

# Width of care looked upon differently

**An experience oriented approach of children who demand special attention**

In van Dale *'care'* is defined as: the pain and efforts one takes to maintain something or to keep something in good condition, or to do or make it as well as possible. *'Width'* can be measure, breadth or distance. *'Width of care'* is the amount of government care for a specific social domain. The extent of care in the educational domain is under pressure. According to me this has to do with *'taking pains'* and *'distance.'*



## Taking pains and distance

Care starts with 'taking pains'. Taking pains to get to know each other and oneself, taking pains to live your intentions and taking pains to make situations, which are difficult, easier to deal with. The extent to which a person is able to take those pains depends for the greater part on 'the distance' that has to be covered. Efforts that have perspective are challenging. But the field of education knows enormous distances. The complexity of all fields that teachers have to cover, are enormous. The rhetoric question that occurs is: must width of care be aimed at children primarily or at children and teachers. The wellbeing and involvement of teachers is of decisive importance, if you look at width of care from the professionals' point of view.

## Definition

From the Experience Oriented Education-approach we talk about *width of care* if there is insufficient (or no) **wellbeing** and/or **involvement** of the child or the teacher in one or more developing areas.

We consider children and teachers as a process from the complete context. That means that in situations which are experienced as problematic children and teachers must be considered in their interaction. Additionally subjective interpretations are avoided as much as possible. The child is not 'difficult', 'lazy', 'exactly like his brother' etc. It is observed and described as objectively as possible. Video images can provide a better insight in this respect. We choose not to talk about 'problem children' as children who are backward. Less gifted children do not develop better if they are confronted structurally with their arrears or if they keep hearing which distance still has to be covered. We are really worried if children are not doing well (low wellbeing) and/or do not develop maximally (low involvement).

Herman Wijffels: "We cannot afford to lose a grain of talent if we want to compete with rising economies like China and India."

Statistics of educational problems are in the streets all day. This expresses a lot of care. In other words: many people are worried about education in the Netherlands. But that is not beneficial for any child. Neither does it from the discussion that has developed about these problems. "Not a grain of talent may be lost," Wijffels states. This implies that talents which could bud in each individual child must also be appealed to and stimulated. This will never be possible in a standardized system, simply because the diversity of talents is much too big. Speaking about width of care we must try to optimize the interaction between teacher and children and between children mutually and between children and material. We must take pains to cover large distances. If the children's wellbeing is good and their involvement is high we state that children develop maximally. There is nothing beyond maximally. *The goals must be as high as possible* for every child. If the goal is too high or too low, this will become visible in the impossibility to become involved.

In a traditional setting and in an experience oriented setting children with a low wellbeing, a low involvement and 'poor results' are called problem children. In both settings children with a high wellbeing, high involvement and good results are not called problem children. But if the results are sufficient and the wellbeing and/or the involvement are low, one does not easily talk about problems in a traditional setting. This is not true for the experience oriented setting. If, on the other hand, the results are poor and the wellbeing and/or involvement is high, one easily talks about problems in a traditional setting. In an experience oriented setting one does not.

In other words: children who have good results, but who do not feel well or who are not involved are 'problem children'. They sometimes camouflage their bad development by performing within the system above average. Happy, highly involved, low gifted children are not 'problem children'. They and their parents should know how they are developing in comparison to the average pupil and what the consequences may be.

## Feeling empathy

Taking pains to cover the distance that is necessary cannot happen otherwise but by *feeling empathy*. Feeling empathy is the key to make contact with the other person and to find out what the other one needs to 'take away the problem'. Or rather: to put the other person into a state, in which he sees perspectives for himself for the future. This can happen by means of instruction, a listening ear, an example, a helping hand but it can also be by offering the possibility to the other one to utter his emotions expressively.

## A wrapped feeling of guilt

"Can you come and look for a moment? I do not know what to do anymore". Mieke, the teacher of group three has already reported before that Tristan is very noisy. He often reacts vigorously towards other children. Some children challenge him and others are afraid of him. Mieke has tried all kinds of things. Today her energy and creativity are gone.

I am sitting down in the classroom and watch Tristan doing his arithmetic. A moment later he is looking around and is calling to another child. He stands up and is standing in the middle of the classroom. "May I have your attention?" he shouts and he smiles back to his chair. Then he takes his rubber and throws it at a child. I am going to sit closer to Tristan. He starts doing his arithmetic again. He is counting with his fingers and writes the number in his exercise book. A child is walking next to his desk with a pencil in his hands. Tristan stands up and takes the pencil. I get up and take the pencil as quickly as he did. I return it to the other child and tell Tristan that you may not take other people's things. He is going to sit down again on his chair and puts his head on his arms. I hear him mumbling. He looks into his book and is counting again. His fingers produce a few other answers. Then he is looking around again, gets up and is climbing on his chair. And while he is putting his arms into the air I seize him and put him back on his chair. While I am pushing on his chair I tell him he is not allowed



We create problems ourselves  
 In his book '*Children as co-citizens*'  
 \* Professor de Winter explains that we make our processes into problems ourselves. In his definition of *creating problems*, he states that we *generalize* in order to get to grips with groups, but if we start counselling we *individualize*.

### Generalizing

De Winter: "*We are generalizing. That means the (potentially) assigning characteristics of a limited group to a much wider population is an inherent part of a preventive strategy based on high-risk groups. Whether that wider population has the searched*

*for characteristics or not does not matter for the realization. Stigmatizing seems to have effect, witnessing for example the public opinion with regard to foreign youths.*"

### Individualizing

De Winter: "*Individualising is a process in which causes of problematic behaviour are put especially at intrapersonal and interpersonal level. For youngsters and parents this leads to an attribution of responsibility or guilt which is only partly justified. In this sense the process works stigmatizing (like in the case of generalizing) and it contributes all but slightly to a problematic image of youths.*"

Of course it has to be the other way round: if you want to get to grips with reality in order to develop it in a positive way, a differentiated image is required. Generalisations are diverting. And if you are counselling or helping it is important to view the child from the context. A generalized image makes cloudy and an individualized approach does not make children competent participants.

### When are you doing well?

In order to be able to justify the care that is needed, it is necessary to answer the pretentious question: "When are you doing well?"

### Justifying the opposite

*During an educational in content meeting a teacher brings in a case referring to a talk about the experience oriented dialogue: "This morning I was sitting near a child who had made a drawing. He asked me to write something to his drawing and dictated: 'The thieves are going into the machine. They must all be cut into pieces. Then blood is coming out.' I was so shocked that I did not know what to do. What would you do?" Karin says: "I would write it down. It is the child's story." "I would be shocked too," Peter-Paul says. "I would let him feel that I was very shocked." "I would be especially curious why he is drawing this and what is on his mind," Tina remarks. We do not wonder who is right and what is the best intervention. We are looking at the aspects of the Experienced Oriented dialogue and we state a number of striking elements: Karin aims especially at acceptance; she takes over as a matter of fact what the child contributes. Peter-Paul intuitively shows his*

*to stand on the chair. He puts his head again on his arms.*

*While Mieke is inviting the other children into the circle I hear that Tristan is crying. He looks at Mieke for a moment and walks to the other side of the classroom and starts crying in a corner. I ask Mieke to start "normally". Tristan is crying louder and louder. Mieke tells the other children that Tristan wants to cry for the moment and that it is okay.*

*"I am not just crying" Tristan shouts from the corner. I am going to sit next to him and ask "What did you say?" He is sobbing when he repeats "I am not just crying". "What do you mean?"*

*"It used to be cosy at home but now it no longer is."*

*"Why is that?"*

*"Daddy is gone because he thought it was restless."*

*"Restless?"*

*"Yes, we are too noisy and now he is somewhere else and he does not come back if we do not become quiet. That is not nice in the evenings because daddy always did games and he took us to bed and now he is gone."*

*"I am sorry. I did not know that at all."*

*"Didn't you know that?"*

*"No, I didn't."*

*"Oh."*

*The class has started having lunch. Tristan is looking at the rest.*

*"Do you also want to have lunch?" I ask.*

*He nods and walks to his lunchbox.*

*Mieke and I see how pleasantly he is chatting with a boy at the same table. Towards 12 o'clock he puts his box into a tray. The arrangement is that you may only do that when they are allowed to go outside. We say nothing about it.*

*"Tristan, do you know at what time you may go outside?"*

*"Yes, at 12 o'clock."*

*"Do you know when it is 12 o'clock?"*

*"Yes, when they are both at the top."*

*"Will you please look and warn the class if they may go outside."*

*Tristan turns his chair and says: "Almost boys, we may almost go outside."*

*At 12 o'clock sharp he gives a signal to have a break and goes outside smiling.*

authenticity; the child can tell from his reaction how it 'enters' him. Tina feels empathy; she is aiming at what happens inside the child. The three aspects of Experience Oriented dialogue acceptance, authenticity and empathy seem to get priority in these interventions in a natural way. Each teacher reacts intuitively rather from one aspect than from another.

Then the question does arise: "But what is the best intervention?" Again it does not seem useful to judge from good-bad, let alone that (universally) the best intervention could be pointed out. Everybody has a natural way of reacting, which inclines strongly to one aspect of priority. But because everybody thought his own intuitive aspect important, the insight developed that the boundary of that aspect should be defined by the other aspects. Or: it is wonderful that Karin reacts from acceptance, but it is important that she is conscious of her own authenticity and the interest for "what is going on in the child's head." It is excellent that the child sees what his story does with Peter-Paul. Peter-Paul should try to keep attention to 'how this enters the child again.' And of course Tina may be interested in what happens inside the child's head. But she should take care that the child can tell from her reaction what his story does to her.

We put Karin to the test. We make up some sentences that she would definitely not write down on the drawing. She notices that there is indeed a limit to what she would write down gratuitously; a limit to her acceptance. She feels that authenticity and empathy are 'at play' then as a matter of fact.

#### The first answer

The first answer to the question: 'when are you doing well?' could be referring to the interaction: if you take into account acceptance, authenticity and empathy. It is good if you know your (intuitive) aspect of preference and it is important that you can justify the aspects which appeal less to you by nature.

- A councillor who has been really *authentic*, but for example so angry that he could not feel empathy for the child, is not left with a pleasant feeling.
- A councillor, who feels so empathic towards the children that this is at the cost of her authenticity, does not persevere very long.
- A councillor, who is extremely aimed at the acceptance of children, is sometimes unable to feel empathy and to overlook the consequences for others.

A child that you take home inside your head with you has put *acceptance, authenticity* and *empathy* out of balance.

#### The second answer

The second answer to the question 'when are you doing well?' with reference to the interventions on children who get stuck is: make a reconstruction of a child who is not doing well and/or who is not developing maximally, preferably with colleagues to reach as many points of view as possible. Think on account of that reconstruction of interventions which can put the child back into process and execute these.

*What next?*

Then you are doing well; as well as you can.

*And what if the child still does not become happy then or still does not develop?*

Then you make new reconstructions (or with other people) and try other interventions.

*And what if the child still does not become happy then or still does not develop?*

There can be a moment that you conclude in consultation with parents and colleagues that a child (with all that it is and to which it is exposed) cannot be happy or develop maximally in your setting with you as councillor. The worst thing that can happen to such a child is that this cannot be discussed. Some councillors are 'very worried' or 'do not even sleep anymore'. Is this to the child's benefit?

The child will benefit from a maximum effort. In return a councillor must be able to do his work with as few irritations and frustrations as possible. And that chance is biggest if he knows every day that he has tackled things seriously and with the best intentions and that he has done what he could and that that is the most realizable. And there will be another day tomorrow. And that, no matter how badly you wanted it, you are not able to make everybody happy.

That councillors are not able to make everybody happy or to have everybody develop maximally does not sound very optimistic. On the other hand it is good that councillors who dedicate themselves to the matter with heart and soul can bear up against sometimes turbulent times. It is so important that you feel you are doing this together. That is why the tuning talk about vision and the choice of point of view of concept is important. The child will have to be the compass, but you can 'do well' if you feel you matter: because you practise your job with passion.

#### **The maximum realizable**

Councillors often give as reaction on the pressure of work that they are so perfectionist. Perfectionism is striving for perfection. It would be good if they strive from a realistic perspective for the maximum realizable.

#### **Making the goals as high as possible**

Some teachers 'do not sleep anymore' if children are not doing well or do not develop well. This is of no use to children. You had better sleep and be fit in the morning in front of the class. If those children are examined and they are diagnosed as: retarded, dyslectic, ADHD, PPD NOS, then those teachers feel relieved from a burden. Their expectations diminish and... the children are going to adapt to that (low) expectation (Pygmalion effect). It is better if you always look at the reality what is possible and put the goal at 'the highest possible level for the child'.

#### The most important answer

Maybe the most important answer to the question 'when are you doing well?': "If you have confidence!" Confidence in yourself but especially confidence in the power of children.

Children often know very well what is necessary and you may join the trip. Take care you are near the wheel when the weather forecast is bad, but be surprised if you see where the children are taking you.

#### The care limit

Of course there is a limit to counselling and giving care. Not every child and every teacher are as a matter of fact together in the right place at the right moment. We talk about a limit if teachers are no longer able to offer the necessary, structured counselling to children during a longer period which will lead to a good wellbeing and a high involvement. Because children behave and develop differently in different organisations, in different circumstances and with different teachers, there is no unambiguous protocol. It is still good to go through a number of crucial aspects in connection with teachers of several years if the question presents itself if the child is still in the right place. Teachers who know a child and teachers who would still get the child should be able to get a best possible differentiated view.

#### A number of relevant aspects

- The **ratio** between group counselling and individual counselling.
- The **benefit** that children will be / are able to get from a group situation.
- The influence of children's **behaviour** on the rest of the group.
- The **teach ability** of children in the group.

- The predictable **chances of development**.
- The **opportunities for counselling** by the team.

Digital process oriented Child Monitoring System  
In cooperation with the expertise centre E.O.E. (experienced oriented education) Netherlands, CEGO has developed a digital process oriented Child Monitoring System. That enables schools to follow children systematically from wellbeing and involvement. It gives direct suggestions for successful interventions. And it legitimates the new educational practise on the most important criteria for the development of children. For more information see: [www.ervaringsgerichtonderwijs.nl](http://www.ervaringsgerichtonderwijs.nl)

**\* Winter de, M., (1995) *Children as co-citizens; Child and youth participation as social educational perspective*. Utrecht: de Tijdstroom**

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The definition, concepts and materials of Experiential Education refers to the work of Ferre Laevers and The Centre for Experiential Education, Leuven, Belgium. ([www.cego.be](http://www.cego.be))

