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Editorial Comment

Coming Together in Allyship

Shemine Gulamhusein

Dear Reader,

This letter is written with our currently enrolled Child and Youth Care (CYC) undergraduate and CYC and Child, Youth, Family, and Community Studies (CYFCS) graduate students and recently graduated emerging practitioners in mind. Much is going on in the world, both positive and challenging. While in Canada we are no longer seeing our social media platforms filled with local, national, or international news (see Bill C-18), it is not hard to see the tensions around the world. In case you've been spared from incidents around the world, here are just a few: the conflict in Ukraine, cyberattacks targeting critical infrastructure in the U.S. and globally, civil unrest in several countries, the security crisis in Northeast Asia, religious regime conflicts in Iran, migration surges to Euro-centric spaces, and the fight for basic human rights such as accessible and clean water and the ability to feel safe and secure regardless of sexual or gender identity.

Before I get too far into my letter, it is important that I pause and acknowledge that the National Day for Truth and Reconciliation, in Canada,

was just held (September 30th). On this day, the days leading up to it and the days following it (every day!), I am given the opportunity to reflect on the historical injustices, the systemic discrimination, and the intergenerational trauma Indigenous Peoples in Canada (and globally) have experienced and continue to experience. This day marks more than I have words for. As an immigrant in Canada, it brings about questions of my belonging, the rights I am privileged with, the work I have ahead of me, and a deep-seated gut-wrenching pain that leads me to grapple with how my scholarship – teaching, research, practice and service – is responsive to the Truth and Reconciliation Commission of Canada: Calls to Action. I encourage every CYC practitioner to sit in recognition of historical and current conflict, colonization, and trauma that has and is occurring, and the impact it has on us as people and as practitioners.

You may be wondering why I've started this letter on such a grim note. From my point of view, it is in these challenges that CYC practitioners shine. Here, the critical relational skills that we are schooled in, that we have embodied (or hopefully will embody), and that have become our *way of being*, encourage us to enter spaces with positivity and to seek the strengths of those we share space with (thinking with the therapeutic milieu). A number of us – students and recent graduates – are exploring the therapeutic milieu where we can be as close to our authentic selves as possible while also supporting children, youth, family, and community that is grounded in one's *way of being*. Some may practice in educational spaces, others in child welfare and protection services, perhaps in hospital settings, and many others in remote or rural communities. Regardless of where we work, CYC practice is not siloed. We often work with and alongside practitioners from allied fields such as educators, child life specialists, social workers, community-based researchers, counsellors, psychologists, etc.

There is great excitement in this and even greater opportunity when we work from a strength-based allied location.

It may only be the beginning of a new academic year, though many of my colleagues are working diligently on curriculum development, refining practice-oriented resource lists and tools, exploring new community resources, building new professional relationships with colleagues across human and social disciplines, seeking new ways to engage in challenging and often provocative conversations in educational classrooms, and to host the Canadian 2024 National CYC Conference. Timely, the conference focus is on *Ally-ship: From the Heart* (note: I am not a member of the conference committee). Allyship, for me, is about unpacking my own stuff – we've all got stuff – about building a critical understanding of my own worldview, grappling with how my worldview is in relation to the worldviews of the children, youth, families, communities, and colleagues I work alongside with. It is about cross-cultural engagement and does not exist without a genuine curiosity in understanding perspectives, practices, and *ways of being* that are beyond my knowing. Allyship is hard, it is continuous, it is constantly negotiated, and it can be cumbersome. Allyship requires, at least in my mind, accountability and responsibility for courageous conversations and commitments made, unlearning the good and bad binary to respect a wide range of ideals, values, and beliefs, and remaining aware of the somatic responses and our nervous system when we encounter uncomfortable, unknown, or undesirable experiences. Allyship is not lip service; it is showing up.

Dear readers, as you continue to read through this edition of *CYC-Online*, I encourage you to think about your positionality, your privileges, your abilities, your areas of growth, your desire to join the CYC profession, and your commitment to allyship. While you may be educated through well-

informed and well-researched articles and textbooks, your lived experiences, the ethics in which you engage in critical relational practice, and your *ways of being*, will shine bright if and when you feel authentically yourself. I hope each of you finds the therapeutic milieu you feel at home in; a home that is comfortable enough to be challenged in. I want to believe the challenges occurring around the world are simply opportunities for us, as CYC practitioners, to respond in the ways we know best – through a strength-based critical relational way that is responsive to and informed by the children, youth, families, and communities we are fortunate to share time and space with.

Yours in allyship,
Shemine

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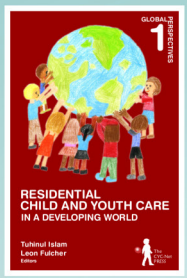

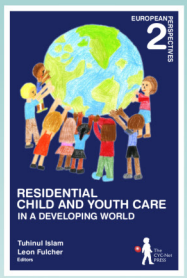

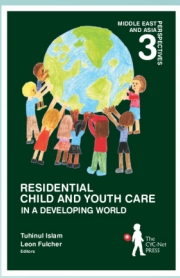

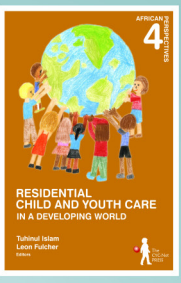

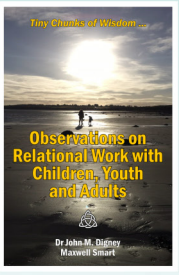

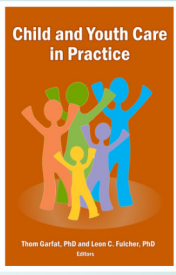

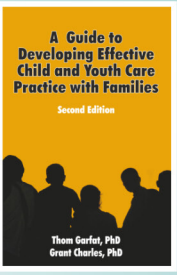

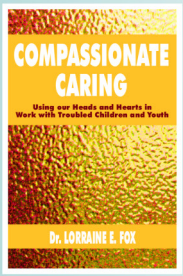

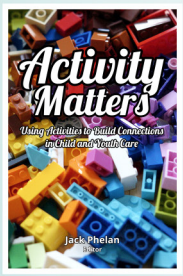

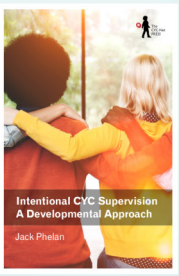

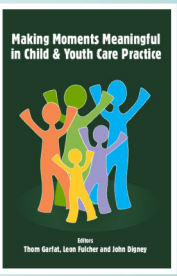

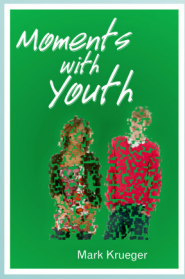

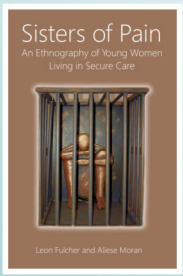

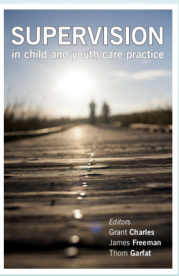

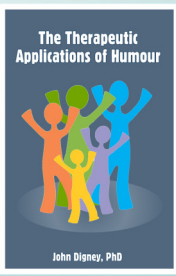

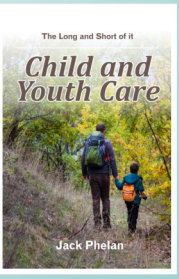

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Men Who Care: The Residential Setting as an Opportunity for Male Gender Development

Matty Hillman

Abstract

To say that the current climate of gender socialization for young men is a challenging one would be a gross understatement. Popular media, family expectations and even supportive and educational programming models deliver a primarily traditional set of ideals for young men to aspire to: the independent leader and breadwinner, tough, strong and masculine. Additionally, one attribute is consistently seen as necessary for complete male development: the influence of a positive, same gender, and ideally family, role model. For the male youth in residential care, this normative expectation of development may be inaccessible. The following is an account of some of my perceptions and experiences as a male youth worker providing direct-care in a residential care facility. Often assuming the role of primary male figure in the life of young men transitioning into

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adulthood, I am at once both distinctly challenged by Western developmental and patricentric informed residential care practices as well as uniquely positioned to help define what it means to be male to these youths. Through these experiences I have come to realize that a child and youth care worker is uniquely positioned to disrupt gender role expectations as well as model egalitarianism in the home. To further help explain the tensions between gendered expectations and the caring values of youth work I will briefly unpack various assumptions that contribute to society's pathological outlook on 'fatherless' male development, specifically as it relates to boys in the residential and foster care system. Additionally, I will explicate my personal view of the male carer as a non-traditional identity and employment choice. It is my perspective that the perceived gender roles that station men who care as an abnormality, simultaneously present a unique opportunity for these men to impart a balanced outlook of gender expectations towards the developing youth they care for.

Keywords

gender socialization, residential care, male youth workers

Part 1: The Lost Boys

Western developmental discourses inform the policies and practices that regulate state sanctioned, child apprehensions and placements. Tragically, these frameworks designed to support and empower youth, label young men living within the system as fundamentally broken. This imposed

pathology begins with the dominant culture's expectations of fathering and paternal roles.

In her review of current literature on masculinity, Burman (2008) argues that there are three primary roles that are available to the modern father. Firstly, the inclusion model sees fathering as assimilated into mothering, thereby ignoring the countless possible unique differences in the roles such as biological differences and the opportunity for gender modeling. A second position proclaims the “equal but different complementary of maternal and paternal roles, an account which falls into biologically pre-given sexual divisions (Burman, 2008, p.166). A third approach is viewed as a role reversal, whereby the father stays at home while the mother works. Burman (2008) asserts that the very label of this variant of fatherhood as a so-called aberration reinforces the normative and accepted roles that it deviates from.

The negative impact a limited view of fathering has on boys in care can be sizable. Foremost, youth in care have been categorized. They are involved in a provision of the state designed to engage when – for a variety of reasons – they have not been able to meet the expectations of family care imposed by the dominant system. Whether involved in the circumstances or even consciously aware of them matters not. Involvement in any way is sure to create internalization of deviance or malfunction, followed by shame for not being part of any of the previously defined conceptualizations of father and son.

Secondly, because the 'father figure' is seen as the pinnacle of male gender knowledge in the patriarchal family, the absence of his presence in the life of a pubescent, “system boy” all but guarantees his developmental outcome to be abnormal.

It is my stance that the above challenges in male gender socialization for fatherless boys are especially problematic for young men in residential care. Yet, as I will elaborate in the second half of this article, they provide a unique opportunity for imparting egalitarian values while a greater understanding of gender role flexibility is simultaneously presented.

Taking a close look at some current media, recent literature and Western approaches to male gender socialization we can see that the expectations of what it takes to be a man have changed little in recent decades. Rough and tumble images still abound in pop culture of all varieties and, of course, in the ever presence of athletic prowess. These versions of gender development can be traced to a Euro-centered and patriarchal based ideal; the provider, the breadwinner, the successful capitalist (Baxter & Shimoni, 2008). Although traditional notions of patriarchy have undergone considerable change with industrialization and post-industrialization, they are far from disappearing (Burman, 2008). A recent Canadian study by the

development agency Plan International found that 45 percent of adolescents polled thought that “to be a man, you need to be tough” and that 31 percent of boys believed that a woman's most important role is feeding her family and taking care of the home (Van der Gaag, 2011).

Why does this generally unaltered Western image of the tough, strong, self-sufficient male continue to resonate with boys and young men? Why in a time of constant change, instant information and fluidity of previously concrete concepts do we see stagnation in male gender development? We need to look no further than the predominately supported notion of who men should be socialized by: other men.

An online search discovers that some male mentorship programs offered in Canada and the United States trumpet their “men teaching men” ideologies while simultaneously showing itemized deviant outcomes all but certain for “fatherless boys” (“Boys to Men”, 2015). And while these are often scare tactics that discount or completely ignore the massive influence of structurally imposed hardships such as poverty, racism, heteronormativity, homophobia, and classism, it is understandable why these ideas may resonate considering that current popular discourse has created a binary and completely paradoxical concept of men as either caring father or social problem (Burman, 2008).

So where does this leave a young man in residential care? By definition lacking the former and internalizing and following the self-fulfilling prophecy of the latter. Yet, as mentioned, in this alternate and often pathologized framework of state-sanctioned child rearing lies the opportunity for growth and re-conceptualization of gender norms for young men.

Adolescence is a period of dramatic development and interpersonal change. It is a period of gender intensification when stereotyping attitudes

and behaviors are explored and often a movement to more traditional gender identity occurs (Katz, Heisterkamp, & Fleming, 2011).

Theories of adolescent development include various constructs that seek to explain gender identification. Gender intensification theory (Priess, Lindberg, Hyde, 2009) presents the understanding that family context, coupled with socialization during the period of adolescence, further intensifies gender role identities, attitudes and behaviors. Hess, Ittel, and Sisler, (2014) found that gender intensification theory was especially salient with boys. In their examination of gender specific parenting they found that heavily gender stereotyped messages in parenting affected children's gender role orientation. The study concluded that while both genders are influenced by the parents' gender views, boys more so than girls perceive parenting as more gender specific and are therefore more actively affected by paternal expressions of gender attitudes and expectations (Hess *et al.*, 2014).

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These may not appear to be overly unexpected findings, but when coupled with both developmental timing and the common practice in residential homes to match youth with workers of the same gender, one can see the importance of appropriate gender role modeling in this setting. It is my view that to develop a healthy and respectful outlook towards the inherent value in all people, the developing male must be exposed to the wide variety of roles and characteristics available to everyone, regardless of gender. I believe that male youth workers have the opportunity to utilize the gendered residential environment as well as their personal ethics of care for others to positively impact the views, values and outlooks boys in care have towards people of all genders.

Part 2: An Opportunity for Egalitarianism

The three years I spent as a residential care worker in the southern interior of British Columbia were exhausting and frustrating, as well as an incredibly rich learning experience. The locations and requirements of the position were, by definition, remote and isolating: multiple day, 24-hour, one-on-one shifts with little or no support. The youth ranged in age from 12 up to 19 years of age at which point most 'aged out of care' unless they were placed with an adoptive family prior to this threshold. Most had been through several foster care homes, ultimately leading them to this specialized form of housing and care. Workers and youth were always gender matched for reasons that were never fully articulated to either party. In my experience this resulted in youth having limited interactions with adults of the opposite gender within the home environment.

The therapeutic use of self was central to my practice in those experiential learning times. They provided, and necessitated, the

opportunity to internally explore parts of my being as I never had before. I began to deconstruct the various parts of my identity; the physical and social person, including my gender and place in the community I worked and lived. The academic and privileged white male; I was housed, educated and employed. The familial self: a son, brother and supportive friend. But mostly in those moments I was a professional carer, a man trying to, as Krueger (2007) so aptly states, "bring self to the moment and learn from these feelings and insights as I interacted with and learned from youth" (p.40).

In this role of a male carer I also saw myself as somewhat of an anomaly. Not because I was a man who cared but because I was a male carer. Educated and employed to care for the some of the most marginalized people and employed in a field primarily connected with the maternal role of women (Hoagland, 1991). Further, I had intentionally chosen a "pink collar" career path and dove in head first; education, employment, personal identity and all.

In line with research into men who care and make non-traditional career choices, I have usually seen myself as different (Cavanagh & Cree, 1996; Chusmir, 1990). I have always recognized and embraced the characteristics in my personality that would be considered feminine. I was raised in a primarily matriarchal milieu and had a strained relationship with my father. It is with this knowledge of my family history, ethics and parts of self that I navigate the world of a male carer.

In my experience this self-composition of the male carer is communal to men who choose this role. Both those employed as carers and those still being educated in the practice often demonstrate "attitudes and beliefs about themselves which have routinely been associated with female attributes, including a concern for friendships, intimacy and responsibility"

(Cavanagh & Cree, 1996, p. 83). At the same time, male carers have often not given up those qualities that make them distinctly male. It is this combination of gender dynamics that can greatly increase the scope of their work and their impact on the lives of those they care for. I believe that by embracing traits and qualities traditionally designated as gender specific, male childcare workers are simultaneously challenging a patriarchal legacy of gender expectations as well as demonstrating a greater spectrum of possibilities available for youth of all genders.

The positive benefits of the presence of a male carer with the above mentioned characteristics and view of self in the life of a boy in the residential care system are numerous. The very image of men doing care work and other domestic tasks that generally accompany employment in a residential setting helps to model gender fluidity in the cultural and economic sphere that these young men are about to enter.

At the very least this could result in a more egalitarian outlook in current or upcoming intimate partnerships these young men engage in. Further, because they are being directly impacted by these men of non-traditional profession it is possible that they may develop a more positive outlook of, and greater participation in, previously female defined tasks such as childcare and house work.

Additional impacts that men employed in traditionally feminine roles can have on male socialization is the cultivation of an attitude of respect for women as a preventative measure against future acts of abuse or violence. The use of a peer leadership model, such as employed by bystander prevention programs, have shown promising findings in changing community and peer attitudes to sexual violence. Students exposed to the programs have shown attitudinal change; they are more likely to recognize and speak out against violence (Katz, Heisterkamp, & Fleming, 2011). This framework of community prevention highlights that violence against women is a men's issue and that gender attitudes are often among the critical factors leading to an assault (Katz, 2006). Therefore, authentic changes in how men see and treat women can come from men who model behaviors that support gender equality.

Redefining care even simply within the mindset of male workers and youth could also have positive effects for the very definition and cultural understanding of care and the industry of care. Some of the strongest criticisms against the social understanding and ethics of care point at the narrow definitions of those that make up the caring field. Critics observe that ethics of care can reinforce gender stereotypes by offering a maternal care based dyadic model of a (care-giving) mother and a (care-receiving) child that overly emphasizes motherhood and does not represent a majority of experiences (Hoagland, 1991).

Considering the generally dated and problematic current state of male gender socialization, whether occurring in nuclear, blended or foster home care settings, I now see male youth workers as uniquely positioned to impress balanced and non-oppressive gender expectations upon young men. This can occur through both direct learning opportunities such as discussions and modeling as well as the indirect examples that occur when

the traditional caring context and roles are altered. Finally, male youth workers would be well informed to openly embrace their non-traditional gender characteristics as well as their career choice. Doing so not only represents freedom in vocational choice and emotional expression, but also promotes value in what are traditionally seen as female qualities such as communication, responsibility and caring for others.

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The Informer

Cedrick of Toxteth

I'm a trauma informer from Wallama-loo
If you come to my workshop I'll informa-you
I'll give you the rundown on something real cool
You don't have to quit, or go back to school

It's the latest, the greatest, the state of the art
A workshop with me and you're ready to start
You'll learn about stuff the others don't know
You'll talk like an expert and act like a pro

So what is the secret you'll come to embrace?
I won't keep you guessing, I'll cut to the chase
It's trauma, it's trauma, it's always the same
An emotional tumour that's stuck in the brain

This isn't a notion dreamt up by some schmuck
It's neurobiology straight from the book
What more can you ask for, you can't go astray
When medical science is leading the way

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You'll no longer be lost when asked to explain
Why a kid is in trouble again and again
No more mumbo-jumbo and no fancy tricks
There's something in there that's in need of a fix

Once you're informed and your journey's begun
I'll give you the tools to get the job done
If you still have some doubts about all I that I've said
Let me give you a taste of what lies ahead

Make a list of the troubles that every kid knows
Turn these into symptoms and then diagnose
As a trauma performer you'll know when you see
Another sad case of P.C.S.D.*

As a Child and Youth worker you can open the door
But, when trauma informed, you can do so much more
With time tested methods and clinical skills
You can give the full treatment, including the pills.

** Pervasive Childhood Stress Disorder*

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The Fallacy of Early Intervention

Kiaras Gharabaghi

Recently I was with a community of service providers involved in child and youth services discussing gaps in service provision and community needs. At some point in the proceedings, we were split into smaller discussion groups, and when we were all together again, each table was asked to report back on what was discussed. Table after table reported frantic discussions lamenting the lack of early intervention in the community. People told stories about teenagers arriving in their services and struggling significantly. “If only we had been able to provide service to these teenagers much earlier, we would have been able to avert the current struggles”. “We need to intervene earlier.” “We cannot wait for the crisis”. “It takes too long for people to get the services they need”. At some point I was asked to comment on the discussions and the themes that had emerged from these. All I could muster was this: “If you are looking for early intervention, you are about three to five generations too late”. It went over like a lead balloon.

On my way home that day I thought a lot about the concept of early intervention, and specifically why we seem to always focus on this concept and lament its insufficient presence. It occurred to me that talking about early intervention by definition means that we have in our minds a starting

point for whatever troubles a young person may be facing. Perhaps an early intervention at age two might have averted the need for later interventions at age 10 or 17. I suppose this kind of logic is all fine and good, but it really only makes sense within a highly Eurocentric conceptualization of young people's challenges and the adversities they face. The premise is that dysfunction arises at a particular point in time, largely disconnected from history, politics, societal movements and dynamics, as well as culture, identity, and the development of self in relation to one's heritage. It furthermore means that we think of the ecological context of the young person as time-bound. We are specifically thinking of the family that is around the young person right now; we are thinking about the institutions serving (or disserving) the young person right now. We are thinking about learning, schooling, development, and social integration based on the conditions for these right now.

I also thought about why intervening at an early age is considered an early intervention. Presumably we intervene at whatever age because we have reason to believe that problems may be forming. Something must have happened to give rise to this believe, so that even when we think we are engaged in an early intervention, we are still intervening only after the problematic has already been observed and is well on its way toward further development and deepening. In what way is that any different than what we do when we intervene later in life? Clearly, an early intervention cannot be about age. Instead, we might consider an early intervention to be about intervening early in a predictable or at least possible sequence of events and circumstances such that later events and circumstances in such sequence can be avoided. For example, if we can identify learning challenges in a young person early in their educational career, and we can take actions that help that young person stay in step with their peers at

school, we might avert things like bullying, low self-esteem, isolation and loneliness, and this, in turn, might avert externalizing behaviours that ultimately will entrench the young person deep into coercive and carceral systems. Alright, I can live with that logic and acknowledge that it makes sense.

However, in within the logic in the example above there are some major conceptual problems. Unless we believe that the only possible cause for learning challenges dates to the birth or after the birth of the child, intervening at the stage of identifying such learning challenges for that child would not really be an early intervention. What if these learning challenges are the result of FASD? Or are related to a family environment that is chaotic and disorganized and where the child rarely benefitted from being read to? What if these learning challenges arose from the inhalation of second-hand smoke from various substances in the family home? Why didn't we intervene when the child's caregivers were younger and well on their way to form habits that would later disadvantage their children? And what if those caregivers were facing these challenges in their youth because their own parents were subjected to intense violence in Indian Residential Schools, or were subject to apartheid policies that disempowered and marginalized their entire communities? And what if all of this is really the result of colonialism?

An early intervention into our child's learning challenges today might have been the dethroning of Queen Elizabeth 1 quite a few centuries ago. She was the champion of expanding the colonial project, including the transatlantic slave trades, after all. Or maybe sabotaging Columbus' boat. I am quite sure that a competent history buff could easily trace our child's learning challenges back to the Roman Empire, perhaps the Greeks, the Persians, or some prior empire several thousand years ago. A good political

economist might trace these challenges back to the birth of capitalism (which didn't have a single moment of birth), or to the dogma of major religions, or to white supremacy, or even all the way back to the pre-humans' gendered division of labour.

How convenient it is, therefore, that we now use the concept of early intervention as a way of separating, indeed severing, the connections of child and youth challenges today with our histories and ways of being for centuries and millennia. Perhaps this is simply an easy way of avoiding responsibility for how we got to this point, and for the challenges our young people face. All these challenges are connected to social dynamics that emerged long ago. Intervening a few months or years before another Indigenous young person, Black Youth, trans youth, or young person with disabilities comes to the attention of the youth criminal justice system is not 'early'. Quite to the contrary, it seems to me that such early interventions are last gap efforts on the part of those of us who have benefitted for generations from the racism, ableism, gender and neuro-normativity, and other forms of othering to ensure that the fundamental structures giving rise to that advantage are maintained.

So don't worry about it when a young person comes to your service at what may appear a very late stage in the development of whatever problematic they may be facing. Welcome the young person and listen for the traces of their ancestors. Almost all answers to current problems are to be found there.

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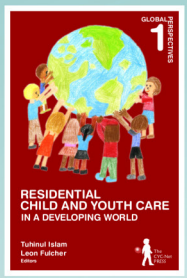

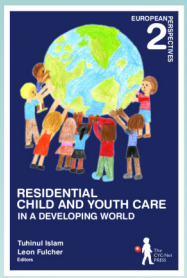

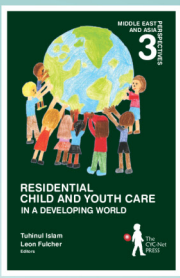

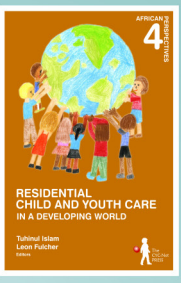

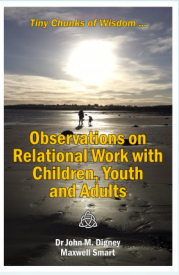

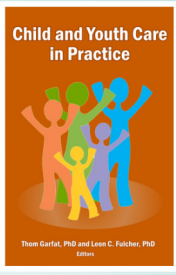

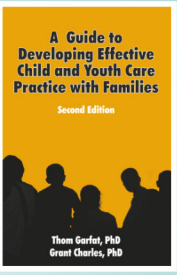

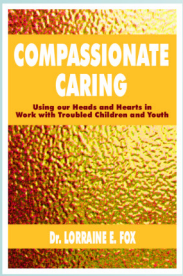

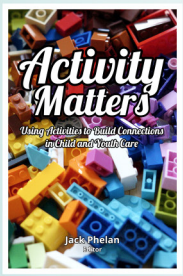

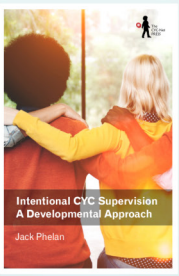

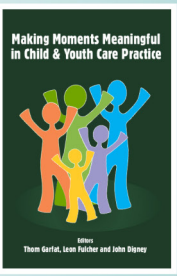

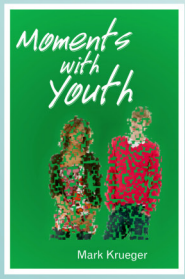

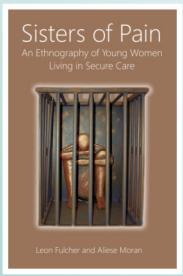

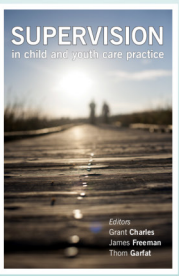

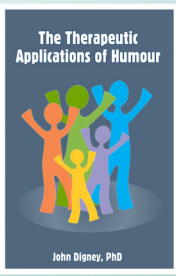

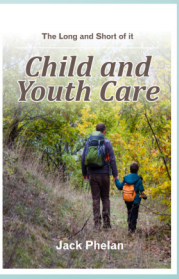

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The Field of CYC: Legacy?

Hans Skott-Myhre

In last month's issue of *CYC-Online*, Kiaras Gharabaghi wrote very thoughtfully about the field of CYC and what will become of it as we approach the second quarter of the 21st century. As usual, his writing was nuanced as he described CYC as a movement that developed practice and theory during the 20th century. He pointed to the alliances and fractures, the ins and the outs, the networks and coalitions that characterized CYC over the half century of development that brought us here. He spoke to the strengths and weaknesses of how we developed as CYC internationally and interpersonally. He worried about how the field will shift and change as the old generation from the 20th century gives way to the new generation of the 21st.

As I read his remarks, I was reminded of a retreat I was invited to by Mark Krueger where I met Kiaras a little over a decade ago. It was a gathering of Mark's choosing, made up of a small group of people he respected in CYC. The purpose of the gathering was to set a direction for the field as we entered the 21st century. It was a rich and profound discussion, that was initiated because of a certain unease about where we were headed. There was concern about an emerging diversity of theoretical positioning that to some participants was no longer recognizable as CYC.

One of us talked about attending a CYC conference where there was a workshop by an up-and-coming scholar. They reported walking away with a profound sense of disorientation and confusion. What had been presented just didn't connect with them as being at all grounded in the field of CYC.

The roots of CYC in the zeitgeist of the mid-twentieth century with its foundational interest in humanism and a certain kind of phenomenologically tinged relational encounter was shifting. There were new currents of postmodernism, critical theory, post-humanism, critical race theory among others. The question of whether these new formulations could be encompassed within the definitional parameters of traditional CYC was very much in question.

At the gathering, Kathy Skott-Myhre and myself represented the edge. We had written and presented on all of the contentious theories and approaches. In a very real sense, Mark had invited us precisely because we didn't fit and I have always admired him for that. He was prescient about how things were changing and what kind of opportunities and crises might be implied. While he was always a bit skeptical of the emerging alternative visions for CYC, he made the effort to try them out in his own writing and thinking. He seemed to want to see what might happen if the old and the new bumped up against each other—would something useful and innovative be produced? In a piece (Gharabaghi, Skott-Myhre and Krueger, 2012) that Kiaras, Mark, and I wrote about the conference and the collision of theoretical perspectives, Mark said,

> The challenge is not to see the work through a postmodern, modern, relational, or development lens, but rather all these lenses and any others that can deepen and enrich understanding of praxis as a way of being, doing, and thinking grounded in

> responsible, ethical, self-aware, and accountable action and interaction . . . What is learned from the field's relational and developmental theories is combined with learning from music, philosophy, art, film, science, literature, and whatever else might provide insight. (p. 58)

This laudably ecumenical approach seems to me to be very much in tune with the increasingly diverse and rich tapestry of thought and action that characterizes the best and worst of the 21st century thus far. We live a world of ever shifting definitions and linguistic constructions driven by global cyber institutions that produce knowledge of all kinds at astronomical speeds. In their worst instantiations, these institutions act without regard for the material world that we actually inhabit. This abstract system of disconnected cyber force can produce an ever-proliferating set of binary/oppositional definitions that can pit us against one another in brutal kinds of ways. However, at its best, the globally connected cyber world can amplify our capacity to produce and embrace difference as creative force,

Negotiating this extremely complex landscape are the young people coming of age in what might be described as postmodernity reified in its best and worst possibilities. Mark's call to open ourselves to multiple ways of making sense of the world grounded in "praxis as a way of being, doing, and thinking grounded in responsible, ethical, self-aware, and accountable action and interaction" is more necessary than ever. To find the core of our work in the ineffable rhythms of the arts and philosophy as an infinitely diverse palate of human production would seem to imply radically new ways of producing the work we do with young people. The question is, do we in CYC have the capacity to embrace this emerging social landscape, or are we so riven with nostalgia for a world already passing away, or fear of the

world coming, that we are incapable of giving a meaningful response relevant to the lived experience of young people in the 21st century?

Part of the problem it seems to me is that when the field of CYC was emerging in the mid-twentieth century there was a sense of coherence centered on a belief that core characteristics of the work could be identified and disseminated. There were leaders in the field who could identify these characteristics and refine them, teach them, and develop them. These core theoretical propositions and practices could be used to develop a consensus as to what constituted good practice. Once we had the field sufficiently defined, we could set up trainings and university degrees, as well as professional standards and levels of certification. The drive was towards a common lens that we could all share and develop. When faced with complexities, contradictions and antagonisms of the 21st century social, I have to wonder if this 20th century vison for the field still functions. Do we need a new vision?

In his column, Kiaras wisely points out that the generation who developed the field of CYC in its current instantiation is passing. As a member of that generation, I question whether the legacy we have left behind is sufficiently robust and flexible. Are we leaving the kind of groundwork that will accept and nurture new seeds that will yield unrecognizable growth adapted to the new world. The question gives me pause and makes me reflect on what we are leaving behind. For me, first and foremost, I still believe that the humanistic values of encounter, relational work, lived experience, and the life world are actually more relevant in the emerging world of the 21st century. But, I would also suggest that these values and practices need to be updated to current conditions.

In that regard, I have been struck by the radical disconnect that my students are experiencing when they enter the institutions where CYC is

most commonly practiced. They are not finding spaces where CYC foundational practices can be engaged as serious praxis. In listening to them, I am less and less sure that the continued focus on residential care and other similar institutional settings as the assumed site for practice works any longer.

There may have been a time in the mid to late twentieth century where such settings could be innovative and humane. A place where actual relational encounter between workers and young people could bring about mutual transformation. Some of these 20th century institutions could be pretty radical in their experimentation with relational care, life world engagement, child and youth rights and the assertion of youth voices.

However, with the corporatization of the non-profit sector, the grass roots nature of those institutions that characterized the late 1960's has largely faded into a pale reflection of its transformative possibility. Without a doubt, CYC offered seriously radical ideas about how work with young people might be done in truly humane and ethical ways. But as time has gone on, it seems to me that much of what we offered as radical innovation has been hollowed out and compromised. In large part, we have not left a legacy that would provide the tools necessary to challenge the benign brutality of the 21st century child care institution. In a way, it is almost as though we have given up on the radical nature of CYC in order to accommodate discourses of professionalism, and the practices of mainstream psychiatry, social work, and psychology.

I don't believe this increasingly corporatized version of CYC has the necessary innovations required to work effectively with young people in the 21st century. I can't imagine that transformative CYC work will be found in bureaucratic calls for more regulation, training, and prescriptive models of care. Imposing discipline on both workers and young people in the name of

ethics and risk management seems to me to be the antithesis of how the field came into being.

When we go back and remember where the field originated, it was made up out of work driven by the contingency of relationship grounded in the life world of workers and young people. It originated from the bottom up, not the top down. There is a lineage of profound rebelliousness, idiosyncrasy and free-spirited ethos that I fear might well be left behind in the rush to be taken seriously by the minions of neoliberal capitalist non-profit institutions. I would argue that we ought to fight with everything we have to resist the seductive call to be minions of global capitalist enterprise. Our lineage is rooted in the affirmation of life in its variability, not profit and the promise of faux security and safety. Our lineage of alterity is well worth sustaining because it allows for the amplification of creativity and living force. But, to leave that kind of legacy would require that we shift the trajectory of the field away from its seemingly endless desire to be "taken seriously."

While the work itself is deadly serious and calls for serious and dedicated people, that is different than seeking the approbation of a system designed to rob us of our very capacity for human affiliation. Without a doubt, we live in highly precarious times that threaten our very lives, but the answer to that threat cannot be found in the world of risk assessment and bureaucratic solace. If there is a field of CYC it is not to be found in more regulation and training. Nor is it to be found in a constant rehearsal of twentieth century ideas about a world of work that is already gone or rapidly fading.

To my generation, I would say that we knew this once. We were the up and coming generation that was determined to create a new world for young people. And to some degree we opened the door to that work. But somewhere along the line, we began to think that the tools we used to open

the door were the best and only tools. But the legacy is not the tools. The legacy is the affirmation of living humane engagement. In affirming life, the tools always have to be adjusted to the conditions within which they are used. And the development of the new tools is the task of the next generation. Will that constitute a field of CYC as we have understood it thus far? I don't know and I may not be the best person to ask. After all, I am the elder that when asked at the gathering convened by Mark, where do you see the field going replied, "I don't want to be part of a field." Perhaps that is my legacy.

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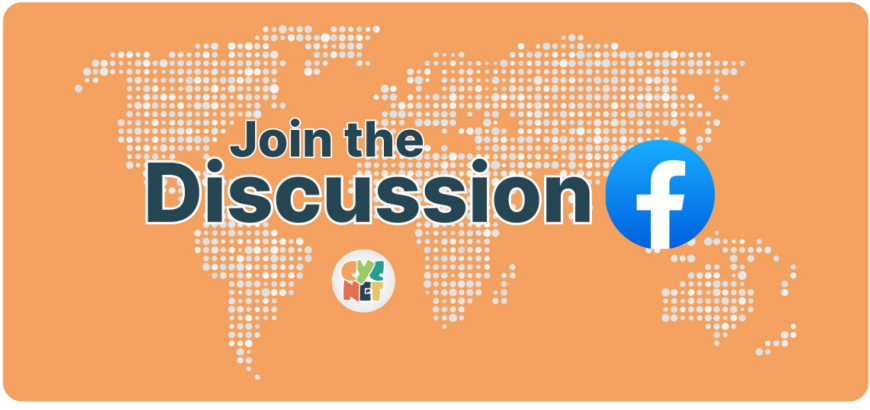

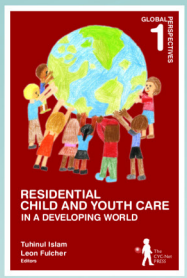

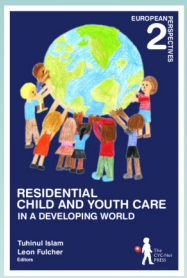

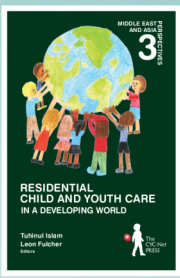

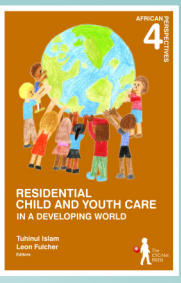

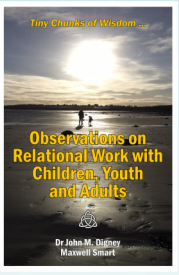

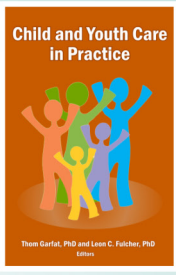

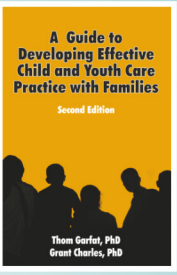

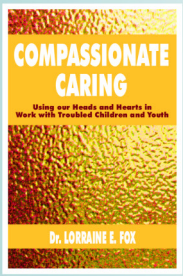

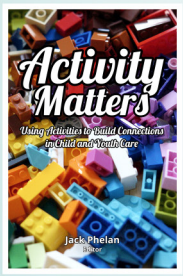

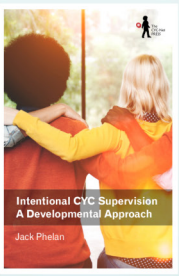

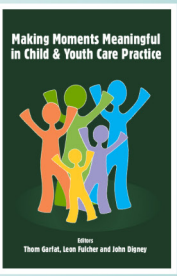

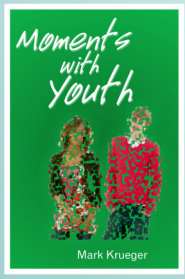

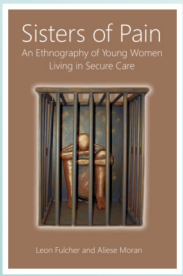

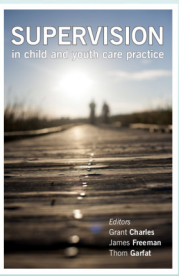

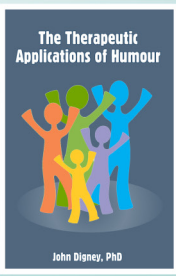

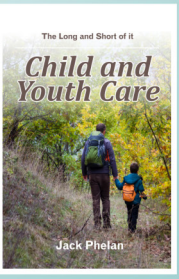

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Risk Behavior vs Self-Care in Adolescents

Františka Petriková, Vladimír Lichner, Eva Žiaková

Abstract

The presented paper is focuses on the issue of self-care as a possible predictor of risky behavior in the target population of adolescents. The first part of the paper is focused on the theoretical basis of risky behavior and then on the basis of self-care. Within risk behavior, the paper discusses the characteristics of this concept, the factors influencing the risk behavior of adolescents and also the basic forms of risk behavior in the target group. Within self-care, the paper focuses on defining the basis characteristics of the concept and subsequently on the self-care factors proposed for adolescents and on the self-care as a preventive factor. The second part of the paper focuses on the results of research in the researched issues. The research is focused on demonstrating the differences and relationships between the examined variables.

Keywords

Self-Care, Risk Behavior, Adolescents, the Forms of Risk Behavior, the Factors of Self-Care

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Introduction

The concepts of self-care and risk behaviour are interconnected. During adolescence, risk behaviour is more frequent, but self-care can reduce it. The first part of this paper presents a model of risk behaviour with the focus on adolescence. Subsequently, the theoretical background for self-care in adolescence and the components of self-care are explained. Besides general self-care, specific self-care components focused on school and family are also relevant for adolescents. This part of the paper deals with self-care as a risk behaviour prevention factor. The second part of the paper is empirical and presents the research results. A correlation between the variables was discovered, which is important. Statistically significant gender differences were also discovered for both self-care and risk behaviour.

The model of risk behaviour

Identification of risk behaviour as a phenomenon was preceded by a broad range of social and cultural changes. These changes include weakening of the socialising and individual functions of family, urbanisation, impersonal relationships, constant changes in the labour market, and also digitalisation. In relation to these changes, early childhood is no longer the highest-risk stage of life – adolescence is (Kagan, 1991, in: Čerešník, 2019). Adolescents are the highest- risk group because they are undergoing personality changes. Under the social influence of their peers and broader social environment, they change their behaviour and experiment with a variety of addictive substances, or identify with different subcultures (Lichner, Šlosár, 2017). During adolescence, risk behaviour increases, which affects their physical or mental health (Nielsen, Sobotková et al., 2014).

Through risk behaviour, adolescents try to reduce the undesired and achieve the desired, leave the common and familiar, and separate from their family, i.e. they search for ways to saturate their unfulfilled needs and seek people who can provide them with social comfort (Čerešník, 2019). Individual forms of risk behaviour usually involve a compromise between a short-term gain and potential long-term negative consequences (Orosová, Gajdošová, Madarasová-Gecková, van Dijk, 2007).

Risk behaviour is determined by the ratio between risk and protective factors. This ratio further determines whether occasional experimentation turns into a risk behaviour syndrome in adolescence. The protective factors can effectively balance out the influence of the risk factors. It can also be assumed that thanks to the protective factors, problematic behaviour will not develop in adolescents (Jessor, 1991). The function of protective factors is usually understood as their ability to directly influence risk behaviour. The goal of these factors is to affect the consequences of risk behaviour, disrupt the interaction between multiple risk factors, or even prevent the emergence of risk factors in the first place (Orosová, 2007).

There are two basic lines of thinking about risk behaviour. In the broader sense, risk behaviour is defined as a social construct comprising a variety of behaviours, which pose health, social, and psychological risks to an individual as well as their social environment (Siruček, Siručková, Macek, 2007). In the narrower sense, such behaviour puts the adolescent's identity, health, or life at risk; complicates or prevents healthy, standard separation from parents; and damages the adolescent's future self-esteem and self-worth (Kocourková, Koutek, 2003).

The causes and development of risk behaviour are multifactorial, i.e. certain interaction of biological, social, and mental factors comes into play (Vágnerová, 2004). The emergence of risk behaviour in adolescents also

depends on individual and environmental factors (places where the adolescent spends their free time; place where they are growing up; school environment; peer environment) (Punová, 2012; Kipping et al., 2012).

Risk behaviour can be divided into the following five basic categories:

- *intellectual/mental:* related to manifesting knowledge and potential in front of the others, which may put the person at risk of alienation from their peers
- *social:* includes changes in the social or peer group; socialisation is very important during adolescence as the person is learning how to join a collective
- *emotional:* manifesting fear; other members of the social group learn about the adolescent's vulnerability
- *physical:* taking risk to achieve a success and win a position among the peers
- *spiritual:* a change in religious beliefs may lead to developing risky spiritual habits (Neihart, 1999)

The aforementioned categories of risk behaviour may have vast consequences for the emergence and increase of socially pathological phenomena in different risk groups. However, it is generally assumed that such increase can be eliminated by means of properly targeted preventive programmes at primary and high schools.

Specialised literature specifies three main areas of risk behaviour symptoms. The first area relates to *addictive substance abuse* (the adolescent is motivated to overuse addictive substances in order to be included in the peer group); The second area includes *psychosocial manifestations* (antisocial behaviour often referred to as behavioural

disorders) and the third area affects *reproductive behaviour* (premature sexual life, promiscuity, risky sexual behaviour) (Jessor, Turbin, 2010; Čerešník, Gatial, 2014; Novotný, Okrajek, 2012). The research presented in this paper focuses on the aforementioned risk behaviour areas. Specifically, they are addressed in the questionnaire of risk behaviour, which was used to collect data on the individual forms of risk behaviour in adolescents.

The main and most frequent forms of risk behaviour in adolescents include delinquency and criminal behaviour, addictive substance abuse, bullying, hostility, risky sexual behaviour, eating disorders, behavioural disorders, self-harm and suicidal actions (Dolejš, 2010; Miovský et al., 2012; Macek, 2003).

The model of self-care in adolescents

Self-care is perceived as a form of protection from undesirable environmental phenomena. The interest in a comprehensive concept of self-care as a means to improve one's health and well-being is recurrent. On the other hand, it can also be used to reduce the negative effects of the environment (El-Osta et al., 2019). Specialised literature defines self-care as a set of activities performed on one's own initiative with the aim to self-regulate their functioning and development (Godfrey et al., 2011; Denyes, Orem, Bekel, 2001). However, no complex framework capturing self-care in its complexity is available so far. The fact that the concept still has not been unified may be hampering its further development.

Self-care comprises four main dimensions:

- *Self-Care Activities* represent the dimension focused on "self". It includes activities related to individual self-development.

Appropriate intervention improves the individual's overall health and well-being. During adolescence, it is important to focus on activities that will not affect further development negatively.

- *Self-Care Behaviours* focus on activities promoting positive behaviour in individuals. This dimension is individually oriented but can be extended to a community or society through positive interaction and suitable tools. Positive peer influence during adolescence can reduce risk behaviour at this stage of development.
- The *Self-Care Context* as a dimension focuses on the individual's overall reliance on resources. Based on the level of reliance, intervention is targeted at the healthcare system in the country or at supporting the individual.
- The *Self-Care Environment* is nation-wide. It depends upon the prevailing cultural and social attitudes. This dimension relates to public health in the whole country (El-Osta et al., 2019).

The components of self-care in adolescents

The components of self-care in adolescents focus on the specificities of adolescence as a developmental period. The components, which will be specified further on, focus on three areas: psychological, physical, and social, but they also have to do with the environments in which the adolescent lives (school, family, peers). Specialised literature distinguishes six main self-care components in adolescents.

School self-care strategies – school is considered a space for education, which has a major effect on the individual's formation. The whole system is determined by social relationships (Lee, Bryk, Smith, 1992). The school is a space in which students develop mutual relationships and are subject to

social influence; they also form relationships with teachers and authority in general (Obdržálek, 1999; Szijjártóová, Malá, 2008). Besides education, school also fulfils the need for socialisation, therefore, it is perceived as a social institution (Havlík, Koťa, 2002). The school environment creates and maintains complex networks of social relationships and significantly affects thinking, attitudes, and feelings. It also plays a role in the formation of culture, habits, and rituals (Juhásová, Debnáriková, 2016). Inchley et al. (2016) and Zelina (2000) emphasize that good education provides great prevention against behavioural issues, personality disorders, or loss of the meaning of life. External support plays an important role in learning how to perform self-care. Parental support is the most necessary when school-aged children are learning self-care (Kello, Martikainen, Eriksson, 2011).

Social climate in the school environment – the school climate affects the quality of interpersonal interaction, which indicates the level of performance, cooperation, and competition. The overall climate is created by the relationships between teachers, students, school management, and other upbringing factors involved in the process. Social climate can be divided into social climate in the school environment and classroom social climate. Social climate in the school environment is considered an organisational element as it is affected by the school as an organisation. A school that creates healthy environment provides an accepting, supportive, and beneficial climate and builds a quality reputation (Szijjártóová, Malá, 2008). Classroom social climate is created by the students themselves; their relationships, mutual support and cooperation are important.

Deliberate problem-solving strategies – this component focuses on the individual's ability to deal with problems related to school, family, or their own personality. Positive problem- solving strategies enhance learning and school performance, increase creativity and improve understanding of

complex situations (Stuchlíková, 2002). In general, *maladaptive* and *adaptive* strategies exist. Maladaptive strategies use ineffective procedures and result in failure, which further decreases the individual's well-being. Adaptive ones are effective and play a specific role in creating psychological well-being, i.e. they are positive determinants.

Universal self-care – refers to day-to-day activities in an adolescent's life. This component involves the individual's level of independence in the self-care activity. In this case, universality refers to prevention of negative behaviour, balanced periods of activity and relaxation, and self-support for proper functioning (Hartweg, 1991). According to Jaarsma et al. (2003), self-care can be universal and it can be invited by health problems or the developmental context.

Adolescents' free time – the ways in which adolescents spend their free time change along with society itself. Over time, the responsibility for the child's free time and the way it is used is transferred from parents to other people (siblings, friends, teachers, tutors…). The individual's scope of interest and activities is broadest during adolescence in comparison with other stages of life (Sak, 2000). Adolescents' free-time activities can be divided as follows: cultural, extroverted, manual, sport (Kraus, 2006).

Family-oriented personal component – during adolescence, individuals start focusing on themselves and their relationship with people close in terms of age or interests. It is a period of emancipation from their own parents (Macek, Lacinová, 2006; Vágnerová, 2012; Macek, Štefánková, 2006). In family, efforts to gain more equality can be observed while among peers, the adolescent tries to find their place (Macek, 2003). The changing quality of interpersonal relationships during adolescence is one of its basic psychosocial characteristics.

Factors of self-care are determined by the characteristics of an adolescent, self-care as such, but also support provided by parents, school environment, and peers (Kelo, Martikainen & Eriksson, 2011). At the time, the adolescent is in the process of creating their own self-image and self-assessment, i.e. these attributes are not stabilised yet, and the person is also learning self-efficacy (Macek, 2008) – all these aspects affect the factors of self-care.

Self-care as a preventive factor

Self-care can also be considered a preventive factor as it reduces risk behaviour symptoms. If self-care is lacking, the probability that risk behaviour symptoms will occur increases. Self- care as a factor preventing negative phenomena in behaviour works in the following way: early positive intervention in the form of preventive programmes, activities, and methods influences the individual and may reduce or even eliminate their risk behaviour.

Literature distinguishes three basic forms of prevention. They involve activities focused on self-care, which provide proper help, support, and company (Orosová, 2003; Schavel, Čížecký, Oláh, 2010).

Primary (universal) prevention as the first form should be provided at schools before undesirable behaviour occurs. Primary prevention takes the form of workshops, preventive programmes, and lectures given by experts (Emmerová, 2003).

On the other hand, secondary (selective) prevention focuses on tackling a specific, already existing problem (Božeková, 2014; Kulifaj, 2017). It provides early intervention and identifies individual as well as group problems. Secondary intervention is focused specifically on the individual at

risk. The goal of this form of prevention is to stop a disorder from developing further (Svetlíková, 2018).

Tertiary prevention aims to reduce risks resulting from socially pathological phenomena and improve individuals' lives. It comes into play if primary and secondary prevention fail. Tertiary prevention can take the form of preventive programmes focused on reducing and removing the existing symptoms of risk behaviour.

The main goal of prevention is to deliberately promote non-risk and socially accepted forms of behaviour instead of the risk ones. Self-care in prevention should influence all areas of individual development as well as the environment in which the adolescent lives. The goal of prevention is not only to temporarily avoid certain negative environmental factors, but also apply appropriate methods and perform activities promoting desirable behaviour. The legislative framework of social prevention specifies it as an inseparable part of social work (Galáš, 2006). Lack of self-care may trigger the development of socially pathological phenomena in adolescents. To sum up, lack of self-care is a potential risk factor.

Research

Self-care is a rather new concept when it comes to the adolescent population. In a broader sense, this study investigates the increased risk behaviour during adolescence. Specifically, it focuses on the relationship between self-care and reducing risk behaviour in adolescents as a target group, and in this part, the research results will be presented.

Methods

SCA – questionnaire about self-care in adolescents (Lichner, Petriková, Žiaková, 2020). The questionnaire was designed specifically for adolescents as the target group. The questionnaire consists of 35 items and the participant is asked to express their agreement or disagreement on a 6-point Likert scale; 1=strongly disagree to 6=strongly agree with the given statement. The 6-factor research instrument comprises the following factors: SOS school strategies, social climate in the school environment, deliberate coping strategies, adolescents' free time, and their family. The reliability (internal consistency) of the research instrument was α=0.876. Internal consistency of the individual factors ranged from =.

RBQ – Risk behaviour questionnaire (Lovašová, 2019). The instrument focuses on risk behaviour in adolescents. The questionnaire consists of 28 items and the participant is supposed to express their agreement or disagreement on a 5-point Likert scale; 1=strongly agree to 5=strongly disagree. Again, the questionnaire investigates six factors: xenophobic and aggressive behaviour, virtual reality, risk health habits, internet addiction, self-harm, risk sexual behaviour. The respondent is also supposed to complete "During the last year, the following happened to me…". This instrument focuses on delinquency-related issues during adolescence, sexual risk behaviour, problems related to information technologies, eating disorders, and xenophobia. Internal consistency of the research instrument was α=0.863. Internal consistency of the individual factors ranged from α=0.653 to 0.809.

The questionnaire also collected sociodemographic data (age, gender, place of living, information on relationships with peers and family).

Research file

The research file consisted of 364 respondents (boys=112; girls=268; 5 respondents did not specify their gender). The mean age was 17 (4 respondents did not specify their age). (SD=0.818; Min=14; Max=19). The selection can be described as stratified random data collection. Selection in the classroom was not random as all the students present at the time participated as a compact group. The research instruments were administered personally during classes. The research sample consisted of high school students in the Slovak Republic. Educational background was divided as follows, 70 participants had studied at a medical high school; 41 at a business academy, 82 at a vocational high school; and 192 had studied at grammar schools.

Organisation of the research

The research was performed in January 2020. Stratified random selection was used (by drawing lots). Students from several type of high schools across Slovakia were invited to participate in the research. Specifically, grammar schools, vocational high schools, business academies, and medical high schools. The second and third year students were addressed. The research was performed in the following municipalities: Trnava, Prievidza, Nitra, Rakovice, Banská Bystrica, Trenčianske Teplice, Žilina, Martin. The questionnaire was administered in person during the classes and the students had one whole lesson to complete it.

Research results

In this part of the paper, the selected results of the research performed will be presented. It focused on high school students in the Western part of Slovakia.

The research goal was to investigate the relationship between self-care and risk behaviour in adolescents.

Tables 1 and 2 show the internal consistency of the research instruments; the highest value was measured in the "school self-care strategies" component in the questionnaire about self- care in adolescents. The factor with the highest internal consistency in the RBQ questionnaire of risk behaviour in adolescents was the one focused on risk health habits.

Table. 1 Internal consistency of the questionnaire of self-care in adolescents

Self-care components	School self- care strategies	Social climate in the school environment	Deliberate coping strategies	Universal self-care	Adolescents' free time	Family
α	0.796	0.734	0.720	0.744	0.628	0.763

Table. 2 Internal consistency of the questionnaire on risk behaviour

Risk behaviour components	Xenophobic and aggressive behaviour	Virtual reality	Risk health habits	Internet Addiction	Self-harm	Risk sexual behaviour
α	0.653	0.674	0.809	0.706	0.688	0.689

Table. 3 Age distribution of research sample

Age	f	%
14	1	0.3
15	9	2.5
16	94	25.8
17	170	46.7
18	82	22.5
19	5	1.4
Missing	3	0.8
Total	364	100

As can be seen in Table 3, the primary research sample consisted of adolescents studying at high schools. The target group was selected deliberately based on its developmental specificities and increased tendency to risk behaviour. The respondents' average age was 17 years.

The focus was on the relationship between overall self-care and overall risk behaviour in adolescents. The Spearman's rank correlation coefficient (non-parametric statistics) was used for statistical processing.

Table. 4 The correlation between self-care and risk behaviour

	RBQ
SCA	r=-0.324 p(α)=0.000

N=364
*** p<0.001

Table 4 shows a statistically significant correlation between the concept of self-care and the concept of risk behaviour p(α)=0.000. The relationship between the investigated variables is medium strong but negative. Negative correlation indicates that as one variable increases, the other decreases. It means that increased self-care reduces risk behaviour in adolescents.

Subsequently, gender differences were investigated in all self-care components. The differences can be seen in Table 5. Gender differences in self-care components were identified using the Mann-Whitney U test. Based on these results, it can be stated that statistically significant differences were found in two self-care components. Specifically, deliberate problem-solving strategies and adolescents' free time. Other self-care components showed certain gender differences as well, however, none of them statistically significant.

Table. 5 Gender differences in the self-care components

SCA component	Gender	n	X	Med(x)	Z	p(α)
SCA1	Males	102	3.62	3.71	-0.035	0.972
	Females	258	3.62	3.71		
SCA2	Males	102	4.33	4.57	-1.063	0.288
	Females	258	4.23	4.42		
SCA3	Males	102	4.87	5	-3.179	0.001
	Females	258	4.54	4.66		
SCA4	Males	102	5.20	5.43	-1.676	0.094
	Females	258	5.3	5.50		
SCA5	Males	102	3.54	3.60	-1.862	0.063
	Females	258	3.30	3.40		
SCA6	Males	102	4.47	4.66	-0.230	0.818
	Females	258	4.43	4.66		

* * * p<0.001
SCA1 – school self-care strategies SCA2 – social climate in the school environment SCA3 – deliberate coping strategies SCA4 – universal self-care SCA5 – adolescents' free time SCA6 – family

The following table shows gender differences in adolescent risk behaviour. Statistically significant differences in components focused on xenophobic and aggressive behaviour, risk health habits, and self-harm were confirmed. Some differences were found in other components as well, but none of them statistically significant.

Table 6. Gender differences in the risk behaviour components

RBQ component	Gender	n	X	Med(x)	Z	p(α)
RBQ1	Males	102	12.54	12	-3.819	0.000
	Females	258	10.11	9.2		
RBQ2	Males	102	6.04	4.25	-1.114	0.265
	Females	258	5.74	3.25		
RBQ3	Males	102	14.11	12	-2.474	0.013
	Females	258	16.26	16		
RBQ4	Males	102	22.81	23.58	-1.108	0.268
	Females	258	23.8	25		
RBQ5	Males	102	9.75	9.25	-4.081	0.000
	Females	258	12.31	12.25		
RBQ6	Males	102	5.54	3.25	-1.413	0.158
	Females	258	6.71	3.25		

* * * p<0.001
RBQ1 – xenophobic and aggressive behaviour RBQ2 – virtual reality RBQ3 – risk health habits RBQ4 – Internet addiction RBQ5 – self-harm RBQ6 – risk sexual behaviour

The investigation proved gender differences in self-care and risk behaviour within the target group.

Discussion and Conclusion

In this part of the paper, the results will be compared with other research focused on similar subject matter. Kirk and Pryjmachuk (2019) researched self-care in adolescents with persistent mental problems. Their research sample consisted of adolescents under 18 years and their main research method was the meta-analysis of research findings. The study

showed that self-care improves mental health in adolescents and reduces the consequences of mental disorders. The research also showed that self-care reduces the costs of health care in mentally ill adolescents. Masoumi and Shahhosseini (2019) performed a similar study focused on challenges related to self-care faced by adolescents. Their summarising study analysed a database of previous research. They found that self-care in adolescents differs based on age, gender, and other demographic factors. The main finding was that the expert working with adolescents must be properly acquainted with universal self-care. Besides other factors, the research presented here focused on the gender differences in the individual self-care components. A statistically significant gender difference was confirmed in the component focused on adolescents' psychological attributes (SCA3). Other components showed certain differences, but none of them statistically significant. The findings confirmed that to reduce the probability of risk behaviour, it is necessary for adolescents to perform self-care activities.

Pašková, Stehlíková, Valihorová (2018) performed a study of risk behaviour in early school aged children from the teachers' perspective. The research sample consisted of primary school pupils (N=316) and 20 teachers at the first stage of primary school. The "Risk behaviour in pupils" scale (Mezera et al., 2000) was used to measure risk behaviour and the authors also measured the gender differences in the individual forms of risk behaviour using the Mann- Whitney U test. Results showed significant gender differences in almost all forms of risk behaviour (asocial, antisocial, impulsive, maladaptive, negativistic behaviour). They used the same RBQ questionnaire of risk behaviour (Lovašová, 2019) as this study. The research also confirmed gender differences in the individual areas of risk behaviour in adolescents (xenophobic and aggressive behaviour, virtual

reality, risk health habits, Internet addiction, self-harm, risky sexual behaviour). Interestingly, our research revealed a higher rate of risk behaviour in girls than in boys. On the contrary, Pašková, Stehlíková and Valihorová found a higher rate in boys. The discrepancy may result from age differences between the research samples in these two studies.

Selecká, Václaviková, Blatný, and Hrdlička (2017) focused on the typology of antisocial behaviour in adolescents. They used data from the SAHA project and investigated the gender differences in the given type of behaviour. Their results showed that boys and girls differ significantly in almost all aspects of antisocial behaviour and its symptoms (smoking, alcohol, other drugs, sexual activity). The cluster of problem-free individuals in their research file is larger among girls. Again, in our research sample, girls showed a higher rate of risk behaviour than boys.

The presented paper aimed to define self-care in adolescents as a target group. The importance of self-care to reduce risk was confirmed in the research sample. It can be assumed that self-care has a positive effect and reduces risk behaviour symptoms. Based on the presented theoretical and empirical findings, it can be stated that the area of self-care needs to be developed. Its potential could be used positively for preventive and intervention programmes as well as in new methods of working with adolescents as a target group.

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Postcard from Leon Fulcher

From Scotland's Kingdom of Fife

Kia Ora Koutou Katoa and warm greetings to child and youth care colleagues, wherever you are! After our week around Edinburgh and visit to the Royal Military Tattoo, we set off on a journey first tested nearly 50 years earlier as Jane and I celebrate our Golden Anniversary.

Fernie Castle as we first knew it

When staying at Fernie Castle at the start of our honeymoon, remembered being dazzled by this historic building and its availability as a

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wedding celebration venue. We thought it would be fun to return to Fernie Castle on this return visit to Scotland but found the facility closed for renovation. They offered a 'glamping standard' Treehouse that, in the end, we couldn't resist.

Fernie Castle as it is recognised now following renovation

Fernie Castle is in many ways being returned to its original design and is no longer painted white. The Castle may now have been subdivided into various suites as efforts are made to make the business successful. For a building built in the 16th century, it is remarkably well maintained and transformed into a business endeavour, not far from St Andrew's Golf Courses.

The Fernie Castle Treehouse offering 2 floors of luxury

We stayed two nights in the Fernie Castle Treehouse. It is built around 5 sturdy Sycamore trees with a winding circular stairs with rope handrail that took one upstairs to a luxury bathroom with toilet and bidet. Fernie Castle staff had

made a special effort to recognise our Golden Anniversary with a 50 fashioned from rose petals on the front doormate, and a similar effort featured in the huge old-fashioned bathtub.

Outdoor decks were available from each floor and Continental Breakfast with fruit, cereal and toast provided. After many hours of travel behind us, this offered a great opportunity to settle back and recover from travel fatigue, and catch up on pleasureful reading.

Meeting up with old friends and family members after time away is invariably a disruptive experience. The ongoing changes associated with aging were brought into stark presence, whether through death of a spouse, radiotherapy for cancer, early on-set dementia, and loss of mobility and Parkinson's were amongst the conditions we encountered. Life changing circumstances.

Celebrating our 50 Anniversary, the Fernie Castle Treehouse offered nice surprises

Nice to meet up with Professor Mark and Maura Smith for a St Andrew's fish supper

It's got me thinking about what young people experience as they are leaving care. Having spent time with two youths I first met at the Dr Barnardo's Special Unit for Maladjusted Adolescents where I worked in Edinburgh, I wondered what was most important for them? Building respectful connections were important as was building trusting and respectful relationships.

Coffee with old friends and family members in the Coastal Village of Elie

How do you pronounce the name of this East Fife Village? - Kin yuck ar!

Any visit to Scotland will invariably test one's capacity to pronounce the names of Scottish towns and villages. There is a suburb of Glasgow called Milgavie but the pronunciation of this suburb name substantially different from what first appears. Milgavie is pronounce Mull-Guy! The Kingdom of Fife has its own list of village names that are also

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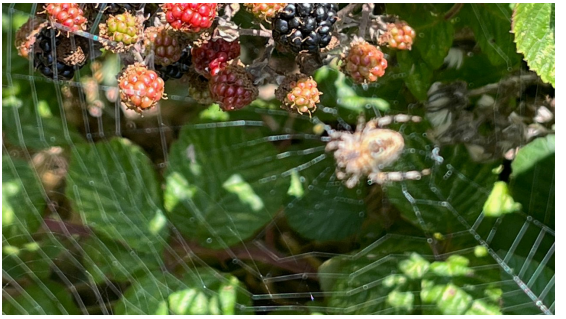
difficult to pronounce, as shown in the road sign photograph at the entrance to the village of Kilchonqar!



Many opportunity moments for reflection after meeting up with old friends

Travel experiences like these returning us to places of former residence and re-entry into prior relationships are not too dis-similar from what young people in care experience transitioning out of care. Each young person needs opportunity to make sense of their care experiences, with thought given to how prepared they are for this critical life transition. Maintaining connections are also important. Why do you think that transitions aren't given more attention?

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