes use it. Mr. Lennhoff said: Is not this when I am unable to find a proper solution?

Considering the subject, the discussion was surprisingly relaxed, the boys keen and interested. Kim now said: There are other ways of punishing. When Goering was a prisoner after the war, he was a drug-addict, and they punished him by not giving him his drugs. but he escaped them by committing suicide. Mr. Lennhoff told the boys a bit about Goering, whom he had once seen, and explained a bit about drug-addiction, and how it is an illness that can make people behave in certain ways. Then he raised the question of Eichmann, of how he was hunted, found, tried and executed.

Oscar at once said: I don't see why they did that; it didn't help the people he killed. Dick said: He might have been made to do something for the people he had injured, or their families. Mr. Lennhoff, though sharing this point of view, said that these were

too many. Edward said: Even to make a start to do something for a few of them would be better than to kill him. Mr. Lennhoff agreed and said: Whatever lies behind in a person's life, he always has the future to make himself a new person; we are all guilty if we take this away from him.

He then suggested we look at the beginning of a person's life, to see how far this business of punishment was necessary. Several boys described the just-born baby as naked, cold, puzzled, in a way rejected: when asked to put it in a word, Keith said lonely. (This was especially true of his own babyhood). Mr. Lennhoff said: Yes, and in a way we all have to carry this loneliness through our lives. Mr. Lennhoff asked what the young baby, like Mr. Lampen's for instance, lacks. Oscar said sense, Keith said ability, Barry, experience. How does it get experience? Wilfred said: it steps up on something and Mother says 'Don't or you'll fall!' And then? 'It falls off,' said Bruce. And what does Mother do? She's cross and says 'I told you so.' I hope she's not too cross, said Mr. Lennhoff, she can comfort her baby and still explain; after all, what does a child need most of all? After several boys had made guesses, Martin said: Love and tenderness. And what does Mother do when the child does something wrong? Thomas or Dick said:

She withdraws some of this love and tenderness. Mr. Lennhoff asked if anyone remembered what had happened when his own brother brought home a motor-cycle. Bryan said that Mr. Lennhoff's mother had turned quite white, without a word, and his brother had said "All right, Mother I

will take it back-even if I can't get the full price for it." Mr. Lennhoff asked what had been in his mind. At first the boys said: He thought how she would feel if he were killed. She would blame herself, Tom said, for not making him take it back. Finally, they said: He thought what she would be going through every time he was out for a ride.

Mr. Lennhoff was then able to explain how when this feeling has grown up between parent and child or between friends, one does not need to threaten punishment to prevent wrong-doing. Many of the boys, especially Garry, listened very attentively when he said that even people who had not had the fortune to build this up with a parent can do so with someone else they meet-as some boys do with staff-members at Shotton. This was the true way to learn to do right, not by punishment. But he knew that some people never had these opportunities, and some time we must discuss how they could best be helped.

It is difficult for boys who have been frequently and sometimes savagely punished to accept the ideas of fair and constructive retribution which they find at Shotton. As a result some boys get themselves deeper and deeper into trouble in an effort to find out whether they can make us punish them in the way they have experienced before. A discussion on this subject usually creates a tense feeling (this time they were surprisingly relaxed) but it helps the boys to feel their own way towards the adults' views, and so to accept them.



Adolescence is not a medical condition

Michael L. Baizerman and Judith B. Erickson

It is increasingly common to read about adolescence and adolescents in the language of medical metaphors: “They are sick and must be cured”. This is a constant theme of editorials written about them, letters to advice columnists from exhausted parents who live with them, and in the literature aimed at professionals who work with them. Adolescence as a period of life is a syndrome, within which are others, e.g. “adolescent borderline syndrome”. This particular one is characterised by, among other “symptoms”, “immature behaviour”, “compulsiveness”, and “mood swings”. This depiction is pure G. Stanley Hall, who in 1904 gave the classic description of “the adolescent”. In 5th Century B.C. Athens, adolescents and adolescence were described in similar terms. Western societies have a long history of focusing on differences in behaviour using current theological and medical language as meta-



phors to understand these differences.

Adolescence and adolescents are heard by adults as calling out to be understood. Adults seem driven to make sense of adolescents, for in that process lies control of the unusual and the difficult. To many adults, kids are exotic, not least because of their dress, hairstyles, language, and friendship rituals. They are strange in fascinating ways; they may be intimate strangers, noisy companions, silent partners, and affectionate buddies, ad seriatim, with dazzling rapidity. All that adolescence and adolescents mean to adults and, reciprocally, adults mean to adolescents, is found in the mutual dances of understanding and misunderstanding.

General medicine, like its own adolescent psychiatry, is a perspective on and a language of difference. Appropriately so with disease, but far less so with social behaviour, where its use is metaphoric. The

social power of medical language lies in its ability to objectify and give legitimacy to adult efforts to control the often exotic forms of personal development that occur during adolescence. Medical metaphors confound the ordinary, typical and “normal”, the different, the weird, and the odd, with the sick and the crazy. Biological metaphors confuse body illness with personal sickness, and distort development so that it suffocates life. Adolescence as a time of life and as a body of scholarly understanding is merely suggestive of how actual adolescents live their everyday lives. Agricultural metaphors of “raising”, “rearing” and “growing” are joined to the biological and developmental in an adult language that is the professional’s new rhetoric of adolescence. This promises existential understanding but can deliver at best only explanation and at worst, the distortions of ideology.

The adolescent ideology is a set of beliefs, facts, and interpretations that prevent the believer from seeing real young people in their uniqueness and possibility. It is a false truth - too often one built from weak correlations done in studies characterised by Neopositivist rigidity.

Instead, medical practitioners must speak in a different idiom using other metaphors. They must remember the call to their vocation and their witness to hurt and happiness. They must be reminded of the place of stories in their work, and of life as a story, a narrative. They must be asked literally to see the adolescent as a narrative in process and, in so doing, place the ailment and the pain in the context of

everyday life and this moment, this paragraph.

It is the craft of medicine that suggests how to understand and be with adolescents. Medical sciences have little to offer on this. Medical language has only a limited place in the everyday lives of kids and most adults. This is how it should be. Yet, just as the early theological metaphors of sin and willfulness were given shape in the poor houses and asylums, these current medical metaphors have already taken form in the brick and mortar of a vast array of adolescent treatment facilities. The medical model of diagnosis, pathogenicity, and therapy used therein has become the lens used almost universally to view youth as behaviour and life as facts and living as troubles, problems, or illness.

Being a kid, with its orientation to exploration, adventure, and risk is seen as a “condition”, as needing control and prevention. The moral panics provoked by such dilemmas as AIDS, “punk-hood”, and chemical use have been extended to redefining the ordinary ups and downs of life as an epidemic of depression with enhanced risk for suicide. Yes, clearly, some adolescents are clinically depressed over a relatively long time and, yes, some of these and other youth do kill themselves. This is not at issue. What is at issue is the pervasive way of looking at a whole time of life as a period of morbidity or pathology, gaining legitimacy for this view, and becoming the experts who offer non-negotiable truths about cause and appropriate intervention.





It's a Bird ... It's a Plane ...

Nils Ling

I was in the drugstore the other day, browsing through the Foot Care section because ... well, because I'm at an age where all of a sudden, foot care seems interesting. Suddenly, I became aware of a clot of teenaged boys making trouble in Aisle Two.

This is an aisle with which I have become uncomfortably familiar in the past few years. It holds the, uh, "feminine stuff", and I have had a wife and two teenaged daughters, so I have spent more time in that aisle than men are technically supposed to.

I knew right away these teenaged boys

were up to no good.

And sure enough, there they were, making all sorts of teenaged boy jokes, which I must tell you have not become less disgusting in the years since my friends and I used to make them. The clerks stood around helplessly as these yabbering chimps disturbed the whole store. Clearly, what the situation called for was a grumpy old fart.

You don't see too many grumpy old farts any more. And as a result, kids are running wild in public. It's the law of the jungle. Without predators, a species that was once under control will overrun its territory and end up in Aisle Two, making crude comments about wings and personal freshness. Well, okay, technically the part about personal freshness is more an *unwritten* law of the jungle, but you get the idea.

Nowadays, kids are treated with respect and politeness. I'm not so sure we're getting a better world out of the deal. I think sometimes they need to encounter a miserable old fart, just to show them their place.

When I was growing up, I was always running afoul of grumpy old farts. There was a store near our school with the most magnificent collection of penny candy in creation — and the meanest old fart in the world behind the counter. We would go in after school and start picking through the candy.

But you didn't want to pick through too much, or old Mr. Cowton would start barking from behind the counter: "Hey, you kids ... get your grubby little muckers

off that candy. You touch it, you bought it! And put those Batman comics down. This ain't a library!"

Same thing at the movie theatre. Nowadays, the kids just talk through the whole movie. If we tried that, the grumpy old guy who owned the movie house would come storming down the aisle with the little flashlight and shine it in everybody's face. "You! Yeah, you ... yer outta here. Let's go!" There was no argument, no appeal. You just went. You were a kid. He was a grumpy old fart. And nature was in balance.

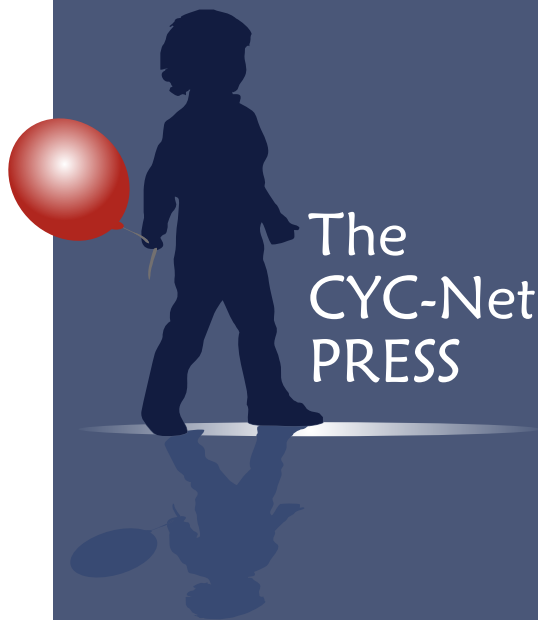
Well, when I ran across these boys in the drugstore, I felt like I had to do something. So – just for that moment – I became a grumpy old fart. "Hey, you kids! You wanna laugh and joke around, take it outside. This is a drug store, for God's sake."

You know what? They shut up and left. All they needed was someone to read them the riot act. The other customers were grateful, and so were the clerks. They called me "sir" when I went through the checkout. It was kind of neat.

I think this weekend I'm gonna get me a flashlight and go to the movies. "You! You with the green hair! Let's go, let's go!"

Hmmm ... this grumpy old fart business might be fun.

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Postcard from Leon Fulcher

MARCH 2015

I found this Postcard that hadn't been sent from the end of last year. I'm still catching up. Whilst spending time with my grandkids in Colorado, there was opportunity to walk this First Year pupil to and from the primary school in his neighbourhood. It was fun viewing the start and end of a school day through the voice of my oldest grandson.



The School Day Starts and Ends for many Children at a School Bus Stop!

As we approached the school, there was a striking image of yellow school buses – like I rode to and from school as a child, through 9 years of primary and intermediate school education. Many will know that I ask child and youth care workers when they think the school day begins and ends. Most say when the school bell rings, usually around 9 am but sometimes earlier, and normally finishing around 3 pm. My experience was that school begins when you race to the school bus stop! This view is confirmed by virtually every school kid I've spoken with.



Behavioural Prompts in Mrs Themm's Classroom for First Years

Once the school buses, parental vehicles and walkers start arriving at the school, there were four First Year classes

that lined up along a specific 'line' painted on the cement beside the school door. Children started gathering on their lines at this school about 5-10 minutes before 'the bell' rang. Parents or grandparents said their goodbyes, and as soon as the school bell rang, teachers came out of the door to greet each of their pupils individually with a personal exchange and hug – welcoming each child to school! Imagine how it feels to be personally 'welcomed' to school! It is one thing to put a list of behavioural prompts with good intentions in a classroom, but it's quite another outcome to see teachers walk the talk from start of the day until finish.



McGraw Elementary School First Years with Teacher at Halloween Party

The timing of our visit to Colorado coincided with Halloween, and of course we were invited to the special party with singing and snacks. Some children dressed in costumes they fashioned with their parents. Others purchased or hired costumes

from one of the many commercial outlets that view Halloween as a mega business venture!



Superheroes were High on the List of Male 'Wanna-Be' Costumes

One could not miss the high proportion of Superhero costumes on display as the entire school marched in serpentine fashion in their costumes passing through each classroom. As the first group left a new classroom, that classroom group joined onto the serpentine, and so it continued until every classroom in the school had joined and walked through every classroom and then all around the school. Then came snacks!

Careful attention had gone into the snacks provided by parents and teachers. Some purchased pre-packaged items and sausage rolls. Others had created healthy, themed snacks such as half-banana goblins with eyes made of chocolate pieces, and teeth made from apple slices with miniature marshmallows. The kids loved them!



Banana Goblin Snacks alongside Baby Marshmallow Teeth on Apple Slices



Each Child has a Non-Spill Drinks Bottle Holder beside their Desk

In addition to the prompts shown in the second photograph, the classroom environment was also welcoming. Each child had a plastic bucket fastened to the leg of

their desk into which they deposited their plastic and close-able drinks bottle. When children wanted a drink of water, it was readily available. I was reminded of how Henry Maier used to make the point of how important Bodily Comforts were to kids!



Parent Managing Requests by 3-Year Old Wanting to Help with the Painting

Another image lingers, involving my 3 year-old granddaughter who wanted to help her mother paint a closet door. Instead of 'No', this parent gave daughter a small brush while she used a roller to finish off the paintwork. Nice family participation in activity!

A handwritten signature in black ink, appearing to read 'Lion'.



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EndNotes

“The surest way to corrupt a youth is to instruct him to hold in higher esteem those who think alike than those who think differently.”

— Friedrich Nietzsche

“Stories you read when you're the right age never quite leave you. You may forget who wrote them or what the story was called. Sometimes you'll forget precisely what happened, but if a story touches you it will stay with you, haunting the places in your mind that you rarely ever visit.”

— Neil Gaiman, *M is for Magic*

“In youth, it was a way I had,
To do my best to please.
And change, with every passing lad
To suit his theories.

But now I know the things I know
And do the things I do,
And if you do not like me so,
To hell, my love, with you.”

— Dorothy Parker, *The Complete Poems of Dorothy Parker*

“What should young people do with their lives today? Many things, obviously. But the most daring thing is to create stable communities in which the terrible disease of loneliness can be cured.”

— Kurt Vonnegut

“When you're young, you think everything you do is disposable. You move from now to now, crumpling time up in your hands, tossing it away. You're your own speeding car. You think you can get rid of things, and people too — leave them behind. You don't yet know about the habit they have, of coming back.

Time in dreams is frozen. You can never get away from where you've been.”

— Margaret Atwood, *The Blind Assassin*

“Youth is a dream, a form of chemical madness.”

— F. Scott Fitzgerald,
Tales of the Jazz Age

Youth

“Our lives were just beginning, our favorite moment was right now, our favorite songs were unwritten.”

— Rob Sheffield, *Love is a Mix Tape*

“Youth is like having a big plate of candy. Sentimentalists think they want to be in the pure, simple state they were in before they ate the candy. They don't. They just want the fun of eating it all over again.”

— F. Scott Fitzgerald,
This Side of Paradise

“Enjoy your youth.
You'll never be younger than
you are at this very moment.”

— Chad Sugg

“It's my duty as a human being to be
pissed off.”

— Eric Bogosian, *subUrbia*

“The first door in the hall leads to
youth, the second door leads to middle
age, and the third door leads to the bath-
room. But knock first, because I think
grandpa's in there!”

— Jarod Kintz, *This Book Has No Title*

“I believe in recovery, and as a role
model I have the responsibility to let
young people know that you can make a
mistake and come back from it.”

— Ann Richards

“You young people never say anything.
And us old folks don't know how to stop
talking.”

— Carlos Ruiz Zafón, *The Shadow of
the Wind*

“The young have aspirations that never
come to pass, the old have reminiscences
of what never happened.”

— Saki, *Reginald*



“Children are notoriously curious
about everything, everything except the
things people want them to know. It then
remains for us to refrain from forcing any
kind of knowledge upon them, and they
will be curious about everything.”

— Floyd Dell

information

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Editors

Thom Garfat (Canada)/
thom@cyc-net.org

Brian Gannon (South Africa)
brian@cyc-net.org

Correspondence

The Editors welcome your input, comment, requests, etc.

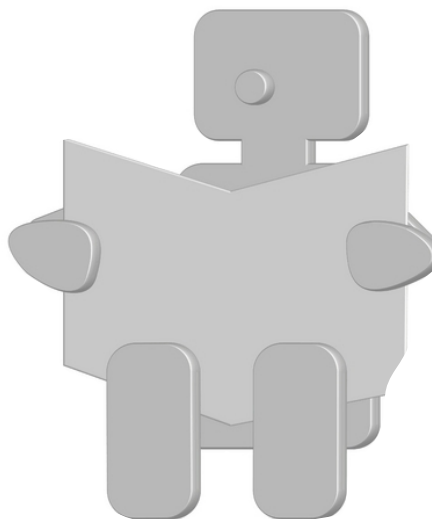
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