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FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE

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CONTENTS

ISSUE 147: MAY 2011



<i>Editorial: Unanticipated Consequences</i>	3
Self-Awareness Model for Training and Application in Child And Youth Care <i>Frances Ricks</i>	5
Reviving Hope by Fostering Resilience <i>Cynthia Hewitt-Gervais</i>	14
Normal Kids <i>John Stein</i>	22
Is there anybody there? <i>Gerry Fewster</i>	24
Cat and Youth Care, Part I <i>Kiaras Gharabaghi</i>	29
It got me thinking ... <i>Brian Gannon</i>	35
Communities of Practice and Leadership: The New Scottish Residential Child Care Workers' Association <i>Laura Steckley</i>	37
What is Missing? <i>Mark Krueger</i>	40
Being a Residential Child Care Worker in England <i>Harald Stoelting</i>	43
Gesundheit <i>Nils Ling</i>	48
Holding on to the Line <i>Garth Goodwin</i>	51
The World is a Scary Place <i>Estella Abraham</i>	54
<i>Leon Fulcher's Postcard from Prague</i>	56
EndNotes	58
Information	60

Unanticipated Consequences



We are renovating our house these days – well, it seems more like ‘these months or years’ as it does go on forever. My neighbor Brian came over the other day to see how things were coming along as I ‘assisted’ the master carpenter, Nick, while he worked making changes to the kitchen.

“You know,” said Brian, “they say that there is a high relationship between renovations and divorce. It is one of the leading causes of divorce.”

We all laughed together. “No, seriously,” he insisted.

Today I decided to look up divorce and renovation on the internet and while there is not a statistical analysis that I could find, there sure is a lot of talk about it. I found whole sites, and streams of conversations on renovations and divorce. One site even quoted an ‘old idiomatic

saying in the real estate industry’ which says that ‘renovation leads to separation’.

Hmm, so maybe that’s why we have been receiving all those real estate advertisements in the mail recently – the agents drive by, see the signs of renovations and get hopeful.

Renovations demand a lot of a family. There are dozens more decisions to make than you normally have to make; there are tons of compromises required; agreements about shape and form and color and money and sometimes even where to sleep tonight. It can be demanding, even threatening, especially if the foundation of your relationship isn’t solid.

Change is always like that, it seems. You start to make a change in one area and the next thing you know ‘*unanticipated consequences*’ start to appear. Things you didn’t even think about start to



“Funny how there always seem to be a few pieces left over”

happen. All that underground interconnectedness we don't ever see until the hammer hits the nail. As one of the websites I read said 'renovations kick up the old dust from underneath the floorboards of your relationship'.

Families seem to sense that when they come to engage with you – we want to change but we don't want to be different, is often the early ambiguous message they give us.

I tell Brian about what I have learned (from reading, of course) about renovations and stress on relationships. “Oh, well, he says. “Think of it like this. Renovations usually last for two years and you are almost there.”

Later, as I continue with Nick in the kitchen, Brian pops back in. He's brought me a glass of wine. “Renovation medicine,” he says. “Sylviane is over with Dot (Brian's spouse). She walked in and said you were doing renovations so Dot gave her a big hug and found her some medicine of her own.”

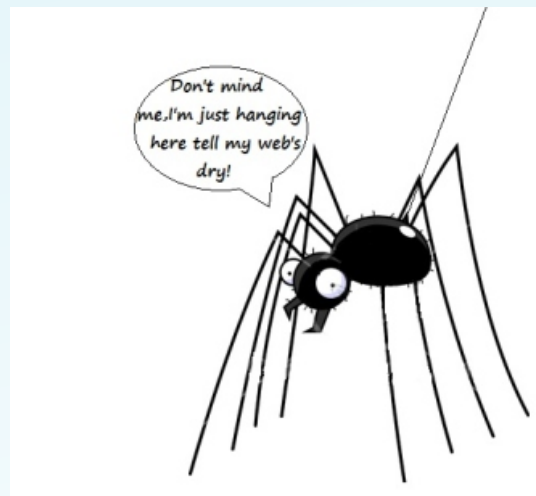
I think I am going to open a new business: Thom Garfat, Family Therapist and Renovation Disruptions Specialist – although one of the websites did state that renovations are no longer the 3rd (wow) leading cause of divorce. It seems that with the slow economy, renovations are down, and infidelity is up.

Oh, well, I'll just wait for the economy to improve before I open that new office – and I better find a place that

doesn't need 'reno work'.

And in the meantime, where did I put that medicine.

Thom



Self-Awareness Model for Training and Application in Child And Youth Care

Frances Ricks

Abstract: *Self-awareness allows one to know more about self at a point in time and in turn affects how one “is” as well as “what one does.” In order to be self-aware, child and youth care workers need a way to think about self. The self-awareness model presented allows child and youth care workers to know their belief systems, to know how they operate, and understand how belief systems affect how they operate. Traps in training’ or in applying the self-awareness model are identified and briefly discussed.*

Introduction

The School of Child and Youth Care has adopted a curriculum framework which specifies three critical components of education and training for front-line workers in child and youth care: knowledge, skills, and self. In curriculum planning the self component is viewed as the learner being able to examine and understand how the knowledge and the skill areas of self are relevant for them, how the knowledge of self will be integrated into what they already know, and how the skills for knowing and changing self will be evidenced in their child and youth care practice.

In order for learners to examine, understand, and integrate self they need knowledge about self and how it works; they need skills in reflecting and changing self; and they need to integrate this

knowledge and these skills in their child and youth care practice. Once the knowledge about self and how it works and the skills of reflecting on and changing self are integrated into one’s daily child and youth care practice, one can be responsible and accountable for one’s child care practice. This paper discusses self, a self-awareness model, and issues that emerge in training self and self-awareness.

Self and Self-Awareness

When we are approached with the request “tell me about yourself” most of us readily launch into descriptions of our roles, physical appearance, likes and dislikes, statements about family circumstances, and so on. While the definition of “self” seems self-evident (pun intended!) most of us are unclear when asked to define it. Free association about

the concept of self results in varied images: growth, change, insight, struggle, reflective thoughts, consciousness, cognition, risk, ego, deliberate goals for self behaviour, how one effects other people, to mention a few.

In spite of self being an amorphous concept (lacking precise or commonly accepted meaning, West, 1982), many professions and trainers of professionals argue that being oneself and having self-awareness is critical in professional practice. The claim usually made is that more self-present and aware professionals are more effective. While such claims enjoy remarkable consensus they have not been substantiated by empirical evidence.

While the empirical evidence for such claims is lacking, Wicklund's (1979) careful review of the research on self argues for three implicit principles about the workings of the self and self-awareness:

- (i) The person alters his or her self-image in direct response to incoming information relevant to the self.
- (ii) Self components, such as those from William James' self model (material self, social self and spiritual self), are assumed implicitly to have a continuing, constant, and predictable impact on behaviour.
- (iii) A person has access to knowledge of components of the self and can give reports about these components readily and in correspondence with behaviour.

Inherent in these principles is that self and awareness of self must become the object of one's attention before self can

affect functioning. Another way to put it is that the self comes into play when one's attention is turned inward (Wicklund, 1979). This does not mean to imply that self-awareness insures better functioning but rather that self awareness insures awareness of functioning which in tum allows for intention toward functioning.

“Being” Aware In Child & Youth Care

It is necessary to make a distinction between self-awareness and “being” aware. Self-awareness models and definitions have tended to propose self-awareness as primarily, if not solely a cognitive process during which one accesses accurate, complete, reliable and accessible, self-relevant information. Such information is usually about one's beliefs and values, one's goals and aspirations, one's perceived characteristics, and one's impact on others. The nature of such a process is one that allows explanation, justification, even evaluation of self. However, it seems a more desirable state or enduring dispositional trait to be able to show up, to be present, or to function in knowing all that makes a person be what they are being at any point in time. Being aware as a state is to act in knowing what is; to be present in that knowing, and taking that presence into action. This kind of “being” aware or being in a state of awareness allows for the kind of presence in life that perhaps few comprehend, never mind experience. When one is “being” aware there is a multi-level knowing that captures one's perception of the reality underlying the phenomena and conditions of the time. This heightened perceptivity allows for a presence of self that enhances any kind of relationship.

It is this kind of awareness, a way to be, not a post hoc analytical cognitive analysis, that is desirable in the child and youth care therapeutic relationship. Because child and youth care practitioners work with people daily, their jobs require them to know where the client is and what is happening for the client in their present context. To know about the client requires being aware of self since the client only exists out of one's self experience of the other person. Therefore when one is not "being" aware of oneself one is not being there for the client. Put another way, the presence of self and action of self comes into operation only when one's attention is turned inward, and until or unless that happens, there is no self to be present; when there is no self present there is no other present either!

It is necessary to appreciate that when speaking of "being" aware it is multilevel, multi-faceted, and interactional. Because of our mental faculties and processes one may only focus or speak on one dimension at a time but our processes are systemic and work for us systemically. For example, when one sees one does not stop hearing; when one tastes one does not stop seeing. We can process many things at once and therefore know many things simultaneously as well as accumulatively. In the realm of being aware it means that one can experience and be aware of different feelings, numerous thoughts, and set of actions at the same time.

Being Aware Model

The self-awareness challenge for child and youth care practitioners is to be in a state of awareness when working with

Figure 1

Being Aware Model

Belief(s)		Style
Value(s)	Position	Thoughts
Ethic(s)		Feelings
		Acts

children and youth. To cultivate a state of awareness requires a way to think about self as a way of being. The following self-awareness model posits that self is a combination of being/presenting one's thoughts, feelings, and behavioural acts out of one's construction of reality or world view (belief system and life position). The model is intended to guide child and youth practitioners in their practice of being aware, subsequently more present in child and youth care practice.

The model has two primary constructs: belief systems and style. Belief systems are composed of beliefs, values, and ethics. Taking each aspect of the belief system at a time, beliefs are those tenets or set of tenets that a person holds as *true*. Beliefs represent the information one has about the object or phenomenon (Fishbein & Ajzen, 1975). For example belief statements about children might include:

- Children are creative by nature
- Children are the future generations
- Children are loving and require loving
- Children do most things vigorously

Belief statements are true because one *holds them as true*. It is necessary to make a distinction between belief (what a person holds as true) and fact (what science

holds/declares as true because it meets scientific requirements) and agreement (another person holds the same tenet or set of tenets as true also). The point here is that when one holds something as true, it may as well be true. People will act as if it is true because for them it is! In other words each person's reality is subjective reality and may be irrespective of the objective reality.

Values are those tenets or set of tenets that are held as *important*. Value statements of children might include:

- It is important that children be creative
- Future generations are important, they are our hope
- It is important to love and to be loved by children
- Vigor in children is important.

Value statements are statements that refer to a person's feelings toward and subsequent evaluation of some object or phenomenon. They reflect an assessment of worth. Inherent in value statements are implicit beliefs. Often value statements are made but may not reveal the inherent belief. For example, "I like children" is a value statement and behind that statement may be numerous beliefs about children such as those beliefs listed previously.

Ethics are *standards* or *rules* that are used in one's daily life to live by or guide how one operates. Ethics are conations and reflect behavioural intentions for action. Ethics or standards with regard to children might include:

- Children should be given opportunities to create

- We must protect future generations
- Love children
- Children should be allowed to express their love
- Children must be given space to operate with vigor.

Ethics are rules, standards, or guidelines and are inherently tied to beliefs and values. One operates or intends to operate from his or her own rules. Therefore, even when one finds oneself doing something that one does not understand, one is probably playing by a higher order rule or meta rule tied to something more important and tied to a more critical belief. For example, if one believes that children must be given the space to function vigorously and at the same time one impinges or constrains their vigorous activities, a competing rule might be to respect the property and space of others. In this case respect for the property and space of others is more important (therefore more valued) than allowing vigor in children. These competing values go back to a critical belief such as one's property and space is a manifestation of self.

In the model, style refers to one's *presentation of individuality* or essence in being. Self is evidenced or manifest through one's style which in turn is manifest by thoughts, feelings, and actions. Therefore, in order to evidence self or how one is being at any point in time it is necessary to access thoughts, feelings, and acts. Style represents the actual behaviours or behavioural presence of self. "This is wrong, it's a nice day, children are wonderful" are thoughts. Thoughts are tapes or statements in the mind and may

be stated or unstated. Feelings are emotions such as fear, hope, sad, happy, upset, hesitant, good, and so on. They too can be stated or unstated. Acts are the process of doing or operating. Acts are things like talking, running, baking, writing, studying, driving the car, and so on.

At any point in time one thinks, feels and acts. All three behaviours are present. At this moment the reader is thinking, feeling and doing. For example, when

Act: I eat an ice-cream

Feel: I feel good

Thinking: I deserve this!

While style is the representation of self (what one thinks, feels, does) a factor that makes self an amorphous concept is time. There is the self in the moment, there is the self generally speaking, there is the old self (who one used to be) and there is the new self (who one is becoming). At any point in time one has beliefs, values, ethics and presents oneself in terms of thoughts, feelings, and acts. It is further complicated when one considers the William James' aspects of self (material, social and spiritual) along with the dimensions of the model, remembering that they are all interacting and accumulative. Think of James' aspects of self as self dimensions, e.g., "material self" representing what one has and personal characteristics, "social self" representing status and social attributes and "spiritual self" representing the intelligence and immaterial aspects of the self.

A final concept which helps the understanding of self is the concept of "position." Position represents our configuration of self in terms of any time

Figure 2

James' Aspects of Self and Being Aware Model

Belief(s)		Style
Value(s)	Position	Thoughts
Feeling(s)		
Ethic(s)		Acts

dimension. It integrates the beliefs, values, and ethics and represents the self's position or the place where the self is coming from at a point in time and/or across time.

While positions are evidenced by thoughts, feeling and acts, positions are postures of the self; it is the way one constructs the world which makes a preposition or thesis of the self at the same time; positions are bottom line statements of one's being or essence of who one is. They are constructions of one's reality which are constructed from one's reality and they serve one by maintaining that reality. The positions account for behaviours and sets of behaviours across settings and circumstances. The actual thoughts, feelings, and acts are reflecting the relevant beliefs, values, and ethics which emanate from our physical, social, and spiritual components.

Using The Model

It is critical to remember at this point that the model is a way to think about self, a way to have understanding in the moment so as to be truly present. Without the ability of the mind to bend back on itself there would be no thinker of thoughts, no doer of deeds, no feeler of feelings and, therefore, no such thing as self. The thinking about self is not the self,

rather it is the mechanism that one has to know self. That is why models for thinking about self are necessary and therefore useful for becoming aware of self-therefore becoming and being self. Bernadette Roberts (1984) has pointed out that while the self is real like any scientific information it is provisional at best subject to change and in the end, utterly perishable! Child and youth care practitioners who have seen children's self-concepts built, twisted, bolstered, and shattered know of what she speaks!

This model allows primarily for a way of thinking about self. It allows for heightened awareness on dimensions such as presentation of self: "how am I presenting right now, how do I feel, what am I thinking, what am I doing?" Secondly it allows for being aware of beliefs, values and ethics that account for that presentation of self. Thirdly, it can be used to see what general positions show up and how they are held in place. Finally the model can be used to "crack" a behaviour or a constellation of behaviours that are not understood. ,

To exemplify, using the model, let's take a case of not understanding a behaviour. The behaviour is smoking:

Act: Smoking cigarettes

Feelings: Relaxed, fun loving

Thought: I hate smoking, why am I smoking, this tastes awful.

Notice the contradiction between the thoughts and the acts and feelings. It will be necessary to look at beliefs, values, and ethics with regards to smoking and any competing beliefs, values, and ethics that

may account for the contradiction. The contradiction is a function of what is *unknown* to the person at this time and can be "cracked". A first round reveals the following:

Beliefs: Smoking is unhealthy, tastes and smells bad.

Value: Smoking is bad for you.

Ethic: One should not smoke.

Once again, there is the contradiction. A second round turns up some awareness:

Beliefs: Smoking is social, non smoking is anti-social. If there is a smoker around you always have an understanding friend. Being social is what life is all about.

Values: It's important to be social. It's important to have understanding friends.

Ethic: Smoke and you will have understanding friends.

Looking more closely at this person's behaviours, particularly social behaviours, a theme emerges. There is a pattern of smoking and socializing; the two go together. While health is important, *being social is more important*; while school is important, *being social is more important*; while church is important *being social is more important*. The pattern suggests a positioning, a general stance that pervades more than one set of activity. The position is *BEING SOCIAL IS LIVING*. The general positioning drags smoking in with it since the belief is that being social and smoking go together.

Traps To Avoid

When learning, applying, or training others in applying the model be sure that beliefs are beliefs and that values are values. Putting “it’s true that” or “it’s important that” does not a belief or value make! In other words if one says “I believe that women are as important as men” this is really a statement of value. Be sure to examine the statements for *real* meaning or intended meaning, not just form.

It is necessary in applying the model to make accurate distinctions between beliefs, values and ethics in the belief systems and distinctions between thoughts, feelings and acts in behavioural style.

Awareness begins by creating critical and useful distinctions because new distinctions create possibilities which were not understood or realized.

Start where it is comfortable and comes easily. The model is multi-faceted and interactional. There is no correct or best place to start in order to be “aware.” Some begin with values, some start with ethics. The aspects of the model all go together and to have awareness it is necessary to work through the model across all of its components. Usually people find it easier to begin with the actual behaviours: thoughts, feelings and acts. Sometimes underlining key words in the behaviours prompt awareness or discovery of beliefs, values and ethics.

Remember that awareness is for awareness sake since it represents being who you are. Having awareness brings with it *more of you*, subsequently more presence of yourself and others. While this is the “upside” of awareness, a word of caution about pushing for awareness!

Our constructions of reality serve us very well-remember who makes them up! Sometimes our constructions have deceptions in them as for example when beliefs and values are founded on misinformation or the information is distorted to suit the reality wanted! Under these circumstances, probing for awareness requires an uncovering or stripping away of deceptions. While this can be powerful and freeing, it can be confronting and painful. It is therefore necessary to take care in discovering awareness and to provide a safe environment for self-awareness discoveries.

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Development and Relationship

Jack Phelan

The most useful ideas are ones which can be simply stated, easily visualized, and lead to more complex thinking. CYC work is practiced in the life space of both the practitioner and the people he/she is supporting, which is a place of straightforward, simple realities. Mark Krueger calls it “lunch ideas”.

CYC practice, when it is done well, is both developmental and relational. That is, it requires an understanding of the ability and social maturity of the other person and it also requires a safe mutuality between both people usually developed slowly through a process of trust building and caring on the part of the CYC practitioner.

It is very hard to learn how to think developmentally, because it requires you to stop assuming that others think the same way that you do. Complex descriptions such as “meaning making” are built on the

basic task of thinking developmentally. An example may help: every child between 2 and 5 years old thinks like a sociopath, not able to care for anyone but himself, yet we do not label them as such, we see it as a developmental stage that will change as they mature. When we are confronted by a teenager who is stuck in the developmental processes of a three-year-old, it is not easy to think developmentally and support her to move forward into four- and five-year-old thinking, we often see pathology instead.

When the two-year-old shouts “NO” to every request, we are mildly challenged, but see it as a developmental stage that is not going to be helped by fining him a dollar every time he does this, yet we often deal with profanity (an immature teen’s way of saying NO) in this way.

The basic difference between people who need life space interventions, an in-



tense method of treatment, and people who can be helped by once a week therapeutic conversations and more rigorous expectations, is *developmental*. The less socially aware and mature you are, the more developmental support you need.

Simply put, people who are developmentally stuck at lower stages are more ego-centric and unsafe in the world. We have no problem thinking about young children this way, but it requires skill and training to think about teens and adults this way.

So where does relational practice fit into this?

Skilled CYC practitioners know that there is no opportunity for change and growth without building a safe relationship first. Yet this relationship alone does not create real change, even when sometimes it creates imitative behaviour, which was

described 40 years ago by Larry Brendtro as a form of role-modelling. Using relational approaches to focus on behavioural change is not really helpful, unless there is a developmental shift also occurring.

Creating a safe relationship with someone supports him/her to begin to see beyond him/herself, to become less ego-centric and more able to explore the world of other people safely. As a safe relationship develops, the CYC practitioner is able to discuss how she thinks and feels when the youth behaves different ways, and the youth is learning to take other people into consideration, to become more socially aware. This builds a social logic into the youth's critical thinking which is less ego-centric. This can only happen after the youth is able to be vulnerable (safely) in the relationship. As the youth begins to acquire a socially aware logic about how to behave, he/she starts to consider what impact they are having on others, which is what 5 to 8-year-olds typically are becoming more aware of.

So you understand how to support youth and their parents with a developmental framework, and you create developmental growth through the use of relational learning. Simple ideas. ■



Reviving Hope by Fostering Resilience

Cynthia Hewitt-Gervais

What makes some children resilient, even in the most difficult situations? The author examines factors that contribute to one youth's resilience and offers suggestions for fostering resilience and hope in other young people.

Why do some children bounce back, even from seemingly horrific childhoods? What traits distinguish the resilient child, the child in whom hope persists? The difficult experiences of one such child, Jennifer, might have been expected to lead to difficulties in her adult life. Yet this woman who endured a childhood of psychological and social abuse is now a successful professional. Her experience offers insights into the promising area of resilience research. For although many individuals like Jennifer are at risk for developing some type of mental disorder, there is surprising good news in more than half of the cases in which the three primary sources of risk factors are present: individual traits, family interactions, and environmental situation (Garmezy, 1983),

Benard (1995) estimates that between 50% and 67% of children who grow up in homes where these risk factors are present do not develop any mental disorder. These are the children we need to understand if we are to have a complete picture of resilience. Only then can we hope to discover methods of circumventing these risk factors, or at least of reducing the im-

pact such factors have on children. Two questions urgently need to be answered: "How do some children develop resilience?" and "Can we find ways to foster resilience in other children who are struggling?"

Portrait of Resilience

Jennifer is a survivor, according to the definition offered by Radke-Yarrow and Sherman (1990). She has no psychiatric diagnoses, performs well in school and work, relates well to peers and adult authorities, and has a positive self-concept. She also has several constitutional factors found in many resilient individuals:

- She is female and has an easy temperament (McIntyre, White, & Yoast, 1990; Rutter, 1983).
- She has an internal locus of control and effective social skills (Sugland, Zaslow, & Winquist, 1993).
- She has strong religious beliefs (Brown & Rhodes, 1991; Chandy, Blum, & Resnick 1996b).
- She has a history of a loving school with favorite teachers who took a special interest in her (Benard, 1995).

It is generally believed that protective factors work to counteract the influence of risk factors. However, even children identified as resilient carry the scars of earlier abuse and stress with them throughout their lives. Brown and Rhodes (1991) state that these children go through periods of difficulty, and that resilience is not the avoidance of risk factors but rather is an adaptation away from such difficult periods. My own research suggests that some individuals go through *multiple* struggles that alternate with periods of resilience. That is, recovery is not a single, discrete event, but a series of events. It is important for professionals who work with such children to realize that relapses are a part of the process. We must be willing to persevere and to help the youth with whom we work to persevere.

What seems to characterize the resilient individual is hope that things will improve and will one day be okay—really okay. Such was Jennifer’s belief. A brief study of Jennifer’s experiences will illustrate how resilient individuals function and suggest how we can help more young people learn how to be resilient.

Jennifer’s Story

Jennifer was separated from her mother at 2 months of age. Before her first birthday, she had spent time in the



care of her father, her paternal grandparents, two foster homes, and one orphanage. In 10 months, Jennifer experienced changes of residence and caregivers at least five times before she was adopted.

Jennifer’s adoptive parents seemed normal, yet their facade of normality masked alcoholism and other problems, which were exacerbated by financial difficulties. The husband was verbally, psychologically, physically, and sexually abusive to Jennifer. The mother offered no assistance and instead contributed to the verbal, psychological, and emotional abuse. She constantly criticized Jennifer and blamed Jennifer for her husband’s sexual advances.

As the couple’s marital strife increased, Jennifer became a pseudospouse, her older sister (a foster child) became the mother figure, and their mother isolated herself more and more from all family members, breaking her silence only on rare occasions to speak to the older sister.

Jennifer’s parents tried to isolate the family from the immediate neighborhood and from society as a whole. Jennifer explains:

I knew I couldn’t have anyone over after school or on weekends and I couldn’t go over to anyone else’s house after school or on weekends. The only place I was allowed to go

was to school, and I couldn't miss school no matter how sick I felt.

On the rare occasions when Jennifer's immediate family would join other family members, such as on holidays or for other celebrations, the abuse continued:

The grown-ups sat around and talked, before dinner, during dinner, after dinner. I sat quietly until the time between dinner and dessert. That's when my father would call me to stand beside him where he sat at the head of the table. He would then cue me to tell the latest joke he had very carefully taught me. These jokes were always full of sexual innuendoes about men and women or men and animals. I never quite understood them, but everyone laughed and Dad smiled at me. One of the very few times I think he was somehow proud of me. Fortunately, at some point I grew too old to carry it off, and I wasn't asked to recite them anymore-except when dad and I were alone.

Jennifer learned over time that she had little or no control over her environment or her life. In her mind, there was no direct link between her behavior and the punishment administered to her.

My father beat me and my older sister, and my older sister beat me. He would have us-at every age strip naked and then he beat us with a belt. On hindsight, I think he got off on it. 'Cause later he would assault us

sexually. And we couldn't always figure out why we were being punished, I mean, sure there were times we misbehaved. But there were just as many times where there we were, bent over, butt naked, and not knowing why. We learned it was worse if you acted like you didn't know why.

Her older sister would also physically abuse Jennifer:

My sister beat me so bad a couple of times, I thought I would die! She said that herself, I mean, the part that she thought I would die.

Jennifer's suicide ideation began at the age of 8. She had been taught powerlessness and so had no real belief that she had the ability to take her own life. Instead, she prayed fervently to be taken to heaven. She asked to be allowed to die, to escape from her pain. When this prayer was not granted, she lapsed deeper into depression, believing that even God did not want her. In spite of this, Jennifer found some solace in attending church.

Jennifer did find a sense of accomplishment at school. She sincerely enjoyed attending school and had a few favorite teachers along the way who took a special interest in her. Unfortunately, her adoptive father interfered even in this arena:

Whenever I got to the top [of the class], I got too much attention from home-not good attention either. Punishment dealt out for being a "show-off." So I was careful to learn

whatever I was taught, but not to let the teachers know that I learned everything.

When interviewed, Jennifer's friends and acquaintances often used the same adjective to describe her – *courageous*. Jennifer believes these friends and acquaintances have missed one of her key characteristics-tenacity:

It's good to be courageous, but tenacious courage doesn't let go-doesn't give up-ever-no matter what. I know I got a lot of help-from God, therapists, friends. I also know that tenacity has enabled me to achieve goals I wouldn't have achieved otherwise.

Beating the Odds

Jennifer's earliest experiences put her in a vulnerable position. According to Rutter (1983), the period most marked by distress is between the ages of 6 months and 4 years. During this period, children begin making selective attachments. Children who experience frequent periods of separation, as Jennifer did, are unable to maintain relationships. Rutter also states that long-term effects likely result from changes in caregivers. Jennifer experienced at least five changes in caregivers during her first year of life.

Jennifer's family conforms to the picture of a typical family of an incest victim (Johnson & Leff, 1999). Other factors in this case already identified as risk factors are:

- loss, separation, and psychological deprivation (Garmezy, 1983)
- sexual abuse (Chandy, Blum, & Resnick, 1996a)
- parents' substance-abusing behavior (Johnson & Leff, 1999; Jordan & Chassin, 1998)

In addition, children of alcoholics tend to show increased anxiety and depression, low self-esteem, and the sense that they lack control over their environment (Johnson & Bennett, 1988).

But Jennifer was also a survivor, one of the resilient ones. She showed tenacious perseverance in the sense that she would not stop hoping that her situation would improve. Jennifer's *modus operandi* was to experience adversity, suffer from depression, but then, as the word *resilience* itself suggests – *re* (back) + *salire* (to leap) – bounce back.

After leaving home, finishing college, and starting a career, Jennifer did suffer recurrences of lack of confidence, sexual confusion, and severe depression. But in every case, she found ways to overcome adversity. Jennifer currently holds a graduate degree and works as a professional. She has been evaluated professionally by her peers and immediate supervisors as efficient, hard-working, more than competent, and well-liked. She has been married for more than 10 years, is a homeowner, and is very active in her church. She has close friends, mostly from work and church. As an adult, she appears to be successful, happy, and confident.

Fostering Resilience

How can we help more stories end as happily as Jennifer's? I recommend the following three strategies.

Don't give up. Those of us who strive to help troubled children should not give up on them. We must be sensitive to the presence of *cycles of resilience*. It seems that only those children formally identified as having achieved stability are seen as resilient. But these children could have experienced one or more periods of difficulty on their way to stability. We must be wary of judging too quickly. If all we observe is one slice of a person's life, and if that slice is from a difficult period, we might incorrectly decide that the person is not resilient. If we could see the entire picture and persevere with this person, he or she might indeed move through the cycle into a period of stability.

Find ways to spend more time listening to children. Jennifer did not display any behaviors in school that called attention to the risk factors in her home environment. It is known that good behavior does not always indicate emotional health (Luthar, 1991). Children who are nearly invisible to teachers, counselors, and school nurses may need additional attention if we are to identify any risk factors that may be present. Those who work in schools must look beneath the surface in order to better assist children at risk. Teachers, counselors, and school nurses need sufficient time to interact with students individually and in small groups.

Be an advocate for change. Unfortunately, those of us who work with children are not always in a position to use

these strategies. Larger institutional issues may need to be addressed. Systemic improvements in the placement of foster and adopted children are clearly needed. This will probably involve hiring more social workers. Additional home visits, or perhaps lengthier ones, might have alerted authorities to the risk factors in Jennifer's adoptive family. In addition, school employees will need help if they are to gain the time they need to identify children who are suffering invisibly. Too often administrative responsibilities reduce the time teachers, counselors, and nurses have to spend with the children under their care. It is hard for overworked, harried adults to establish trusting relationships and engage in activities that would allow them to identify risk factors in anyone child's life.

Lessons of Resilience

The lessons of resilience are as important to those who work with children as to the children themselves. We must also exhibit tenacious perseverance and refuse to be deterred. After all, relapses do occur. Although it is not yet known what triggers a relapse, the important message here is not to give up. As Garnezy (1983) states, "there is little gained by those who cry havoc while failing to heed the recurrent findings of our research literature on the ability of children to meet and conquer adversity" (p. 78). To this it might be added: the ability of children to meet and conquer adversity *again and again*. We must do whatever is in our power—allocate funding, change laws, work to increase awareness—in order to help those who are least able to help themselves, but who

might prove to be most able to help themselves if we could offer them the hopeful promise of resilience.

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Normal Kids

John Stein



I really like normal kids. Who doesn't? Ok, I actually did know someone once who didn't like children. But those energetic, bright-eyed, curious, playful, friendly kids. Those kids who are ready to help whenever someone needs help. Those playful kids who are easy to laugh and who make us laugh, too. Those serious kids who are anxious to learn. Those competitive kids who play hard to win. Those creative kids who surprise us with the things they do. Those tough kids who never give up. I guess what I like best is their potential.

But I worked with kids who were sad, angry, mean, sometimes even vicious. So unmotivated that they seemed positively lazy. Obstinate, oppositional kids. I sometimes think I like those kids the best. Most people wouldn't think of them as normal, but I do. I guess what I like best is their potential. They have so far to go, yet they have the potential they need to

get there. To me, that seems to be the greater potential.

To my way of thinking, they are as normal as anyone. They learn the same way everyone else does, from their experiences and from their relationships with the people around them. All I have to do is think about where they came from and what happened to them. What they were taught or what they had learned. I know that they learned these things just as normally as anyone learns anything, even though what they learned might be causing problems both for them and for others.

You see, at times, these kids show so many of the qualities I like in 'normal' kids. They have plenty of energy when they need it. They just aren't always energetic about things that adults want them to be energetic about. They are curious, but their curiosity has to be stimulated. Once they start learning, they begin to

learn faster and faster. Sometimes, it can be a challenge to keep up. They sure can be friendly when they don't feel threatened. They sometimes seem ready to help anyone, even when they seem to be unable to help themselves. How unselfish is that? And when they can relax and let loose, boy can they be funny. I really, really like these kids.

As for their motivation, well, they can be highly motivated to do many things. Challenge an unmotivated kid on a basketball court or football field some time. They just aren't always motivated to do the things adults think they ought to do. One of the problems with their motivation is their self-confidence. They haven't had much experience with success. They see no point in putting effort into something they don't expect to accomplish. Another problem with their motivation is their trust, their confidence in others and the world around them. They see no point in putting effort into something when they don't trust others to do what they're supposed to do.

Truth is, with the exception of a few children who had severe mental limitations, I never met a kid who I didn't think of as normal. Maybe their behavior isn't 'within normal limits.' Maybe they have a bad attitude. But they all seem to learn extremely well, sometimes quite quickly. It's just that circumstances were such that they sometimes didn't have the opportunities to learn that we tend to take for granted. Or that circumstances were such that they learned the wrong things instead of things that are more 'normal' in our society and culture. I always feel I could expect other kids, perhaps even

myself, to learn the same things they learned in similar circumstances.

So what's wrong with these kids? To me, it's two things. First, they've missed out on some of the experiences children need in order to learn and grow and develop. Second, they've had some experiences that children should never have. Other than that, they are just like the rest of us. And you sure can't blame them for the experiences they've missed or the experiences they've had.

For me, it all depends on how I define 'normal.' If I define normal in terms of what they are, well then lots of people aren't normal in one way or another. When I define normal in terms of the potential to learn and grow, well, I haven't met many people whom I found lacking.

So I always thought of it as my job to provide a safe and predictable environment where these children could begin to trust, to heal. An environment where healthy relationships could begin to develop, progress, and thrive, not just with staff, but among the children themselves. An environment that provides experiences and relationships from which these children can learn, to catch up as it were, and then to move on. To stimulate their curiosity and interest. To teach them all they want to learn or need to know.

Christians have a saying: "There but for the grace of God go I."

I prefer the Native American version: "I will not judge a man until I have walked a mile in his moccasins." In the words of Cornel West: "I... know what he's up against. I want to protect him, respect him and correct him." ■

Is There Anybody There?

Gerry Fewster

When the time came for me to end my forty-year flirtation with child and youth care, I had no idea that my solitary transition from delusion into dementia would be interrupted by none other than Garfat and Gannon. Yet there they were folks, bold as brass and wallets wide open (empty of course), inviting me to fire another couple of spot-kicks into the old CYC Net. “Just for old time’s sake,” they said. “Your wish is my command gentlemen,” I replied, still stunned by their ethereal intervention. “How about ten articles over twelve months?” Brief nods all round and then, just like the inscrutable Cheshire Cat, they faded away. Alone again.

This eerie sense of aloneness is familiar to most who have aspired to contribute to the literature of our ubiquitous profession. After the brief satisfaction of seeing your stuff in print you wait patiently for the world to speak back. But it rarely does. In fact, I know of long-forgotten scribes, CYC types of incredible foresight, hindsight and insight, who once published mind-bending articles only to die in obscu-

rity while waiting for a single response. If you’re like me, you can assuage your pain with resentful self-indulgence – “To Hell with them all, I write for myself, it clears my mind, it’s a form of therapy.” Oh sure!

By comparison, a couple of trite or testy paragraphs on the CYC-Net can usually be expected to trigger some kind of reaction – “Well said Jimmy, let’s hear it for residential programs,” or “You’re not one of us ... you use too many big words buddyboy.” Now that’s interactive. Nice and simple, cuts to the chase, not very demanding of author or reader and, when the curtain falls, nobody is left to die in isolation.

So when G&G told me that my words (big and small) would appear in the form of a ‘column’ posted on CYC-Online, my sixth thought was to wonder how many regulars actually take the time to make that second mousy click to find out what the likes of Mark Krueger, Carol Stuart, Jack Phelan, Kiaras Gharabaghi, Leon Fulcher, Grant Charles and Karen VanderVen have to say? A sophisticated survey might provide some answers but

my curiosity isn't that intense. All things being equal and the Good Lord willing, I'm going to write these monthly 'columns' anyway, so why worry about what's going on in Vacuum Land?

Well I really don't worry anymore, but I do continue to wonder. If you're reading this now, you have to be impressed with the efforts G&G have made to bring this stuff to you in the most creative and attractive form. You might even have read Adam Shapiro's piece on Arab and Israeli youth in the March issue and will understand how the global spirit of Child and Youth Care can change the world. If you don't have the time or inclination to take advantage of these incredible opportunities to explore the depth and breadth of this profession, then perhaps you should look for some other way to earn a living. But if you want to participate, the time has come to make your presence known, lend a responsive ear to those who speak and let your own voice be heard. *Mea Culpa*

So, here's my plan. Over the next twelve months I will write ten columns spelling out how I believe Child and Youth Care practitioners can change the world. It's an ambitious project but this is not a time for tinkering around. I will begin here by offering a brief description of what I intend to say in each article and wait to see if anyone responds to either the topic or the content. If so, I will respond to the respondent. If not, I will press on regardless. Either way, it will be an opportunity for me to test out my depressing hypothesis that most CYC people don't bother to read their professional literature.

The Context

Once it was all about 'troubled' kids. We are now living in a world where all kids are in trouble.

Many things have changed since I began working with 'juvenile delinquents' in Liverpool, UK and Vancouver B. C. in the 1960's. Through the 70's and 80's, increasing numbers of kids were being identified with behavioral or emotional 'problems,' and programs purporting to have the answers sprang up across North America. In those days, child and youth care was the transient labor force employed to attend to the everyday needs of the kids while the real professionals did their thing. The classic CYC text "*The Other 23 Hours*" expressed the *zeitgeist* of this era.

In more recent years it has become painfully obvious that the specialists have failed miserably and their practices are now contributing more to the problems than the solutions. While many CYC folks continue to bemoan their role as glorified "babysitters" others have realized that, at the core, all problems are relational and can only be resolved through relationships. Then there are those who realize that such problems are now global and that, by default, this profession is being handed a last-ditch opportunity to influence the course of human destiny by changing the way we relate to our kids - at home, at school and in our communities. If you think this is stretching the point, then look around folks, look around.

The Ten (New) Commandments for Child & Youth Care

Thou Shalt . . .

1. Begin with your own childhood.

Tracing the history of your relationship patterns is a fascinating adventure. It is also makes it possible for you to relate to others as separate and purposeful beings pursuing their own unique developmental pathway. With this awareness, the adult/child relationship becomes a process of 'growing-together.' This article will define the journey and point the way.

2. Attend to three basic developmental needs. Regardless of the labels we like to throw around, all kids have three basic developmental needs that must be addressed. When these needs are met, their inherent potential is unlocked and most of the other stuff becomes meaningless. You'll have to read the article to find out what they are.

3. Become a conscious practitioner. Good intentions and nifty interventions may appear to be in the best interest of the child. But we also carry many hidden agendas that sabotage even the most caring relationship. Recognizing and modifying these expectations frees both parties from repetitive self-defeating patterns of relating. Reading this article may not be a pleasing experience but sometimes awareness comes at a price.

4. Encourage responsibility, not accountability. Parenting and professional practices tend to fall into one of two cate-

gories. The first demands accountability to an external authority and the second (often called the permissive approach) does not. From a developmental perspective both are equally damaging, but a combination of the two is sheer disaster. Response-ability (the ability to respond) is the foundation of our freedom. Self-responsibility is the prerequisite for conscious action. Together, they form the basis of purposeful, caring and compassionate relationships. Well, if that's not about child and youth care, I don't know what is. Let me say more later.

5. Get to know your 'clients' from the inside-out. Children who are seen and heard for who they really are learn to trust their inner voice and create their own lives in their own way. This article is about curiosity, listening, and above all, mirroring. For many years I've argued that accurate mirroring is the most essential skill for a child and youth care practitioner, and I'm still convinced. On the one hand, this is very natural ability. On the other, it's a skill that takes considerable discipline and practice. Find out why and how.

6. Avoid power struggles. As a child and youth care professional, your authority is non-negotiable – so use it wisely. But, given the above comments (see segment 4), how can this statement possibly make sense? Well, the article will answer this question quite clearly. Meanwhile, the good old-fashioned power-struggle continues to be a regular feature in most child and youth care settings. So if you don't know how to avoid it you might as well enjoy it to the full – I guess.

7. Gradually replace rigid rules with personal boundaries. Rules are established and obeyed. In relationships, boundaries are co-created and respected. Unless this distinction is clearly understood the developmental quest for personal autonomy and self-responsibility will always be thwarted. The transition from rules to boundaries is an integral aspect of effective child and youth care work – particularly for those practitioners who work with angry and hostile adolescents. This article will give you both the concepts and the tools you need to make it happen.

8. Don't rely on the school system. Traditional education is classical *outside-in* learning. Little or no attention is given to whatever a student might be experiencing or feeling on the inside and those who don't conform are considered a threat to the system. The damage to kids who fall into this category can last a lifetime unless someone steps in to ameliorate the impact. Parents may not be able to play this role, but it should be standard practice for CYC professionals. Learn why and how.

9. Beware of the experts. Don't get trapped into believing that an M. D. , Ph. D. or fancy title means that the bearer knows more than you about the kids you happen to be working with. If you have relationships that incorporate the qualities identified above, chances are you will know your 'clients' better than anyone - past or present. Unless you are prepared to bring that information forward, the diagnostic labels of the experts will prevail, you will be expected to follow whatever

prescriptions they hand down and the youngster will be a *bone fide* part of the system.

10. Don't try to give what you don't have. The logic may be simple but it's often very hard to accept. However much we may want the best for the kids in our care, we are all bound by what we got, and what we didn't get, while we were growing up. If we didn't get the love we wanted, if we were not seen and heard, or our boundaries were never permitted and respected, then we must find ways to get these for ourselves before we can offer them to others. In the final article in the series you will be invited to identify your own missing pieces and learn how to parent yourself. Now this is a real gift – don't miss it.

A Reminder

So there it is folks. An email sent to fewster@seaside.net will affirm your place on the planet. A question will confirm your curiosity and a comment will register your participation. I will seriously consider all questions and comments in writing the above pieces and all contacts will receive some response from this end. At some point I will submit a detailed account of this interaction for publication on the CYC-Net. I don't expect it will be a very long. ■



Why do you do what you do?

A one-day masterclass organised by Kibble. Thursday 5th May, 9.30-16.30, St Mirren Park, Paisley

This masterclass is organised in partnership with cyc-net (the International Online Child and Youth Care Network), UWS (University of the West of Scotland), SIRCC (the Scottish Institute for Residential Child Care), Euroarc (the European Association for Research in Residential Child Care), Coalition of Care and Support Providers in Scotland, and St. Mirren. It will examine the use of evidence-based and evidence-creating practice in residential child and youth care and related areas. Sixteen Experts by Experience – international practitioners and researchers – will deliver precise, packed, twenty-minute presentations.

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Research in residential child and youth care and related areas is too complex to cover in one day. However this event will give you an opportunity to gain an overview of the field and learn about both evidence-based and evidence-creating practice. You will gain a better understanding of what works and why, helping you both plan and deliver more effective services while achieving better long-term outcomes for young people. You will also have the opportunity to network with colleagues and researchers over lunch and during breaks.

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- Charitable, local authority and social enterprise providers of child and youth care
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Many of our staff are regular readers and contributors to cyc-net. For our type of work, it is the most comprehensive and contemporary web resource we have come across, and we are looking at ways of increasing awareness of the site and its contents through our intranet and monthly staff newsletter. We hope that this new format will encourage more people to access the excellent cyc-net resources.

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Cat and Youth Care, Part 1

Kiaras Gharabaghi

Note to Reader: What follows is part 1 of a three part story about relationship. You can read this story as it is written, or you can read it as part 1 being about admission, part 2 about orientation and part 3 about being in relationship ...

I have always marveled at the power of relationship, both personally and professionally. Over the years, I have explored all kinds of relationships in my life, always curious about the nuanced differences that might contextualize this relationship or that one. And I firmly believe that having spent the time really reflecting on, really thinking about, and frequently challenging myself in relation to particular relationships, I have gained much in my approach to practicing as a child and youth care practitioner from a relational perspective.

These days I am juggling all kinds of interesting relationships; in some, I am re-engaging with friends from decades ago, now living in geographic distant places, such as my neighbours from Iran with whom my family shared many sleepless nights during the revolution in the late 1970s. Some members of that family now live in Austria, others in Sweden and a

couple are back in Iran. Closer to home, I recently found my roommate from when I was a student at the University of Guelph in the 1980s; he lives in Vancouver, and since I will be in the area shortly, we are planning a face to face gathering over some British Columbian beers. I have some professional relationships with people I have never met in person, but who are quickly becoming good friends, including at least two of the columnists on CYC Net; one is in New Orleans, and the other is just re-emerging from his island home on the West Coast. I have friends with whom I interact very infrequently but who are always present in my life; others who I see very often, and who are well integrated into my day to day life. And every day I learn something new about relationships that help me think about being with young people. I have learned, amongst other things never to take anything for granted, and never to make assumptions



about anything that happens within relationship.

So, well equipped as I thought I was, I have encountered a relationship that has truly tested my knowledge, my understanding and my ability to manage myself within relationship. And while this is not exactly the kind of relationship one can or even ought to associate with child and youth care practice, I just can't help but notice the parallels to being with edgy youth. What follows is the story of Pacco, my family's recently acquired cat.

We live in a rather old home by Canadian standards; about 100 years old to be precise. It's a beautiful and very cozy home, a sentiment shared not only by us but also by the many mice who start looking for their winter vacation homes sometime around November. Typically by mid-December, the mice that make their way through the porous walls of our basement have settled in nicely, and some clearly yearn for a more socially engaging existence. The result is that as the holi-

days approach, and the scents of home baking and delicious foods linger throughout the house, the mice come out to say hello. And of course we (Note: we = my wife) are always enthusiastically greeting them, performing various welcome dances on the furniture while shrieking loudly and in seemingly uncontrollable fashion. This past December I was once again enjoying this wondrous early winter ritual when my wife suddenly announced a major ideological shift in our family; we were to abandon our welcoming stance toward the mice and instead declare war on them. The mice must go. Since we are not very competent soldiers, and I quite frankly reject militarization of any kind, my wife decided on the specific course of action: we were going to get a cat. And not unlike the Canadian Defense Department's long standing tradition of purchasing unwanted and aged equipment from other militaries, our cat was to be an adult with proven credentials in the hunt and extermination of mice in spite of pref-

erably having been declawed in order to protect the furniture. Moreover, the cat was to be obtained free of charge from somewhere. As always, we were aiming high, not unlike the Canadian Navy's purchase some years ago of diesel submarines from a British scrap yard.

Thanks to the plethora of on-line shopping sites designed for people to unload their mountains of crap so that other people can build theirs, we had no trouble locating our cat. The advertisement read something like this:



FREE

Beautiful and loving family cat, great with children and always purring, needs a new home as we are moving and tragically cannot take our beloved cat with us. He is three years old, de-clawed, and we will pass on all of his toys, food bowls and litter box. Please offer our pussy cat a loving home.

Who could resist? Clearly this was the one, our new family member to be introduced into our loving home, where peace and an on-going endorsement of the hippy

movement reigns, with the only caveat that in addition to purring, we had an expectation of our newest family member to also hunt down and slaughter our previously welcomed little houseguests. What could possibly go wrong?

Arrangements were made to pick up the cat. Specifically, we were to meet the current owners of the cat, the loving family from the advertisement, in a parking lot of a coffee shop in a city about an hour away from where we live. I do remember thinking that it was a little odd that we were not asked to pick up the cat in its current living environment, but dismissed these thoughts concluding that perhaps the family was too distraught to make wise decisions at this difficult time of having to let go of their loved one. As we were driving to the meeting spot, I reminded my own three children about the need to be sensitive to the loving family about to make this sacrifice; please maintain a calm and dignified posture before welcoming the cat into our family, at least until the family experiencing tremendous loss is out of sight.

Before too long we arrived at the parking lot and I had no trouble identifying the half ton truck we were to approach. Taking a deep breath, I pulled up next to the truck, ready to firmly put on my 'empathy look', balancing deep care and concern for the family giving up the cat and enthusiasm and joy on behalf of my own family in welcoming a new family member. As it turned out, there wasn't quite enough time to fully adjust my facial features in said fashion; the driver side window went down, a large, slightly hairy hand holding a container reached out and literally placed

the container on my wife's lap through her open window. Then some tires screeching, some smoke, the sound of a horn from an indignant driver just cut off by a speeding and decidedly cat-less truck, and it was all over. Pacco was ours, and none of us were entirely sure that this was a good thing.

The way home was awkward. My kids were squishing hard to one side of the vehicle in a desperate attempt to maximize their distance to the container carrying Pacco. My wife was staring eerily ahead in the passenger seat, barely even blinking her eyes and maintaining a brutal silence. And I was trying to remember where I had heard the sound coming from the container before; was it at the House of Horror during last year's Halloween? Was it from a scene of the movie Predator, just as the alien was about to devour the insides of one of the men on Schwarzenegger's team of soldiers? Or was it my memories of a Joe Cocker concert? Whatever it was, it most certainly was not the sound of a kitten seeking a soft and warm place to purr. That much we learned about Pacco quickly.

When we arrived at home, we brought Pacco, still in the container, down to the basement, where we had prepared food, water, a litter box and multiple cat toys for him to enjoy. Also, we had held perhaps unrealistic expectations about Pacco's hunting desire and wanted him to be close to his prey right from the start. While my wife and kids were hiding in the attic, I gently opened the door of the container, ready to take cover should Pacco make good on the threatening sounds of his growl from the car ride. But alas, nothing

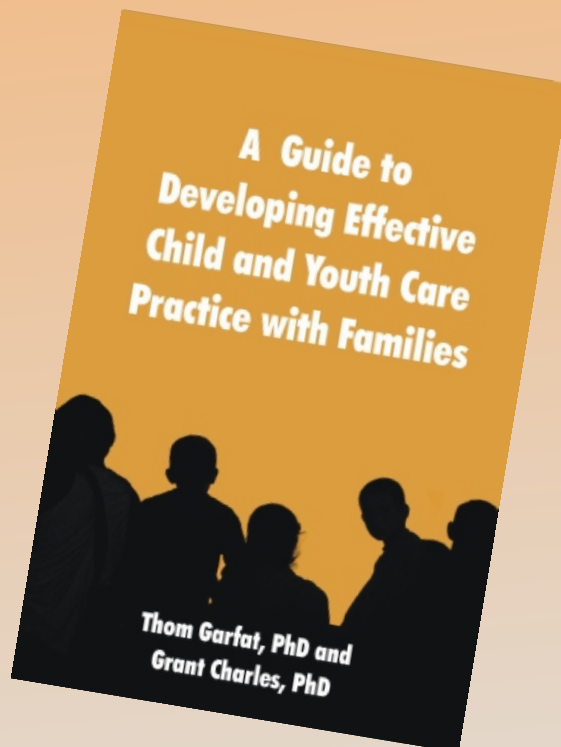
happened. Pacco did not move, and in spite of all that was displayed on offer for him, he simply did not show any sign of wanting to exit his container. After considerable exercise of patience on my part, I eventually went upstairs, thinking that perhaps I was being too intrusive by wanting to watch his first steps in his new home. Repeated checks over the next few hours rendered this theory unlikely. Pacco still had not moved. The next morning, I went down to the basement, and finally, Pacco had left his container. This was a good thing. Only problem now



was that we had no idea where he was. A thorough search of the basement revealed nothing, nor did a massive search of the entire house. That first night, it seemed to me that we were a much calmer family when we were worried only about the sudden appearance of our tiny little friendly visitors; now we could all feel the tension and stress associated with anticipating being violated by a monstrous,

bloodthirsty and utterly unpredictable pussycat. Pacco's presence became accentuated a thousand fold through his absence, and the undercurrents of panic, regret and resentment amongst the family members for having contributed to this predicament were starting to burst out into the open. Who in their right mind adds to their family through the acquisition of the latest member off an internet site advertising used crap? What's wrong with a couple of mice scurrying around minding their own business? And where the hell is Pacco?

To be continued ...



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NACCW

18th Biennial Conference 2011

Conference dates
5 – 7 July 2011

PROMOTING CULTURAL DIVERSITY IN CIRCLES OF CARE

The NEC of the NACCW is proud to announce details of the 18th NACCW Biennial Conference to be held in 2011 in the Eastern Cape

It is expected that the province will host an excellent event where representatives from across the country will deliberate on child and youth care matters – for the first time in the policy context of the Children’s Act.

Keynote Speaker: Dr. Kiaras Gharabaghi

Conference Theme:
Promoting Cultural Diversity in Circles of Care

Conference Venue: The Nelson Mandela Metropolitan University, North Campus Port Elizabeth.

Accommodation: Hostel accommodation at Nelson Mandela Metropolitan University which is situated on the South and North Campus. This accommodation is shared accommodation with communal bathrooms. Rate per person per night R170.00 B/B - Bedding included. Soap and towels are not provided. A database of guest houses in the area have been prepared.

Youth Conference

The youth will be accommodated at the 2nd Avenue Campus of North Campus of the NMMU for the period 4 – 8 July 2011.

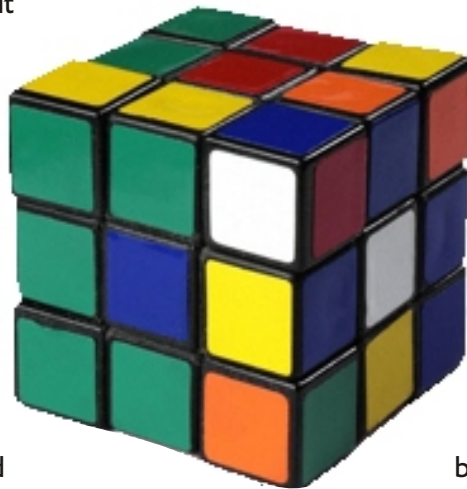
The theme for the youth conference is: Embracing Cultural Diversity.

For more information visit: www.naccw.org.za
Email: headoffice@naccw.org.za

It got me thinking ...

I was in a store the other day and on whim I bought a Rubik's Cube for my 8-year-old granddaughter. I had read somewhere that the dratted cube was making a comeback, and I wondered how the present generation would approach and work with the problem.

The lady at the checkout picked up the cube to scan its price ... and said; "I could never do these things myself. In fact I have a dark secret about them. I discovered that on my Cube the various small colour squares were printed on an adhesive plastic film which was then applied to the cube beneath — and that using a pin I could prise the film away from the cubes and then apply all the blue squares to one side, all the yellow squares to another, and so on ... In fact I soon had a reputation for being able to master the problem (but only when I worked at it at night when I had no other distractions!) — And to this day," she said, "I am still regarded as something of a prodigy, because I never told my secret to anyone!" So said my checkout lady.



We have been guilty of this sort of subterfuge in the child and youth care game — and we were taught it by our administrators! I remember the days of too many children and too few care workers, which were also the days of "inspections"! Senior staff members from the more elevated ranks would regularly descent on the living units and expect us to line all the children up next to their beds on shiny

floors wearing immaculate clothing trimmed to strictly uniform standards (socks pulled up, ties straight, shoes polished), and each even with a comb, toothbrush and tube of toothpaste similarly marshalled on their bed which had been made with proper "hospital corners", blah blah

blah, all present and ready for inspection Sir!

Approval was then apportioned in the form of praise for each child who passed muster and for each child care worker who had stage-managed this whole magic show at whatever cost to his or her own sanity (or that of the kids) — and the senior ranking staff member would then stalk off to post the results on some notice board which was presumed to reflect

the quality of child care being administered.

Somewhere beyond our ken these ceremonies were no doubt reported to committees, donors, state officials, who were thus satisfied that all was well — and next day back home, down in the trenches and the continuing hurly-burly of daily life in the residences, no single task of real benefit and meaning to individual kids had been attended to, and all of us, adults and children, were relieved as life as we knew it was resumed. We still had to deal with Robert's anger, Marge's depression, Mike's issues with his father, Jenny's feelings of abandonment, Peter's delinquent leanings ... all of whom, having brushed shoulders with royalty, had to get on with their lives.

In the present time, when there are such things as official regulations and guidelines, national statistics and donor expectations to be respected and satisfied, we are all once again tempted to peel the adhesive squares off our messy and unresolved Rubik's Cubes to make them look right, to hide the realities of confusion, distress and doubt, to mask the inconsistencies and untidinesses which are our real job — whatever its failures and successes.

Wherever and whenever there are inspectors and inspections, the chances of a disconnect between the respective minds of the inspector and the inspected is very high — and in our kind of world I would estimate it to be about 100%. What I think I should be doing with Ricky or Margie, and what somebody in an office ten miles (or 100 yards) away surrounded by entirely different people and props and

literatures and priorities and sounds, won't even begin to look similar. The marks I would give myself for my day's work, and the marks the other person would give me, would not be even on the same scales.

And if I had to do my work in the other's terms, on the other's scales and in agreement with the other's expectations, I would not be being true to Ricky or Margie, and least of all to myself. My Rubik's cube which I share with either Ricky or Margie would be far from monochromatic on any side and would have little to do with tidiness and order — even if the comb, toothbrush and toothpaste were geometrically aligned!

And what violence had we done to the values and understanding of the kids? Had we supported the lie that if everything *looked* right then everything was right! That's a tough knot to unscramble!

At least my granddaughter was appropriately intrigued and perplexed by the mysteries of Mr Rubik to know that here was something to work and play at, and that if she persevered the thing could be solved. After all she had seen the new cube and knew that order could be brought out of chaos! ■

BG





Communities of Practice and Leadership: The New Scottish Residential Child Care Workers' Association

Laura Steckley

I've written about the Scottish Residential Child Care Workers' Association (SRCCWA) in a previous column, as has Mark Smith. I'd like to revisit it this month, as it has been a year now since we first came together (and because I'm doing a bit of spring recycling). During that first meeting when 50 of us came together to

explore the possibility of forming an association, I felt a strong sense of community. The connection was immediate – it always is when I'm with fellow 'ressies' and this is because the passion for and dedication to the work of residential child care makes us kindred spirits.

So while this shared passion and dedi-

I The Wrench by Primo Levi (1987).

cation already made us something of a community, the conception of the SRCCWA brings with it the powerful potential for us to create a vibrant community of practice. A community of practice, put simply, is a collection of people who are united not only by membership in a group but by a shared activity. Within the group, knowledge and meaning are collectively created.

Most of us are involved, in varying degrees, in communities of practice already, whether or not we label them as such. Depending on the culture of your workplace, it also may be legitimately called a community of practice – colleagues, united by the activity of caring for children and young people, who talk with each other and the kids to make meaning in a way that shapes and defines the work.

The way we (staff, kids, managers, external managers) come together and make sense of, make meaning about, define and evolve our understanding of what it is we're doing (or attempting to do), together, with the kids in our care – the way we do all this is influenced by many factors: our own histories, the histories of our workplaces, the current cultures of our units, the dynamics between us, and the spaces we create, maintain and protect in order to reflect and be in open, candid dialogue with one another.

There is also a wider context that influences the way we make meaning of the work (and hence, the way we do the work). The quality of the meanings we make and the work we do, then, is not only affected by what we bring but what gets fed into those reflective (or unreflective) spaces. Some of what gets fed in can

enhance our understandings, helping us to evolve our practice. Some of it is misguided and uninformed, holding us back – or worse. Yet, we are the ones who make the meaning, even if we do so unconsciously and without reflection.

So what does this all have to do with the SRCCWA? Well, the more we come together to share our wisdom, experience and acquired knowledge, the more quality gets fed into our small communities of practice in our own places of work. The SRCCWA has the capacity to become a large, vibrant community of practice that is stronger due to the breadth and diversity of its members. We can more powerfully make meanings that promote healing, transformative practice; we can also better scrutinise and reject those practices (and the meanings behind them) that are misinformed and counterproductive. In addition to, or more likely *through* the process of making meaning about the work, communities of practice can nurture, fortify, energise and inspire, making us more resilient in our collective efforts to develop and enhance the development of others.

When we encounter such supportive environments that enable truly meaningful practice, we experience a love of the work that Primo Levi refers to above. Sometimes, however, the job is not loveable and far too often this is due to the wider context within which we struggle to do the work (rather than the difficulties we encounter in direct practice). Policies, procedures and attitudes, misinformed by meanings carried by those who do not have adequate experience and wisdom, have created conditions that make the

work less meaningful and less loveable. At worst, we have had reasons to hate the job and feel helpless to do anything about it (other than leave). The time is ripe to begin to effect bigger changes.

So not only can the SRCCWA become force of enhancement, it can begin to effect meanings on a larger scale, developing and evolving the way practice in residential child care is made sense of in Scotland (and internationally) while scrutinising and rejecting those uninformed, counterproductive meanings that continue to influence what we do and how we do it. And this is exactly what Drath and Palus² argue for in a book they wrote about communities of practice back in the 90's. While the authors aren't writing about

residential child care, it felt like they were directly addressing this opportunity we have before us, so pregnant with potential. Essentially they argue that, rather than seeing leadership as something held by people in positions of authority, it is better understood as meaning making in communities of practice. That is their definition of leadership – meaning making in communities of practice. And I like to think of the SRCCWA evolving into a powerful leader in our sector.

You can find out more about our continuing development and upcoming events on our group space on the Residential Child Care Network [here](#). ■

2. Making Common Sense: Leadership as Meaning-making in a Community of Practice by Wilfred H. Drath and Charles J. Palus. (1994)

*It is a fact that in the right formation,
the lifting power of many wings
can achieve twice the distance
of any bird flying alone.*

Author Unknown



What is Missing?

Mark Krueger

In a field
I am the absence
of field.
This is
always the case.
Wherever I am
I am what is missing.

When I walk
I part the air
and always
the air moves in
to fill the spaces
where my body's been.

We all have reasons
for moving.
I move
to keep things whole.

I love this poem, *Keeping Things Whole*, by Mark Strand. It speaks to my fascination with motion as a life force. It also speaks to the existential nature of child and youth care. We are what is missing in the lives of children and youth. We are there with them for a moment and then the air moves back in to fill the spaces as we move on. Our presence lingers while our body disappears. Nothing, yet everything changes. Life continues, but it is not the same. Something is different. We connect, discover, empower. Our appearance makes things whole for a moment.

Whole days; Whole Lives was the title of a book Albert Trieschman planned to write after he co-wrote the *Other Twenty Three Hours*. He died before he could write the book but the title lingers. He was there and others filled in the space behind him.



None of this happens if we don't move (act). As Aristotle said, motion is the time when the present and future are one. Hopi Wind is timeless. We are timeless, parting the air with youth, making choices and being together, with each breath. Our being there is the end rather

than the means. We move through the spaces of our existence, present with the rest of life filling in behind us. If we do it right, we make things whole one step at a time.

A youth says hello, combs his hair, kicks the ball, draws a picture, tastes a new food, relaxes, and we are with him... He remembers this the next time. Something has changed because we were there, visible and alive.

This probably is not what Strand meant but it works for me, the reason I am in this work. I knew it almost from the beginning. By being with youth in the moment, something good would be happen. For an instant, the future and the present would be one and we would move on. At least this is the way I see it now.

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Being a Residential Child Care Worker in England

Harald Stoelting

I was born in Germany just after the end of the second world war. For a number of reasons I have moved around a great deal in my life but while I was still living in Germany I gained a training as a social worker. Some years ago I arrived in the United Kingdom and unable at that time to get a job as a field social worker here I worked both as a residential child care worker and as a manager in children's homes. I had little knowledge and no experience of residential child care work when I embarked upon this path. This article is my attempt to make sense of what being a residential child care worker in England meant to me. This article is a personal view and I ask readers that they understand that it is biased by my experience and by my observations up to now but I hope that it contains matters to be questioned, pondered and discussed. Unless it was confusing to do so I have used the convention of describing children and young people as male and residential child care staff as female. To be sure this is used as a helpful writing convention and not because of any prejudices I may hold.

My observations about private chil-

dren's homes and local authority children's homes

During my time living in the United Kingdom I have been employed as a residential child care worker in children's homes which were in the private sector (profit making sector) and in children's homes which were provided by the local authorities. My observations are that these are very different institutions. Whereas children's homes managed by the local authority are technically responsible for taking in most of the children who are assessed as needing residential care, in practice I have found that the children perceived as the most troublesome are channelled very quickly towards the

private sector. A social worker told me once that in her local authority, "the most difficult cases, the most traumatised children are reserved for private children's homes."

This is interesting because my experience is that private homes are not always

as well endowed with resources as local authority homes. Private homes are forced to work on a low budget because they are operating in what is ironically



PAVEL LOSEVSKI

called the “free market.” It is of course ethically problematic that children are seen as commodities in a market in which the prices of servicing the commodity are forcefully driven down by the local authorities who purchase places at private children’s homes. It has been argued that in this “Dutch auction of children” the quality of care provided by the children’s homes who are involved in these price wars inevitably decreases (Sharpe, 2010). Let me illustrate this from my experience. I applied for a job as a senior residential child care in a private children’s home, which I will call the “Willow Tree” and was appointed to the post. I was pleased because the home’s approach was therapeutic and was based on psychodynamic principles. The proprietors were innovative and committed and provided all their staff with graduate level training in child development and therapeutic child care. I took part in this training and found it valuable. During this time the morale of the children and the staff was excellent. I do not mean that each day was perfect but that the staff gave a great deal of themselves to make good relationships with the children.

After I had been at Willow Tree for about two years I noticed that even though we were often praised for our work by inspectors and social workers the rate of referrals of children to the home declined. Local authorities who had previously placed children in the home told us that though they wished to continue to place children at Willow Tree, our fees were too high. Fearful for their business the proprietors reluctantly did as they were bid and lowered their fees. Financial

cuts had to be made. Naturally the children’s living conditions were maintained but staff training was cut. Even this did not suffice to reduce the fees sufficiently to attract referrals. It seemed that however many reductions were made to the fees, local authorities informed us that Willow Tree’s business competitors were prepared to reduce their fees further. With reduced training the quality of the care to the children could not be maintained at its previous high levels. When well trained experienced staff left, a consequence of the externally enforced financial restrictions was that they were replaced by less expensive and less experienced and less well trained staff. Eventually the proprietors decided to close the home because they could no longer make a profit and they were not prepared to further reduce the quality of care they provided. It is my opinion that this is a fundamental problem of residential child care if it is run as a private business. When times are good and local authorities have money to spend all is well but when times of financial restriction arrive there is a limit to how far costs can be reduced. Children in these homes should not be asked to eat the cheapest of food, use the cheapest toilet paper or wait longer for maintenance repairs in the home to be carried out. They should be treated with the same respect as children who are living healthily with their own families. The proprietors of the home I am telling of could not tolerate dropping their standards further. They were ethical people but I do hear of private homes where this attitude is not taken. It is also to be noted that it is not only the private sector which is capitalistically minded. The way

that local authorities successfully drove down the fees at Willow Tree would have impressed even the toughest of commercial wheeler dealers ! For me the trouble was that in the final analysis it was the young people who suffered from this process.

As far as homes run by local authorities are concerned, I have implied that the children they accommodate have less complex difficulties, but I know when I have worked in local authority children's homes that the young people accommodated there face difficulties too. Any young person who has to leave his family home is an unhappy child and so the children I met and worked with in local authority homes were needy as well. However I found that because of the local authority's demands on workers to stick rigidly to their working hours and to follow administrative procedures to the letter, an inflexibility of approach developed which can act as a barrier between staff and children. I am not saying that these procedural matters are not important but if they always take precedence over the young people's need for intimacy and their need to be treated as individuals then I am certain that rigidly maintained procedures work against helpful therapeutic relationships being built between the young people and staff. Local authority homes I have worked in have usually been efficiently administered, have had excellent material resources but because of the need for staff to work "defensively" they can be more impersonal and less therapeutic places to be certainly than the private children's home, Willow Tree, in which I mainly worked.

Therapeutic work with children

I should now say something about my experience of working "therapeutically" with children and young people at Willow Tree, that is before the financial restraints began to influence the nature of the residential child care there.

Our work had a psychodynamic base and distanced itself from a behaviourist approach in the sense that we did not understand our primary function as behaviour management. Our approach took into account past trauma that the young people had encountered and in particular their experience of separation and loss. To explain this better I will provide these heavily disguised descriptions of three young people who might be described as representative of residents at the children's home.

Alfred, who is 15 years old, has been in the children's home for one year. His family immigrated to this country from Asia when he was an infant. When he was twelve years old his father expelled him from the family because he thought Alfred had betrayed his cultural roots because he was taking a full part in all the activities which the other boys from his school were engaged in. By the time Alfred came to us he had been placed in and rejected by three foster families and he had not attended school for over a year.

Rudolph is 14 years old and was placed in the care of the local authority when the consequences of his mother's drug and alcohol abuse made it impossible for her to look after him. He has never known his father. He has had many placements in care in both foster homes and children's homes. All these placements have failed.

He was placed with us because he had attempted to burn down his last children's home. Rudolph has been excluded from several schools and he has not attended school for over a year.

Catlin is 15 years old, and she grew up living with her grandmother on a Caribbean island. When she arrived in the United Kingdom at the age of 12, she was thrown in to live with her mother, a stranger to her. With no bond with her mother, for the next two years Catlin took to roaming the streets of the metropolitan borough where her mother lived, not returning to the house of the stranger who was her mother until late at night and increasingly she did not return at all. It was feared that she was prostituting herself and so she was taken into care because she was in need of protection.

At Willow Tree we tried to look after and help young people like Alfred, Rudolf and Catlin. The social workers who referred them to our children's home asked us to provide them with "therapeutic care." My own personal interpretation of our therapeutic approach at this home was that we would consider not that we were working with a child's memory of a past unhappy or traumatic event but more with the child's re-experience or displacement of the past event as if it were in the present. Psychodynamic theorists call this phenomenon transference. The past event seems so significant that the child cannot place it in the past as he does with other less significant events. It keeps returning. Our therapeutic task was to help the child, without denying the memory, to place it properly in the past.

For example, with Alfred whenever an

opportunity naturally arose in our informal every day discussions I tried to bring him in touch with himself in the context of his family. Together, but slowly we began to reach an understanding that his life with his family was then and what he was experiencing with us was in the present. My colleagues and I reinforced this by offering him frequent and consistently good experiences. In this way I was able to begin to have a relationship with him which survived, even though at the start both he and I had times when we thought it could collapse at any moment. When Alfred left our children's home at the age of 16 he was placed in a project which provided young people who were leaving care with their own accommodation and with intensive support. He was able to sustain this placement but more importantly he established contact with his family again. That he was able to do this was a measure of how far he had overcome the insecurities of his past. I am not saying that all is now going excellently for Alfred and indeed, as I have suggested, on many occasions during the period when we were trying to develop a relationship I feel sure both he and I felt we had taken one step forward and two steps back. It was as if he still felt in the same danger as he did just before he had to leave his family. At this time I felt there were often occasions when I was certain he hated me. When I thought back about these reverses I could see that Alfred's resistances to me could be understood as defence mechanisms. These defence mechanisms were what Anna Freud described as repression and denial. I think it is important for me to mention this because there were times when I

thought that Alfred should not continue to live with us. I seemed to be re-enacting the feelings his father had when Alfred was ejected from his family. I was fortunate in having colleagues who could see what was happening when I was feeling in despair. They could see that not only was Alfred repressing and denying his past memories but that I too was denying my failing part in our relationship. Sharpe (2006) has suggested that all young people tend to externalise their inner conflicts in the form of battles with their environment. It seems easier for them to seek environmental changes rather than internal change. When this defence predominates the young person may show an extreme unwillingness to cooperate with an adult who is trying to engage him emotionally.

The most important time for a residential child care worker

For me when a worker begins to feel resistance to a child it is important that the residential child care worker recognises it. It is at this time when she feels she can't go on any longer, when she can't give this young person any more than she have already given, when, in spite of the young person's most primitive insults and what seems his complete rejection of her, that she must stick with him. To do otherwise will confirm for him his feeling that he is worthless. Unlike those therapists who provide one to one formal therapy in time limited sessions the residential child care worker faces "clients" who have not agreed upon a working therapeutic alliance with her. A residential child care worker as therapist faces many difficult

situations which tax her tolerance and her capacity to love to the limit. She is working with a young person who did not choose to be with her and so she must understand the child's resistance rather than mirror it.

I think this is something residential workers should not only understand but that we should respect. If we do not it is unlikely that residential child care will be able to help the child.

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Harald Stoelting qualified as a social worker in Germany and when he came to work in England he worked as a senior residential child care worker and as a residential child care manager. He now works as a social worker.

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Gesundheit

This morning I had a sneezing fit. Four hours later, and I'm close to recovered.

I hate sneezing fits. See, I'm not your delicate kind of sneezer.

My Mom was. When my Mom sneezed, she would hold it all in, so all that escaped was this:

"Tink."

That was it. She could sneeze in the back of an elevator and someone at the front pushing the buttons might not even know.

Now, if it was a whopper of a sneeze, she might have a little exhalation afterwards. So:

"Tink – ahh".

But never more than that.

I'm not sure if a person's sneezing style is genetic or if it's learned, but I have always found it interesting that when any of my four sisters sneezes, it comes out exactly like Mom's:

"Tink."

All held in, repressed, bottled up. Very... Scots Presbyterian.

My brother and I got our sneezes from my Dad.

Dad's sneezes rose up from the bowels of the Earth and exploded over Christendom. They were majestic, triumphant, larger than life.

As close as I can approximate the sound using our inadequate alphabet, Dad's sneezes can be written phonetically something like this:

"BA-ROOOOO-HAH!"

And as I look at it, I realize it is impossible to use print to give a sense of the sheer volume, the resonance, the aural assault that was one of my Dad's sneezes.

They caused birds to scatter in flight. Buildings shook. Windows shattered. Seismic alarms would peal. Fogbound ships would alter course and steer away from the rocks. And we lived on the Prairies.

So, a big sneezer, was my Dad. And my brother and I followed in his footsteps.

My wife sneezes like a TV commercial. When she sneezes, she actually says:

"Tissue."

(Maybe that's where the word comes from. "Hey, Ed, Sorry to bother you when you're out sick with a cold, but we need a name for these paper things we use to catch snot. Okay ... and how would you spell that?")

When my wife has a sneezing fit, it's more annoying than anything else. She'll sneeze once, twice, then a third and fourth, and I roll my eyes because she never does three or four without getting to fifteen or sixteen. And they're regular, very precise, matter-of-fact, timed out:

“Tissue. Tissue. Tissue. Tissue. Tissue. Tissue.”

There’s no emotion, no heart, no soul.

“Tissue. Tissue. Tissue.”

Now, when she’s in the middle of a fit, I do my best to remember that we all feel the same way about these things. When it’s our own fit, we just get progressively more annoyed with each sneeze, and God help the poor soul who tries to say anything to us because listen, Buster, this is far worse for me than it is for you and in fact, you can go into another room if it bothers you so much, but I am pretty much stuck with it so just zip it.

When it is someone else’s sneezing fit, our thoughts go more along the line of, “OK, for Pete’s sake that’s 10. Would you stop with the sneezing already?”

But finally – despite all my sympathy – she is able to stop, and it’s all over and done with. Unlike my sneezing fits, which can result in property damage and often casualties.

As I said, I sneeze like my Dad. Enormous, body-wrenching sneezes. Nothing Scots Presbyterian about them. They’re more Reverend Billy Ray Love’s Testifying Church of Glory and Salvation sneezes. It feels like I’m going to shoot the entire Bible thumping choir and congregation out of my nose.

“BA-ROOO-HAH!

Ba-ROOOOOOOO-HAH! BA-ROOO-HAH!
Ba-ROOOOOOOO-HAH!”

On and on, sneeze after sneeze snapping my head backwards and forwards, causing my face to go red, sweat to bead up on my forehead. The dog cowers, the cats run for cover, and I can see the first few twinges of annoyance creeping into

my wife’s face as she tries to do her CryptoQuote with me trumpeting on beside her.

“BA-ROOO-HAH!

Ba-ROOOOOOOO-HAH!”

“You could go into another room, you know.”

“Well thank you very mu-BA-ROOO-HAH-ch for the sympathy butBA-ROOO-HAH! I’m not doing this on pur-Ba-ROOO-HAH-pose. Now, if you don’t mind, couldBA-ROOOO-HAHyou get me some tissues because there’s BA-ROOO-HAH a reason I haven’t taken my hands away from my face.”

By sneeze 25 I was in utter misery. Why did it just not stop? What was trying to get out? There must be something causing this. What was in there? But you never do find out, with a sneezing fit. It goes and goes and goes, and then it finally just ... doesn’t go any more. Gone as quickly and mysteriously as it showed up, leaving only a sore neck and exhaustion in its wake.

And Brother Billy Ray Love, along with his choir and congregation, fold their tent and silently slip away.

Amen and Hallelujah.

This feature: From Nils Ling’s book *Truths and*

Half Truths. A collection of some of his most memorable and hilarious columns.

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Child and Youth Care Concentration

Do you value and respect children and youth? Are you committed to seeing their strengths and believe they can develop their full potential? Do you think you would enjoy working with a team to design recreational, therapeutic, and social programs for youth who are troubled? Do you think you could be firm enough to facilitate those therapeutic programs and interventions? If so, you will truly enjoy learning all there is to know about being a child and youth care worker.

Child and youth care work takes place 24/7—you must be flexible in your work schedule. Children and youth range from 6 to 25 years old, so you'll no doubt be broadening your idea of what passes for entertainment: get used to playing with dolls, sliding down hills, listening to crazy music. The more you put into the learning process, the more you will gain—and the gains and rewards in this field are tremendous.

For more information: [NSCC Child and Youth Care Program](#)

Holding on to the Line

Garth Goodwin

Throughout my career I have been concerned about staff retention on the front line of residential treatment child and youth care. From the get go this concern has been there with two early realizations. The first involved turnover. It does take a team to do this kind of work and yet when those first of an endless stream of team mates moved on because it was time I was left to mull the truth of the matter that this kind of work was going to take time to master. I have written in the past about the bargaining with team mates that was necessary to remain committed to the work. Ultimately, that commitment becomes intensely personal and a deliberate decision in the face of constant change. Recently, my sense of things has been of a more aggravated turnover, enough to raise concern for the future of the frontline of residential treatment. This column will explore aspects of retention for residential or group treatment care.

There was a time when residential

treatment was the only game in town. The idea of bringing youth at risk together in a group and placing them under the care of a team of treatment workers was a novel notion that took root in a wide way in the early seventies. Group homes sprung up like mushrooms, all intensely working away at healing youth at risk in the community. Quietly operating alongside was the germ of a notion of supported foster care which has emerged through the nineties as a cost effective alternative as treatment foster care. Innovation has continued into the millennium with an array of specializations emerging including educational assistants, addictions workers, life and independence transition workers, crisis specialization workers, outreach workers and it can be anticipated even more specializations to come. It was not accidental that child and youth care education at the diploma and degree levels also developed apace along with these innovations. Residential youth care work continues often to be the introduction to the youth helping professions with people giving it a few years involvement, yet increasingly, this is being reduced to a practicum placement of a few months time before moving on to the emerging specializations. For some agencies at the forefront of this innovation, the residential care front line has become a kind of ready talent pool to draw staff from often before what would pass as an apprenticeship in residential child and youth care has passed.

Residential treatment often was the core service of the more established agencies. There is a risk that the turmoil of innovation will result in an acceptance of

lesser standards for such care with the focus moving away from treatment to behavioural management with placement in the group situation as the first stage of a continuum of care that will see a youth progress through a series of placement settings appropriate to his or her health and capacity to live in less staffed settings. I believe in this model but with the team's shared determination to support the young person realistically choosing to transition when it is truly the time to do so. The time it takes for the severely harmed to heal and those who work with them to master the healing profession has always impressed me. To be truly successful, placement cannot be measured in months but rather years for some who need a deep sense of belonging and a substantial period to work through their issues and internalize the competency and confidence at living to move on to independence. Effective and excellent programs usually have significant staff commitment to the program and the youth in their care that can be measured in years.

One of the factors of the emergence of new child and youth care specializations has been in the area of compensation. Programs that have their origins in health or justice have tended to offer dramatically higher salaries relative to those of social services. These distinctions are regretful as they carry a certain sense of diminution for child and youth care work. The approach taken in Ireland that placed youth care, social work and clinical work all on the same scales would be my preference. Knowing your work both demands a professional constitution and

professional rewards would do much for those in residential care work to stick with it. A trend that links experience and compensation arriving at salary scales that are decent and roughly equivalent right across the array of child and youth care specializations would be welcome.

Still many who commit to residential care work do not do so for the money. They do so often for the bedrock reason of wanting to make a difference, to care and help young people in need. They appreciate the complexity of the work, its holistic approach and often the profound sense of belonging to a team and an enterprise much larger than themselves. Much of the time networking has brought them to a team lead by a charismatic and passionate supervisor who gets the work and inspires. In one of my less fortunate transitions between employers I learned this the hard way. Our mature and developed team was to be part of the sale of the group home to a new owner. At the last minute, we learned by letter we were not qualified to meet their expectations and were terminated. This set off a period of indignities that were unexpected exposing a child and youth care system that was very unclear about expectations and often less generous than anticipated. I should note the group home only lasted six months under its new management which continued under a controlling regime that only resulted in crisis.

Anyone who has worked with youth at risk understands there will always be a place for residential treatment. Group care is not for everyone and often it is for no one in the beginning. There are youth who fit group care, even secure group

care. The last *CYC Chronicle*, Volume 20, #2, the newsletter of the OACYC reviewed Jim Anglin's book *Pain, Normality, and the Struggle for Congruence: Reinterpreting Residential Care for Children and Youth* which argues just this including the following quote from a youth in care: "I knew the staff got changed every four days, and that would be enough time for them to have a break and come back to work and deal with me." In many ways, the residential frontline is the foundation service for child and youth care offering assessment, short and long term therapy to youth and important core experience and training to practitioners. However, it is not the only game in town any longer and truth be told, no one of these specializations has a cake walk when it comes to the work. Over time, each specialization will become better at what they do. For child and youth care work in general, there may be a need to recognize this expanded marketplace of specializations and philosophies and advertise this more clearly up front to both potential employees and placing agencies. More and more, going forward, it is going to be about fit for both, matching skills and inclination on one hand and presenting problems on the other to the necessary service. An agency in Newfoundland, Waypoints, uses its web site to both inform and educate going into extensive detail about child and youth care work, their facilities, training and expectations. This is a long way from the word of mouth that revealed very little so many years ago.

The vibrancy of the emerging make-up of child and youth care is on display in a number of places. As noted in the last col-

umn, the programs for the larger conferences are reflecting the number of specializations through diverse workshops and presentations. Members of the online community at CYC-Net is now routinely exposed to letters from workers in any number of these specializations. The Ontario Association of Child and Youth Care Professionals struck executive committees that reflect many of these. This reflects the common need of child and youth care professionals going forward to step up at the association level to represent the field and advocate for young people and practitioners. My only wish would be that of the many coming forward, a select few who have the capacity and passion for the group care model will stay on and hold the frontline of the core enterprise of child and youth care.

Garth Goodwin has been a Child and Youth Care practitioner since 1974. He was the first recipient of the Canadian National Child and Youth Care Award in 1996. He is a regular columnist with *Relational Child & Youth Care Practice*.

This feature. Goodwin, G. (2009). Holding on to the Line. *Relational Child & Youth Care Practice*, 22/2, pp. 36-38

The World is a Scary Place

Estella Abraham

CEO, *Fostering First International*

If the world is a scary place for adults, how are our children coping?

In January, I wrote a blog about the impact of world news on children and young people. It followed the Queensland floods. In the nine weeks that have followed since then there has been an earthquake in New Zealand, civil uprising in a number of countries, the earthquake and tsunami in Japan, and the threat of radiation, and now this weekend military strikes in Libya.

Quite frankly it's frightening enough for me as an adult to comprehend all of this and to consider the consequences for individuals involved, families, organisations and the world economy. The huge loss of life and devastation is of epic proportions.

I would like you to consider again the impact all of this is having on our children and young people, how we understand them and their actions at this time, and how we as adults can be more attuned to them.

This blog builds on the points made in the January one when I asked how your child understands what they see and hear on the TV News. I know this will depend largely on their age and understanding. I would like you to consider what their dominant sense is.

We are sensory beings and usually we, like our children, are affected by one



sense more than others. So is your child more sensitive to tactile clues, sensitive to tastes and smells, are they more visually orientated or more sensitive to sounds?

Tactile children

Tactile children will be more aware of physical clues. When there has been a tsunami, and if it's raining heavily, they may worry. Worry will make them clingier, so plan on a good reassuring cuddle without them having to ask for it. The thought of being separated from those they love is terrible to a tactile child. So the news – photos of people being separated and losing their homes – will be troubling.

You may find that they need to be physically close to you, will start carrying their favourite toys around with them and will generally be more underfoot. Encourage the child to do something to help, like going with you to the bank to get money to make a donation to a relief fund or packing up clothes for a charity. Doing something physical helps with tangible assurance that their world is okay and that they can help others.

Taste and smell sensitive children

A child who is sensitive to tastes and smells will respond first to your emotion about the situation and then only to the

facts. Does a loss of appetite or overeating indicate their distress? Being overly sympathetic, they will feel exceedingly sorry for the people who have lost their belongings, homes and family.

As they are so sensitive, these children do better with a much edited version of world events. Be sure to include all the efforts of the people and countries who help the disaster victims and allow them to do something, to play their part to help. Expect them to be extra sensitive about everyday things. Taste and smell children feel deeply and find it hard to let go of feelings until they know things are okay.

Visually orientated children

Visual children will be very affected by the TV and photos of the disasters. Be careful about what they see. Ideally discuss the event first with the TV off to prepare them for the images. Children may not understand that the huge wave crossing Japan's coast, gobbling up houses, people, cars, trucks and ships are not the same as the waves at the seaside or in the boating marina. Have them watch the rebuilding efforts, look out for a programme to record that is not about the current disaster or place, but somewhere else some time on after the disaster to reassure them that things can be rebuilt. This will show that life goes on and the scary images don't stay scary forever.

Auditory children

These children will feel bombarded by the repetition of news of a disaster, the TV, radio, people talking about it, articles in the press, etc. The auditory child may feel there is no escape from the same

story. Anxiety will come both from the story itself and from the bombardment of sound.

Turn off the news when you observe this, even if you want to watch yourself. Allow the child to ask questions and do your best to answer them without creating further anxiety. The child may need to describe the disaster in their own voice in order to process and understand it. If their play becomes verbal recreations of the disaster don't stop them. It will help with their comprehension and processing of what has happened. Use this playtime to emphasise the distant location of the event, hopefully reducing their anxiety.

Finally

By being aware of your child's interpretation of world events, you can make sure they don't become overwhelmed but also teach them empathy for the plight of others and be sure you are empathetic to your child's age and sensory disposition.

There is nothing more powerful than the everyday routines, which is why they are so important for babies and toddlers. Our need for our routines as adults never leaves us; anyone in distress benefits from consistent, reaffirming messages.

Incidentally, one of my routines is to watch the news at least twice a day, and more if I can. Our children are grown up and have left home, but this weekend my partner pleaded with me to turn the TV off due to the bombardment of what has felt like weeks of gloom and despair in our living room

So I switched off and wrote this blog.

leon fulcher's postcard from prague

Greetings from Prague where I recently had opportunity to represent Fostering First International, with Gabrielle Jerome – Head of International Social Work Practice Development – at the **Quality in Alternative Care Conference** in the Czech Republic. Along with other Westerners, I kept referring to it as Czechoslovakia and had to keep correcting myself. Our World changes faster than our lifetimes!



River View of Czech Republic
Centre of Government in Prague

As a Care Leaver himself, Richard Pichler – Secretary-General of Conference Sponsors SOS Children’s Villages International – lent added credibility to the claim that **‘I Matter’** is a foundation principle for every child living in or associated with SOS Children’s Villages. 40 youth participants from all parts of Central Asia, Africa and Eastern Europe adopted Richard as their 41st Youth Delegate. Richard drew attention to the 2 Foundation Principles that should apply in

determining the Alternative Care of Children: *The Principle of Necessity* and *The Principle of Appropriateness*. These Principles are core tenants of the **UN Guidelines for The Alternative Care of Children** (2009) applying to children in care, in out-of-home care, or looked-after care.



500 Delegates from 69 Countries including
40 Youth Participants

In total there were nearly 500 delegates attending this conference, representing 69 countries across 4 different continents. Now **that** is what an international child and youth care conference really looks like! After an emotional greeting and appeal from Japanese delegates who could not attend because of the natural disasters in their country, Canada’s Michael Ungar launched the conference with a valuable overview about *Nurturing the Resilience of Children with Complex Needs*. Paper and Workshop sessions offered unique glimpses of child and youth care policy and practices from the Central Asian republics, Eastern Europe, Africa and South America, practices that are rarely heard about by those of us working in Western countries.



'I Matter' is a Goal with SOS Children's Villages International

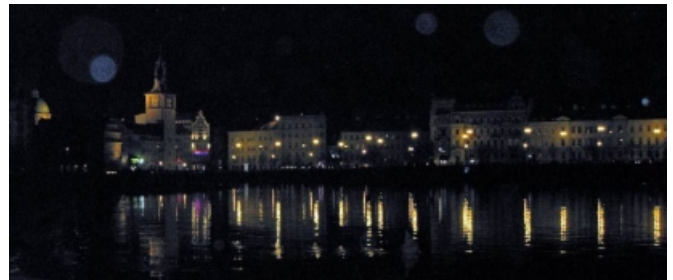
It is interesting to note how the *UN Guidelines on the Alternative Care of Children* give particular prominence to the de-institutionalisation of national care systems and also give importance to keeping siblings together wherever possible. A country like Estonia, for example, has more than 75% of its children in care living in institutions. Czech Republic panellists shared how 5 different government departments share decision-making powers for children and young people in care. Institutional care was the dominant pattern of provision there. Now, key initiatives have been put in place to shift resources towards family and community-based placements. One can easily underestimate how the *UN Guidelines* have helped children through care reform.

There was a very good research panel discussion on youth participation in care quality research. This led to an informal group of child and youth care researchers getting together for a shared lunch midway through the conference. Mike Stein, from the University of York and Véronique Lerch with SOS Children's Villages International provided a very worthwhile keynote on Leaving Care. Their presentation reported on compara-



Lots of Time for Animated Conversation with Old Friends and New!

tive research from across Eastern Europe, the Balkan States and East Asian Republics into circumstances faced by young people leaving care in those countries.



The Prague River Cruise & Buffet was our Conference Option

As our conference group cruised down and up the river that meanders through the City of Prague, one was impressed yet again by the international significance of being a child and youth care worker! The fact that this conference operated in English spoke volumes about the bi-cultural language skills carried by all the conference delegates! There I was, not even knowing how to greet someone in the Czech language! I have so much to learn about international child and youth care practice!

Cultural Competence means becoming able to think outside 'our' box.

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

EndNotes



If a child lives with...

Dorothy Louise Law Nolte was a trained family counselor who also founded a kindergarten, taught parenting and child-birth classes, and was a published writer. Law in the mid-1950s wrote a poem, "Children Learn What They Live," as a submission for her family-matters column in California's *The Torrance Herald*. Now, more than 50 years later, her simple words still serve as something of a guide-post:

If a child lives with criticism,
he learns to condemn...

If a child lives with hostility,
he learns to fight...

If a child lives with fear,
he learns to be apprehensive...

If a child lives with pity,
he learns to feel sorry for himself...

If a child lives with ridicule,
he learns to be shy...

If a child lives with jealousy,
he learns to feel guilt...

But...

If a child lives with tolerance,
he learns to be patient...

If a child lives with encouragement,
he learns to be confident...

If a child lives with praise,
he learns to be appreciative...

If a child lives with acceptance,
he learns to love...

If a child lives with honesty,
he learns what truth is...

If a child lives with fairness,
he learns justice...

If a child lives with security,
he learns to have faith in himself and those
about him...

If a child lives with friendliness,
he learns the world is a nice place in
which to live.

With what is your child living?

—

A new teacher was trying to make use of her psychology courses. She started her class by saying, "Everyone who thinks they're stupid, stand up!" After a few seconds, Little Johnny stood up. The teacher said, "Do you think you're stupid, Little Johnny?" "No, ma'am, but I hate to see you standing there all by yourself!"



“Take one of these whenever you can get the cap off.”

Brittany (age 4) had an earache and wanted a pain killer. She tried in vain to take the lid off the bottle. Seeing her frustration, her Mum explained it was a child-proof cap and she'd have to open it for her. Eyes wide with wonder, the little girl asked: “How does it know it's me?”

Home computers are being called upon to perform many new functions, including the consumption of homework formerly eaten by the dog.

— Doug Larson

A group of young children were sitting in a circle with their teacher ... she was going around in turn asking them all questions.

"Davey, what sound does a cow make?"
Davey replied, "It goes 'moo'."

"Alice, what sound does a cat make?"
Alice said, "It goes 'meow'."

"Jamie, what sound does a lamb make?"
Jamie said, "It goes 'baaa'."

"Jennifer, what sound does a mouse make?"

Jennifer paused, and said, "Uhh... it goes... 'click!'"

Even children feel the economic crunch ...

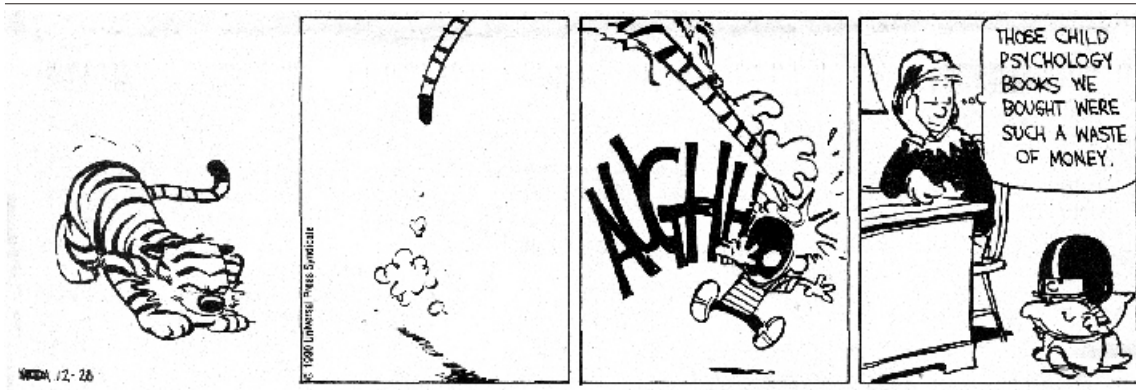


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CALVIN AND HOBBS

By Bill Watterson



information

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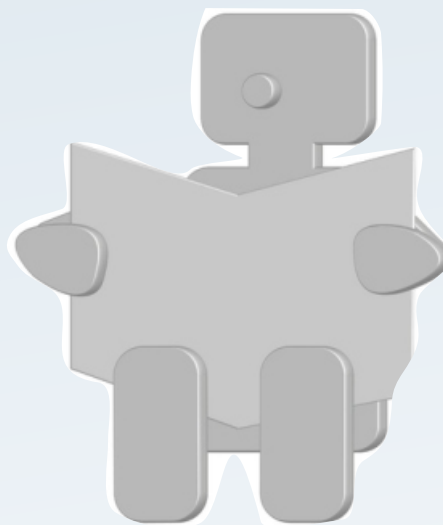
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