

# 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 214 / December 2016**



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# Endings and Beginnings

James Freeman

**A**s we near the final days of 2016 I hope it has been a good year for you – whether full of struggles and challenges or rest and prosperity. Both have their ways of contributing to our growth and development as individuals.

In this month's issue of CYC-Online we are delighted to feature a number of important columns. One trio of guest writers you'll notice is Kiran Modi (a board member of CYC-Net), Hitanshi Sachdev and Leena Prasad. Their article may be longer than you are used to seeing in CYC-Online, but we feel the research and ideas are something important to offer the CYC field on aftercare and transitions from care.

Hans Skott-Myhre's column is timely given recent activity on the CYC-Net discussion group regarding political changes and the divide that has surfaced from the recent election in the United States – the results of which surprised many of us around the world. My favorite line from his column this month is: "How can we avoid being political when the political arena has brought the fight to our doorstep?" Hans is thought provoking as always.

You'll also find guest columnist Rebecca Ward, a friend and ally from Thunder Bay, Ontario, Canada who continues the reflections from a recent gathering of practitioners you read about last month from Thom Garfat, John Digney, and Max Smart.

Any story that starts with finding a beetle in a whiskey glass traveling around the world is not to be missed. Be sure to read regular columnists John Digney and Max Smart and their thoughts about children and youth in our care.



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Next month marks a significant milestone for CYC-Net. At the end of 2015 our elder and CYC-Net co-founder Brian Gannon officially retired. Now, as we come to the end of 2016, our founding co-editor, Thom Garfat, is retiring. Being together with both of these men in South Africa with a small group of other CYC leaders in June of 2015 was a highlight of my career. Thom has been – and remains – a co-laborer, mentor, and friend to me. It is no small transition for him to retire from his role as co-editor of CYC-Net. It is also a well-earned transition as he has been a part of this work since its inception in the mid-1990s.

No worries, though, as both of these transitions have been planned well in advance. Both Brian and Thom continue behind the scenes at CYC-Net and remain supporters of the work that benefits so many CYC practitioners around the globe.

Next month, in the January issue, we will be announcing the new associate and assistant editors the CYC-Net board of governors has selected to support the ongoing work you are used to seeing in CYC-Online every month. Believe me, it is an exciting opportunity to work alongside these new editors – and as it has always been we will continue to volunteer our time to keep CYC-Online as accessible as possible to CYC practitioners around the globe.

If you have a public note of appreciation you would like to share regarding Thom and his influence on your life and work, please drop me a note at [james@cyc-net.org](mailto:james@cyc-net.org). We would love to feature it in the upcoming January issue of CYC-Online as a way to celebrate the start of 2017.

Yours for children and families around the world.

**James**



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# You Too Can Be President!

**Kiaras Gharabaghi**

**F**or many years, I simply assumed that we all are in agreement that our goals and aspirations for young people in residential care ought to be aimed high; we are not looking to generate outcomes that condemn young people to homelessness, minimum wage poverty, or endless cycles of violence, abandonment, rejection or disappointment. I have always assumed that we construct residential services in ways that allow us to envision our young people living healthy, meaningful (to them), economically sustainable, and relationally connected lives. And I have always been proud of the simple fact that child and youth care as a field, and practitioners as a group, have never lost faith, confidence and belief in the strengths of young people even in the face of such complex adversities as they often face. But I realize now, as 2016 is drawing to a close, that we have done wrong by our young people. Like so many others, we have underestimated their potential, and we have aimed too low, as if to say, “sure, we think you can be somebody, just not somebody particularly special.”

Just think: we have constructed residential care as a way of helping young people become aware of themselves, engage their life stories, self-manage their mental health, develop healthy relationships, and consider kindness, sharing, indeed love as valuable assets and tools in navigating the complexities of life. We have coached young people to learn to listen to others, reflect on what they hear, see, smell, and touch. We have taught them to reject violence, to celebrate difference, and to feel strong and secure in their multiple identities. We have worked hard to create a sense of confidence, strength, belonging and connectedness, even for gay kids, even for kids with Arabic last names, even for Black Youth, even for young people without status in our countries, and yes, sometimes even for girls.



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Well, it turns out we have been wrong all this time. So to end this year of wonder, of amazement, and of lurching ominously (perhaps freakishly) behind Hillary on national television, let us step up our game and give our young people in residential care the ultimate message: *You too can be President!*

But we would not want to be hypocrites (not really sure why not, but let's just go with it...). It is not enough to give young people positive messages, to say they can be this or that, without ensuring that we provide the tools, the skills, the character necessary to achieve these goals. To this end, I would like to introduce my newest venture (for-profit but tax exempt): I am hereby announcing the Donald J. Trump Residential Conversion Centre for Messed Up Youth. It is a centre specifically designed to prepare young people facing enormous adversity for the Presidency of the United States of America (or to become Pope, whichever pays more). To ensure that you place your undeserving youth at my new centre, let me describe it just a little, so that you can be sure this is a recipe for success.

First off, no chicks. The place is run exclusively by men, and all staff are male, as are all the residents. The mission statement is clear and strength-based for kids and staff alike: "We are powerful, we look for more power, and once we have it we...; well, then we have it." Our therapeutic goals are evidence-based and may at first appear a little 'retro', but you'll soon acknowledge that these are totally the way to go. First, we teach kids a range of things, values, and histories that intentionally deviate from reality, goodness and anything that may have happened in the past. We do this because we care (mostly about ourselves, but there may well be a trickle down effect on the youth). We care that young people are unburdened from any sense of truth. Truth is an obstacle to becoming President. It would require knowing stuff, listening to others, and acknowledging that there is a world beyond one's ego. This is distracting and unnecessary; at best, one might become the runner up in a pre-election ritual, which is not much different than working at 7/11. Secondly, we want to make sure that young people are tolerant and accepting and reject hate in all cases, except in situations where others might frame their Beliefs in God, kindness and generosity in terms that seem unfamiliar; or are



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racialized; or can't make up their minds whether they are men or women, or have a cultural heritage other than American, Russian or Illegal Tax Haven Island (love vacationing there!). Also, we emphasize that trust is good, but not if it involves Mexicans. In fact, to avoid any contact with Mexicans, the Donald J. Trump Residential Conversion Centre for Messed Up Youth is surrounded by the biggest fucking wall concrete can build. Or a fence. Whichever is cheaper. But we'll call it a wall, just to make the point.

Of course we will engage young people in the context of their families. Unless their mothers are ugly and fat. Because that would just be embarrassing. We'll tell them that they are better off elsewhere. Because to become President, you have to have a discerning sense of aesthetics. In women. While some residential programs, and some crazy Muslim child and youth workers, might talk about the importance of consent in dating relationships, we'll be real clear about how this really works. Presidents don't have time for consent. Take what you want (in fact, you should grab it) and discard the rest. Presidents don't eat mashed potatoes; just the steak, preferably pink.

Like all residential services, we want to make sure that our program teaches young people about problem solving (pay someone to make it go away) and conflict resolution (a euphemism for becoming a pussy – never resolve conflict, just escalate it. This almost always confuses people and before they can do anything about it, you are the fucking President and have your fingers on the nukes). We will teach cooperation (if it works to our advantage), collaboration (I insult you and you pay my expenses), respect (different opinions from yours are criminal), and a sense of fairness (anyone who doesn't adore you is an asshole and should be shot). We also instill a strong sense of respect for public authority even when it misfires (shit happens, but mostly to black people; no need to judge).

But wait, this is not all. Like all residential services, we also teach life skills. Real life skills, the kind of stuff we ourselves have learned from our extensive life experiences. For example, we teach the kids how to hire an illegal immigrant to do their chores (because chores are important). And we demand of all kids to study



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hard at our own education institution where grades are available for purchase online – getting a good deal on an A is after all the stuff success is made of. Paying into a collective fund for everyone’s good is essential, and therefore we show kids how to get others to do that while investing their own money offshore. Preferably in oil, coal, or unregulated mining, because investing is easy, but good investing requires a great deal of blindness to profoundly disturbing things. As mentioned, we set high standards and therefore expect such blindness and nothing less. Of course our centre is fully climate controlled, so that our young people have definitive proof that climate change is bullshit and therefore don’t waste their time whining about it being too hot. Turn on the damn air conditioner, moron!

But our centre has a unique twist on how we ensure that you buy our services. Because everything we just said we do, may or may not be true. Quite frankly, we don’t think it’s any of your business whether any of it is true. In fact, we are going to tell you about stuff we do so that you evaluate how good we are based on us not doing the stuff we said we were going to do. This is the kind of brilliance we are going to impart on the kids you send us.

These messed up youth should be President. They have everything it takes. They are white, male, straight (or at least they will be) and have no visible disabilities. We just need to make sure we support them fully. Unless they screw up. Or we decide we don’t like them. Or they turn out to be worried about climate change. Other residential programs would simply discharge kids who don’t conform to the program’s expectation. We’ll deport them – to China.

My friends, this is a new dawn for residential care in this country and around the world. Finally, we will aspire for young people that are so unbelievably high, and yet so eerily realistic. You too can be President. Let’s make residential care great again. And let’s support the second amendment. I know that doesn’t seem related to any of the stuff I said so far, but I got to make a buck through my sponsor.

And no, not ‘happy holidays’. And don’t ‘enjoy the season’. Unapologetically Merry Christmas!



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## A Year-End Message to All My Friends

**M**y wonderful and dear friends of CYC Net; these are trying times. 60 million American voters thought it is a good idea to elect a man whose heart is made of stone to a very powerful position. The man will eventually disappear as we all do with time. But the spirit of those 60 million Americans worries me; how many more people are there around the world, especially in places of whiteness, privilege and power, who cannot see the immense damage of hate, exclusion, and violence? In these days, we need solidarity, friendship across all identities and ways of being in this world. We need love. I send you mine. As the year draws to a close, let's reaffirm the value of generosity, kindness, relational presence and love.

**Kiaras**

Oro\_Medonte, Ontario, Canada  
December 2016



The  
CYC-Net  
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# RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

Tuhinul Islam and Leon Fulcher  
Editors



**Residential Child and Youth Care in a Developing World** builds from a critique of Courtney, M. E. & Iwaniec, D. (Eds). (2009). *Residential Care of Children: Comparative Perspectives* (Oxford University Press) which evaluated de-institutionalisation policies in the residential care of children in 11 countries.

It also builds on the comparative efforts of Whittaker, del Valle & Holmes (2015) *Therapeutic Residential Care for Children and Youth: Developing Evidence-Based International Practice*. We started from an intellectual claim that residential child and youth care “places” exist everywhere – whether called homes, orphanages, schools, centres or institutions. Unlike Courtney & Iwaniec or Whittaker et al, we include private boarding schools, madrasa and other religious learning centres in our definition of residential child and youth care. Residential establishments involve any building(s) (and sometimes tents) where children or young people are brought together to live in shared community life spaces for given periods of time, whether as refugees of war, poverty, disease, abuse, famine or natural disaster.

**Residential Child and Youth Care in a Developing World** captures some of the challenges and changes faced by residential child and youth care workers in 73 countries – places that rarely feature in the international literature. Each contributor has highlighted challenges and opportunities facing residential child and youth care in their own country’s.

Volume I now available at  
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# Professional Identity Dynamics

Jack Phelan

Our field spends a lot of energy discussing whether we are a profession or not. This has been an issue that is developmentally specific to Level 1 practice, where most of the demands of the job can be met by people with little theoretical expertise. During ones first year of experience in child and youth care work most of the focus is on managing behavior and running a program that is already in place and fairly predictable. Once a practitioner moves beyond Level 1 into Level 2 practice, which is relational and developmental, the demands of the job become more complex and clearly connected to professional expertise.

Level 2 competence can be described as a journey where you are crossing a threshold into an arena that requires a greatly expanded degree of understanding and professional behavior. The developmental shift from relying on external control and prescribed expectations to being more relational involves thinking quite differently about how to interact with and respond to people. Practitioners at this point in their development clearly see CYC practice as a professional endeavor, with theoretical underpinnings.

Professional identity becomes stronger and more specific in this process. The initial stage of becoming a capable care giver (Level 1) has the unwanted effect of diminishing the professional persona of the newly graduated CYC practitioner. The theory and training received in CYC post- secondary programs is too far ahead of the developmental stage of Level 1 practice and it results in a diminishing of the value of the educational experience and a more pragmatic, day-to-day mind set, relying on what works in the immediate moment. More experienced behaviorally focused staff, who typically do not have CYC educational backgrounds, denigrate theoretical perspectives and encourage the new practitioner to only pay attention to the obvious. Only after mastering the skills of Level 1 practice can the developing practitioner become safe enough to let go of the “me focus” and fully pay attention to the needs of the other person. This can and should (with good supervision) result in a growing curiosity about more effective methods and



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strategies. As the emerging awareness and application of developmental and relational approaches start to produce results, the belief that CYC practice is a truly professional endeavor begins to grow. The Level 2 practitioner is now building a professional persona that does not rely on simple solutions to basic behavioral problems, but has grown into an awareness of the complexity embedded in life space work which can be utilized to support people to change and grow.

As this professional identity expands, the desire for competent supervision grows. Many frustrated CYC practitioners describe wanting more effective supervision, not just better salaries as a reason for job dissatisfaction. Supervision sessions must be more than just management information sharing for practitioners at this developmental stage. There is a desire to become more informed, skillful and impactful as a professional, which requires supervisors who can teach, mentor and support life space interventions that are not rule bound or unresponsive to individual needs. Relational supervision, not behavior management, is now expected from the supervisor, just as the same relational dynamic should be expected between the practitioner and the youth.

There is little confusion about whether this is a professional endeavor or not once Level 2 practice is established.

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# It's Hard to Talk About Politics Without Politics

Hans Skott-Myhre

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I had been working in CYC for nearly fifteen years before I was forced to acknowledge the role that politics played in our day-to-day work. I was trained by my mentors to believe that politics was no business of those attempting to be of assistance to others. I argued both publicly and privately that it would be too easy to use our position of implied authority and privilege to impose our political agendas on those we served. Everyone had a right to their political beliefs and practices and it was not up to us, as CYC workers, to interfere with the free expression of such beliefs by those we encountered in our work. By keeping our work focused on behavioral change, defined by those we worked with, we could stay out of the messy and contentious business of racism, sexism, misogyny, heterosexism and class. These were things I could contest in my personal life but not something I should bring into my work.

Then I went to work in an agency in which the full force of contentious politics was being played out with such power that it was impossible for me to ignore. There were many aspects in which race, gender, class, and sexuality were operative within the agency in very problematic ways, but what was perhaps most challenging was the ways in which it had become impossible to talk about it.

There are two key examples that stand out to me in this regard. The first was the way that issues of race and poverty were managed. The agency was situated in the inner city and yet had no staff of color. I was told, when I arrived, that searches had been attempted to remedy this but that no qualified candidates had emerged.



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In addition, the agency drew a largely white and suburban clientele from neighborhoods well outside the city, while young people from the neighborhood were few. The reason for this, outside of staff composition, was made clear early on as I worked shifts on the floor. It soon became apparent that youth of color were seen as threatening by the all white middle class staff and almost always within 24 hours were declared a safety threat and discharged from the program.

The agency also had very little interaction with the community in which it was embedded. As I met executive directors from other programs, I was told that my agency only worked with the “easiest” and “least troubled” clients, leaving the other agencies to field the youth who actually lived in the neighborhood. This seemed ironic to me as my agency had the emergency hotline, walk-in services, and emergency shelter program. This obvious contradiction was troubling to me and began to erode the division between my personal activism and my leadership position within the agency.

The second instance was a bit more complicated, but just as troubling. The director of one of the main counseling programs for young people in our agency was a fundamentalist Christian who believed homosexuality was a sin. As a result he felt strongly that young people who identified as gay should be exposed to conversion therapy in which they would be able to give up their homosexual “lifestyle” and embrace a “healthy” form of sexual expression. This appalled the LGBTQ staff and the director’s unwavering stance, in clinical meetings, was deeply traumatizing for some, resulting in highly emotional confrontations and deeply contentious relations.

The administrative position on this rift within the staff, was that the director of the program should have the right to free speech and to do therapy as he saw fit. His voice was seen as simply another minority opinion that was reflective of a position held by some of the families that we served.

These families saw homosexuality as a sin or social aberration and would welcome an intervention that challenged young people to accept heterosexuality as a desirable way to live. Young people were seen as developmentally incapable of



determining their own sexuality as adolescents and were in need of guidance to find their “true” heterosexual identity. The fact that this was both profoundly upsetting to both gay youth seeking safe shelter from hostile family and community environments and to the LGBTQ staff was seen as an emotional overreaction to the expression of a reasonable, albeit unpopular point of view.

This was entirely untenable to me as a member of the administrative team and I found it impossible to maintain “political neutrality.” Here, the political had come home to me in my workplace in unavoidable ways. I could see firsthand the ways that a discourse that avoided the political had consequences both for young people and workers. My personal politics could no longer be separated from my work. I had an obligation to stand up for what I believed to be socially just, not as a set of abstract principles, but as a response to my lived experience of the pain and suffering in front of me. It became clear to me, that avoiding the contentious arena of politics of race, gender, sexuality and class allowed modes of practice and administration that were abhorrent to me.

This meant open confrontations and fights over differing sets of values about practice and administration. It meant taking stands that were at times unpopular. It meant silencing certain voices, such the homophobic and heterosexist director or some of the assertions of white privilege by staff and other administrator, but it also meant confronting those fears and voices in myself. The former was difficult and sometimes painful but the latter has become a lifelong struggle to fight what Foucault calls the fascist within us all.

I am reminded of all of this by a series of posts on the CYC-Net discussion group having to do with the election of Donald Trump. The question posed was: “How do we talk to the young people about what happened?” There were several aspects of the conversation that troubled me. The first was a request that the conversation not become politicized. By this I assumed that the hope was that we would not descend into the nasty polemic rhetoric that marked the U.S., campaign, particularly on the part of Mr. Trump who made vicious and disparaging remarks about women, people of color, immigrant populations, Muslims and disabled



people. His vice-presidential candidate, Mr. Pence, has made similarly disparaging remarks about the LGBTQ community and has made it clear that he supports conversation therapy. Certainly, in our conversations on the email discussion group, I would hope that we as a field could avoid such nasty and ill informed discussion.

On the other hand, how are we to talk about politics without being political? The effects of the Trump presidency will have real effects on the young people we serve. In fact we already know it has, in the fear and despair many of our young people feel having heard their communities and faiths attacked by the president of the United States. How can we avoid being political when the political arena has brought the fight to our doorstep?

One of the answers given to this implied question was that we should be cautious being critical of Mr. Trump for fear of alienating those young people whose families subscribe to the views Mr. Trump and Mr. Pence have put forward. I have argued elsewhere (Skott-Myhre, 2013) that the institution of the family can serve this kind of socially regressive function. Valorization of the family as a social institution that trumps (intentional pun) other social institution can have the effect of calcifying and reifying the worst kinds of social impulses including, patriarchy and corporal punishment, to name just a couple we meet with in our daily work. I would argue that there is nothing sacred about the family when it serves to uphold the kinds of misogynistic, racist, xenophobic, and homophobic discourses disseminated by the Trump team.

We have an ethics code for North American Child and Youth Care (International Leadership Coalition of Professional Child and Youth Care, 1995). In it we state that our field, “Promotes understanding and facilitates acceptance of diversity in society.” When we talk with the young people and families we work with about what is happening in the world we share together, I hope that we keep this in mind. I also hope that we will remember that promoting understanding and facilitating acceptance of diversity in society does not mean accepting all forms of diversity. It means accepting and promoting those forms of diversity most likely, in





their turn to promote diversity in their own right. Differing opinions are not all equal. Those that promote hatred and exclusion do not fit within the ethical code cited above and we have an ethical obligation to oppose them wherever they are found.

As we approach the holiday season I hope we can remember, as the popular Facebook meme reminds us, that between Nov 1<sup>st</sup> and January 15<sup>th</sup> there are approximately 29 holidays observed by seven of the worlds major religions and that some of us observe none of these.

It is in a deep abiding respect for this kind of rich diversity of belief and non-belief that we might find some degree of relational practice and encounter. However, even then, diverse systems are only be sustained through sets of interactions that extend the living capacity of difference. It is my hope that the promise of CYC as a field founded in living encounter and deep relations can find a politics capable of opposing and transforming the current regimes of reaction, resentment and hatred. We have the possibility, but to enact that possibility will take a political will. You can't have it both ways. We are always political participants, actively or passively. The future will be founded in action founded in political will. So let's act!

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# Udayan Care's (Sunshine Homes) After Care Program: successful transitions from Children's Home to Independence

Kiran Modi, Hitanshi Sachdev and Leena Prasad

## Abstract

*Udayan Care's Aftercare program for youth is a young adult transition model designed to support and smooth the transition of young adults leaving the umbrella of the Udayan Care Ghars (Sunshine Homes) to independent and self-reliant living. This Aftercare model, based on an ecological model of holistic development, helps provide permanency and on-going family-type relationships for institutionalized children by providing them with educational, emotional, social and financial assistance that reinforces the life skills required for successful independent living. The research presented here describes the role Udayan Care plays in the transition of its young adults and some of its outcomes.*

*The questionnaires developed for this research covered eight domains important to young adult transitions: education and employment; financial management; health; legal rights and responsibilities; life skills and housing; goals and aspirations; safety and emergency skills.*

*The results describe outcomes in these eight domains and indicate areas in which participants show strengths and those in which they need continued support. The work presented here highlights participants' awareness of the life transition domains and discusses areas of assistance required to help meet care needs and to develop coping mechanisms that strengthen emotional well-being.*

## Keywords

*Children, Institutionalised children, Alternate Care, Young Adult, Aftercare, India, Transition, Emotional well-being.*



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## Introduction

Jyoti, 21 years old today, came to Udayan Ghar, when she was 8 years old. Having experienced abuse and neglect at home in a broken family, she had spent time in different children's home after being rescued. She was prone to emotional outbursts directed at others, self-harm and tantrums during her initial days at Udayan Care. She was unable to show appreciation, she felt 'unsupported' and 'lonely' during her late-night studies and had examination related anxieties. The Caregivers are trained to emphatically recognize non-verbal cues of traumatized children and provide additional support in studies, supplemented by other activities like art, sports and dance. Regular dialogues were undertaken with her by the mental health team to organize her feelings. The results were positive and soon Jyoti developed linkages between emotions, expression and action and gained better control over her emotional responses.

Today, Jyoti is a graduate in fashion technology and works in a reputed fashion house, living an independent and self-reliant life and staying in regular touch with Udayan Care.

It is a universally accepted fact that children should grow up in a family environment full of happiness, support, love and understanding for their full and holistic development. The United Nations Convention on the Rights of the Child (UNCRC) mandates the 'family' as the natural setting for a child's development and wellbeing (Barth, 2002). However, circumstances such as poverty, the loss or death of one or both parents, HIV/AIDS, other life threatening diseases, family conflicts, domestic abuse, and disasters lead to temporary or permanent separation of children from their biological family and often push children to enter into Alternative Care settings. (Dasgupta, 1986; UNICEF 2009, 2011). Alternative Care in such situations protects such children and young persons and upholds their right to development and protection. There is no doubt now that keeping children in Child Care Institutions (CCIs) should always be the last resort; an option available only when all other forms of alternative care such as foster care, adoption or community family care are not possible.

Institutionalisation as a process has its own advantages and disadvantages. Children who grow up outside a family setting face a number of psychological challenges (Udayan Care, 2014). They often face issues such as lack of love,



affection and attachment or at times even experience physical harm. Often, children who come to CCl's have a history of trauma and abuse or experiences of violence, exploitation and abuse. They may have already seen economic hardships, denial of love and affection, psychological setbacks and apathy by their friends and relatives (Dabla, 2006). Shackman and Reynolds (1997) have found that children who have experienced war or internal conflicts experience psychological trauma, demonstrate clinging and withdrawal behavior, aggression, nightmares, fear of unexpected movements, depression disorder, post stress traumatic disorder or brain deterioration. Most orphan children, due to their previous circumstances, have poor self-concept and ego-resilience, are more likely to have experienced past trauma and demonstrate anxious or avoidant attachment (Alessandri et al., 2012; Dwyer et al., 2010). They often perform poorly on intelligence tests, have difficulty in language and are slow learners compared to children in other forms of alternative care (Nyamukapa et al, 2010). These developmental difficulties give rise to serious concerns about the effects of early depression, including factors like inadequate medical care, poor stimulation, inconsistent and unsupportive care giving relationship (Browne, 2009). Even if all the basic physical needs of the child are met at the CCl's, they face lack of individualized care due to large numbers and thus poor social development. Goldfarb, (1944) and Bowlby (1951) have pointed out behavioral, intellectual and emotional impairment as characteristic of children raised in alternative care.

Recently, there has been an increasing attention given to development of such children and psychological consequences have been documented (Browne, 2009; Johnson, 2001). A combination of physical, financial, educational and relational losses leads to negative influence on the development of children (Gupta, 2015). The quality of care needed for out of home children is similar across family-based or institutional living for emotional and physical well-being (Whetten et al., 2009). However, the basic needs of children are often considered to be more urgent and important than their psychological needs and if the child has been traumatized, steps are not adequately taken to address it. Bronfenbrenner and Morris (1998) found that in such situations the overall development of children suffers.



## **Transition and Aftercare as a continuum of care**

Along with the above complications, children who have spent long years in CCI, have to leave them after attaining adulthood as per law. From this time, they are expected to take care of themselves (Leaving Care Program Approach, 2016). This departure is a crucial phase in their life and needs to be planned in a manner that allows for a complete transition from the care home to mainstream society such that the young person can live as a self-reliant independent individual. The transition period when the young adult is transitioning from a care setup to an independent adult is a vulnerable period (Akister, Owens, & Goodyer, 2010) and demands close guidance and support to make the transition smooth. According to Stein (2006), this transition gives the young adult an opportunity to explore, reflect, and take risks. This is a critical stage of life as they are vulnerable to unemployment, psychological stress, physical and mental illness, homelessness and dependency.

Before being left all on their own, they need to be trained in various life skills such as managing housing, money and employment. They need constant guidance in their daily living skills, knowing their rights and responsibilities under law and ways of nurturing their own personal and social development along with self-care (Human Service Community Service, 2010). Projects like Berry Street's 'Stand By Me' (Meade and Mendes, 2014) show that working with young person's require helping them not only with their accommodation and financial needs but also requires addressing their trauma and attachment issues. The need is to address trauma in them by improving their access to mental health supports and provide them with opportunities to maintain links with out-of-home care supports in order to reduce the possibility of further trauma and disrupted attachments. (Meade and Mendes, 2014). In the absence of enough support and mentorship, they are likely to fall prey to criminality, unemployment or drug abuse, which makes it difficult for them to find a job or a house for themselves. It is important to ensure that the young persons, leaving residential care, receive care and support on a continuous basis, without interruptions, till they are able to manage on their own.

Aftercare is the last preparatory stage for young persons, during which they can be provided financial support, training in skills, handholding for career development, counseling for managing emotions and other such measures that contribute to the



process of their social mainstreaming and self-reliance. Successful Aftercare programs help young adults to become independent and responsible adults while integrating into society through a healthy long-term transition period.

## **Aftercare in India**

In India, the Juvenile Justice Care and Protection of Children Act (2015) (JJ Act hereinafter) allows children to live in CCI only up to 18 years after which they are expected to leave the child care institutions. This Act provides the required legal backing to Aftercare and puts the responsibility on the Government to make provision of support, financial or otherwise, to persons between eighteen to twenty-one years of age. Under the Integrated Child Protection Scheme (ICPS), 2014 an order for placement of young adults in Aftercare programs can be made by Juvenile Justice Boards (JJBs) or Child Welfare Committees (CWCs). The order is then given to the District Child Protection Unit (DCPU) who in turn ensures that Aftercare services are available for the young adults. A managing Aftercare program receives grants up to a maximum of 2000 Indian Rupees for each person every month from the State Child Protection Society (SCPS). This monthly grant is meant for meeting the individual needs of young adults such as food, clothing, health care, shelter, age-appropriate and need-based education, vocational training and stipends. The voluntary organizations providing Aftercare support are required to prepare a three-year plan for each young adult.

Despite the existence of the above legal and policy framework, Aftercare remains a largely unaddressed topic within the provision of child welfare services in India. There are very few institutions and organizations that are equipped fully to provide Aftercare services.

At the Government level, there exist a couple of Aftercare programs for the rehabilitation of institutionalized children who reach 18 years of age but most of these programs cater to vocational training on technical and non-technical courses, assistance in placement and counseling services. There is no mechanism in place in the country to track the young adults leaving CCIs as to how many of them are receiving these Aftercare services and the quality of the services, if any. Often the infrastructure for Aftercare services is inadequate and faces resource crunch with most of the staff not being adequately trained. Despite progressive legal and policy



backing, there is a near total absence of recognized Aftercare programs. Some of the existing good models established by NGOs refrain from seeking Government recognition, although the reasons for this are not known.

## **The Model of Care at Udayan Care**

Under the Udayan Care Model of Group Care a child is provided a family like setting (12 children in one home; based on the Indian Joint Family model (see <http://www.hknet.org.nz/Joint-family.html>), with multiple long-term volunteers as caring Mentor Parents and role models. Udayan Care bases its strategy on LIFE (Living in Family Environment) where the other children of the home are involved as siblings; professional and care staff, home tutors, and other volunteers are present as extensions of social life. Accepting friends in the neighborhood community and schools has a positive peer influence. Children and young persons get a safe, supportive and understanding environment in the Udayan Ghars (Sunshine Homes) in a family setting with a one-on-one relationship with mentor parents, live-in care staff, and the support of social workers and mental health specialists. All children and young persons receive positive interactions in schools and community and learn how to form and sustain positive and reciprocal relationships with others – a hallmark of healthy and autonomous adulthood. This model is based on the belief that new and constructive behaviours can be learned over time by exposing children and young person to carers who relate to them and to each other in a constructive, supportive, helpful, respectful, trusting long term and permanent loving way. The Carer group at Udayan Care's Aftercare program, comprised of Mentor Parents, counsellors, social workers and support staff, conduct themselves as firm believers in this philosophy.

The Udayan Ghar Model of Group Care has been informed by Attachment Theory and Object Relations Theory. Attachment theory describes the biological and psychological need to bond with and relate to primary caregivers as fundamental to the survival of human beings. The ability to trust and to relate to others is established in infancy and early childhood through the quality of the infant/primary care giver relationship which influences and shapes development and behaviour in later life. (Becker-Weidman & Shell 2005; Bretherton 2007; Bowlby 1969; Hardy 2007; Sonkin 2005). Object Relations Theory suggests that a prime



motivational drive in every individual is to form relationships with others. The style of relationship that develops in early childhood becomes part of an internal blueprint or learned way of relating to others that is replicated when we establish and maintain future relationships, which impact on our sense of identity (Dockar-Drysdale 1991; Scharff & Scharff 1991; Winnicott 1953).

At Udayan Care, caregivers are trained to connect with young people from deprived backgrounds and to acknowledge that they may have difficulty in forming and maintaining constructive and healthy relationships with each other. The carer group at Udayan Ghars know that the degree of self-hatred or destruction directly depends on the extent of trauma they have experienced in their early years. Udayan Care has incorporated both the theories into a model of human development and needs-based group care model for all children and young adults.

The model incorporates comprehensive theories on human development and empirically-supported practices from a range of disciplines. We believe that the psycho/social and emotional development of children, adolescents and young adults is the key to their overall development. Often, it is seen that different therapeutic interventions in assisting children who come from broken homes or poverty-stricken situations are very effective if applied in a timely manner. Integrating the individual with organisational and community approaches helps to promote and maintain the wellbeing of young people. (Becker-Weidman & Shell 2005; Bowlby 1969; Dockar-Drysdale 1991; McMillan & Chavis 1986; Prileltensky & Nelson 2000; Scharff & Scharff 1991).

## **The Aftercare model at Udayan Care**

At 18 years when they need to leave the homes and go into Aftercare programming, the relationships already forged continue to exist. Youth are supported for their education, accommodation, mental and physical health care and specialized counselling for their studies, careers and jobs, etc. The Aftercare model for young persons who leave Udayan Ghars is a natural extension of this care program and through this the young adults are provided handholding support under the guidance and supervision of their Carer groups such as Mentor Parents and the overall organizational support of Udayan Care. Provision of a secure home is ensured along with financial support for proper nutrition, health, professional and



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vocational education, training and internships, leading to economic independence and a strong sense of personal identity. The program ensures that they are guided so that they avoid pitfalls that so many of their peers have faced, such as alcohol and drug problems, mental health crises, credit trouble, unemployment, homelessness and provide them guidance, counseling and trainings in life skills and independent living. Support for higher education or vocational training as per their talent and need, professional training and career development is also provided to all young adults. They are encouraged to take up part time jobs and manage an independent kitchen as part of the process of equipping them for future independent life. On completion of their course of choice, they are settled into jobs and rented accommodations, which they are encouraged to seek with very active support.

Efforts are made to mitigate the trauma at this juncture as their care plans and rehabilitation plans are developed and revisited regularly with them by the care and specialist teams. Individual care plans are made with active participation for all children from 15 years onwards, and it includes a detailed section on planning for their future. The same empathetic support from the carers and specialists continues till they find their feet in life. Some young adults need specialized attention due to higher risk behaviours or mental health issues and may even need lifelong support, due to disability needs. The Aftercare support of Udayan Care is not limited to three years as prescribed under the JJ Act, but continues till final settlement of youth and perhaps for life. There is a strong sense of permanency of care and consequently even after such young persons are finally settled in life, they remain in regular touch. As the youth become alumni they maintain their relationships with the organisation, staff and volunteers.

## **Research Objectives**

Udayan Care's Aftercare program for youth is a transition model where young persons are provided with all the required support as they move to independent and self-reliant living. From time to time Udayan Care undertakes research into its own practices to evaluate its own systems and processes and success rate of transition for its young people. These research initiatives range from survey based evaluations to longitudinal research, to evaluate the current and on-going changes



in children's and young persons' sense of trauma, attachment, self-concept and ego-resiliency. The results help to develop better monitoring and evaluation of the systems.

The present research was carried out to *understand the extent and different ways in which Udayan Care has assisted and continues to assist young persons to prepare for a successful transition into independent and self-reliant living.*

**Research Domains:** The questionnaires developed for this research covered eight domains important to young adult transitions: a) education and employment, b) finance, c) physical well-being and Health, d) mental health, e) legal rights and responsibilities, f) housing, g) goals and aspirations, and h) safety and emergency skills.

## **Research Methodology**

As quantitative data brings out figurative data, whereas qualitative data allows for in-depth exploration, both methods were used for this study. Purposive sampling was conducted on the young adults that were either a part of the Aftercare program or those who were alumni of Udayan Ghars. A total of 46 young adults participated in this research of whom 24 are currently part of the Aftercare program while 22 were alumnae. All the participants were between 17 and 32 years old and there were 31 girls and 15 boys.

Responses were elicited with the help of a structured questionnaire that contained subjective as well as objective questions. Informed consent in writing was obtained from all participants. Furthermore, the participants got a brief explanation about the research including its objectives and the rationale as well as their right to not disclose anything against their wishes and were shared the ethical guidelines that the research was complying with. The data was coded to maintain confidentiality and anonymity of participants. It was ensured that none of the participants were put under any emotional or psychological risks during the process of responding to the questions. The tools administrated along with the results have been filled and kept away safely, only accessible to authorized members of the organisation.



## Results

In accordance with the objective, the research describes the role and outcome of the Aftercare program at Udayan Care. The results are divided into the eight sections corresponding to the questionnaire.

### a. Education and Employment

*'In starting when I had gone to Sanskriti School, it was very difficult to interact with (other children) as they were from rich families and would speak in very fluent English. I shared my experience at school with my mentor mother and then I started gradually to take initiative and interact with friend in school. Slowly I was speaking to them comfortably in English.'* (P.C. 16)

The literacy rate of the entire research population is shown in figure 1. A majority of participants (ninety-three percent) were studying in secondary school (Grade X), seventy-eight percent<sup>1</sup> were higher secondary certified (Grade XII), sixty-three percent of participants were pursuing their graduation or were graduates, and only two percent were pursuing vocational training and different diploma courses.

Of the total, eighty percent of participants showed a desire to study further and amongst them nearly half (49 percent) wanted to pursue post-graduation. Eighty-seven percent of participants responded that they had undergone various trainings with Udayan Care during their stay.

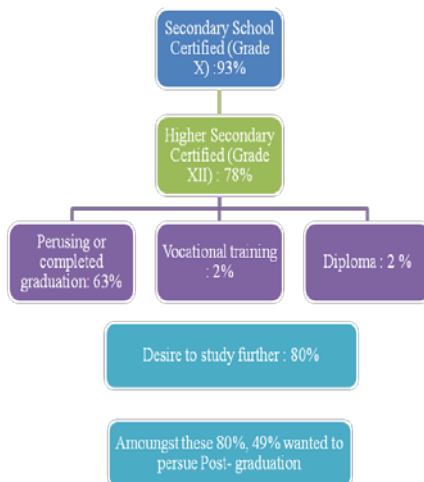


Figure 1

<sup>1</sup> All values in percentages have been rounded off.



*'Udayan Care is like an angel to me. Yes they are helping me in staying in college admission, in everything.'* (P.C. 18)

Almost half (46 percent) of the participants reported having had difficulty in schooling at some point and receiving guidance and support from Udayan Care by getting tutors appointed or interacting with school authorities. This helped them overcome learning barriers such as language, provided emotional support, guidance and motivation, and encouraged them the way a family would, in pursuing and completing their education. Significantly, none of them dropped out of their school or were denied education due to the hurdles faced.

*'Udayan Care helped me at the school time like a family, in each and every task and throughout school days. They helped me learn English which is the biggest achievement & my strong point now.'* (P.C. 39)

Most participants felt that Udayan Care provided them with good schooling, by enrolling them in some of the most reputed private schools of the country, by giving them help with extra tuitions and coaching facilities and helping them financially including payment of school or tuition fees and transportation costs. Whenever required, they received support in the form of secured loans for higher education. After completion of school and higher education, they also received support through numerous workshops and training programs that they were part of.

- Most participants displayed keenness to find employed and were confident of standing on their own feet.
- Eleven percent of the participants were already successfully employed at different places
- Eighty-nine percent of the participants have prepared their resumes with the assistance Udayan Care
- Ninety-three percent were aware of the education qualifications needed for the career they wanted to pursue

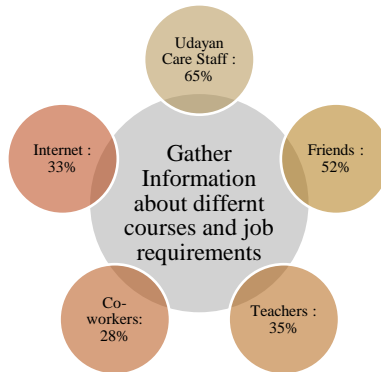


- Seventy-six percent found themselves equipped for the job they wanted to do as they were pursuing the line of interest and had undergone job or internships for the same.
- Eighty percent of participants were clear about the line of profession they were in and committed to it
- Only Seventeen percent wanted to change their line.

*'Udayan Care supported me and helped me complete my education by providing financial support and emotional support. Because of them, I have been able to fulfill my dreams.'* (P.C. 9)

Almost half of them thought they received support in job/career and seventeen percent appreciated other assistance like guidance, support and confidence building. Participants gathered information about different courses and job requirements from different sources, amongst which the Carer group at Udayan Care was the most common. Almost half relied on their friends, thirty-five percent took the help of their teachers, and another twenty-eight percent received support from their co-workers and thirty-three percent from other sources such as the internet. Thirty-seven percent found the financial assistance useful to them while fifty-two percent of the participants appreciated the emotional assistance received along with this. One of the participants said, 'I am doing my internship at Adidas in HR dept. and I am so comfortable there. I really like the environment and very confident to continue after completing my graduation.' (P.C. 24)





**Figure 2**

Different sources for gathering information on educational and career opportunities

### **b. Finance**

Most participants managed their day to day expenses from the pocket money provided by Udayan Care while some through their earnings from a part time job and/or internships. Many were saving and investing money by limiting their desires and fulfilling the necessities first and planning expenses as per a planned budget. A few participants admitted to having been unable to manage their finances yet. Forty-eight percent showed a complete understanding of the difference between needs and desire. Most were confident that in case of need, they would receive the required support from Udayan Care.

*'I limit my stupid desires and give first preference to my necessities.'* (P.C. 8)

Eighty-seven percent of participants knew how to operate a bank account and had a bank account of which eighty-five percent actually operated their accounts themselves. They were guided by Udayan Care staff, friends, siblings, as well as from bank officials and friends at their workplace in doing so. Sixty-five percent



saved money for future emergencies, buying necessities, making donations for a good cause, or to buy a particular thing like home or for future studies and career.

The participants were receiving/received assistance from Udayan Care through learning grants (17 percent), educational assistance (67 percent), and employment assistance (30 percent), accommodation assistance (39 percent), personal allowance (46 percent) and other assistance (20 percent) like full sponsorship and medication. Only four percent of the participants felt that they did not receive enough assistance. (Figure 3)



**Figure 3**  
Financial assistance

Seventy-eight percent participants felt that Udayan Care helped them in making independent financial decisions. In terms of who guided them, sixty-three percent found this coming from their mentor parents, thirty-three percent from their social workers and a few from the caregivers.

Eighty-three percent demonstrated knowledge of different taxes and a few could even name the different taxes and loans. Forty-eight percent showed a complete understanding of the difference between needs and desire. Most of them



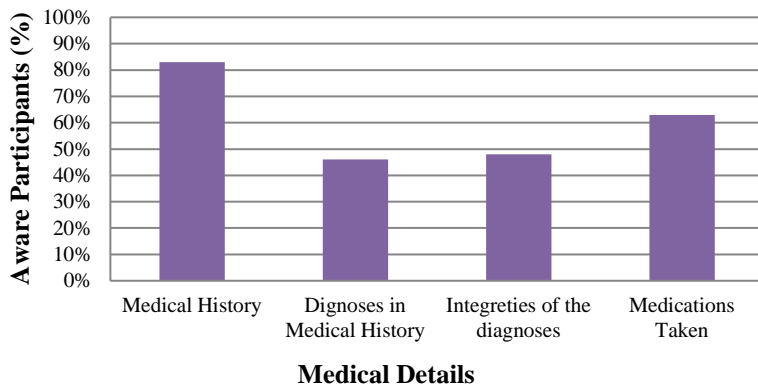
had confidence that in case of needs, they would contact the Udayan Care staff especially mentor parents and receive all the required support.

### c. **Physical Health**

Most the participants (85 percent) reported feeling healthy, while only a few (13 percent) had faced health related issues and were ignorant about their health needs. The following was noted:

- 83 percent of the participants were aware of their medical history
- 46 percent had been diagnosed with some medical condition
- 48 percent were aware of the details of their medical diagnoses,
- 63 percent were aware of the medications they had taken or were taking for the same.

## Awareness of the Participants of their Medical Details



**Figure 4**  
Awareness of medical details

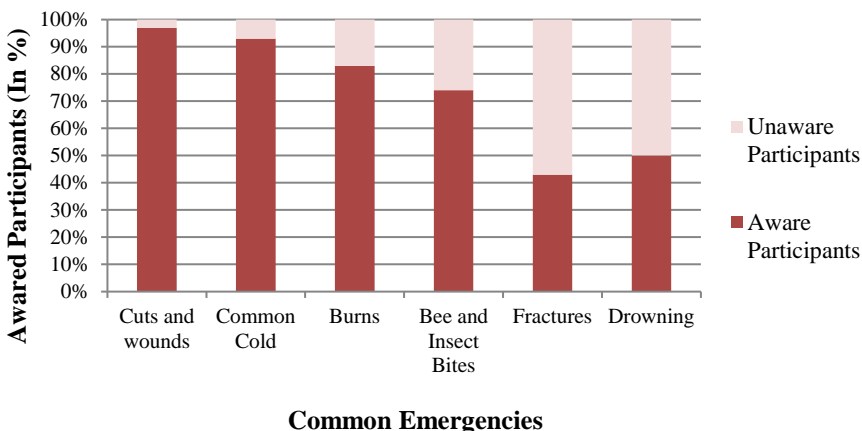




In case of medical emergencies most participants indicated that they would call Udayan care staff, friends, doctors and nurses, their husband, the hospital staff on their premises.

The participants also showed awareness of the first aid procedure for cuts and wounds (97 percent), the common cold (93 percent), burns (83 percent), bee or insect bites (74 percent), fractures (43 percent) and drowning (50 percent). Forty-eight percent were also aware of the government’s health programs and 30 percent were able to name a few. They gained information on them from reading newspaper, television (news, advertisements), internet, Udayan care staff, family, siblings, friends, teachers, colleagues, workshops, banks or other sources.

### Awareness of Medical Procedure during common emergencies



**Figure 5**  
Awareness in general of medical procedures



#### **d. Mental Health**

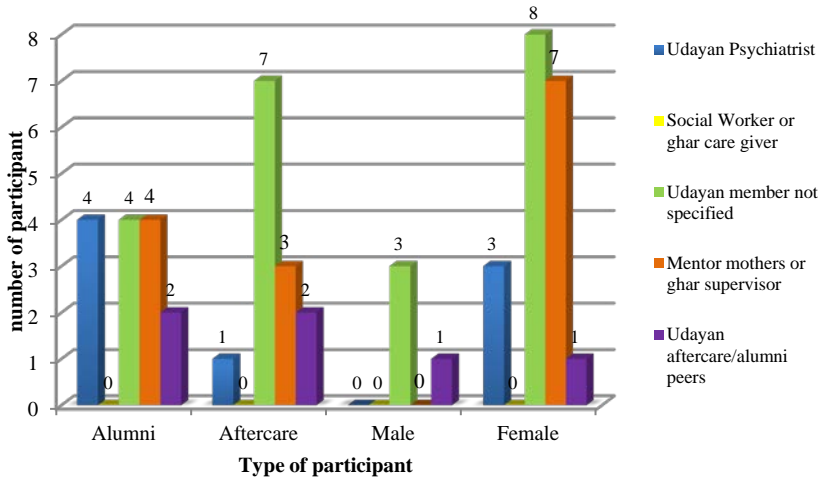
*'They are doing all that I need! If I talk about emotional mental support, yes they are there always for me. If I share my issues with them, they always understand and support me.'* (P.C. 11)

Many participants reported more of a struggle to meet basic emotional needs than to meet basic physical needs. Of those who responded that they have a struggle meeting their emotional needs, only one was male.

Most participants felt their struggles or need for emotional support was larger after leaving the Ghar and most desired increased emotional support. All alumni participants indicated this desire for emotional support. Other sources for more desired emotional support were from peers and a romantic partner. The table below shows from whom specifically participants desired more support/connection. It is interesting to note that of those who desired more emotional support from Udayan Care, most reported that they often go to an adult from Udayan Care for support. Significantly, most young adults had the confidence that they had someone to share their feelings and emotions with and that if they had any kind of fear or apprehension, they would freely discuss it with their mentor parents and get help. This feeling of trust in relationship and attachment was seen as having positive effect on their lives.



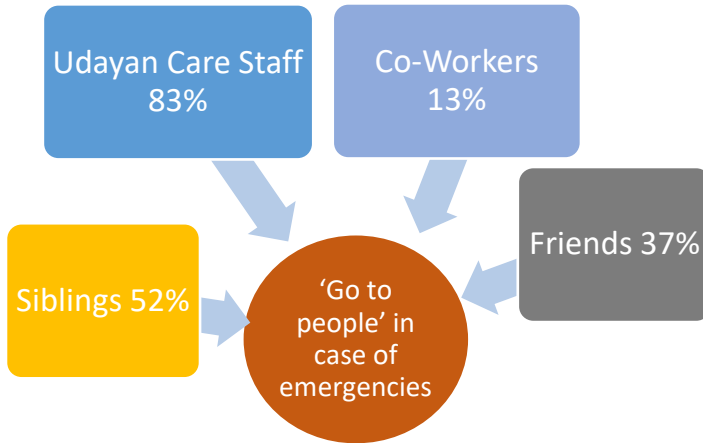
## Person to contact in times of need



**Figure 6**  
Who to contact in emergencies

When participants were asked who they 'can depend on or who can they seek advice from when they really need it', the most common response given was an Udayan Care adult. Friends from Udayan Care were the second most common response.





**Figure 7**  
The 'go-to' person when needing emotional support

#### **e. Legal Rights and Responsibilities**

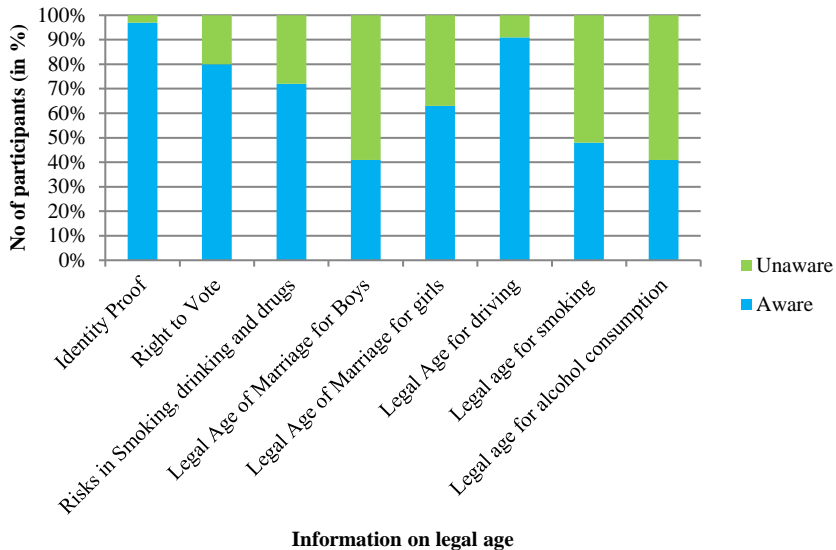
Ninety-seven percent of the participants thought that having right and responsibilities is important and were able to justify their views by saying that it helps in smooth functioning of people and country, achieve goals, maintain discipline, vigilance and security, build confidence, create focus and awareness, helps in development and empowerment, sort out things, makes life interesting and would help the future generations.

Ninety-seven percent of participants possessed an identity proof. They were helped by Udayan Care in making of these documents, providing them information and guiding them about it. However, few participants reported to have gathered information and made the documents themselves. Eighty percent were aware about the right to vote. Some participants had voted, while for few the registration of voter ID cards was still in process. Sixty-seven percent shared that someone in their group was involved in smoking/drinking/drugs and 24 percent reported to have been influenced by them and 72 percent participants knew the risks involved.



The participants showed awareness of legal age for driving and marriage.

## Legal awareness of the participants



**Figure 8**  
Level of awareness on rights and permissible age for activities

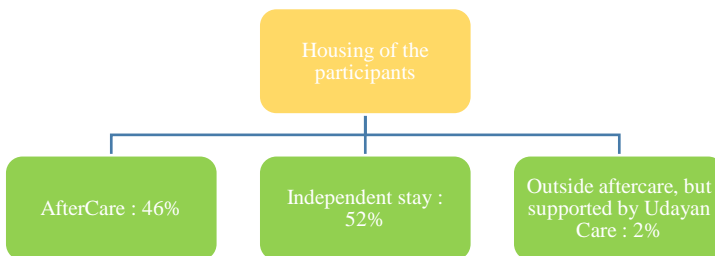
Ninety-seven percent of participants agreed with the statement that newspaper and other media are flooded with cases of sexual abuse. The same participants said that they knew how to defend themselves. Fifty-six percent agreed that social media has led to increase in crime rate. They had formed this opinion based on information from newspaper, television advertisements and news reports, radio, internet and websites, social life, friends, colleagues, family, Udayan Care staff,



siblings, volunteers, teacher and through participation in workshops organized by Udayan Care.

### **f. Housing**

Forty-six percent of participants lived in Aftercare, 52 percent lived independently and 2 percent stayed outside but were still supported by Udayan Care. Participants said that one must consider a few things before renting a house independently such as hygienic place, presence of all necessary facilities, good ventilation, 24 by 7 water and electricity supply, good and friendly landlady (but not over meddling), safe and lively locality with good and literate people, ease of commutation and not too far from their workplace, near to local market, hospital, school, police station, not be overcrowded and should be well within their budget. While choosing their place of stay they would also not prefer any presence of a broker and would want it to be near a park and be well painted. The search for a house is made usually on the internet or the newspaper, or through word of mouth. Most participants felt they were helped by Udayan Care by receiving a leaving grant, household material and emotional support that assisted them in moving around and taking decisions.



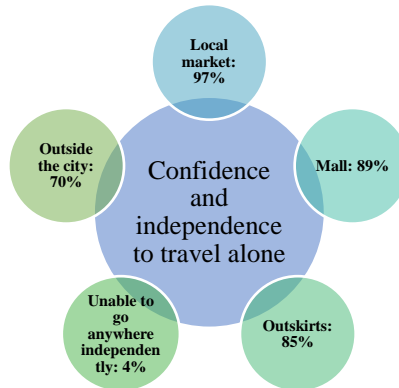
**Figure 9**  
Housing

Participants showed a level of confidence and independence in traveling alone to a local market (97 percent), mall (89 percent), and outskirts (85 percent) and



outside the city independently (70 percent). However, 4 percent participants informed that they were not confident enough to go anywhere independently.

*'They support me to travel independently and this gives me the confidence to live independently.'* (P.C. 28)



**Figure 10**  
Independence to travel to places

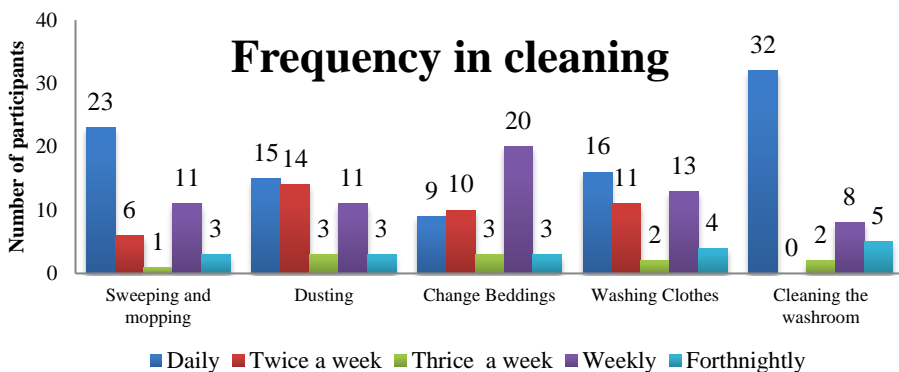
Ninety-three percent of the participants said that they could cook for themselves and had learnt these skills during their stay in Udayan Care as well as from friends and family, online and television shows and courses in college. Fifty-nine percent were cooking for themselves while 17 percent had their friends cooking for them, 37 percent got meals their hostel mess, 17 percent from outside and 30 percent had other sources like being prepared by the cook/maid, friend's mother and lastly Udayan care staff. The participants took care of making their food nutritious by adding vegetables and fruits, dairy products, fats and oils, cereals and pulses, non-vegetarian diet (eggs and chicken), spices, and supplements fortified in food products like Horlicks. They brought food based on nutrition (70 percent), taste (37 percent), budget (83 percent), and mutual consent (20 percent), go unplanned (6 percent) and based on weekly plan (52 percent). They learnt these



skills from their care staff especially their mentor parents, friends, school books, siblings, internet, in-laws, relatives, friends, parents, and dietitian or from anywhere they get information.

*‘They gave enough education and awareness so we could live our own when we go outside.’ (P.C.1)*

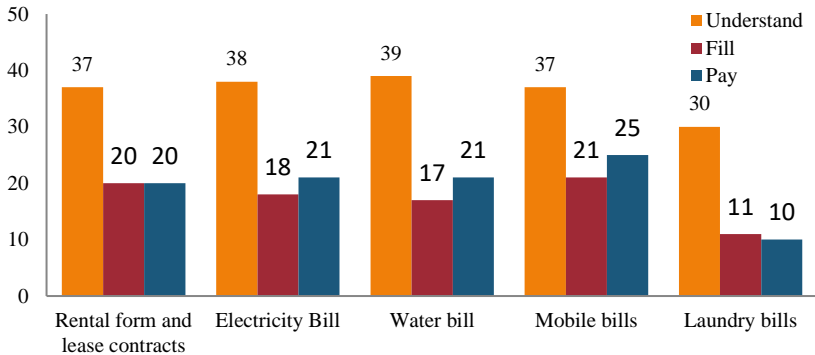
The participants indicated that they maintained cleanliness and hygiene in their homes. (See figure 11).



**Figure 11**  
Frequency in cleaning







**Figure 12**  
Understanding, filling and paying of various household bills

### **g. Goals and Aspirations**

*'My goal is to be a HR president, I am working as HR intern, pursuing BBA, and I am also planning to do my MBA.'* (P.C. 24)

Participants showed a desire to complete their education and have a job/career of their choice; to start and expand their business; to be successful in life, to travel; and to be a good human being and good citizens. Amongst the female participants, most of them wished to be good in their role of a wife and mother and finally to enjoy what they are doing.





**Figure 13**  
Challenges perceived by young persons

Participants expressed interest in a number of careers, including teacher, pilot, owning a business, technical work, or becoming a psychologist, artist, designer or joining the army. They however faced some challenges in achieving these goals such as lack of funds (67 percent), emotional support (37 percent), courage (30 percent) and information (37 percent). They were able to overcome these barriers by saving money, taking loans, being consistent, working hard, getting educated, planning and executing it, motivating themselves, setting and achieving small and daily goals, hoping that their talent will take them there, keeping contact with Udayan Care and discussing their issues and taking help from them. They also reported that Udayan Care was providing workshops and trainings, life skills, educational and financial assistance, emotional support and motivation, career counseling, guidance and values, providing information and by keeping contact and friends.

#### ***h. Safety and Emergency Skills***

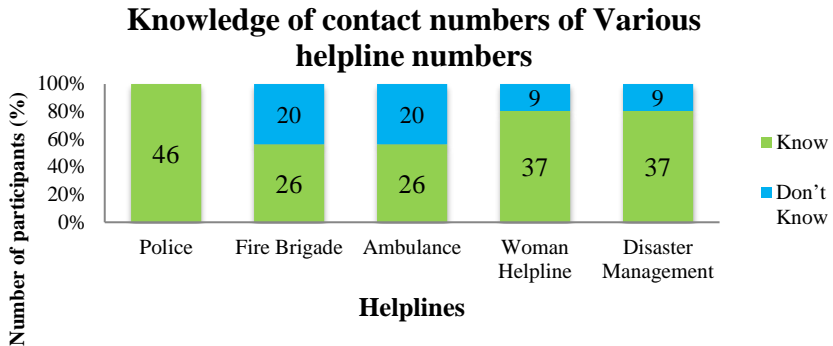
The participants showed awareness about the drill procedures and precautions to take in case of fire, earthquake, flood or any terrorist attack.



Knowledge of Emergencies	Knew Precautions (%)	Knew drills (%)
Fire	37	35
Earthquake	33	13
Flood	14	31
Terrorist Attack	11	10

**Figure 14**  
Awareness about the drill and precautions in case of different emergencies.

The participants showed awareness about various helpline numbers, like police, fire brigade, ambulance, the women’s helpline and disaster management.



**Figure 15**  
Information of important phone numbers

Forty-six percent of participants knew all the numbers correctly while four percent only knew the police number. Notably, all the boys knew the number of the women’s helpline. Some participants had confused the numbers of fire brigade and ambulance, as well as the women’s helpline and disaster management.



In case of emergency, 63 percent would contact Udayan Care but only 28 percent would contact helpline number. Others would contact, friends or siblings.

## **Analysis/Discussion**

When a young person is ready and moving out of Udayan Care, most have full confidence and assurance that they will continue to receive assistance from their mentors and siblings and friends during their struggle for a successful transition to independent adult living. All care leavers of Udayan Care have a permanent and long term relationship with their mentors and siblings before they leave the care system and this relationship extends into the post care phase. Udayan Care care-leavers receive along with the basic necessities, love and affection from a huge family network, helping them to overcome trauma and making them capable of dealing with the emergencies of life. This is evident from the data when the young adults have not just written their dreams and aspirations but are already walking the paths to achieve them. They are well-educated, trained and aware of the happenings of the world. These young adults not only wanted to have a basic job to survive but pursue higher the ladder and showcase their best in life. They undergo trainings and internships; maintain their resume and find themselves prepared for the job with clarity on what they want to become. They expressed facing challenges along the way, but also demonstrated confidence to overcome them. Distinguishing between needs and desires, they showed a clear understanding of their financial matters like saving, earning, taxations and managing loans and expenses. They also showed an understanding to carrying out household chores, maintaining cleanliness and hygiene, moving independently, have awareness of the different bills, necessities while buying/renting a house and cook for themselves. One needs to make the food healthy and nutrient rich. The participants showed that they not only understood this but were also able to apply it practically in their daily lives.

Participants showed an understanding of health. They reported themselves to be healthy and were well aware of their medical history. Nearly half demonstrated an awareness of their medical conditions and treatment of those conditions. Most were aware of the first aid procedure for wounds, common cold, burns, bee and insect bites and nearly half knew how to deal with drowning and fractures immediately. They were also aware of government health programs.



Most of them showed a strong understanding of the importance of laws, rights and responsibilities. They had awareness on right to vote, right to education and right to information. They also showed good understanding to legal age fixed by law for driving and for the marriage of girls but not many were aware about the legally permissible age for smoking, alcohol consumption and marriage of boys. Despite having friends who are involved in risk behaviors like drinking or smoking, only few got influenced by it. They also showed an understanding of the risks of being involved in such behavior. They were also aware of the current happening like increasing rate of crime and sexual assaults and also how to protect themselves.

The participants were well aware of the drill and the precautions in case of fire and earthquake. Few were also aware of the same in case of flood and terrorist attack. They also knew the helpline numbers for police, women helpline and disaster management. Few also knew the number for fire brigade and ambulance. Before leaving the Udayan Care Ghar, most of them were involved in their leaving care planning along with mentor parents and have received numerous aids at the time of and even after leaving the care homes. Most of them appreciated the support and found it much needed and helpful in enabling their transition process.

The young adults, who have been cared for under the Udayan Care umbrella, display a high sense of attachment with their Carer groups, including, peers, mentor mothers and support caregivers. Most participants have some access to active and valuable support networks to help fulfill their emotional, informational as well as physical needs.

## **Conclusion**

This research establishes the importance of an effective Aftercare program to support young adults during their transition process. It shows that the Udayan Care Aftercare program has helped and supported them comprehensively in every circumstance and assisted and prepared them for a successful transition into an independent human being. The continuum of care at Udayan Care has helped developed long term permanency in children and young persons and this has helped in developing life skills to cope with every situation in life required for a successful transition. The uniqueness of having long term volunteers as mentor parents



establishes the efficacy of long term relationships with the young adults in order to achieve positive outcomes. This when coupled with the developed life skills of knowing how to handle day to day affairs along with knowledge on rights and laws help them to grow into resilient human beings.

The model recognizes that children living in CCIs have experienced difficult circumstances and often have feelings of vulnerability. Their past experiences of loss can be easily triggered when they separate from the CCI space and hence predictability, consistency and familiarity play an essential part in this model of Aftercare. A well-planned program for youth in transition reduces insecurity by involving the youth in decision making process of their own lives. Preparedness is important and hence most of them are directly involved in the development of their plans. This helps emphasize the concept of informed choice in youth leaving care and allows them to be responsible for such choices. It decreases the chance of re-traumatizing them and the long-term permanent relationship helps them fully grow and develop in psychological, physical, cognitive and social aspects.

There is a long way to go. Perhaps the need is to further strengthen and scale up this model on After Care to influence the policy making on Aftercare in India and allow many more young adults to become self-reliant independent adults. With no records or details available on how many children in a year turn into young adults and leave care homes and later enter into Aftercare programs, there is no data available as to what happens to them. It requires proper data management and analysis, if we don't want the national exchequer to be burdened with huge expenses on institutional care with no results.

A National Registry for all care-leavers is the need of today's time, where each and every care-leaver can be tracked for a minimum of 5 years, with proper accountabilities, and through which additional support for capacity building, guidance and counselling on careers and job retention, etc. can be given. There is an immediate need to scale up existing good models and influence the laws and policies on Aftercare so as to build the 'Umbrella Care of the Family' for India's most vulnerable youth. There is a unique opportunity to develop policies and frameworks that can provide holistic intervention in line with best practices internationally. Should India take this challenge, it will be uniquely positioned in South Asian countries to create and draft holistic, inclusive legislation that



streamlines service delivery and provide institutionalized young adults the best opportunity for successful transition into independent adulthood.

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# Action or Inaction: dealing with what we do not know

John Digney & Maxwell Smart



A man of genius makes no mistakes; his errors are volitional and are the portals of discovery.

**James Joyce, Irish novelist**

You will find as you look back upon your life that the moments when you have truly lived are the moments when you have done things in the spirit of love.

**Henry Drummond, Scottish writer**

## **'Beatlemania'**

Beatlemania was a term originating in the 1960s. It was not an entomological term, but was a term used to describe the frantic and frenzied attitude and behaviour expressed toward the Liverpool band, The Beatles.



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Of course, those Beatles were a very different type of beetle to the one we have pictured above. The guy you can see in the picture (we have come to learn) is a Devil's Coach Horse beetle. It is an insect that has in the past been associated with the Devil all the way back to the Middle Ages (hence its common name). Despite its common name, this beetle is not so common that either of the authors could identify him readily when s/he was seen crossing the kitchen floor in one of our houses (and the screams it induced from family members were not like the ones encountered by the 'Fab Four').

### **It's a Bugs Life**

Having recently returned from America, the authors initial thought was, 'this little chap has hidden himself away in a suitcase and now having crossed the Atlantic will feel at home in our lovely Celtic country and set about over-running the country with baby beetles'. So, how do we deal with this fellow and do what's right for him/her and for the wider society. The author in question is known for his inability to 'squish' bugs, opting instead for releasing them into the wild (aka throwing them out the window). Many a spider or wasp has found himself having a reprieve from the flattening experience and given an experience more akin to one seen in the movie, The Great Escape (picture the beastie on a motorbike being pursued and about to be apprehended tangled up in the barbed wire, well maybe not). But, here we are with an 'unknown' creature and a dilemma ... what is the best thing to do with it? Release into the wild (and be responsible for an alien invasion)? Squish it, and feel a sense of guilt for the rest of your life? What?

Whilst the bug was contained in an empty whiskey glass (of course), a brief search on 'Google' was conducted. This did not immediately help to identify the creature, nor did it yield any advice as to how to deal with it. There is a connection here to our Child and Youth Care work, but firstly let's look at some interesting information about Beetles that was discovered.



## Beetle facts

Wikipedia informed us that:

- Beetles are a group of insects that form the order Coleoptera (from the greek words *koleos*, meaning "sheath"; and *pteron*, meaning "wing"). Most beetles have two pairs of wings, with the front pair being hardened and thickened into a shell-like protection for the rear pair.
- There are more beetle species than any other order.
- Beetles make up about 25% of all known animal life-forms.
- About 40% of all insect species are beetles (about 400,000 species).
- New species are discovered frequently.

## So, where are we going with this?

As the creature spent its first night in the whiskey glass, the authors began to feel a little bit guilty and to consider the situation this bug now found itself in. Think about it, this creature had been going about its business, living it's life as such creatures do, then all of a sudden someone comes along and swipes it up; storing it in an unnatural environment, looking at it occasionally and trying to figure out what to do with it. **Does this not sound a bit like child & youth care / child protection?**

How often do we step into situations, wanting to help; wanting to do this right thing, but not being able to because .... we just don't know what we are dealing with! There are some 400,000 species of beetles, each with their own distinguishing features, traits and ways of being. We would suggest that there are equally as many types of youngsters out there, being looked after by professionals and experts; their own unique experiences, interpretations of these experiences, beliefs, logic, values etc. Yet, who can be an expert on 400,000 types of anything?

However, much expertise any professional discipline has, it will probably still have new things to learn about how to understand and how to advance it's learning about its subject area. In a Child and Youth Care context we should be in the same



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position and should be willing to learn and understand more about caring for kids in trouble. For maybe we don't know 400,000 things about caring for troubled children, but history should have taught us that kids have rights to be treated with kindness, respect, flexibility and individuality.

For like any creature out of its natural environment, bewildered and confused, it is likely also for 'troubled kids' to feel stress, fear, terror and helplessness in the new and bewildering, just like our captured Beetle (who at this time is excreting some slimy substance from who knows where). The kids in our care quite often have encountered massive disruption in their lives; substance abuse by carers; parental separation; mental illness difficulties; multiple events that have often included physical, sexual, emotional and educational neglect. Fear, terror and helplessness are of course now recognised trauma symptoms.

These emotions are natural reactions to the often-complex traumas children have encountered in their young lives. They are like our Beetle needing tenderness and care not cruelty and punishment but often care and tenderness is not what they encounter.



## **Returning to 'Oscar' in the Whiskey Glass**

So, having encountered something we are not sure about, we are driven to find a solution, to seek clarity in the chaos. This instinct is what directs us towards 'that which we know' and that which we usually do. Therefore, in the authors mind, we have to start by giving this 'thing' a name (a label, a diagnosis). Following this approach our little chap was identified using the internet and became known as



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Oscar The Oil Beetle. Why? Because, having started our research with the assumption that he had travelled from America (an incorrect assumption) and trying to find information on American beetles, Oscar was wrongly identified.

Working from incorrect assumptions; a lack of cultural awareness; complete inexperience and a lack of expertise, the author had in effect imprisoned this creature (taking him from his natural environment) and was now clueless about what to do next. **This too sounds a little like a metaphor about the Child and Youth Care experience.**

Killing the bug was not an option (despite cries from the authors spouse to do away with it). Freeing the bug seemed risky (what if it gets eaten or dies from the cold, or upsets the local ecology). *'I thought I knew stuff about bugs, why can I not figure this out?'* Ok, finding out more information was the key, but where did this required information exist. *'Are there any experts in the field that can be contacted?'* On Google, even the 'experts' don't seem to be able to agree. *'I don't know what is best for this creature. I don't want to be responsible for something going wrong.'* This situation sounds more and more akin to working in **child & youth care / child protection?**

## **Action and Inaction**

Doing 'something' has to be better than doing nothing is the mantra of the day. But in doing nothing are we in fact doing something? Trying to find the required knowledge is doing something, even though Oscar was 'imprisoned' the entire time. Or is this the author justifying inaction?

Did Oscar have his primary care needs met throughout this period? What do you feed a creature when you do not know what the creature is? Will it wither and die if given the wrong food? Possibly, but it will surely die if it receives no nutrition. Something is better than nothing, isn't it? As we seek to understand what the children and youth we care for need to thrive we surely have the same questions. Does this child need to feel loved and protected? Do they need to feel confident and competent?



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But do we really know if what we do causes growth or harm; do we really consider the individual as an individual or in the context of the many? **Again, these questions about Oscar's care have parallels with child & youth care?** These are questions about the nature of need; what children and youth need and how do we meet these needs in a meaningful way.

For starters, we need to pay attention to the care ecology and create a context of safety, both emotionally and physically. Our care ecologies must communicate a willingness to connect with young people emotionally via warm and tender interactions. It needs to communicate respect for self and others and that it has compassion not punishment as its core. If the environment pays attention to small details better care practices, follow. **Child & Youth Care?**

If, however through our inaction or through the use of a negative lens understanding of the ecology is neglected or misinterpreted, it is more likely that the task of that ecology can become about control and intimidation, as opposed to regulation and where feelings can be considered. Like it or not our ecology will either be one that meets needs or will not. **Child & Youth Care?**

## **Not Knowing to Knowing**

It is an old Celtic saying 'fool me once - shame on you; fool me twice – shame on me'. In the past we probably did not truly know what led to healing in troubled behaviour. If we do not know what soothes troubled kids in this, the seconds decade of a new millennia, then shame on us! We know what works and even when we are conflicted we have colleagues to ask for support – globally! We should not still have a focus on power, control or punishment; we know better. If we think we do not know what helps troubled kids, we should at least know who to ask and if our system does not understand this and the basic principles of Child & Youth care ... shame on us. We know we can construct healing care ecologies that meet the needs of kids. What else do we know?



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**We know** that the foundation for growth is the creation of safety and belonging. **We know** the importance of relationships in creating safety and healing. **We know** that to utilise this knowledge we require committed and trained staff with the ability to see beyond surface behaviours and ‘decode’ what is going on for kids on the inside. **We know** we need to learn to avoid reactions to troubled behaviour. **We know** competent and confident caring practices responds to the needs the behaviour is communicating. **We know** that compassionate caring reduces problematic behaviour. **We know** that we need to pay attention to the small moments that arise in connecting with youth (the moments that occur frequently as we spend time with kids in their life-space). **We know** that those that are not aware of the importance of moments of interaction can frequently miss the opportunities that arise in such moments. We know that these moments are the very things that set out territory for healing and connecting with youth and can lead to learning and development.

As we scramble around trying to discover what we should know (or rediscover what we previously knew) we must pay attention to ‘bids for connection’ and act with a healing purpose; we must be patient and understanding; we must act with intentionality, with love and compassion. We can create moments of connection when we help kids calm and this will leave us better positioned to sooth.

Focus on the feelings and become attentive to the emotional and physical needs. We can quickly grow out of the place of not knowing and take the risks required to help the person (or bug) we are concerned about to find a better way to be. This knowing and understanding is a way that allows our care practices and environments to fit better for the child - rather than expecting the child or youth to fit neatly into our world of expectations.

## **But, what became of Oscar?**

Now, that’s the million dollar question. Oscar has simply disappeared. Having spent three nights in his glass home, waiting for his captor to ‘do what is best’, on the 4<sup>th</sup> morning he was gone! Did he spread his wings and fly away? Did he manage



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to climb up the glass walls and crawl away? Did the cat get him? In the absence of any witnesses we do not know but we'd like to think the best. We believe he found a way to take control of his own destiny and that he is now a contributing member of insect society.

*Maxie & Digs*

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# Congruence and Collective Meaning Making of Relational CYC Practice

Rebecca Ward

Following a recent retreat with several 'international' CYC colleagues, where there occurred a three-day discourse on relational CYC practice, I have been left reflecting, all the way to my core. It was an experience that I would describe as demanding, heady and completely relational.

So, there we all sat, a group of renegade practitioners, in a beautiful adobe residence, in Santa Fe, New Mexico. The process unfolded with intensity and depth. The discourse occurred through organized but unstructured discussions and informal chatting, during life space events.

We made meaning of the concepts in a relationally congruent manner. Throughout this process, each group member eventually risked and reached toward that which was taxing. We challenged thought and communicated understanding, where at all times acceptance was palpable and caring was evident. Rhythm and daily life events were purposefully used to create connection; relational safety was attended to and we were developmentally responsive to one another. Laughter was abundant, as was lively disagreement. Carefully, we co-created an interpersonal space between us all and we established a sense of belonging amongst the group. A foundation for growth was established, despite the intense depth of the discussion; perspectives and disagreements were shared.



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As one might expect in a gathering of such a group, relational CYC practice served as the context for our discussions. The key elements underpinning this concept were discussed in terms of the ‘meaning made’ and the relevance they had in the ‘context’ in which they were being explored. Interwoven throughout the three days were also discussions about the movement from the classroom/training/supervision environments to practice. As the discussions became deeper, we shared some agreed understanding that relational CYC was not always happening in practice, to the degree and extent to which we believed it could (and indeed should). We also shared understanding that collectively we could develop a pathway to achieve this objective. It was all more than cool.

### **Making Meaning of Relational CYC practice; the challenge**

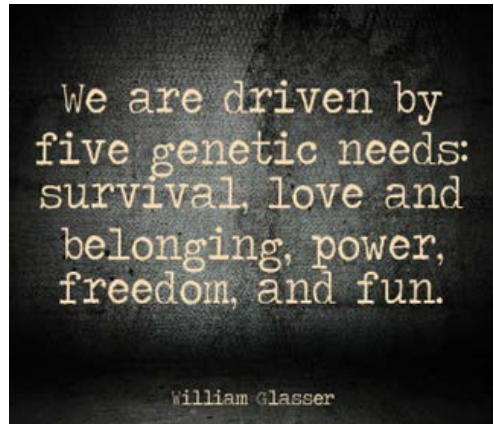
In general, relational CYC practice was explored as an overarching context of practice. The role of relationship in the process of change was bantered. The interpersonal-in-between space (Garfat, 2008) was explored as place of knowing, being and doing relational care. The developmental stages of CYC professionals (Phelan, 2008) were explored in terms of the manner in which we are teaching and training CYC professionals to implement this concept in practice. The concept of relational safety (Garfat, 2015) was explored in terms of the ways in which we create this dynamic to achieve the interpersonal-in-between-space with children and youth. It was also explored in terms of its’ relevance in the process of change.

The role of a reciprocal caring relationship was also batted about, ‘care beyond the daily living tasks’, as it relates to the emotional experience’ and ‘spaces we create in relationship’, were made meaning of in the relational care context. We questioned the demonstration of love in this dynamic and in terms of the systemic barriers that aim to remove us from responding to children’s fundamental need to be engaged in caring and loving relationships over the lifespan.

As we reflected on the concepts of ‘love’ and ‘care’, consideration was given to the level of commitment that is ethically embedded in the need for children to maintain these kinds of relationships beyond their transition out of the services we are providing.



We considered the need for 'belonging', that we all (every human on the planet) have, and how we are often failing to attend to this fundamental need beyond the age of 18, particularly as it concerns those kids who need us the most. We explored the message of 'mattering' to young people and the need for us to get better at helping to create circles of care for young people, circles that are permanent, enduring, non-conditional and lifelong.



An interesting twist to the conversation occurred where we debated the notion of self, as it relates to the context of relational CYC. This led to discourse about the role of self in creating partnership, with the intent of establishing the 'interpersonal-in-between space'. The need for awareness of self (in terms of understanding how the self is influencing the in-between space being co-created) in terms of safety and risk was discussed, in the context of the various 'private logic' at play, at the table.

We deliberated on the importance of understanding self as it relates to the anxiety being presented in youth so that we are better able to be developmentally responsive (Phelan, 2015) and consequently we further examined the importance of understanding self, including how we are embodying our emotional experiences in the moment and the values and beliefs that are driving our interactions, so that we are better able to respond to developmental needs of youth instead of react to their behavior to meet our own needs. As we explored this topic, we were able to show how a lack of understanding often leads to reactivity in practice, with reliance upon control and consequences creeping to the fore, as folks seek to manage their own internal anxiety, instead of engaging in relational care that is 'developmentally responsive' to the individual needs of the children and youth we are serving.

As we then considered the particular group/s of children that we are seeking to support we found ourselves inquiring into the role of trauma, abuse and pain in



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their development and their often ever present relational and regulation challenges in the context of relational CYC practice. As might be expected, we all agreed on the need to be responsive to these needs and to meet them where they are at, rather than react to their behavior, in the relational CYC context (Krueger, 2000). It was also a consensus that the use of purely behaviourist principles with this group of children and youth only reinforces their shame-based aspects of identity; contributes to further pathologizing and the use of punitive consequences, all of which fails to allow for their strengths and sense of resilience to be realized and developed. Of note was how this could exacerbate the influence of the oppressive contexts in which they live (Snow, 2009) and its impact on their development.

### **Realizing Relational CYC in Practice; barriers and opportunities**

As a profession, we readily acknowledged that working relationally is the ultimate goal, but that this is not always the reality, especially as we see with new CYC professionals beginning their learning journey. Most are appropriately concentrating on primarily ensuring safety in themselves and those they serve as they move out into the practice setting (Phelan, 2008). They are learning about self through this process, however as they are developing professionally, in the early times, they are not yet adequately prepared or developed in a manner that equips them to engage in relational CYC practice. Instead they are appropriately focused upon ensuring rules are followed and safety is maintained. During our retreat we discussed this fact and how adult learning concepts impact on our ability to become 'self-defining practitioners', not reliant upon the direction and approval of others, but upon our own internal values and beliefs (Modlin, 2013). As the week progressed, we discussed at great lengths the implications of this understanding on curriculum, supervision and program design and about how to better support the integration of what we are learning and teaching in academia and training contexts with CYC professionals in practice. Our understanding of relational practice is not static and is being informed by new ways of thinking and doing at a rapid rate.

In some jurisdictions, we reviewed how there were no pre-service qualifications requirements (Gharabaghi & Trocme, 2016) for individuals whom are employed as CYC professionals; so many being employed have no specific training or education in CYC, with the consequence that legitimization of our profession could be

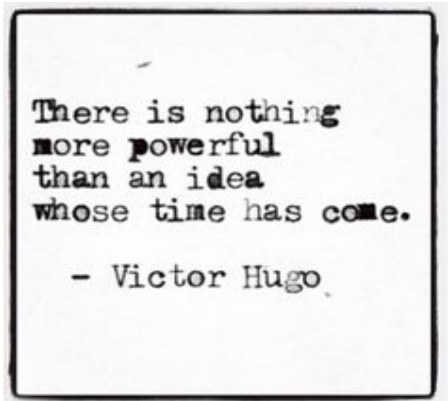


compromised. Further, in such jurisdictions, there seems to be little standardization of curriculum being delivered to CYC professionals (Child and Youth Care Education Accreditation Board, N.D.).

The issue of congruence arose significantly, during our discussions, as we bantered about the dilemma of CYC professionals working within paradigms in practice settings. Shamefully, practice settings are incongruent with relational CYC practice principles even though we know that without relational congruence in terms of teaching and supervision, relational CYC practice is not likely to occur. There is a need for philosophical congruence within programs and across relationships, starting with academia and flowing to senior managers, onwards to the CYC practitioners and ultimately to practice with youth (Anglin, 1997). As Child and Youth Care practitioners have removed themselves from managerial and policy making roles, programs are being designed in ways that are incongruent with relational CYC practice.

CYC professionals are left to sort this out. But with the need for further education not being nurtured, individuals, and ultimately programs, slowly revert to what is being espoused by proponents of debunked 'pop-psychology'. Some deep rooted societal values about children's behavior and punitive practices for 'misbehaviour' are engrained within systems. Regularly policies, organizations, programs and direct practice reverts to these damaging views, in circumstances where CYC practitioners are not 'at the helm' of service design and delivery.

As the week drew to a close, this conclave pondered how we could (as a profession) address these barriers. We considered the newly developing idea that mentorship will assist the field by matching newly graduating students and new grads with folks who are working (and who have graduated some time ago). We considered how to find opportunities to provide supervision training that was relational and developmental in organizations and we further speculated about



expanding some of what is already happening in this regard to foster development in practice settings.

And, finally, we reflected on the need to explore the manner in which we are supervising students in their placement experience to also ensure that supervision is relational, developmental and inclusive of community placement supervisors.

## **Moving forward from here**

On reflection, it is apparent that a whole load of ‘chin wagging’ happened. As we engaged in discourse about these many topics and concepts, it became clear to me that some of what we were deliberating upon was already being considered in the realm of CYC research. This was very exciting to me. We have more than a few PhD’s in our field and upcoming PhD candidates studying the very concepts we are trying to better understand. This is refreshing and welcomed if we are to sharpen our ability to ‘bridge theory and practice!’ CYC is a profession in motion and at a core level we are, as a body of professionals, reflective in nature and this allows us to embrace curiosity about who we are, what we do and what the needs are of those we serve; we are in a perpetual state of creation.

This light bulb moment was cooler than cool. It legitimized our approach to knowledge creation for me in new ways. In the course of these few short days, we did not solve world problems but I can say whole-heartily that I grew as a person and my sense of self as a relational CYC practitioner changed. I can only surmise that I am not alone in this endeavor of development. Even if we did not solve the problems of the universe we did identify the need to stay focused, persistent, strategic and optimistic. We agreed on seeing CYC as a way of being and doing in the world. It is such a profound feeling to find yourself exactly where you are meant to be!

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# Postcard from Leon Fulcher

**K**ia Ora Everyone! It's like a quantum leap from Budapest to the Annual Pig and Deer Hunt sponsored in our Lake Waikaremoana community by the parents and families of children attending Te Kura o Waikaremoana as the main fund-raising activity of the year. The Waikaremoana School, was first established as a 'Native School' in the early 20<sup>th</sup> Century.

I should say from the start that this Postcard comes with a 'gross-out warning' for vegan and anti-blood sport colleagues – whom I wish to acknowledge. Before embracing anthropomorphism (big word for the way we can endow animals with human emotions), it is important to remember something of the ecology or environment in which people live at Lake Waikaremoana – one of the last remaining ancient rainforests in the World.

Introduced species to New Zealand's native bushland, including wild pigs, deer, Australian possums, stouts, weasels, rats and hares – amongst others – wreak havoc on the native trees and birds in our region. Without active culling of these introduced species – rather than poison air dropped for indiscriminate killing – New Zealand's native bush would quickly erode and die. Think what happens when introduced creatures have no natural predators!



Te Kura o Waikaremoana Annual Pig Hunt and Women's Hind Competition



Tuai Community and Farming Families with Young People Attending the School



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Where we live, hunting is a feature of life for most families. The recent New Zealand film **Hunt for the Wilderpeople**

(<https://www.youtube.com/watch?v=n8Xvsjy57X0>) captures something of this dynamic and is what I'd call a must see for people working in the child and youth care field. Everyone that we know who's seen it loves it! You will learn a whole new mantra for use in your work with challenging foster children:

*"No Child Left Behind!"*

The annual School competition began as a project initiated by graduates of the local school, and by family members. There are two educational 'streams' in this little school of 24 students – a Maori-language stream and an English-language stream. This event brings both groups of students and whanau or families together to support a shared activity.



Graduates and Older Siblings associated with Te Kura



Girls' competition winner receiving her prizes sponsored by Hunting and Fishing NZ





The very successful women's competition targeted hinds or female deer



Young Malcolm wins in the hare and possum section

Younger children learn very early how to use hunting rifles safely, starting with small bore rifles and moving to higher calibre hunting rifles – all legally registered with the police. On meeting the local policeman, Tony, on our way back to our vehicle, I jokingly suggested that police scrutiny was required to review the hunting 'carnage'.

Young children are taught to cull possums, hares and rabbits as they develop life skills that will soon involve them as young people accompanying parents, aunts and uncles on more directed pig and deer hunting. Possum fur has some market value, but hares, pigs and deer feature prominently on the family menu,



Children learn firearm safety and hunting practices to cull a range of introduced pests





when wild meat is cleaned and butchered, with all parts being used in the making of sausages and smoked bacon.

There are many important differences between the lifestyles and learning opportunities available to rural children as compared with urban children. The Reading Granny at the school asked me earlier in the year to call into the public library in our town located an hour's drive away. She was seeking a children's book of some kind that focused on Pig Hunting, or hunting more generally. That one book I found made a difference to helping Rangī start learning how to read! Locate an interest and find ways to fanning that interest!



Young Hunter (his name) has already made recognised achievements as a hunter!

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



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# Information

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