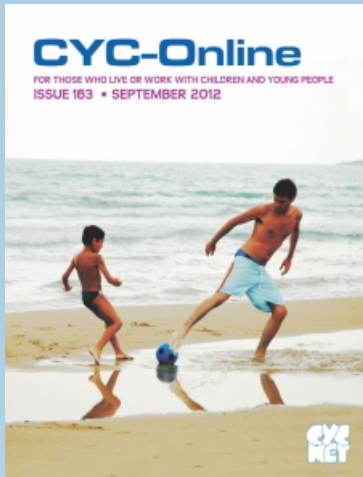


CYC-Online

FOR THOSE WHO LIVE OR WORK WITH CHILDREN AND YOUNG PEOPLE
ISSUE 163 • SEPTEMBER 2012



**CYC
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ISSUE 163: SEPTEMBER 2012

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People Caring About Kids

I am fortunate in that I have the wonderful opportunity to engage in training with people who work with kids in various parts of the world. I say ‘fortunate’ because it exposes me constantly to the *real* people who do *real* work with *real* kids in the *real* world. In other words it keeps me constantly exposed to the reality of those who work with troubled – or not troubled – young people and their families. Mostly, I work with people who work primarily with ‘troubled’ – or ‘troubling’ – young people.

Over the past few days I have had the experience of speaking to, and doing training with, people who are involved in the education system in Grand Forks, British Columbia, and the surrounding areas. It was all a part of their ‘coming together’ orientation for all their staff at the end of summer and before all the children and young people return to school for the beginning of a new year. On the first day there were about 120 of us gathered together to focus on a specific philosophy of being with kids – thinking about kids within a specific framework. And for the next two days 30 of us spent time together training in a particular aspect of this approach / philosophy.

“So what?” you might ask.

Well, here is my answer to ‘so what?’ at the end of these 3 days.

It was a wonderful reminder for me about how much people who work with kids – in this case people in an educational system – really do want to be as helpful as they can be. Imagine, for example, a large organisation, like a school system, bringing its entire group of people together at the beginning of the year to unite in thinking about a common philosophy. Imagine the commitment it shows when a system is willing to expend its resources to make sure all the staff are together, on the same page as it were, in how they think about being helpful with kids.

I know that many of us struggle with how to be our most effective in our work with young people. I know that many of us want to do our best.

And I guess that, sometimes, as I am impacted by all the stories I hear about problems within systems, I forget that within all the systems of helping for kids, there are people – a majority of people – who want to be as effective as they can be.

So, these last three days have been inspiring for me – as I encountered, spent

time with, debated with, the folks in this educational system. I met real people concerned about real kids. I met people who have decided to make helping kids – all kids – learn well their life mission. I met people with tremendous compassion for the struggles of those kids who are often just labelled as ‘problems’. I met people who, having overcome their own challenges, have decided to spend their professional lives helping other people (kids) overcome their challenges. I met people who reaffirmed for me that our systems of helping are filled, simply, with ‘people who care’.

So, while I was there to be the ‘trainer’ I received so much in return. Mostly, what I received was an affirmation that there are many – many – of us, who share a common concern for helping the children of our society do well. And I am grateful for that experience. It reminded me that I, like you, am not alone.

So, to the people involved in School District 51 – Boundary, I just want to say ‘thank you!’ Thank you not only for what you are doing for our children, but also for what you did for me over the past 3 days.

Thom (still in Grand Forks)



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When the Cocks Crow the Chicks Get Laid

Cedrick of Toxteth

If sex is such a big deal, how come the CYC scribes don't write about it? Perhaps it's because they might be accused of being sexist, perverted, amoral, homosexual, homophobic, Muslim, pedophilic, or any of the other nasty little barbs that get tossed about in our sexually liberated world. Personally, I think it's more likely because they're scared their own fantasies, fears and failures might leak out and show them to be as screwed up as the rest of us. Oh what a cynic I am.

And what about all you worker bees meddling in kid's lives? Is sex a hot item in your little chats, or do you hide behind the old "that's private and personal" barrier to avoid the same complications? And what about the lingo? I know some seasoned campaigners who can wax knowingly about oral sex but shudder when it comes to "blow-jobs" and "eating-out". I'm not talking about using naughty words and sharing dirty stories, I'm asking if you're willing and able to get down to the nitty-gritty? If not, why not? Where else are kids going to learn about life's most precious jewels?

Now I don't claim to be an expert on this topic but not having parents to stuff me down the straight and narrow made it

possible for me to amble through the land of erotica without the usual moralistic bullshit scrambling my senses. At an early age, my fledgling brain carved out a direct connection to my willy (or, perhaps it was vice-versa) and by the time I was placed in the Reform School for *Enfant Incorrigibles* there was a bond that even the ever-vigilant Jesuit Brotherhood couldn't put asunder.

There was nothing exclusive about this life-affirming relationship. In fact, I was quite keen to share my delights with my school chums, but there were few takers. The break-through came when Millie the Matron's Daughter wandered into my laboratory in the 'detention room' and joined me in a series of tantalizing experiments. I've been replicating and refining these designs ever since, but poor little Millie was subjected to an *ex post facto* inquisition and inducted into the Sisters of Chastity at the devastatingly ripe age of thirteen. Yet, even now, the old bod still shivers when I think about her sitting in that barren cell with her protective habits draped around the most delicious pair of thighs I've ever cast my reverent eyes upon.

Someday I'll write a book about my amazing adventures and discoveries but

today I want to focus on one disturbing aspect of the so-called 'sexual revolution'—the denial and desecration of the noble willy as a conscious and creative element within the unexplored potential of life. If this sounds like a pretentious proposition, let me assure you that it wasn't conjured up by the word-warped hunk of meat between my ears. I'm no philosopher, but this body/mind stuff makes sense to me, even if I don't always understand what it's all about. Anyway, enough of this ... back to my crusade for phallic freedom.

When you started asking questions about where babies come from, chances are nobody mentioned your dad's willy. Perhaps you were handed the old crap about storks dropping packages down chimney pots or, if your parents were *progressive*, they might have told you how you were tucked away in Mom's belly like a lump of undigested hamburger. But did they say you only got there because your dad poked his willy in first? I doubt it. If you happen to be a girl, there's a good chance you didn't even know he had one. My aunt Mabel, who saw one sticking through the window of her potting shed, still believes only bad men have such "thingies".

If you weighed-in as a boy, you knew a lot about willies from the get-go. Long before you took yours in hand to wee-wee on the neighbor's cat, you already knew how much fun it was to play with. Your parents may have tried to distract you with useless rattles and plastic chain saws, but when you're a little nipper, nothing beats a good willy-twiddle in the bathtub. Did you know there are movies of babies playing with their willies right in

Mom's belly? And would you believe that Daddy spent years playing with his long before Mommy came along to join in the fun? Oh yes he did! He was practicing to bring you into the game. Let's hear it for daddy.

I know some kids who don't like to talk about their willies because they're ashamed. My friend Roger was playing around with his in bed one night when it suddenly sprang up like a jack-in-the-box. Bubbling with excitement, he ran downstairs where his mom and dad were playing cards with the Fotheringtons and presented it for them to take a look at. What a bummer that turned out to be. All he got were cold stares and a nervous giggle from Mrs. Fotherington, before he was unceremoniously dragged back upstairs and told to go to sleep or be disemboweled by the monsters under the bed. He was twenty-three at the time. You might not believe this, but Roger, who is now forty-eight, will never show his wonderful willy to anyone. He won't even go for a medical check-up in case it turns into a stiffy. His wife Martha, who likes to take a peek when he's not looking, calls it "Mr. Mushroom." In my comprehensive classification of nonsensical disorders, Roger is suffering from DWS (Disconnected Willy Syndrome). The irony is that some twisted medical misfit gave him a prescription for Viagra. You can imagine the trauma that caused.

I'm not suggesting you should become obsessed with your willy and flash it around at bus stops. If you do, you'll probably be arrested and called a 'pervert'. All I'm saying is that being ashamed of the best thing in your toy box is just

plain silly. Ducks and trucks may come and go, but a well cared for willy will keep you happily engaged for a lifetime. The important thing is to be careful who you decide to share your treasure with. You don't want to end up like poor old Roger.

If you stay in touch with your willy, it grows up with you? As time goes on you begin to see that it's not just a plaything but a very important and sensitive part of you – just like your belly button, only much more useful. It doesn't have to end up like the hooded monster Dicky Dewitt likes to whip out in the bike shed. Nobody in his right mind would want to trade-in a cool corvette for a beaten-up old dump-truck. Remember, your willy is just like you – one of a kind. It was custom made and you won't find another one quite like it however long you spend hanging around school showers and public washrooms.

When you're ready to drop all the kiddy stuff, your little sensor begins to tune into your thoughts and respond to things that never occurred to you in the bath-tub. You can test this out by stroking it gently while thinking about the time Aunt Fifi dried you off after your swim in Eagle Lake. Don't worry about what auntie might think (she probably cherishes the memory herself), just enjoy the wonderful way your thoughts and your feelings intermingle. I think this is what wise men mean when they say, "Now, at last, I am One." Oh, and don't forget to send a message of appreciation to dear old Fifi.

If it happens that your memories are more about Uncle Charles or one of the lads in the choir – no problem. Wherever you want to go, your willy will go with

you. The choice is yours. Just make sure the other person shares your enthusiasm and leave the others to be strangled by their own hang-ups.

Now all this is pretty neat stuff but the best is yet to come, so to speak. I'm talking about the magical moment when your willy brings you a present that Santa could never deliver. You might be just playing around, or even asleep, when it happens but you'll know immediately that the most precious gifts don't come from Mommy and Daddy but from the inside. It's called an 'orgasm'— but that's just an empty word. Many writers have tried to describe what an "orgasm" feels like but when your willy sets your body trembling with excitement and your head spinning with delight, words are useless. All you have to do is to take a deep breath and go with the flow – you'll never look back.

Poor old Roger, who suffers from DWS, still hasn't managed to go with the flow. Somewhere deep down he still believes that his willy can't be trusted so he clamps down on his orgasms, keeps his body stiff and tries to think about the baseball scores when his head gets too excited. I've been trying to teach him how to wank and breathe at the same time but the old crap about being dirty and sinful keeps cropping up. The lad will never be in control of his willy until he comes to know and appreciate that this is a sensitive and loving part of who he is and not a demon driving him toward Hell and damnation. What in God's name were his parents thinking about?

If you think Roger's problem is out of place in today's sexually liberated world, think again. We might have moved be-

yond the time when the almighty phallus was a symbol of masculine power but, with a little help from the feminist movement, the moral code now proclaims that any flagrant display of a human cock is obscene, and a 'stiffy' is disgustingly pornographic. What kind of liberation is this?

As for me, I love my willy as I love myself and I refuse to keep it a secret from those who consider it to be an offensive pornographic object. It doesn't dictate my behavior any more than my hands instruct me to steal canned fish from the supermarket. It's a highly sensitive part of my body that responds to my feelings without bending to the judgments of the moral muckrakers. Call it a Dick, Prick or Mr. Mushroom, wherever my willy goes, I go also. And whatever my willie does, I take full responsibility.

So, let's hear it for willies everywhere. May they rise above repression and take their place as one of nature's most beautiful and useful creations. They certainly have the balls to do it.

Cedrick was a columnist with *Relational Child & Youth Care Practice* and a serial suicide bomber in a foreign land. He currently on a secret mission in Knotty Ash but can be reached through his tormented editor Gerry Fewster fewster@seaside.net

A Treatment Plan!

Joe took his car to a garage. "I've got a problem here", he said. "It's not going too well and using a lot of fuel — and I need a reliable car for my work". "Okay, let's have a look and see ...", said the garage man. "It will take me an hour or so to find the problem and then I'll call you". An hour later the garage man 'phoned Joe to say that he had a leaky fuel pump which he would have to send out for repair and that the car needed a new set of spark plugs. He would get on with the job and the car would be ready by 4 pm. In fact it was only ready at 4.30, but Joe was pleased to have his car back on the road in good shape.

Susan went to the doctor with a severe pain in her elbow. She had first felt it during a tennis game and the next morning she could hardly use her elbow. She wanted to be fit in time for the summer championships. "We'll have to take some X-rays and we might get an osteopath to have a look at you", the doctor said. Two hours later Susan was back in her doctor's office. "Luckily there's no sign of a break," he said. "It looks like a case of old-fashioned tennis-elbow. You've injured a tendon and it's very painful". "What can we do about it?" asked Susan. "I shall have to give you an injection to relieve the pain. You will have to rest that arm for a good two weeks and then do some exercises which I'll set for you. It will take six weeks altogether, but you'll be as right as rain after that". That summer Susan was runner-up in her club championship and never gave her elbow a second thought.

The social worker took Chris, aged 7, to the local children's home clutching a court order and report which told the unhappy story of his troubles at home. The director said "Okay, just leave him here. I'm sure in time he will settle down."

— *The Child Care Worker*, May 1987

Clueless Experts

Kiaras Gharabaghi

In recent years I have had frequent occasion to work with residential group care providers on making adjustments to programs and services. These opportunities usually come about when the agency experiences a crisis, a major incident or a great deal of chaos. I am not entirely sure how these agencies find me, but I suspect it is usually through word of mouth.

Most of the time, at least some of the underlying issues are quite obvious the minute I walk into the group home. It never quite ceases to amaze me just how little emphasis is placed in this sector on the physical context of care provision. Often I find spaces that are too small, poorly decorated, too dark, too dilapidated, too boring, or too institutional. The aesthetics (including the architecture) of residential group care are an undervalued topic both in practice and in scholarly work. Many other features of the underlying problem are also easily identifiable: the food is boring and bland, the rules are too rigid, the admission criteria are ill-defined, the routines are developmentally not sufficiently targeted, and so on. On

the positive side, I usually find competent and well-meaning front line staff, dedicated front line supervisors, and caring support staff (such as custodians and cooks) as well.

By far the most interesting part of my work in this context, however, is encountering the management team and starting the conversation about how they might envision residential group care. And here I encounter what arguably is the greatest obstacle for change: in most cases, the upper management team of group care agencies sees itself as highly competent, very knowledgeable and generally clinically sophisticated. I often start the conversation by asking members of the management team to tell their story; how they got into this field, how they moved through the ranks, how their own lives have impacted their view of the field and how their lives might have been impacted by working in the field. As it turns out, many people who own or direct residential group care have been doing so for quite a long time, and very often they have spent much of their professional careers in the places they now own or direct. What

they “know” about group care is what they have learned on the job. In fact, their knowledge about residential group care is very often little more than the sum of their accumulated experiences of problem solving and trouble shooting everyday issues within their own agency. Their “clinical sophistication” turns out to be a tremendous capacity to cite the buzz words of the day in their visions; everything is of course strength-based, there is a strong desire to consolidate evidence-based practices, and there are constant references to packaged intervention strategies such as SNAP, Collaborative Problem Solving, the Sanctuary Model and so on. There are also endless references to a commitment to individualized case planning and customized treatment plans, multidisciplinary approaches, and (not always) multiple assessment instruments.

The speeches I am made to endure are pretty much always the same, differentiated only by the speakers’ narrative skills and their persuasive capacities. Almost invariably I am encouraged to develop a training program for the front line staff, thus firmly locating the problem there and reinforcing the expertise of the management team. It is usually at this point that I enthusiastically endorse the management group’s plan, and indicate that I just want a few simple clarifications. Then I ask these kinds of questions:

So, what book on residential care have you read lately that you would like to guide the training?

(Total Silence)

Have you come across any conceptual frameworks in the child and youth care literature that you really like?

(Total Silence)

I like to make sure that my training is informed by at least some research; what research have you come across that you think would be useful here?

(Total Silence)

Ok, how about we look at some of Garfat’s work and see if we can use it as a foundation for the training?

(“Who?”)

Maybe we could look at Krueger’s work on teams and team work to inform what we will do?

(“Who?”)

How about Fewster on Self?

(Silence)

Delano on supervision?

(Nothing)

VanderVen on play?

(Awkward silence)

Brendtro on empathy?

(Hints of embarrassment coupled with resentment)

This is when I know I am almost where I need to be. So that’s when I hand them any random article by my good friend Hans Skott-Myhre, schedule the next meeting, and walk away smiling, secure in the knowledge that when I return, the management team will be ready to let me do my thing.

Everyday life in focus in residential child care

Helle Schjellerup Nielsen

This paper is based on a study of relationships within a community-based residential establishment in Denmark. The residential unit involved in the study receives children from 4 -17 years, though the average age is 14. Admission on an emergency basis is possible and often used. However, most children are in long-term care (1-2 years) and a few of them for the rest of their childhood. The unit has two sections, each with six children. The sections work separately, but they are within the same house, connected by a corridor and they share playgrounds, meeting rooms and office facilities. Eleven young people were interviewed. Two of the young people, aged 14 and over, still lived in the residential unit, while the rest of the interviewees had moved out of residential care and lived independently. All the statements included in this paper are from the latter group. The study was conducted in cooperation with Karen Zobbe and published in Schjellerup Nielsen & Zobbe (2003).

Three young people, who formerly lived in residential care, talk about residential life:

It was good that you could take your bicycle and ride home [to my parent's home]... you had your friends in the neighbourhood, and you also went to the local school, so, well, it was essential, really.

It was like this, if you didn't do something, they kicked you out of the door, you were supposed to be active either with leisure activities or calling someone or it could be just going to the public swimming pool.

The positive side was that I knew the neighbourhood. I knew where to go if I wanted a soft drink... that matters a lot, when you have so many other things in your head. That you don't need somebody to accompany you to go to places, or drive you. And I knew which leisure activities were available, if I felt like it. I knew where the parties were if I felt like that... well I felt like I was home.

The residential setting where the young people lived is situated in the neighbourhood of their parents' home. All the children in this unit attend local school or local day care. The manager of the unit at-

taches great importance to the children's relationships to different social arenas outside the unit. She emphasises this as an important part of the work from the viewpoint of social pedagogy:

Our task is to maintain the good relationships that they have. If they don't have any, then they need help to foster them. To get them to take part in a leisure activity, have some playmates or friends...it is for example about celebrating their birthday here and also seeing to it that they participate in birthdays out there. It goes both ways to push them out to get relationships and to help them maintain these. This also goes for interests, and to attract peers to come here, so it becomes natural to bring home playmates or have someone staying overnight at weekends. We want them to have a leisure activity in the neighbourhood and they cannot go together, that is a part of our values, they can have the same interest but not on the same team, it should not be like 'here come the ones from the children's home'.

The statements of the young people and the manager alike are about having ordinary relationships, in spite of living in a residential care establishment, and to interact in the same social arenas as their peers. This paper discusses the role of residential child care arrangements from the viewpoint that children socialise in a variety of social arenas. The paper will include recent research and discuss this in relation to guidelines and demands in child welfare policy in Denmark.

A recent review of effort and impact in residential child care (Schjellerup Nielsen, 2006) points out a consistent theme in the studies that suggest a risk of institutionalisation and thus a need for cooperation between different social arenas and social services and to create mediating links to obtain an everyday life for the children, which includes social arenas outside the residential establishment. The recommendations of the review are similar to other studies (Egelund & Hestbæk, 2003; Andreassen, 2003). While on basis of the studies it has not been possible to state definitively what constitutes best practice, nevertheless the review paints a clear picture of the practices that have a good probability of being effective:

- There should be extensive cooperation with school and local community, as well as the social services, and schooling should take a major priority;
- Treatment in residential care contributes to and matches the social and cultural competences required in order to interact in different social arenas while living in residential care as well as afterwards;
- Residential care units should represent a predictable and clear but warm combination of structure and culture.

As to how residential care arrangements can help create competences that increase the life chances of the children and their societal integration the studies recommend: a) links between the residential care setting and the outside community, b) good inter-professional collaboration, c) cooperation with and involvement

of the family in the child's everyday life, d) working with aftercare when the children move back home as well as when young people start an independent life.

The key issues for social pedagogical work with children in residential care in this paper will thus be family cooperation, homeliness (as in feeling at home), school and leisure life, and friends and social networks. These are issues of a general character in social pedagogical work with all children in any setting, not just residential child care.

Everyday life in different social arenas

Socialisation for children today is wide-ranging in terms of interaction with many different social arenas. Socialisation does not just happen in the family, or (for children in residential care) within the residential setting, in the way that traditional primary socialisation is usually understood. Changes in society have produced childhood conditions that entail new social challenges for children, which need to be managed in the everyday life of the children (Dencik, 1999).

Important social arenas for school-age children are family, school, friends, leisure time and their neighbourhood. These social arenas are just as crucial for children in residential settings. A key principle which informs Danish social services law is that all children have the need for a variety of everyday life experiences in order to develop. The law governing the residential placement of children makes it mandatory to provide developmental opportunities that give the best possible childhood in order to obtain the same developmental potential as their peers. The local author-

ity in cooperation with staff from the residential unit writes a 'plan of action', preferably ahead of or within the first two months of the placement. The plan identifies different points of focus which include important socialisation arenas for the child, as the plan has to establish goals with regard to:

- 1) the child's general development,
- 2) family conditions,
- 3) schooling,
- 4) health,
- 5) leisure time and friendships, and,
- 6) any other relevant circumstances.

In the Danish Placement Reform policy (Anbringelsesreformen) issued in January 2006, it is a stated aim that admission to out-of-home care is not just about removing a child from an unacceptable situation at home, it is also about contributing to helping the child in getting on with his or her life in the best possible way. That is, an objective that wants to strengthen vulnerable children's life chances through working within the above-mentioned focus areas.

Family involvement and cooperation

It is characteristic for many of these children that admission to out-of-home care has weakened the bonds with their family. They often feel lonely and isolated, as they are without supporting networks and it is not easy for them to create new networks (Egelund & Hestbæk, 2003). As the children are often occupied with thoughts about their family, the development of cooperation with the family and ensuring that the child feels that their par-

ents are still significant, are crucial to create coherence between the life with their family and everyday life at the residential unit. The role of the staff should focus on mediating between child and family rather than on completely taking over the care function. Research shows that when residential child care units work together with the family, it is a key factor in positive development during residential life. Conversely if the parents are not involved or integrated in the pedagogical work it is the greatest single barrier in terms of maintaining positive development during placement when the child returns to the family (Schjellerup Nielsen, 2006).

Schwartz and Madsen (2003) demonstrated that the residential setting can be understood as a part of the family's network. The unit can be part of a joint arrangement of care for the child, where the parents participate in the everyday care work with the child. The purpose of a joint arrangement is to connect the different social worlds of the child instead of dissociating them. In this way, admission to out-of-home care is not seen as the main solution only; it can be a solution for a shorter period if the situation breaks down at home. The placement is thus seen as a supplement, either as a solitary arrangement or in cooperation with other social service arrangements. The everyday life of the child is in focus, as great importance is attached to the maintenance of the child's different customary relationships.

To feel at home

As one of the young people states at the beginning of this paper, it is crucial that

you feel at home at the residential unit. While a child is resident there, the unit is the child's home as it is there that the everyday life of the child is lived. Sadly, in Denmark, many placements have a character of being temporary as opposed to an overall sense of being homely. To take a child into care can enhance the feeling of breakdown and being rootless or 'homeless', which is why the general purpose of many residential child care establishments is to provide a safe and homely environment, with stability and care. A residential child care setting is by definition a public institutional arrangement which seems to reflect a public life rather than a private life in an understanding of how a 'home' usually appears. The children's rooms are in principle private, while the other rooms or spaces in the unit are public. Research shows that everyday life in a residential care unit is characterised by routines and structures that are adapted to the entire group and that the children require respect for their privacy (for example, to be able to be on the phone privately; to spend time alone with friends; peace and quiet to get on with homework) (Egelund & Hestbæk, 2003). The following statements from young people show that they have different experiences of the unit in terms of being a home or a family-like environment. Two of the young people emphasise communal or caring traditions, as being important in creating homeliness:

[It] is an institutional setting, but they have made an immense effort to make it seem as a home. They pulled us out of bed in the weekends to have brunch together... it is the homelike traditions

that makes it so wonderful. It doesn't have to be like an institutional setting, where everything is scheduled...it is not, but sometimes they would say: 'You are not going anywhere tonight', then you lost your temper, but that also happens at home, your mother also tells you that 'you should not go out tonight, you have been out every day this week, you can stay home tonight'. To me it is my family...though it is an institutional setting they do an incredible amount to make it look like a home. And that is what I really miss, that we watched a video every Wednesday, there were holidays both at summertime and skiing holiday, and outings and during the weekends we bought sweets, lit candles, played games.

Two other young people that lived in the same residential group felt there were too many people assembled in one place, and that the rules were undifferentiated:

It is obvious that I would make the unit more homely...I think there are too many people – it seems very much as after-school care – I would prefer to divide the unit... to have a place with more tranquillity, a place where you cannot run about... it is a very big place, if you have to live there for a longer time.

It seemed more like after-school care to me. Well, that's something that a family's about, when you are older you can watch a film once a week... but if we for example went to the cinema, it had to be a film that we could all watch

... and then it is the smaller children that get to decide and then it's going to be Bambi or something like that.

On the basis of a study in several small-scale residential child care establishments in Denmark, Højlund (2006) demonstrated the dilemmas when residential units define themselves as a home and when they make use of homeliness and a family-like concept as a pedagogical strategy. Tensions occur, for example between closeness and distance, or intimacy and alienation. This is because homeliness is perceived by the children as togetherness and sincere personal engagement, while the role of the staff is blurred in this concept, as in reality their role is governed by their job description and working conditions. The pedagogical staff aim at providing an authentic *home*, while the children to a greater extent focus on authentic *relationship*. Højlund refers to pedagogical staff who state that the idea of homeliness is not consistent with the many rules and decrees of a public system. A residential care unit is a part of the public system, and this interferes with the good intentions of being homelike. Hence the notion of homeliness struggles against something else. The difficult task for the staff is to locate the effective but still warm combination of structure and culture that research shows is effective in pedagogical work. (Schjellerup Nielsen, 2006)

Schooling and leisure time

Research identifies many problems in the prioritisation and establishment of children's schooling while they are looked

after. Children who have had multiple placements have often also had many school disruptions. Collectively, research emphasises the relevance of increased co-operation across disciplines, as well as a call for a particular focus upon the schooling and educational needs of the children and young people in residential care, including support and help to do homework as well as informal aspects like having positive expectations and motivation. To get support in school is a constituent element in successful adaptation after the discharge. (Schjellerup Nielsen, 2006)

Studies that have compared leisure activities of children in residential care with peers in general show a great difference in application and frequency among the two groups. Children in residential care spent less time in public arenas and to a greater extent they use activities at the residential establishment than in public. To children who do not live in residential care, friends have a great influence on their more frequent use of leisure activities, while children in residential care often require that one of the staff are present. Improving leisure and friendships for children in residential care requires both active pedagogical effort and the participation of the children. However a recent review from the Danish National Centre for Social Research on leisure time for vulnerable children (Dahl, 2007) shows how children in residential care seem to get more help in participating in leisure activities than other vulnerable children do. The review concludes that leisure activities have a positive connection with vulnerable children's wellbeing in school and/or with their personal wellbeing. Leisure time,

formal as well as informal can serve as breathing spaces for vulnerable children in a complicated everyday life. The friendships and social networks that the children create in connection with leisure activities have significance rather than the actual activities themselves.

Friendships and the residential group

It is not only social networks and friends outside care which are important for the children. When children move into a residential care unit they have to be a part of a new children's community. The relationships with the staff are 'scheduled' and replaceable, whereas the other children are permanent fellow-residents. The community in a residential child care unit differs radically from other children's communities as it entirely consists of children with a variety of difficulties and care needs. Also, because it is full-time, it is somewhat like a family or sibling relationship. Some of the young people put it this way:

I felt it was fine. The same young people, peers and that was okay... It was not like siblings.. it was evident that it was a different kind of relationship we had.

I think we were like flatmates. It was like we had something together and we had something in common. We all had problems and a reason to live there, so we had like something in common that stuck us together.

We had such a love-hate relationship [in regard to the smaller children] from Monday till Friday you just wished them all dead. But when we got to Friday, there was just cosiness in the sofa, the

smaller children climbed up on your lap and farted and it was all forgotten. I think it is the same with siblings, you really hate them – still you wouldn't be without them.

From studies in residential child care in Denmark, Stokholm (2006a; 2006b) points out that group life with the other children is of great importance for children in residential care. She shows how the children's desire to be part of something and to belong is so strong that it becomes the motivating force in their interaction and striving for togetherness. As a consequence of admission to residential care the children have often had to sever all ties with other social networks. Group life, however, is made up of unequal social positions, a sort of social hierarchy, where one has to know one's place. This requires struggle, negotiations, acquisition of specific competences and understanding of unspoken rules of the resident group. Stokholm (2006a; 2006b) puts forward the argument that the children spend all their energy to position themselves. It is not until they know their place in the resident group that they are open to pedagogical treatment, though on the other hand the dynamic that is within the resident group could profitably be included in the pedagogical work. Rather than just focusing on the development of the individual child, focus could be on both the dynamic of the entire resident group and on involving the group's influence upon the individual child in the pedagogical work.

From ideal to reality

The author's ongoing research queries the inclusiveness of the system outside residential care. Local schooling and leisure activities for children in residential care predominantly paint a picture of non-integration. The children either do not have relationships with other children outside, or they have relationships with children like themselves (marginalised) or with children that also live in a residential care establishment. This research emphasises the importance of interaction in a variety of social arenas; however, creating links between these is additionally problematic as these social arenas are apparently not accessible to the children. The arenas where the vulnerable children are supposed to have the same developmental opportunities as their peers, are areas where it is difficult for the children to find an equal place. Thus it is necessary to rethink traditional routines and ways of practice in the normal as well as the special system if social pedagogical work wants to take research, child welfare policy and today's circumstances for the socialisation of children seriously.

(This paper is a shortened version of a paper published in *Dansk Pædagogisk Tidsskrift*, 2007, 3, [Danish Educational Journal, Special issue: Social Pedagogy]. Title in Danish: *Dagligliv i fokus på døgninstitutioner*.)

References

Andreassen, T. (2003). *Behandling av ungdom i institusjoner. Hva sier forskningen?* (Trans: Treatment of young people in residential care. What does research say?). Oslo: Kommuneforlaget.

- Dahl, K.M. (2007). *Udsatte børns fritid – et litteraturstudie*. (Trans: Leisure life for vulnerable children: A review). København : SFI.
- Dencik, L. (1999). Fremtidens børn – om postmodernisering og socialisering. (Trans: Children of the Future: On post-modernisation and socialisation). Chapter in P.Schultz-Jørgensen & L. Dencik (Eds.). *Børn og familie i det postmoderne samfund*. (Trans: Children and Family in the Post-modern Society). København: Hans Reitzels Forlag PUK.
- Egelund, T. & Hestbæk, A.D. (2003). *Anbringelse af børn og unge uden for hjemme. En forskningsoversigt*. (Trans: Out-of-home placement of children and young people. A review). København: SFI.
- Højlund, S. (2006) Hjemlighed som pædagogisk strategi. (Trans: Homeliness as Pedagogical Strategy). Chapter in O.S. Kristensen (Ed.), *Mellem omsorg og metode. Tværfaglige studier i institutionsliv*. (Trans: Between care and method. Interdisciplinary studies of institutional life). Viborg: Forlaget PUK.
- Schjellerup Nielsen, H. (2006) Indsats og virkning på døgninstitutioner for børn og unge – et litteraturreview. (Trans: Effort and impact in residential child care: A review). Accessed on 28th June, 2009 at www.dpu.dk/HPA/publikationer.
- Schjellerup Nielsen, H. & Zobbe, K. (2003). *Børn og unges relationsdannelse på en lokal døgninstitution* (Trans: Relationships of Children and Young People in a Community-based Residential Care Unit). Hillerød: Teori og Metodecentret.
- Schwartz, I. & Madsen, K. (2003). Døgninstitutionen som en del af familiens netværk. (Trans: The residential child care setting as a part of the family's network). *Social Kritik*, 89, 62-69
- Stokholm, A. (2006a). "Vi er altid en stor flok". Fællesskab i børnegruppen på døgninstitution. ("We are always one big crowd". Togetherness in the children's group in a residential care unit). Chapter in O.S. Kristensen (Ed.), *Mellem omsorg og metode. Tværfaglige studier i institutionsliv*. (Between care and method. Interdisciplinary studies of institutional life). Viborg: Forlaget PUK.
- Stokholm, A. (2006b). At finde sin plads. Sociale hierarkier blandt børn på døgninstitution. (To find one's place. Social hierarchies among children in residential care). Chapter in O.S. Kristensen (Ed.), *Mellem omsorg og metode. Tværfaglige studier i institutionsliv*. (Between care and method. Interdisciplinary studies of institutional life). Viborg: Forlaget PUK.



Students, care workers and young people

Jack Phelan

September is back to school month, when colleges and universities gear up for a new term of developing CYC practitioners. I have been thinking about what I will emphasize this year in my classes. There is much to know — Henry Maier suggested a good rule of thumb: faculty should focus on what students need to learn, not what you would like to teach.

Carol Stuart has an excellent graphic model of the skills attitudes and beliefs of a competent practitioner which is both elegant and useful, Michael Burns just published a practical workbook on self-awareness, European programs emphasize sociology, cultural differences and legal issues, while family dynamics and community development are big in many programs. Most programs emphasize self-development, skills in practical living strategies and recreation. There is also useful advice from Kiaras Gharabaghi about avoiding clinical approach training, which can be seen as creating experts who have no “real world” relationship with their clients.

I will be including lots of these and other readings and resources in my

classes, but my main focus will be on curiosity, tolerance of differences and humility. Supporting students to learn how to think about what they are doing is as important as teaching CYC tools and theories. Empathy is a major emphasis in all CYC programs, yet we really are training young adults who are just beginning to master this mental process. We recruit people who have strong attachment skills, stable childhoods, and a belief in giving back to others. They are being trained to work with people who have little ability to be close to others, live in a very self-protective reality, have abusive and neglectful histories, and difficult family dynamics.

In effect, we are trying to train people who are diametrically opposed to the people they are intending to support. This is an often overlooked issue, perhaps because the faculty are more aligned with the students in their own beliefs and life orientation.

Curiosity, and the ability to ask useful questions, requires the practitioner to accept differences and not react anxiously. When someone strongly disagrees with my point of view about important life truths, I can either be curious or offended.

Often it is hard to be curious, fight and flight are more typical responses. Young adults struggle developmentally with establishing values and rules for their own behaviour as independent people, so it may be a huge assumption that we can teach them to be open to other very challenging values. Abusive or neglectful parents, youth who have little regard for the effect of their behaviour on others, beliefs about taking what you need without caring how it happens, can frighten or anger our students, when we expect them to be tolerant and accepting.

Humility, which I describe as the ability to stay curious and unthreatened when confronted with attitudes and beliefs that contradict one's own cherished ideas about life truths, is a key piece of our training agenda. We as faculty and supervisors can create learning situations that develop this humility or we can keep the learning agenda to a more intellectual and academic focus, which is safer for the student and the teacher.

I hope you all have a challenging and uncomfortable semester.



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



Leon Fulcher & Thom Garfat

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Creating Healthy, Guided Rites of Passage for Adolescents

James T. Neill

Abstract: *Adolescent identity development has traditionally involved culturally-guided rites of passage. In modern Western society, there is a lack of such experiences available to young people. The prevalence of problem-behaviours and psychological distress is symptomatic of adolescents who feel ill-prepared for the rigours of adulthood in the 21st century. The responsibility for providing developmental experiences for adolescents has increasingly been placed on schools. Adventure-based education offers an innovative approach to helping students develop a secure sense of self, personal responsibility, and acquiring adaptive coping and communication skills. The most common forms of adventure education within schools have been school camps, wilderness-based expeditions, and longer-term programs such as the Duke of Edinburgh Award Scheme. More recent innovations include employing specialist adventure education teachers in schools, placing more emphasis on personal development through dramatic and creative challenges, and utilising expeditionary learning principles in the structuring of school curriculum. Empirical evidence from over one hundred studies suggests that adventure education programs are comparable in educational outcomes with other forms of innovative classroom-based affective education and psychotherapeutic self-esteem outcomes. There is much potential for the creation of innovative, adventure-based education programs which help guide adolescents into successful adulthoods. Several practical suggestions are made for program structure, design, and facilitation.*

Adolescent identity development has traditionally involved culturally-guided rites of passage. Often these rites of passage have guided young people towards maturity through physical and spiritual developmental challenges.

However, in modern Western society, there is a lack of such experiences available for young people.

Problem-behaviours such as delinquency and drug-abuse can be seen as natural risk-taking behaviours through

which adolescents seek to explore their potential. The behavioural problems and the disturbing prevalence of adolescent psychopathology and psychological distress clearly signal the fact that many young people do not feel adequately equipped to cope with the task of adulthood in the 21st century.

During recent history, military training, religious beliefs, and work apprenticeships offered disciplined approaches to training and guiding young people. In the 21st century, however, we have a comparatively 'riteless' society for adolescents, with a distinct lack of guidance or healthy opportunities for forging one's identity.

The education system can be criticized for having lost touch with the inner needs of adolescents. We need to better understand the developmental needs of adolescents in the 21st century.

Adolescents of today need to be prepared for a working life that will take them through to 2050 and possibly living through to the 22nd century. The essential question here is "How can we best prepare adolescents for this life ahead?"

There is a temptation to only respond to the most immediate, acute needs, such as suicide and drug-abuse. However, we also need preventative efforts which foster a secure sense of self and allow adolescents to develop a flexible repertoire of coping and communication skills.

The responsibility for providing meaningful developmental experiences for young people has increasingly been placed on schools. Schools have become the training ground for children and youth in Western society and, increasingly, are being seen as intervention sites for pri-

mary and secondary prevention programs (Compas, 1993). Unlike the relatively uniform academic curricula, the emphasis on, and educational approaches to, the personal development of students varies substantially between schools.

One way in which schools have responded to the call for education of the whole person is by including personal development as part of the curriculum (such as through classes focused citizenship, health and physical education, religious studies, etc.).

A second way is by offering extracurricular activities (such as school plays, sporting activities, camps, etc.) as a companion to the mainstream curriculum.

A third way is to adjust the whole curriculum and focus of a school to reflect a primary goal of providing personal development for students (e.g., Steiner schools).

One form of prevention program which is being increasingly utilised in creative ways with a wide range of schools is adventure-based education. This approach provides structured, group-based challenges, usually in the outdoors. Activities are often physically-based, including activities such as camping, hiking, rafting, abseiling, and rockclimbing, but also include social, emotional, and intellectual challenges.

The underlying philosophy of adventure education programs is that of 'guided experiential learning', in which adolescents are encouraged to encounter challenging experiences for themselves, with the teacher or instructor as a non-directive expert to guide and facilitate learning. By providing adolescents with

safe, supported passage through a journey of challenging experiences in which adolescents have much responsibility, a powerful, holistic experience, even a 'rite of passage', can be achieved.

Reviews of research indicate that, on average, camping and adventure education programs are a reasonably effective means of enhancing important adolescent outcomes such as self-esteem, self-concept, and locus of control (Neill & Richards, 1998; for a review of the outcomes of school-based outdoor education programs see Neill, 1997).

The overall short-term outcome for adventure education programs, as measured by meta-analyses of over 100 studies, is small to moderate ($d = .35$; Cason & Gillis, 1994; Hans, 1999; Hattie, et al, 1997; Marsh, 1999). This compares favourably to innovative, affective classroom-based programs ($d = .28$) and self-esteem outcomes for psychotherapy with adolescents ($d = .37$; Hattie, et al, 1997). Furthermore, it appears that the rich experiential environments provided by adventure education programs facilitate effective transfer to everyday life, with growth continuing well after the immediate buzz of the program (Hattie, et al., 1997). However, there are substantial variations in the outcomes for different programs which suggests the need for closer investigation of the different types of programs, their purposes, methods and outcomes.

Some features of effective school-based primary prevention programs which can be recommended to educators are that the program:

- be physically oriented,

- use the school context, but outside of the immediate school environment,
- take place in a residential setting,
- be of a long duration,
- be conducted by therapists or trained group leaders,
- incorporate the aims of adolescents, parents and teachers, and
- include teachers, parents and others involved with adolescents as targets in the program (Compas, 1993).

The educational philosophy and available research evidence for adventure education is promising. It is recommended that schools consider a wide variety of adventure education formats. The only sensible way forward is an innovative approach, with an active cycles of experimentation and evaluation. We need to have effective methods for the holistic personal development of adolescents at the centre of the curriculum.

Regardless of the format, adventure education programs could benefit from using some of the universal principles of rites of passage. For example, the five stages of Australian Aboriginal rites of passage could form the design of an adventure education program (adapted from Maddern, 1990):

Symbolic Journey: Initiation involves a journey which takes place on both real and symbolic levels. The meaning and power of the journey can be intensified by placing it within the context of a ritual. Symbolic acts can be used to signify the departure from home, the various stages of the journey and the final return of the successful initiate.

The Challenge: Include real challenges

which have to be faced, and which may result in feelings of confusion, moments of intense fear, experiences of real pain and occasions when pressing needs cannot be satisfied. They are times, therefore, of coming to terms with difficult emotions, of developing the ability to cope with hardship. The love and guidance of older people can be a key ingredient in helping the initiates pull through.

Opening the Door to the Dreaming: Initiations are times when doors are opened to Adult Knowledge – the various words used to describe the complex, many-layered systems of human society.

Responsibility: With the Adult Knowledge, and after transcending the emotional and physical tests of initiation comes public recognition of new responsibilities.

Community Participation: The final stage of initiation is returning to the community with one's new status. This is a transformation which, though regretted and grieved for at first, is now respected and celebrated,

Regardless of the program design, Brown (1987, p.8-9) offers some practical ways in which an a wilderness expedition can be used to facilitate self-transformation:

First thing in the morning, take the time to do some gentle exercise. Feel the Earth. Breathe deeply, release your physical stress and psychological tension through slow and conscious movement. Enliven and enjoy your body, stretch, touch the sky, reach out and embrace the world around you.

Come to a complete stop for a significant

period of time. Shut down the left brain and turn on the right. Sit quietly and attune yourself to the natural world. Move beneath persistent thoughts and the ever talking mind. Absorb the silence. Feel the warmth of the sun. Listen to the music of the birds, to the wind, to the whispering trees. Empty your mind and let nature fill your senses.

Take a minimum of food on your wilderness or backcountry trip. Get a little hungry. Break your pattern of eating by the clock, and eat only when you really need to. Fast for a day or two if you really want to heighten your senses and experience yourself in some interesting new ways. Let profound contact with the natural world nourish you and satisfy your appetites.

Take a journal along and enjoy the finest functions of your left brain: evaluation, analysis and reason. Write about your important experiences. Reflect on the seasons, the elements, your triumphs and disasters outdoors. Note your patterns, motives, behaviors and responses as they become clear, and discover what really moves you. Reach for inspiration, maybe document your insights in poetry or song.

Draw pictures of your fascinations on the land. Conscious penetration into the symbolic and metaphoric dimension of the right brain is a critically important part of the transformative process. Take the time to really see nature as you sketch, paint, and draw, or portray the meaning of your experiences in symbolic art.

Get your body involved in kinesthetic imagery. Be creative, take some chances, and expand your potential for self-expression by physically identifying with nature. Become the forest, move like trees, iden-

tify with the life around you. Open the channels of your physical body to the powerful and unsuspected currents of energy that lie dormant within you.

Take the time to share your discoveries with a few other people. Listen with respect to the experiences of others, and learn how to share what moves you in open and honest ways. Interpersonal skills can greatly improve through sharing meaningful and significant events that occur on wilderness and backcountry trips.

Finally, before you walk out of the wilderness, make an action plan. Consider the insights you have gleaned, the inspiration that has moved you, and decide how you can renew your life back in the regular world. Take responsibility for grounding and integrating your insights and inspiration, by drawing up an action plan for the week or two immediately following your trip.

Finally, I offer some further suggestions for ways in which adventure education programs could encourage healthy, transformative experiences in adolescents:

Minimize barriers between self and nature and observe your feelings and reactions. For example, walk barefoot, sleep under the stars, drink from a stream, eat natural uncooked food.

Identify adventure experiences which are particularly difficult and confronting for an individual, then help plan a major challenge for the student, which will require them to overcome significant barriers within his/her self.

Create nature art by finding materials within the bush and building/making patterns and structures. This helps one to

become more intimate and familiar with both the wilderness environment and the patterns within one's psyche.

Allow students to discover their own sacred place in nature and to return there to spend time, meditate, etc.

Build a relationship with an indigenous person (hopefully from your local area) and ask them to educate yourself and students about the meaning of the environment.

Find someone who can take you or students through a *Native American Indian visualisation* to meet your totem animal.

Ask adolescents to share their most meaningful experiences in nature and through adventure.

Read and talk about initiation rites and ceremonies in other cultures. Encourage students to talk about these casually, around the campfire one night during the program. If receptive, students may feel drawn to create their own ceremony.

Drama-based debriefs and reviews can help to symbolically act out the inner feelings and growth of students.

Mini-solo experiences and solo walks can provide students with small but important moments alone in the wilderness, giving them opportunity to have profound insights.

Getting up to see *sunrises and finding special places* from which to watch *sunsets* can help to increase in consciousness the symbolic cyclical acts of nature.

Having *heightened awareness of mortality in nature*, e.g., seeing a dead animal and talking about it, can help to make the cycles of life, and transitions, more apparent to an adolescent.

Allowing students to tell their own *stories about their past growth experiences* will

help to create an opportunity for metaphorical understandings and transfer of the current journey into the meaning of the adolescents' life.

Encourage students to create symbolic practices and rituals during a program. For example, students may suggest using a 'conch shell' or 'talking stick', group experiences may lead to creating a new word or social rule, a group saying or song may be adopted, etc.

Conclusion

As educators, we should consider a wide variety of ways in which we can better guide today's adolescents towards effective adulthood. Adventure education has a promising philosophy and encouraging research evidence to date. Those running programs with adolescents are encouraged to consider structuring the program around universal 'rites of passage' principles. There are many simple, practical ways in which a transformative rite of passage can be created in an adventure education setting.

References

- Brown, M.H. (1987). *Wilderness Vision Quest: Exploring the Frontiers in Human Resource Development*. Paper presented at the 4th World Wilderness Congress, Estes Park, Colorado, September.
- Cason D., & Gillis, H.L. (1994). A meta-analysis of outdoor adventure programming with adolescents. *Journal of Experiential Education*, 17(1), 40-47.
- Compas, B. (1993). Promoting positive mental health during adolescence. In S.G. Millstein, A.C. Petersen, E.O. Nightingale (Eds.) *Promoting the health of adolescents: New directions for the twenty-first century* (pp.

159-179). New York: Oxford University Press.

- Hans, T.A. (1997). *A meta-analysis of the effects of adventure programming on locus of control*. Unpublished Master of Science thesis, Psychology Graduate Faculty, Georgia College, Milledgeville, GA.
- Hattie, J., Marsh, H.W., Neill, J.T. & Richards, G.E. (1997). Adventure education and Outward Bound: Out-of-class experiences that make a lasting difference. *Review of Educational Research*, 67, 43-87.
- Huxley, A. *Island*. Ringwood, Australia: Penguin Books Australia.
- Maddern, E. (1990). What is it fifteen year olds need? Notes on developing initiations appropriate to our times. *Adventure Education*, 17(1), 29-32.
- Marsh, P.E. (1999). *What Does Camp Do for Kids?: A Meta-Analysis of the Influence of the Organized Camping Experience on the Self Constructs of Youth*. Unpublished Master of Science thesis, Department of Recreation and Park Administration, Indiana University.
- Neill, J.T. (1997). Outdoor education in the schools: What can it achieve? In. *Catalysts for Change: 10th National Outdoor Education Conference Proceedings* Jan 20-24, pp. 193-201. Collaroy Beach, Sydney, Australia: The Outdoor Professionals.
- Neill, J.T., & Richards, G.E. (1998). Does outdoor education really work? A summary of recent meta-analyses. *Australian Journal of Outdoor Education*, 3(1), 1-9.

Acknowledgements to:

<http://wilderdom.com/information/updates/update4April2004.html>

Understanding and Treating Adolescent Vulnerability: A Developmental Perspective

Kees Maas

A minority of adolescents has difficulty negotiating the quest for identity and self-worth and thus experience depression, substance abuse, conduct disorders, and suicidal behavior. This paper focuses on the intervention with this vulnerable population. The clinical illustration shows the importance of a therapeutic relationship with a balance of warmth and neutrality in order to build strength and a sense of identity and worth.

Introduction

This paper is about the lifetime challenge of finding out who you are and what you are worth in your own eyes. This endeavor starts at birth and is particularly prevalent in adolescence. Building stones are self-confidence and self-esteem fostered by a caring and structuring environment. Not all children meet optimal conditions to ease their way into becoming a person who knows who she is and loves herself and others. Adverse conditions can create vulnerability that hinders the identification process. Some of these conditions are inherent to the person such as temperament, physical or intellectual limitations, and other conditions are due to the environment such as lack of secure attachment, parental neglect, abuse, ill mental health, social isolation (Rutter, 2002).

Child and youth care professionals

meet the challenge to help these children hurt by life get back on the track of the normal challenges of their development, and the latter part of the paper discusses the paramount importance of the therapeutic relationship, the basic ingredient of good child and youth care.

Before I tell you about the normal challenges of the adolescent development, let me introduce sixteen year-old Melanie:

Melanie

Picture this: Dark coloured ripped clothes, multiple piercings on ears and brow; and a backpack with the names of heavy metal groups (such as Marilyn Manson) written all over it and a few furry cuddly animals hanging from it. While showing this tough exterior more masculine than feminine, including swearing a lot, Melanie would be totally devastated and feeling excluded when a friend would

not follow up on a promise. Melanie showed many symptoms of high anxiety and depression. She was frantically busy in her life, most likely to ward off her low feelings. She didn't fit criteria for a manic depressive disorder.

This parentified child was always struggling between maintaining the semblance of autonomy (pseudo-autonomy) and her strong dependency needs. She showed high preoccupation with social inclusion and exclusion. Paradoxically, Melanie could show the greatest sensitivity and empathy to the feelings of others, while at the same time displaying tremendous egocentric concentration on the narcissistic injury caused by a friend's words or actions that felt like betrayal. More than average smart and with definite interpersonal skills, she would get caught up in her emotions and more often than not act impulsively, including through physical aggression. Melanie showed this fundamental preoccupation with being acknowledged in her own right with her legitimate needs and her need to assert her identity.

In terms of family history, she was an only child and all of her life has been going back and forth between her grandmother, her mother, and occasional placement, but with continuous involvement of child protective services. Her father was always kept at a distance by the mother and then distanced himself by moving abroad. Hence, her profound distrust of adults and tremendous worry when a positive relationship would develop.

Later on in the presentation, elements of Melanie's development and pattern of behavior will be used to illustrate the particular challenges vulnerable adolescents

like her face when trying to tackle the tasks of normal adolescent development.

In the next section, the challenges are illustrated that all adolescents face in their quest for identity and self-worth. Studies from the mid 1990s show that the great majority of adolescents manages to complete their developmental tasks successfully (Cloutier, 1994), and there is no reason to believe that that has changed in the last ten years.

What exactly do adolescents have to accomplish?

In simple words it is about finding out who you are, what you want to become, what you want to accomplish, and finding a clear distinction between self and others. Without these features it is more difficult to find a clear place in the world and to relate to others in a harmonious way.

Psychologists have thought about this and coined these features in terms of processes presented in the following section.

1. The integration of bodily changes into a new body image
2. Revision of old defense mechanisms
3. Second round of the separation-individuation process
4. Changing patterns of interaction with family and social circle

1. The integration of bodily changes into a new body image

The body image is part of one's identity. Puberty brings rapid and fundamental bodily changes that require major psychological adaptation (Samy, 1990; Hanus, 1995). With Puberty childhood ends, and

sexuality moves closer to adult levels. The bodily changes that occur at puberty are irreversible and are hard to accept for a minority of adolescents. These adolescents make tremendous efforts to deny their bodily transformations. One example is the adolescent girl who tries to rid herself through anorexia of her feminine shape and even her period. Suicidal behavior can be conceptualized as attacks against the sexualized body and expresses the extreme difficulty of adaptation to the inevitable pubertal transformation (Laufer, 1989).

With adolescence, boys and girls become more aware of the social impact of their bodies and have stronger subjective reactions to their own and others' body images. Each individual is preoccupied with an idealized body image (how tall, how much weight, etc.), and a deviation from this ideal can become a narcissistic attack. The more fragile the self-esteem, the more impact these preoccupations with one's body image will have. Of course, societal influences through the media and the star system will have an impact on even the healthiest adolescent!

2. Revision of old defense mechanisms

All children deal with intrapsychic conflicts and develop over the years a fairly stable personality structure made up of certain defense mechanisms. The function of these mechanisms is essentially to contain conflicting impulses of a libidinal or an aggressive nature.

Adolescents are faced with new intrapsychic conflicts regarding aggressive impulses with the growing assertion of one's difference and autonomy in one's

family of origin. Furthermore, the sexual impulses are far more present and require integration in one's view of self and others.

Some of the adjustment to the changed reality of the body can entail regression to earlier stages of psychosexual development. For instance, a child that developed healthy eating habits can turn into an over- or under-eating adolescent because of his trouble integrating his sexual impulses. The bodily changes bring sexuality to the centre. At puberty, perceptions of sexuality are still immature, and the adolescent has to review his relationships with the other sex. For instance, a longstanding friendship between a boy and a girl can suddenly become tense and ambiguous and even be interrupted, because one or both of the friends have strong sexual feelings that they do not really know what to do with. In same sex friendship tension might stem from the change of preoccupation of one of the friends leading to a feeling of strangeness on the one hand, but the tension could also stem from mutual or unilateral sexual attraction.

The adolescent has to review his ideal of self, where former ideals and new values come into conflict. These conflicts may bring the risk of disillusionment, deidealization, and confusion. For instance the boy who always treated girls as a social category without interest, suddenly is faced with a heightened interest in girls, which brings bodily and emotional arousal. Another example would be the well behaved girl that suddenly finds herself distracted from her schoolwork or other interests by her bodily and emotional reactions to the presence of boys.

3. Second round of the separation-individuation process

Beyond the psychosexual development covered in the previous two points, the adolescent has to tackle two other developmental tasks: (a) Develop one's own identity and autonomy, (b) Establish and maintain intimate relationships outside of one's family of origin.

a. Develop one's own identity and autonomy.

This first task is about who we are and how we are different from others and how we develop our own judgment. Developing an autonomous identity requires a delicate balance between independency and dependency.

Differentiating self from others also brings the issue of self-esteem and how good one feels in one's skin. For many adolescents this quest for identity brings a fair degree of anxiety and confusion, and a heightened sensitivity and vulnerability related to one's image of self.

The process of separation-individuation starts at birth, and in the first three years of life most children learn to successfully function quite safely outside of their immediate family. Further, they learn that a relative distance from their parents is no threat to their relationship with them. For some children, even the possibility of separation remains a major source of insecurity and anxiety. The relative success of separation-individuation is an intrapsychic process, which is largely influenced by the parents' capacity to tolerate their children's

individuation. Hence, parental anxiety regarding separation and the relative autonomy of their child can lead parents to maintain the child in a fused or extremely dependent state. This parental anxiety mostly stems from their own unresolved separation-individuation process.

Adolescence brings the next phase of the individuation-separation. The autonomy is taken one step further and involves the loss of the infantile ties to the parents. Depending on how successfully autonomous he became in the first phase, the adolescent might be more or less ready for a further separation from his family. He might feel more isolated and empty, guilty to distance himself from his parents or panicked because of the distance he feels from them (Shelly et al., 2004). Suicidal behavior can express, on the one hand and paradoxically, a desire of fusion to end the distance and separation, or on the other hand, a desire of distance and to take ownership of one's life even if it has to be destroyed to meet the end. Suicidal behavior might be associated with anger with the parents for a distance that felt as abandonment or with punishing one's self for abandoning the parents.

b. Establish and maintain intimate relationships outside of one's family of origin.

The second developmental task the adolescent has to pursue is to support his distancing from the family by finding and maintaining new

relationships outside of the family that provide affection and love. This is found with friends and requires a new type of relationship with the other sex. All of this can lead to loyalty conflicts as well as difficulties to give a harmonious direction to one's loving feelings and sexual energy. Fear of rejection and anxieties regarding this unknown intimacy can put a damper on reaching out.

The physical or symbolic separation from loved ones (e.g., parents) brings on a mourning process. This process entails anger and rage towards the loved person. Adolescents who have not learned to successfully integrate their ambivalent feelings (such as the simultaneous presence of love and hate) towards loved ones have particular difficulties with these aggressive feelings that are part of the mourning process and might tend to direct these feelings towards themselves (Samy, 1990). These adolescents will tend to split off their "good" loving feelings from their "bad" hating feelings. The first phase of the integration process of ambivalent feelings takes place in early childhood, and the process is rekindled by the loss inherent to the separation-individuation process and the fear of losing the very person one wants to get closer with.

The integration of the ambivalence has to do with giving up on the total control of loved ones and a more realistic acceptance of the strengths and limitations of both self and others, as well as the realistic boundaries that

exist in one's relationship with others. The challenge for the adolescent lies in a revision of the idealized image of his parents and starting to see them as human beings with their strengths and flaws. Accepting this reality can be painful and accompanied with feelings of helplessness or even a diminished self-esteem. The loss of one's ideals can bring a sense of emptiness and a difficulty to see any sense to life. This loss of sense and the suffering that it brings can lead a preoccupation with death as the ultimate solution. This morbid direction can become even more present in adolescents who have not been successful in their efforts to get closer to others outside of the family.

4. Changing patterns of interaction with family and social circle

The preceding factors happen internally but do not evolve in a social vacuum. Just as their adolescent changes, parents are going through an adaptation as well. The separation-individuation of their child confronts them with their more or less successful process with their own parents. Child and youth care workers will get confronted as well with their personal experience with their parents while accompanying a youth in his separation-individuation.

Therefore, the success of the adaptation of the adolescent to his new life phase will be helped tremendously by the parents' or caregivers' capacity to accompany him. The relational climate of a family (or of an institution) can be more or less favorable to the development of autonomy,

identity, the expression of feelings, both positive and negative, or be more or less tolerant of the necessary distance that comes with the normal adolescent development.

The literature (e.g., Farberow, 1985) underlines how a harmonious development is hindered by the presence in a family of violence, alcoholism, or other substance abuse, or mental illness. On the positive side, nourishing interpersonal relationships within the family allows a better chance of developing secure attachments to parental figures (Lesage, 1994). Favorable social situations are identified as protective factors against such mental disorders as depression (see Brown and Harris, 1989; McGuffin et al., 1991; Cyrulnik, 1999; Rutter, 1987, 2002; Luthar, 2003).

Parents or caregivers play a crucial role in the integration of ambivalent feelings by helping the child or youth to acknowledge and express his aggressive feelings. Allowing this acknowledgement and expression reduces the risk that the child directs these feelings against himself in the shape of self-destructive thoughts or acts.

Donald Winnicott (1970), the well known British psychoanalyst and pediatrician, insists on how important a family climate is wherein members are enabled to love and hate one another safely without fear of destroying relationships or suffer from retaliation.

Hence, a child will develop a fear of his own anger and its expression when growing up with parents who are unable to express their anger or parents that exert no control over their aggression and act it out impulsively. The child's intrapsychic

organization is highly influenced by his parents' mental balance and his family's degree of disorganization or organization. Social disorganization is highly correlated with suicidal behavior (Durkheim, 1960; Farberow, 1985; Brent, 1995). Social disorganization is characterized by unfavorable conditions such as promiscuity, bad housing conditions, criminality, excessive poverty, substance abuse, social isolation, and instability (see for a clinical illustration, Maas, 2004).

Social isolation is associated with such factors as divorce and unemployment. An adolescent having grown up in a disorganized and isolated family will more likely not have developed affective communication skills or even effective communication skills with the other members of his family because members in the family do not talk to each other. In these circumstances it is hard to acquire the necessary social skills to succeed in building new relationships outside of the family.

Worse even, deficient interpersonal relationships in the family do not allow the adolescent to obtain the emotional support necessary to get through the hardships of temporary interruptions (such as fights, misunderstandings, etc.) as well of the definite interruptions (e.g., break-ups, moves, etc.) of his new relationships with his peers.

With this lack of social support or when the interpersonal relationships are present but toxic, the adolescent is more likely to face severe discouragement, leading even to suicidal ideation (Everall et al., 2005).

This paper has illustrated the normal challenges of adolescence with the pro-

moting as well as the hindering variables. Some of the difficulties that adolescents have in working towards a clear sense of identity translate into temporary adjustment problems (depressive moods, withdrawal, acting out through aggression or substance use, and risk taking behaviors) and sometimes into more chronic patterns (impulsiveness, conduct disorders, depression, chronic anxiety, substance abuse, or a coexistence of diagnoses also referred to as comorbidity).

The early example (or story) of Melanie shows how her particular vulnerability caused her grief in working through the challenges of adolescence.

5. Melanie's struggle towards a harmonious identity

- a. The integration of bodily changes into a new body image.
Despite her apparent self-assurance, Melanie didn't find herself attractive and had concealed her femininity in a masculine exterior, in dress and attitude. Her anxiety translated in such symptoms as insomnia and extreme itching of her skin that felt to her as if she was covered by many insects. Melanie had very little sexual experience and had become very apt at steering away of any situations that could entail a heightened physical intimacy. Though not socially shy, she didn't know what to do with her sexual feelings regarding boys. Only when this was discussed and put in the context of her necessary developmental changes, and when the

practice of some relaxation techniques helped her gain some control of her bodily sensations, she was able to be less anxious about her different rapport with boys.

- b. Revision of old defense mechanisms.
Melanie had lived her whole life with a constant preoccupation and fear of abandonment and rejection. She defended herself against that through aggressive behavior, pushing people away, sometimes before they could even be considered close. It was as if she tried to have others feel how she had felt: always uncertain about her mother's constancy in place and mood. Though capable of friendly interaction, she could become overwhelmed by these feelings of anxious powerlessness when feeling dependent on others and fearing she would be left and excluded. She was extremely sensitive to criticism, but on the other hand could herself be outrageously mean with others. As a child she had been more withdrawn and shy, avoiding social relationships. Adolescence brought her to become more assertive socially, which was accompanied by a rekindled fear of rejection. She would go far in alienating her family (particularly her grandmother) and thus would find herself without any support when she went through a crisis with one of her friends.
- c. Second round of the separation-individuation process.
Melanie still needed to be reassured about the constancy of her primary caregiver(s). Although her

grandmother had filled in when her mother was not capable of taking care of Melanie, the grandmother had not developed into a secure attachment figure for Melanie. So moving out of the family circle brought a lot of anxiety and counter phobic behavior. She would engage in more separation than she could really handle: She stayed out late, even staying out all night with friends. These behaviors would cause reactions of distancing and ultimately placement.

In her treatment she needed to be acknowledged in her need for affection and consideration and how she feared to be controlled by the person she relied on, and how this would lead to ambivalent feelings towards the people in her inner circle (family as well as friends). She needed to be reminded how she had such strengths as intelligence, kindness, generosity and humor. Along the same lines, she needed help to become more tolerant of her weaknesses, such as her impulsiveness and her verbal lashing out at people without previous thought. She needed to understand that all of her emotional reactions and the expressions of her impulses all translated efforts to assert her identity, to construct her self-esteem, and to establish friendship and love relationships based on mutual respect of difference and independence.

- d. Changing patterns of interaction with family and social circle.
Finding a balance between time spent with her friends and with her family without feeling guilty or fear that her

decisions might create distance and even breakup became a major challenge for Melanie. In her case, she had to attend to her mother as well as her grandmother, which complicated things even more. Another complicating factor was her wish and need to get closer to her father and her mother's refusal for this rapprochement to happen. Her mother stood in the way of Melanie's obtaining a passport required for her to travel to see her father. This struggle with her mother for access to her father brought a relative idealization of her father and did not permit her to acknowledge her ambivalent feelings towards her father because of his lack of commitment. Here Melanie was caught between her general and normal developmental task of taking distance of her family and her unfulfilled needs of closeness with her father. Helping her acknowledge this need allowed her to express her disappointment with her father and to see her relationship with him in a more realistic light.

The relationships with a male educator and a male psychologist were also helpful in her quest for a paternal presence in her life.

The adults in her life were not all supportive when she had difficulties in her relationships with peers, so she had to pick carefully with whom to talk. On the family side it was her grandmother who remained the most stable and most supportive figure, but Melanie remained distrustful of adults and become better at seeking out

more reliable peers. Although she continued to present as quite mature and adequate, she needed and halfheartedly accepted the guidance of the youth care workers.

6. The therapeutic relationship: the challenge for child and youth care professionals

Child development takes place over time, and each phase of development requires of the child's caretaker an understanding of the particularities of the developmental phase at hand more importantly, how to adjust his way of approaching, intervening, guiding, talking, and listening. Natural caregivers and professional caregivers are confronted at any given stage of development with the hardships and the pleasures it brings, for the child but also for them, given their personal history with this stage of development. Despite intellectual knowledge of child development, the affective personal history of the professional and natural caregiver will color his perceptions and behavior in the interactions with children and youth. The use of one's self as a working tool takes its full meaning here and requires self-knowledge in terms of strengths and weaknesses due to temperament, intellectual capacity, and personal history. This includes personality development and family and social environment. Empathy is an important aspect of child and youth care work, and it requires, despite difficult circumstances, for one to remain aware of where the youth comes from and what his vantage point is. The heat of the action, and there is a lot of that in working with vulnerable youth, brings the challenge of finding the right balance

between conserving one's self, by understanding and controlling one's affect, and remaining open to hear and contain the pain and agony that is expressed. This is true even in vile attacks by the youth's struggling with the particular hurdles that make the normal developmental tasks of adolescence seem like mountains impossible to climb. The challenge is to build a strong enough relationship between youth and caretaker that can withstand ulterior crises. In general, assisting vulnerable children and youth is a very demanding task and requires working together from different disciplinary vantage points. These youth tend to split their world in good and bad, and they might perceive the professionals around them in the same fashion. Individual professionals can overidentify with the child's "good" side and take position against others, just as the opposite might occur when professionals only see the "bad destructive" side of the youth and invoke the need to protect one's self and society against the youth. Treatment teams then become the stage on which the child's inner reality and inner conflicts get played out in terms of conflict between individuals or between professionals.

How can the professional allow trust and a certain commitment to the therapeutic alliance to build (according to Shea, 2005) the following:

- a. An efficient transmission of empathy
- b. An aptitude to create a security inducing climate
- c. An authenticity and naturalness
- d. A capacity to show reassuring competency

- e. A capacity to assess the therapeutic alliance.

An efficient transmission of empathy

In order to be able to show empathy, careful inquiring is required about the youth's reality. Respect of the emotional intimacy of the youth is at the basis of any good empathic formulation. There is a difference between saying "you are totally devastated since your mother told everyone in court that she couldn't ever take you back home" or a less intrusive statement, "After hearing what your mother said in court, it must feel that she destroyed all you had going together." The issue is also to acknowledge the possibility of experiencing certain emotions without the youth's feeling that they are being imposed on him. Formulations can be better accepted that suggest "could it be that," instead of affirm "You must be."

An aptitude to create a security inducing climate

This is often done by allowing the youth to go at his pace, by asking questions, and letting the youth know that he can answer to the extent of his current trust of the professional. Safety has been an issue for most of the vulnerable youth. They must be reassured that whatever is said will not be held against them, just as indicating that his safety and the safety of others are paramount. Thus the professional will act on statements about the intent to harm self or others. Both the negative (anger, sadness) and the positive emotions should be acknowledged and received with the same welcoming message, while acknowledging the fear and worry

that these feelings might bring. For instance, the fear of being able to control destructive feelings or the worry of what might happen once one expresses caring for someone: Will this lead to another rejection or breakup?

An authenticity and naturalness

With time any professional learns to integrate his own way of being in a skillful and authentic fashion, for instance, in the way he asks questions. This contributes to the youth's feeling comfortable and being reassured by the competency of the person in front of him. Being authentic is also being true to one's own feelings, paying attention to feelings of fear or sadness that might all be indications of the youth's fright and depressed affect that he cannot express. Feedback to the youth on the impact of his demeanor can be very helpful, but one has to be very clear about one's intentions: e.g., is there a hidden message of punishment for his anger or a message that excuses his behavior because he is a victim of his environment?

Humor is often helpful to show how life's suffering cannot be avoided, but how shared misery is sometimes less than half a misery.

A capacity to show reassuring competency

Reassuring competency will show in the capacity one has of acknowledging the youth's experience and situate it in the context of his general development. This educates the youth about the tasks all adolescents have to accomplish in their own way. It is also about educating the youth about anger management and social skills,

and providing practice while building on existing strengths.

A capacity to assess the therapeutic alliance

Vulnerable youth will be sensitive regarding interruptions, perceived side taking, betrayal of confidentiality, and thus of trust. They need regular reminders of the “rules” of the therapeutic relationship and how it fits within a larger therapeutic endeavor with other professionals. One can sometimes expect more from the work than is realistic. Regular talk with others, either through formal supervision or more informal peer support about one’s work, helps to remain realistic, but it can also be a support in dealing with the setbacks, the disappointments, and the lack of concrete feedback about the work done. Sometimes, one finds out by fluke only about how the youth he helped years ago has turned out, for the better or for the worst.

Conclusion

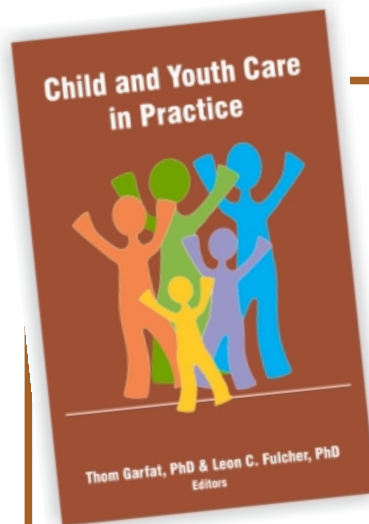
Difficulties that adolescents go through always have to be understood against the background of normal adolescent development. Certain disadvantageous conditions bring more difficulty in dealing with the tasks of normal adolescent development. Assisting youth in their difficulties requires the optimum use of the therapeutic relationship and its containment. A mix of human warmth and caring neutrality helps the youth focus on his issues and build on his strengths to develop his own identity and sense of self-worth.

References

- Brent, D. (1995). Facteurs de risque associes au suicide a l' adolescence: Revue des recherches. *Prisme*, 5(4), 360-374.
- Brown, G., & Harris, T. (1989). *Life events and illness*. New York: The Guilford Press.
- Cyrulnik, B. (1999). *Un merueilleux malheur*. Paris: Odile Jacob.
- Durkheim, E. (1960). *Le suicide, etude en sociologie*. Paris: Librairie Felix, Alcan, POF. (Publication originale 1867).
- Everall, R.D., Bostik, K.E., & Paulson, B.L. (2005). I'm sick of being me: Developmental themes in a suicidal adolescent. *Adolescence*, 40(160), pp. 693-708.
- Farberow, N. L.(1985).Youth suicide: A summary. In M.L. Peck, N.L Farberow, R.E. Litman, (Eds.), *Youth Suicide* (p. 191-203). New York: Springer.
- Hanus, M. (1995). Deuil et adolescence. *Adolescence*, Automne 1995 (26), Bayard Editions, 79-98.
- Laufer, M. (1989). Adolescence and adolescent pathology: Clinical issues. *Developmental Breakdown and Psychoanalytic Treatment in Adolescence. Clinical Studie*, (p. 9-15). Yale University Press.
- Luthar, S.S. (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities*. Cambridge: Cambridge University Press.
- Maas, K. (2004). Intervenir aupres de jeunes delinquents suicidaires. Une etude de cas quebecois. In *Prevention du suicide et pratiques de reseaux : Deuxieme congres international de la francophonie en prevention du suicide*. (III/8- III\3). Liege: Maison du social.
- McGuffin, P, Katz, R., & Rutherford, J. (1991). Nature, nurture and depression: A twin study. *Psychological Medecine*, 21,329-335.

- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *Journal of Orthopsychiatry*, 57, 316-331.
- Rutter, M. (2002). The interplay of nature, nurture and developmental influences: The challenge ahead for mental health. *Archives of General Psychiatry*, 59, 996-1000.
- Rutter, M. (in press). Natural experiments, causal influences and policy development. In M. Rutter, & M. Tiendra (Eds.), *Ethnic variations in intergenerational continuities and discontinuities in psychosocial features and disorders*. NY and London: Cambridge University Press.
- Samy, M.H. (1990). L'adolescent suicidaire. *Association Quebecoise de Suicidologie. Actes du 3-e Colloque Provincial. Le suicide a travers les ages*. Ste Foy, Quebec, Mai 1989.
- Seguin, M., Brunet, A., & Leblanc, I. (2006). *Intervention en situation de crise et en contexte traumatique*. Montreal: Gaetan Morin.
- Shea, S.C. (2005). *La conduite de l'entretien psychiatrique* (French Edition) J. I. Terra and M. Seguin. Paris: Elsevier.
- Shelly, M., Moreau, D., Yang, I., Gendre, c., & Mailloux, M. (2004). Evaluation de deux indicateurs inedits associes a la tentative de suicide chez l' adolescent et le jeune adulte. *Prevention du suicide et pratiques de reseaux : Deuxieme congres international de lafrancophonie en prevention du suicide*, (11/9-11/18). Liege: Maison du social.
- Winnicott, D. (1970). *The maturational processes and the facilitating environment*. London: Hogarth Press.

From the *Journal of Child and Youth Care Work*, Vol.22 pp99-110



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Thomas John Barnardo (‘The Doctor’)

Dr. Thomas John Barnardo was what we might now call an extraordinary ‘social entrepreneur’. But who was he and what did he achieve? He was well known for his homes and training schemes, but what was his contribution to the development of youth work and social work practice?

Thomas John Barnardo (1845-1905) is a classically Victorian figure - evangelical, entrepreneurial and philanthropic. His crusade to ‘rescue children from the streets’ was one the best known social interventions in the last half of the nineteenth century. As Williams (1953: vii) has put it:

In the short space of forty years, starting without patronage or influence of any kind, this man had raised the sum of three and a quarter million pounds sterling, established a network of Homes of various kinds such as never existed before for the reception, care and training of homeless, needy and afflicted children, and had rescued no fewer than sixty thousand destitute boys and girls.

But who was Dr Barnardo, what did he achieve in his work with children and young people,, and what is his continuing significance?

Thomas Barnardo – life

Born in Dublin in 1845, the son of a furrier, Thomas John Barnardo’s childhood is somewhat blurred. As Rose (1987: 17) reports, as his fame grew, ‘so did the anecdotes and legends about him until they became folklore’. She continues, ‘much of the early history of his life and of the homes he wrote himself, but where his father’s family came from and how he spent his first years in London remains uncertain’. There are hints that his childhood was stormy and far from happy (*ibid.*: 20). His schooling included Sunday school, parish day school and St Patricks Cathedral Grammar School, Dublin. Thomas (Tom) appears to have had an independent spirit, reading radical writers like Rousseau and Tom Paine. He was seen as a trouble-maker (becoming bored quickly with lessons) and was eloquent and argumentative. Tom Barnardo did not pass his public examinations and at the age of 16 was apprenticed to a wine merchant.

Approaching his seventeenth birthday Thomas Barnardo experienced 'conversion' (on May 26, 1862). He became a strongly evangelical Christian 'impatient to convert others, urgent for action' (Rose 1987: 24). Barnardo began teaching Bible classes in a Dublin ragged school and became involved in home visiting. His mother and brothers were already members of the Plymouth Brethren - which Barnardo also joined. He also became a member of the Dublin YMCA - and often gave talks there. His commitment to social work strengthened - and on hearing Hudson Taylor speaking in Dublin about the work of the Inland China Mission, Barnardo believed his future lay in such work. The Brethren provided him with a small allowance, and the plan was to first study medicine at the London Hospital (friends from Dublin YMCA gave him an introduction).

Thomas Barnardo settled close to the hospital in east London (his first lodgings were at 30 Coburn Street, Stepney) in 1866 - although he does not appear to have begun his studies until 1867 (Wagner 1979). He appears to have thrown himself into missionary work in the East End visiting beerhouses, penny gaffs (little theatres), and homes - offering cheap Bibles and the word of Jesus. More than once he was attacked (suffering two broken ribs on one occasion). He also became involved in the Ernest Street ragged school (off Mile End Road) - and appears to have been a charismatic and engaging teacher. One of the stories associated with this period was of Barnardo's first encounters with the 'lays' around Petticoat Lane where children slept. Thomas

Barnardo frequently talked about this night, when he was taken by Jim Jarvis, a local lad, after a ragged school to visit the area (see Williams 1953: 54-7 for an account). What Jarvis told Barnardo about his life and the experiences of the other children had a profound effect. One his first steps was to set up a ragged school.

Thomas Barnardo became increasingly torn between his work in east London and his preparation for medical missionary work in China - and wrote about it. As a result, he was offered a significant sum of money to continue his evangelical and children's work in east London. The East End Juvenile Mission was established and in 1870 he started his first 'home' in a rented house in Stepney Causeway). Work converting the building had to be halted temporarily when he ran out of money, but Thomas Barnardo again made use of his Evangelical networks to get practical help and financial support. (His network, by now, included Lord Shaftesbury who was particularly impressed with his work, and Robert Barclay, the banker). He also began to see the urgent need for a home for girls - they were, for example, presenting themselves at the new boys home as in need of accommodation and support (see, for example, Williams 1953: 93-4).

His medical studies had begun to suffer seriously and there was some disquiet among his fellow students about his religious zeal (Williams 1953: 69; 108) (It wasn't until 1876 that he resumed his studies and then sat his final examinations in Edinburgh. He registered as a medical practitioner in London, and was elected a Fellow of the Royal College of Surgeons, Edinburgh in 1880). Thomas Barnardo had

begun to earn a small income from his writing and from preaching. His evangelical efforts also started to be on a large scale. In the summer of 1872 he set up a huge tent (able to seat 3000) outside the Edinburgh Castle public house - and reportedly some 200 people a night would profess conversion. Attendances at the tent affected the numbers using the public house and it was put for sale. Worried that it would re-open as a music hall, and concerned with the impact of drinking upon family life and children's well-being, Thomas Barnardo set about raising money for the house - and was able to open it as a coffee palace and People's Mission Church. It was to become a significant centre for evangelicalism - with revivalists such as D. L. Moody preaching there.

In the space of seven years or so, and still not thirty, Thomas Barnardo had exploded onto the philanthropic and evangelical scene. He had established a ragged school, a home (and employment agency), and a mission church. He had acquired more than a dozen properties in east London - and even bought up a children's magazine. The first account of these developments *How it All Happened*, written by Thomas Barnardo, was published in 1872. A year later he married (Syrie Louise Elmslie - they had met when she had invited him to speak at a meeting in Richmond) and was given the lease on Mossford Lodge, Barkingside for fifteen years as a wedding present. Like Barnardo, Syrie shared a commitment to evangelicalism and philanthropic work - and he saw he now had the opportunity to open a home for girls. They went to live at Mossford Lodge and in October 1873 12

girls came to live in a converted coach house next to the Lodge.

The work continued to develop apace. More hostels were opened and his ambitious plan to create a Village Home for Girls (with a population of over 1000 girls) to replace the home at Mossford Lodge was realized by 1880. Thomas and Syrie Barnardo lived for a while at the Lodge - but then moved to a large house in Hackney (The Cedars) a gift from Syrie's father - and later to Surbiton. (As Thomas and Syrie began to have children, Syrie's father was concerned about the surroundings in which they would be raised). The expansion of the work was made possible by Barnardo's ability to market his projects. Of special significance here was his decision in 1874 to open a Photographic Department in the Stepney Boys' Home. Over the next thirty years or so every child who entered one of the homes had their picture taken. Children were photographed when they arrived and then again several months. This was the origin of Barnardo's famous 'before' and 'after' cards. These cards were sold in packs of twenty for 5 shillings or singly for 6d. each with titles such as 'Once a little vagrant' - 'Now a little workman'. A new organization was set up to manage the homes (it was later incorporated as the National Incorporated Association for the Reclamation of Destitute Waif Children otherwise known as Dr. Barnardo Homes). The Committee of the Barnardo Homes included veterans from the boys club and ragged school movement (like THW Pelham and Arthur Kinnaird), financiers and religious figures.

Further initiatives included the devel-

opment of 'boarding out' (placing children with families in more rural settings) beginning in 1886/7 and sending children to Canada initially to homes and then to be 'boarded out'. The latter of these afforded some controversy at the time - and caused suffering to a significant number of the children involved. He also began to set up homes for the 'feeble-minded' (this coincided with the birth of his seventh child who had special needs) and homes for children and young people with disabilities.

The scale of developments, and existing commitments, was such that an ever more complex fund-raising strategy was needed. Dr Barnardo often overran his resources - and there needed to be temporary cutbacks. The new Council of the Barnardo homes set various budgets and limits on the numbers of children, for example, who could be boarded out. However, Thomas Barnardo was not one to put off by such measures. At times he simply ignored them, at others he redoubled his efforts to raise funds. In this area there were many innovations. Dr Barnardo was one the first to develop organized mass charity giving - with much of the money for his schemes coming in small amounts from a large number of donors. Of particular note here was his founding of the Young Helpers' League in 1891 - in which more fortunate children were encouraged to give (its membership had grown to over 34,000 when Barnardo died).

All this work took its toll on Thomas Barnardo's health. By the time he was 50 it was clear he had some sort of heart complaint - and he was required to take a

period of absolute rest (although he was not emotionally able to do this). He was soon working again at full pressure but by 1903 was in significant difficulties. Despite periods of convalesce he died on 19th September, 1905. As Williams (1953: 209) reported, on that day:

... he spent a busy morning with correspondence, had a little sleep in the afternoon, and in the evening partook of a light meal. Then he settled down in an easy chair for a rest by the fireside, and turning presently to his wife, he said, 'My head is so heavy. Let me rest it on you'. A moment later his spirit quietly passed away.

When Dr Thomas Barnardo died, there were nearly 8,000 children in the 96 residential homes he had set up. Around 1300 of these children had disabilities. More than 4,000 children were boarded out, and 18,000 had been sent to Canada and Australia.

From the encyclopaedia of informal education <http://www.infed.org/thinkers/barnardo.htm>

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Care and Containment

Laura Steckley

This month's column can be thought of as part III of my recent efforts to write about our sector from a more macro perspective than is usual for me. I got some feedback about the last piece being tough going. I'm not surprised, as I'm finding it tough going as well. My thinking is still developing and, as a result, my attempts to articulate and apply are pretty clumsy. If you're reading this, then I should start by thanking you for sticking with it. I'll aim for something lighter next month.

To sum up from the last column: I wrote about a Goffman's more macro view of containment. Notions of containment at the societal level tend to be treated negatively, but Goffman, amongst a few others, takes a more complex and nuanced view of what it is, how it comes about, and that it is necessary for society to function (see

<http://www.cyc-net.org/cyc-online/july2012/index.html#/42/> for the details). He also acknowledges a dark side of containment, one that is often described by other theorists in terms of constraint, oppression, marginalisation and silencing. At the end of the column, I assert that his theorising about containment is still inadequate, and that what is missing from Goffman's con-

tainment is care.

So this month I'm going to revisit care (I wrote about it previously in June, 2011 <http://www.cyc-net.org/cyc-online/cyconline-june2010-steckley.html>), and I'll draw primarily from Tronto's thinking and writing. Joan Tronto is a political philosopher and one of the strongest advocates for challenging our taken-for-granted assumptions about care. She highlights that, historically, care has been seen as the province of women and has been associated with the emotional; this still influences the way that we think about it. Western, industrialised societies also tend to place a high value on rationality, independence and autonomy – qualities implicitly associated with not needing care. As a result, care has not only been invisible or less valuable in society, it has been seen to degrade those who require care, and by association, those who directly give care:

...if we look at questions of race, class, and gender, we notice that those who are the least well off in society are disproportionately those who do the work of caring, and that the best off members of society often use their positions of superiority to pass caring work off to others.

Tronto highlights that the association of caring work with bodies further lowers its perceived value. Work that involves direct, hands-on care (for instance nursing) is less valued in terms of status and pay than caring work that is done at a greater distance to the body (for instance doctors). We can also see that in our sector: those most directly involved with the activities of direct care tend to be afforded less pay, status and power than those whose jobs are further removed from the kids.

To further understand this, Tronto identifies four separate but interconnected phases of care. The first two, *caring about* and *taking care of*, involve caring from a distance. *Caring about* notes the existence of a need and determines that it should be met; *taking care of*, then, is the next step and involves the assumption of responsibility and determination about how that need should be met. The third and fourth phases, *care giving* and *care receiving* involve the direct practices of care. The comment above about the invisibility and degradation of care actually applies to these latter two phases, with those *caring about* and *taking care of* tending to enjoy greater status and power.

If we think about who does the *caring about* and *taking care of* in relation to residential child care (i.e. who decides what is needed and how those needs should be met) and compare them to who does the *care giving* and *care receiving* in terms of power, status and accountability, her analysis holds true. For example, the person who decides how much of the budget should go for food and how things are structured around who cooks, when, and

even sometimes where the food can come from usually carries more status and power than those who prepare it, serve it and/or eat with young people. That person also rarely has to deal with the intense and sometimes ongoing backlash when those decisions are poor.

Tronto terms this discrepancy between these phases of care, in terms of value and status, the fragmentation of care. She points to the fragmentation of care as complicating the reality about the place of care in society and disguising the way its place preserves privilege and inequality. A further fragmentation can be seen in the way care is understood either as sentiment and located with the individual, or as instrumental and only being valuable to the degree that it supports other ends. She argues that ethical care involves both: a caring disposition and activities of care.

Tronto's project, then, is to re-conceptualise care (and convince us to do the same). By moving it from the individual, private, peripheral and trivial to "the centre of human life", she argues that a more just and caring world is possible. By de-essentialising care as 'women's morality', Tronto

offers the possibility of effecting greater social and political change by requiring all humans to see and act on their mutual interdependence...if the world is to be made a better place, care must be seen as a human, not a woman's, responsibility.

By critically examining the organisation of care in society, the way that care delineates positions of power and

powerlessness becomes visible. By conceptualising an integrated care in which all of its phases are considered, and by recognising the *practice of care* as a disposition and an activity, care can become a central category of social analysis. The broader moral, social and political ramifications of the way care is conceptualised can be understood. Held, building on the work of Tronto, argues that the social and political implications revealed by care ethics provide a “radical ethic[al] calling for a profound restructuring of society.”

More recently, Tronto has argued that because the practice of care is essentially relational, good institutional care must robustly maintain three key foci: purpose, power and particularity:

...care institutions need to have formal practices in place that will create the space for evaluating and reviewing how well the institution meets its caring obligations by being highly explicit about its pursuit of purposes, how it copes with particularity, and how power is used within the organisation.

She highlights the lengthy process required for members to come to a common understanding about their purpose and how they strive to achieve it. Creating spaces for this process, and for evaluation, review and evolving understandings, resonates strongly with Ruch’s epistemological facet of micro-level containment (discussed in <http://www.cyc-net.org/cyc-online/march2011.pdf> pp.59-62). The ambivalence and ambiguity about the purpose and means of residential child care makes the need for

such places all the more imperative.

The moral practice of care, then, requires integrity of the four phases and the disposition and activities of care. It also requires explicit attention to issues of purpose, power and particularity. This can be analysed at the level of individual organisations or at a wider, political level. Either way, such an integrated way of conceptualising care also allows for clearer deliberation about the moral dilemmas that inevitably accompany care.

Goffman refers to care only once in *The Insanity of Place*, when setting out the internal functioning of the family:

There is the obligation of each member to care for and protect the others, insofar as they are in need of this help and a member is able to provide it.

In light of Tronto’s analysis, it is clear that Goffman’s care is located in the private sphere, lacks a dispositional quality, and is peripheral or irrelevant to containment at a macro-level. Conversely, care infuses Bion’s containment (see <http://www.cyc-net.org/cyc-online/cyconline-nov2010-steckley.html>); it is through the fundamental acts and dispositions of care that containment is enacted – whether it be in the first few years of life, in the lifespan of children and young people, or the working spaces of practitioners. There can be no effective containment without care; conversely, care with brutally enforced, constraining containment or without any containment at all is not only ineffective, it is unethical.

So what does all of this mean for the front-line practitioner? Well, I’m still

working it out, but so far I think it would be this: that the theory of containment on a micro-level is incredibly valuable in informing practice – both at the levels of direct practice and indirect practice. It is especially useful to support clearer thinking related to empowerment and control. However, our macro-level notions of containment are influenced by pretty inadequate ways of thinking. I think this contributes to the (mis)use of the term and the block some practitioners may experience in terms of being able to engage with micro-level containment theory.

On a macro-level, I think it's helpful to think about how our sector is located within wider contexts, processes and ways of thinking, and how they affect our practice. It's useful to step back and understand how our society has been unable to contain the children and families that we work with, but has often been brutal in trying. It's useful to see our places of work as containers, and to identify and resist being part of containing processes that constrain, oppress, marginalise and silence – while still providing the kind of containing processes that promote the ability to think through, reflect, relate, heal and develop. It's also useful to understand that this can be extremely difficult, especially within current wider contexts.

Lastly, I find it helpful to be reminded from time to time that the way we think about things, as individuals and as a society, does change over time. The way things currently are will indeed change and the direction of that change is not inevitable. Being able challenge taken-for-granted assumptions and developing different ways of thinking and

speaking about things are powerful contributors to change. Challenging unhelpful assumptions and thinking, and speaking differently about care and containment seem, to me, like worthy endeavours given they are central to who we are and what we do. That people are beginning to think and speak about care differently, that Tronto's ideas have been taken so seriously – by academics, practitioners and policy makers across many different disciplines and parts of the world – bolsters my efforts to contribute to positive change at micro and macro-levels. Perhaps more importantly, it helps me continue to see it as possible, which, of course, is required for it to be possible. I hope it might do the same for you.

References

- Goffman, E. (1969). The insanity of place. *The Erving Goffman Archives*. Retrieved 1 May 2012, from http://cdclv.unlv.edu//ega/articles/eg_insanity.pdf
- Held, V. (2006). *The ethics of care: Personal, political, global*. New York: Oxford University Press.
- Menkel-Meadow, C. (1996). What's gender got to do with it?: The politics and morality of an ethic of care. *Review of Law and Social Change*, 22, 265-293.
- Ruch, G. (2007). Reflective practice in contemporary child-care social work: The role of containment. *British Journal of Social Work*, 37, 659-680.
- Tronto, J. (1994). *Moral boundaries: A political argument for an ethic of care*. London: Routledge.
- Tronto, J. (2010). Creating careing institutions: Politics, plurality, and purpose. *Ethics and Social Welfare*, 4(2), 158-171.

Mike Mulligan Comes Back

A few months ago, my daughter came over on her way home from a used books sale with a grin on her face a mile wide.

She had been looking for books to read to her two year old, and showed off the treasures she had found. One gem in particular delighted her.

It was a great big book entitled “Mike Mulligan and His Steam Shovel”, by Virginia Lee Burton.

Now it was my turn to grin. “Oh, he’s gonna love that,” I said.

My daughter beamed. “I know! I remember how much we loved having you read this to us as kids!”

“But do you remember why ...?” I asked, my grin wider. “I do.”

See, I remember “Mike Mulligan and His Steam Shovel” well. Very well. Almost word for word.

Mike Mulligan and his steam shovel named Mary Ann were an inseparable team. But progress was making steam shovels obsolete; the new-fangled diesel shovels were all the rage. So Mike and Mary Ann got less and less work.

Then one day Mike heard about a big job, digging the basement for the City Hall in a neighbouring town. So he filed tenders for the job, did an environmental impact study, bought off a couple of councillors ...

... oh, wait. That’s what he would have had to do if the book were written nowadays. What he did in the original version was meet with the townspeople and promise that he and Mary Ann could dig the basement for their City Hall in one night or they wouldn’t have to pay.

The people agreed, and Mike and Mary Ann set to work digging. And in the manner of “The Little Engine That Could”, they dug and dug until you thought for sure your kids were asleep now because Good God in Heaven, who writes a children’s story that takes 45 minutes to read? So you quietly close the book and listen, and the only sound you hear is your kid saying, “Finish, Daddy.”

So you sigh and carry on, and after what seems like ten closely typed pages of effort, Mike and Mary Ann get the job done, only to find that now they can’t get out of the hole they dug, which is fine because surely the kid is asleep, but she tugs at your sleeve and says, “Finish, Daddy. More.” And suddenly you can really identify with not being able to get out of a hole you dug.

So you go on to read the excruciatingly drawn out conclusion, which is that Mary Ann is stuck in the basement, so they decide to turn her into a steam boiler and make Mike the town janitor and they live happily ever after. The end. Praise the Lord.

But of course what kid wouldn't want to hear that rivetting story more than once? So you hear the word that sends a chill down the spine of every exhausted parent:

“Again.”

Now, we had a policy with our kids that books would be a big part of their lives and that we would not refuse them stories, ever. We read to them every single night, as much as they asked for. We always felt kids should grow up loving books.

So I would read “Mike Mulligan and His Steam Shovel” again.

I don't believe for a second that my daughters were caught up in the poetry of that story. I don't think they loved the searing images, the lyrical descriptive prose, the concise, authentic dialogue.

No, I am positive they loved that story simply because it took so bleeding long to read. Which is precisely why my wife and I learned to despise it.

One day, when it came time for bed, we couldn't find “Mike Mulligan and His Steam Shovel” anywhere. It was gone.

Vanished. Disappeared. Baffling, in a house where books were so revered.

The mystery was never solved. Personally, I blame terrorists. It was sad, but life moves on and other books became favoured bedtime fare.

And here, all these years later, “Mike Mulligan and His Steam Shovel” was back, and my daughter couldn't wait to read it that very night to her son.

A week later, she phoned me. “Why? Why did you not tell me about that book? Why?”

I chuckled into the phone. “He likes it, doesn't he?”

“Every night. I have to read that story every night. Again and again, until my eyes start to bleed. You can't skip a page, you can't miss a word ...”.

“Oh, I remember.”

“We're at our wits end. The other day I just wanted to take the stupid book and hide it so that at bedtime, when he asked for it, we wouldn't be able to ...” Her voice trailed off.

“Blame the terrorists,” was all I said.





Postcard from New Zealand

Hi ya! What about those London Olympics, eh? Well done Great Britain for coming third overall behind the USA and China. What about New Zealand, eh? Winning 6 Gold Medals, and 13 medals overall! Not bad for a little country with only 4 million people!



Jumping Beans Gymnastic Group

The Olympics sharpened my interest in how these games impacted the play of children. We are moving into Springtime, and families were moving outdoors after a lot of Winter rain! Whilst in grand-parenting role, I saw many children playing Olympics games, especially at the Jumping Beans portable Gym Class in the Mt Albert Community Hall!

Parents mostly mothers or grand-



Climbing under Mother/AEs Supervision

mothers – moved around the large gymnasium room where different climbing, rolling, bouncing and twirling apparatus with floor mats had been carefully positioned and erected. With hand over arm supervision, mothers assisted their young children to climb, exercise motor skills while interacting with others for the one-hour session. It was clear that the children were having fun!

In this early gymnastic friendly environment, children were also able to express wonderment and expressions of fun in conquering a particular apparatus. Luke was especially pleased with himself about being able to carry a big red ball.

Climbing a ladder involves development of important motor skills and



Roller and Stretcher Ball



Rolley-Poley Imaginative Play



Safe at the Top of the Ladder

physical coordination. Climbing up, over and down a ladder before then walk-

ing across a plank to another ladder requires a clustering of motor skill competencies that are very complicated indeed. It made me think of the preparation that went into each and every Olympics Gold Medal!

Perhaps it is not so surprising that New Zealand won its Gold Medals mostly on the water – with rowing, sailing and canoeing. New Zealand children learn to

swim from the time they are babies, with swimming lessons a daily feature of Summer Term primary school. Sailing is a leisure-time activity for any New Zealand children and young people who live by the sea!

The other New Zealand medals came



Water Safety from Baby Stage

in the Women's Shot Put, BMX Cycling and the equestrian team with Mark Todd – another New Zealand legend. In addition

to 'High Fives', how often do we see the Usain Bolt Pointed Fingers into the diagonal air sign – from children and young people of all ages!?



Imaginative Play with Bubbles

There was still plenty of scope for one to watch imaginative play on the Wellington waterfront. A 'Bubbles Gun' that shoots out 6-10 bubbles at a time created quite a stir amongst the primary school aged boys! Have fun!



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EndNotes



You ask me what I am thinking
I cannot bear to answer.
The fact that I am thinking
is hard enough.
I cannot scrape away the top layer
Let alone explain it all to you.
The twists and turns and forks in the road
and all that went before,
And now, alone, I must make choices
about my future ...

Man is born neither devil nor saint. He merely reflects in his behaviour the nature of relationships he has had since the time of his birth, with the people who were important to him.

— **Karen Horney**

"There are some ideas so wrong that only a very intelligent person could believe in them."

— **George Orwell**

If you can start the day without caffeine,
If you can be cheerful, ignoring aches and pains,
If you can eat the same food everyday and be grateful for it,
If you can understand when loved ones are too busy to give you time,
If you can overlook when people take things out on you,
If you can take criticism and blame without resentment,
If you can face the world without lies and deceit,
If you can conquer tension without medical help,
If you can do all these things,

Then you are probably the family dog.



How come you have given me only a name but no password?!

"If you think dogs can't count, try putting three dog biscuits in your pocket and then giving Fido only two of them."

— **Phil Pastoret**

Sir Thomas More: Why not be a teacher? You'd be a fine teacher; perhaps a great one.

Richard Rich: If I was, who would know it?

Sir Thomas More: You; your pupils; your friends; God. Not a bad public, that.

—

“No use to shout at them to pay attention. If the situations, the materials, the problems before the child do not interest him, his attention will slip off to what does interest him, and no amount of exhortation or threats will bring it back.”

— **John Holt**

—

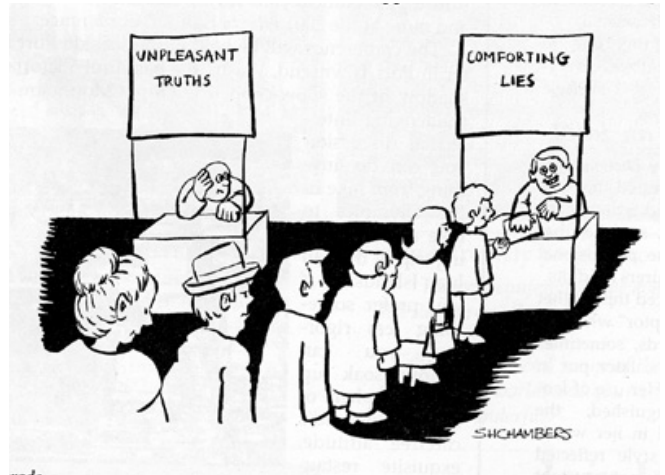
I suffer whenever I see that common sight of a parent or senior imposing his opinion and way of thinking and being on a young soul to which they are totally unfit.

Cannot we let people be themselves, and enjoy life in their own way? You are trying to make that man another you. One's enough.

— **Ralph Waldo Emerson**

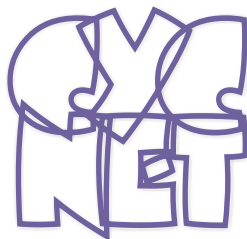
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A little girl had just finished her first week of school. 'I'm just wasting my time,' she said to her mother. 'I can't read, I can't write, and they won't let me talk!'



The animated preacher was wired for sound with a lapel mike, and as he preached, he moved briskly about the platform, jerking the mike cord as he went. Then he moved to one side, getting wound up in the cord and nearly tripping before jerking it again. After several circles and jerks, a little girl in the third pew leaned toward her mother and whispered, "If he gets loose, will he hurt us?"





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ONLINE JOURNAL OF
THE INTERNATIONAL CHILD AND YOUTH CARE NETWORK (CYC-NET)

www.cyc-net.org

ISSN 1605-7406