# LIVING IN THE 'RISK SOCIETY': SOME IMPLICA-TIONS FOR CHILD AND YOUTH CARE WORKERS IN RELATION TO THE 'TOUCH AND HUGGING' DEBATE

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   *ABSTRACT: This paper has its origins in the three authors meeting up in Ireland some four years ago when Jack Phelan came to the Waterford Institute of Technology's Child and Youth Care Programme to facilitate some seminars with our students. During one of the seminars, a debate was held on the merits of touching and/or hugging clients in care of social services given the prevailing climate of risk consciousness. As Instructors and Practitioners, we were surprised at the fear many students articulated around touch as a form of valid expression. We see this as being part of a wider macro discussion on risk.*

No matter how one defines risk, there is no doubt but child and youth care workers face many grey areas in their day-to-day interaction with youth designated by expert systems as "at risk." Some of these grey areas or risks are physical and external in that a child and youth care practitioner daily faces the threat of physical assault, but there is also the legalistic landscape that has increasingly come to prevail in residential centres throughout our systems in Ireland and Canada. We note that there has been some level of discussion around risk in the context of touching and hugging clients in child and youth care on the CYC NET and would like to explore this in the context of a wider sociological debate - whilst commenting on some of the implications for both the client and the child and youth care worker. We intend to draw from both the Irish and Canadian experience in this paper as there are so many similarities between our systems. Essentially, we would like child and youth care Instructors to initiate discussion on touch in their seminars with students.

This paper is primarily interested in risk. One view of risk includes a personal, private assessment of danger, whilst the other is a more public articulation of monumental risks which are pervasive, all around us and cannot be effectively managed. The latter acknowledges that the central feature of our dangers is that they are rapidly changing (Hacking, 1982). Risks are an attempt to make the incalculable calculable. Risk assessment literature accepts that some levels of risk can be deemed acceptable and manageable resulting in what may be termed a risk-benefit balance.

One could, of course, say that all children and youth are at risk of something. Two billion children live in what may be described as extreme poverty. In Canada, child poverty has continued to increase during the past decade to more than 1.3 million children and in Ireland one in four children live in poverty. Half of the global population are children, which means that they should be a highly visible population. There are approximately one hundred million street children in the world and in the next fifty years this figure will grow to as much as eight hundred million. Over one million children enter prostitution on an annual basis world wide (Mathews, 1989, 1996; McElwee, 1997).

The situation for female children is particularly bleak with the Director of UNICEF Ireland recently observing that "In today's world, to be born female, is to be born high-risk." In Canada, the estimated number of children in public care (foster care) has increased by more than 50% during the past five years (Environmental Scan, April 2001). In Ireland there are approximately 2,700 children in foster care or foster care with relatives.

From the above statistics it is obvious that there are, quite literally, hundreds of areas of risk we could explore but this paper will focus on an everyday event in child and youth care – that of touch and hugging youth in one's care.

## Problematising Risk
"People are lonely because they build walls instead of bridges"
- Joseph F. Newton.

The use of the term "risk" is complex and a massive body of risk literature in sociology, anthropology, psychology and child and youth care exists. Risk has now been problematised and is no longer seen as a pre-given objective reality, which exists "out there," but is actively constructed through social and cultural processes and frameworks of analyses (Douglas, 1986; Slovic, 1987). Risk is associated both with personal fate and with a complex politicised debate concerning power, governance and the nature of personal freedom (Culpitt, 1999). This is particularly the case with regard to children and youth in care of social services as they typically (but not always) share common familial and personality traits. There are striking similarities, even when we have compared the lives of children and youth with whom we work in Ireland and in Canada.

Alcohol and drug abuse, family violence, parents who are unable to cope, truancy, and running away from home are among recurring problems.

Although he was referring to another context, the noted German commentator, Ulrich Beck, observed that risks have become social events rather than an individual experience (Beck, 1995, p. 21) *and this is central to our understanding of risk.* In our daily context(s), the understanding a child and youth care practitioner holds between risk and potentially touching and/or hugging a client is very often based on that worker's view of what *might* happen should the situation be perceived by outsiders to have been mishandled. This is not just limited to Ireland and Canada but is a global issue in child and youth care with many pages of the CYC Net having postings on this topic. Indeed, so much so that Garth Goodwin (2002) labels this the "good touch, bad touch movement." Our point is that boundaries of risk are increasingly being (re)defined in child protection and welfare discourse with risk occupying that murky territory between private and social fears. This has many implications for child and youth care workers as their work is increasingly performed under the public gaze. Never before have the Irish and Canadian public been so interested in what it is a child and youth care worker does and who regulates and polices this work.

**The Five Recurring Concepts of Risk**

There are five recurring concepts in global literature on risk. These are *uncertainty, opportunity, blame,* (potential) *loss* and *profit.* Risk, in itself, is not necessarily a negative phenomenon as risk is essential to human progress, and failure is a key process in our learning. In layperson's terms, "nothing ventured, nothing gained." It seems to us, for risk to be understandable it must be clearly stated before a venture or project or event is undertaken. What often differentiates success from failure is the balancing of the *possible* negative consequences of risk against the *potential* benefits of its associated opportunity. There is no doubt that living in late/post modernity is a confusing experience for many.

To place this in child and youth care, let us provide a concrete example. A teenager, new to a residential child care environment, will naturally feel a range of emotions *(uncertainty).* It is likely that he will be apprehensive and may be scared of what the dynamics of the centre are, if people will engage with him and if he "will be liked." How he chooses to make sense of this is up to him to a degree – but only to a degree *(loss/profit).* The child and youth care staff, the residents and the youth new to the home have to be prepared to take a risk *(opportunity).* A risk to initiate a conversation, a risk to give the "right" response, a risk for the child and youth care worker to allow the situation to move from one scene to another and so on *(blame).*

Risk is the empty space that creates new possibilities and this is more obvious to children and youth. There is a group in England that has promoted the concept of "Adventure Playgrounds" which are play areas that aren't totally safe and free from danger. The basic idea is that children

need risk in their play environment. Teens require risk in their lives and our job is to create healthy challenges so that the attraction to risks like unprotected sex, speeding in cars, and drugs and alcohol is reduced. Without risk there is no joy for many of us. Workers who refuse to move into areas that might be risky because of personal fear, supported by agency liability policies and fellow professionals, are actually doing a disservice to youth. These young people need guidance and role models who can deal with risk situations in a healthy and courageous way. We know that youth will experiment with risk, yet we collectively bury our heads in the sand. Youth without a hopeful future don't possess the natural filters that keep risk manageable and healthy. A culture of hope is crucial in helping to break the cycle of rejection of deferred gratification (McElwee, 2001). When we don't demonstrate ways to make good judgements in risky situations, we fail these youth in critical ways.

## Expert Systems and Risk

There are many lessons for child and youth care staff in the risk debate. In terms of managing risk through exerting power, risk evaluations cannot, in their entirety, be performed as "expert" assessments, divorced from the political decision making process and from social values in general. Disagreement amongst the range of 'experts' involved in working with children and youth creates a vacuum that encourages a rampant individualism where risk is encapsulated in not only "danger" but also opportunity if short lived. The relationship between cause and effect, so central to scientific rationality, is suspended in the risk society where scientists and experts compete for public credibility and where knowledge is externalised. Within the framework of what sociologists term "reflexive modernisation," scientific knowledge is forced to face itself within the public arena.

In terms of contemporary child protection and welfare policy, conceptualising risk is heavily influenced by the wider technological/environmental discourse (Beck, 1992; Douglas, 1986; Ferguson, 1997; McElwee, 2001). What is crucial for us in child and youth care is the central shift that occurred where at the close of the 1990s, society tended to focus more on the negative aspects of risk probabilities - *blame* - rather than on the positive aspects – *opportunity*. There is a problem in attempting to predict risk in the way an insurance company might, rather than to see risk as the expression of growth and change. Much of the literature in child and youth care work shifted away from problems and into strengths and resiliency as a focus. In many ways we are bucking the trend to worry about liability and are moving into new territory.

## The Risks in Attempting to Predict Risk

A number of researchers in the area of child protection and welfare/special education have commented on the inherent difficulties in attempting to accurately predict risk and resiliency (Barker, 1990; McElwee, 2001; Parton, 1985; Rutter, 1987; Werner & Smith, 1992). Indeed,

one of the key authorities in this area, Nicola Madge, acknowledges that the cycle of deprivation thesis has only mixed support with family history being a crude predictor of future family difficulties. She suggests that family risk has not been understood or explored in the same way by various researchers and this has led to confusion and complications in trying to decipher findings (Madge, 1983, p. 198). As Madge is considered by Irish Instructors to be influential and is read by many students, child and youth care workers are sometimes fearful of published material in this area and opt for what they perceive to be the "safer" option as opposed to the right "option."

Many practitioners admit that, although their years of experience lead them to believe something to be the truth, they cannot *scientifically* predict with any real accuracy who will develop into a problem family, when a family will become a "problem family" or that being socialised in a certain environment is predictive of future risk probabilities. On the one hand, large families may reflect a certain disorganisation with all the resultant stresses and strains, but on the other hand, if one isolates the number of children from other factors, it is not a prime influence on risk. Other external influences are seen as very important, a point noted by Michael Rutter (1993). Again, all this has led the well-read practitioner to be confused with the data.

Let us provide an example. It was widely argued that child protection staff could make use of risk indicators in their work with families at risk. Kempe and Kempe postulated that they were successful in as much as 79% of predictive incidents but Parton (1985) suggests that their definitions were too broad – as does Barker (1990), who completed work on mechanistic checklists which it is suggested are fundamentally flawed as they do not allow for the "human dimension." Perhaps most damning is that Cambell (1991) found a false positive predictive rate of anywhere between 0% to 96% in risk prediction instruments.

### Lack of Choice Leads to Risk

In both Ireland and Canada, attention is increasingly directed at what are considered to be high-risk children and youth with the result that our child protection services are concentrating on an even smaller number of cases at the heavy end of the spectrum of risk. Currently, Irish Health Board spending is only 20% on prevention work. At the same time, professionals are being increasingly targeted, which adds to a general feeling of crisis and despair leading one Irish media commentator to ask, how had such complete mistrust taken hold in what used to be one of the most conservative and deferential societies in Europe? (O' Toole, 1997, p. 202).

There are parallels in Canada. Alberta is experiencing severe budget cuts in prevention and early intervention dollars at a time when this is clearly a direction that is showing good results. The trend is to only fund the services that require people to be fully helpless and to reduce the safety net approach that keeps people out of the system. This is a trend that is being experienced across Canada. Globalization of the Canadian econo-

my reduced taxpayers' willingness to support an extensive social safety net. Now there seems to be a need to level the playing field among countries to stay competitive, with the result that increasing prosperity doesn't help the most disadvantaged.

The nature of care professionals' work with children and adolescents can cause particular problems when it comes to the identification and intervention in potential and real cases of child abuse and neglect. We now live in an era of intense bureaucratisation in child protection. At the same time, as a number of studies both in Ireland and Canada have illustrated, the decisions made by child protection professionals in referring, or not referring, children and adolescents to mental health/social services have significant and long-term effects on their lives (McElwee, 1996; McKenna, 1996). A major issue is the lack of choices for referring youth to services. The Children's Advocate Annual Report in Alberta 2000-2001 describes "the single, most recurring issue our office has faced over many years is the lack of appropriate placements for children and youth." Aboriginal and First Nation youth have felt these effects most severely when they have to be removed from their home communities because of a lack of resources (Kinjerski & Herbert, 2000). Again, there is a similar situation in Ireland with their native peoples called *Travellers* who, all to often, have been removed from their families by expert systems to group homes far away from their place of origin.

The dilemma faced by workers who have to focus on liability and therefore danger rather than strength and family skills in making placement decisions creates a "between a rock and a hard place" dynamic. This is being addressed in part by a solution-focussed literature that looks at families quite differently (Turnell & Edwards, 1999).

**Establishing a Risk Consciousness**

We cannot forget that child and youth care is an emerging profession in both systems that is attempting to come to terms with its past - institutional abuse of children in care, inadequate training of care staff, problems of recruitment and retention, poor remuneration and a reluctance of males to enter certain areas of work to name but some areas (McElwee, Duggan-Jackson, & McKenna-McElwee, 2002).

Perhaps most damaging is the allegations in both systems of abuse being poorly dealt with by the authorities with one result being a fear to perform child and youth care practice (McElwee, 2001). There are many examples of the oral history in agencies, which gets passed on to new workers about staff who have been falsely accused of abuse and dealt with in a draconian way by the system. The February 2002 edition of CYC On-Line, for example, has a commentary by a practitioner from Scotland on this topic. The unfortunate complication is that many of the youth we serve have had experiences of adult abuse and anticipate that all adults act this way, so any attempts to get close to some youth are misinterpreted by the youth as assaults. We might pose the question, has the emphasis on threat and danger intensified a more generalised sociologi-

cal awareness of risk and how does this translate into the day-to-day practice for those in the frontline?

## Touch, Hugging and Taking a Risk

It would prove very difficult for an Irish male child and youth care practitioner to attempt to publicly defend his reasons for wanting to touch/hug (and emotionally reach) a young client in his care as there is such hysteria now around potential abusive situations "behind closed doors." The message is clear for male care staff. Better not to touch or hug at all and play it safe. All three of us have noted that many child and youth care colleagues articulate a sense of shame around their work when asked at dinner parties what one works at. This is particularly the case with regard to residential child care work (one assumes because of the historical baggage in both countries) and even more so with males who work in residential child care. We might say that it is risky to work with traumatised youth in the confines of residential care.

Many agencies, in both Canada and Ireland, in a misguided attempt to protect everyone (staff, children, and the corporation) from harm, have created "no touch" policies. They try to give a therapeutic interpretation to these very sterile policies for interacting and living together. For the three of us, the solution for past abuses is to have better trained staff and clearer ethical guidelines to inform practice – not management who deliberately cultivate the message that physical contact is poor practice. Agencies with less confidence in the skill of their staff seem to have more need for rules about touching.

## On Being Unafraid to take that Risk

Let us look to one opinion from child and youth care with Henry Maier commenting:

During the past years an undesirable practice has snuck in. Workers tend to ask a child, "May I touch you?" Nonsense! Asking that question implies that the worker is apt to be dangerous, possibly lecherous. This question was based on bureaucratic concerns intended to ward off legal actions, when in essence it reflects a lack of trust in the workers natural and desirable humanness. Actually, touch is neither good nor bad. Its merely a human form of normal personal interaction (2002, p 1).

Gerry Fewster (2002), whilst agreeing that touching is essential to life by citing the condition of Marasmus (infants who are not touched die from wasting away), notes that staff need to be trained to use touching appropriately "from a place of awareness" and that touch and hugging can be used as a way of *avoiding* closeness or intimacy (italics our emphasis).

The youth and families that we serve very often come to us without a stable sense of safety and predictability – basic trust. Therefore, everything is risky, the entire world is unfriendly and dangerous, especially people. We enter these lives with our own sense of risk and safety in a pre-

carious balance. Most staff, especially male staff, believe that there is more to lose and less to gain by risking themselves in close relationships with these clients. Unfortunately, the oral tradition about being falsely accused by youth creates a bigger fear than the facts would sustain.

We feel that the prevailing risk climate results in many young people in care missing out on this most basic of human experiences. Several child and youth care staff have remarked to us that male clients are deliberately getting held in therapeutic holds so that they can experience sustained touch and physical contact. There is so much known about attachment and the desperate need we all have to connect with others in spite of our fears, that the creation of emergencies *so that I can get someone to hold me* is clearly a dynamic that a staff team can anticipate.

## Touch and Hugging: A Fundamental Right for Children and Young People

In this world of high-risk, we hold that it is the fundamental right of a young person to experience human touch if that is their wish. We all know what it is like to receive a hug from a friend, family member or even total stranger when we are feeling ill, down or under threat. We regularly see from the sporting world total strangers in the audience kissing and hugging one another when the home team scores. Why is touch so important for us? Maybe it is because so much human communication is non-verbal. Touch is the powerful expression of the existence of a relationship between people. The experience of a safe relationship, although a seemingly fundamental part of human existence, is often missing in the lives of the children and youth in care.

The Webster Dictionary (1995, p. 1043) defines touch as "to perceive, experience or explore the nature of (something) by e.g. putting a finger into it or onto it, i.e. by letting the nerve endings in and under the skin register its presence and nature." This definition of touch is pretty sterile. It defines hug as "a tight clasp or squeeze with the arms, esp. as an affectionate embrace" (1995, p. 471). The problem with dictionary definitions and, even more so, the definitions that exist in legislation is that they don't describe the *essence* of the concept. For example, when we attempt to create limitations on the use of intrusive physical restraint in institutions, it is difficult to separate the definition of this procedure from a hug. There is a real concern in the literature about working with vulnerable populations that even a well-intentioned hug can clearly be a violation of a person's boundary.

### RECOMMENDATIONS

1    Faculty provide structured time for discussion around the issue of touch and hugging clients from year one of all child and youth care programmes.

2    Employers should provide time-out for discussions on this area to ensure that all staff have had time to air their feelings.

3    Risk should appear as a module on all child and youth care training programmes.
4    Every child care unit should have a written policy on touch.
5    All policies must take into account the cultural context of their unit, individual staff and individual clients.
6    Ethical guidelines published by CYC Associations be discussed and made available to students, practitioners, managers and academics.
7    Boundary issues and literature on boundaries be part of the curriculum.

## CONCLUSION

"The Policy of being too cautious is the greatest risk of all"
- Jawaharal Nehru

Returning to the world of theory, the British sociologist, Giddens, argues that while social knowledge is no longer stable, it is nonetheless possible to create functional versions of knowing that can be reflexively adapted as circumstances change. Beck, however, argues more pessimistically that the disastrous consequences of unanticipated knowledge must be fundamentally challenged. But challenged by whom? Are child and youth care workers strategically placed to open up this debate in the way social work observers have (Parton, 1995; Ferguson, 1997)? Surely one of the challenges for us are to see the people with whom we work as part of a wider ecology than the self.

Times are difficult for child and youth care workers in both Ireland and Canada. In their daily practice the terrain has become both a confused and confusing one as the sands continually shift with the development of new policies and changing views of politicians. This has been reflected in the international discussions such as the old reliable topics of "boundaries" and "touch" in practice. What should we do, for example, with children and youth who want to read pornographic magazines or listen to music that staff may feel is unsuitable? More importantly, what happens should something "go wrong?" Who should be blamed? Who should be in a position to decide this? These are important questions and there should be some theory that child and youth care workers can draw from to inform them.

The issue of physical contact is addressed in *The Other 23 hours*, a work that has informed practice for child and youth care workers in North America for over 30 years, and still we struggle. Intentionality is addressed in *Being in Child Care*, codes of ethics in Canada, Europe, South Africa and the USA all address these issues, yet public debate continues. Our information about attachment ability, developmental stage issues, and relationship all clearly describe the framework we can work from, but the fear and uncertainty remain.

We should like to conclude by paraphrasing John A. Shedd's famous quotation, "A ship in harbour is safe, but that is not what ships are built

for." A child and youth care worker may be better off (legalistically) withholding touch and hugs from children and youth in his or her care, but that is not what they are trained for! Faculty must give considerable time over in their training programmes and employers in their units to creating debate around safe, appropriate and meaningful contact.

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