

MANAGING THE SOUL, RHYTHMS AND BLUES OF CHILD AND YOUTH CARE

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ABSTRACT: The knowledge base that underpins child and youth care work is introduced through the device of a musical metaphor and six voices that impact on responsive practice with children, young people and their families. The *Soul* of child and youth care practice is established through the minimum guarantee of physical safety and security, and through attending to bodily comforts, routines and preferences. *Rhythms* of pro-active caring build through developmental patterns that are demonstrated by each child or young person in care, each different in his/her own special way. The *Blues* of child and youth care are recorded in each social history and care order, about feelings of personal and cultural safety, about stark emotions, about risk-taking and acting out, and about self-mutilation or escape. All six voices pose implications for child and youth care workers "*Celebrating the Legacy of Caring in a Millennium of New Commitment*"¹.

Sometimes the less we know,
the more complicated it can sound;
and the more we know,
the more we know what we don't know.

Introduction

*Tihei Mauri tupu Mauri ki te wheiao ki te ao marama
Tihei Mauri Ora
Kia ora tatau, e hui hui nei
E nga Rangatira, e Kui ma, e Koro ma.
E nga Hapu awhi Whanau, awhi Tamariki, awhi mokopuna
Tena koutou, tena koutou, tena koutou katoa.*

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At an international gathering of child and youth care workers to celebrate legacies of caring, it is important to pause and consider the possible meanings of legacy when used in the caring context. For many, a legacy means a sum of money or article bequeathed, something material or immaterial handed down by ancestors. Derived from the French word *legacie*, its very meaning is rooted in culture. In the Maori greeting offered above, we acknowledge what the indigenous peoples of New Zealand call *whakapapa* or legacies of caring that bring child and youth care workers together. The Maori greeting acknowledges this gathering of elders and leaders, both female and male that reaffirms a legacy of caring for children, young people and their families. The greeting also acknowledges the tribal and sub-tribal associations at state, province or national levels that promote professional child and youth care practices with real children, young people and families living in the cities, suburbs, border towns, shanty towns, new towns, refugee centres and rural areas of our 21st Century world. *Tena koutou* or warm greetings to you and to the memories of our ancestors whose legacies of caring helped make us who we are today.

Through the literary device of a musical metaphor, six "voices" are introduced to review the knowledge base that underpins a genuinely responsive child and youth care practice, or what Garfat called "the effective child and youth care intervention" at home or away from home (1998, p. 1). The six voices introduced here speak to managing important aspects of child and youth care practice anywhere (Hudson and Nurius, 1994: p. 3-4) ². The *first voice* belongs to the *children and young people* with whom we work. Many share soulful tales about life in and out of care, or in and out of school. The *second voice* sings of *encounters with family and extended family members*. These voices articulate some very clear preferences from family members about the shared care of their children. A *third voice* all too frequently uses technical jargon and the language of *health, education and welfare professionals* to explain complex diagnostic outcomes and treatment processes. Whenever *the professionals* come together to plan for the needs of children and young people requiring "extra" care beyond that readily available from families, these voices sing loudly, often silencing other voices. In New Zealand, the contemporary Family Group Conference with a legacy in Maori culture was established more than a decade ago to ensure that all three voices are heard in formal decision-making about the care and control of children or young people (Fulcher, 1999).

A *fourth language* about children and young people is voiced by *the public* and includes the voices of *special interest groups, politicians,*

²By managing important aspects of child and youth care, the author wishes to highlight daily care rituals and practices that are emphasized in all cultures, especially through the roles played by mothers and grandmothers as the carriers of culture. Both direct practices with children and indirect practices on behalf of children and young people are emphasized instead of giving undue recognition to contemporary management concepts that rely on machine, technology or industrial metaphors (Morgan, 1986).

policy makers and the media. This voice has enormous impact and “buying power” at local and national levels, serving to shape marketing strategies for children and young people both nationally and internationally. This voice is heard through MTV images and profiles of children living in Kosovo or Chechnya, Tokyo, Central and West Africa, New York, Cape Town or Rio beamed daily to the world via BBC World, Deutsche Weld or CNN. A *fifth voice speaks through regulatory policies and procedures* that shape contemporary practices in all human service organisations. This voice uses a technical language that regulates “best practices” and defines fiscal accounting protocols by regulatory authorities that “license and fund” child and youth care services. Finally, there is *a language voiced by scholars, researchers and theorists* from Europe and North America (Payne, 1997), as well as in Africa (Bukonya, 1996), Asia and other Southern Hemisphere countries (Yahya, 1994). For the past half-century, these voices have authenticated or refuted claims to a knowledge base for responsive practice that supports those engaged in child and youth care work. It is through this sixth voice that our musical metaphor develops.

THE SOUL OF CARE FOR CHILDREN AT HOME AND AWAY FROM HOME

Thirty years of child and youth care practice, parenting, teaching and research experience reaffirms the teachings of my mentor and friend, Professor Henry Maier, a professional role model for so many in child and youth care work during the 20th Century. In the early 1960s after working at Pittsburgh and then in London, Professor Maier set out important arguments about why child care should be considered *a method of social work* (1963). Henry identified a knowledge base associated with child and adolescent development that directly informs a responsive child and youth care practice, highlighting issues that are central to a managed care approach. At the beginning of a new Century, that knowledge base remains (Maier, 1987; Milligan, 1998), offering a legacy of child and youth care that promotes responsive practices with children, young people and their families.

In Scotland to present the First Aberlour Child Care Trust Lecture entitled *The Core of Care for Children at Home and Away From Home* (Maier, 1979), Henry Maier summarised developmental arguments that document why *bodily comfort and the physical safety of each child* are the key performance outcomes that require careful and sensitive management in the delivery of responsive child and youth care services. These arguments have been consistently reinforced in practice, whether responding to an emergency or family crisis, formulating and managing short and medium-term plans with children, or developing strategies that extend beyond age 18 and emancipation – whether a young person is ready to survive independently on the streets, or not (Fulcher and Fulcher, 1998).

Claims to responsiveness by child and youth care workers are most clearly authenticated at the “meeting place of practice” where all of the first three voices speak and need to be heard. The first voice speaks from the soul of each child or young person in care. This voice uses a language with regional dialect and cultural history that traverses a range of emotions, visions and fears which touch the child in all of us. The second voice sometimes whispers but frequently shouts from the souls of mothers, fathers, brothers, sisters, grandparents, aunties, uncles, cousins and community members. This voice uses a language that expresses cultural and social preferences for the care of particular children and young people (Fox-Harding, 1991). The third voice uses the language of child welfare professionals – including social workers, teachers and health care providers – who give feedback to children and family members about health care status and outcomes, educational performance and other social indicators of well-being (Small and Fulcher, 1985).

Central to Professor Maier’s arguments about *The Core of Care* for children was a recognition that *while each child can be expected to achieve developmental milestones in terms of physical, cognitive, emotional and social development; children are nevertheless different, each in their own special ways*. These differences contribute to the soul of child and youth care practice, at home or in foster homes, or in residential schools, care centres or institutions. Children go to enormous lengths to get their physical and bodily comfort needs met, whether in adapting to an abusive home environment or living in the jungle and acquiring a complex range of squeaks for language. Each child follows his or her own personal rhythms around hunger, toileting, personal space, dress, cold and warmth, sleep, illness susceptibility, moods and habits. It follows, as Professor Maier argued (1981; 1992), that each child needs his or her own unique rhythms of caring to promote cultural safety, cognitive and emotional development, social maturation and enhanced personal well-being. Such rhythms touch the soul of responsive child and youth care practices. It is through demonstrated competencies that engage pro-actively in rhythms of caring with particular children – whether through nurturing care, teaching, therapeutic interventions or behavioural controls – that child and youth care practice gains professional endorsement for the service outcomes produced (Ainsworth and Fulcher, 1981; Fulcher and Ainsworth, 1985).

Summary

The *Soul* of child and youth care practice is therefore directly linked to the daily management and oversight of basic bodily comfort and personal safety needs of children living at home and away from home. Because of the basic need for physical safety and security, some children or young people live temporarily in out-of-home placements while life plans can be re-formulated and actioned. Second, the *Soul* of child and youth care practice is linked to the unique characteristics of each child or young person. No matter how many developmental milestones are

evaluated, all children are still different, each in their own special ways. Finally, the *Soul* of child and youth care practice focuses on the special rhythms that need to be recognised and managed sensitively in order to engage with each child or young person in a manner that promotes personal development and social maturation. In this metaphor of *Soul*, it is easy to see how the *Rhythms* introduced between children and child and youth care workers are fundamental to the successful delivery of quality service outcomes. For that reason, attention turns to a consideration of important *Rhythms* that frame child and youth care practice at home and away from home. Understanding of these rhythms is fundamental to the development of practices that require sensitive and daily management if services are to be truly responsive.

THE RHYTHMS OF CHILD AND YOUTH CARE PRACTICE

The first *Rhythms* to identify and manage are those *associated with family and extended family members*, including kinship networks for each child received into care (Ainsworth, 1997; Burford and Casson, 1989; Pennell and Burford, 1995). Family rhythms are closely linked to particular circumstances in the child or young person's home environment that may result in their being admitted to a foster home, residential school or centre. These family rhythms contribute to the socialisation and behavioural training received by each child that comes to the attention of child and youth care professionals. For these reasons, it is essential that planned care and treatment give priority to the active participation of family and extended family members. Consideration needs also to be given to kinship networks that help give children and young people their social and cultural identities. It is difficult to ignore research evidence showing that despite what the professionals may wish or think, children and young people in care do make contact and remain in contact with family and extended family networks during and after they leave care (Fanshel, Finch, & Grundy, 1990). Family connections and *rhythms* are closely associated with each child's sense of identity (Bronfenbrenner, 1979) and reach to their *soul* as unique persons with personal and social character.

Next it is important to consider each child's *education, recreation and learning rhythms*. These include both formal and informal rhythms associated with a child's capacity for learning, their formal educational activities and achievements, and recreational pursuits that contribute to large muscle and cardio-vascular development, eye-hand coordination and time-structuring through leisure activities (Small and Fulcher, 1985). The educational, recreational and learning rhythms for many children and young people placed in foster homes or residential care have been severely disrupted and under developed. Paradoxically, these are the very *rhythms that connect* children and young people to opportunities for social and cultural learning so important to their long-term futures (Maier, 1975; 1987). These rhythms are influenced through the purposeful use of activities at home as well as in residential schools or centres (VanderVen, 1985).

Play therapy, individual and small group leisure activities and participation in community life offer children and young people opportunities for activating and nurturing rhythms in education, recreation and learning. As Professor Maier put it, when children experience predictability in caring and learning rhythms with their careers, so it is that they learn to trust and emotionally depend on personal relationships (Maier, 1979). Through thus managing such relationships with children, the emphasis shifts from institutional controls to personalised behaviour training for each young person in residence, whether at home, in a foster home, residential school or institution (Garfat, 1998). Multiple learning opportunities can be used in such ways to support personalised care plans that are tailored to the needs of each child or young person (Maier, 1981, thereby adding *Soul* to the *Rhythms* of responsive child and youth care practices.

Another important set of *rhythms* are those *associated with group living*, whether at home or in a foster home, at summer camps or at residential schools, group homes or institutions (Beker and Eisikovitz, 1991). When one looks closely at the daily and weekly activities of children and young people, one finds that each day follows particular rhythms associated with food, sleep, work or play times and all require sensitive daily management (Fulcher, 1996). The rhythms of group living highlight differences between weekday routines and activities, and what happens on weeknights and weekends.

Weekly and monthly rhythms in child and youth care can often be discerned through admission and discharge practices. These highlight whether a service is provided short-term as with respite care or when responding to the needs of children or young people in crisis, or a service that offers longer-term supportive care, education or residential supervision. Monthly and seasonal rhythms of child and youth care are frequently associated with school, work and holiday periods. Residential schools and care centres sponsored by religious organisations frequently make use of weekly, monthly and seasonal rituals in the delivery of child and youth care services, or as found in Malaysia, religious practices that require prayers being offered five times each day. An analysis of the annual reports required of child and youth care centres demonstrates how yearly rhythms of care are also important, perhaps seen most clearly at age 18 when a child is re-classified an adult. Support services that young people may have come to rely upon are withdrawn, or the youth may be referred on to a health and disability service.

Child and youth care practices need also to engage with *community and peer group rhythms*. Responsive practices attend to the needs of each child or young person for purposeful engagement in social experiences that help connect them to normative peer group activities (Fahlberg, 1990; 1991; Halverson, 1995). Children in care, wherever they live, have frequently had their community and peer group rhythms disrupted. As children are moved from one setting to another, or change schools, it follows that their friends are also moved and important relationships

severed. Quite often young people in care become involved with other young people or engage in peer group activities that have a negative impact on their health and well-being, whether through alcohol and drug abuse, sexual abuse and neglect, or physical abuse. Unless new relationships are formed through the management of purposeful activities with alternative peers, young people in care are frequently left with little choice but a return to their old friends and activities. Old relationships and patterns of behaviour have too often lead to the untimely death of a young person in care or a history of struggles for survival in abusive relationships. Rhythms associated with peer group and communities of interest reach deep into the soul of children and young people, wherever they live (Maier, 1990; 1992). Responsive child and youth care practices build from recognition of way in which these rhythms impact on children, and the ways in which pro-active engagement in community and peer group rhythms benefit both children and families (Maier, 1991).

Finally, it is important to acknowledge *cultural and spiritual rhythms of caring* that operate, both informally and formally, in the delivery of child and youth care services. Elsewhere (Fulcher, 1998; Tait-Rolleston et al, 1997; Cairns et al, 1996) we have shown how cultural rituals of encounter and exchange are commonly overlooked in the delivery of social work and child and youth care services (Stewart, 1997; Wilcox et al, 1991). Images, smells and sounds of child and youth care practice spring to mind that reflect cultural and spiritual rhythms of caring that operate in homes or foster homes, residential schools, group homes or institutions (Ramsden, 1997; Te Whaiti, McCarthy, & Durie 1997). Consider images, smells and sounds of people engaging with each other in an active child and youth care service. Are there images of people sitting at tables? Do people sit on tables? Are there smells of sweet grass or incense burning? Do children eat with their right hand, use chopsticks, simultaneously use their knife and fork, or only their fork except when cutting meat? Do young people take alcohol or do they appear in public without arms and legs covered? Is pork served at meals? Are rituals of fasting and praying evident? Are there meetings with Boards of Visitors or other professionals at case reviews to discuss services offered to particular children or young people? One quickly finds that minimal levels of cross-cultural competency are required if child and youth care workers are to avoid significant cross-cultural gaffs (Rangihau, 1986; 1987; Shook, 1985; Leigh, 1998)

Rudolph Steiner centres have taught the world a great deal about spiritual rhythms of caring and learning, and the way such rhythms are carefully balanced for each child or living and learning group of young people. Successful outcomes for children and families have been achieved through thoughtfully matching the personal styles and learning attributes of different children to achieve complementary outcomes and overcome performance deficits. Child and youth care practices in other parts of the so-called Developing World offer important illustrations of how cultural and spiritual rhythms operate using spiritual

notions of balance to maintain behavioural representations of wellness (Cairns, 1991; Ibeabuchi, 1986; Sali, 1996). This aspect of practice touches the soul of each child or young person in care, offering opportunities for more responsive involvement in relationships through a conscious exploration of cultural and spiritual rhythms of caring (Rose, 1992).

Summary

Five *Rhythms* of child and youth care practice have been identified that touch the souls of children and young people in care, rhythms that require careful management at home or away from home. Children are enmeshed within *rhythms that connect them with family and extended family members* – including kinship networks – that help locate each child or young person with particular people, places and a cultural identity. *Education, recreation and learning rhythms, both formal and informal*, require careful management if children in care are to be offered a minimum guarantee that their lives should not be placed at greater risk as a consequence of having lived in a foster home, residential school, group home or institution. *Rhythms associated with family and residential group living* can be monitored, recorded and reported by hour, shifts, weekdays, weeknights, weekends, months, holidays, sick leave or years. *Community and peer group rhythms* offer opportunities that enable children and young people to engage in and participate in purposeful activities with community and peer group associates. Finally, there is much to be learned about the management of *cultural and spiritual rhythms of caring* that touch the souls of and give meaning to children and young people in care. Cultural safety and personal well-being are often themes heard in the stories and the *Blues* of child and youth care practice. As this musical metaphor fades from the sounds of *Soulful* tunes to the *Rhythms and Blues* of children and young people in care, it is important to pause and acknowledge the tears shed by children and staff over the years – whether in frustration, relief, joy or sadness – in attempting to deliver *good enough* practices that make a difference to the well-being of children.

THE BLUES OF CHILD AND YOUTH CARE AT HOME AND AWAY FROM HOME

The *Blues* of care are being sung well before a child or young person arrives at a foster home, or arrives at a residential school, group home or institution (Kahan, 1989; Wagner, 1988). The *formal imposition of care, supervision or custody* – whether by way of care and protection or place of safety order, youth justice sentence, or indefinite detention – follows on from an important social history (Seed, 1973; Scull, 1977; Scarr and Eisenberg, 1993). Throughout that social history, the voices of a child, family and extended family members, neighbours, teachers, health care professionals and others may not have been heard clearly amidst the “noise” of emotional turmoil. Most of the children about whom we speak

have not been diverted away from a formal reception into care, or if initially diverted to boarding school or extended family care, a care or supervision order may have subsequently been issued.

For the past two or three decades, child and youth care policies have been shaped by six *ideologies of best practice* that include normalisation, diversion, de-institutionalisation, mainstreaming, use of the least restrictive environment, and minimal intervention (Fulcher and Ainsworth, 1994). All of these practice ideologies have impacted directly on the management of contemporary services provided by child and youth care workers for children, young people and their families (O'Brien and Murray, 1997). These so-called *Secondary Influences* associated with the social policy environment, service organisations and the delivery of agency services prompt their own musical line of the *Blues* (Maier, 1985). Confirmation of this claim can be readily found when listening to managers and staff operating in the continuously re-structured organisations that administer delivery of child and youth care services in the new Millennium (Casson and George, 1995). It is important for foster parents and child and youth care workers to remember that they operate at a crash site where the *Blues* sung by each child or young person collide with a discordant beat of *the System* (Fulcher, 1988). Most child and youth care services operate in a policy environment overtly shaped by fiscal considerations. Agencies are now expected to operate as business units that manage capital and human resources to produce quality outcomes for individual children and their significant others (Knapp, 1984). One unexpected outcome from the *Blues* of all this has been a growing recognition of work-related stresses and the ways in which professional fatigue impacts on teamwork in the delivery of child and youth care services (Fulcher, 1991). As Professor Maier noted, care for the caregivers (1979) is fundamentally important if quality care is to be provided for children (Fulcher, 1983; Burford, 1990). The musical beat of *Soul, Rhythms and Blues* is never really silent in child and youth care practice. That beat impacts directly on the professional identity and personal wellbeing of every worker or prospective worker, and also impacts on the collective performance of child and youth care teams (Burford and Fulcher, 1985).

On arrival at a foster home, residential school, group home or institution, a young person is initially confronted with a new line of the *Blues* associated with *personal and cultural safety* in a crowd of strangers (Dominelli, 1988; Fulcher, 1998). Cultural safety – that state of being in which a child or young person experiences that her/his personal well-being, as well as social and cultural frames of reference, are acknowledged, even if not fully understood – is highlighted each time a new child starts identifying the other people living in their new care environment. *Are there any people like me here?* thus becomes a recurring theme of the *Blues*. *Rhythm and Soul* questions like *Are there people who speak like I do? Do they eat the way I do? Do they eat the same food? and Why are these other people here?* seem never far away. *Rituals of group membership* begin immediately one enters the door of a child and youth

care service centre (Fulcher, 1996) and responsive workers establish and manage positive rituals of encounter that lead to group membership for new members, students, care staff, domestic or catering workers and other visitors to the centre. In residential group living situations, a new child or young person may be assisted through the formal rituals of group membership but they must also establish their own place within sub-group hierarchies and coalitions that operate in any resident group, as well as establishing purposeful relationships with staff. *Maintenance of individuality* remains important since it reflects a young person's identity and a sense of whom they were before admission to care. This also extends to who their people were, who cared about them or what was happening that resulted in their placement in the first place and what happens next? Personal and cultural safety, managing group membership(s) and reinforcing identity are all interwoven into the *Soul, Rhythms and Blues* of caring, reinforcing the important place of responsiveness to this aspect of practice (Maier, 1991).

There are very special *Blues* associated with a child or young person *feeling shy, embarrassed, ridiculed or unsafe*, whether living at home, a foster home, school camp, or residential school, group home or institution. *Shyness and embarrassment* have their own special meanings in the native language spoken by each child admitted into care. New Zealand Maori families frequently feel *whakamaa* or embarrassment about a child being placed in care, while in Malaysia, the parallel response is likely to involve feeling *malu*. The voice and dialect of each new resident or staff member is pinpointed very quickly through a variety of *getting to know you rituals*. Being made the brunt of a joke or feeling ridicule from resident group members are important themes of the *Blues* in child and youth care practice. One always hopes that no child or young person in care will ever be made the subject of ridicule or abuse by staff. However, history sadly documents an abusive legacy in residential child and youth care practice, a history made prominent since World War II through media and public disclosures in all parts of the Western world (Rangihau, 1986; Australian Human Rights and Equal Opportunities Commission, 1997; Canadian Royal Commission on Aboriginal Peoples, 1997). When a child feels unsafe – whether culturally, spiritually, emotionally or physically – then her or his voice is likely to sing a special line of the *Blues*. Unless that voice and its special line of the *Blues* is heard by child and youth care workers and responded to with sensitivity very quickly, then children or young people such as these are placed at even greater risk. Responsive child and youth care practices need to guarantee that from the moment of first contact, no child or young person in care will be made to feel unsafe or be left in unsafe situations.

Another line of the *Blues* encountered in child and youth care practice sings of *being angry, scared or a survivor of abusive relationships*. Young people, in particular, frequently bring a lifetime of anger into out of home placements, and they are usually angry for very good reasons (Durst, 1992). Many young people feel anger towards teachers, parents

or step-parents, boyfriends or girlfriends, and others for “letting them down”. Children and young people also experience fear or apprehension when joining a new living or learning group. It is important to hear and respond sensitively to voices singing the *Blues* out of anger and fear. It is all too easy for these powerful emotions of group living to place children or young people in abusive situations, where they end up singing the *Blues* of perpetrator, victim or observer with lifetime consequences. It is argued that each child or young person has the right to expect that they will not become a victim of abuse of any kind while in care. Such an expectation is also voiced by family and extended family members, by child welfare professionals, by special interest groups and the media, by those purchasing cost-effective services and by those that administer services for children, young people and their families. Responsive child and youth care demands that such a minimum guarantee be managed daily (Rose, 1992).

When a child or young person becomes *isolated* from peers, from staff, from family members, from friends, and from virtually everyone around them, it is important that child and youth care workers hear loudly and clearly the *Blues* of risk which require careful management (Guttman, 1991). Isolation and feelings of personal alienation should not to be confused with times when children or young people seek moments of solitude or time out. Isolation *Blues* are those associated with the **Big Question**. Burning *preoccupations* are sometimes tattooed in prominent places on a child’s hands, arms, chest or face, as symbolic reminders of a moment of emotion, etched into their skin for a lifetime. *Cutting or bruising* on a child’s wrists, limbs, breasts or genitals must always be a concern, and *body language* such as this should provoke action on the part of child and youth care workers. When *the principle of physical safety and security* is threatened through accidental or self-inflicted injury, or through the death of a child in care, then the professional identity and integrity of all child and youth care workers is called into question. It is important to remember that children or young people can sometimes reach the stage – both emotionally and mentally – when *the very thought of fronting up for what they have done or experiences to which they have been subjected becomes either too worrisome or burdensome to contemplate*. At times like these, *attempted suicide or death through risk-taking* with drugs, alcohol, cars, motorbikes or weapons becomes a stark alternative to the painful reality that engulfs their very being. Much can be learned through hindsight about how we might have done better with children and young people who committed suicide, or died accidentally while in care. The deaths of young people in care, or shortly after leaving care, remain salutary reminders to all child and youth care workers, leaving only the hope that their *Blues* will not have been sung in vain.

Summary

So long as child and youth care workers “tune in” and actively listen to what is going on, it is possible to hear the *Blues* of practice sung each

day by all children and young people for whom care, special education or treatment, supervision or custody has been authorised (Garfat, 1998). Both the personal accounts of presenting problems as well as the blues associated with surviving “the system” are important. Physical and cultural safety in the crowds of group living can be overlooked very easily during school camps, in foster homes or in residential schools, group homes and institutions. Rituals associated with group membership and individuality direct features of group living, regardless of whether planned or unplanned. Responsive child and youth care workers need to remain vigilant in situations where a child might be made to feel embarrassed, shy, ridiculed or unsafe. Important protocols need to be followed and managed when developing practices with children or young people who feel angry, scared, abusive or abused. Finally, when a child or young person becomes withdrawn, isolated or perhaps other-worldly, it is important to recognize that they profile someone who could do something seriously stupid or worrisome that might lead to death by suicide or risk-taking with alcohol, drugs, cars, motorbikes or weapons. Almost daily, one might hear people singing the *Blues* of child and youth care while the *Soul and Rhythms* of care remain dominant sounds associated with the health and wellbeing of children and young people everywhere.

DEVELOPING MORE RESPONSIVE CHILD AND YOUTH CARE PRACTICES

All six voices introduced at the start of this paper pose challenges that require sensitive management by those seeking to develop more responsive practices. Each voice speaks with its own distinctive voice and dialect, even though their combined musical achievements may produce sounds of discord:

Voice 1: “Walk The Talk!” – Child and youth care workers need to practice what they preach or teach while providing direct care services to children and families in collaboration with other health, education and social services professionals. This includes a commitment to actively reviewing our performance with each child or young person at regular intervals through supervision and external consultation.

Voice 2: “Think Outside the Box!” – Child and youth care workers need to think and act strategically with individual children and families. This means exploring ideas about how to resource more responsive practice opportunities with particular children or young people, and working in partnership with family and extended family members to achieve better outcomes. It also means thinking practically about the futures of each child or young person in care and what those futures might hold when they reach age 18, or even age 25 and older.

Voice 3: “Get Real!” – Work rosters and staff-to-client ratios need to take account of how child and youth care workers are frequently required to cover a 168-hour week, often fifty-two weeks a year. Peer supervision and formal supervision need to be negotiated as features of any employment contract in this field, whether workers involve foster parents or staff working at residential schools, group homes or institutions. Child and youth care workers also need to ensure that their own personal and emotional needs are met outside work, and not inappropriately at work. Relationships within a residential group living community are always public in one form or another, and for that reason, sexual intimacy between staff members should be discouraged in the work place.

Voice 4: “Who’s Carin’?!?” – From the moment a child and youth care centre is advised about a prospective new arrival, professional practice drills should already be in place to fulfill cultural rituals of encounter. Rituals of encounter and socio-cultural exchange are important to all members of any residential community. Such rituals are highlighted whenever a resident population reflects the cultural melange of ethnic and racial diversity that typifies many urban centres today. The faces of care mirrored to children in residence are too often mono-cultural and fail to take account of cultural safety in the achievement of care outcomes with each particular young person.

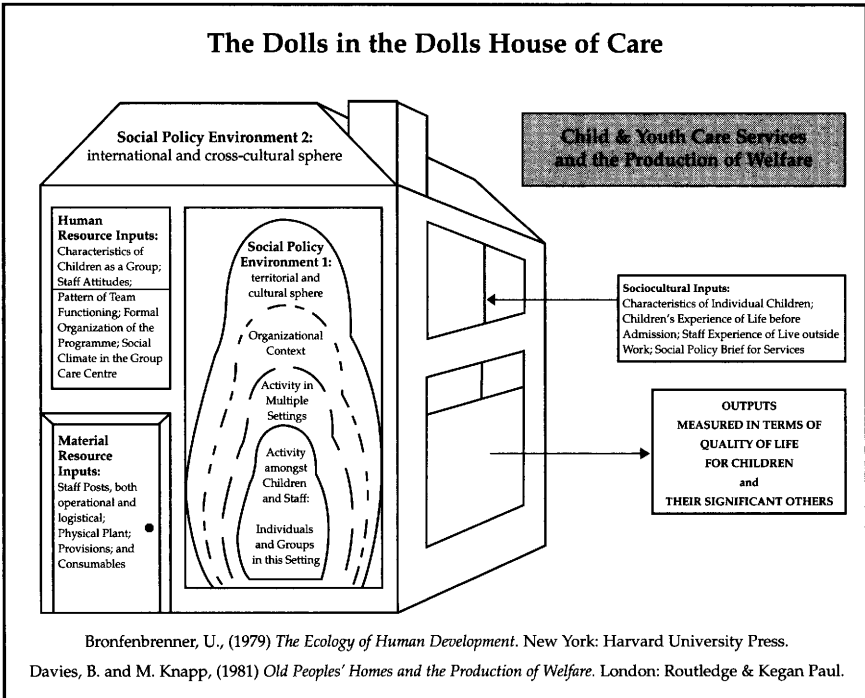
Voice 5: “Transparency of Costs and Accountability for Outcomes!” – The New Millennium finds child and youth care services operating increasingly through purchase of service contracting arrangements with governments and public agencies. Services are now monitored as business units that deliver specific performance outcomes with targeted clientele. Public sector accounting practices now shape the reporting of child and youth care outcomes. Still, after all the jargon, technical language and accountability speak, the most important aspect of transparency is that which focuses on the needs of each child or young person in care. Accountability should begin with extended family views about how a child and youth care service assists with the care of their child(ren). For that reason there is good evidence to support Family Group Conferences being used at the end of each care order, to reaffirm active family participation at each stage of the professional planning process.

Voice 6: “If Ya Pay Peanuts, Ya Get Monkeys!” – For an occupational work force to gain formal recognition as a profession, there needs to be a political commitment to compensate child and youth care workers at a level commensurate with the

nation's strategic investment in the futures of children. It has been said that New Zealand kept better records of its sheep population in the late 19th Century than it did of its children. In the late 20th Century, zookeepers and horse racing attendants were often paid more than child and youth care workers, perhaps because of the heavy investment in bloodstock! Meanwhile, children and young people in care remain very much at risk of under-achievement, ill health and court involvement because adults in many parts of the world lack the political commitment to support more responsive child and youth care practices. There are, however, Scandinavian examples for the past half century and more recently in Scotland, Ireland and other parts of the United Kingdom that reaffirm the importance of a political commitment to the professional registration of child and youth care workers. Recent Welsh disclosures of sexual abuse in residential homes only reinforce this point.

THE DOLLS IN THE DOLLS' HOUSE OF CARE

At the end of this musical metaphor about *The Soul, Rhythms & Blues of Child and Youth Care*, the sixth voice of theory invites us to consider ways in which encounters between worker(s) and child(ren) are framed by a cultural context. That context is illustrated in the diagram below that uses the metaphor of a *Doll's House* inside which one finds the *Matruska Dolls* that Bronfenbrenner used to articulate his ecology of



human development (1979), or what Leigh (1998) writing later called an *anthropological-ecological model* of practice.

The *Matruska Dolls* contain the **immediate setting where a child is, here and now** (*micro-system*). This is where the first and second voices of children, young people and their careers are most commonly heard. The smallest Matruska doll is nested within a **network of relationships with others in different settings that impact on what is happening here and now with this child** (*meso-system*). This is where the third voice speaks through the professional language of nurses, doctors, teachers, social workers, psychologists or child and youth care workers. The immediate setting and network of relationships that surround each child or young person in care are, in turn, nested within **organisational and institutional structures that fund and administer education, health care, youth justice and social services** (*exo-system*). This is where the fifth voice chants through legislative mandate, administrative regulations and requirements for financial accountability.

The organisational and institutional structures that have been established to deliver services operate within a **social and economic policy environment that sustains dominant care ideals and expectations of public order within State prescribed norms** (*macro-system*). This is where the fourth voice of public policy, special interest groups and the media is heard. Without a *Dolls' House*, the Matruska Doll metaphor leaves out a significant feature of child and youth care practice in any culture – the important legacies of caring – that give meaning to opportunity events between carer(s) and child(ren) in any setting (Maier, 1979; 1981; Garfat, 1998). This is where the sixth voice of research and accumulated knowledge speaks through culturally prescribed norms and expectations. It is through this last voice that child and youth care workers are invited to re-new their commitment in the New Millennium to managing and continuing legacies of caring for children, young people and their families – wherever they live.

Nga reira, tena koutou, tena koutou, tena koutou katoa. Thank you, in closing, for giving these thoughts careful consideration.

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