

CYC-Online

e-journal of the International Child and Youth Care Network (CYC-Net)

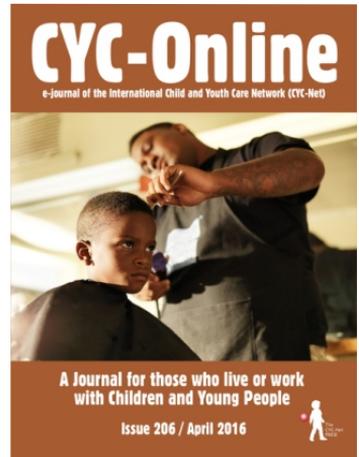


**A Journal for those who live or work
with Children and Young People**

Issue 206 / April 2016



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Surprised by the Unexpected

I live by the river. Have done so for years. Love it. And sometimes it surprises me. Yesterday as I was walking down the road I was frightened by a loud gunshot-sounding crack in the night air. It was followed by several others. I looked around for the source of danger, thinking quickly about pathways to safety, heart pounding in an adrenaline rush moment. Amygdala flashing, no doubt.

And then I relaxed quickly as I remembered that this is the sound of the ice breaking up as the river makes the transition from one state back to another. It happens every year. It is predictable. I know it well. But I forget and every time it happens my first reaction is fright and flight.



You'd think I would have learned, adjusted, adapted by now – after all these years – but, nope, slow learner that I am, it surprises, shocks and frightens me every time. And then I am amused by my own reaction.

The reality is that when something does not happen frequently, or if the space in the rhythms is long, we sometimes forget – and need time to remember. So, something is predictable, but in reality we forget to 'predict it'. Memory is fickle and not always immediately available, especially when we react to our pre-programmed response to perceived threat.

Interesting, eh? Well, at least for me.

Are you reminded, as I am, of the explosions or the sudden, seemingly unexpected, changes that sometimes signal young people's transitions? How sometimes surprising turbulence accompanies those transitions.

Are you, as I am, sometimes surprised, shocked, even frightened by these 'unexpected' signs of transition?

Fortunately, for many Child & Youth Care workers, we work in teams – so while we may not remember the possible significance of 'shocking transitions', we have others to help us remember. And their memories may help us deal with our own fearful reactions.

I walk by the river. The geese are making their annual presence known, the roads seem wider as the snow melts and the neighbours are more outside – and not of these shock / frighten me.

Yet they all signal the same thing – a transition back to – or forward to – a different stage or state.

Some scare me. Some do not.

Interesting.

Go look up what Max Smart and John Digney have to say about transitions in *CYC-Online*.

And I hope you are more prepared for these predictable un-expected moments than I am 😊

– **Thom**





CYC-Net Clan Gathering 2016 – Vienna

Bridging the Gaps

The CYC-Net Board of Governors invites you to join the 3rd CYC-Net Clan Gathering Pre-Conference Day Event in Vienna on

Sunday, 21st August from 9am to 5pm

with an optional Dinner (but we hope you'll stay for that too!)

The first CYC-Net Clan Gathering was held in Paisley, Scotland in 2012 and the second in St. John's, Newfoundland in 2013.

It is said that in some circles, discussions have focused on different kinds of gaps which exist in our field – like between academia and practice; between different service sectors; between training and service delivery; between North America and elsewhere, and between differing philosophies, etc.

As we gather in Vienna (Wien), the historic centre where our child and youth care field really started, join us and spend some quality CYC-Net Clan time together.

Sign-up for the additional pre-conference programme [here](#) and join us in this important Gathering of the CYC-Net Clan!

Leon, Thom, Martin, James, Heather and Jennifer on behalf of the CYC-Net Board

A Formula for Child and Youth Care Practitioners

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Child and youth care practice, as my friend Jim Anglin likes to say, is not rocket science; it is far more complicated than that. Another good friend, Jack Phelan, says that what child and youth care practitioners do is simple, but the thinking behind what they do is incredibly complex. And then there is Thom Garfat, who always seems to make things sound so simple until we think about what he is saying: child and youth care, he says, is a way of being in this world. All of these are fairly ominous statements that surely present challenges to practitioners seeking to find a reasonable formula for doing their work. So I thought this month, I would provide a simple formula for doing child and youth care; it might be helpful if you are reading this to imagine being a practitioner currently engaged with either one young person or a group of young people in any sort of setting. I call this a simple formula for now; whether or not it actually is simple, well, you be the judge of that.

Like most formulae, the formula of child and youth care (CYC) is expressed as an equation. One side of this equation is CYC. The other side is something that when present equals CYC. I will explain each of the variables and their relationship to the others as we go through this, but as a starting point, the general context of all child and youth care practice is a commitment to kindness; that is an overarching belief that young people (and also their families and their communities) are inherently deserving of kindness in their lives. Indeed, the story of child and youth care practice, premised



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as it is on relationships, is really one that takes kindness in the face of significantly variable circumstances as its constant. So far we have this:

$$K_x \quad CYC$$

*Where K is kindness expressed as a constant;
X is an expression of variable circumstances;
CYC is child and youth care*

Now, kindness can only exist when we are able to think beyond ourselves; indeed, the seed of kindness is in the recognition that the presence, the story, the value of others makes a retreat from our preoccupation with our own presence, story and value worthwhile. Just about everything that is necessary to engage in relational practice requires us to step back before stepping into; we must see the other, experience the other, value the other without inserting ourselves into their way, their being, their presence. In other words, we must lay to rest our inherent narcissism, at least for the moment, so that kindness can emerge.

Very closely related to laying to rest our narcissism is the need to fight the impulse to have an opinion. This is enormously challenging, as we always have an opinion about what others are saying, doing, and even thinking. Such opinion, however, is, at least early in any encounter, always a function of our narcissism, since it cannot be informed at this stage by anything other than our own presence, story or experience. This is why laying to rest our narcissism requires not just a conscious effort to think beyond ourselves, but also real action to fight the impulse to have an opinion. This adds to our formula as follows:

$$K_x \quad N_{oi} \quad CYC$$

*Where N is our inherent narcissism
Oi is our opinion impulse*



There is no question that Child and Youth Care cannot unfold in the absence of active caring. Active caring, unlike caring, is characterized by many possible ways of becoming connected and staying connected to a young person or even a group of young persons, and generally includes such concepts and activities as finding presence in the life space, engaging daily life events, caring to listen to and hear the young person(s), and caring to uncover, validate and foster the strengths of the young person(s). Since caring is fundamental to all aspects of child and youth care practice, it has a multiplier effect on everything we do. Thus, our formula expands as follows:

$$C_a(K_x N_{oi}) \text{ } CYC$$

*Where C is caring
And the sub-script a is active*

Of course, all of these nuances in child and youth care practice only become valuable if they are adhered to in spite of challenges on the part of young people who often aim to derail our best intentions. Staying the course and maintaining a strong and authentic child and youth care approach requires, without a doubt, a great deal of patience. Such patience is not merely a behavioural component that we can force ourselves to adopt. It is strongly related to our concept of Self, and the confidence we bring to the vulnerabilities our Self will undoubtedly experience as we allow ourselves to be tested, checked out, and sometimes battled by the young person(s). Therefore, what we have up to this point must be divided by the patience we bring to this encounter; understood as a function of our sense of Self, thus yielding the following:

$$\frac{C_a(K_x N_{oi})}{P_s} \text{ } CYC$$

*where P is patience
And the sub-script S is our sense of Self*



In the end, this constellation of variables serves one end, and one end only – that is to open new possibilities for both ourselves and for the young person. Certainly, this includes new possibilities in a material or concrete sense; that is possibilities for greater success in various aspects of life, including education, employment, housing, relationships, economic well being, health, and so on. But perhaps just as importantly, these variables serve to open new possibilities related to one’s sense of being in this world; new possibilities to find confidence in one’s identity, one’s presence, one’s Self, and one’s relational context across ecological systems. Therefore, the idea of possibility advances child and youth care exponentially like this:

$$\frac{C_a (K_x N_{oi})^{Pos}}{P_s} \quad CYC$$

Where Pos is the exponent for New Possibilities

So there you have it. Why shouldn’t we have a simple formula to ensure our practice stays excellent? The next time someone asks you what child and youth care is, just cite this formula. At the very least, it will make your parent happy who likely always wanted you to be an engineer instead. Ok, maybe that’s just me.

Equations are more important to me, because politics is for the present, but an equation is something for eternity.

Albert Einstein





Knowing What You Don't Know

Jack Phelan

To be a competent CYC professional requires the adult to be able to think about what is happening in complex ways. You have the task of putting your own needs aside while you focus on the often very needy person you are trying to support. The ability to set boundaries and not let your own personal business interfere with the needs of the young person or family is difficult in the intimate life space dynamics present in our work. Competent CYC practitioners are sensitive to the needs of others, in touch with their own feelings, and able to reflect on their interactions.

Like most professions, CYC also has a clear set of ethical guidelines, practical skills and articulated theories that each practitioner needs to master and demonstrate. Experience and good mentoring create the path for most practitioners to develop the technical skill set that is expected. However, as in all professions, technical skills are not the only requirement. A competent professional also needs good judgment and the ability to respond creatively to specific problems. This separates professionals from technicians, and is a major difference.

So competent CYC practitioners do not only know all the technical skills and guidelines required to perform the task, but they also must acquire an ability to think creatively and reflectively about what they are doing and how they are doing it. So teaching people to do CYC practice is more complex than mastering a manual or following a prescribed list of do's and don'ts.

There is a theory about adult thinking styles that is especially useful in developing CYC professionals, which was articulated by Robert Kegan, called the Constructive-Developmental theory of adult thinking. Heather Modlin is doing her thesis at the University of Victoria on this and has been a great source of information about how this concept affects our supervision and training efforts.

Basically, adult thinking continues to change and get more complex, similar to earlier life stages. There are four stages of adult thinking, and the two that are most pertinent are the middle ones, which are named Socialized and Self-Authoring. All adults can reach these stages, but many adults do not get beyond the Socialized stage. To be a professional, not merely a technician, however, one needs to achieve the Self-Authoring stage of thinking development. This is where the problem of not knowing what you don't know becomes significant.

A Socialized thinker is an adult who is focused on relational dynamics to determine who they are and how they should behave. They can think about thinking (abstract thinking ability) and have empathy for others, but are unable to separate their own sense of self from the values, beliefs and judgments of important others. Younger adults, who are still strongly influenced by parents, teachers and other adult authority figures, go through this stage before they can move ahead. Some adults get here and are comfortable, so there is no incentive to progress. Basically the belief is that others are responsible for my feelings and I am responsible for the feelings of others. They

view the world through relationships and are anxious about conflict, especially with authority figures.

Self-Authoring thinkers have the ability to move beyond the expectations of others, they no longer **are** their relationships, they **have** relationships. This person has a more autonomous self, not responsible for others' feelings and not controlled by outside opinions. Conflict is seen as an opportunity for learning, not something to be avoided. They have developed their way of making meaning in the world to go beyond relying on outside authority and look inside themselves for answers.

So why is this relevant to CYC practice?

We are regularly expected to respond to the pain of others, to be able to separate our needs from the needs we must focus on, to handle aggression without reprisal, to maintain clear, but intimate boundaries and to be relationally available to people who fear closeness.

Socialized thinkers resist conflictual situations, and often blame others for the feelings that arise within themselves because of the behavior or opinions of the other. So they not only get offended by the verbal onslaughts of angry, hurting people, but feel resentful and wounded, or reject the legitimacy of the other person to be that way.

Socialized thinkers need to know the right way to do things, relying on external authority and guiding principles that may be technically useful, but which may need a more creative implementation to actually be useful. Socialized thinkers see disagreement or critical thinking as a threat, not as an opportunity to problem solve.

Socialized thinkers look for strong guidance from supervisors who have the correct answer, rather than looking inside themselves for solutions. Unfortunately, this social loyalty to respected authority is not able to be challenged without assistance, because the socialized thinker lacks awareness of this limitation. They don't know what they don't know. Good supervision and sensitive training will be needed to help them progress to the Self-Authoring stage.

More about this next month.



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-**Rap2Grow**
with Lesley du Toit
& Erik Laursen

SESSION 2

April 25 (1-day)

-**Growing Resilient Kids**
with Martin Brokenleg,
Larry Brendtro,
& Steve Van Bockern

SESSION 3 (choose one)

April 26-27 (2-day)

-**The Art of Kid Whispering**
with Mark Freado
-**Schools that Matter**
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With Tentative Certainty: The art of experimental CYC Part I

Hans Skott-Myhre

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In the early 1980's I was involved with some fellow family therapists in something we called the non-linearity project. The project was an effort to re-imagine our relationship with the families we saw using the ideas of the psychiatric hypnotist Milton Erickson, the emerging solution focused work of Steve deShazer and the ideas of the anthropologist Gregory Bateson. In particular, we were intrigued by the ways that these ideas were played out in the thinking of Paul Watzlawick and John Weakland at the Mental Research Institute (MRI) in their development of Brief Family Therapy. The approach that caught our attention was the way that Watzlawick and Weakland used paradox and indirection as a way of thinking about human dilemmas. Instead of taking the traditional approach of trying to discover the genesis of a problem and then using logic and reason to untangle it and uncover the underlying issues involved so they can be resolved, the MRI team worked on the premise that human problems were continually recreated and exacerbated in the present moment rather than in the past. They suggested that it was people's attempts to solve the problem that maintained its existence in their lives, rather than any underlying pathology, emotional conflict or biological abnormality. In their way of thinking, human beings in the course of daily living have difficulties that make them uncomfortable to varying degrees. Some events make us extremely uncomfortable, while others are simple irritations. The intensity of

the difficulty, however, has little relation to whether or not it becomes an ongoing or seemingly intractable problem. According to the MRI team, what determines and sustains the intensity or duration of a difficulty encountered in our day-to-day living, is our failed attempts to solve it.

It is here, that their analysis of human dilemmas provides a radical break from even contemporary accounts of the difficulties we encounter in life. Watzlawick, Weakland and their colleagues such as Jay Haley and Richard Fisch proposed that problems continue, persist and escalate in our lives when we choose a solution that rationally seems to make sense but doesn't work. In this formulation they were reiterating, in a more sophisticated vernacular, the old adage that insanity is engaging in the same behavior over and over hoping for a different result. The idea was that there are limits to the ability of reason, rationality or logic to provide solutions to human dilemmas.

Drawing on their training and encounters with Milton Erickson's radical approach to hypnosis and the unconscious, they argued that the typical manner in which our conscious mind perceives the world is not actually the way it works. For most of us, we see the world as a series of logical and linear propositions. We assume that if we could just understand our problems logically and objectively we could come up with a solution to solve them. It is precisely this tendency to attempt to solve problems through the application of logic that the MRI team said sustained rather than solved problems in our lives.

We can see this in CYC work when staff or parents apply solutions such as consequences or rules repetitively because they should work. I often saw this happen with young people who were rebellious or defiant with staff or their parents. The adults in question would draw on the logic they had been taught about young people needing boundaries and the importance of enforcing notions of respect and discipline. As a result they would respond to the young person's challenge to their authority with more authority. In the mind of the adults this made sense. The young person needed to encounter limits in order to be trained in the actualities of the real world. They needed the rules and restrictions in order to create a safe environment for everyone concerned. If this didn't work at first, the answer was continued application of boundaries and limits. If the situation continued to escalate, then even more limits and rules, as well as possible appeals to increased authority such as supervisors or even the police, might be necessary. If this didn't work, it was not an indication that the

attempted solution was problematic. Instead, it was an indication of the depth of trauma and pathology residing within the child. The young person needed more help and clearer diagnostic evaluation.

So now we have moved from a rather common human dilemma, in which one person disagrees with and refuses to do what another person wants them to do, to an increasingly complex array of explanations that escalate from issues of normative

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development to issues of deep pathology and possible biological deficit or abnormality.

What the MRI team posited was that this escalation had little to do with the initial complaint. Instead, the increasing level of problematic engagement is premised in the continuing application of a solution that seems to make sense but isn't working. Rather than try something new, an array of increasingly complicated explanations are applied in order to justify the continuance of the logical, but failed strategy, for resolving the situation. In an interesting variation of this dynamic, if this escalating pattern occurs in a one to one relationship with a single staff member and a young person (over a chore for example), we tend to call a power struggle and advise the staff member to de-escalate or even withdraw themselves from the situation. If the young person's persistent rebellion is against institutional structure more generally and threatens the authority of the agency or program then we tend to see the issue in a very different light.

For the MRI team, the issue did not reside in the nature or definition of the difficulty encountered, nor in the personality or neurology of the people involved. Instead, it was a question of the insistence on a particular logic that leads to the repetitive application of interventions that don't work. Their encounters with Milton Erickson's work had led them to formulate a definition of the conscious mind as limited, and to some degree problematic, as a vehicle for solving problems. For Erickson, the way that the conscious mind works is constrained by its digital organization. That is to say, that in the way we consciously organize the world, things need to make sense. We tend to make sense by organizing our perceptions in linear sequences of logical proposition or cause and effect.

In the example above, the staff and parents are using the conscious logic of common sense, in a very linear way, to make sense of their relationship with the young person. If we were articulate this way of thinking, it would include linear sequences of logic about the ways that young people normatively develop, barriers to normal development, the importance to society of order and discipline, normative ideas about the hierarchical relation of young people and adults, the importance of being safe, normative concepts of appropriate behavior and so on. Anything that violates these sequences of linear logic is quite likely to be rejected as lacking logical sense and prohibited as a possible solution to the situation. In this definition, the issue that is sustaining the problematic set of relations is specifically rooted in the logical thinking

of the adults involved in attempting to modify the young person's behavior. Of course there are also similar patterns in the young person's thinking, but for the MRI team the easiest path to resolving any given situation is to work with the people who are most uncomfortable with what is happening.

What the MRI team proposed as an alternative to conscious logic was rooted in the definition they had derived from Erickson about the unconscious. For Erickson the unconscious was far more efficient at coming up with resolutions for the difficulties we encounter in our lives. This is because Erickson viewed the unconscious as functioning analogically rather than digitally. In other words, for Erickson, the unconscious held everything we have experienced in virtual suspension. All thought and sensation is within its range, including whatever feelings, emotions, fantasies, dreams, experiences, concepts and so on is in our unconscious as sheer information. But it is not organized in any particular way. It is there simply as data. It becomes organized through our encounters with the world. The unconscious, in this sense, does not exist until we encounter something in life that begins to organize or constellate the data in our unconscious into patterns of possibility. These patterns are not singular; they are multiple configurations of possibility. They don't function in linear sequences. Instead, they are like a Google search engine that draws up anything analogically related to the search term. Erickson posited that the most effective way to resolve human dilemma was not through the linear and limited logic of conscious logic but through the vast undifferentiated reservoir of information and possibility in the unconscious. The question was how best to access this rich resource.

Clearly, this would be difficult to do through the use of conscious thought because of the way it prohibits certain illogical ideas and propositions. For the MRI team, the answer was through the judicious introduction of the illogical. For them, the idea was to find ways to break up the preconfigured logic of conscious thinking so as to introduce the possibility of experimentation with new ways to see and act. In short, the idea was to get people to quit applying solutions that weren't working. To do this however required shifting the patterns of logic underlying the attempted solution. The art to this was in the ability to introduce experimentation rather than determinate intervention. This had to be done with an odd combination of tentative certainty. This is where the non-linearity project comes in and what I will address in next month's column.

Putting in and Getting Out: Better inputs – Better outcomes

Maxwell Smart and John Digney

YOU ONLY GET OUT
WHAT YOU PUT IN.
DON'T EXPECT
MORE UNTIL YOU
DO MORE.

Mediocrity knows nothing higher than itself, but talent instantly recognizes genius.

Sir Arthur Conan Doyle, Scottish writer and physician

Even if the hopes you started out with are dashed, hope has to be maintained.

Seamus Heaney, Irish poet and playwright

Introduction

It is an old Celtic adage to say that, 'yee gitt oot wa yee pa en' and like many old axioms' this may seem a little clichéd in our modern world. The fact of the matter is that this is a universal truth and it applies just as much today as it did in years gone by.

We easily recognise and accept that computers run slow or crash when they are not de-fragmented or virus protected; machines break down when they are not serviced or maintained properly; buildings fall apart when they are not kept wind & water proofed. Likewise, our décor begins to look tired and worn, becoming prone to decay, when we make no effort to keep it fresh. Likewise, our bodies break down when



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abused (such as by drugs, alcohol or tobacco) or when we do not eat or exercise properly.

Fundamentally, we believe that all things require care, attention and respect. It is by tending to and focusing on the proper inputs that we ensure (as much as we can) that there will be better outputs and outcomes. In effect, you get out what you put in!

Putting in and taking out

Is it not interesting just how often kids tend to say something profound (without realising it), when engaged with us in an activity? Recently one of the youth we work with (we will call him Kevin) commented on another young person we encountered in a shopping mall, 'it's a shame and a pity of that wee man, nobody has never had anyone pay him any attention'. The youngster in question apparently had had very little adult or parental input in his life all the way throughout his childhood (much like the lad making the comment). After advising the author that this other youth was now taking drugs and involved with police, the following profound statement was made by young Kevin as he speculated on the likely outcome for this other youth, 'it's hardly surprising isn't it, I mean, you only get out what you put in'. Remarkable, eh?

Kevin's observation was considered by the authors in preparation for this article, particularly because of how astute and fitting the remark was. The hard-learned reality for any of us in relationship with other is exactly that; you get out what you put in. Put in love, attention and affection and more often than not, at some point in time youth will grow up giving out in the same way. We know that those of us exposed to all sorts of things, over years in the business of working with troubled youth are never really surprised by the outcomes for children who have been deprived of these fundamental 'needs'? The giving of love, affection and opportunity for having fun are the very things necessary to nurture and create a loving and caring 'being'. Should we be surprised that growing up in an ecology bereft of these things can create a legacy of, 'children who hate'? Those deprived of caring never learn how to care for others or even about themselves. You are spot on Kevin - you get out what you put in.

Relationships

It is a given that the lifeblood of our work is relational care and caring, this should



be at the very core of everything we do. Yet, all too often we encounter practice that demonstrates that saying and doing are very different things. We don't say this to be controversial, it is merely an articulation of an observation both authors have made. We see that for many, time and again, years of good education, mentoring and gathering of practice wisdom can go out the window as those caring for troubled youth still do the opposite of what they inherently know to be good and right. We do not intend to be hypocritical; we are sure all of us in frontline practice have, from time to time, feelings of anger and despair when witnessing some of the behaviour displayed by youth; at some time or other we have all sought to withdraw rather than connect. Even with almost 60 years of experience between us (OMG), we can pinpoint times where we have pulled away emotionally from a kid who has just triggered something in us that is frightening and scary.

Yet we know that the very kids that push us away are some of the kids that need us the most and what we put in may be of such significance that it may alter the trajectory of that child's life. Yet sometimes we hold back from putting in what we need to (what we know we need to). Our inputs will ultimately seep back out and if we practice in an emotionally avoidant and distant way, we will get the same back in spades from the youngster. This will not prove to be an effective strategy as we seek to build healing space for kids.

All too often we are witness to the myriad of 'punishment regimes' that exist in our caring systems. It has been said (mainly by naive observers and practitioners) that such restrictive and disciplinary programmes can produce 'control of troubled youth'. Anyone with a titter of wit knows that this type of environment and regime 'works' only in a contrived artificial and time limited manner – mostly when the youth are in our immediate sight and prepared to 'play the game'. Additionally, office-based care regimes (loaded with pro forma and box ticking), where helping adults observe and only intervene in crisis, are unlikely to build healing connection with youth. In such programmes we tend to never see connection, love, affection or creativity. We tend to see poor and damning outcomes.

Time for a reality check guys! We can only be effective in making connection with children and youth when we are in close physical and emotional proximity and it is only by making connections that we create space to build embryonic relationships. It is from understanding this and by nurturing such relationships that emotional healing and



learning can occur. Fulcher & Moran (2013, p311) remind us that our influence as effective practitioners comes from knowing about, understanding and developing, 'zones of proximal influence', thus building on Vygotsky's description of teachers and carers having a zone of, 'proximal development', where social and emotional learning can take place. Fulcher (ibid) noted that this proximity, 'reinforces the importance of relationships and thus provides a robust underpinning for the therapeutic use of daily life events in social education or pedagogy'.

This Kid is Needing a bit of Love and Laughter

Many Child and Youth Care luminaries advise us that effective workers need to be where children, youth and families live their lives. It is such practice, they say, that makes us unique within the helping professions. Being in the life-space allows us to 'put in' in a very real way. We have discovered that it is this authentic type of intervention that is felt as being genuine, and therefore more effective than 'formal clinical sessions', thus building on Redl's notion of, 'counselling on the hoof'.

'Putting in', in this way allows us to pay attention to the 'right response, at the right time' approach. We work with youth (and family) to model and demonstrate a calm and thoughtful approach to problem solving. We demonstrate concepts such as respect, kindness & empathy, allowing time and space for fun and laughter with young people. This 'putting in' of the right things at the right time can allow us to demonstrate the power of humanity. It also allows us to see the humanity of others. Focused, intentional and individual 'putting in' creates opportunity for us to take the emotion out of potentially harmful experiences and allows us (and those who really want to) see the inside kid, ensuring we attend to the developmental needs of the youngster.

Sitting with a youngster at a PC; playing games on some type of console; shooting hoops; watching or playing football; giving and accepting pampering on a 'pamper night', are all simple and everyday ways to foster opportunities and space to build on shared experiences and to engage in the 'life banter' specific to that activity. Being present, observant and reflective can create a space to 'put in' exactly what is needed. We demand kids who will grow into caring and loving adults; adults who will see the joy in life and know it is wrong to hurt others.

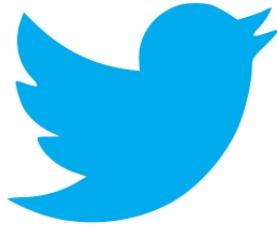


Yet how can we expect to mould such youngsters if we do not treat them as such when they are 'adults in the making'. Put in the love and put in the laughter, sit back and watch it germinate and grow. Kids that are loved, kept safe and taught that is it OK to have some fun, will eventually become the adults we demand they be. It is by tending to appropriate affection and understanding the requirement to help kids meet their emotional needs that facilitates growth; both emotionally and physically. As put succinctly by a very good friend of the authors, 'doing the activities and being there, exactly where he is, without judgement, allows the kid to grow. At the end of the day, we need to know what to feed him and I think the best of nourishment comes from a good feed of love and laughter'.

Maxie and Digs

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Supporting young people's experience of preparing to leave children's homes to live independently: Implications for leadership – a view from practice

Nat O'Brien

This paper considers the value of shared leadership and co-production techniques when enabling young people to progress towards independence. Two examples are discussed to illustrate where this worked particularly well in bringing about developments in practice. The first relates to identifying goals for change for young people: My Steps to Success. The second focuses on the production of 'young people friendly' pathway plans. The paper concludes by thinking about some of the ways shared leadership can serve to improve the experiences of young people who are preparing to leave residential care to live independently.

Keywords

Co-production; leaving care; shared leadership; residential child care

Introduction

From practice and from research, a lot is known about the educative processes involved in helping to improve the experiences of children and young people living in children's homes, and particularly in the light of what this involves for supporting staff teams (Brown, Bullock, Hobson & Little, 1998; Whitaker, Archer & Hicks, 1998; Ward, 2007; Hicks, Gibbs, Weatherly & Byford, 2008). One area of practice which is arguably less focused upon is the transition from residential care to independent living, which



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brings with it new challenges and opportunities for young people beyond those of routine daily life. This short paper reflects on the value of shared leadership and co-production when enabling young people to progress towards independence. The paper is based on practice insight gained from a programme of work funded by the Department for Education in England, designed to support improvements in young people's experience of preparing to leave residential care to live independently. The paper briefly introduces the programme of work and goes on to discuss two areas where shared leadership functioned particularly well when seeking to provide the best possible opportunities for young people who were going through this complicated stage of their lives. Finally, the paper considers the benefit of shared leadership in respect of enabling young people to prepare to leave residential care.

The LIFT Children's Homes project and its context

Initially known as 'Getting Ready', the project was renamed as LIFT (Learning Independence for Transition/Life In Full Transition) by young people in the early stages of its development. The LIFT programme of work arose from an awareness that leaving residential care often can be a fairly bleak experience. Young people living in residential care are more likely to have experienced complex difficulties, to have high levels of vulnerability and to make an early transition from care compared to those living in foster care (Stein, 2010). Those who leave early are less likely to be in education, training and employment (Department for Education, 2012). The Association of Directors of Children's Services (2013) acknowledged that intervening with adolescents is the area where the care system is least effective, and research indicates that many young people are dissatisfied with the support which they receive. They report shortfalls in planning and preparation for leaving care which leaves their needs unmet (Ofsted, 2012). Against this backdrop, the project was conceived to address the identified shortcomings in current practice and to improve skills in working with young people.

The project was based in the north-west of England, in an area with the highest concentration of young people living in residential care. Over a two year period, LIFT addressed three core aspects for young people: quality of care and pathway planning; preparation for independence; and support for education, training and employment.



Work took place across six organisations, including local authority and independent sector providers, and consisted of an extensive programme of training and peer learning opportunities for staff, co-production workshops with staff and young people, individualised support for young people, and advice and information for staff. By the conclusion of the project over 500 professionals and over 60 young people had been engaged in these events. Evaluation was ongoing at all events and stages, and an independent evaluation reported part way through the project to enable development of the final stages of the programme, with a final overall evaluation report being presented at the end of the project.

Perhaps inevitably, some of the recruited sites experienced difficulties in engaging consistently with the project. The overall programme required time commitments in terms of attending events and workshops, and daily life within the participating homes was hectic and demanding. There were clearly factors which both enabled and prevented engagement. Prevailing concerns with the turbulence of everyday life and staff team stability consumed considerable energy for most participants. In terms of consistent engagement, much seemed to depend on those who took the lead in spotting opportunities for making use of the project to assist in achieving particular goals. For example, where difficulties had been identified already, the project presented a useful opportunity to permit focused attention taking place. This opportunism occurred from various vantage points within sites, by young people, keyworkers and staff teams and other professionals occupying roles external to the homes, including external managers. The most profound energy surges occurred where similar goals were recognised across roles. The article now moves on to reflect on two examples of such 'turning points', where shared leadership was seen to enable major changes in practice to very useful effect.

Experiences of shared leadership and co-production approaches in direct work with young people: 'My Steps to Success'

Enabling young people and staff to engage with the practical steps involved in preparing for leaving care represented a particular form of challenge. There were many factors seen to be at play which made direct preparation a risky and potentially distressing business, not least in the awareness that this would introduce further



uncertainty into already tumultuous lives. To some extent, the multi-agency training assisted staff to share and address the dilemmas associated with pressing-on with this fairly daunting proposition. For young people, moving beyond the present towards planning for the future represented much more than learning new tasks, since it brought to light the prospect of leaving the supported environment of their children's home and moving on to a very different, independent life. Introducing the aims of the project to young people therefore required sensitivity, recognition of individual needs and appropriate pace.

In the initial stages, the project employed incentivisation in the form of gift vouchers to say 'thank you' for participating in workshops, as did some of the children's homes. This motivator, however, was not sufficient to bring about wholesale or continued engagement, since sustaining participation was dependent on seeing that there was something worthwhile – and interesting – taking place. Validation by means of involvement and attention from keyworkers, managers of homes and senior staff within the organisation served to legitimise and encourage participation. In this sense, leadership in respect of this work – in terms of setting the direction of travel – was shared across different levels of functioning. Importantly, the co-production workshops produced 'plans for change' in respect of leaving care preparation and support, and when changes started to be brought about, actually seeing this happen served to boost participation and to sustain it. Essential here was bringing about a collaborative approach to creating an environment over time where young people felt comfortable and free to choose their focus and way of participating, and where residential staff shared in enabling this.

One aspect which emerged from the co-production sessions was the need for a supported way to identify goals, to plan the steps towards achieving these and to monitor progress. During the sessions a tool was developed collaboratively to identify career aspirations.

This took account of a young person's starting point, by identifying current strengths and assets, as well as areas for development. Young people worked with carers and project staff to identify the realistic actions and achievements needed, along with the corresponding resources and support required, for example, the building blocks provided by staff, or support from other young people or identified personnel. The resulting tool was visual in nature and came to be known as *My Steps to Success*.



By adapting the tool, it was possible to make use of it in relation to setting a wide range of goals, including life skills such as cooking and leisure interests. The inevitable collaboration involved in developing steps in this way enabled staff to plan for supporting young people to aspire towards realistic achievements, and sometimes to develop sequential sets of plans towards a bigger overall goal. Participants saw this as an informal means of planning and preparing which was separate from a pathway plan but related to it. *My Steps to Success* formed a useful record of direct work with, and completed by, young people. In particular, the tool enabled young people to see the building blocks towards becoming responsible for achievement in different aspects of their lives, and to understand how to be safe, to develop and to achieve.

This example illustrates the powerful potential of co-production, where energies were combined to devise a workable tool with potential for widespread adoption. This form of ongoing collaboration required motivation, the identification of shared goals, comprehensive participation and a level of working consensus. These are all aspects of shared leadership, where influence is less about role or rank than it is about aspirations and goals and ways of achieving these. Much has been written about the term 'shared' or 'collaborative' or 'distributed' leadership and it is not the intention of this article to examine the literature about this, rather a single quotation is offered here to encapsulate dimensions of the concept as it relates to the processes of the project:

Shared leadership is facilitated by an overall team environment that consists of three dimensions: shared purpose, social support, and voice

– (Carson, Tesluk & Marrone, 2007, p. 1222).

The following example highlights the ways in which these dimensions hold potential to be applied.

Experiences of shared leadership when changing approaches to Pathway Planning

One prominent change to practice during the course of the project was in respect of attitudes, knowledge and approaches towards pathway planning. As will be seen, the central driver for this was a foundation of shared awareness: "buy-in from all". This was enabled by a combination of co-production workshops, joint training and authority and



active engagement from senior management within organisations. In this sense, shared or collaborative leadership was seen to be an essential component in effecting change within organisations.

All of the children's homes which signed up to the project were keen to develop their approach to preparation for leaving care, with the general recognition that there was room for improvement in young people's experiences. The voluntary but formal agreement which initiated the project required sites to commit to participation. This represented high level management support for the project and 'permission to engage', and thereby 'top-down leadership' and ownership. This level of hierarchical leadership commitment was essential to establishing the project; all activities beyond this were dependent on more comprehensive and voluntary participation and direction coming from the 'bottom up'. In this sense, the shared leadership developed here was comprehensive.

The training offered in relation to pathway planning, preparation for independence, and education was geared towards involving staff at various levels of functioning and from a range of roles. These included residential staff, internal managers, external and service managers, personal advisors, housing officers, independent reviewing officers, social workers, leaving care managers, supported accommodation workers and managers, and higher education student support officers. Training thus presented an opportunity for different teams, or staff performing different roles, to explore their roles, areas of overlap, drift, duplication and conflict. Using a participatory approach to training meant that different role perspectives were heard throughout the sessions and the vision to change areas of own practice where improvement was merited was conceptualised from a shared base. By the second year of the project, as part of the training sessions it became possible to move beyond the initially included voices of young people from previous research towards integrating, in a cumulative fashion, those of participating young people. These were brought forward from the workshops and individual sessions, sometimes with direct participation. Additionally, colleagues from project sites took part in training during year two of the project as guest presenters. The training sessions themselves were shaped by the comments and action plans created by young people and professionals in workshops. Staff found this to be very influential; importantly, it served to motivate them to collaborate in making



changes. Sharing these experiences was instrumental to establishing commitment to goals for change.

Through this dynamic approach to developing understanding it became clear that there was an urgent need for pathway plans to be 'young people friendly'. Plans were thought to be too long, too wordy and not always up-to-date or sufficiently related to individual young people. Professionals from care leavers' teams and residential care attended further training to develop knowledge and gain ideas around best practice and compliance, which was then used to feed into ideas about how to change the documents and the process. Furthermore, local authority sites were directed to the National Leaving Care Benchmarking Forum to gather examples of good practice. A new format for a pathway plan was created in consultation with young people. It included a two page summary and each section was designed to ensure that young people's opinions were the starting point to planning each dimension of need. Feedback from young people about the new forms was very positive, but the process of operationalisation was thought to be quite long and slow, with information and computer technology (ICT) issues often cited as the main reason. At the time of writing, at least 10 local authorities are now re-designing their pathway plans utilising learning from the project.

This exciting and important sea change in practice was brought about by the 'buy-in from all' mentioned earlier. This was dependent upon a robust use of training opportunities, resources and forums and most importantly, from concerted, shared leadership. What seemed to make a difference to levels of achievement was collaboration between participants in dedicating time subsequent to organised events, in order to consider the relevance of the sessions and to plan actions which fitted with their own circumstances. The three dimensions of shared purpose, social support and voice were clearly evident and were fundamental to the changes which occurred.

Concluding thoughts: the value of shared leadership in respect of enabling young people to prepare for leaving residential care

Around the UK, legislative and policy changes being brought about (such as the Children and Families Act 2014 and the recent *Staying Put* arrangements in England) indicate a positive direction of travel for supporting young people living in foster care.



While this progress is very welcome, for those living in residential care, such developments remain limited in respect of supporting their transition and offering a sense of stability in relation to that support. This argues for an urgent need to improve 'leaving residential care' support. While residential staff are aware of the need to support transition, many lack the skills and experience base – or position within organisations – to co-ordinate multi-agency working. This needs to occur at the same time as working directly with young people to assist their preparation for independence. Working single-handedly is unlikely to achieve the many tasks required.

The LIFT project worked with residential staff as well as the broad range of professionals involved in providing leaving care support. The project aimed to empower staff and to increase recognition of the need to engage functional networks in order to work comprehensively and effectively with and on behalf of young people, for example, in areas such as pathway and career planning. In working collaboratively and sharing in goal- setting, participants from various roles developed a powerful way of working underpinned by the recognition that responsibility, communication and action needed to be shared in order to bring about change. In consequence, residential staff were better placed to ensure that placement records and plans were reflective of and complementary to pathway plans. In particular, this level of collaboration reinforced the confidence of residential staff, enabled cross-organisational transmission of knowledge about the needs and rights of young people, and developed more active exchanges between professionals external to residential units and staff within them.

Staff found that forums, online resources and peer learning events were essential facilitators of enabling a shared direction to be established within their organisations. Aside from LIFT, such events seemed less generally available for residential provisions than for other branches of children's services, such as leaving care teams. A fundamental aspect of the project was its approach to co-production, where young people were involved in identifying goals, and exploring and developing these, as well as promoting solutions to obstacles. The benefits of this approach were mutually reinforcing insofar as young people reaped positive experiences in terms of developing self-efficacy and self- confidence, and in turn motivation and inspiration were stimulated for residential workers and associated professionals. In this way, co-production, collaboration and shared leadership had a synergistic effect – the sum was indeed greater than the parts.



In concluding this short reflection on practice, it seems helpful to draw attention to the conditions needed to promote shared leadership which are noted by Doyle and Smith (2007). The authors cite Gastil's work from 1997, in order to highlight the importance of the following factors:

- **Ownership.** Problems and issues need to become a responsibility of all with proper chances for people to share and participate.
- **Learning.** An emphasis on learning and development is necessary so that people can share, understand and contribute to what's going on.
- **Sharing.** Open, respectful and informed conversation is central.

– (Doyle & Smith, 2007, p. 19)

Throughout the LIFT project there were many examples of the benefits of the shared leadership approach described above. Where this worked particularly well, it was seen to promote positive changes in practice, in opportunities developed with and by young people, and in local policies. Developing and sustaining this collaborative spirit by means of co-production techniques seems to offer a positive step forward in improving the experiences of young people leaving residential care.

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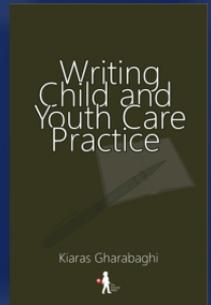
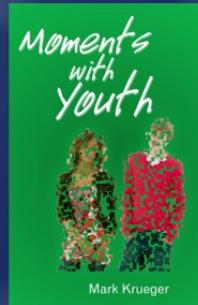
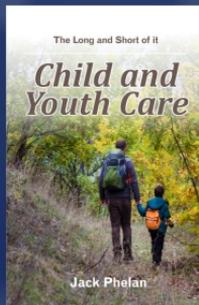
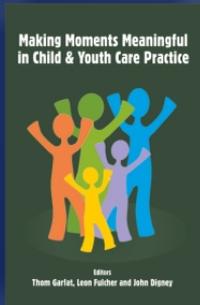
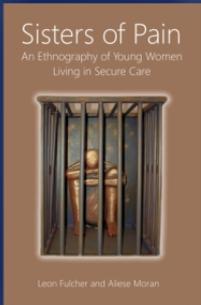
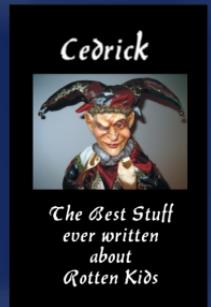
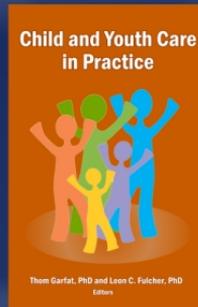
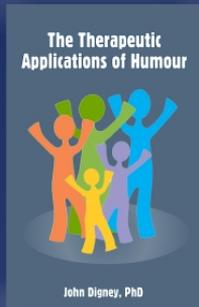
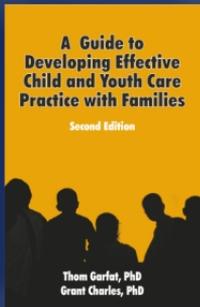
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The Internet of Relationships

Aurora De Monte

I recently had a text message exchange with a young person I work with that included messages of recognition and gratitude for the relationship we co-created. It is not everyday that we get such explicit messages of appreciation and care from those we work with, however, I do think we get them daily, whether it comes in the smile, the genuine space and presence while sharing food, or the rhythm we may fall into when we greet one another in our own unique way. The piece that really stood out for me was the method of expression: a simple text message. I have been reflecting at greater lengths about the use of technology, its impacts on social relationships and our practice.



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capture these (for both our own memories as well as for them)? Online, I found a tool that creates a book from text messages and images shared between one another (<http://www.txt-book.com>). I wonder about this as a method we may use to remind young people and families we work with of our time and space together. I always suggest to emerging practitioners to have a storage place (a folder, box or a journal) where we keep/write moments of significance. These reminders can serve our self-care process as well as fuel our passion, commitment and dedication towards creating and engaging in caring spaces with others. Maybe it is time that we start thinking about how to capture this online, virtual dimension of our practice in a tangible manner? This tool (or something similar) might be a way to celebrate this virtual dimension of our relationships with young people.

For those of us that are interested in exploring this rapidly changing world of social apps and culture, the podcast 'This American Life' did an episode on 'status updates' (<http://www.thisamericanlife.org/radio-archives/episode/573/status-update>). The beginning of the podcast interviews four young women (new to high school) who discuss the significance of Instagram (photos and related comments) on their social relationships and status. Unless you have a teen/young adult in your life, this may provide some interesting perspective. It is a fascinating insight into the power of these new tools and the role/space/place they have within culture and relationships in present day.

Noted is that this is not the experiences of all young people in our culture or communities, however as Internet continues to spread, so too will the use of its applications. In a class survey the other day all emerging practitioners grew up with the Internet, cell phones and apps as part of daily life. This no doubt has impacts on our relational spaces and I am curious to see how this continues to develop.

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What are the adult health consequences of childhood bullying?

David McNamee

Still considered a rite of passage by some, research is now attempting to understand why victims of childhood bullying are at risk of poorer outcomes in adulthood, not only for psychological health, but also physical health, cognitive functioning and quality of life.



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Though there is no universal definition of childhood bullying, the term is often used to describe when a child repeatedly and deliberately says or does things that causes distress to another child, or when a child attempts to force another child to do something against their will by using threats, violence or intimidation.

The US Department of Health & Human Services (DHHS) quote studies that show the most common types of bullying are verbal and social:

- Name calling – 44.2% of cases
- Teasing – 43.3%
- Spreading rumors or lies – 36.3%
- Pushing or shoving – 32.4%
- Hitting, slapping or kicking – 29.2%
- Leaving out – 28.5%
- Threatening – 27.4%
- Stealing belongings – 27.3%
- Sexual comments or gestures – 23.7%
- Email or blogging – 9.9%

The health impact of bullying on children is complex. Research shows that persistent bullying can cause depression and anxiety and contribute to feelings of suicidal behavior.

The DHHS, however, says that media reports often “oversimplify” the relationship between suicide and bullying. Most young people who are bullied do not become suicidal, they state, and most young people who die by suicide have multiple risk factors, beyond bullying alone.

As well as the psychological impact of bullying, though, studies have shown that children who are bullied may also be prone to physical illness, not only during the period in which the bullying took place, but in later life.

For instance, *Medical News Today* reported on a study that found children who are bullied between the ages of 8 and 10 are more likely to experience sleepwalking, night terrors or nightmares at the age of 12.



Victims of bullying have 'poorer health, lower income, lower quality of life' as adults

But other research shows that the long-term health effects of bullying on the victim are potentially much more far-reaching and serious.

FAST FACTS ABOUT BULLYING

Over 77% of American students have been bullied verbally, mentally and physically.

About 85% of incidents receive no kind of intervention, so it is common for bullying to be ignored.

In surveys quoted by the DHHS, approximately 30% of young people admit to bullying others.

A 2014 study from researchers at King's College London in the UK found that the negative social, physical and mental health effects of childhood bullying are still evident up to 40 years later.

The study examined data from the British National Child Development Study, which includes information from all children born in England, Scotland and Wales during 1 week in 1958. In total, 7,771 children from that study – whose parents provided information on their child's exposure to bullying when they were aged 7 and 11 – were followed until the age of 50.

Similar to modern rates in both the UK and US, 28% of children in the study had been bullied occasionally, and 15% had been bullied frequently.

The researchers found that, at age 50, participants who had been bullied when they were children were more likely to be in poorer physical and psychological health and have worse cognitive functioning than people who had not been bullied.

Victims of bullying were also found to be more likely to be unemployed, earn less and have lower educational levels than people who had not been bullied. They were also less likely to be in a relationship or have good social support.



People who had been bullied were more likely to report lower quality of life and life satisfaction than their peers who had not been bullied.

Even when factors such as childhood IQ, emotional and behavioral problems, parents' socioeconomic status and low parental involvement were taken into account, the association remained between bullying and negative social, physical and mental health outcomes.

“Our study shows that the effects of bullying are still visible nearly 4 decades later,” said lead author Dr. Ryu Takizawa, from the Institute of Psychiatry at King's College London. “The impact of bullying is persistent and pervasive, with health, social and economic consequences lasting well into adulthood.”

“We need to move away from any perception that bullying is just an inevitable part of growing up,” added co-author Prof. Louise Arseneault. She says that while programs to stop bullying are important, teachers, parents and policymakers need to focus efforts on early intervention to prevent problems caused by bullying persisting into adolescence and adulthood.

How does bullying in childhood affect physical health in adulthood?

Prof. Arseneault has also written in depth on another 2014 study into the long-term health effects of bullying, conducted by a team from Duke University Medical Center in Durham, NC.

That study investigated the hypothesis that bullying victimization is a form of “toxic stress.” Proponents of this theory suggest that this toxic stress affects children's physiological responses, which may explain why many – otherwise healthy – victims of bullying go on to develop health problems.

One mechanism that may drive this psychological and physical relationship is the inflammatory response, which occurs when the body is fighting an infection, reacting to an injury or responding to a chronic health problem.

The Duke team assessed the extent of this response in victims of bullying by measuring levels of a protein called C-reactive protein (CRP). High levels of CRP occur during the inflammatory response.

Previously, studies have shown that people who were abused by an adult in their childhood display elevated levels of CRP. Prof. Arseneault says this



suggests that the body is reacting to toxic stress in the same way as when it is attempting to fight an infection.

The Duke team analyzed data from the Great Smoky Mountains Study which measured CRP levels in 1,420 children aged 9-16 who had been victims of bullying, as well as bullies and “bully-victims” – children who are victims of bullying and who also bully others.

The researchers found that children who had been involved in bullying multiple times – whether as victims, bullies or bully-victims – had higher levels of CRP than those who were not exposed to bullying.

The team then looked at the participants’ CRP measurements as they entered adulthood. The findings were similar – people who had been repeatedly bullied during childhood displayed the highest levels of CRP.

However, in a finding that surprised the researchers, participants who bullied others were found to now have the lowest levels of CRP out of all groups studied – including those who had not been exposed to bullying.

For both the childhood and early-adulthood CRP measurements, the researchers took into account factors such as maltreatment, family dysfunction, anxiety disorders, prior CRP levels and variables associated with CRP, but the associations remained.

Prof. Arseneault comments that previous research along these lines has demonstrated that bullying can influence physiological responses to stress, including altered levels of cortisol, the hormone that is released in the body when under stress. One study involving pairs of identical twins – where one twin had been bullied and the other had not – found that the bullied twins demonstrated a “blunted” level of cortisol response.

Medical News Today spoke to lead author of the study, William E. Copeland, assistant professor at the Center for Developmental Epidemiology at Duke, who confirmed that the elevated CRP levels suggest one mechanism responsible for translating the act of bullying into potentially long-term physical health problems:

“Bullying and the continued threat of being bullied can have physiological consequences. There is evidence that over time this experience can dysregulate biological stress response systems. In our work, victims have higher levels of the inflammatory marker C-reactive protein up to a decade after their bullying experience. Over time, the wear and tear of



these physiological changes can limit the individual's ability to respond to new challenges and put them at increased risk for physical illnesses."

Victims, bullies and bully-victims – how do their outcomes compare?

In 2013, Prof. Copeland also co-authored another analysis of data from the Great Smoky Mountains Study, looking into the long-term health consequences of bullying that – as with the King's College London study – found that victims of bullying have a higher risk of poor health, lower socioeconomic status and problems with forming social relationships as adults.

"Bully-victims" were found to be six times more likely to have a serious illness, smoke regularly or develop a psychiatric disorder in adulthood than those who had not been involved in bullying.

This study also looked at the victims, bullies and bully-victim groups. However, in this study, the bully-victims were found to be the most vulnerable group. Subjects in this group were found to be six times more likely to have a serious illness, smoke regularly or develop a psychiatric disorder in adulthood than those who had not been involved in bullying.

"Not all victims are created equally," Dr. Copeland says of the study's findings. "Victims that attempt to fight back and hurt others tend to be impulsive, easily provoked, have low self-esteem and are often unpopular with their peers. Bully-victims are also more likely to come from dysfunctional families and to have been maltreated by family members."

"As such," he continues, "these children have been exposed to high levels of adversity and lack the skills, temperament and social support to cope effectively. This puts them at profound risk for long-term problems."

The 1,420 participants were interviewed at ages 9, 11 or 13, and then followed up at ages 19, 21 or 24-26 years. Nearly a quarter of the children (23.6%) reported having been bullied, with 7.9% saying they had been bullies, and 6.1% reporting that they had been bully-victims.

While both victims and bully-victims were found to be at risk of poorer health, finances and social relationships as adults, participants who reported being bullies had no association with poorer outcomes in adulthood.



However, Dr. Copeland told us that:

“It is important to be clear here that bullies do not get off scot-free. Pure bullies do have worse outcomes in adulthood but those poor outcomes tend to be due to their preexisting behavior problems and family adversities rather than being a bully per se. For victims, in contrast, the experience of being a victim itself is associated with worse outcomes.”

Dr. Copeland considers that the most effective prevention programs involve parent meetings, firm disciplinary methods and strong supervision.

“Once a child has been bullied, it is critical for parents and teachers to be supportive and to ensure that the bullying does not continue,” he emphasizes. “Too often, bullying is not taken seriously and is treated like a normal rite of passage.”

Though evidence is mounting for physical health problems in adulthood that are associated with childhood bullying, experts say it is the psychological consequences that remain the most concerning, and which are preventable.

Victims of bullying are at increased risk for a range of anxiety disorders, says Dr. Copeland, while bully-victims are at risk for depression and suicide.

“This is tragic because we have effective, tested treatments for all of those problems,” he says. “The problem is that very few people with such mental health problems get the help they need.”

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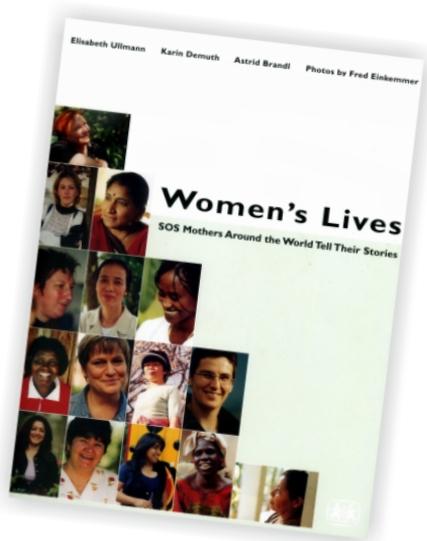
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Women's Lives

SOS Mothers tell their stories

Part 6



Rouhaifa El-Danaf

Born 22. 11.1962, The Lebanon

“My three sisters and I convinced my father that the four of us should move to Beirut and establish lives of our own there. I was twenty years old when we moved to the city. We lived together in a small house. By doing this, we had set an example for the other girls in our village.”



Rouhaifa is the third of eight brothers and sisters. When her father falls ill and is no longer able to support the family, it is up to the young adults to take on that role. Rouhaifa leaves university so that she can work more. She says that she has always been different to the other girls. She plays with the boys, goes to the fields with her father, and is one of the first girls in her village to learn to drive. However, especially at night, Rouhaifa feels an emptiness and that this way of life is not sufficient for her. She misses the human aspect in her job. In these times of searching, she sees a television programme where an SOS mother is being interviewed, and knows that this will be the way she will go.

The Story of Her Life

“I always felt that I was different.”

I come from Baalichmai, a village in the Lebanese . We are eight children all together, six girls and two boys. I'm the third-oldest. After completing primary school, I went to secondary school. The war meant that there were a lot of interruptions because the

schools had to be closed at times, but finally I gained my diploma. My mother stayed at home and the financial responsibility was solely my father's. My mother is a Christian and my father a Muslim, a Druse. My mother was a very strong person and didn't follow the crowd. There was an understanding between my parents. They worked together and respected one another. My father allowed my mother to bring up her daughters as she saw fit. Even though the boys still had an advantage, my mother succeeded in getting us a decent education. In our village she is respected as a woman who knows what she wants and who also has respect for others.

My father died in 1984. He was ill for a long time and was no longer in a position to support his family financially. I'd completed my studies and so I started to earn money for my family. My three sisters and I convinced my father that the four of us should move to Beirut and establish lives of our own there. I was twenty years old when we moved to the city. We lived together in a small house. By doing this, we had set an example for the other girls in our village. Perhaps this was all part of God's plan. Beirut was a particularly important experience for me, because for the first time I had to fend for myself. I learned that I have the ability to do what I want to do, and so I became more self-confident.

After my father died, I moved nearer to my mother and taught at a school. It was at this time that I began to study at university. However, after two years, it was too much for me. I couldn't spend enough time on my pupils, with all the time I needed for my studies, so I left university. My brothers were still small at the time and I had to support the family financially. Apart from teaching, I had a part-time job as a bookkeeper in a restaurant. I love figures and find anything to do with finances interesting.

I taught in the mornings and worked in the afternoons from 1984 until 1987, or perhaps 1989. I kept a bit of pocket-money for myself and gave the rest of my earnings to my mother. I was happy with this situation to begin with, but then I had the feeling that I was missing something. I was financially independent, but could sense that this couldn't be everything in life and there must be something more. Life isn't all about earning money and making a career for yourself. Sometimes it made me cry, because I was searching for the real me. Something inside me was not satisfied, because my life was lacking the human touch. I prayed to God and asked him whether I should work in the social field. I prayed for guidance to do the right thing. Then, on Mother's Day in



1997, I happened to see a television programme where various mothers were talking about their lives. One of them was an SOS mother. I had heard about SOS Children's Villages before, but had never paid much attention to it. I was much more mature when I watched this programme. I was thirty-five years old, knew myself better by then and started to think about it.

You mentioned that your mother was a very strong person. Could you describe her a little for us?

My mother loved us, but she never showed her feelings. In everything she did, she was very disciplined and firm. You couldn't argue with her. If it was time to go to bed, then it was time to go to bed. My father was exactly the same. Our parents showed us a lot of love, but also a lot of discipline. She and my father got on well, but she suffered, because she was never really accepted by the people around her, because of her

different religious beliefs. Sometimes she had to be hard in order to assert herself. I didn't understand that when I was a child, but I do now.

Could you tell us a little bit about your grandparents?

My mother's mother died when I was very young. My grandfather was a selfish man. He married more than once. They had four children together: three girls and a boy, although one of the girls died. I don't think my mother had a happy childhood. She never made a secret of it and often told us stories about what happened to her. For many years my father's family didn't accept the fact that my father had married a woman with different religious beliefs. However, my father managed to get the relationship back on track during a Muslim festival. Normally, the priests would visit all the houses in the village to bless them. When they came to our house, my father told them they should come in and bless our house too. Usually, Christian women do not cover their faces, but, because my mother showed respect for tradition and the priest, she had put a veil over her face. This gesture of my mother's meant that they now accepted her, and the relationship between the families was restored. That shows you how important it is to show respect, even if you are different.

We had a good relationship amongst all the cousins. I was a lively child and did things that girls don't normally do. I played boys' games and ran after my father. He looked after a garden and a field belonging to a house. It wasn't his own land. It belonged to somebody else. My father loved his work and often took me with him. I learned a lot from him. When he died, I looked after the garden. I found that very satisfying, mostly because of all the flowers, which I love very much.

With which religious beliefs were you children brought up?

We followed my father's religion, but, because he respected my mother's religion, we also celebrated the Christian festivals. I wanted to go to a Christian school and my father allowed me. Most of the people who live in the Lebanese mountains are either Druses or Christians. They had always lived together in peace, and I had never really been aware of the difference until the war started in the mountains. It was terrible then. The people in the villages wanted to live together, but the powers-that-be

wouldn't allow it. Political advantage was taken of this situation. The whole thing isn't really about whether we are Druses or Christians. We all have Lebanese roots.

What were your experiences of the war?

We were all very tense during the war. When the bombs came, we had to go into shelters. Our village wasn't as badly hit as some others, but we were still afraid. The war was particularly bad in our area in 1982. The Lebanese war was quite unusual: first of all, it was quiet in one part and bad in another, and then the whole war shifted from one side to the other. I was about ten or eleven years old when we finally realised that we were in the middle of a war. I can remember my father helping the injured, after a building near us had been bombed. My sisters were so shocked that they fainted. I didn't faint, but I was very frightened.



Who comes to mind when you hear the word “family”?

My family consists of my mother, my father and my aunt on my mother's side; my sisters and brothers. I lost my aunt two years ago. I was very close to her. She was always very loving to me and supported my decision to become an SOS mother. She encouraged me when she came to visit and saw me with all my responsibility and the

children. She said I should see God's image in each of the children and should love them all, because they were a gift from God.

Do you have a good friend you can talk to?

I don't have a close friend. I like to be amongst people, but usually it's the others who come and tell me their stories. I don't really know anybody who truly knows and understands me. But I don't need that. I've had relationships with men in my time, but none of them was really interested in me and my inner-self. The physical relationship was always more important. I don't talk much about myself, because so far I've not met anybody to whom I'd like to show my innermost feelings. But I can find myself on my own. I always felt that I was different from the others. I don't feel that I'm better than them, but there's something in me that is specific to me.

What are your particular strengths and talents?

I am always very determined. Before, I always used to think, "It has to happen now." But now I can accept when the time is not quite right yet. I love painting and drawing. When I was younger, I used to listen to a lot of music, and also tried to write my feelings down.

What do you do in your free time?

I have a full life. Especially since I've had the baby, Maria-Clarita, my days are full and physically strenuous too. But sometimes I like to sit for an hour or so out in the countryside and talk to myself about myself. I like to read before I go to sleep, but, at the moment, either I don't have the time, or I'm just too exhausted. I also used to do more sports before I had the baby. I visit my family on my days off.

Motivation for Her Choice of Profession

"Something was missing in my life."

I worked as a teacher after my father died. My sisters also helped to support our mother financially. I love my mother, but she wasn't the best at organising things or dealing with money. My sisters and mother were going around in circles and nothing

was really progressing. I realised that I was different and couldn't stay in this circle any longer. I knew there was something missing in my life and prayed to God that he would show me the way to lead a fulfilled life. That was in the early 1990's. My life is a collection of little experiences that helped to show me what I really wanted out of life. I felt that I needed human relationships in my work. Even though my days were filled, I spent the evenings searching for something. It was by chance that I saw this television programme. It wasn't the first time I'd heard about SOS mothers, but it had never impressed me before. Now the time was right and, when I saw the programme, I was moved and certain that I'd found what I wanted to do.

I phoned SOS Children's Villages and made an appointment to see the national director, Amal Sawaya. I just told my mother that I was going out with a friend, and then I went and had a two-hour long interview with Amal. Things became even clearer during our conversation and I knew that this was the right profession for me. Amal



was very honest with me and so was I with her. When I returned home and told my mother about it, she was against it. She said, “No, I want to have my children near me!” I replied that this was just the work I had always wanted to do and, if she loved me, she would respect my decision. I turned to my younger brother, who was the only person I really trusted. Even he didn’t take me seriously at first. We talked about it again in more detail the next morning and in the end he said, “I support your decision and think you’ll fit in well there.” My mother was still against it. I spoke to Amal and she said, “It’s your decision, but try to get your mother’s approval if you can.” She advised me to talk to my mother, let things rest for a while, and then start the training to become an SOS mother when the conditions were right.

The 21st of April is an important day for me, as it was my first day in SOS Children’s Village Bhersaf. I started my training with SOS mother Mama Rangeh, and had feelings that I’d never had before. I loved the children, of course, but it was much more than that. It was as if I had found myself. These feelings were so strong that I had to write about them. My mother came to visit me a week later and I showed her what I’d written. After listening to me, she told me that she’d actually come to try to convince me to give up this new job, but now she could see how happy I was and respected my decision.

The thing I liked most about Mama Rangeh was her family feeling. She spoke about her family in such loving and genuine tones. I felt good, because I like big families. It’s probably easier to cope with just two or three children, but the family bond is much stronger in a larger family.

Then I worked as an SOS aunt for a time. It was fine to begin with, but after a while it became too superficial for me. I knew all the children, but I didn’t know them well. It wasn’t enough for me to run backwards and forwards between the houses and just to know the children slightly. I accepted that I had to work as an SOS aunt, but I wasn’t very happy about it and thought that the stipulated two years was a bit too long. I spoke to my sister about it and she thought I should just be patient, as SOS Children’s Villages was obviously an organisation that had particular standards. One day the village director told me that a house that had been closed was to re-open in December. I cried tears of joy and prayed to God that he would help me to become a good and responsible SOS mother. I prepared myself and knew that I was now going to be part of a big family.

I was to take in five children and had to get the house ready for them. The children were to be admitted as soon as possible. I had a lot of work to do and the other SOS mothers and the social-worker helped me. I was very happy inside, but the others didn't notice that, because I was so busy with my preparations.

Experiences as an SOS Mother

"The relationships in my family have got stronger every day through love, trust and responsibility."

I was nervous before the children arrived, but I had the support of the SOS aunt and the social-worker, who told me about the children's family background. Three brothers and sisters arrived at the end of November 1997. There was Rosi, an eleven-year-old girl; Rami, a boy of ten and Marc, who was twenty months old. I liked them from the first moment, but I didn't trust myself to show my feelings, because I wasn't certain how they'd react. As soon as they saw me, the children called me mummy, but I didn't feel they meant it. They were only calling me mummy because somebody had told them to, but I wanted them to really mean it. The personal care of the children and their needs went well. I fulfilled my tasks, made sure that they were well and gave them rooms and a bed, but it was just like a job that I was doing and the children seemed to feel the same. I didn't want to rush things and I think that was the right thing to do. Our relationship had to develop with time.



Marc was very fond of his older sister, Rosi. After a few days, I spoke to her so that I could take over the mother role from her. Marc cried when I took him to bed and called for his sister. I stayed quiet, though, and told him a story which slowly grabbed his interest. I spent the night sleeping next to him and when he woke up in the morning, he saw that I was still there. After that he quietened down and had the feeling that he could perhaps depend on me a little more. I slowly built up the relationship between the children and myself. I wanted it to be an honest relationship and for that to happen, we all had to adapt to each other.

The other two brothers, Youssef and Milad, didn't have any problems, because they'd been separated from their natural family for a while. The family with the three children had split up when Rosi was already eleven. She had a very negative image of her mother and I was aware that she could reject another mother too. But, as Rosi saw that her younger brother was becoming increasingly fond of me, she also slowly dropped her barriers. These children are not orphans. They had terrible problems at home and Rosi was always sad. Things became easier for me when school started four days later. I had time for the youngest one whilst the older ones were at school, and, when they came home, I talked to them about how we should organise our lives. I started to bring order into their lives, and that was something new for them. They hadn't been to school regularly before they came to me and so they were behind with their learning. I was very careful to make sure that they did their homework properly and am very proud that they have turned into quite good pupils. I suggested that they should integrate with the other children in the village, that I would help them, but that they had to go their own way.

The amount of physical work was too much for me in the early days, so I organised the children to do specific tasks. They made their beds and tidied their things away. That gave me more time. Every Friday we used to have a family meeting where everybody could air their problems and feelings. The aim was for the children to learn to accept that everybody has their own stories. That was my starting-point for developing a good relationship with the children. We shared our problems. I worked on the relationship. I made an effort to teach the children how to behave with sponsors, how to be friendly, natural and, at the same time, respectful; and which rules had to be followed. I explained to them how to behave when their relatives came to visit. There is a certain discipline in our house now, but it took a lot of patience to

teach them all of this. Now the children understand that a certain amount of discipline is necessary in order to be able to live together happily as a family. The relationships in my family have got stronger every day through love, trust and responsibility. I took in another group of brothers and sisters in the summer and by the end of December, I had nine children.

My aunt came to visit one day and Rosi insulted her personally. I felt that Rosi was projecting all the hate she felt for her natural mother onto my aunt. After my aunt had left, I tried to talk to Rosi. I told her that everybody makes mistakes and that she should try to forgive her mother. I told her I knew how difficult that was, but that in the end, she would only harm herself by filling her heart with hatred. Rosi became closer to me after we'd had this talk.

It's much easier dealing with orphans. There's no conflict between the natural family and the SOS family, and the children can accept their situation more easily. Most of my children are socially disadvantaged and that demands a lot of energy and communication. It's a lot more difficult to work with social-hardship cases, especially when the mother comes to visit. Of course, I accept that the children's natural mother is important to them. Elsie said to me on Mother's Day, "Look, this flower is for my mother. I'll give it to her when she comes." I knew that her mother wouldn't be coming, so I said, "OK, but in case you're mother doesn't come today, I'll give you a new flower when she does come." I always try to project a positive but honest picture of their parents to the children. I'm trying to show them reality in a positive way.

Have you, as a person, changed since you have been working here?

Of course, I'd already developed my own personality before I became an SOS mother, but I have got more mature. The village director, Ammo (*Note: uncle*) Jamil, gives me a lot of support in my work, but I do feel independent. I can make my own decisions and am responsible for the house and children. Daily life with my children gives me wonderful experiences, which I never had before.

Do you have official meetings with the village director?

All the SOS mothers have a meeting with Ammo Jamil every fortnight. We discuss ideas, opinions and experiences. I have a meeting on my own with the village director

at least four times a year. Then we discuss the individual development of my children to make sure that nothing has been forgotten. He gives us good advice and encourages us to do things outside the village too. We have to be good SOS mothers, of course, but we do have our own lives as well.



Could you tell us about your training to become an SOS mother?

I spent the first three months working with one family and had regular meetings with the social-worker, who was there to accompany future SOS mother trainees during their training. She talked to us about educational topics and about our own feelings. A few months after I had moved into my own house, I started a course for educators at a specialist school in Beirut. I had to do two hundred and seventy hours in order to gain my diploma. The participants were all working in the educational field and were there to increase their educational knowledge. I had one day of courses

every week, learned a lot and gathered important experiences. I began to like SOS Children's Villages even more, because during this course I realised that although other facilities were well-organised too, they lacked the strong personal relationship between the care-person and the children that we have. Normally, SOS mothers are trained internally, but the organisation decided to take advantage of this course. We regularly have experts coming to the village to give us further training. This could be a doctor coming to tell us about childhood illnesses, or the developmental stages of a child. It could also be a dietician coming to tell us about healthy diets.

What have been your best and your hardest moments?

I can remember one thing in particular: Marc had just learned to walk, and one day he was nowhere to be seen. I found out that he had climbed the stairs on his own for the first time and had hidden himself in a small cupboard. At that moment I realised that he was growing up! Marc had suffered terribly in his early childhood. He had been taken from his family and suddenly found himself in a completely new environment. Even though he came here with his brother and sister, it left deep scars. He stuck very closely to me, because he was afraid that the same thing could happen to him again.

The problems I had were with Albert. He was older than normal for the SOS Children's Villages, but was taken in because of his younger brother and sister. Two months after he arrived here, his mother got in touch and said she wanted him back. She said she was able to look after him now, even though she knew she wouldn't be able to. She was just playing with this child. His behaviour changed and it was difficult to deal with him. I was firm, but he revolted. His behaviour had a negative effect on the atmosphere in the house. I talked to the village director about him, but even a talk between him and Albert brought no change. He was already a youth and so we decided to send him to the youth home a little sooner than was expected. Even though he wasn't keen on the idea, and found the first year very hard, the environment there has been better for him and his personality. Now we get on well together and he likes coming here. He's trying hard to work on himself and I'm trying to help him.

If you had three wishes, what would you change in the SOS Children's Village?

I don't feel that I have enough time to spend on the children's schoolwork. It's just too much, when you've got so many children and you are bringing them up and giving them personal care too. The world is a changing place and things aren't what they used to be. Children have to learn different things at school these days. I'm sure that every child could be successful if we could teach them what they need. I think a solution should be found in the village. My suggestion would be to set up tutor-groups for children of the same age, and these groups should be taught by qualified staff.

My second wish concerns the natural families. Even though we have been trained well, it is still difficult to deal with children who still have parents. I know that we have to keep in touch with the natural families, but that brings a lot of problems with it. I don't want to get involved interfere, but I think we should work more with the parents so that they gain a better understanding of what we do here. An SOS mother can invest so much in a child and then some negative comment is made by the natural family and you can start from scratch again. Originally, SOS Children's Villages was founded for orphans and the system is perfect for them. I believe we should only take in children whose parents are utterly unable to take care of them. Otherwise the work should be done within the natural family.

A third point would be that a new approach is needed for the eleven to fourteen year-olds. They can't quite yet be seen as youths, but neither are they children anymore, and I feel we should offer them specific activities. It would be helpful to introduce a sort of pre-youth programme to help them prepare for life as a youth. We have recently started some activities, such as taking the children to the bank.

What do you wish for your own future?

The most important thing is to be able to master daily life, but I would also be happy to know that there is a pension for retired SOS mothers. After I retire, I would like to travel to other countries, in order to see all the things that God has created. I hope I will be in good enough health to fulfil this dream. In my dream, I'd also like to stay in touch with all my children, see that they are doing well and are happy. It would be nice if they were to visit me.



The Children in Her Care

“Let the child go out into the world, so that he can find his own way.”

I will describe all my children briefly –

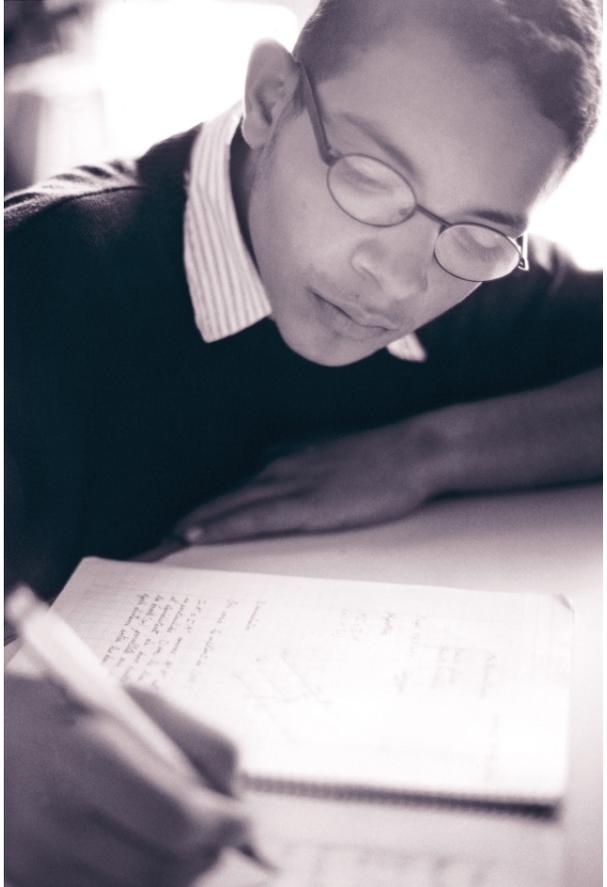
Rosi now lives in the girls’ home. I spent a lot of time with her, working on her relationship with her mother. We talked a lot and Rosi confided her feelings to me. She wasn’t so honest to her mother. She told me that her mother didn’t care about her, but was just nosy. She said that I was her mother. When I replied that she had already been eleven years old when she came to the SOS Children’s Village, she answered, “Yes, but in the time that I most needed a mother, you were there for me.”

Rami was almost eight when he came to me. He was shy, but opened up with time. If the other children were plotting something, I could always rely on Rami, because he

was so honest. He is good at school and has even won Taekwondo medals. He will soon be moving to the youth home. Rami enjoys visiting his family in the mountains and loves his home village.

Little Marc sometimes tries to take advantage of the fact that I love him so much. Even though he was very young when he came here, he knows that something terrible happened in his family. When he was about three years old, he asked me, "Why is my mother in prison?" and he told me that the police hadn't been very nice to her. I explained that people sometimes make mistakes and then have to bear the consequences, but that it wasn't for us to judge them. Now he prays for his mother and the policemen.

Marc can also remember the time his father was murdered. He can remember the funeral, because he once asked me why we put dead people in boxes. I explained that it was only the dead body and that the soul had gone to God. I could tell that that reassured him. The more questions he asked about death, the better able he was to deal with his own past. After their mother had come out of prison, we prepared them for her visit. Rami and Rosi both showed respect, but Marc jumped straight into her lap and gave her a hug. Now she



comes to visit them once a month. Rami and Rosi both respect her, but they are already too old to be able to develop a loving relationship. I find it great that Marc is so fond of his mother.

Youssef and Milad are brothers and come from a different family to the other children. They had been at boarding-school before they came to the SOS Children's Village. They prefer it in the village, because they enjoy the personal contact. Their father was also in prison and came to visit them when he got out. Milad is especially fond of him. Youssef is the older. He was introverted and had difficulties reading, because his eyesight is bad. I spent a lot of time learning with him and helped him with his homework. He's now made good progress at school and has become more self-confident. I admire him, because he has worked on himself and I see in him the fruits of my labours.

Sylva was only with us for two years. Her parents had separated. The older sister was living with their mother and Sylva with their father. He was an alcoholic and totally neglected her. Eventually he accepted that she should come to the SOS Children's Village. Sylva hadn't had a proper childhood. She didn't play and didn't behave like other children of her age. I tried hard to help her to be a child again. Her mother and sister came to visit her regularly and, when her father left the country, her mother went to court again and won custody of her. Now they are together again. My children know that Sylva is happier now, but they do miss her.

We have already spoken about Albert. The problem was that he and his brother and sister, Jean and Elsie, had been abandoned when they were still very young. I needed a lot of patience to teach them the most basic of things. They were used to looking after themselves and had developed their own survival strategy. They often didn't tell the truth. I had to work on their characters a lot, especially with Jean. He's an intelligent lad and could do much better at school, but he's uncooperative. He's now become more responsible at home, shows respect and behaves much better. Elsie has also been badly scarred by her early childhood. She is a pretty girl who laughs a lot and knows how to make herself popular. However, none of the three of them likes learning, they all have assimilation problems and often behave destructively.

Maria-Joanna and Maya also had a difficult childhood. They hadn't known anything like security and were happy with the ordered life in the SOS Children's Village. Maria-Joanna has a strong personality. She knows what she wants. She's not one of the



best at school, but she tries hard and is well-organised. Maya hasn't made any progress yet. She's restless and has concentration problems. I called in the psychologist, but he didn't treat her properly. He only talked with her briefly and didn't find anything out. Sometimes she walks into a wall, then bounces back, and walks into the next one. She needs psychological help, but at the moment, we have a problem with our psychologist and are waiting for a new one. The parents of these two are separated, but they do come to visit the children on their own.

Maria-Clarita comes from a single mother. She was totally neglected, malnourished and ill. She looks like a baby that's six or seven months old, but she's already eighteen months. I hope that she will develop well and be a normal child one day. Apparently her mother has another child who is not entirely well. I hope that Maria-Clarita's development is only retarded because she was malnourished.

What hopes do you have for your children's futures?

I try to do my best for the children. I'm trying to teach them that the only way to a better future is a good education. That is perhaps even more important for the girls, because if they have learned a good trade, they would be able to help their husbands once they are married. I've noticed that the children don't blame their parents, but also that they don't want to follow the same path as them. They learn from the bad experiences their parents had. I try to tell them that the SOS Children's Village is offering them something important and good, and that they should take advantage of it to attain something good for themselves and their futures.



To My Colleagues Around The World

It is a gift of God to be an SOS mother; it is a vocation. If you carry out this profession, you know that you are doing something incredible, because you look after these children. You have to be strong, patient, and you have to persevere. You must not forget that these are not your own children, but rather a gift from God. The child does not belong to you. Let the child go out into the world, so that he or she can find his or her own way. You should listen to the children. That not only goes for SOS mothers, but for all mothers. As a mother, you have to listen to the children and respect their decisions. I would like to encourage every woman who has these feelings not to be afraid, and to embark on the great adventure of being an SOS mother.

Rouhaifa on the Situation of Women in The Lebanon

Women, who live in the mountains or in the country, have to obey their husbands. They live according to tradition. The situation has improved in the cities, where women have now gained a status of their own. In my opinion, a married woman's

priority should be to take care of her family, because you can only work full-time in the Lebanon. If she has a baby, she can only stay at home for forty days. Women are totally disadvantaged according to our laws, and there has only recently been a nursing system. That is why there are a lot of problems, causing families to split up.

The role of the mother cannot be separated from marriage. Every married woman has to play the role of the good mother, and ensure that her husband takes over responsibility. At first sight, the families in the area seem to be doing well, but actually there are many problems and it is the children who suffer most. There are very few single mothers. It is a tough battle with society, which the young woman cannot win. You do not even find single mothers in wealthy circles.

Although boys and girls basically have the same access to education, it is still the boy who will continue with his studies, if the family has financial problems. There are also obvious differences on the labour market. Men have the better chances and, in some sectors, women are employed by their looks rather than their qualifications.

SOS Children's Village Work in The Lebanon

The SOS Children's Village work in the Lebanon started in the early 1960's. The first SOS Children's Village was built in Bhersaf and the second in Sferai, in the south of the country, in 1981. An SOS Social Centre supporting socially disadvantaged women, widows and their children went into operation in Mkallès in 1986. In 1993 an SOS Vocational Training Centre with a holiday camp was opened. That year, construction also started on SOS Children's Village Kfarhay in the north of the country. It was completed in 1995 and was put to use immediately.

Existing SOS Children's Village Facilities

4 SOS Children's Villages, including 38 SOS families, 7 SOS Youth Facilities, 2 SOS Kindergartens, 2 SOS Social Centres (support for families at risk of breaking down. SOS Children's Villages works directly with families and communities to empower them to effectively protect and care for their children and to prevent separation, in cooperation with local authorities and other service providers), 1 Emergency Relief Programme (provision of life skills, psycho-social support and temporary shelter for families affected by the Syrian war).

A person's status in the Lebanon depends on his or her religious community. There is no civil law in the country. Each religious community has its own laws on how to handle various situations, such as divorce, for example. I would very much like to see a change in the situation of women. If I had my say, I would like to see a law giving equality to men and women, as far as civil and working laws are concerned, and also on the question of children. There is actually a law, but it needs to be put into practice too. I would ensure that married women could go to work, by creating part-time jobs. However, our society is steeped in tradition and changes only happen very slowly.

THE LEBANON

Area	10,452 km ²
Population	4 328 000
Population density	414 per km ²
Average number of children per woman	2.3 *
Life expectancy for women	72.2 *
Life expectancy for men	68.6 *
Infant mortality	2.8%
Illiteracy rate amongst women	20%
Illiteracy rate amongst men	8%
Percentage of population living below the poverty line	N/A
Religions (the two most common)	60% Muslims, 40% Christians
Language	Arabic
GNP per capita	USD 4 010

Sources: *Der Fischer Weltalmanach 2003*; * WDI Database



Another Thing Men Don't Get About Women

Nils Ling

We were at a dinner party given by some friends the other night when a question came up at the table that completely polarized the men and the women.

Here it is: one of the women was telling us - in a completely sympathetic tone - about how her friend's jerk husband had really pulled a rotten move. He had completely ignored his wife's fortieth birthday. No card, no cake, no nothing. The women at the table were aghast at his insensitivity, and I've gotta admit he sounded like a bit of a bonehead to me. I asked if this was a one-time thing or if he always forgot birthdays and anniversaries.

Here was the answer: they don't celebrate birthdays usually, because when she turned thirty she made it clear she didn't want to be reminded she was getting older.

But this was a special birthday, said the woman telling the story. He should have done something. All the other women nodded their heads in agreement. All the men went "Whoa."

See, that's what we don't get.



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She didn't like to be reminded she was getting older. She also didn't like to be reminded it was her birthday. So here it is, her fortieth birthday, one of those "Hey, I really am getting older" birthdays ... and he does precisely what she's spent years and years training him to do - and suddenly, he's a jerk. It's like all of a sudden one day taking a rolled up newspaper and beating the dog because it didn't pee on the carpet.

Well, said the women, he should have known.

How? How could he have known? There's no manual.

There should be. A guy should be able to grab this huge book and flip to the index: "Okay, birthdays ... birthdays ... birthdays, forgetting ... birthdays, agreeing not to get presents for each other and what happens if you actually don't ... ah, here we go - birthdays, 40th. Hmmm ... says here all the rules you've made over the years are suspended for the 40th birthday and every other birthday that is special according to the person who is celebrating it. Such person will notify the offending party no earlier than midnight of the day after her birthday that "this time, he really screwed up."

Well, now we understand.

But without a manual like that, we don't have a clue. To this, the women at the table said: "If you really knew us, you'd know."

Duh. I guess. But if we really knew you, we wouldn't make half the bonehead moves we pull.

If we really knew you, wouldn't we say the right things at the right time? When we're walking along the beach under a full moon, the waves lapping gently at the sand, and you ask us what we're thinking, would we say "I was thinking how good a pizza would go down right now."?

Of course not. We know pizza's not on your diet. We would say "salad", right? Not right? Ah, geez.

Fact is, we don't really know you, and that's the joy and the pain of it. You really know us - and ask yourself, does that make you any happier? No. For men, women are a voyage of discovery. Half the fun - and all the heartache - is getting there.

So where are we getting - and why is it taking so long to get there? I guess if we really knew you, we'd know the answer to that one.

But until that manual hits the bookstands, I gotta tell you ... we're stumped.





APRIL 2016
Auckland, New Zealand

Warm Greetings to child and youth care colleagues, everywhere! I'm writing from Auckland, New Zealand's largest city, where more Polynesian peoples live than anywhere else in the World, and a city with extensive immigration from

Asia during the past decade. More than a quarter of New Zealand's population live here. And whilst here, we learned the result of the New Zealand Flag Referendum! Even Sheldon on *The Big Bang Theory* supported New Zealand's Flag Referendum!

Before going further, let's ask why would child and youth care workers be interested in a Flag Referendum of little consequence carried out in the South Pacific? Stop to consider what you and the young people with whom you work know about your flag. When did it become your official flag? What symbolism does it represent? Have you ever stopped to think about how often you acknowledge YOUR flag, and how you do that? That is why I decided to write about our NZ flag.

The New Zealand National Coalition Government – read 'right of centre' – initiated a two phase binding flag referendum. The public was invited to submit ideas. A committee selected four finalists. Public pressure added a fifth option. NZ media reflected public disenchantment with the process. The Lockwood Design with white fern and black top left corner became the finalist pitted against our flag.



New Zealand's National Flag with 4 Stars of the Southern Cross adopted in 1902



The Flag Referendum Lockwood Design Alternative with White Fern and Black Corner

Now it is no surprise to find that most people in the world confuse the New Zealand flag with Australia's flag. Look at the two flags in the photo nearby and see what differences you can discern. Both flags make the colonial histories of Australia and New Zealand fairly obvious.

New Zealand's first flag, the flag of the United Tribes of New Zealand was adopted in 1834, six years before New Zealand became a British colony after the signing of the [Treaty of Waitangi](#) in 1840. Chosen by an assembly of [Māori](#) chiefs at Waitangi in 1834, the flag was of a St George's Cross with another cross in the canton containing four stars on a blue field. After the formation of the colony in 1840, British ensigns began to be used.

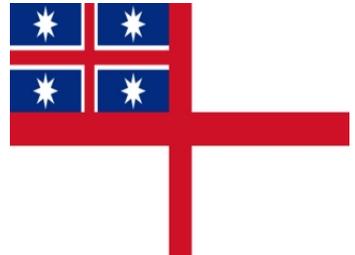
Tino rangatiratanga is a Māori language term meaning sovereignty. It's also the name given to a flag behind which many Māori rally. *Tino rangatiratanga* is one of the most contentious phrases in retrospective analyses of the Treaty, amid debate surrounding the obligations agreed to by each of the more than 500 signatories. It features in current historical and political discourse on race relations in New Zealand and is widely used by advocacy groups.

Amongst the many submissions in New Zealand's Flag Referendum were some pretty far-fetched options like the 'Kiwi Down-Under' submission. Google the odd-ball submissions for a chuckle!

So what does all this have to do with child and youth care? For a start, some questioned government policy which cut housing and child welfare benefits while spending \$26 million on a flag referendum. Given all that



Most People in the World Confuse the New Zealand Flag with the Australian Flag



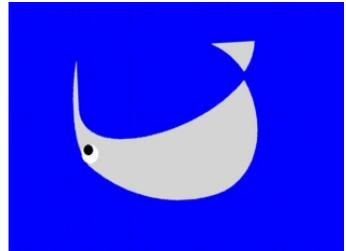
Flag of the United Tribes of New Zealand adopted before NZ became a British colony



Tino Rangatiratanga Flag Designed in 1990 – national flag for Māori groups across New Zealand

is going on in our world right now, what do you and the young people with whom you work know about the flags and countries featuring most prominently in the world's media? Do you think child and youth care workers require a social conscience about children and young people in care everywhere in the world? Remember, flags can be useful prompts for a story.

New Zealand voted to retain its flag, the one that flew unofficially at Gallipoli, in 1915. Over 2 million votes were cast; more than half of registered voters. My hypothesis is that few new immigrants in Auckland voted. Rural and provincial New Zealand decided by a vote of 56%.



The Kiwi Down-Under Flag Competitor



Many said it was a \$26 million Government Distraction from More Important Matters



Local Families and Communities Carried Their Votes to a Binding Referendum

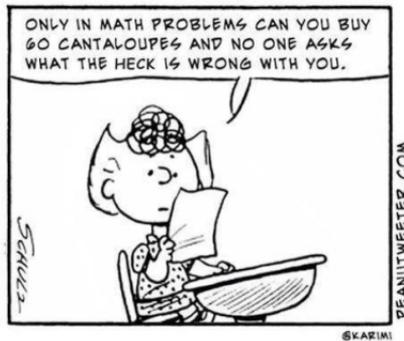
endnotes

“Age is a seasoned trickster. To our parents, we will always be children. Within ourselves, the same yearnings of youth; the same aspirations of adolescence, will last a lifetime. Only to the young - blinded by our grey hair and slowing gait – do we appear old and increasingly beyond the pale.”

Alex Morritt

“The face of a child can say it all, especially the mouth part of the face.”

Jack Handy



“But Margaret was at an age when any apprehension, not absolutely based on a knowledge of facts, is easily banished for a time by a bright sunny day, or some happy outward circumstance. And when the brilliant fourteen fine days of October came on, her cares were all blown away as lightly as thistledown, and she thought of nothing but the glories of the forest.”

Elizabeth Gaskell, *North and South*

“There are no seven wonders of the world in the eyes of a child.
There are seven million.”

Walt Streightiff

“Her face is silting up, like a pond; layers are accumulating. Every once in a while, when she can afford the time, she spends a few days at a spa north of the city, drinking vegetable juice and having ultrasound treatments, in search of her original face, the one she knows is under there somewhere; she comes back feeling toned up and virtuous, and hungry.”

Margaret Atwood

“Kids: they dance before they learn there is anything that isn’t music.”

William Stafford



“I want to go out of town so that I can become a fully independent person, but near enough so that I can bring my laundry home.”

information

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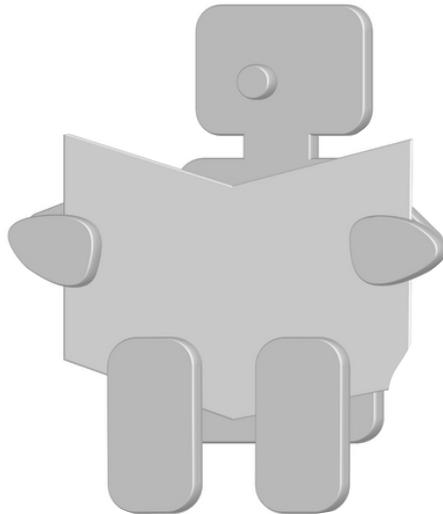
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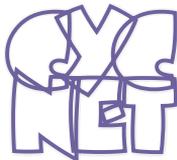
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