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

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The CYC-Net PRESS

SPECIAL ISSUE
Featuring Papers from 34th FICE World Congress

The Covid 4P Log

Are you passionate about the wellbeing of all our children?

Help us to see what you see, and share your reflections around the world.

Together, we can inform a growing global understanding of the necessary policies and practices for children's wellbeing during this COVID-19 pandemic, and for the future.

What is it?

The **COVID 4P Log** is a smartphone app that collects the anonymous views and experiences of practitioners and policymakers who are working to support children's wellbeing in the light of COVID-19.

Join policymakers and practitioners from many parts of the world, working to support children's wellbeing. Contribute to a study to help us to better understand the ways practitioners and policymakers responding in new, innovative, and in some cases, unprecedented ways.

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Then read the regular '*Learning Reports*' that will reflect what we're learning from you. We hope these will inspire change for children's wellbeing.

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https://inspiringchildrensfutures.org/log4p

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Better Future Opportunities for Children and Young People in Multicultural Societies: Presentations from the 34th FICE World Congress

Emmanuel Grupper, Alex Schneider and James Freeman

FICE International is an international network of organizations and professionals working in the field of child and youth care from more than 35 countries around the globe. Its main focus is on children and young people who are in need of out-of-home care with the main objective to guarantee children's rights to all children especially while in care.

FICE International has a wide pool of professionals from various backgrounds: practitioners, directors of CYC programs, academics and researchers in the fields of social pedagogy, social work, youth work, psychology, special education, etc. Joining their efforts, they have better chances for influencing the quality of child and youth care work and

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children's basic rights. Being a part of the network allows members to exchange knowledge, experiences and good practices, to join forces in project activities, to come up with innovative solutions to common problems, to set higher goals, and to achieve improvements for the better services of vulnerable children and youth around the world.

FICE-International's vision is to create regional networks across continents worldwide to support actions for all those working with at-risk young people, children with special needs and children and youth in out-of-home care. All activities aim to respect the personality, interests, and needs of the child or the young person.

To achieve it aims, FICE-International works through its national sections and organizational members. It encourages professional exchanges between national sections. A major and important activity of the international organization is a world congress held every three years. The purpose of the conference is to bring together people in the field from all over the world, in order to share knowledge and programs and assist in building supportive and sustainable professional networks that will enable them to promote the rights of children and youth in out of home care programs.

In August 2016, the congress took place in Vienna, Austria, together with the 2nd Child and Youth Care World Conference. Three years later, FICE International members and supporters were invited to meet again for a stimulating and enriching congress in Tel Aviv, Israel.

About the 34th World Congress

The 34th World Congress of FICE-International took place in Tel Aviv, Israel in October 2019. The theme chosen for the congress is very relevant to societies all over the world, which are becoming more and more

multicultural. The challenge of our time is to guarantee "Better Future Opportunities for Children and Young People in Multicultural Societies".

The Congress was hosted in the Campus of the Ono Academic College near Tel Aviv. It was organized by FICE-Israel national section, together with a large group of civil society organizations and governmental agencies active in Israel in the field of education and care for children and young people who need specialized services, both in out-of-home care and in community-based programs. This group of volunteers joined forces to meet the challenge and made the FICE 34TH Congress a success.

Congress participants included over 520 professionals, both field workers, academics and researchers, directors of residential homes and decision makers, children and parents of children in care, from almost 40 different countries. Altogether they formed a genuine community who for exchange of knowledge and to learn from each other.

About this issue

Since the 33rd FICE International congress in Vienna in 2016, the Editorial Board of FICE international decided to publish chosen materials that were presented during the congress, in the form of "special issue" in open access electronic journals. This became possible due to the generous invitation by Heather Modlin, current Chair of the CYC-Net Board of Governors, and Leon Fulcher and James Freeman, at that time editors of this journal *CYC-Online*, to publish a FICE "special issue" based on the congress materials. We are now applying this most successful model for the second time. The first *CYC-Online* FICE Special Issue was published in December 2017, issue 226. Guest editors of this volume were Emmanuel Grupper and James Freeman.

We decided to divide it to three thematic categories: Innovative programs in child and youth care in various countries, care leavers, and

residential staff related issues. Altogether there are 8 contributions involving authors from 6 different countries: Austria, Australia, Israel, Latvia, Netherlands, and Scotland.

Innovative programs in child and youth care in various countries

The first paper by Rachel Ravid-Horesh shares an experience from both Australia and Israel about a dyadic Art therapy working model for families with multiple and complex needs.

The second article comes from Martine Tobe of the Netherlands and presents an innovative experience of creating a "Life Book" with youth. Lately, Martine applied her model and proposed to children in care to write their Corona Life Book during the COVID-19 pandemic.

From Austria, Petra and Esther Siegrist, present their program for empowering youth at risk applied during sailing on their ship named Noah.

Orit Sharvit and Linda Attar then present a comprehensive multi-disciplinary model for improving the functioning and achievements of children placed in their out-of-home program in the southern part of Israel.

Stacy Yehoshua and Dana Spektor describe individual and group dialectical behavior therapy in family group homes for children and adolescents, victims of neglect and child abuse.

The final article in this section is from Temima Sahar and Ronit Nof who presents a model of operating an emergency shelter for high risk children with the help of foster families.

Care Leavers

In this second thematic category, a team of collaborators describe an original and empowering experience in SOS children's villages in different

countries (Austria, Scotland, Latvia) with an emphasis on preparing young people for leaving care, while youth in care are involved as experts.

Residential Staff Related Issues

The third and last section is dedicated to a most crucial element of training, namely, empowering and developing competences among residential child and youth care workers. Here Hezkiah Aharoni examines the educational and professional status of residential child and youth care workers in Israel. We believe this relevant analysis could enable new insights and reflections regarding child and youth care workers in other countries.

The overall picture presented in these writings, gives the real flavor of multiculturalism and its implications. The same challenges that educators and care givers who are working with children and youth in out of home care facilities in different countries, are likely addressed differently in every cultural context. The same concept of transition from care to independent living, looks different in Latvia than it is practiced in Scotland or in Austria. However, the same principles for handling and applying such a model, could be successfully used in all countries. The same goes for all other issues described here like models for therapeutic interventions with children and youth in care. The different ways each challenge is addressed in different cultural contexts, demonstrates the multi-cultural dimension of our professional field. This is part of the multi-cultural celebration that the participants of FICE 34th world congress experienced during the four days of the Congress in Israel. We do hope that the readers of this special issue feel elements of this cultural diversity.

As FICE International continues to develop its regional networks, from the first network established as FICE-Europe, to now several countries on

the African Continent working together to develop the FICE Africa network – among them are South Africa, Kenya, Lesotho, Zambia and Senegal. Together they have risen to the challenge and opportunity to host the next world Congress in Dakar, Senegal in 2022.

All readers of *CYC-Online* are invited to join us in this future celebration of CYC workers from all over the world in Dakar on the African Continent.

We are also pleased this issue includes regular *CYC-Online* columnist Hans Skott-Myhre, the second in a continuing series with Shannon Cherry and Wolfgang Vachon, and this month's postcard from Leon Fulcher. All very timely and thought-provoking.

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Working Professionally with Children and Youth
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Writing for *CYC-Online*

CYC-Online is a monthly journal which reflects the activities of the field of Child and Youth Care. We welcome articles, pieces, poetry, case examples and general reflections from everyone.

In general:

- Submissions should be as close as possible to 2 500 words
- The style of a paper is up to the author
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- We are willing to help first-time authors to get published
- We accept previously published papers as long as copyright permission is assured
- We are open to alternative presentations such as poems, artwork, photography, etc.

Send submissions to: cyconline@cyc-net.org

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Returning Home: Dyadic Art Therapy with Families

Rachel (Heli) Ravid-Horesh

Abstract

This article explores a pilot therapy project which ran throughout the final year of the out-of-home-day-care-facility at Ahava Child and Youth Village with children who are expected to fully return home. The last year is a confined time-frame that is being used as a window of opportunity to connect with, enhance, and empower these children and their families in preparation for their return home.

Rationale

Ahava Child and Youth Village contains full boarding residence and a day care facility for children of low functioning families with complex needs. In my work at Ahava, I encounter families who in addition to facing daily challenges may also be confronted by cultural, lingual and identity issues. Needless to say, all of these factors endanger parent-child relationship.

Therapy for the children at Ahava is a common practice but dyadic therapy is rare. Engaging parents of children who stay in the full boarding service may be a challenging task. However, the day care facility at Ahava, which offers support for children only throughout the day while they are back at their homes every night, may serve as a fertile soil for frequent

communications between parents their child and staff. I suggest a dyadic model may be more appealing to these parents who interact with their child on a daily basis, providing them with proper tools for positive, reflective parenting.

Under Israeli welfare law, a day-care-out-of-home facility is offered to families up to a max of 4 years. Naturally, the final year at the day care facility is charged with anxiety and high anticipation. Coming home to stay is a big change for the child and their family who are therefore inclined to be more accepting of support and professional help to work through behaviour, relationship and communication issues. Ironically, this last year then turns into a 365-day window to better connect with families and offer dyadic therapy.

The families are normally of a low socio-economic background and may cope with substance abuse, trauma and mental health issues. The classic "Haifa Dyadic Model" (Ben Aharon, Harel, Kaplan, & Patt, 2001) did not fit in, it had to be adjusted to these families' complex needs. Intense support was required for the families just to get started and establish a rapport with the therapist.

The Intensive Dyadic Model (IDM) was gradually structured. This working model may suit parents who tend to disassociate and easily get emotionally flooded after therapy sessions. Parents whose relationship with their child is complex, emotionally loaded, amplified by projection identifications and coupled with poor reflective practice. These parents normally carry 'ghosts' back from their own nurseries (Fraiberg, Adelson, & Shapiro, 1975) and their children have not always managed to build strong enough ego strengths to cope with parental projections.

The need to acquire a more intensive dyadic model has become salient. A working model that allows tight holding-together for the dyad, enables

co-thinking, open communication and supports reflective practices of parent and child in actual time.

Practice

In accordance with The Haifa Model of Dyadic Therapy developed by Miriam Ben Meir and Colleagues (Ben Aharon et al, 2001), the IDM is also an intersubjective model incorporating mentalization to work through issues in parent-child relationship. IDM too puts an emphasis on:

1. Relationship between both parents (when possible) and child
2. Developing a reflective capacity of the dyad – to think one another
3. Relationship of therapist and dyad. The therapist is an active participant, present and responsive
4. Identifying, observing and learning from 'here and now' situations and enhancing engagements moments
5. Discussing and becoming aware of implicit behaviors and when possible transforming them into more verbal and explicit information

The IDM model is adapted for work with older children at their latency phase. It combines tools and techniques of the art therapy book of knowledge. IDM is inspired by Tami Gavron's working model of dyad art therapy for children aged 6-12 who are actually situated mentally at an earlier, pre-oedipal developmental stages (Gavron, 2017).

In the book '*Narcissistic Scripts of Parenthood*' the authors note the advantage entailed in dyadic therapy even with teens and claimed that interpretations given by a therapist to the conflict in relationships between a teen and their parents in their presence can release much pressure on

both ends and allow the adolescent develop awareness to the conflictual burden thrown upon them (Manzano, Espasa, & Zilkha, 1999).

IDM encourages work with children aged 6-12. The option to meet with the child one-on-one (without the parents) is evident and age appropriate. The child is invited to a session to talk, play, create or paint with the therapist every three weeks without their parents. These individual meetings become a 'control group' and shed some light on how the child interacts at the absence of their parents. These sessions build a rapport between the child and the therapist and reinforce the assumption that the child is not the problem but a trigger for family work.

IDM is based on a protocol that encourages a consistent regular parenting program following each dyadic session in which the therapist meets with the parent individually. The rationale behind this paradigm is the high feasibility that a parent in a family with complex needs is inclined to become emotionally overwhelmed or alienated after a dyadic session. The therapist's role is to support the parent, stay with them where they are at and contain feelings shared in the room. In addition, the therapist supports the parent in giving meaning to what had happened at the latter dyadic session with their child and connect issues relating to parenting with experiences of the parent's own childhood.

This structure of the IDM also includes one-on-one parent sessions. Hayuta Kaplan herself consented to establish with a narcissistic mother whose parenting was characterized with pathological reflective identifications that Kaplan has realized that in order for the dyad to exist and be treated she must see the mother separately concurrently with the dyadic work. (Kaplan, 2017).

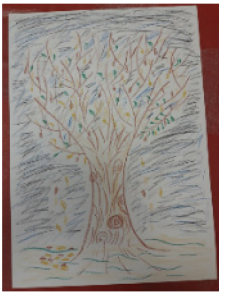
IDM requires a monthly meeting with both parents (in case they are married) to prevent a sense of splitting, exclusion and formation of

alliances between the therapist and one of the parents. At these meetings issues that have been brought up separately by each one of the parents are discussed in the room, looked at together while considering the role of each parent to improve their child's welfare and enhance more balanced family interactions.

The Haifa Dyadic Model advocates for a free guidance at the beginning of each dyadic session: "you are invited to do in this room what you would normally do together at home". IDM encourages a more directive structured activity for the dyad. A creative co-work is suggested at the beginning of each session in line with dyad needs and themes brought up in prior sessions. In my experience, parents of children in complex-need families are truly challenged by free play or any unstructured mutual interaction. Therefore, a concrete planned activity is given to reduce stress levels and anxiety. It gives an opportunity to work together creatively. Normally parent and child enjoy painting together and creating co-artwork.

Samples of Artwork Made During Dyadic Sessions

Symbiotic Relationship



This exercise required a mum and her 13 year-old child to each draw their own tree. Later, they had been asked to cut the trees out and create a shared art work. The first suggestion made by the son was to paste one tree on top of the other. This was a powerful imagery of the dyad's drama – a symbiotic relationship hard to untangle. A son enmeshed in his mum. The mother was overwhelmed by the image.

Separation and Blocked Co-Work

After few weeks while their enmeshed relationship was openly discussed and looked at in the room, they have decided to glue the trees separately on a shared paper. They have been asked to create a shared surrounding for the trees, a task they have never managed to complete.

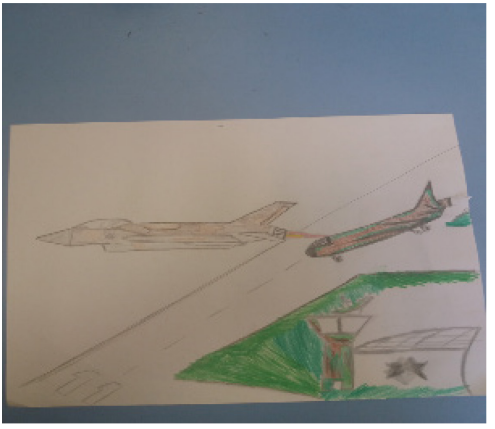
Cooperation

In this picture the same directive was given to the same child, but this time he worked with his dad. This image highlighted for me how adaptive children are in their dyads. Here, the boy and dad were playful, free and relaxed to create.

Playfulness and Concealing

Same dyad. Again, very playful and cooperative work, though a claustrophobic image drawn in layers that may suggest concealments. Discussing the painting properties allowed recalling memories from dad's own childhood and sharing challenges being a father.

Who is the Child?



This is a co-artwork made on a shared paper by a father and his 11 year-old son. Dad's aircraft on the left is blowing fire on his son's aircraft which seems to crash on ground. Dad was fully absorbed in his artwork, and so I had to actively draw his attention to his son's frustration and helplessness. The father assisted him in the 'here and now' by drawing a landing route to save the aircraft. Dad was surprised how aggressive and competitive his drawing was.

Lack of Parental Authority

Same child with his mum. Co-work. The mother is drawing a light and elusive but still lovely tree while completely denying her son's aggressive image. The son's dog is on leash. What is he afraid to unleash? The mum refuses to see her son as is. She has a fantasy on how a perfect mother and a perfect child should be. She is weak and incapable with her son while he is confused and needs clear boundaries.

A Compliant vs Rebellious Son

This is a co-artwork drawn together on one page by a mum and her son aged 12. During intake mum has described her son as a rebel: bedwetting, having violent tantrums and troubles getting up and ready for school independently. The co-artwork highlighted the child's drama. A pleasing child who agreeably used only a tiny part of the page for himself. Mum drew the house, sky and sun. The boy transformed his sun into a ball when he noticed mum had drawn already a big sun. Mum was surprised of the outcome and of what little space her son had taken for himself.

The Need and Fear of Connection

A shared imagery drawn by a mum and her 11 year-old son. This picture looks like two separate paintings. Both mum and son avoided crossing the line initially divided the image, even though directive was to draw freely together on the whole page.

Even the sky that appeared in both paintings remained untouched with a little symbolic gap. The boy noted the little gap and said he did not know whether he was allowed to cross the line. Mum said she wanted to feel

close to her son but did not know how to do it. Discussing these issues in the room has helped the boy to realise he needed to be more assertive and reach out, telling his mum what he needed and wanted. While mum became more aware of her need for space which sometimes left her children unattended.

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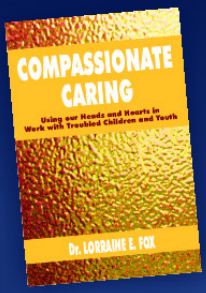

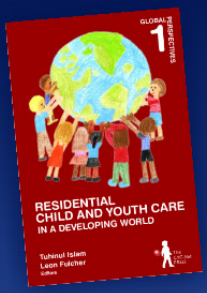

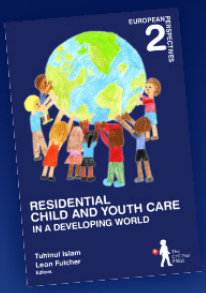

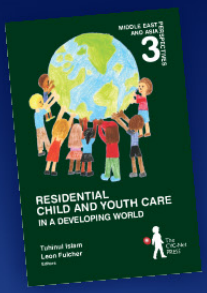

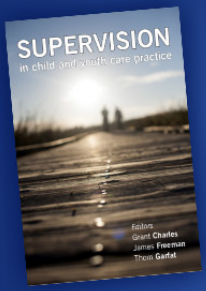

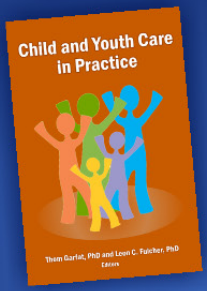

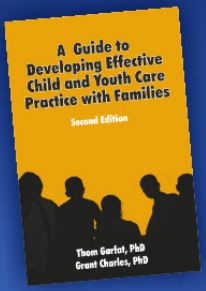

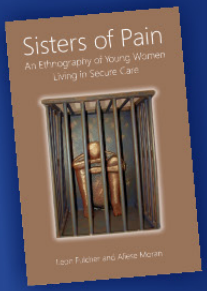

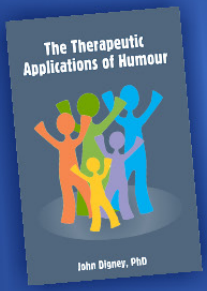

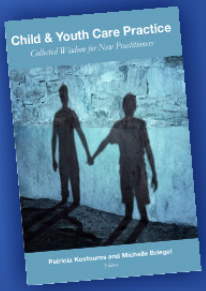

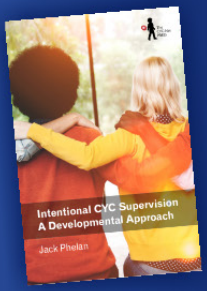

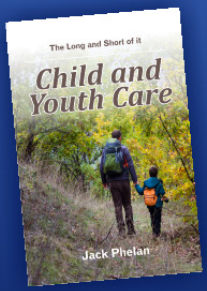

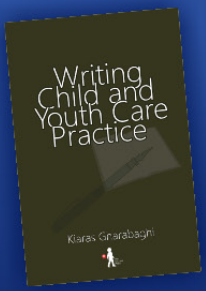

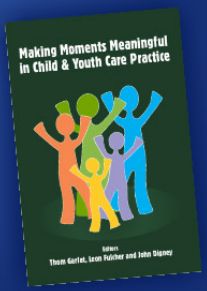

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Together, we can inform a growing global understanding of the necessary policies and practices for children's wellbeing during this COVID-19 pandemic, and for the future.

What is it?

The **COVID 4P Log** is a smartphone app that collects the anonymous views and experiences of practitioners and policymakers who are working to support children's wellbeing in the light of COVID-19.

Join policymakers and practitioners from many parts of the world, working to support children's wellbeing. Contribute to a study to help us to better understand the ways practitioners and policymakers responding in new, innovative, and in some cases, unprecedented ways.

How does it work?

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The questions are practice and policy-focused, and based on the '4P' human rights framework of protecting children, providing for their unique needs, enabling their participation in decisions that affect them, and preventing harm.

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Lifebook for You(th)

Martine Tobé and Charlotte Katanaev

Under the Dutch non-government organization (NGO) *Kinderperspectief* , 'Resilience Camps' were created between 2006 and 2010. These camps were for children from foster homes or residential care facilities in Bosnia and Croatia. In these camps the supervisors discovered that children were inspired by books that they read together, such as “The Little Prince” and “The Alchemist”. In the summer of 2009, the idea arose to let children write down their own stories. From that moment, Lifebook came into existence. Martina Poldervaart-Pavic was the manager of the “Resilience Camps” and also a co-developer of the Lifebook for You(th) methodology.

Lifebook for You(th) focuses on youth who have little continuity in their life. These children often had to deal with abuse, foster care, neglect, war or other kinds of trauma. Since the founding of the NGO Lifebook for You(th) by Martine Tobé in 2011, Lifebook for You(th) has been implemented in the Netherlands, Bulgaria, Croatia, Bosnia and Herzegovina, Serbia, Kenya, South Africa and Lebanon.

The main goal of Lifebook for You(th) is that children develop more insight into their future and past, whereby their self-confidence is strengthened and their self-image is positively expanded. This is achieved by participating in five Lifebook for You(th) meetings. The youths work in groups of five to six others on their Lifebooks, which are biographical writings from themselves. With Lifebook for You(th) the starting point is the child’s perspective on their past and future. By working on these aspects the child becomes increasingly

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resilient in the face of adversity. The five Lifebook for You(th) modules are discussed on separate days. A meeting lasts around 2.5 to 3 hours and takes place after school hours in a private setting.

Expressive writing

Expressive writing can have a significant healing effect for individuals who have experienced a traumatic or extremely stressful event (Baikie & Wilhelm, 2005). These effects were found on longer-term physical health outcomes as on emotional health outcomes (Baikie & Wilhelm, 2005). Ullrich and Lutgendorf (2002) conclude that writers focusing on cognitions and emotions developed greater awareness of the positive benefits of the stressful event. Greenberg and Stone (1992) found that individuals benefited as much from writing about traumas about which they had told others as from writing about traumas that they had kept secret. Pennebaker (1997) stated that health gains appear to require translating experiences into language.

First, the more that individuals used words with positive emotion, the better their subsequent health was. Second, a moderate number of words with negative emotion predicted health. Both very high and very low levels of words with negative emotion correlated with poorer health. Third, and most important, an increase in both causal and insight words over the course of writing was strongly associated with improved health (Pennebaker, Mayne, & Francis, in press).

To sum up, a regular therapeutic writing can help the writer find meaning in their experiences, view things from a new perspective, and see the silver linings in their most stressful or negative experiences (Murray, 2002). It can also lead to gaining insights about one's self and the

environment that could have been difficult to determine without focused writing (Tartakovsky, 2015).

The five modules of Lifebook for You(th)

The first module focusses on the theme of 'My life until now and my best friends'. At the beginning of this module there is a communal start to create a safe and open atmosphere in the group. The children are encouraged to trust each other and know that whatever they say remains in the room. In this module, every child receives the opportunity to talk about himself and his childhood based on a baby or toddler picture of themselves. The children should know that it does not matter how long or short the stories are that they want to share. Every detail that has meaning for them personally is precious and important.

The second module focuses on the theme of 'My school and my creative side'. Not all children have a positive memory of their time at school. With this module the Lifebook tries to help the children develop a broader view of their school period. With 'My creative side' the children can use various ways to express their feelings.

Module three focuses on 'Animals, family, and networks'. This theme views family from a broad perspective. The children learn that even people that were not close to them at the time can still have a family role. By talking about their family, the children will gain insight into their resemblance to people in their family. This can be in small things like eye colour but also in traits such as being extravert.

In module four the theme is 'My deep thoughts and my treasures'. The children gain insight into the skills and qualities they possess. By doing several exercises, the children develop a broader view of themselves and they can start to see positive aspects in themselves and the other group members.

The last module focuses on 'My house, future, and residences'. Within this module children find meaning to the places and houses they have lived in. They see that their past has formed them into who they are today. In the end the children think about their future: What are their wishes? What do they want to become? Where and how do they want to live? And also: What can I already do today and now? What is the first step in this direction that I can take right now?

After the Lifebook meetings are finished, the children engage in a shared activity called 'Into the world' where the group members plan an activity that brings positivity in the world. The aim of this activity is to reach out to others in a positive way and to give something back to the community.

Theoretical framework

The intervention Lifebook for You(th) is based on theories found in literature such as the resilience reinforcement, autobiographical work, self-determination theory, self-efficacy theory and Bronfenbrenner's ecological systems theory.

Resilience Reinforcement

Children who seem to be invulnerable to hardship and seem capable of achieving a normal development no matter what their circumstances, are thought to have resilience (Harvey & Delfabbro, 2004). Counterbalancing the effects of risk factors are commonly termed 'protective' or resilience factors, which enhance an individual's capacity for resilience, being able to deal with a situation in a favourable way for the person. Lifebook for You(th) focuses on these so called 'protective' factors. The factors incorporated into the manual which are responsible for a healthy and positive development

are: Positive self-concept, conviction of self-efficacy, empathy, communication skills, and optimistic outlook on life and creativity (Fröhlich-Gildhoff, & Rönnau-Böse, 2019). Lifebook for You(th) focuses on the positive events and reinforces these elements in the child's history. This is done by showing and encouraging the child to use his own resources and strengths. Rutter (2000) suggests that self-esteem, self-efficacy, coping strategies, and social support are processes that protect adolescents from risky behaviours. Lifebook for You(th) meetings are used to develop protective processes in the youth.

Resilience Within the Ecological Systems Theory

Bronfenbrenner's ecological systems theory suggests that human development occurs through a complex reciprocal interaction between individuals and the people, objects, symbols and institutions around them (Bronfenbrenner, 1977). The ecological systems theory provides a useful way of accounting for variations in resilience by marginalised youth, by considering personal factors in the context of broader social and cultural influences (Harvey & Delfabbro, 2004). Bronfenbrenner's system closest to the individual is the 'microsystem', which contains structures and people with which the individual interacts directly (Bronfenbrenner, 1977). Lifebook for You(th) focuses on the microsystem as Lifebook for You(th)s participants take part in meetings where they are directly involved in material which focuses on family, school, relationships, and one's own qualities.

Self-Determination Theory

The self- determination theory of Deci and Ryan (2000) addresses issues of intrinsic and extrinsic motivation. According to this theory, people have

innate psychological needs: Competence, relatedness and autonomy. If these needs are met, then people will function and grow optimally. To actualize these needs, the social environment needs to nurture them. During the Lifebook meetings this social environment is created. The Lifebook has been designed to be suitable to increase these needs in the participants. Competence is the need to control the outcome and experience mastery over a task. Lifebook is an autobiographical work, which means each participant decides whether the Lifebook is done, finished and wrapped up. To support this opportunity, the coach and the other participants are not allowed to judge or try to frame the Lifebook of others in a way they think it is supposed to look like. Lifebook does not have a certain outcome, since this is all up to the participant. The need for autonomy is also met this way. The participants are in control of their own book and the way of creating it. Vansteenkiste, Lens and Deci (2006) noted that autonomy does not mean that the person in question must be independent of others. Lifebook for You(th) takes this into account by having the meetings in groups. The participants work on subjects together and exchange thoughts and memories with each other. This increases the need of relatedness. Ryan and Deci (2000) described this to be a universal desire to interact, be connected and to experience caring for others.

Social Learning Theory in Autobiographical Work

Wenz & McWhirter (2009) results found that the combination of creating and sharing writing improved the self-actualizing behaviours and self-acceptance of the participants. This addresses competence in the self-determination theory of Deci and Ryan (2000). Writing can put words to thoughts, bringing internal hidden ideas out onto the page so that the internal dialogue can be recognized, reflected on, examined, and

understood. Writing can provide a neutral way to solve problems, capture feelings, exercise power, and know one's own voice (Atwell, 1987). For reflection to occur, oral and written forms of language must pass back and forth between persons who both speak and listen (Belenky, Clenchy, Goldberger & Tarule, 1986). Listening, sharing aloud and writing, allows individuals to expand, share and reflect on each other's experiences. This is why Lifebook encompasses writing in a group atmosphere.

Coaches Attitude

According to Bandura's social cognitive and self-efficacy theory (Bandura, 1977, 1997), resilience arises from the interaction of environmental, behavioural and personal factors. Youths expectations, beliefs and cognitive competencies are developed through interaction with social and structural factors in their environment. Youth specifically model the behaviours of others, through instruction, or through social persuasion brought about via peer pressure (Bandura, 1997). In Lifebook for You(th) meetings the Lifebook coach facilitates and enables social learning. The coaches' attitude is especially important as they facilitate the learning environment.

Future Research and Plans

Over the years, Lifebook for You(th) manuals and meetings have been developed by working in practice. The results of the above-mentioned scientific research have been imbedded into the methodology, but it has not yet been researched whether the theories are implemented during the meetings with the children. After conducting focus groups with youth in 2019, the next step is to carry out a process evaluation of the meetings in 2020. The aim of the process evaluation is to turn Lifebook for You(th) into an evidence-based intervention that can be globally used to help youth

strengthen their self-esteem, positively expand their self-image and to become more aware of their own strengths and qualities to develop resilience in the face of adversity.

The study will try to answer the following questions: To what extent do the Lifebook for You(th) sessions adhere to the manual and differ from one another (treatment integrity)? To what extent were the participants involved in the meetings? To what extent is the wellbeing of the participants accounted for during the meetings?

To answer the research question, a combination of a quantitative and qualitative study was chosen. Treatment integrity will be assessed by conducting a direct assessment using an observation scheme and indirect assessments where the Lifebook coaches and the children fill out questionnaires after each session (Perepletchikova, 2011). The quantitative aspect of the research will be done to discover how participants think and feel about the Lifebook meetings and the modules. Qualitative research demonstrates the variety of perspectives and discusses the social meanings related to it.

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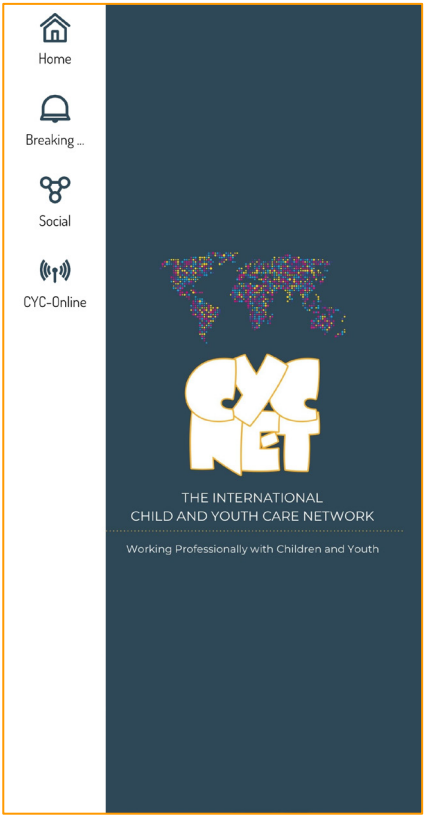

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Arbeitskreis Noah: Transition-Setting for Kids at High Risk

Petra and Esther Siegrist

The ancient mythic story of Noah includes the quality of epistemic trust and an unknowing silent-pausing whilst having faith to enter new ground. Since 1984 the ship Noah has been sailing as an experience-oriented, socio-pedagogical educational assistance measure of the Austrian child and youth services. Children and young adults partake in a nine to ten-month journey called 'Törn' (meaning 'turn around) that provides the opportunity to learn or re-learn close bonding, social skills, experience small group and individual schooling, and collect countless experiences outside of the usual setting.

Arbeitskreis Noah (AKs Noah) works with children based in one of the three residential groups, serves as a crisis intervention backup for the youth placed in one of four YouWOB establishments and as a stabilizing measure for other youths under the care of the Austrian child and youth services who are required but not able to attend normal schooling. Since 2007 the AKs Noah takes care of children, youths and adults, who voluntarily or jurisdictionally are supported by the Austrian child and youth services.

Currently located mainly in Vienna, the residential groups are set with eight youth and a child to caregiver ratio of 1:2. Residential youth groups are limited with two to four youth and are more independent living,

ambulant, accompanied apartments throughout the Viennese districts. Additional support is given via an AKs organized work with parents, a psychological service, one on one pedagogical care and the maintenance of a low level, and daily structure. For an intensive pedagogical impulse with special possibilities for schooling and experience-focused pedagogy serves the ship Noah since the 1980th. Key endeavors are to make (higher) education accessible, encourage the development of various forms of secondary education and take measures to encourage regular attendance at schools as well as reduce the drop-out rate, and to provide a safe environment and frame to reexplore living competences.

Some of these aims are demonstrated in this case example:

> In 1980 the child and youth services was made aware of 11 year old Johanna. Originally from Hungary, she is lived on the streets. Her mentally ill mother moved with her and a baby sister to Vienna but was in no shape to care for her children. In 1989 Johanna takes part in one of the first Noah Törns. During the aftercare time she starts and finishes her apprenticeship as a carpenter. As a present to her coming of age she is given the keys to her residential group home in order to have a safe place to return to in a crisis. The trust given was never abused. After all this time different jobs, two marriages and the birth of her children she is still in amiable contact with her former social pedagogues.

Johanna's somatic experiences proved helpful in reducing her panic attacks and securing her ability to finish her diploma. She was also empowered by learning about solution-focused communication.

AKs Noah has integrated a number of models into its conceptional orientation including influences of Larry Brendtro and Mark Freado, having been introduced to the Circle of Courage resilience model by Larry at the world conference in 1995. Since 2004 trauma-specific pedagogical approaches (such as trauma-informed care) are implemented in the daily routine on the ship Noah. In order to provide and obtain the socio-pedagogical work in a therapeutic milieu the appropriate backup of the adults is needed. The AKs at-large take on these challenges, knowing that it requires a dedicated team on site.

Such resilience can be observed in this additional case example with Jakob:

> Jakob and his older brother (9 and 11 years old) transferred to the AKs Noah after the close-down of their former residential group. Their mother was an addict, her addicted partner and a newly born half-brother were being supervised by an ambulant socio-pedagogical family assistance. Jakob turned out to be intelligent and studious. After finishing compulsory schooling, he started an apprenticeship, and achieved the higher education entrance qualification, even whilst working visits university classes. After his first intensive relationship and his passion for dancing he comes out and declares he is gay. He is in contact with the AKs Noah still, also due to the fact, of checking on his younger half-brother, who is now living in one of the AKs Noah residential groups. His older brother is fighting addiction and mental problems. Jakob has limited the contact with him and the rest of his family.

In Austrian child and youth services move siblings, if possible, together into a residential group and are enabled to use different care settings of the AKs Noah according to individual needs until their gaining of independence.

During the first ten years of the ship Noah we were conceptually influenced by basic approaches of experience-oriented and socio-pedagogical/therapeutic care for “kids at high risk”, meaning children and youth in difficult interaction and environment relationships. Over the second decade of existence of this special care, we formed professional alignment from the everyday socio-pedagogical learning to individual schooling via dislocated school classes integrated in the Vienna school system.

An original sailing trip (‘Törn’) with a duration of nine month developmental and educative space for seven youths at high risk has always had the incentive to provide a second chance for a more successful life start. The current model evolved to a small group schooling ship with four children and youths in serious life crises who spend one school year on the Ship Noah receiving an intensive socio-pedagogical backing. Part of the support to those four youths are two skippers, a teacher and a team of five socio-pedagogically educated practitioners.

Next to a successful and official school certificate, this sailing school generates personal and group experiences, a close bonded care and empowering interaction with one’s surroundings far from the common and familiar structures. All of this contributes to a more confident developing worldview for each child and youth themselves.

The AKs Noah stands in the tradition of the responsibility to do its best to enable children, youths and their families through respectful alliances to partake and have a place in society.

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A unique challenge for successful pedagogical process design involves the necessary transitions of care taking form inside the AKs and toward further offers of support or into gaining of independence (such as care leaving). This was our focus in the workshop held at the FICE world congress 2019 in Tel Aviv. Typically children aged four to thirteen are placed in the residential groups. Around the age of 14 they transition into the YouWOB residential groups. Reaching 18 years and gaining independence some continue supported lightly and in special crises or events such as birthdays or Christmas, or if not are otherwise placed in further social institutional setting. Some of these challenges are seen in this case study with Raluca:

> Raluca spent her first years in a Romanian protectory. After her mother and her new partner moved to Austria, Raluca was placed in a residential group of the Austrian child and youth services. Psychiatrically very noticeable she is transferred to the AKs Noah in 2010. In collaboration with the Austrian child and youth services, Raluca is allowed to participate on a Törn. The following aftercare work throughout many years is nearing the boundaries of what is possible. On the one hand because of psychotic and trauma-conditioned symptoms, on the other hand because of massive hostilities and attacks from the direction of her mother and stepfather. In a court proceeding Raluca sides with the AKs Noah and fights for her right to stay in the residential group care and gaining of independence. Nowadays she is living in a stable relationship with the father of her first child. After spending a voluntary year living in a

mother-child care home, the young family is living in their own apartment in Vienna. Raluca is accepted and happy in her new extended family on her partners side. She cares as responsibly and continuously as possible for her, for her son and is in ongoing contact to her key social pedagogues as well.

Intern evaluations over the years provide the following data: 33% of the children and youth come to be very successful, which includes material and social participation in private and society. Another 33% needs available support from time to time. The last 33% would be in (strong) need of continued support, which is not possible for all.

PETRA and ESTHER SIEGRIST *are with AKs Noah. For more information visit www.noah.at. Names in this article have been changed for privacy. Due to COVID-19 the present Törn crew (sailing from September 2019) has been relocated and is now continued in a special setting in Austria. A 12-minute documentary provides a glimpse into the adventures and life changes experienced on AKs Noah at https://youtu.be/_ydwnpotQB0*

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Win the Story: A Comprehensive Multi-Disciplinary Model for Improving the Functioning and Achievements of Children in Out-Of-Home Placement Settings

Orit Sharvit & Linda Attar

I am not what happened to me, I am what I choose to become.
– Carl Jung

The model presented in this article was developed within the framework of "Beit-Mazor", where I have been the director for the past twelve years. Beit-Mazor is operated by the Yachdav Association, which was established in 1999 in order to improve social services in the southern region of Israel. Yachdav carries out community-based programs in areas such as education, welfare and health. They assist thousands of people and provide a wide range of services for at-risk

children, people with disabilities, victims of violence, addictions and employment.

"Beit Mazor" is an out-of-home treatment residential care for children ages 6 to 18. In this model a couple, home parents with their biological children are living with the out of home children, providing them direct care on a daily basis, under one roof as one big family.

Along with them is a team of professionals in various areas of specialization: Education, social services, therapy and tutors. The basis for work conducted at Beit Mazor is to provide care that encompasses all areas of the children's lives – comprehensive care. It is our commitment that every child who arrives at Beit Mazor, will receive optimal, dedicated and significant care that will constitute a corrective experience and justify the dramatic measure of removing a child from his or her family.

Background of the Developing Model

The 2014 annual report of the Child and Adolescent Social Service reported that in the out of home institutional care frameworks in Israel, a high percentage of children are in need of special education, more than one quarter with low achievement, about one third with inadequate functioning in their studies and about one fifth with varied learning disabilities (Central Bureau of Statistics' 2014). In his 2016 report, the Israel State Comptroller wrote:

> Children in institutional care frameworks arrive with significant study gaps and do not receive sufficient assistance in their studies in order to bridge these gaps and bring them to the same or similar starting line as the other children in school. *(Israel State Comptroller's Report, 2016)*

Children and adolescents placed in out-of-home institutional care frameworks belong to the most disadvantaged population, characterized by very limited developmental, economic and social conditions. The children already bring with them significant learning gaps, having experienced many failures, which damaged their self-image and impaired their belief in their chances of living a life of meaning, different from that of their family of origin. The levels of psychological, psychiatric, behavioral, health and social problems of children in out of home residential care are significantly higher than in the general population (Attar, 2006).

Acquiring education affects an individual's socio-economic situation, the ability to find suitable employment and break the cycle of poverty. Thus, our motto is "From Peril to Possibility / From Peril to Promise". It is our commitment for all the children in institutional care frameworks.

Underlying Theoretical Approaches

A holistic approach maintains that if a certain area in our environment changes, the other components in that environment will also be affected by the change that occurred and will change as part of the whole, since there is a mutual relationship between the different parts of the whole. It also maintains that individuals are an integral part of what happens around them, and any change in the environment will necessarily also lead to a change at the individual level (Rolef Ben–Shahar, 2001).

Winnicott's object relations theory is a theoretical umbrella for everything that takes place in the institutional setting: mother-like care in the institutional space (e.g., good enough mother), filling daily physical needs (e.g., handling) and quality of emotional touch (e.g., holding) (Winnicott, 1991).

Attachment theory claims that children are born with a biological innate tendency to form attachments with others as a way to increase their chances of survival – a strong, permanent and continuing emotional relationship with a specific individual, that continues beyond a specific time and place. This relationship has deep emotional significance. Potential attachment patterns develop following the interaction between the infant and the permanent figure that cares for him or her (anxious, avoidant, safe and stable). Thus, infants develop an internal work model regarding attachment figures. The model is based on their experience with these figures and guides them in their interactions as adults, affecting their sense of self. (Bowlby, 2005)

According to the Narrative Approach, developed by White and Epston, humans feel and behave according to the story they tell themselves about their personality and experiences. White and Epston (1990) based their work on the "interpretive method" an assumption according to which the meaning assigned to events is what affects behavior and emotions, and not the event itself. They claim that many people hold on to limiting and ineffective life stories that constrict their lives in many respects (White & Epston, 1999).

Positive psychology focuses on the healthy and positive component of the individual and attempts to reinforce prominent strengths in order to promote a happier life. This approach views individuals as adaptive, strong and mentally resilient, which enables them to overcome crises and grow from them. According to Seligman, the source of strengths is not found in crisis, and strengths can be leveraged irrespective of the difficulty, in order to bring about prosperity and mental resilience (Seligman, 2012).

Learned Helplessness is a psychological condition, in which individuals experience themselves as helpless, lacking the ability to cope in light of numerous experiences in which they felt that, in fact, they did not have the ability to affect negative events and change their circumstances. Those who experience learned helplessness tend to exhibit relatively low motivation since they have difficulty believing that they can reach achievements or improve their achievements and performance (Seligman, 2012).

Improving the Functioning and Achievements of Children

The components of the model include:

- Relationships
- Stability
- Resources
- Specialization of the staff in the domain of learning disabilities and attention disorders
- Motivation
- Abilities.

Relationships

The first component is a significant relationship with the house parents and additional caretaking figures in the framework that offers hope for the children in the first stage of the process, when they do not believe in themselves and in the world. These significant figures support existing relationships with the family of origin, mutual relations between the

children and the community, teachers, schools, extracurricular instructors and participation in Arad community activities, including volunteer work.

Significant relationships help the child develop a relationship with a 'significant other' who cares for the child consistently and continuously in the institutional setting. This significant relationship is the basis for personal growth and development.

The biological parents are partners to the child's experience in the study domain. They are urged to conduct conversations with the child in order to encourage, strengthen and motivate. Parents are invited to school events, including meetings with teachers.

Stability

The second component is stability in the institution's structure and in the responsibilities of the various position holders. Striving for placement continuity without many transitions between frameworks, and for continuity of caretaking figure with a clear and permanent daily schedule that will include defined time allocated for study, as well as continuity and stability of rules, norms and boundaries.

Resources

The third component is resources allocated for assessments (e.g., didactic, psycho-didactic), private teachers, remedial teaching for children with learning disabilities, and providing emotional therapy (e.g., psychotherapy, movement therapy, play therapy, therapy with animals cognitive behavior therapy).

Specialization

The fourth component is specialization of the staff in the domain of learning disabilities and attention disorders. This includes:

- Professional knowledge – specialize in learning disabilities, ADHD, high-level mathematics, subjects in the sciences and the humanities, time management techniques and learning strategies.
- Baseline level assessment – professional assessment that will serve as a starting point, building on the child's strengths at this level in order to begin to bridge the study gaps. In addition, evaluate the children in relation to their starting point and not in relation to their peers – enabling them to experience success and achievement.
- Designing individual intervention plans for the child in the study domain according to the logic model (e.g., background, needs, inputs/resources, outputs/activities, intermediate outcomes, outcomes).
- Physical exercise – recent research indicates that physical exercise has a vital effect on the building blocks of learning and the brain (Ratey, 2008).

The fifth component is motivation to help children free themselves from the perception that they are unable to learn or succeed. To awaken their desire to have experiences in many fields that were not in their regular daily life previously. This includes high expectations to develop a future orientation, hope and optimism, a positive future outlook and a sense of meaning in the spirit of Nietzsche's saying that "he who has a way to live can bear almost any how".

The sixth component is abilities, that is, development of vital skills – emotional, social and behavioral – in order to achieve competency, develop personal abilities, capabilities and healthy self-esteem.

Results

In the 2018/2019 school year about 74% of the children and adolescents at Beit Mazor studied in junior high school and high school. Among them – 22% in the excellence classes, 8.7% in a special education school and 4% in special education classes in a regular high school. At the primary school level, all Beit Mazor children studied in regular classes.

Mapping the achievements of all children and adolescents at Beit Mazor based on their 2018/2019 end of year report card grades shows:

- 78% – very good to excellent study achievements.
- 15% – medium to good study achievements.
- 7% – low study achievements.

This is an impressive result in the light of what was written earlier.

Conclusion

This article presented a comprehensive multi-disciplinary model for improving the functioning and achievements of children in out-of-home placement settings. This model was developed due to the existing reality of children and youth in these frameworks – large numbers in special education classes, 25% with low educational achievements, and 20% with learning disabilities.

The model combines several theoretical approaches, which complement each other – the holistic approach, object relations theory, attachment theory, the narrative approach, positive psychology and learned helplessness theory.

The structure of the model includes several operative elements which answer the needs of the child in every aspect of his life: Interpersonal relationships, learning, and social interaction. In this way the model is unique in viewing the child in a holistic manner, understanding that in order to deal with the presenting problem, it is necessary to see the individual as a complete being. It is understood that this is a lengthy and somewhat frustrating process, which requires much patience by all concerned.

The advantages of the model can also be its disadvantage. Due to the need for coordination and cooperation between all the significant roles taking part in the important task of advancing the child's learning and other achievements. A centralizing functionary is needed to coordinate between all the team members at least once a fortnight for a work meeting, in order to check the progress of the inclusive plan, that has been built for the child.

This model offers a new path for therapeutic teams and no less for the child being treated. The direction is one way: Upwards! Even if there are difficulties, downfalls and failure, the belief that success is possible strengthens the will to continue. It is necessary, of course, to always begin from the strengths of the child and not compare him/her to his classmates or peers.

After five years of developing this model and working with a great number of children within the framework, it is possible to see that this

comprehensive model leads to impressive results: Improvement in functioning and achievements in the present and hope for the future.

"From peril to possibility, from peril to promise …"

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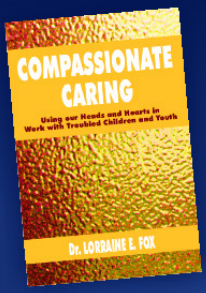

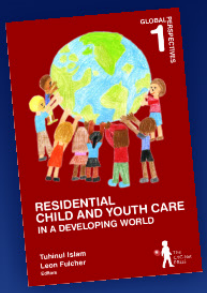

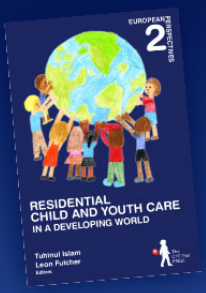

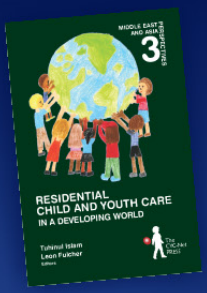

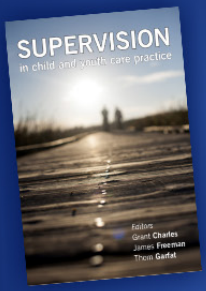

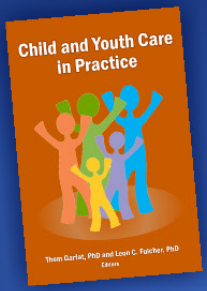

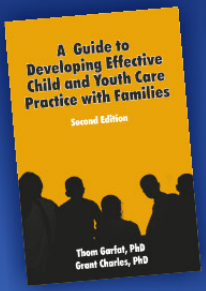

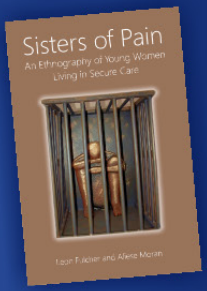

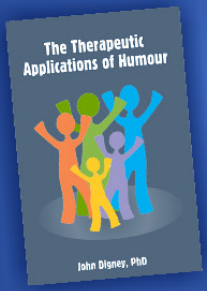

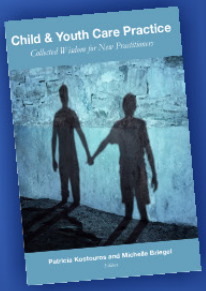

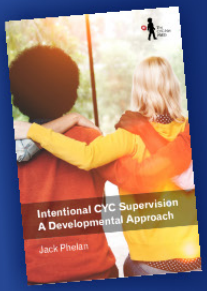

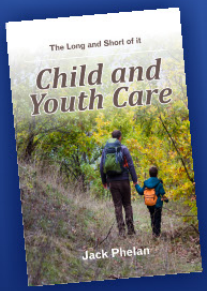

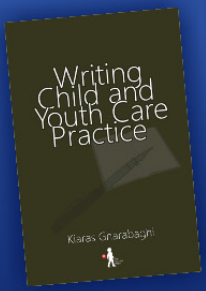

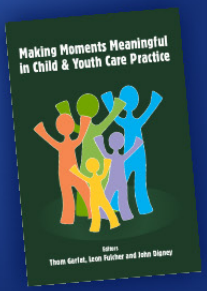

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Towards a Life Worth Living: Dialectic Behavior Therapy in Family Therapeutic Group Homes

Stacy Yehoshua and Dana Spektor

Six years ago I found myself extremely frustrated, in the emergency room again with Ann after another attempt to cease her pain by swallowing too many pills.

Ann, a victim of incest and diagnosed with Borderline Personality Disorder, had been in therapy for over 7 years and though highly benefiting from the insights and strong therapeutic pact in the psycho-dynamic setting, she was not progressing enough in terms of minimalizing self-destructive/suicidal behaviors and making real changes in her quality of life. With over 15 years of experience as a clinical psychologist with clients suffering from Complex PTSD and BPD both in my public work with kids in out of home settings and my private work, I felt stuck. Ann and I and other clients needed more and new tools, techniques and concepts and that it was my ethical and professional obligation to seek that out. In search of solutions, I came upon Machon Ofek, and started learning Dialectical Behavioral Therapy (DBT).

Machon Ofek was founded under the leadership of Dr. Yifat Cohen who imported the DBT therapeutic model from the United States in 1994. DBT is

an integrative, evidence-based therapy, developed by Marsha Linehan 30 years ago. This therapy model has been found effective for people suffering from ongoing and deep difficulties with emotional dis-regulation and especially people suffering from Borderline Personality Disorder.

The therapy is based on dialectical philosophy. The main dialect being between acceptance and change. Accepting and understanding that people behave the way they do for a reason that can and should be validated even when destructive, and being willing to do one's best to find new and more effective ways to deal with their difficulties. The DBT therapy model is proven most effective when it combines individual therapy, Group Skills Training, Therapists Consultation Team and between session skills coaching. In Machon Ofek we developed a specific protocol for parents training group – a very important and effective part of the program.

The basic theory underlying DBT's understanding of the causes of severe dysregulation and Borderline Personality symptoms is the bio-social model, claiming that these difficulties stem from the interaction between weaker inborn emotional regulation and an invalidating environment.

In other words when the emotional needs of more sensitive children are disregarded or claimed to be over-dramatic and therefore not recognized and validated, their emotional regulation will in turn deteriorate and the situation will repeat itself again and again in a negative loop. Studies have shown how validation improves regulation and the opposite.

A few years later, pleased with positive progress in my clinic, I knew that I needed to spread the word and make use of my knowledge in my public work as well as the chief psychologist at Orr Shalom organization.

Orr Shalom is Israel's biggest non-government organization providing psychologically oriented foster home, group home and independent living placements for over 1200 children, adolescents and young adults who have

been removed from their homes by welfare services as a result of abuse, severe neglect, abandonment and/or parental loss.

Many of them show emotional and behavioral regulatory difficulties, dysregulation being a major symptom of trauma and especially of Complex Post-Traumatic Stress Disorder (CPTSD) with a very high correlation between Borderline Personality Disorder and severe sexual and other abuse.

It is not clear if those suffering from these symptoms of CPTSD have common inborn regulatory traits. It is clear, that an early on abusive/neglecting environment in fact creates a vulnerable biological environment and is inherently invalidating of the children's basic needs and pain which are not seen or recognized whatsoever. In addition, most of these environments themselves are characterized by dysregulation and lack of self and other calming behaviors.

Therefore, these children need to either actively or passively scream louder in order to be heard and lack basic skills for self- control and self-calming. As a result, their acting out behaviors are their only way to express their pain and at the same time find some temporary comfort.

Most concerning were our teenage girls who expressed their emotional dysregulation in outbursts, cutting behaviors, dangerous sexual behaviors, drug and alcohol abuse, running away, and some suicidality. Despite everything the staff was investing, many of them were not getting better and even falling out of the system, leaving the staff despaired and at wits end.

All of Orr Shalom's programs and homes are staffed by social workers and clinical psychologists and the majority of the children are or have been in psycho-therapeutic treatment for a continuous amount of time. Our approach is based on psycho-dynamic and classic psycho-analytic theory,

providing deep insights to the wounded inner worlds and the acting out of our children. But something was lacking, I felt we needed more tools and that DBT could provide this.

So, during the past two years, under the auspices of Machom Ofek, we have trained over 35 of Orr-Shalom therapists in DBT with ongoing group supervision and taught over 40 other staff members the basic concepts of DBT and started embedding these ideas in over 50 relevant therapies and two skills groups for our teenaged girls and a group for foster parents.

DBT combines two major elements to relate to and treat regulatory difficulties and advance towards health and healing: non-judgmental validation and effective skills training in line with the dialect of acceptance and change. In so many cases people who present dysregulated behaviors are asked what's wrong with you instead of what happened to you. Trauma focused therapy insists that we focus on the latter as does DBT with the understanding that there is a valid reason behind even the more severe behaviors.

Many chronically traumatized children and adults behave in symptomatic ways without understanding why and often internalize the blame and critical judgment projected on them by their abusive environments as explanations for their behaviors.

So many of our children will explain when asked ‘why don't you live at home?’ that they behaved badly at school and home and they have to improve so that they can go back. This combines with the reality that in these environments, very often parental figures lack the availability and ability to think their children, therefore leaving them without any modeling and tools to think about what's happening to them and develop mentalization.

DBT, through mindfulness (the core skill in DBT) help clients, learn about, identify and define thoughts feelings and bodily sensations leading up and accompanying maladjusted/harmful behaviors and analyze which present and past triggers are affecting them. After identifying and understanding, the validating non-judgmental environment in DBT addresses the grave damage done to self-image through abuse and neglect, allowing for the child to start perceiving themself in a new light – as a hurt child as opposed to a bad child, as a person acting out of pain as opposed to a delinquent.

In the dynamics of families where abuse and neglect exist, not only are the feelings and pain of the victims not validated, dis-regarded and shunned, but even the basic facts of the abuse are denied or twisted. Therefore, validation and mindfulness skills are so critical both to the formation of a trauma narrative as the base for working thru processes and to counter dis-associative inclinations and symptoms.

Mindfulness and validation are critical and profound to the psychological well-being of victims of neglect and abuse. Though to promote a quality and healthy lifestyle, the other side of the dialect is necessary, meaning encouraging and enabling change of maladjusted, ineffective and destructive behaviors through skills teaching.

DBT skills include mindfulness, emotional self-regulation, interpersonal effectiveness, distress tolerance and 'walking the middle path', all extremely relevant to trauma.

- Mindfulness skills, besides identifying thoughts emotions and physical sensations, trains the brain to be situated in the here and now a life changing function in light of the painful inclination of

post-traumatic clients to live in the past and re-experience the trauma.

- Emotional regulation teaches one to practice every day, routine techniques or new habits towards self-calming and emotionally healthy living.
- Interpersonal effectiveness skills teach those who are used to either being constantly refused or having to go to extreme measures in order to get what they want to find effective ways to make requests and get what they need.
- Distress tolerance skills teach 'radical acceptance' of the pain and/or self-calming and distraction techniques, as effective alternatives to self-harm, in the most explosive, overwhelming and vulnerable mental states, typical to post-trauma.
- 'Walking the middle path' – a DBT skill developed especially for teens and their parents. This skill helps to bridge communication between parents and their children to maintain a relationship during challenging times.

These skills are taught and practiced in group learning settings and strengthened and specified in the individual therapy.

I will demonstrate our DBT work in Orr Shalom with a short description of Sasha, a graduate of our first DBT therapy and group. Sasha had been in one of our family group homes from age 11 till 18, with a history of severe neglect at home and a mother with alcoholism. In the beginning of her final year, she revealed for the first time that she had been cutting herself for a number of years and that it was getting worse. The automatic response of the staff, understandably so, was to say "stop now", since cutting is scary and also contagious in a group home setting. It was

challenging for all when we directed her therapist to start with DBT and signed her up for our first group and chose offering validation and the gradual learning of regulating skills as an alternative to immediate behavioral limits. Throughout the year, Sasha was on the brink of being expelled from the home prior to graduation, with continuous cutting behaviors, the peek being a brief psychiatric hospitalization after swallowing pills.

At first the DBT interventions with the invitation to talk about the self-harm, were depicted as the creators of her symptoms, not the treatment. Keeping her in the group, in the therapy and in Orr Shalom was an uphill struggle both in regard to Sasha's pain and stubborn symptoms and staff inclinations. Any chance for progress, demanded ongoing communication between all staff members and total transparency as to self-reports or suspicions of self-harm between the therapy and the home. The real challenge was to keep a balance between on-going validation for her pain and fears behind her actions and on-going respect for the rules and concerns of the framework, the therapy voice echoing this as well emphasizing the crucial distinction between validation of feelings and acceptance of actual behaviors.

It was imperative to instill in Sasha and the staff, the faith that one step forward and two backwards is actually progress. Slowly, she started understanding the concepts of the dialectic approach, getting validation through the therapy and group and validating herself, learning to identify early signs of being distraught and vulnerable situations and practicing skills of self- regulation. With time she was able to choose, designate, and access less harmful comforting activities as an alternative to cutting and exploding. These were her words at the group's graduation:

> In the group I realized for the first time that I am not the only one who feels this way, that I am not damaged or unfixable, but rather that I have difficulties with emotional regulation, that I am doing my best and that there is still room for improvement, and that validation is the key to change.

We are still in the preliminary stages of this journey to implement DBT in our work, but after only two years we already see the influence. Shortly we will be starting our third year of training with Machon Ofek and this year, representatives from five other organizations for kids at risk will join us as we continue to spread the word. We will be starting a number of new skills training groups for our kids and focus on teaching more and more DBT language so that every staff member can use it. We also hope to be establishing a DBT clinic that can provide services also for youth and young adults at risk outside of our organization and possibly the community at large.

A month ago, I again visited Anna in the hospital, but this time it was after she gave birth to a beautiful baby girl and she is a great mom.

STACY YEHOSHUA *and* **DANA SPEKTOR** *contributed this article after presenting at the 2019 FICE World Congress. For more information on Orr Shalom visit www.orr-shalom.org.il*

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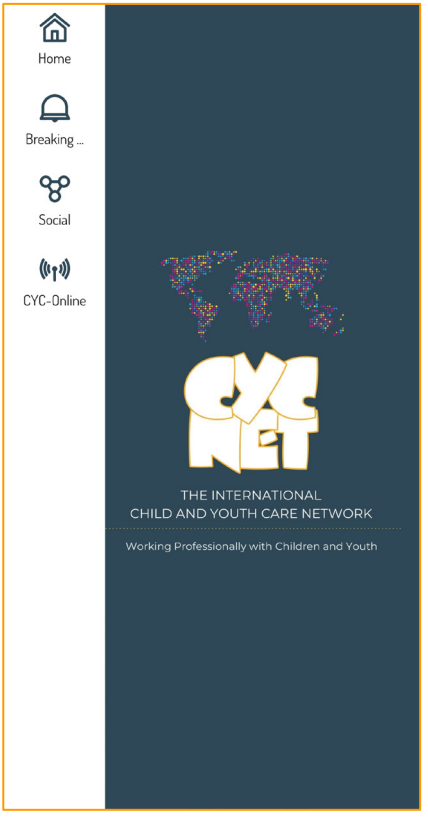

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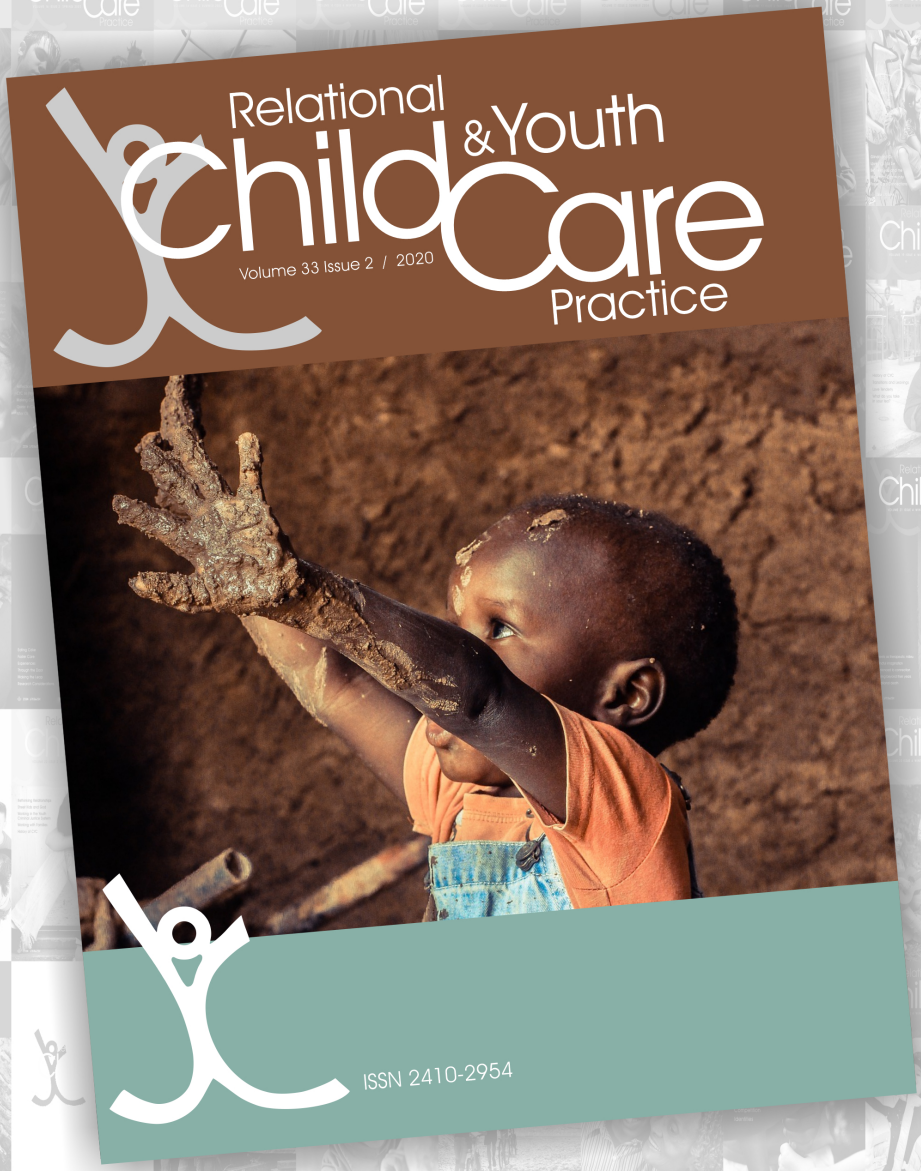

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Maya's Story: Towards a Brighter Future through Emergency Foster Care

Temima Sahar and Ronit Nof

Orr Shalom, founded in 1980, is Israel's largest non-profit organization taking care of 1200 babies, children, adolescents and young adults who were removed from their homes as a result of parental absence, neglect, incompetence, and in some cases physical and/or sexual abuse. Among the many programs is the Emergency Foster Care (EFC) including five homes that can support up to twenty-five 0-6 year olds at any given time. The EFC staff includes expertly trained social workers, five sets of foster parents, National Service volunteers, two developmental psychologists (a Hebrew speaker and an Arabic speaker) and a developmental physiotherapist.

Both according to experience and research on children and toddlers at risk, there is no doubt as to the major impact of the role of emergency foster parents. Although temporary, their role as positive, reactive and caring attachment figures is significant for the children taken from their homes in these situations.

The program works with a theoretically based multi-faceted model. The experience from the past decade indicates that the integration of two processes – diagnosis and treatment of trauma – when they take place within the framework of a warm, embracing, and stable family, leads to a

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significant improvement in the well-being of the child who was removed from home. The child that arrives at an EFC home experiences contact that provides him or her with a sense of safety, security, sensitivity, responsiveness, stability, caring, and warmth.

During the EFC period we work according to 4 models:

- Admission model
- Trauma treatment model
- Diagnostic model
- Departure model.

The Admission Modal

Upon receiving the referral from the Child Protective Services about a child requiring EFC, a process of information gathering about the child begins (e.g., the parents, the language spoken at home, a favorite object, sleep and eating habits, significant figures). All these create the foundation for the understanding of the child's needs. The EFC social worker also advises the welfare social worker which familiar items to bring along for the child if possible, such as a pacifier, bottle, favorite object, item of clothing with the scent of home, etc. The welfare social worker is also guided what to tell the child about the departure and about the special EFC home.

Maya, aged three, was referred to EFC as a result of severe neglect and parental incompetence. After a long process in which the welfare services maintained close contact with Maya's mother, Tehila, in attempt to help her raise Maya on her own, came to understand that she was not able at this stage to raise her. She agreed that Maya be taken to an EFC home until

it would be decided whether she could return home or be placed in a permanent foster home.

It appeared that Tehila herself had the profile of a distressed teenager. During Maya's short life, she and her mother had moved many times to find shelter, sometimes having no choice but to live in the street. As a result, Maya learned early and fast to ‘connect and disconnect’.

Maya was described as a child without either eating or sleeping habits. When Maya was moved to the EFC home, the social worker reported that Maya had no favorite object, pacifier, bottle or blanket. It seemed that because of her many moves, no transitional object had formed. The social worker gave Maya a stuffed animal to bring along when she arrived at the EFC home, which accompanied her during her entire stay at the home.

The EFC family, when told about Maya’s background, while preparing for Mayas' arrival, were saddened by her story, but also excited and anticipant for her arrival. From that moment they began to prepare the house for her. They wanted to know which foods Maya likes to eat, lay out clothes in her size, made a bed for her, and set out games she might like.

When Maya's mother brought her to the welfare center, the social worker explained to Maya, in Tehila’s presence, that she was going to a ‘special home’, where there were children whom, just like her, could not live with their mothers at the moment. The social worker described the house and told them when they would meet again.

Maya’s departure to the EFC home was complicated and sad. Even though Tehila had consented to Maya's transition, when the time came, it was very difficult to say goodbye, she held her tight and cried silently. Maya also began to cry. Maya was still crying in the taxi on the way to the EFC home, but after a few minutes relaxed a bit and started asking questions

about the home she was going to. By the time they arrived, Maya had calmed down and fallen asleep.

Upon arrival, Sarah, the EFC family mother, explained to Maya that she had come to a special home that cares and protects children who can't live with their mothers right now. Sarah showed Maya her room, the games, the dolls and the backyard and introduced her to the other children.

After the social worker left, Maya approached Sarah and began showing her doll and asking her all kinds of questions: “What is your name?”, and referring to the father of the house, “Who is that?”, and “When do we eat?” Shortly after, Maya immediately began playing with the games at the house.

Sarah felt that Maya adapted to the new home too quickly for such a young child arriving at an unfamiliar place but thought that perhaps this was a survival mechanism that Maya had developed during her short years of life.

When Ronit, the EFC social worker, came to meet Maya, that same day, she immediately started asking her all kinds of questions, too (such as “What is your name?”, “How old are you?”, “What do you like to do?” “To eat?”) and showed her around the house as if she had been there and known her for a while already. Next, Maya took a broom and began sweeping the house. She said that that's what she did with her mother. It seemed that she had learned that when she comes to stay some place, she should immediately help with cleaning in order to "be allowed” to stay.

Ronit explained again about the EFC home and the circumstances that led to the separation from her mother, emphasizing that this is not Maya's fault. Maya listened for a few moments and then got up and went back to play, as if signaling: "That's enough for me today."

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The Trauma Treatment Model

The assumption is that the babies and toddlers who come to EFC arrive in trauma. The literature suggests that the traumatic experience, puts one in a state of shock, in which he or she is unable to cope with and absorb the ideas and feelings associated with the traumatic experience.

We know that early exposure to deep fear-causing events results in: Damage to parts of the brain related to emotions and learning, distortions in how and what a child perceives as a threat, and also affects the development of the fear-anxiety-regulating system.

From this understanding, a clear therapeutic course of treatment was designed for traumatized children in the EFC relating to what they are told when taken from their home about their life circumstances and about the reason their parents cannot raise them. The answers to these questions must be suited to the age and understanding of the child but must also be honest and true, requiring from the caretaker, both courage and a deep understanding of a child's soul.

Some of the children are very anxious, feeling that the ground is dropping out from under them and that what used to be does no longer exist. In our therapeutic view, talking, explaining, answering and not avoiding should be the rule especially since some traumatized toddlers may lose contact with some of their feelings and become apathetic and indifferent.

The direct discussions that give words and meaning to behavior and emotions provide the children in EFC, regardless of their age, with peace of mind and emotional calm, where their defenses can be at rest. Thus, the child can start relying on significant adults to make order out of the chaos in their world.

With the younger babies, both the words and tone together with warmth and touch, rocking, and cuddling, create a sense of connection. It is of great significance that this process be carried out by steady and sensitive attachment figures that provide the child with the sense of being protected. Holding of this sort can lead the toddler to more effective coping with the trauma and promote his or her healing process.

During the first days Maya continued to be very pleasing. She would immediately do everything she was told, would approach any adult or guest who came in with questions and stories, especially asking about her mother even when it was clear that the person standing in front of her did not have the answers.

Maya fell asleep easily, asked to eat lots of sweets, but refused to eat Sarah's cooking. After about two weeks, in which the healing discourse with Maya continued, combined with the feeling of safety achieved by a regular daily schedule, the continuous presence of the foster parents and staff, and boundaries set in an appropriate manner, we began to see positive changes in Maya.

We saw significant developmental leaps. She increased her vocabulary, began drawing and playing more and more like a child her age and became toilet trained during the day.

Maya also began to express her desire about what clothes to wear or what to eat, from time to time she refused the adults requests and occasionally even fought with the other children at the home. It appeared that these behaviors reflected a developing confidence in herself and her surroundings.

Diagnostic Model

After about a month at the home, during which the child adjusts and has some distance from the departure trauma, we can usually see behavior that expresses some relaxation in the inner experience and chaos. At this point we will begin a developmental diagnosis held in the home. After each session, a diagnostic summary meeting is held with the EFC staff. According to the recommendations of the diagnosing psychologist, we plan the next steps of the treatment program including para-medical assessments, medical examinations and, if necessary, a pediatric psychiatric diagnosis.

The diagnosis showed that Maya's level of functioning was average in most areas, with a six-month delay in language and fine motor skills. Emotionally, Maya was found to have good adjustment skills and could benefit from a good and accessible environment. She showed the ability to develop interpersonal relations and to access help. It seemed that personal attention and concrete explanations enable her to regulate emotionally.

A dyadic intervention center was established as part of the diagnostic process and therapeutic work with the children. In these centers, twelve interaction sessions between the child and his or her biological parents are held as well as dyadic intervention later on as needed.

Within the interaction sessions, held by the EFC social worker, a training session is held with the parent, following is a parent-child dyadic meeting, which is then processed with the parent. The two main goals of the dyadic intervention process are:

- To diagnose the nature, quality and potential of the child-parent relationship

- To help the parent build a narrative of the separation from his child, telling his child firsthand about this traumatic experience.

These interaction sections can be very emotionally challenging. Maintaining a non-judgmental position towards the parent who has often hurt the child, is essential, especially in light of the understanding that most of the parents themselves had been and perhaps still are injured children who need a therapist to contain, support and strengthen them. In addition, the encounter with the parent/child dyad add insight and depth to the work with the EFC parents and with the child.

At the beginning of the EFC period, Maya would meet her mother, Tehila, at a contact center. During one of the sessions, Tehila noticed that Maya had new shoes. She asked Maya "Who bought you the shoes?" and Maya replied "Mother Sarah". Tehila got very angry with Maya. She told her that she wasn't to call Sarah "Mother Sarah". From that moment, Maya became very distressed. It was as if Maya had lost her mother all over again together with the main figure who was taking care of her now.

That day, after returning to the EFC home, Maya was in a state of significant emotional regression especially regarding Sarah. She did not allow her to hug her, kiss her or bathe her, cried a lot and quarreled with the other children. She also taught the other children that they must not call her "Mother Sarah", only "Sarah". At this point, it was decided to begin a series of interaction sessions between Maya and her mother.

The first stage included three sessions between Maya and her mother in the interaction series, followed by nine additional dyadic sessions. During the process, it appeared that Maya was very attached to her mother, while her mother loved her but had difficulty relating to her needs.

In the first sessions, Tehila would come with a friend or relative. It seemed that she had difficulty in intimacy with her daughter and that she didn't know what to do with her when she alone with her. During the sessions, Tehila would often ask Maya to show how she dances, draws, or what she was wearing, not necessarily in accordance with Maya's needs.

It was quite clear that Maya was trying to please Tehila, doing whatever she asked, even if it didn't seem right to her, hugging and kissing her, everything according to her mother's wishes.

In conversations with Tehila, the dyadic mentor talked a lot about what it means to be Maya's mom, what Maya's needs are, and especially about Maya seeing her as a mother in every sense of the word and being very attached to her. At the same time, it was necessary to show her that Maya also needed her blessing in order for her to develop and grow in the EFC.

As the sessions progressed, Tehila increasingly understood her maternal role, that she is her mother and no one can replace her, but in order to enable Maya to grow and thrive, she must let Maya become attached to another caregiver. She also needed to tell her the story of her leaving home and give Maya her blessing so she could move on.

During the fifth session, the mother, with the mentor's help, managed to tell Maya why she couldn't raise her and that she allowed Maya to call Sarah "Aunt Sarah". That afternoon, even before being updated by the mentor, Sarah called her and asked in astonishment "What happened in the session today?" She then told her that when Maya came home she simply called her "Auntie Sarah" and kissed her and hugged her. The excitement was huge. From that moment on, it was as if a new, calmer girl was born, playing more peacefully and allowing Sarah to become a significant figure for her.

Towards the end of the EFC period, a treatment planning committee in the welfare department convenes to come to decisions as to the child's future. Our collaborative work with the welfare department throughout the EFC period allows for a deep and common understanding as to who the child is, who the parents are, what the reunification potential is and what are the alternatives if the parents are unable to raise their child. In the case of Maya, considering the deep insights that emerged from both her diagnosis and the dyadic encounters, the committee recommended she be placed in a foster family.

The Departure Model

Our perception is that a child that arrived at EFC in traumatic circumstances, should not leave in same traumatic way, rather after an organized and systematic preparation process in which there is a sense of control. The child has whom to ask questions, he can express fear, dread, or lack of will. There is an adult who is there for him who can contain the experience together with him.

The process consists of two parallel processes, departure and getting acquainted, that seem contradictory to one another, but together create an experience of control and understanding.

One process is getting to know the permanent foster family after telling the child in a detailed, extensive and age-appropriate manner that a family has been found and showing the child an album that the new family prepared. The family then arrives for four days in a row to the EFC home so that the child can get to know them gradually.

Each day the duration of the meetings increases, while the presence of the EFC parents decreases. On the third day, children ages 3-5 will visit the foster home with the EFC parents in order to have a concrete visual image

of where they will be moving the next day. At the same time, farewell ceremonies begin with the EFC parents, family, staff and preschool friends, commencing with a farewell party where the child receive gifts, wishes and is read the farewell book, prepared for him.

The farewell, describes the entire period of the EFC in words and pictures and connects the fragments of the child's life, creating a narrative of this period. A narrative that a child who experienced trauma needs so much. After one week to ten days the EFC parents visit the foster home to further enhance the sense of closure.

Maya's departure from the EFC family was significant. Tehila was informed and prepared for Maya's transition and at the last meeting told Maya that she would soon be moving to another family that would love her and raise her in the best possible way. It was also explained to Maya that she would continue meeting her mother once a week. Maya looked at her mother and hugged her really tight. It was a very moving situation, sad, but with hope that Maya would grow up in a steady environment where she could develop and thrive.

The process of Maya's transfer to foster care was full of excitement. Two days before Maya's first meeting with her foster parents, she was informed that she would be meeting a new family with whom she would live and grow up, just like her mother had told her in their last encounter. Maya was very excited. She was shown pictures of the family and told all about them.

On the first day of the transition process, the foster parents came to the EFC home and met with the EFC parents to receive information about Maya's habits, what she likes to do, how she falls sleep, what she likes to eat, etc. After this meeting, Maya came to meet them. At first, she was very hesitant. She looked at them from afar and clung to Sarah. This was a good sign, since this reaction was very different from the way Maya had made

initial contact with Sarah four months earlier, and showed that she had experienced a positive process developing positive and healthy relationships with caregivers. After Maya allowed herself to get a little closer, they gave her a gift – a large set of colors and a beautiful stuffed animal.

Maya started playing with them and allowed them to get closer to her. On the second day of the process, the foster parents arrived in the afternoon. Maya was very excited to meet them again. They played and then went out for pizza. That day, the EFC parents gave Maya an album which tells Maya's story of her transition from her mother to their home and has pictures of the entire period- from kindergarten, with the other children at the home, with the National Service volunteer and with her mother on their regular visits.

On the third day, Maya arrived with the EFC parents at the foster home to meet the foster parents' children, their dogs and rabbits. At first, Maya was again shy and hesitant and clung to the EFC parents. After a while, she relaxed and allowed the foster parents to show her room, the games and the yard. She stayed for dinner with them and then returned to the EFC home.

That evening, Maya found it very difficult to fall asleep. Sarah sat next to her, reassured her, reflecting that she was probably excited but also frightened by the upcoming transition. They looked again through the album and went over what had happened that week and eventually Maya managed to fall asleep.

The separation was significant and moving. When Maya got up in the morning, she cried and was sad about departing. Sarah, together with the National Service volunteer, talked to her about the transition and allowed her to express her feelings of sorrow and sadness and said they would miss

her too. When the foster parents arrived, Maya was already calmer and got into the car with them and they drove to her new home.

To conclude, a 'good enough mother', or 'positive parental presence', means a presence that creates, first and foremost, a sense of holding, a function most young children who are removed from their homes, never experienced. Though complex, during the EFC period, the EFC parents, social worker and staff create a holding environment for the child that establishes security and a feeling of "I'm not alone". The role of EFC team is diverse and includes meeting physical needs such as hygiene, health and safety and emotional needs, being sensitive and consistent and assisting the children in dealing with their trauma.

Today we can safely say that most if not all children depart Orr Shalom's EFC program in a significantly better condition than when they arrived.

TEMIMA SAHAR *and* **RONIT NOF** *contributed this article after presenting at the 2019 FICE World Congress. For more information on Orr Shalom visit www.orr-shalom.org.il*

Prepare for Leaving Care: Young People with Care Experience Training Care Professionals

Chrissie Gale, Kenny McGhee, Florence Treyvaud Nemtzov, Artūrs Pokšāns, Gabriella Rask, Zuleima Reyes and Kruno Topolski

Numerous studies have highlighted that across Europe people with care experience are amongst the most socially excluded groups and are at greater risk of poorer outcomes in terms of education, health, employment, criminality, mental health and social exclusion in general as compared to the wider population.

Leaving the formal alternative care system is an important phase for both young people and those service providers responsible for their care and development. Any positive support for a child whilst in alternative care path risks being rendered futile if the preparation for leaving care, the transition out of care and aftercare services fail to provide the individualised support each young person needs.

> "It should be tailored to the child in question, thus it should be individual, meaning that the same type of solution does not fit all, because the children are different, have different needs, different background, so it should be gradual and

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individualised and attention should be paid to everything, so that each and every factor is there." *(Quote drawn from interviews with care leavers)*

Together with CELCIS at the University of Strathclyde, FICE Austria, FONPC and nine SOS Children's Villages Member Associations (including Croatia, Bulgaria, Estonia, Hungary, Italy, Latvia, Lithuania, Romania and Spain), SOS Children's Villages International designed two projects that were co-financed by the Rights, Equality and Citizenship (REC) Programme of the European Union. These projects aimed at:

- Developing and implementing a state-of-the-art training programme for care professionals who work directly with young people leaving care to equip them with the skills, knowledge and tools they need to work with young people in transition.
- Creating a supporting network for care leavers to improve their access to social rights
- Raising awareness at national and European levels on the need to improve outcomes for care leavers

Project Overview	
Prepare for Leaving Care (2017-2018)	*Leaving Care (2018-2020)*
Partners: CELCIS; SOS Children's Villages Croatia, Latvia, Lithuania, Italy and Spain	Partners: FICE Austria; FONPCE; SOS Children's Villages Bulgaria, Estonia, Hungary, Italy, and Romania

Scoping: Developing the Practice Guidance and Training Material

A scoping exercise, conducted at the beginning of each project, included peer-to-peer interviews by and with care leavers, a mapping of the national leaving care process, and a questionnaire completed by members of national steering groups in each of the ten participating countries.

Questions in the peer-to-peer interviews were developed by the young people participating in the "Prepare for Leaving Care" project. The questions included:

- The process of leaving care – what worked for you and what should remain the same?
- Are there things you think should change about the process of leaving care?
- What skills, knowledge and experience do you think people who work with young people who are leaving care need to have?

The peer researchers utilised the following documents. Respondent Information Sheets, Consent Forms, Confidentiality Forms and Interview Guides for Peer Researchers. These documents were translated and shared with the participating young people in the ten countries.

The findings from the scoping suggest that for care leavers it is the manner in which they are supported that is most crucial to them and therefore, the attitude, the values and personal skills of the key workers that make a difference. They want to know that professionals who are supporting them through their care experience and, whilst leaving care, respect them. An understanding of how to work with children who had

suffered difficult and even abusive situations was also cited. All of these concerns were also found in the data gathered from professional stakeholders in addition to which, importance of training to improve skills, knowledge and attitudes of key workers were also cited.

> On the one hand it's a wonderful thing, but on the other it's also a source of concern and anxiety because you don't know what will come next, and if you do know, well, maybe you are even more frightened, like, "Oh gosh, 18 means: find a job, pay the rent, do the shopping…". And then all the rest, like have someone to talk with who is not one of your friends, because sometimes you don't need a friend, but just an older person who has more experience than you and can help you. *(Quote drawn from interviews with care leavers)*

Other concerns highlighted in the data include the poor access to services and the extreme variance in the quality of support in planning, transition and after care. Results indicated this was negligible in some participating countries. Length of time for preparation for leaving and ongoing after care support were also of concern as well as an urgent need to improve inter-sectoral cooperation.

A Prepare for Leaving Care Practice Guidance and training manual were developed. These were based on the UN Guidelines for the Alternative Care of Children and informed by the scoping findings.

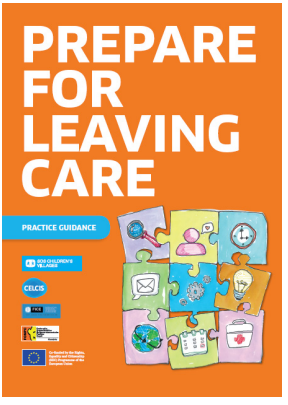
The Practice Guidance promotes improvements in practice that should have a positive impact for young people during and after the leaving care process. Its first aim is therefore to stimulate reflection on what caregivers and various professionals working with the young people leaving care can

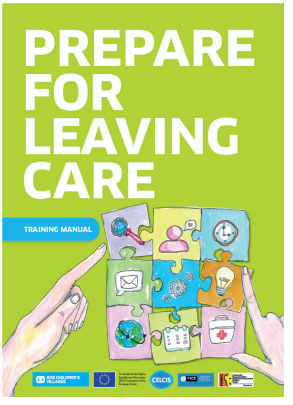
do to improve the care for young people within the legal and regulatory framework in their country. Its second aim is to provide material that can inform advocacy initiatives to bring about desirable changes in the country.

The training manual is a guide on how to deliver a six-day training programme for practitioners who are working with young people leaving care. The manual is designed to be used only by designated Master Trainers who have attended the appropriate Training of Trainers course. The objectives of the training are:

- To acquire the knowledge and skills to support young people through the process of leaving care
- To understand and develop tools which are helpful in the leaving care process
- To become aware of the content of the Practice Guidance

The Training Manual and the Practice Guidance hope to go some way towards helping practitioners to improve the outcomes for young care leavers.





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Training Methodology and Structure

The training aims to develop both skills – in working with young people in transition – and knowledge of the challenges they face and what they say about the best kind of help they need. The course has been designed to include many opportunities for reflection because reflection helps with both skills and knowledge development. It also acknowledges that good quality effective 'training' cannot be seen as simply a one-off transfer of knowledge, but must involve of how best to make sense of any new knowledge and skills and how to most effectively incorporate these into daily practice.

The training is based on two key principles: 1) Adult learning and 2) Participation of young people with care experience. The adult learning principles include approaches to training such as:

- Trainers and learners need to structure the process of learning together so that it is relevant to the experience / problem they are faced with in practice.
- Training methods should involve learners rather than telling them what to do.
- Trainers need to be aware of, and sensitive to, the feelings of the learners and help to build up their levels of confidence and esteem.
- Trainers should not act like 'The Expert' but they should attempt to create a teaching and learning environment, which enables, and encourages, cooperation between themselves and their learners.

The second principle requires that at least one young person with care experience should be involved in, and remunerated for, part of the delivery of the training to national stakeholders. This innovative approach gives care

professionals the opportunity to hear first-hand how young people experience difficulties due to poor leaving care practices and together, reflect on ways to improve this experience in the future. For this participatory approach to work successfully, one of the Lead Trainers, Artūrs Pokšāns, recommends Master trainers to:

1. Build the relationship with the care-experienced person: the quality of the training will largely depend on the personal relationship between the persons involved
2. Include the ideas of the care-experienced person: truly consider the improvements and suggestions they might bring to the table
3. Build trust: It is also important to remember to not only include the ideas of the care-experienced person but also to trust them to carry them out.
4. Be honest and give constructive criticism: the ideas of the care-experienced person should always be critically reviewed to ensure that the ideas of the care-experienced person actually enrich and improve the training process.
5. Recognize the strengths and vulnerabilities of the care-experienced person: Always try to recognise the situations where the skills and assets of the care-experienced person could benefit the process. It is also important to recognise the situations where the specific topic is perhaps 'too close' to the care-experienced person, making it uncomfortable and unhealthy for them to be involved in at that point[1].

[1] It is crucial that Master Trainers and care-experienced persons reach an agreement about how to prepare and deliver the training.

Training Impact

To ascertain the effectiveness and give an insight into the impact of the training on the practice of care professionals, a comprehensive evaluation was undertaken with national stakeholders that had participated in the training. This included pre- and post-training questionnaires (completed before and immediately after the training), focus group discussions (conducted at least one month after completed training) and a training impact assessment (conducted 6 months after completed training).

In all countries, the training evaluation shows an increase in knowledge and skills of training participants. Overwhelmingly, national participants rated the training they received as 'very good'. Additional comments from participants qualified it as excellent, supportive, dynamic and praised the effective nature of the training methodology; it's interesting, practical and useful content with applicability to the workplace; as well as the use of group work and opportunities for sharing and listening to others. Training participants highlighted the useful and easy to use tools, the Practice Guidance as well as the informative, interactive, interesting, and motivating course. They appreciated the easy transfer of knowledge that stimulates critical thinking and found the training to be structured well with an emphasis on truly important but also new topics.

In addition, results of the focus group discussions show how participants of the national trainings have carried the experience of their training into their practice including the use of the tools and methodologies they were provided with. The discussions also illustrated how this can be attributed to such elements of the training such as its structure, the user-friendly nature of the course materials, the hard work of the Master Trainers and, most importantly, the high impact of the involvement of young people with care experience as co-trainers.

The key findings of the training impact assessment suggest the Prepare for Leaving Care Training is having a positive impact on the support being offered to care leavers. These results indicate that the relationships between professionals and care leavers is improving. For example, participants believe they have significantly improved their ability to listen and communicate with the children and young people they are supporting through the leaving care process. They are more aware of the emotions and feelings of individual care leavers and feel better able to respond to their worries and concerns. One trainee noted, "now I have new tools for working with young people, and I will use them".

Training participants wrote of their improved ability to truly listen and therefore take additional account of the experiences, feelings, wishes and aspirations of young people. They feel they have more empathy for the situation of young care leavers and as a result, can provide more individualised support to care leavers. For example, one respondent wrote, "It has helped me to put myself in the place of young people and forget the position of 'caregiver'". Some participants noted how they are now better able to develop closer relationships with young people. In the initial scoping exercise for this project, this is something that children and young people identified as being particularly important to them, and one which research evidence informs is central to developing and delivering authentic person-centred support.

In addition, participants also believe they have significantly improved the active participation of care leavers in decision-making, planning for leaving care and, other components of the process of moving to interdependent living. The involvement of care experienced young people in the training has contributed to these results. The principles of co-

production are central to improving both individual care plans and service improvement plans.

Results also indicate that care leavers are now receiving more information about their rights and entitlements as well as services they should be able to access. This is reflected in the feedback from participants who are not only more aware of the importance of providing this information but have increased their knowledge of the different services that care leavers should and, can, access.

Almost all participants feel more confident following the training. This is reflected in their increased self-confidence regarding the ability to support care leavers. They also feel more able to share information and ideas with colleagues and have more confidence engaging with authorities. In conclusion, the results of the impact assessment indicate how the investment made in the preparation and delivery of an intensive training programme utilised in this project is having a positive impact on the support care leavers are receiving.

The young people with care experience, who participated as co-trainers at national level, also feel that they gained skills in the co-trainer role. More specifically, they feel their participation was a positive aspect both for the project and for themselves. In the final project publication (SOS Children's Villages International , 2018), Zuleima Reyes and Kruno Topolski, co-trainers from Spain and Croatia wrote:

> This was a unique experience not only for us as youngsters bringing our point of view up but also for the caregivers, who could see how their work affects or is seen by the other side of the process. We believe that this approach demonstrates our expertise and willingness to work together with experts

from now on in order to improve the leaving care process because it is time for us to be seen as partners rather than as protégés.

Sustainability and Transferability

All project partners in each of the participating countries have developed National Policy Recommendations and Sustainability Roadmaps as part of their efforts to bring about changes in laws, policies and practice to improve outcomes for care leavers. All partners have taken steps for further implementation of the training or widening its scope. In some countries there is an accreditation system in place (Croatia, Lithuania, Spain), which allows SOS Children's Villages National Associations to offer and implement training in the future. In some countries (Latvia, Lithuania, Bulgaria) SOS Children's Villages National Associations will deliver future training sessions using their resource centres.

Project partners are also working intensively with academia, professional organisations (e.g. national chamber of social workers), ministries, local administration – to mention only a few – in order to be able to continue delivering the training.

In Croatia, a Leaving Care Support Expert position was established in January 2019 because of the sustainability measures recommended by the project team. To date, this expert is supporting 50 young people in preparation and transition for leaving care as well as in after care. The first evaluation of this support service shows that young people are making more meaningful personal contacts and have widened their social networks. They face their real-life challenges such as managing their finances better; they resolve conflicts more effectively and are attaining improved educational outcomes.

SOS Children's Villages Spain continues to receive grants from the Spanish Government to deliver the training to more care professionals in the country as well as empower more young people with care experience to become co-trainers. "This is great initiative since it works as a first job experience," said Zuliema Reyes, one of the first co-trainers of the Prepare for Leaving Care training in Spain.

In recognition of the great efforts being made to improve the situation of care leavers, young people and representatives from SOS Children's Villages Spain were received by their Majesties, the King and Queen of Spain, on 25 February 2020 at the Zarzuela Palace.

Javier Sainz, a young advocate for change in Spain highlighted that:

> The care leaving process is quite important for young people and care professionals alike, and it should be a reflection of effective State investment and skilled caregivers to ensure that we, young people, are prepared for independent living.

Recommendations

The needed changes in the services for care leavers and, most importantly, in the way the support is delivered to each individual, will not be possible without the allocation of adequate resources, including sufficient financial investment, and efforts to achieve:

1. Strengthening the overall capacity of care professionals to support and empower young people transitioning out of care.
2. Designing and implementing services that support and empower young people transitioning out of care (such as semi-independent living programmes) with young people's participation.

3. Enabling care leavers to easily access services and support in a non-discriminatory, non-labelling and non-bureaucratic way.
4. Changing culture and systems to ensure that supports and services are designed and delivered to meet the ongoing holistic needs of young people transitioning from care to adulthood and interdependence, rather than being based on bureaucratic and/or chronological triggers or thresholds.

Based on the voices of the young people with care experience who took part in the projects from the ten European Union countries the Call to Action: Leave No Care Leaver Behind was developed and released at the conference "Be the Change! Partnering to improve the transition from alternative care to independent living" Bucharest on 12 and 13 June 2019 with recommendations organised under three categories:

- *Action 1*: Realise Care Leavers' Rights in the Law – at EU, national, regional and local levels
- *Action 2*: Realise Care Leavers' Rights in Practice
- *Action 3:* Allocate adequate funds for realising care leavers' rights (in legislation and in practice – at EU, national, regional and local levels)

A good practice to look into is the concept of 'corporate parenting' that the UK and Scotland have anchored in their laws and which means that duty bearers should be doing everything they can for every child in their care – and every care leaver – to give them the opportunities that other children get. The purpose of 'corporate parenting' is to increase the sense of accountability of duty bearers towards care leavers' well-being. (For

more information on this see: www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/corporate-parenting-strategy and www.scottishcareleaverscovenant.org/)

The EU is working on a 'child guarantee' and has been implementing the 'youth guarantee' since 2013. However, care leavers' special status and complex needs are not fully covered in the youth guarantee. They are at high risk of falling out of those guarantees and being left behind. The 'child guarantee' should include the provision of adequate support for care leavers, since children in institutions are one of its target groups.

For more information and resources, visit these web sites

Call to Action
www.sos-childrensvillages.org/getattachment/our-work/Quality-care/Alternative-care/Promoting-standards-of-care/Leaving-Care/leave-no-caregiver-behind-2019.pdf?lang=en-US

Leaving Care
www.sos-childrensvillages.org/leaving-care-project

Prepare for Leaving Care final publication
www.sos-childrensvillages.org/getmedia/cf0b6f54-615b-4f9b-8536-2197d7d03aa9/Prepare-for-Leaving-Care_final-publication_web.pdf

Prepare for Leaving Care
www.sos-childrensvillages.org/prepare-for-leaving-care

United Nations Guidelines for the Alternative Care of Children
www.unicef.org/protection/alternative_care_Guidelines-English.pdf

Moving Forward, Implementing the 'Guidelines for the Alternative Care of Children'
www.celcis.org/files/4514/5450/2144/Moving-Forward-implementing-the-guidelines-for-alternative-care-for-children.pdf

Reference

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Promoting the Educational and Professional Status of the Child and Youth Care Residential Worker in Israel

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Abstract

Providing the best Residential Care Workers (RCWs) for at-risk children and youth in residential settings, has remained a significant challenge in Israel for years. The difficulties, as well as the solutions to resolve the issue of the low professional status of RCWs are well known to all parties in Israel. The situation creates a real problem. It may affect the educational and therapeutic stability and well-being of these most vulnerable children. These children are considered the sole responsibility of the state, according to state and international children rights, after removal from home. This paper serves as a call for the responsible authorities to realize the need for well qualified CRCs, and to share this policy issue with other professionals worldwide facing similar challenges. It outlines the current situation, provides possible solutions and creative ways to advance the status and improve the requirements for training, working conditions, appropriate pay and the status of the RCWs.

Keywords

Residential Care, Child & Youth Workers, status, professional development, working conditions, out-of-home care, at-risk children & youth, Israel.

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Public debate regarding the status, conditions of employment, and professional advancement of the Residential Child & Youth Care Worker (RCW) in youth villages and out-of-home child residential care settings in Israel has existed for over 35 years. Solutions for improvement of the professional development, status and conditions of employment are generally well known and have been widely published in the debates and reports of the various Knesset (Israeli House of Representatives) committees and public committees (Child Rights Committee, 2017a; the Negev Child Peace Conference, 2016).

Israel is not alone in facing this challenge. Many other countries have long been dealing with similar situations (Knorth et al., 2010; Linton & Forster, 2003; Lochhead, 2001; Moses, 2000). The severity of the problem was best described by White et al. regarding the conclusions of the "Expert Group" as stated:

> … the quality of children's homes highlighted the main issues facing the children's workforce as being: insufficient levels of qualification and specialist knowledge and skills; inadequate career pathways and progression routes; a lack of reward and recognition in return for the exacting requirements of care staff; and a lack of identity or shared core professional standards. (2015)

In Israel, as in many other western countries, those employed in care services such as in residential care settings with children and youth at-risk, suffered from double stigmas. First, the stigma of themselves being in a low paying job with low professional status. Second, the sigma that they are serving a marginal population which lacks the power to fight for their

rights and generally marginal to public discourse (Hasson & Buzaglo, 2019). In addition, these groups of child and youth care workers as Krueger (2002) described, are considered the most difficult and emotionally exhausting jobs in human services.

Grupper (2017) has published a clear position paper on the topic of the status of the RCW which reflects the opinion of The Israeli Public Forum for Youth Villages & Boarding Schools for Children-at-Risk. The Public Forum is a philanthropic and professional partnership, established to contribute significantly toward promoting Israel's youth villages and residential care settings. The Public Forum helps improve the education, treatment and encourages increasing state funding and contributions for at-risk children and youth in residential settings. The Public Forum also develops resources and partnerships and provides close support for youth villages and residential care leavers. The Public Forum develops professional capabilities among public management, village directors and staff. The Public Forum consists of volunteers and active members from residential settings, government officials, policy makers, researchers, philanthropists, academia & NGO representatives. It achieves its goals through public relation campaigns, mobilization, recruitment and advocacy for the rights of these children to receive a fair and equal chance for their education and development.

In 2017, the case and "Status of the Residential Care Worker" were debated again in the Knesset in the "Child Rights Committee", chaired by MK Yifat Shasha Biton. She summarized the session, stating that "The job of the Child/Youth Care Worker in residential settings today is without status and we must define this status". She added:

> I suggest that you sit down with the Ministry of Education and the Ministry of Social Affairs & Social Services (two bodies in Israel which supervise residential care settings) and build the Child/Youth Care Worker profile, the necessary personnel and professional training, as well as the necessary budget. You will come to the conclusions at the next session and try to advance the outline, with such a plan being the basis for the budget request. The current situation that whoever receives our children into the residential care settings and does not possess the basic tools to work with these children, can't continue. (Child Rights Committee, May 16, 2017b).

These parties that participated in dealing with the RCW status included representatives of all social and educational ministries that deal with children and youth at-risk, as well as representatives of organizations and associations operating boarding schools, youth villages and residential care settings, who were invited by the Lobby for Residential Care for Children and Youth Villages under The Israeli Public Forum for Youth Villages & Boarding Schools for Children-at-Risk.

If so, why has there been no significant change for over 35 years? After all, we believe in the rights of the child to equitable care and education – and to the benefits, rights and education, which can be enhanced and improved through the support and advancement of the RCW, to whom the professional testimonials, reports, and research refer as the most important and influential person, who has the greatest influence on the child (Ellenbogen-Frankovitz et., al., 2018; Tal, 2010; Fleischmann, 1999; Grupper, Ginossar & Aharoni, 2019; Knorth et al., 2010). This fact regarding the critical role of the RCW has been expressed on various occasions by

educators, scholars and even by residential care children themselves. This is due to the harsh conditions of employment, instability and the high turnover that exists in the employment of RCWs. It is precisely these children who suffer the most. These children are in dire need of warmth, stability, love and protection, are most sensitive to instability in their life, most adversely affected and lose their faith in adults**.**

The Rights of the Child in Residential Care Settings

The child's protected rights in the residential care settings and out of home treatment frameworks are recognized by the State of Israel as a signatory to the "International Convention on the Rights of the Child" (Kadman, Aharoni & Kusher, 2011; United Nations, 1989). The Convention on the Rights of the Child states that:

> States parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision. (International Convention on the Rights of the Child, Section 3/3)

In November 2009 the UN Committee on the Rights of the Child adopted the UN Guidelines for the Alternative Care of Children (SOS Children's Villages International, 2009). In section V – Framework of Care Provision, Sect. 54 it states:

> States should ensure that all entities and individuals engaged in the provision of alternative care for children receive due authorization to do so from a competent authority… To this end, these authorities should develop appropriate criteria for assessing the professional and ethical fitness of care providers and for their accreditation, monitoring and supervision.

Definitions

Residential care settings are out-of-home frameworks such as: Agricultural or educational youth villages, educational, therapeutic or rehabilitation residential treatment centers. Their aim is to provide education, treatment, rehabilitation or protection for children and youth, including those at-risk and others to protect and/or make a positive change in their education, development and behavior so they successfully integrate back into the community (Aharoni, 2018).

Therapeutic residential care is a "structured, multidimensional living environment designed to promote or provide care, education, socialization and protection for children and youth with identified mental health or behavioral needs. The boarding school will be in partnership with families and in collaboration with a wide range of formal and informal professional factors" (Whittaker et al., 2016).

A Child/Youth Care Worker in residential child/youth care settings is defined as an individual who incorporates in his/her work principles, pedagogical methods and approaches from education, social work and care-therapy with children and adolescents in at-risk situations, who are residing in out-of-home settings (Aharoni, 2011).

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Brief Facts and Figures on Residential Settings in Israel

As of 2020 there are 9.1 million people residing in Israel**.** There are about 230 residential settings and youth villages supervised by The Ministry of Education, where some 22,000 youth are educated and cared for by about 1000 Youth Care Workers. In addition, there are approximately 121 treatment residential care settings, supervised by the Ministry of Labor, Social Affairs & Social Services, in which there are about 7,000 children and youth, receiving care from 1000 Child & Youth Care Workers. Hence, the total number of Child/Youth Care Workers in Israel integrated in the out-of-home settings reaches about 2000 and is discussed in this paper.

The budget allocated for each child in those government supported residential programs covers basic needs of the children and youth, up to 85% of the budget. Unfortunately, the rest and any additional improvements and enrichment for the sake of the child is based on philanthropy. This budget is not revaluated, nor updated annually to reflect the actual cost of living, manpower and other critical changes.

Identifying the Issues

For the purpose of discussing the status of Residential Child/Youth Care Workers, three issues can be identified**:**

1. Current Status of Child/Youth Care Workers Employed in Youth Villages and Residential Care Settings in Israel

Problems affecting the status and harsh working conditions of RCW have been known to social advocates, researchers and scholars for over 35 years in government and public committees, forums and academia – and unfortunately have remained almost unchanged. A brief summary of the main obstacles & challenges are listed in table 1.

Table 1: Obstacles & challenges facing Residential Care Workers

1. Challenging & attractive work – but also a high burn out rate.
2. High turnover – up to 50% leave during the first year, which creates difficulty in recruiting, training new workers, harming the stability and continuity of the educational / therapeutic relationship with the child (Shamai & Moyal-Botoin, 2012).
3. Work that is perceived as temporary (2 to 4 years) and devoid of professional status.
4. Lack of professional future and promotion path.
5. Hiring without suitable professional certification and workers lack relevant education for the type and nature of work.
6. Workers receive minimum pay & employment benefits.
7. Professional status of the worker is perceived as marginalized within the educational and therapeutic staff (Ellenbogen-Frankovitz, Navot, Resnikovsky, Gerasimenko and Isaac, 2018; Gerasimenko & Resnikovski-Kuras, 2019).
8. Receive minimum training, 5 – 10 days orientation, and on the job training – there is no commitment and uniformity within settings.
9. Live in Residential Care Workers, function 24/7, but their housing has not been updated since the 50s.

2. Suggestions, Solutions and Opinions for Improving the Current Situation

In many committees and discussions, two central views have been debated to resolve the issue regarding the low educational and professional status, and poor employment conditions of Child/Youth Care Workers in residential care settings.

One position proposes to provide RCWs with recognized professional status and compensation, based on the difficulty and complexity of the profession, professional development and certification. However, this

process must be backed up by appropriate legislation, since it involves setting new regulations and fiscal appropriations.

The second approach holds that the very complex and pressing work should be regarded as temporary in nature, and the terms of hiring and employment should follow suit accordingly. High turnover rates, recruitment of new workers and the investment in continuing training and professional development is an inevitable part of this process. Supporters of this option, claim that because of the stressful work and fast burn out, the RCW job should be temporary. This approach, described by Gottesmann (1993), is no longer appropriate in light of the progress in the area of professional care and education for at-risk children and youth. It also does not meet the required standards for providing *best care*, *education and protection for the child*, as stated by the International Convention on the Rights of the Child.

In addition, it appears that there are residential care administrators choosing this option because of their insufficient budget. Also, it is very costly to recruit, train and closely supervise temporary workers. Therefore, this approach it is not cost effective. Furthermore, high turnover of RCWs can impact on the treatment stability of the child. Unfortunately, this happens at the expense of the child's best interest and could result in the difference between good, or mediocre to poor care & education.

Therefore, the second option is counter-productive, and instead the RCW profession should be upgraded into a recognized profession, with all that is implied therein (Grupper, 2017; Grupper & Freizler, 2018). Hence, the RCWs should obtain a professional degree in the field, as well as improved working conditions (e.g., higher pay, less working hours, higher status), which could result in higher motivation, job stress reduction and longer on-the-job tenure.

3. How to Act and Use Creative Means and Legislation to Implement Solutions

This is the main goal of the current discussion, to focus on developing appropriate strategic thinking to bring the Ministry of Education and the Ministry of Social Affairs & Social Services, two bodies in Israel which supervise and budget residential care settings, to sit together and prepare an overall national plan. Such an endeavor can be promoted by administrative means and/or through legislation. Although the profiles of the population of the children and youth supervised by the Ministry of Social Affairs in the residential setting, are more complex than those at the Ministry of Education, the basic needs of the population, of both groups are similar. This is especially the case regarding the crucial need for well qualified Child and Youth Care Workers, increasing budget requirements and better working conditions.

Therefore, the first goal should be to bring those two administrative authorities together, in order to advance the professional status and working conditions of all RCWs in Israel. In turn, this will benefit the children. The two groups share a common interest, to establish adequate professional standards, improve working conditions and acquire sufficient funding resources in order to improve the status of the care workers.

Suggestions for Promoting and Improving the Status of the Child/Youth Residential Care Worker

What, then, can be done to improve the status and employment of the RCW? Could we suggest equivalent formulas regarding the status and working conditions of RCWs supervised by Ministry of Social Affairs & Social Services and RCWs supervised by the Ministry of Education? What type of training is required? How should we incorporate all the care workers currently working in the various frameworks within the new academic

training program, and what would be the levels of training and promotion? How do we turn the work of care workers into a profession and how do we create motivation for the care workers to enter and to remain in the profession? Some suggestions for advancing the status of Child/Youth Care workers are listed in Table 2.

Table 2
Suggestions for advancing the status of Child/Youth Residential Care Worker

1. Demand equal pay & working conditions for all RCWs in Israel, regardless which body supervises them.

2. Encourage self-advocacy & workers to join a union to represent them.

3. Turn the work of RCWs into a recognized profession with proper compensation and with status similar to teachers who have higher status, better working conditions and stronger union representation.

4. Require entry certification for new care workers entering the system, such as a bachelor's degree in education with a specialization in residential education.

5. Provide current RCWs scholarships to encourage them to study for an undergraduate degree in education with a specialization in residential education.

6. Organized on-line training and education for RCWs. This will resolve the time and fiscal constraints.

7. Encourage advancement within the system for those holding professional certification, who received appropriate training, accumulated work experience, and were found suitable for employment.

8. To achieve the above – all parties must work together (Israeli Knesset members, Ministry of Education, Ministry of Social Affairs & Social Services, The Israeli Public Forum for Youth Villages and Boarding Schools for Children at-Risk and NGOs, researchers and academics).

9. Implement the suggested steps into law.

Summary

After intensive discussions in the Knesset, public forums, and academic reports in recent years on the professional development and status of the RCW in residential settings, boarding schools and youth villages, this momentum should be vigorously encouraged. The time is now to break through the 'glass ceiling' in order to change the situation for the benefit of the RCWs in residential settings and the children themselves, who desperately need care workers with the appropriate training and skills to be successful in the challenging work within the residential settings. Residential care children need stability, permanency, an educational-therapeutic continuum and a mature, stable and satisfied care worker. Care workers with high status and good working conditions impart this to the children, fostering their development and success in the residential setting and throughout their lives.

Clearly, The Israeli Public Forum for Youth Villages and Boarding Schools for Children at-Risk is the most appropriate body to deal with and promote the status of the RCWs in the youth villages supervised by the Ministry of Education and in out-of-home residential settings supervised by the Ministry of Social Affairs & Social Services. The Forum should fully take on the advancement of the RCWs status as the flagship project in the coming years and focus on it possible. Changing the status of the care workers will be a highly significant achievement for the Forum and will benefit children in residential settings and those who protect and educate them, and thus benefit all citizens of the State of Israel.

When various senior representatives of the Ministry of Social Affairs and the Ministry of Education were asked about the challenging status and employment conditions of the residential care workers, the typical response was: "We act by law" – so we as a Public Forum and our partners

can only change this long lasting challenging situation by appropriate legislation.

Continuing to look at the RCW job as temporary, technical, with low pay and no entry requirement for any appropriate professional degree, results in the RCW job remaining the low status position, as it has been until now.

Recent developments have shown positive signs regarding the professional and educational advancement of the status of RCWs in Israel. In response to the 2017 Israel Office of the Ombudsman, as well as the initiatives of the Public Forum, EFSHAR Association and other concerned groups, Ministry of Social Affairs & Social Services initiated a reform program for residential settings in the country. These reforms would include enforcing stricter professional requirements for RCWs and improving their work conditions. If implemented, the program could dramatically change the status and working conditions of RCWs across Israel. Let us hope that we are making positive progress in the right direction.

As a people with values and principles, and as a caring society, we do not wish any child to be taken out of his home to a residential care setting. However, if the child has already been removed because of the severe circumstances and the danger within the environment that prevents healthy development, the civil rights, in accordance with the Convention on the Rights of the Child, must be taken into account. The Israeli government has a heavy moral responsibility to care for the education and well-being of residential care setting children. Its responsibility begins with the children receiving the most competent workers to be recruited, trained and promoted under the best conditions. Individuals in every area of service in Israel, such as electricians, technicians or drivers, cannot, by law, practice without licensure. However, care workers who deal with the souls

of the most vulnerable and disadvantaged children in our society, do not require any formal training or licensure to work with children and youth at-risk and their status and wages continue to be meager.

After over three decades of trying unsuccessfully to change the system in favor of raising the educational and professional status of RCWs for the benefit of the child, sometimes the only option is to bring our case before the court of justice. This is especially true when the lack of quality RCW affects the child rights, equal opportunities, and well-being. In democratic countries such as Israel and elsewhere, sometimes it is the last and only choice to bring about change.

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The New Asylum

Hans Skott-Myhre

In times such as these it is almost inevitable that we might feel buffeted and tossed by the events surrounding us. The world is clearly in transition and transitions can be tumultuous. Of course, it isn't clear how much of the world, as we know it, will sustain itself into whatever is emerging. Depending on how we view our present situation, that is either a reason for hope or a foundation for cynicism. There are those among us who yearn for a return to a past in which the world made sense and we knew who we were and what we were doing. It is important to note, however, that such a past never really existed for the majority of people.

For most of us, the world has been a place of struggle. Most of us have all lived lives that teetered on the edge of marginalization, exclusion, and erasure. For a significant number of us, life has been lived on the other side of that edge. As result many of us have faced a radical sense of dislocation and the danger of physical, psychological, or emotional violence. Although we all belonged to society and shaped it with our lives, society often did not belong to us.

The past is always a place of selective memory and as Faulkner would have it, "the past is not dead . . . it's not even the past." A nostalgia for the past, in a moment of uncertain transition is almost certainly a denial of the present. And yet, as Faulkner suggest, the present is saturated with the past and full of old refrains that echo across the media, our conversations, our ruminations, and even our unconscious desires. In some ways, it is very tempting to succumb to those old melodies. After all, they are at least

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familiar and, in their familiarity, hold a certain comfort. But I would suggest that it is a cold and sterile comfort. To love and want to resurrect old comforts is to love ghosts and specters. It is to be haunted and distracted from the concerns of the living. If we want to be fully alive and present to those we love, then we need to engage the present in all its mad tempestuous indeterminacy.

This is extremely hard to do, although it shouldn't be too unfamiliar to those of us working in CYC settings with young people. Such work is often situated as a space of continual transition. Some of these transitional flows are fast and some are slow. A young person's trajectory across our programs is seldom a clear and straight line. The relational course of events is full of indeterminacy and unpredictability. There can be momentary disruptions and explosive interchanges that can last intensively for moments at a time, and gradual shifts in lived experience and the compounding and layering of an emerging subjectivity that can occur over years.

Of course, as Jack Phelan points out, these movements are also integral to the path of the worker as well. We are shaped by our relations through short bursts of intensive transformation and long stretches of gradual immersion in life events that can produce us as unfamiliar to ourselves. How many of us look back with wonder at the person we were just a few years ago? Our work is inherently transitional, chaotic, and filled with intensive and transformative relational encounters.

In this sense, we would seem to be well prepared to face the kinds of challenges facing our emerging global society. A world in transition would appear to be a familiar one to those of working in CYC, since our work could be understood as mirroring the tumult surrounding us. And yet, I would suggest that this is far from a simple or direct correlation. In the first

place, although a relational approach might well be oriented towards a deep understanding of chaos and uncertainty as potentially transformative, in many instances our approach to young people is often all about order and control, both at a personal and institutional level.

When I read the agendas of CYC conferences, I do see a focus on relational work, but I also see a whole array of explanatory frameworks that either covertly or overtly direct us towards intentionally or indirectly viewing the young people we work with as out of control. Many of these approaches and explanatory frameworks appear benign and even caring. They are designed to help us to understand the young people we encounter by giving us the tools to interpret their behavior benevolently. The ability to read young people can then lead to "appropriate" interventions based on our understandings of their trauma, psychological and neurological make up, their developmental struggles, their impoverished communities, their lack of attachment and so on.

In a way, methods of apparently benevolent control can be comforting. We can rest assured that what we are doing is in the best interest of the child. We are simply placing parameters around their psychological, emotional, and behavioral excesses. Children and young people feel safer and more secure with the benevolent expertise of adults minding their care. Regrettably, these were the same kinds of arguments made by men when they created scientific explanations as to why women needed a firm hand and the creation of bounded safe places in which they could cared for. Similarly, it was thought best practice for quite a long time to incarcerate "mad people" for their own safety, even to the point of binding them to their beds for years at a time.

The word asylum was chosen for these spaces of incarceration quite intentionally to signal a space of shelter, support, and protection. But these

institutions were spaces of extreme brutality and cruelty masquerading as the best medical practices available. Lobotomies, electro-shock therapy, insulin shock therapy, ice baths, restraints and psycho-surgery were all intended to be in the best interest of the patient. It is not surprising at some level that the recipients of the best practices of psychiatry were and are predominantly women and the poor.

Charles Grant and Thom Garfat , writing about the history of CYC, note that we come into being as a discipline and profession at the moment of deinstitutionalization, when the asylums are opened and those incarcerated there are sent into the community. The development of many of our current institutional structures emerged due to government funding of community-based alternatives to the asylums. Residential treatment has older roots that Grant and Garfat trace in their work on our history, but the current configuration really comes into being with the idea that "treatment" is best delivered in a community context.

That said, the origins of deinstitutionalization were far more radical than our contemporary institutions might indicate. Franco Basaglia, who initiated the movement by closing all the asylums in Italy, intended community-based care to be directed and managed by the patients themselves. In his work, he repudiated the expertise of psychiatrists, psychologists, and social workers, calling them technicians of practical knowledge. He believed that psychiatry and its allied disciplines ought to promote liberation for those under their care. He argued that it was impossible to both control and liberate people simultaneously. His vision for deinstitutionalization was one of radical democracy, in which psychiatrists assisted patients in building their own communities of care. These communities would have access to psychiatry, psychology, and social work, but on their own terms. Professionals would not be in charge

but would be in a supportive role. They would be involved as they were called on and only for as long as the community wanted their involvement.

Regrettably, Basaglia's vision was soon co-opted. The process of deinstitutionalization was very quickly re-institutionalized by what became known as community mental health. The asylum moved into the community and the psychiatrists were joined by an ever-expanding array of mental health professionals. The techniques of practical knowledge were modified to fit a community context, but the role of the professional as the expert in control was firmly reasserted.

The process was both subtle and insidious. Foucault in his debate with Chomsky names psychiatry and the helping professions as one of those apparently benign social apparatuses that extend the measures of control and discipline. These apparatuses of social control are particularly pernicious because they proclaim that their purpose to is to heal the very maladies inflicted by the system they perpetuate.

However, we have to ask, what exactly is the result of their ministrations? With the proliferation of the asylum across the entire society, we have entered an age in which we are all subject to diagnosis and treatment. We have an inordinately high number of our citizenry on psychotropic medications and/or in therapy. In our own field of CYC we are saturated with discourses about trauma, abnormal neurology, insufficient emotional attachment, developmental deficits, and the list goes on. We are told that we need to be educated in the language and methodologies of psychology and psychiatry in order to properly care for the young people we encounter in our work. In this sense, although our origins lie in the deinstitutionalization movement, many of our current institutional practices are founded in the re-institutionalization movement. The

question is, have we turned our programs and practices into apparently benign mini asylums?

Certainly, one way to answer this question is to ask whether the routines and practices of the asylum are to be found in our programs. Do we have a psychiatrist who assesses all of our young people? Do we make sure that each and every young person in our care is properly diagnosed? Do have medication times where we dose out psychotropic medications? Do we offer various forms of group and individual therapy? Are our charts filled with psychiatric and psychological language that references concepts like attachment, trauma, developmental abnormalities, behavior management, and diagnoses as an explanatory framework for what happens in our interactions? Do we have trainings to educate us on the latest psychiatric and psychological interventions and explanations? Do we ask our line workers to defer to the wisdom of the doctors or other mental health "professionals"?

I would argue that these practices and institutional norms mimic in profound ways the operations of the old asylum. Of course, on the whole our programs are considerably less overtly brutal. We have become kinder, gentler technicians of practical knowledge. But do we even approach Basaglia's call for our work to liberate those we encounter in our work? Do we have the courage to open our programs to real and radical democratic reform? Are we willing to see each other (both young people and workers) as people rather than psychiatric categories or opportunities for intervention. Are we truly interested in the kind of healing that is premised in our common humanity?

There is a certain degree of comfort to be found in distancing ourselves from the living struggle of those we encounter in these tumultuous times. However, this is a comfort that simultaneously numbs us and alienates us

from each other. In moments of transition and uncertainty, I would argue we need each other more than ever. We need to be connected in real and dynamic ways. We cannot afford to feel less, and because of that we need to share the burden of our anxiety, fear, and trauma across our social field. This kind of collective sharing is crucial because no one of us can bear it on our own. This is true promise of turning our programs from mini asylums into spaces of democratic social transformation. To heal, we must first become fully alive and capable of really loving one another in real time. To do that is the foundation bringing new models of care that leave the asylums (new and old) in the dustbin of history.

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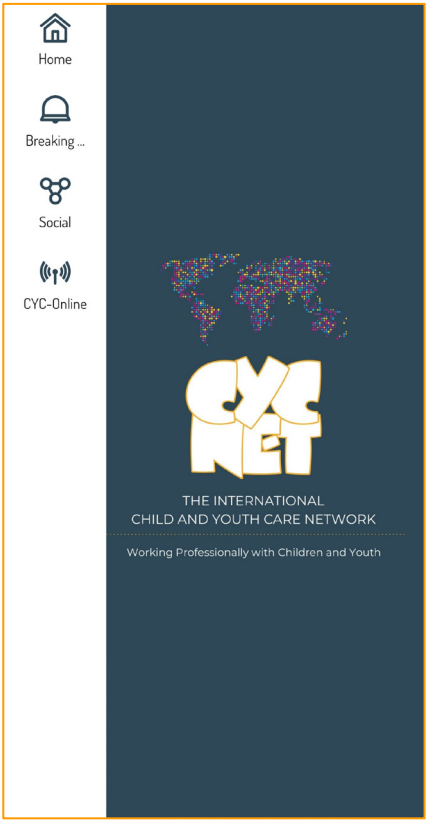

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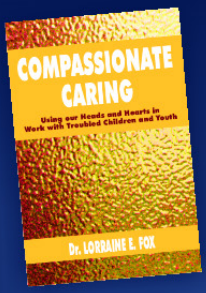

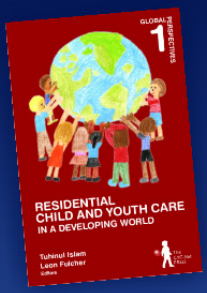

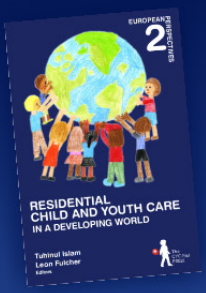

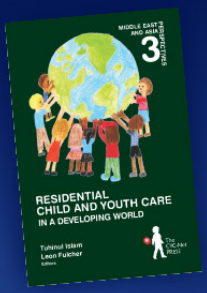

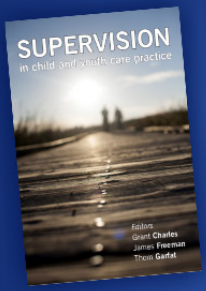

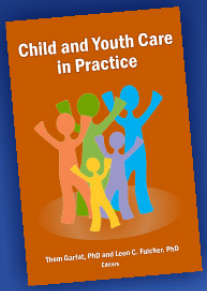

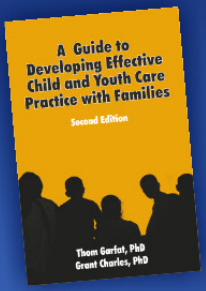

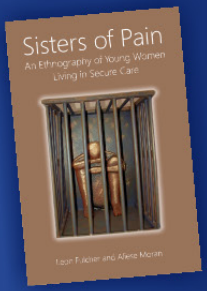

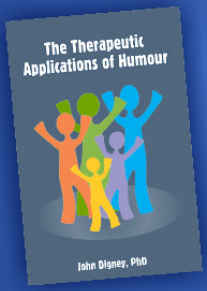

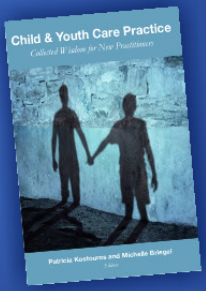

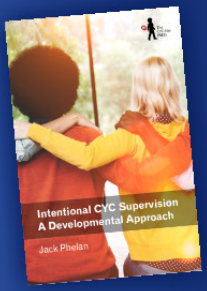

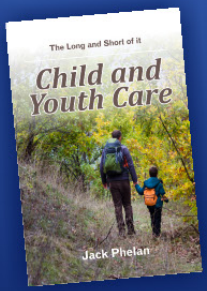

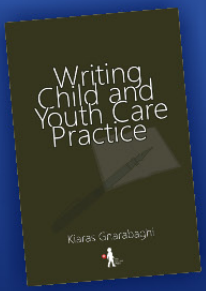

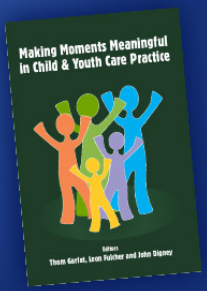

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The Politics of Disclosure by Child and Youth Care Practitioners with Child Welfare Lived Experience

Shannon Cherry and Wolfgang Vachon

This is the second in a five-part series of articles which explores what disclosure of child welfare lived experience does to and for Child and Youth Care (CYC). Using the two author's personal experiences with disclosure and discourses of disclosure in allied fields, this series examines the broader contexts of "disclosure" in CYC; the politics and use of disclosure; disclosure in the workplace, particularly with young people; the recent embracing of "lived experience" which we see at times slipping into pushing for people to disclose; and then ending with an article exploring ideas of power and privilege as they relate to disclosing.

Introduction

This is the second article in a series of five exploring disclosure with a focus on child welfare lived experience. In the series we are asking, what does disclosure do for and to Child and Youth Care (CYC), including CYC practitioners who are from care? In our first article, we contextualized disclosure in CYC by drawing upon our personal experiences and an ongoing arts-based inquiry with CYC practitioners (CYCPs) who have residential placement histories. In this piece, we look at the politics and

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culture of disclosure, including the "use" of disclosure, pressures to disclose, and reflect on who, if anyone, controls narratives of experience once they're no longer closed.

The Politics and Culture of Disclosure

Self-disclosure of concealable and potentially stigmatizing lived experiences has been used as a strategy for challenging the status quo and promoting empowerment amongst diverse groups (Marino et. al., 2014). Because of this, disclosure sits within and sometimes at the forefront of self-advocacy, political movements, and challenges to structural oppressions. It has been perceived as necessary for many with stigmatized concealed identities to step forward and disclose to push a movement forward. We have seen this in the ongoing shift in destigmatizing mental health, disabilities, members of the LGBTQ2S+ community, people with specific illnesses (e.g. HIV, breast cancer, addiction, etc.), and those with a variety of other experiences and identities. Because of disclosure of concealed stigmatized identities, there have been a number of policy and legal changes that have moved from discrimination to protection.

"Nothing About Us, Without Us" is the title of a book about disability, oppression, and resistance activism, written by James Charlton. Charlton (2000), credits hearing the phrase in 1993 while at a disability conference in South Africa. (Wikipedia places its use at least as far back as the early 1500s.) Over the past decade and a half, this phrase has become a demand across multiple sectors, including youth-focused work (Vachon & McConnell, 2018; Marino, et al., 2014). At the centre of this declaration is the idea that those with a certain experience/identity/location/capacity/diagnosis, etc. needs to be included in, if not leading, any discussion about *them*. As a direct result of such activism there have been tremendous

changes in multiple sectors including the rights of women, racial justice, trans access, and disability, including mental health[2] to name several, but certainly not all examples.

Disability activism, the psychiatric survivor movement, and more recently Mad Studies (Faulkner, 2017) have changed the conversation regarding disclosure in social services. Whether this history is known or not, we think these factors are relevant to individuals' decisions to disclose their potentially stigmatizing lived experiences. These same activist-led changes have no doubt also been relevant in organizations recruiting and hiring people with lived experiences. In some sectors, there is now a call for people to "come out" with their particular lived experiences as a way to "destigmatize" mental illness or trauma. This can be seen in the work of Implementing Recovery through Organizational Change (ImROC), and the growing body of literature that has developed around ImROC (see Conchar, & Repper, 2014; Dorset Mental Health Forum, n.d.; Walker, et al., 2014).

More cynically, there have also been critiques that the organizational and cultural shift regarding disclosure in the workplace reflects less a progressive and activist stance (or perhaps a co-opting of this position), and

[2] It is important to note, that in all of the cited examples, significant discrepancies and structural barriers continue. Women still earn less than men, face femicide, sexualized violence, and perform disproportionate amounts of unpaid labour. Racism is real and continues to be seen in systemic violence such as housing, income distribution, incarceration rates, health care, and many other areas. Trans people are discriminated against in employment, media representations, daily interactions, and are at a higher risk of suicide and homicide. Much of this is also true regarding disability, such as in employment, sexual violence, pop culture representations, and the endless daily micro aggressions faced by all of the above mentioned groups. Notwithstanding the ongoing struggles, change has been happening and continues to happen in these and other areas, driven largely by those most directly impacted by (and living oppressive experiences of) policies, practices, and politics.

more of a neoliberal agenda which encourages pushing people with mental illness into employment, reducing funding for treatment programs, and increasing employment while reducing costs by, for example, paying "peer support" workers less than "professionals", all of which are common practice in many mental health contexts (Beresford & Russo, 2016; Howell & Voronka, 2012). As one of several examples we are aware of, Wolfgang has a colleague who works in addiction services, specifically supporting LGBTQ2S+ youth. They are trans and have lived experience with addiction. After several weeks of co-facilitating a group for LGBTQ2S+ youth seeking support around addiction, they found out that their co-facilitator (who was not trans and had no history of problematic substance use) was being paid four times the amount they were. This is a clear example of valuing one type of lived experience (schooling) over another (trans identity and addiction history). Under the guise of "confidentiality" it is easy to see how private negotiations and contracts regarding pay allow for the exploitation of women, Indigenous, Black, people of colour, and those with particular, and often recruited for, experiences. Disclosure of salaries across organizations would be a step towards changing such unfair payment practices. As many CYCPs know, exploitation, violations, and abuse happen "in private" and when people keep things close or closed.

Instrumental use of disclosure

In much literature on lived experience, the choice to disclose/share one's lived experience frequently comes across as serving particular therapeutic agendas (Oats et al., 2017; Walker et al., 2014, McIntyre, 2019, Vachon, 2020). The staff or worker will share because they perceive they are then able to do their job "better" or it will have positive effects on those they are working with (or themselves). Workplaces hire people with lived

experience based upon perceptions of increased empathy, role-modeling, understanding, and related relational elements (Oats et al. 2017; Walker et al. 2014). In a typical example of responses from those who work in mental health organizations reflecting upon their lived experiences, these themes can be identified in the following finding:

> For most participants, the experience (of a previous "mental ill health" episode) increased their empathy and deepened their understanding of anxiety, low mood or suicidal thoughts; as well as increasing empathy, the experience enabled the MHN [mental health nurses] to see the possibility of recovery for others (Oats, et al. 2017, p. 475).

People also share (with colleagues and patients/clients) as a way to "integrate" their lived experience, so there is congruence between who they are and how they present (Richards, et al., 2016).

Considering the relational and personal reasons to bring one's past into the workplace, it is worth noting that in some mental health practice and research there has been a shift away from using the word "disclosure". For example, in a document titled "Framework for Using and Sharing Our Lived Experience within Health and Social Care" (Dorset Mental Health Forum, n.d.) the authors write, "we also wanted to move away from the term 'disclosure' as the focus groups felt the term was loaded with a sense of telling something 'shameful' so we talked instead about sharing or declaring" (p. 13). Each of these words, sharing and declaring, open new ways of considering what is being done when CYCPs talk about their experiences. Sharing comes with a sense of equity and generosity that does not exist in disclosure. Many people learned in school or elsewhere

that “sharing is caring”, to share something one requires another, it is an activity that is fundamentally relational. Sharing has connotations of mutuality, of partaking, reciprocity, togetherness. There are invitations embedded within sharing. The CYCP verbally shares something personal, this sharing often involves some sort of risk on the part of the CYCP. This is understood by the young person or family member who receives the share. The risk-taking honours the potential risks and fears involved in talking with CYCPs or other care providers. Risk-taking on the part of the CYCP may lead to a change in trust levels on the part of those we work with: “If you trust me with this knowledge of you” thinks the young person, “I may be able to trust you with knowledge of me.” Sharing with others may result in others being more willing to share with you. This is how many relationships outside of professional contexts develop, they include an ongoing (often deepening) series of interpersonal mutual shares.

The idea of declaring, on the other hand, seems to us a more provocative position than sharing. Coming from French, to declare is to make clear; this seems fundamentally different in nature than to share or disclose. We wonder if the action of declaring becomes activist, in the sense of staking a political position. What might a declaration of child welfare lived experience do, that a disclosure or share doesn't? While all three make clear that one has lived in the child welfare system, a declaration potentially goes further to make a claim or assert that there is nothing shameful about residential care experience. To declare is to move beyond one-on-one mutual sharing, it goes beyond just you and me. To declare asserts that there is a form of knowledge which is different from reading alone or even working in a residential setting. To declare is to acknowledge that one understands emotionally what happens in the rooms when staff is not present, the conversations that happen between

residents, the experiences of going into a new placement, of leaving (again), of attending new schools (again) with your social worker signing in the space allotted to a parent or guardian. It is to make clear that in addition to textbooks and workplaces, one also feels what it is like to sleep on plastic sheets, use melted down recycled hand soap, be put in restraint, not go on the "family" vacation, have your possessions transported in garbage bags, not be allowed to participate in certain activities because of Children's Aid Society regulations, and on, and on, and on. To declare is to claim. To claim knowledge, wisdom, relationship, experience, it may even be to claim self. To declare is "to make known or reveal one's true character, identity, or existence" (Declare, 2020).

Pressure, Courage and Control of the Narrative

Lived experience in general, and child welfare lived experience in particular may be an asset to social services and specifically CYC work. This does not mean that anyone else has the right to use that lived experience without the consent of the person who has the specific experience. Control of the narrative, the choice to disclose, share, or declare must belong to the person whose experience it is. Like the childhood game of broken telephone, when one loses control of their own life narratives, their stories (and consequently themselves) may become something different than who they are and how they want others to consider them. A CYCP from care is still a CYCP with considerable education and experience that guides their approach. As we wrote in our first article, CYCP from care are not a previous young person from care who also happens to be a CYCP. They are first a CYCP.

There have been times I, (Shannon) have had others pressure me to disclose my child welfare lived experience in attempts to "legitimize" some

of the work I have participated in. The pressure has never been overt and direct; the pressure has laid in the silence between spoken words, in the longer than necessary breaths others have taken while discussing the work being done in relationship to my lived experience. I have readily agreed, reacting to the same external pressure my peers have felt, recognizing the credence my lived experience may contribute to the work. In this, it seems less like a sharing, declaring, or a dis-closing and more like prying. A coerced opening of what I may otherwise have kept close(d).

I believe that people with child welfare lived experience need to work within CYC, in order to develop relationships born of commonality, reveal truths, and challenge the status quo. We think that CYCPs with specific identities, and existences can provide insight that only those with such particular lived experiences can do. We see this as holding true regarding child welfare lived experience but also with other identities, experiences, and existences, such as gender, race, Indigeneity, abilities, sexual orientation, among others. As I have chosen a path where my lived experience and professional aspirations collide, I recognize the pressure I have placed on myself to continuously disclose.

Our experience indicates that once child welfare lived experience is disclosed in one context, there is risk of pressure to disclose further in others. This may demonstrate how much an asset this lived experience is in CYC at the moment, but it also has the potential for uncomfortable conversations and feelings. A CYCP with care experience chooses what parts of them they want out in the world and if they wish to have their lived experience a part of their professional identity. Choosing to disclose is an individual decision. The reasons to or not to disclose will differ. The developing research on lived experiences (such as that cited above) seems to indicate that potential benefits exist whether the person chooses to

disclose or not. Similar to the ways in which other forms of consent is practiced, we think it is crucial that the CYCP from care may remove their consent to have their story circulated at any point. We have known several CYCP with care experience who declare aspects of their lives earlier in their careers and then choose not to disclose these later

We also recognize that once the narrative has been opened, it is no longer ours alone. As a way to minimize this, unless permission is given, the story should come directly from the person who has experienced it, much like how we practice confidentiality with the young people we support. Failing to do so, may set the person up to have their experience tokenized or used in ways that are no longer an asset to the person, but rather an asset to others or an organization. It risks becoming exploitive and even damaging. If there are certain "privileges" that come with child welfare lived experience, they should belong to the individual first and only with their explicit permission can that asset be shared.

McIntyre (2019) talks about the role of courage and authenticity in workplace disclosure, framing courage as making a worthwhile purposeful action despite a personal risk. The choice to disclose, and at times to not disclose, can certainly be worthwhile and purposeful action that involves risk. It takes courage to share, to declare, to disclose. It has been linked to multiple benefits as discussed above. However, we also suggest that at times the courageous choice may be to not disclose: to not succumb to the pressure that others exert, to not have one's experience used as a short-cut or as a political tool towards "legitimacy", to not become the token.

Conclusion

Disclosure of lived experience is a personal decision with multiple potential ramifications, from the personal, to the therapeutic, through to the political. There is power in the narrative. Disclosing one's concealable identity not only helps shift prejudiced ideas and stigma, but also provides a framework for how to support groups of people who belong to that lived experience. We think there is a place for CYCPs with various lived experiences to share their narratives so that young people and families can benefit, so that other CYCPs can learn from those who have knowledge and wisdom born of diverse histories, so that we can recognize and build communities based on shared experiences, and that structural change across social services can come from insider insights.

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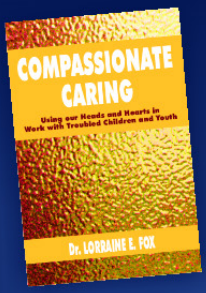
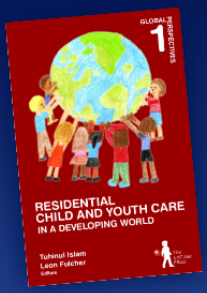
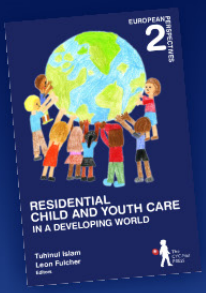
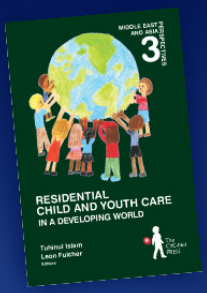
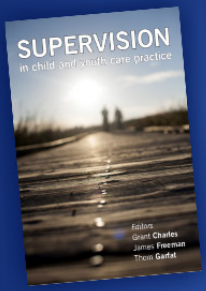
WOLFGANG VACHON *has been working with children and youth for close to three decades including those who are street involved, LGBTQ+, survivors of trauma, minoritized, living in detention, and other forms of state care. A significant part of his practice focuses on using arts which has led to developing dozens of plays, and other arts-based projects. Wolfgang teaches Child and Youth Care at Humber College, and is currently completing his PhD in CYC at the University of Victoria. Wolfgang is a host of CYC Podcast: Discussions on Child and Youth Care (www.cycpodcast.org).*

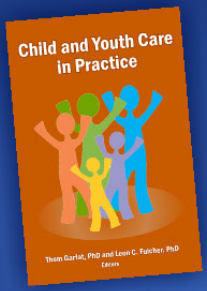


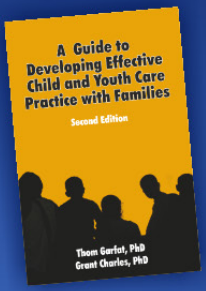


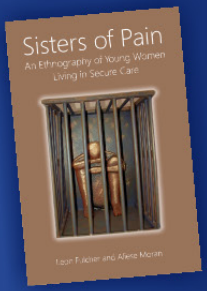


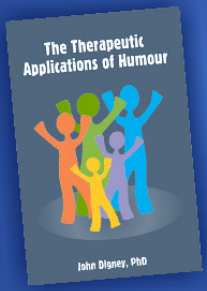


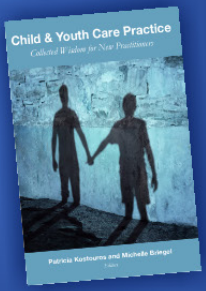


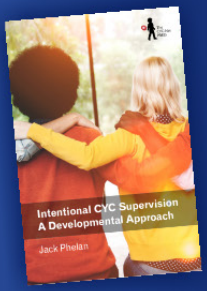


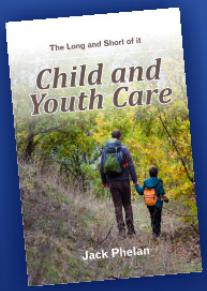


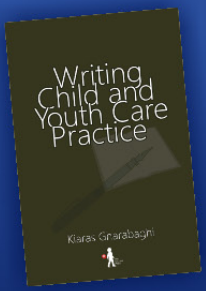


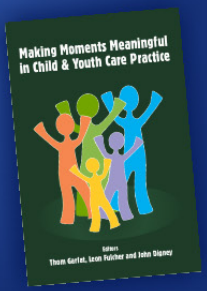












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Postcard from Leon Fulcher

In New Zealand during COVID-19 Alert Level 2

Kia Ora Kotou and Warm Greetings comrades! As New Zealand's Auckland Region moved back into COVID-19 Alert Level 3 and the rest of the country into Alert Level 2, I've been thinking about how daily rituals of encounter – a characteristic of the child and youth care approach – have changed world-wide since this pandemic began. Rituals around shaking hands have changed and greeting others with a kiss or a hug is now less common.

The Covid-19 virus has removed handshakes from our daily rituals of encounter

Let's remind ourselves what *rituals of encounter* mean. Rituals involve a series of behaviours that are regularly and invariably followed by someone. When people meet and acknowledge one another, they do this through particular rituals or repeated behaviours, whether with the eyes and face, with the hands, or through entry into another's personal space with a kiss or a hug. The term ritual is used since these are culturally defined

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behaviours and interpersonal relations are impacted by whether proper rituals of encounter have been engaged for connection.

When travelling and engaging with Muslim colleagues, use of the hand on heart and acknowledgement with the eyes would be a common ritual of encounter between genders. I've noticed that Muslim women commonly hold each other's hands and give kisses on both cheeks. Bedouin men greet each other on formal occasions using a ritual of touching noses. Used commonly amongst the Maori peoples of New Zealand, the hongi or touching of noses symbolises a sharing of the breath of life. When behaviours follow a repeated pattern, they become rituals.

A hand on heart ritual is used in encounters between genders throughout Islam

Covid-19 has dramatically changed the rituals of encounter commonly used in different places. European rituals of encounter involve kissing both cheeks of another

The Maori hongi ritual of encounter symbolises a sharing of the breath of life

when greeting. Some offer the Biblical quote from 1 Peter 5:14 — "*Greet one another with a kiss of love*" as a ritual of encounter followed by believers. Yet, within days our basic rituals of encounter changed, world-wide.

Greeting with a kiss isn't so often used as a ritual of encounter in Europe now

As the photo suggests, the cultural practices of 'the Kisser' are commonly interpreted differently by 'the Kissed'. Hugs are another ritual of encounter that has changed dramatically in the 2020 Covid-19 pandemic. Hugs are now more commonly reserved for close personal contacts.

The popularity of hugs in greetings with family, friends and others has plummeted

Many will have seen on Facebook examples like a *Teacher Has A Sweet Way Of Greeting Students* (https://www.facebook.com/peoplemag/videos/1248056598697054) amongst others. The main point is that rituals of encounter lead to and

reinforce interpersonal connections. Rituals of encounter feature at the core of relational practices, making moments meaningful in the now. Rituals also renew moments of personal and interpersonal connection – so basic in relationships.

Covid-19 has altered many rituals of encounter world-wide! Most international news networks broadcast images of how the annual rituals associated with the annual Hajj Pilgrimage were radically altered and relied heavily on virtual coverage and social distancing. Fist pumps are now the alternative ritual used after the basic handshake was identified as a potential virus-spreader. Health authorities now recommend elbow touching, even in full personal protection gear. However, some have asked if the new elbow rituals of encounter take

The fist bump ritual of encounter has now become much more popular

Rituals of encounter that involve touching elbows are more popular than handshakes

account of how sneezing on the inside of one's elbow may facilitate virus spread when touching elbows with another.

The Foot Bump ritual of encounter has also become popular

The foot bump ritual has become another new behaviour that recognises connection with another. Usually carried out with a smile, foot bumps were the ritual at both my dentist and GP. Socio-cultural rituals guide interactions in the moment. Rituals of encounter shape ongoing moments determining whether these are meaningful to all parties involved. Some create their own rituals of encounter, regardless of what 'in-groups' use for their signals. Most often we just do it.

Information

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CYC-Online is a monthly journal which reflects the activities of the field of Child and Youth Care. We welcome articles, pieces, poetry, case examples and general reflections from everyone.

In general:

- Submissions should be no longer than 2500 words
- The style of a paper is up to the author
- We prefer APA formatting for referencing
- We are willing to work with first-time authors to help them get published
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