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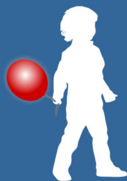

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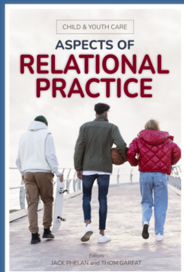

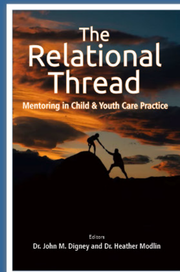

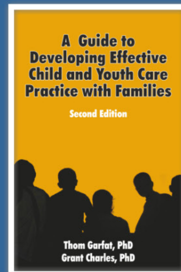

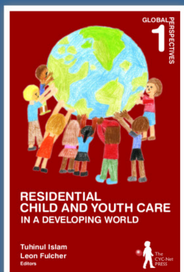

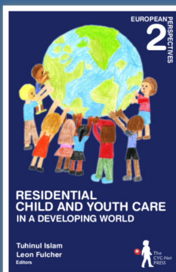

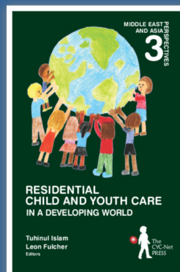

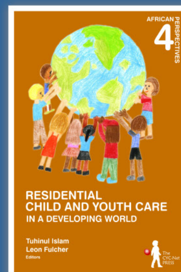

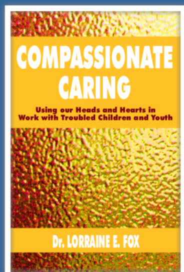

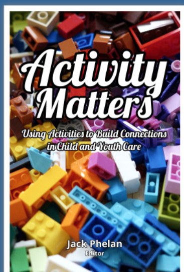

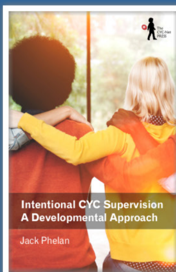

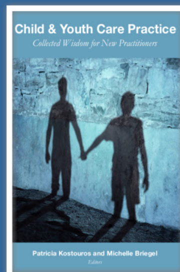

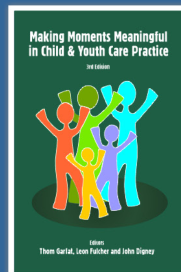

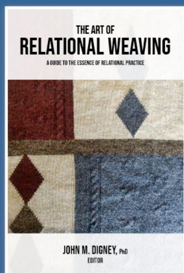

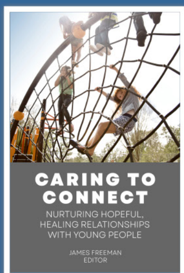

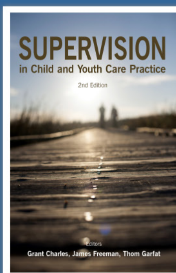

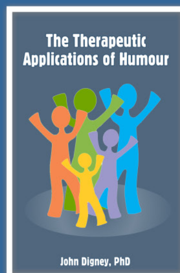

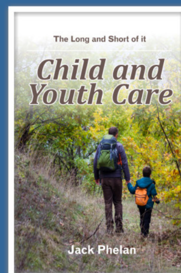

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Editorial Comment

'Healing Through Connection'

Leon Fulcher

Child and Youth Care workers, supervisors, managers, educators and students may be preparing for travel to St John's, Newfoundland at the end of June 2026 for the 5th Child and Youth Care World Conference – *Healing Through Connection*. Some, like me, will have made international travel arrangements from places like South Africa, U.K., Australia and New Zealand. Anyone still hoping to book international travel a month out from the Conference may be out of luck, with the reduced number of flights and now higher prices for every ticket. The world's petrochemical impasse restricting exit and entry to the oil-rich Persian Gulf is a direct challenge to economic globalisation. It is said that more than a fifth of the World's oil comes through the Persian Gulf, most destined for Asia, fuelling the world's manufacturing economy. What challenges might all this pose for the daily work of child and youth care?

For a start, *where an employing child and youth care service is located* may impact staffing travel issues. Staffing transport may factor across

multiple shift changes that impact 168-hour residential group living services whether group homes or residential centres. The cost of travel to and from work may influence further use of carpooling and public transport whenever possible. *Group outings and recreational activities may be restricted* as agency budget challenges heighten through spiralling fuel costs.

Further budgetary challenges will become prominent as new quantities of *food and produce cost more* because of surging fuel costs in the preparation, planting, harvesting and delivery of agricultural products to marketplaces where child and youth care workers live and practice. Agency managers and Boards are likely be facing spiralling budget challenges within their windows of 6 to 9-month forecasting. A distinctive feature about these challenges facing local health and social care services is that this time, *things are happening very quickly*. Public comparisons have been made with the sudden Coronavirus outbreak and its impact on daily life, world-wide.

A “think local” orientation may offer opportunities for daily and weekly child and youth care practices that – until now – may not have featured in daily and weekly programmes, highlighting the practice theme about ‘*doing with, not to or for*’. Personal fitness themes may feature through the greater use of bicycles, jogging and participation in sporting activities. A ‘*grow our own*’ produce prospect may generate interest, starting with baby tomatoes, parsley or cilantro in pots or in the ground behind the group home. Some rural centres have used opportunities to engage in horse-riding, the care of livestock in fenced areas and participation in 4H activities. Others still offer neighbourhood routes for youths to deliver local newspapers or get involved with hospitality roles in fast food outlets.

The point of all this is for chid and youth care workers and supervisors to remain pro-active when considering practical ideas about how we can all make the best of the circumstances now facing all parts of our world.

Governments are struggling to manage the fiscal impact of the surging cost of oil and related products on their countries and are now seek networking opportunities. It is here that we once more applaud *The International Child and Youth Care Network* and the founding fathers of CYC-Net – Brian Gannon and Thom Garfat – for their vision and wisdom. Along with Martin Stabrey, they have been guided by the assertion that child and youth care is a profession that impacts the lives of children, young people and their families – doing with, not to or for! Building connections, world-wide.

LEON FULCHER, MSW, PhD is an International Child & Youth Care consultant with www.transformoutcomes.com (Outcomes that Matter) as well as CYC-Net Board member for the Asia-Pacific region.

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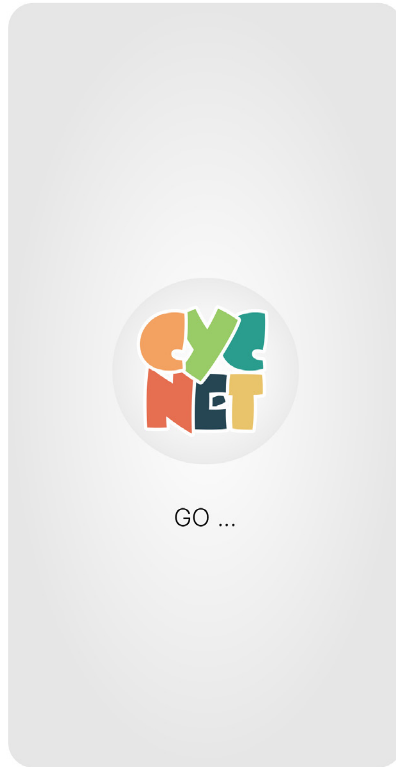

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Intake is not a Formality

Julian Andres Casas Corrales

Abstract

Intake is not the beginning of care. Too often, it is the first act of a harm that no one names as such. This article examines why this happens and what conceptual frameworks would allow it to happen otherwise. It argues that the institutional tendency to treat intake as administrative placement produces three structural deficits: an ecological blindness regarding the environment assigned to the young person, an ethical deficit in recognizing the young person as a complex subject, and an epistemic bias in the construction of knowledge about the case. To analyze these deficits, a tripartite framework is proposed, drawing on Bronfenbrenner's bioecological model, Honneth's theory of recognition, and Fricker's concept of epistemic injustice, each situated within the existing child and youth care literature. Four hypothetical scenarios, constructed solely for analytical purposes and not corresponding to identifiable real cases (any resemblance to concrete situations is coincidental), are introduced as instruments for professional reflection. The article does not offer procedural prescriptions. It offers a language for naming what the field prefers not to see and a set of questions that residential care organizations ought to be willing to ask themselves.

Keywords

intake, residential services, youth in care, ecological model, recognition, epistemic injustice, child and youth care.

Intake as a Theoretical Problem

In the field of residential services for young people, intake refers to the process through which an organization evaluates a referred young person, determines their eligibility, and decides their placement within a specific program and physical environment. The term encompasses a range of practices that vary significantly across jurisdictions: in some systems, intake follows a prior assessment conducted by child protection or judicial authorities; in others, it incorporates elements of assessment within itself. It may be carried out by social workers, program supervisors, or direct-care staff with diploma-level training. What remains constant is that intake produces a consequential decision: where and under what conditions a young person will live (Fulcher, 2001).

This article does not assume that every intake, everywhere, is a mechanical process conducted without reflection. There are settings where intake involves careful deliberation, sensitive engagement with the young person, and genuine efforts to match needs with resources. There are practitioners who approach files with the kind of healthy scepticism that McDermott (2010) described in his account of the tensions between reporting, assessment, and the lived realities of child care practice. There are assessment frameworks that move well beyond tick-box instruments and seek, as Fulcher (2001) argued they should, to construct a differential understanding of the interplay between organizational dynamics and the needs of the young person. The existence of thoughtful practice is not what this article questions. What it questions is whether the field has articulated the conceptual foundations that distinguish thoughtful intake from routine placement, and whether the institutional conditions under which intake typically occurs make the former likely or the latter probable.

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The answer, in many contexts, is uncomfortable. There are settings where intake decisions are made rapidly, based on files constructed by others, prioritizing availability over suitability. When something goes wrong afterward, the institutional explanation tends to converge on the young person: their history, their diagnosis, their behaviors. It rarely converges on the intake itself, on the moment when it was decided, on partial information, what ecosystem the young person would inhabit. The intake vanishes from the causal narrative. And in vanishing, it becomes invisible as a source of the problems that follow.

This invisibility is not accidental. It is the structural product of treating intake as a procedural step, a gateway to the real work rather than a constitutive part of it. When intake operates under this conception, its decisions are guided not by rigorous ecological evaluation but by bed availability, institutional pressure, and assumptions about the young person that no one has critically examined. The system can produce harm with the same efficiency with which it produces care, without recognizing it as such.

This is a theoretical-conceptual article. It does not report empirical data, nor does it claim to. Its purpose is to construct a framework that renders visible the dimensions intake involves but that everyday practice tends to obscure. The four scenarios in section 4 are hypothetical and serve a specific methodological function: they do not demonstrate the prevalence of the patterns described but make them conceptually available for professional reflection. The article draws on the reality of residential services in Canada, with reference to Nova Scotia where data justify it, but aspires to broader applicability. Readers from different countries are invited to consider which elements resonate with their own contexts and which do not. As Fulcher (2001) has argued, residential group care is shaped by cultural and organizational variables that differ profoundly across settings,

and any theoretical proposition must be tested against the particularities of local practice.

What follows does not propose a better protocol. It proposes that the field make explicit the assumptions, frameworks, and ethical commitments that operate, acknowledged or not, every time a young person is admitted into residential care. To that end, it articulates three theoretical traditions, each located within the existing CYC literature, and examines four scenarios designed not as indictments but as invitations: questions each reader will have to answer from within their own practice.

Three Dimensions of Intake: A Theoretical Framework

Every intake decision, whether the person making it is aware of this or not, operates in three registers simultaneously. It evaluates the environment in which the young person will live. It constructs knowledge about who that young person is, and it communicates what value the institution ascribes to them as a subject. The framework proposed here seeks to make these registers visible by asking three questions: what should be evaluated? How is the knowledge that grounds that evaluation constructed? And why does the manner in which the first two are answered matter ethically?

The Ecological Dimension

In residential services there is a deeply rooted asymmetry: the young person is evaluated; the environment is assumed. Diagnoses are reviewed, behavioral histories are classified, risk levels are calculated. The environment, by contrast, is verified: there is a bed, the program has capacity, the location is geographically feasible. This asymmetry is not a minor procedural shortcut. It reflects a fundamental misunderstanding of what placement involves.

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Urie Bronfenbrenner spent decades constructing a framework for understanding this. His mature formulation, developed with Pamela Morris and known as the PPCT model, identifies four interacting dimensions of human development. Process refers to the reciprocal, sustained interactions between the developing person and their environment, what Bronfenbrenner and Morris (2006) termed proximal processes. These are the everyday, accumulating interactions that drive development: the conversation at breakfast, the response to a crisis, the quality of attention during routine moments. Person encompasses the individual characteristics the young person brings, including their temperament, motivations, accumulated experiences, and current psychological state. Context refers to the nested systems within which the person is embedded: the microsystem of immediate relationships, the mesosystem of connections between settings, the exosystem of structures that affect the person indirectly, and the macrosystem of cultural and political values. Time captures both the micro-chronology of individual interactions and the macro-chronology of historical and biographical transitions.

What makes this framework more than a classification scheme is its central proposition that development occurs through proximal processes, and that the quality and outcome of those processes depend on the characteristics of the person, the context, and the time period in which they occur. This is not an abstract claim. It means that the same young person, placed in two different environments, will develop differently, not because they are two different people, but because the proximal processes each environment makes possible are different. The environment does not merely contain development. It produces it.

Fulcher (2001) recognized this when he proposed a differential assessment typology for residential group care, drawing explicitly on Bronfenbrenner's ecology to argue that social workers need tools for

evaluating not just the young person's needs but the structural features of the services available to meet them. His twelve qualitative variables, ranging from the physical environment to staffing patterns to the cultural ethos of the program, represent an attempt to make the environment an object of systematic assessment rather than an assumed backdrop. The argument advanced here extends Fulcher's logic to its implications for intake specifically: if the environment is a constitutive part of the care provided, then an intake that does not evaluate the environment is not merely incomplete. It is making decisions about a young person's developmental trajectory without examining a primary determinant of that trajectory.

This is not to claim that ecological evaluation eliminates uncertainty. As any experienced practitioner knows, sometimes things click and sometimes they do not, in ways that defy prediction. The question is not whether ecological assessment guarantees outcomes. It is whether the field can continue to make placement decisions without it and then attribute the consequences to the young person rather than to the conditions the system itself created.

The Epistemic Dimension

Before the intake professional formulates a single question, they have already made a decision that will shape everything that follows. They have decided, usually without being conscious of it, what sources of knowledge they will trust to understand the young person in front of them. In practice, the answer is almost always the file. The file arrives before the young person, carries more institutional weight than the young person's own account, and frequently becomes the operative object of evaluation, displacing the living subject it purports to describe.

Miranda Fricker (2007), a philosopher working at the intersection of epistemology and ethics, developed the concept of epistemic injustice to name the forms of injustice that affect subjects specifically in their capacity as knowers, as people who possess, produce, and communicate knowledge about their own experience. The concept has two principal forms. Testimonial injustice occurs when a person's testimony is afforded less credibility than it merits, not because of the content of what they say but because of a prejudice regarding who they are. Hermeneutical injustice occurs when a person's experience cannot be adequately understood because the collective interpretive resources available, the concepts, categories, and frameworks shared by a community, are insufficient to make that experience intelligible.

Fricker's framework has begun to register in child and youth care. Ruch and colleagues (2022) applied it to the language surrounding looked-after children, arguing that the very terminology used to describe young people in care constitutes a form of epistemic harm, reducing complex subjects to administrative categories that distort how they are perceived and treated. Johnstone (2021) drew on Fricker to demonstrate that child welfare practice systematically discounts the testimony of marginalized families, privileging professional judgment in ways that produce predictable injustice. What has not yet been fully explored, and what this article attempts to advance, is how epistemic injustice operates specifically at the point of intake, in the moment when knowledge about the young person is constructed for the purpose of making a placement decision.

Three patterns deserve attention. The first is what might be called uncritical epistemic transfer: the file produced by prior institutions migrates to the new context with its full interpretive weight intact, without being subjected to critical examination. The diagnoses, behavioral labels, and risk assessments constructed by other professionals, in other settings, at other

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moments, become the operative knowledge on which the current decision is based. It is worth noting, as McDermott (2010) observed in his account of practice, that many experienced residential workers are in fact sceptical of files and do not take what is written in them at face value. The problem is that this scepticism, where it exists, is a function of individual professional disposition rather than institutional design. It is not built into the structure of the intake process.

The second pattern is hermeneutical reduction. When the categories available to the intake system cannot accommodate the young person's experience, the experience is either distorted to fit available categories, or it is excluded from the evaluation altogether. The young person whose gender identity does not fit binary categories, the one whose relational network is more complex than the form allows, the one whose strengths have no name in the assessment instrument: all of them undergo a hermeneutical injustice at the structural level, before any individual professional has had the chance to do better or worse.

The third pattern, perhaps the most consequential for intake, might be called the presumption of continuity: the assumption that the young person who arrives is the young person the file describes, that behavioral patterns recorded in other institutions under other conditions are stable characteristics of the subject rather than responses to specific environments. This presumption naturalizes the young person's behavior, strips it of context, and absolves the previous and current environments of any role in producing it. If the young person was aggressive there, the presumption runs, they will be aggressive here. What rarely gets asked is whether the previous environment contributed to that aggression, and whether the current one has the conditions to elicit something different. The professional who pauses to ask themselves how much of what I think I know about this young person is knowledge about them, and how much is

knowledge about the environments they have inhabited, is engaging in precisely the kind of epistemic reflexivity that Fricker's framework calls for.

The Ethical Dimension

When an organization admits a young person into residential care, it does not merely allocate a bed. It issues, implicitly, a judgment about who that young person is and what they are worth, a judgment that will be translated into the concrete conditions of their daily life. Axel Honneth (1995), a philosopher in the Frankfurt School tradition, developed a theory of recognition that provides the conceptual tools to understand why this matters ethically, and to trace the specific forms of damage that occur when recognition fails.

Honneth argued that the formation of a person's practical relation to themselves, their self-confidence, self-respect, and self-esteem, depends on being recognized by others in three distinct spheres. The sphere of love or affective care, grounded in close relationships, enables the subject to develop trust in themselves and in others. The sphere of right, grounded in legal and institutional inclusion, enables the subject to see themselves as a bearer of legitimate claims. The sphere of social esteem, grounded in the community's valuation of one's particular traits and contributions, enables the subject to regard their own capacities as meaningful. Each sphere has a corresponding form of disrespect, what Honneth calls 'Missachtung': abuse or neglect damages self-confidence; exclusion or denial of rights damages self-respect; and denigration or invisibilization of one's capacities damages self-esteem. These are not merely unpleasant experiences. They are, in Honneth's analysis, injuries to the very structure of the self.

Honneth's framework has found increasing purchase in residential child and youth care scholarship. Smith, Cameron, and Reimer (2017) argued for

a conceptual shift from attachment to recognition, proposing that Honneth's framework offers a richer account of what children in care actually need than the narrower lens of attachment theory allows. Marshall, Winter, and Turney (2020) applied the recognition framework specifically to residential care settings, demonstrating that it illuminates how institutional practices either support or undermine positive identity formation. Their work makes clear that recognition is not merely an interpersonal phenomenon: it is structured by institutional conditions. The question for this article is whether that insight can be extended to intake, to the moment when those institutional conditions are first configured for a specific young person.

The extension is not without tension. Honneth developed his theory as a framework for understanding social conflicts and the normative conditions of a just society, not as a tool for evaluating clinical or administrative processes. One might reasonably argue that his categories apply most productively to the relational work that occurs in the lifeworld of the residential setting, not to the procedural moment of intake. This article proposes, however, that intake is precisely where the conditions for recognition or disrespect are established. A young person placed in an environment that can recognize their identity, respond to their needs, and value their capacities will encounter conditions conducive to the development of self-confidence, self-respect, and self-esteem. A young person placed in an environment where their identity is irrelevant, their needs are registered but unmet, and their capacities are invisible, will encounter conditions that produce, systematically and from day one, the very injuries to selfhood that Honneth's theory describes. The intake decision is the moment when those conditions are set.

Recognizing the young person at intake implies three concrete commitments. In the sphere of care, it means not reducing them to their risk history but asking what bonds sustain them, what relationships they need,

what forms of affective connection are meaningful to them. In the sphere of right, it means treating their needs as obligations the institution contracts upon admitting them, not as complications it tolerates when resources permit. In the sphere of social esteem, it means asking also about their strengths, their interests, their modes of participation, what Fulcher and Garfat (2013) called the outcomes that matter: those dimensions of a young person's life that connect them to what they do well, what gives them a sense of contribution, and what sustains their sense of worth.

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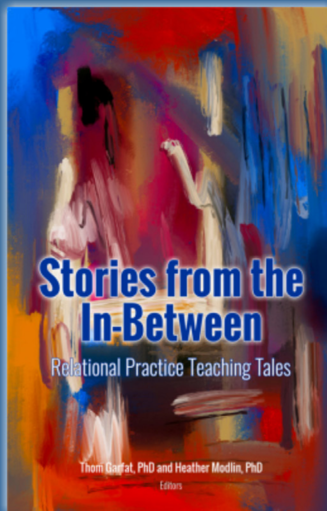

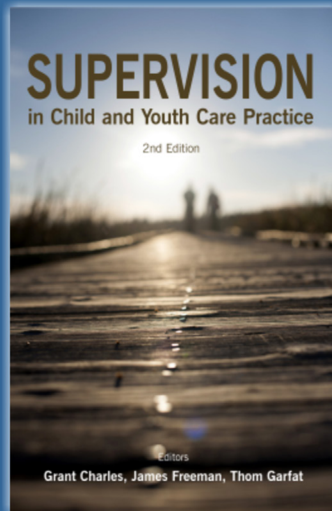

The Institutional Logic that Sustains the Deficits

The deficits described above do not arise from individual incompetence. They arise from institutional conditions that make them structurally probable. Identifying these conditions is not a way of excusing failures. It is the precondition for transforming them.

The first condition is occupancy pressure. Residential services operate within funding structures in which each admission activates a flow of public resources to the organization. This creates a predictable asymmetry: refusing an admission on grounds of incompatibility between the case and the service carries an immediate, visible, and quantifiable institutional cost. Accepting an unsuitable case carries a cost that is deferred, distributed across time, and attributable to multiple causes that rarely include the original intake decision. The report of the Auditor General of Nova Scotia (2024) documented that provincial contracts with residential home operators included neither performance standards nor required staff qualifications. This is not a bureaucratic oversight. It is the structural condition that allows admission to precede evaluation systematically, without institutional accountability. Similar dynamics operate in other jurisdictions, and readers will recognize variants in their own contexts.

The second condition is the gap between what intake requires and what the existing structure of roles and training provides. In many settings, intake is conducted by program supervisors or direct-care staff with diploma-level qualifications. This is not a judgment on their dedication or their capacity to develop relationships with young people. It is a recognition that conducting an ecological evaluation of a case and its environment, one that is epistemically reflexive and ethically oriented toward recognition, requires conceptual frameworks, specialized training, and structures of critical supervision that are not typically part of diploma-level preparation. In the

absence of these, intake proceeds from intuition, institutional habit, and the replication of practices observed from predecessors who were equally untrained in these dimensions. The tendency toward evidence-based practice and accountability has, in some settings, compounded the problem by replacing professional judgment with procedural compliance, standardizing the process in ways that can suppress rather than support the kind of reflexive evaluation this article advocates (Gharabaghi, 2010).

The third condition is the naturalization of instruments. Intake forms have an architecture that is not neutral. What the form asks becomes what gets evaluated. What it does not ask tends to remain unevaluated, regardless of its clinical or ecological relevance. When instruments are designed primarily around administrative data, diagnoses, incident histories, medication needs, and legal status, the form itself becomes the architecture of the knowledge produced about the young person. It is important to acknowledge, as the reviewer of an earlier version of this article rightly noted, that not all assessments are tick-box: some tell compelling stories with thoughtful interpretation, and some involve the perspectives of young people directly. The question is whether the instruments in routine use in each setting are designed to support that kind of work, or whether they are designed for risk management and accountability, leaving the interpretive depth to the discretion, time, and capacity of individual professionals.

These three conditions do not operate in isolation, they interact. Occupancy pressure accelerates intake, reducing the time available for ecological evaluation; role ambiguity means there may be no one in the process with the training to conduct that evaluation; and the instruments in use may not support it even if the time and training were available. Together, they produce an institutional environment in which intake can function systematically below the threshold that the care of vulnerable

young people requires, without anyone perceiving that gap as a crisis. It does not present as a crisis. It presents as the way things work.

Four Scenarios for Reflection

The scenarios that follow are hypothetical, constructed solely for analytical purposes. They do not correspond to identifiable real cases or to specific organizations; any resemblance to actual situations is coincidental. They are not here to describe what typically happens in every intake. They are here to make visible the structural possibilities that arise when the conceptual foundations examined above are absent. Readers are invited to engage with each scenario not as a description of someone else's failure but as a question about their own practice: is this pattern recognizable in the context in which I work?

When the Environment Becomes a Threat

A transgender young person, assigned female at birth with a male gender identity, enters a residential program. The intake process places him in a two-bedroom home alongside a resident whose documented and recent pattern of racist and homophobic verbal expressions is recorded in the institutional files. This information was available before the placement decision was made.

Bronfenbrenner's framework compels a question that should have been asked before admission: what kind of proximal processes are foreseeable in this microsystem? Not as a remote possibility, but as the probable texture of daily life. The two residents will share meals, common spaces, hallways, the mundane infrastructure of cohabitation where hostility does not need to be explicit to be erosive. Proximal processes are not occasional interactions: they are the sustained, accumulating, everyday encounters

that constitute the engine of development. In this microsystem, the foreseeable proximal processes are not developmental. They are damaging. What the intake failed to evaluate was not the young person. It was the microsystem into which it was inserting them.

But the ecological failure is not the deepest one. Honneth's framework reveals something more structural. The placement decision communicates, without saying it, that the young person's gender identity was not considered a relevant variable in determining where they would live. This is not an administrative oversight. It is a form of disrespect that operates simultaneously in all three spheres of recognition. In the sphere of care, because an environment visibly hostile to the young person's identity is not an environment that cares. In the sphere of right, because the young person's right to an environment that respects who they are was overridden before they could exercise it. And in the sphere of social esteem, because the decision renders the young person's identity institutionally invisible: it is treated as having no bearing on the conditions of their daily life. The research on sustained identity-based hostility in transgender youth is unambiguous in its findings: elevated anxiety and depressive symptomatology, deterioration of self-esteem, and increased risk of suicidal ideation (Russell et al., 2018). These are not unpredictable side effects. They are documented consequences of conditions that were, in this scenario, foreseeable from the start.

Fricker's framework adds a third layer. The question it poses is not about the placement decision itself but about the interpretive infrastructure behind it. With what categories did the organization understand the young person's transgender identified at intake? Was it comprehended as a constitutive dimension of their experience, one that should actively inform every decision about where and with whom they live? Or was it recorded as a data point, a checkbox marked in a form whose architecture did not give it

operative weight in the placement algorithm? If the answer is the latter, then the problem is not simply that the system made a bad decision. The problem is that it lacked the hermeneutical resources to recognize what was at stake. This is epistemic injustice operating at the structural level: the system's own categories rendered invisible precisely the information that should have been decisive.

The Protection That Does Not Protect

A young woman with a history of harassment by a man enters a residential service. The supervisor conducting intake decides to place her in a home on the outskirts of the city and assigns an exclusively female direct-care team. The reasoning appears protective: if she was harmed by a man, she must be protected from men. It is an understandable impulse. It was never subjected to clinical evaluation, never tested against the young woman's actual relational reality, and it produced harm.

What intake did not examine is the structure of the young woman's relational world. She maintains active friendships with men, has had romantic relationships with men, and sustains significant family bonds with male figures with whom she communicates regularly. Her relational ecology is mixed. Her experience of harassment, although real and serious, does not define the totality of her relationship with masculinity. It is one node in a complex relational network, not the organizing principle of the entire network.

Placed in an all-female environment on the city's outskirts, the young woman develops aggressive behaviors toward the female staff. Multiple escalations follow. She is eventually transferred to a mixed program with both male and female staff, operating under an inclusive model of care. The aggressive behaviors diminish significantly.

Honneth's framework makes legible what happened. The young woman was recognized as a victim but not as a subject. This distinction is not semantic. To recognize someone as a victim is to recognize what happened to them. To recognize them as a subject is to recognize who they are, in the full complexity of their history, their bonds, their capacities, and their contradictions. When intake collapses the subject into a single dimension of their experience, even when that dimension involves genuine harm, it produces what might be called distorted recognition: a form of disrespect that presents itself as care. The young woman was not neglected. She was reduced. Her complexity was replaced by a category that the institution found easier to manage than to engage. The conviction that this constituted protection was not evidence of bad faith. It was evidence of hermeneutical poverty, a framework so impoverished that it could not distinguish between the source of harm and the structure of the subject's relational life.

Fricker illuminates the mechanism. The supervisor operated with a single interpretive schema: victimization by a man produces a prescription of the absence of men. This schema has the virtue of being simple, intuitive, and actionable. It has the deficiency of being clinically inadequate. A richer hermeneutical framework would have allowed the supervisor to ask not only what this young woman must be protected from, but what does she need in order to develop. It would have distinguished between the event that caused harm and the relational ecology that sustains the young woman as a person. And it would have recognized that genuine protection does not consist of amputating an entire category of persons from the subject's environment but of constructing conditions of safety that respect, rather than suppress, the complexity of their relational world.

The question this scenario leaves open extends well beyond this case. In residential services, how many protective decisions operate from this same logic: a past event mechanically determines a future environmental

prescription, without anyone having evaluated whether that logic corresponds to the actual complexity of the subject? How often has the system confused the reduction of the subject with their protection, and called care what was, in practice, a more administratively convenient way of managing complexity than of engaging it?

The Case the Service Could Not Sustain

A young person with multiple mental health diagnoses, including indications of schizophrenia and personality disorders, is admitted to a general residential program. Their primary need is specialized mental health care. This is documented at intake. What is not documented, because it does not happen, is the operational preparation that should follow: staff are not trained for the specific demands of the case, no alliances are established with psychiatric services, no protocol is developed for managing psychotic episodes. The need is recorded in the file. It does not exist in practice.

Over the following months, the young person presents recurrent hallucinations, aggression toward staff, and low adherence to medication and therapeutic processes. A co-occurring substance use problem compounds the clinical picture. Progressive physical and mental deterioration is observed. The institutional explanation converges on the young person: they are complex, their diagnosis is severe, their adherence is poor. What the institution does not produce is the question that should have been asked before admission: did this service possess the effective capacity to respond to this young person's needs? Not the declared capacity. Not the intention. The effective capacity: staff trained in severe mental health conditions, operative connections with psychiatric services,

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crisis protocols designed for psychotic episodes, geographic access to health resources the young person would need urgently and regularly.

Honneth's framework offers a precise concept for what occurred. It might be called empty recognition: the institution admits the young person formally, activates the associated funding, produces the documentation the system requires, and thus performs the institutional gestures of inclusion. But it cannot materially deliver what those gestures promise. The young person is included in the institution's registry but excluded from the care their inclusion was supposed to guarantee. There is a gap between the formal act of admission, which satisfies the sphere of right at a procedural level, and the material conditions of daily life, which fail to satisfy any sphere of recognition. This gap is not a tragic inevitability. It is the direct product of an intake decision that prioritized the act of admission over the evaluation of capacity.

The uncomfortable question, the one institutions are structurally disincentivized from asking, is not why this young person did not receive adequate care. That question has comfortable answers: complexity, scarcity, systemic limitations. The question that disrupts those comforts is different: why was this young person admitted into a service that could not provide the care they needed? What role did occupancy pressure play? What role did the organization's reputation within the referral system play? What role did the absence of contractual standards requiring services to demonstrate capacity before accepting cases play? These questions do not have comfortable answers. They are precisely the questions that an organization serious about the care of vulnerable young people should be willing to ask before each admission, not after each deterioration.

What the System Saw and Did Not Know How to Use

This scenario differs from the previous three in a detail that makes it especially instructive: the information was there. The intake process identified something that worked in this young person's life, something that connected them positively to their environment. It recorded that information. And then it assigned it no operative role in the decisions that followed.

A young person with frequent aggressive behaviors toward staff and low engagement with school and social work processes enters a residential program. During intake, two observations are noted: a notable connection with animals and an enthusiastic disposition for community activities. These data are recorded alongside the diagnoses and incident history, with the same neutral weight as any other entry, without anyone identifying them as what they are: clinically significant information about the ecological conditions that sustain this young person's functioning.

Following a behavioral escalation, the young person is relocated to a home on the outskirts of the city. Community participation, which had connected them positively to their environment, becomes infrequent. Contact with animals ceases. Aggressive behaviors do not decrease. The system reads this continuity as confirmation of what it already believed: the young person is aggressive, does not adhere, presents management difficulties. What the system does not read is its own contribution to the result.

Bronfenbrenner's framework makes legible what occurred. The community bonds and animal contact were not leisure activities that could be removed without consequence. They were active proximal processes: sustained, regular, and reciprocal interactions that functioned as developmental regulators. Their regularity is precisely what gave them

developmental force; remove the regularity, and the developmental function collapses. When the relocation severed these processes, it did not merely change the young person's location. It eliminated the ecological conditions that were containing their most disruptive behaviors. The decision was taken in response to problem behavior without asking what conditions were mitigating that behavior, and what would happen when those conditions were no longer present.

Honneth's framework reveals the ethical dimension. The system recognized this young person exclusively as a source of problems: a subject defined by deficits, to be managed through containment. The sphere of social esteem, the recognition of the subject's particular capacities and contributions as valuable, was entirely absent from the evaluative logic. A subject recognized only through their deficits receives interventions designed to control what they do wrong. A subject recognized also through their capacities receives interventions designed to strengthen what they do well and to create conditions under which their strengths can operate more frequently. The difference is not merely strategic. It reflects a fundamentally different conception of who the young person is.

Fricker's framework adds the epistemic key. The information about this young person's strengths was present in the file. It existed as recorded data. It did not exist as operative knowledge, as information with interpretive weight capable of influencing decisions. This is not a problem of data availability. It is a problem of epistemic hierarchy: in the interpretive architecture of intake, deficits carry more weight than capacities, risks carry more weight than strengths, and the history of what went wrong carries more weight than the evidence of what might work. This hierarchy is not written in any manual. It is embedded in the forms, in the assessment categories, in the professional language the field uses to talk about the young people it serves. Fulcher and Garfat (2013) argued that what matters

for young people in out-of-home care includes precisely the dimensions this hierarchy relegates: what connects them, what sustains them, what gives them a sense of contribution. As long as this hierarchy remains unexamined, it will continue to produce the same result: young people defined by what they cannot do, intervened upon for what they fail at, and placed in environments that do not consider what sustains them.

Conclusions

The four scenarios examined above are not a catalog of failures, nor do they represent the totality of how intake operates across diverse contexts and jurisdictions. They are structures of possibility: institutional configurations under which certain outcomes become predictable. What makes those outcomes probable is not negligence or indifference on the part of practitioners. It is a combination of occupancy pressures, training limitations, and instrumental architectures that silently orient intake decisions toward management over care, toward the file over the subject, toward availability over suitability. These forces operate with such constancy and normalization that they have ceased to register as problems. They register as the ordinary functioning of the system.

The tripartite framework proposed here does not resolve these forces. Bronfenbrenner does not eliminate occupancy pressure. Honneth does not restructure funding models. Fricker does not redesign intake forms. What the framework provides is something different and, arguably, more foundational: a language for naming what occurs and a set of questions for examining it. Bronfenbrenner's contribution is to make it untenable to treat the assigned environment as a logistical convenience rather than a constitutive element of care. Honneth's is to make visible that every intake decision carries an implicit judgment about the young person's worth, with

real consequences for their relation to themselves, whether or not the institution frames it in those terms. Fricker's is to make uncomfortable, and productively so, the uncritical reliance on files, categories, and interpretive frameworks that the field has inherited without adequate examination.

One point requires clarification, because it addresses a question the reader may rightly raise. The issue this article identifies is not whether the young person is asked questions during intake. In most settings, they are. The issue is the interpretive weight their responses carry in the decision-making process. When the file speaks with more institutional authority than the young person, when a diagnosis constructed by other professionals in other contexts overrides what the young person reports about their own experience, then the system is not failing to solicit the young person's voice. It is soliciting it and then subordinating it to other forms of knowledge that carry greater institutional credibility. In Fricker's terms, this is testimonial injustice operating not through the silencing of the subject but through the systematic discounting of what they say. The young person speaks. What they say does not register as knowledge with the same epistemic authority as what the file has already determined about them.

It is also important to acknowledge that sometimes, depending on what else may be occurring in a young person's life, the evolution of a case is genuinely the evolution of a case. Uncertainty is inherent to this work, and not every negative outcome is traceable to a flawed intake. Things can click, or fail to click, in ways no framework can fully predict. The argument here is not that ecological, ethical, and epistemic rigor eliminates uncertainty. It is that the field cannot afford to leave placement decisions to institutional logics that systematically produce avoidable harm and then attribute that harm to the young person. That is not uncertainty. That is a pattern. And patterns, unlike uncertainty, can be examined and interrupted.

As a theoretical-conceptual work, this article does not provide empirical evidence on the prevalence of the patterns it describes or the efficacy of intake processes guided by the proposed framework. That evidence is needed, and its absence constitutes a limitation of the present work. The field requires empirical studies that examine how intake operates in residential contexts across different countries and systems, what conceptual frameworks, explicit or implicit, guide those decisions, and what difference a more deliberate, ecologically informed, ethically grounded, and epistemically reflexive process makes for the developmental trajectories of the young people it is meant to serve.

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Intake is a threshold. What occurs at that threshold is not a procedural step prior to the real work. It is, already, the work. A young person who crosses that threshold into an environment that recognizes them, that can sustain them, and that was evaluated with the seriousness their life warrants, has real developmental possibilities. A young person who crosses it into an environment chosen by availability, constructed on unexamined assumptions, and assigned without adequate consideration of who they are, carries from the first day the consequences of a decision the system will never call an error. It will call it evolution of the case. It will call it diagnostic complexity. It will call it, at best, a lesson learned.

A field that takes seriously the care of vulnerable young people can no longer afford that distance between what it calls things and what those things are.

References

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 793–828). Wiley.

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing.* Oxford University Press.

Fulcher, L. C. (2001). Differential assessment of residential group care for children and young people. *British Journal of Social Work, 31*(3), 417–435.

Fulcher, L. C., & Garfat, T. (2013). Outcomes that matter for children and young people in out-of-home care. *International Journal of Social Pedagogy, 2*(1), 33–46.

Gharabaghi, K. (2010). *Professional issues in child and youth care practice.* Routledge.

Honneth, A. (1995). *The struggle for recognition: The moral grammar of social conflicts* (J. Anderson, Trans.). Polity Press. (Original work published 1992).

Johnstone, M. (2021). Using the principles of epistemic justice to centre social justice in child welfare practice. *The Social Lens: A Social Work Action Blog.* Dalhousie University, School of Social Work.

Marshall, G., Winter, K., & Turney, D. (2020). Honneth and positive identity formation in residential care. *Child & Family Social Work, 25*(4), 733–741.

McDermott, D. (2010). Reporting, assessment and research in child care practice: A personal account of discovery. *CYC-Online,* 137.

Nova Scotia Office of the Auditor General. (2024). *Health, safety and well-being of children placed in temporary emergency arrangements and child and youth care homes.* Office of the Auditor General of Nova Scotia.

Ruch, G., Julkunen, I., Koprowska, J., Karvinen-Niinikoski, S., & Trevithick, P. (2022). Stigma, epistemic injustice, and 'looked after children': The need for a new language. *Journal of Evaluation in Clinical Practice, 29*(3), 406–412.

Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health, 63*(4), 503–505.

Smith, M., Cameron, C., & Reimer, D. (2017). From attachment to recognition for children in care. *British Journal of Social Work, 47*(6), 1606–1623.

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Quality Conversations or the End of Quality in Residential Care and Treatment Settings?

Kiaras Gharabaghi

Over the past three months, I have contributed a series of propositions about quality in residential care and treatment settings, suggesting that the variables that matter most are things like Sleep, Food, and Community, amongst others. I confess that the way I speak to quality in residential care and treatment settings is quite different from the focus that is often present at more formal gatherings of stakeholders in this sector, and it certainly does not correspond to how governments and regulators want to see quality manifest. Almost always, those conversations turn to evidence-based practices, metrics about outcomes, and quite rigid surveillance and accountability systems. Why am I not buying into these conversations?

Perhaps it isn't obvious, but it certainly should be understood that conversations about quality care or quality treatment (often, these things are not distinguished despite being very different things) are never politically neutral. Regulators and governments are not all that interested in what actually happens in residential settings, so long as a few things are in

place. These include: 1) safety, by which I mean the physical safety of children and youth such that there are no reports of child death or media coverage-worthy injury; 2) related to the first point, mitigation of risk and liability feature very high on government priority lists; 3) enough safeguards to avoid scandals, such as hiring staff with sexual abuse records or financial misappropriation; and 4) authority of recognized experts and expert professions, most notably psychiatry. These things are of great interest to government because the investment in residential care and treatment is significant and there is a public expectation of children and youth being treated to get healthy and productive.

Many conversations about quality, including ones that child and youth care as a field has increasingly been participating in, are really conversations about reinforcing these government priorities. Individually, each of these priorities seems quite reasonable. None of us would want children and youth to be unsafe, or for there to be many child or youth deaths and injuries (although there are many such deaths and injuries in most geographic jurisdictions), and certainly we all agree that we don't want sexual offenders working with our children and youth. What is less obvious is the collective impact of pursuing these priorities under the guise of conversations about quality.

The operationalization of these four priorities does not bode well for a child and youth care approach to residential care. There are several nuanced dynamics at play here that I can only sketch out briefly for now. First, the nature of quality that is being pursued under the guise of quality care is not actually oriented toward care at all; one might even suggest that it is anti-care. What is desired instead is to align the operating logic of residential care and treatment with the operating logic of an existing system that is already familiar to the public – the health care system. The focus on clinical indicators of growth and improvement ensures that we increasingly

construct the children and youth as patients, or passive recipients of medical care overseen by medical experts such as psychiatrists. It also means that just as in the health care system, most of the actual care being delivered is devalued. It is delivered by the largest workforce in the system, which are child and youth care practitioners. This is an essential workforce, but each practitioner is entirely expendable. Furthermore, to the extent that medical interventions still require someone to be with the young people in the evenings and on weekends, maintaining a cheap and easily redeployed workforce outside of any regulatory structures is brilliant and further cements the importance of regulated professionals (such as psychiatrists) as overseers of treatment. So long as quality is defined in clinical terms, child and youth care practitioners are maintained as a mass workforce with no power or authority at all.

Safety, particular in the physical sense, is another way in which the political priorities start to shape our practices and devalue our care work. The obvious way to achieve physical safety is through control and containment, including forcible confinement. These days, such control and confinement manifests in different ways. This includes, for example, ensuring two or more staff are serving as 'one-to-one' for a young person who poses risks to the system. While the rhetoric of community-based treatment continues unabated, the reality is that many youth live in community settings but experience the four walls of custody as cheaply procured one-on-one staffing surrounding them and controlling their every move, all in the name of quality.

From a government perspective, the risk of something going wrong as children and youth are placed in residential settings is far too high. The way to mitigate that risk is to create considerable distance between the regulatory frameworks (for which governments are accountable) and everyday practice. The best and most sustainable way to achieve this is

through privatization. So long as all practice unfolds through private (often for-profit) entities, governments cannot be held fully accountable and responsibility for problems is quickly shifted to the private sector. Note that from a government perspective, critiques of private for-profit motives are plentiful, and so long as the focus does not shift on governments, the goal has been achieved, again in the declared commitment to ensuring quality in residential care and treatment and in out-of-home care more generally.

In short, we must be careful about jumping into conversations about quality that have as their main drivers satisfying government priorities. We may end up inadvertently devaluing the high-quality work that already unfolds in residential care and treatment every day across Canada and the world. It is precisely the approaches to quality care that are central to child and youth care practice, such as relational practices, a focus on self and the development of the self, a strong commitment to child and youth voice, and an orientation to honouring the family and community networks where young people originate and identify belonging, that are at risk right now.

What we need are not conversations about quality but quality conversations about care. Such conversations should be informed by multiple epistemological and methodologic frameworks, and they should account for young people's ways of being in the world and their connections to others, to land, to spirituality, to identity, and to community. Otherwise, we might be surprised to learn that what we thought was a journey for higher quality care turns out to be a journey to eliminate all traces of child and youth care practice and the themes and issues important to us.

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Stories Series #2

Spooning, Tea & Sympathy

Jack Phelan

Stories are powerful for newer Child and Youth Care staff, who are eager to become more skilled quickly. Stories that describe being safe and connected are especially important since this is the foundation for eventual relational practice.

Spooning

Jose was building up a head of steam because one of the staff who was cooking dinner in the kitchen would not give him permission to go out that evening. He suddenly stormed into the kitchen and grabbed a knife that was lying on the counter and confronted the staff who was stirring a pot with a large ladle. He shouted that if he couldn't go out tonight, he would stab him. A second staff member was standing nearby watching all this. The boy looked at this other adult and said "what are you going to do," he replied calmly, "I'm going to witness a teenager being spooned to death." After a brief confusing moment, the boy laughed and left the room.

Tea and Sympathy

Many of the teenage girls I worked with in a residential unit were quite aggressive and actually more difficult to calm down than the boys. A 16-year-old was very angry about something and started throwing things

around the room, threatening to hurt me and screaming and yelling for over 30 minutes. The other girls left the area, and we went back and forth for quite a while. She finally went to her room and I was pretty exhausted. I gave her ten minutes, then went up to see her with a cup of tea and an orange which I had peeled for her. She was surprised to see me at all, especially with the treat. She said, "how can you be nice to me after all that?" I replied "I realized it could be worse, we could be married." She thought that was quite funny. I left soon after because she could not apologize, but felt better about us.

* * *

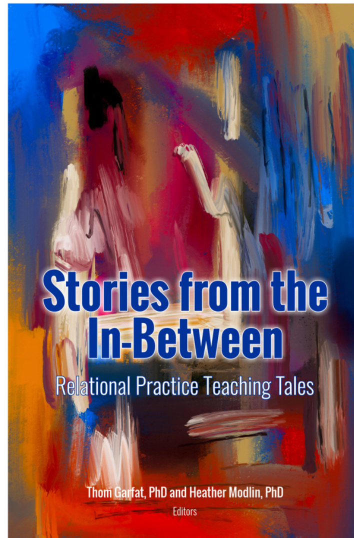
Newer staff struggle with handling aggression, because safety has not yet been established. Connecting rather than overpowering young people is the better response to challenging behavior, but it can be hard to do when you feel threatened. Saving face is very important for everyone, but it is usually up to the adult to create their result.

Reflective Questions

- How can self-awareness about one's fight/flight reaction help you stay in the moment and keep connected?
- Do you think that your own distress is a mirror of what the other person is feeling?
- What does it take, for both people, to walk away without resentment?

JACK PHELAN is emeritus professor at MacEwan University and the author of several books and chapters on CYC practice. He has been a CYC practitioner for many years and has thoroughly enjoyed his career.

This is the second of six chapters being published in CYC-Online *from the new book Stories from the In-Between: Relational Practice Teaching Tales. (Garfat and Modlin, eds. CYC-Net Press)*



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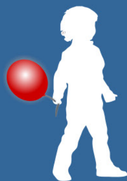

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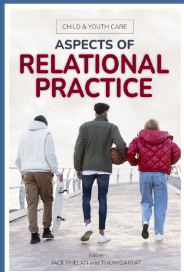

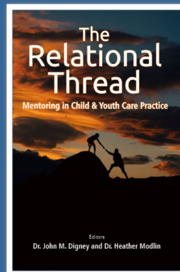

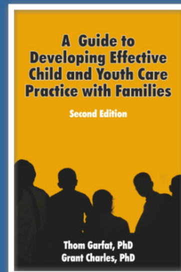

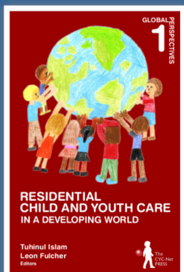

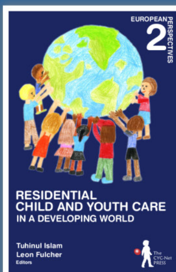

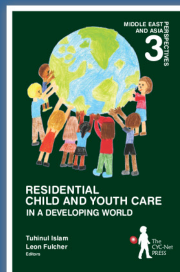

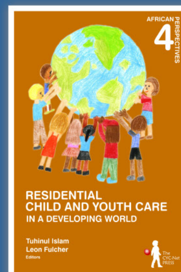

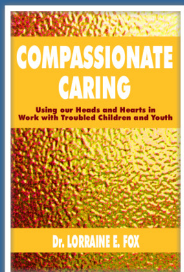

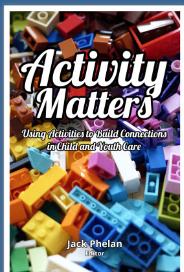

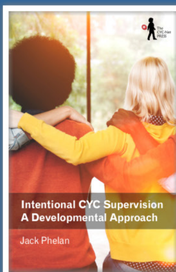

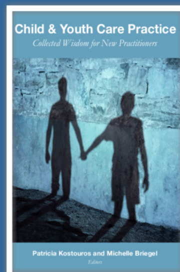

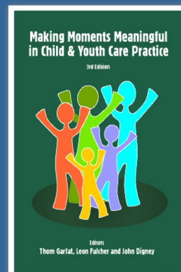

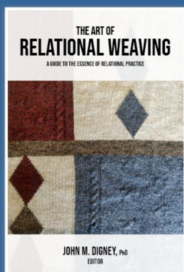

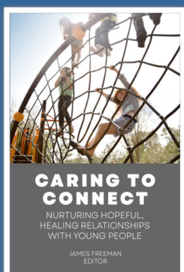

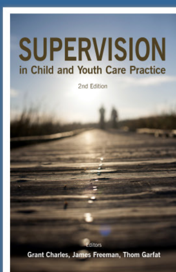

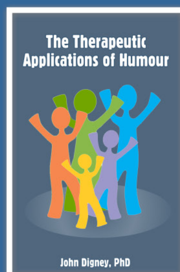

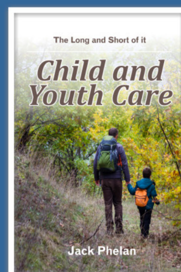

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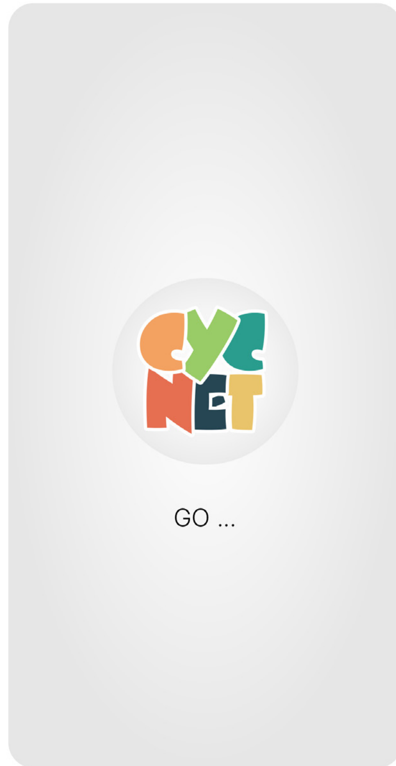

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We Were Never Meant to Do This Alone: Debriefing, Connection, and Care in Child & Youth Care

Chelan McCallion, Kate Pipe and Michelle Everett

Self-care has long been considered an important practice and its importance is often discussed in academic settings. In fact, self-care has been so widely adopted and accepted as necessary that the term itself feels overused and superficial. Self-care is spoken about as something YOU need to do, perhaps, even 'over there'. This article asks the reader to explore the notion that self-care is not practicable without others, and collective care is necessary to be our truest, most holistic selves and practitioners.

In Child and Youth Care (CYC), where relational practice sits at the centre of the work, care cannot be understood as an isolated or individual act. Reflection, debriefing, connection, and collective support become essential components of ethical and sustainable practice. Rather than positioning self-care as something separate from practice, this article explores how reflection, debriefing, and practicum seminar become relational forms of care that support both practitioner well-being and ethical professional practice.

To dig deeper and further explore self-care, this article connects practicum seminars as a widely practiced form of collective care and therefore, self-care. In the field of CYC, where care is not only something we practice, but it's in our name and who we are, we must look at the basic and most imperative ways that self-care is practiced and do everything we can to ensure its longevity and sustainability. We explore many of the ways that practicum seminar is not just a checklist or a mandatory class, but rather a space for knowing, being, doing, reflecting and ultimately an ethical responsibility to ourselves and to the vulnerable populations we serve.

History

Before debriefing was understood as a practice within CYC, the roots of this work were being explored in other helping professions. The work of Michael Balint, a psychiatrist and psychoanalyst at the Tavistock Clinic in London, focused on understanding the relationship between practitioners and those they support (Otten, 2017). Alongside this, Enid Balint, Michael's wife, had begun group work with social workers to support reflection on their interactions with clients (Otten, 2017).

At the centre of this work was an important question: if the practitioner is responsible for caring for others, who is caring for the practitioner? This begins to shift how we think about care, not just as something we give, but something we must also engage in ourselves, as well as what might be the repercussions to ourselves and those we serve if we are not in fact engaging in care for ourselves.

Balint group work created space for practitioners to come together and reflect on their experiences in practice. This kind of space is not unfamiliar nor a foreign concept in Child and Youth Care. Practitioners would bring forward real interactions, and the group would sit with them, ask questions,

and explore different perspectives to better understand both the client and themselves within the work (Otten, 2017). There is an understanding within this work that nothing replaces the process of group reflection (Otten, 2017).

Over time, this approach extended to students and emerging practitioners. In the 1960s, student groups were created to allow space for those still learning to speak openly about their experiences, their uncertainty, and the reality of stepping into a helping role (Otten, 2017). Many of the themes that emerged continue to show up today, including navigating identity within the role, confronting expectations versus reality, and the need for self-reflection in practice.

Students spoke about the complexity of being in a role that felt in between. Not yet fully practitioners, but no longer outside of the work. There was a sense of emotional closeness in their interactions, and at times, difficulty with boundaries. Expectations were not always clear, and many were aware that they still had a great deal to learn. Within this, the group created space to reflect, to share experiences, and to make sense of what they were navigating in practice (Otten, 2017). There is something here that feels familiar to CYC practice, particularly in the ways we come together to speak about our work, our uncertainty, and what we are learning in it.

This kind of space continues to matter in the work. The opportunity to pause, to speak openly about what we are holding, and to be met by others who understand the realities of the field is not separate from practice. It becomes part of how we stay present, how we make sense of our experiences, and how we continue to show up in the work in a way that is thoughtful and intentional.

What began as a space for reflection in other helping professions is something we can already recognize within CYC. Debriefing is not separate from the work; it is part of how we come to understand ourselves within it.

As we begin to look more closely at our role, it becomes clear that this kind of reflection is not just helpful, it is an ethical responsibility tied directly to how we care for ourselves and others. Reflection in a meaningful and intentional way is essential.

This history reminds us that reflective spaces were never intended to be optional supports for practitioners. Rather, they emerged from an understanding that caring for others ethically requires intentional care for ourselves and one another.

Self-care as an ethical and professional responsibility

We do not often imagine self-care and ethics belonging in the same sentence, however the two go hand in hand, especially for CYCs and caring professionals. While ethics is often perceived as dry and business-focused, self-care has become an overused and, at times, diluted term that has lost some of its meaning and significance. So let us return to the basics for a moment. According to the Government of Canada (2024), "... self-care is taking intentional action to preserve and enhance your physical, mental, and emotional well-being." A holistic approach that puts the focus on the person, ensuring they are healthy in all facets. Shifting to ethics, which navigates one's responsibilities, beliefs about right and wrong, fairness, and who they are as a person. We are beginning to see how ethics is a responsibility to be reflective, think critically, and remain person-centred. To tie it all together and connect the two, as CYCs, it is our ethical responsibility to care for ourselves holistically to ensure the care we give to others is provided by someone who is whole and healthy. It is time to reclaim our ethical responsibility to care for ourselves as a professional duty. We need to move beyond a surface-level understanding of self-care

and look deeper at the intentional action of supporting, healing, and enhancing ourselves, both personally and professionally.

Our role as CYCs is unique from other professions. We are the vessel that supports children, youth, and families. The tool we use is our character, our traits, our empathy, and the way we take theory and strategies and turn them into practice. We are trained and skilled; however, we are still human. Many of us are in this field because of lived experience or a deep sense of empathy and responsibility to others. We feel things for others; however, that does not mean we can support others in the absence of supporting ourselves. All the pieces that make us so inherently good at what we do are the same pieces that can also lead to burnout when ignored.

Think of truck drivers, for example. They must, by law and with ethical responsibility, inspect, repair, and clean their trucks as a form of care to ensure safety and the ability to properly carry out their professional tasks. CYCs also have an ethical responsibility to ensure they are holistically sound. While truck drivers have their truck as the vessel, CYCs have themselves, their mind, and their body. We are the tool that navigates through the field, supporting, listening, collaborating, and intervening. It is our ethical responsibility to maintain ourselves so as not to cause further harm. Self-care goes beyond deep breaths, which, of course, are a valuable tool. It becomes a way to maintain our most valuable tool in the field: ourselves.

While self-care still needs to encompass task-focused items such as walking, deep breathing, exercising, or watching TV, it must also exist beyond that. Let us shift and look briefly at what happens when we do not utilize self-care as CYC workers. We may become impulsive, quick to judge, short-tempered, or complacent in our decisions. We may misuse our position of power, lack empathy, and be inconsistent in our decisions. We are more likely to lose focus on the practices, interventions, and trauma-

informed care that are rooted in our field. If we take a closer look at what a lack of self-care can lead to for CYCs, it becomes clear that practicing authentic, holistic self-care is an ethical responsibility to ensure we do not cause further harm to the children, youth, and families we work alongside. We lose professional consistency when we neglect self-care practices from an ethical standpoint. That alone highlights the profound importance of this concept.

Dr. Jody Carrington speaks about how we are wired for connection and how many of us have entered a place of burnout, loneliness, and disconnection. She highlights the importance of togetherness and how we were never meant to navigate life alone. (Webb, 2026). If we are wired for connection, and we work in a field built on relationships, listening, and community, then it makes sense that debriefing becomes an important part of ethical self-care practice. In Child and Youth Care, we encourage others to reach out, talk things through, and seek support when needed. We must be willing to do the same ourselves. Debriefing creates space for connection, reflection, collaboration, and support within the realities of the work.

While navigating the field, we found that simply talking about some of the situations we experienced helped continue carrying the emotional weight of the work. However, we also realized that not everyone could hold the realities of CYC work. Often, we were met with comments such as, "I don't know how you do it." Those friends and family were incredibly important to our overall well-being and self-care; however, connecting with other CYCs who understood the work in a deeper way supported us differently. Debriefing with CYCs became a sounding board, a place to vent, reflect, process, and sometimes just feel understood. Conversations shifted from "I don't know how you do it" to "I've been there too."

It is time to move beyond dismissing self-care as overused or superficial. It is not "just" a deep breath, "just" a walk, or "just" time with friends. These practices matter. In this field, they become part of how we sustain ourselves, remain reflective, and continue showing up ethically within the work. Self-care is not a performance or a checklist. It is part of how we stay connected to ourselves, to others, and to the profession over time.

Seminar as Relational Vastness and Pedagogy

Practicum seminar is not an add-on to field education, it is inseparable from it. Without seminar, practicum can quickly become a process of completing hours rather than developing as a practitioner. Seminar creates protected and intentional time where experience can be slowed down, reflected upon, and transformed into learning. It is where students bring placement experiences back into relationship with peers, instructors, theory, and their own developing sense of self within practice. This ongoing integration is what allows practicum to move beyond task completion and into meaningful professional growth. Seminar is what allows students to begin seeing themselves as practitioners.

Seminar follows the rhythm of knowing, being, doing, reflecting, and returning to practice, a process deeply connected to relational and reflective approaches within Child and Youth Care education (Cragg, 2020; Budd, 2019). Students arrive carrying real moments from the field, including uncertainty, discomfort, connection, tension, and growth. The seminar space creates an intentional pause where these experiences can be explored, questioned, and understood more deeply. Reflection becomes something that happens collectively through listening to peers, hearing multiple perspectives, and recognizing shared experiences within the work. Through this process, students begin to see beyond the limits of their own

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placement and develop a broader understanding of practice and professional identity.

The seminar space is co-created over time through relationships, trust, vulnerability, and dialogue. Students and instructors build a learning environment where it becomes possible to speak honestly about practice, ask difficult questions, and sit with uncertainty. This shared space mirrors the relational work that sits at the heart of CYC. Students are not passive learners within seminar spaces. They contribute to the learning of the group while also beginning to recognize themselves as emerging practitioners within a professional community. Although this process can feel intimidating at times, it also becomes one of the first spaces where students experience what it means to think, reflect, and grow collectively within the field.

Across the term, specifically in yearlong practicum placements, a shift occurs. Students move from speaking as classmates to speaking as practitioners. Seminar offers space to bring forward dilemmas, reflect openly about field experiences, and think critically about decisions being made in practice. Often, peers provide fresh perspectives that expand how students understand both themselves and their work. Reflective dialogue and shared processing have long been recognized as essential components of CYC practicum learning and professional development (Cragg, 2020; Budd, 2019). These conversations become part of learning how to advocate, question systems, raise curiosity, and sit with the complexity that exists within CYC practice.

Mandatory and protected seminar time is pedagogy. Without it, practicum risks becoming exposure without integration. Seminar ensures that students are not only present in the field but are supported as they learn how to make meaning of their experiences. There is truly a magical opportunity in seminar where students reflect ethically and sustain themselves within relational practice.

Identity Formation

Professional identity in CYC develops through experience, ongoing reflection, and relationship over time. Practicum seminar is often one of the first places where this process becomes visible. Students frequently begin practicum with an idea of who they hope to be within the field; however, real moments in practice quickly challenge, deepen, and complicate those expectations. Seminar creates space to slow these experiences down and reflect on them collectively. Through dialogue, debriefing, and shared reflection, students begin connecting theory to practice while also beginning to understand themselves within the work (Cragg, 2020; Budd, 2019).

Self-care is often framed as something personal that happens outside of practicum or work. Faculty, supervisors, and peers may remind students to "make sure you are doing your self-care," as though it exists as an individual and separate activity. Within practicum seminar, however, students begin to experience self-care differently. They begin to understand it as part of professional responsibility and collective care. Students bring forward difficult moments from placement and hear similar experiences reflected by peers. Debriefing becomes normalized as part of practice rather than something reserved only for crisis or burnout. Seminar becomes one of the first spaces where students experience self-care not as isolation, but as connection.

Students also begin noticing how instructors respond when conversations become difficult, emotional, or uncertain. Modelling matters. Instructors who engage reflectively, sit with uncertainty, and remain open to dialogue demonstrate that reflection is not only something we do when things go wrong. Rather, ongoing reflection and debriefing can support stronger decision-making, relational practice, and ethical care before

situations escalate. Students begin to understand that uncertainty is not failure within CYC practice, but rather part of relational and reflective work. We are sure that many readers will be familiar with the notion that in CYC work you must get comfortable with feeling uncomfortable.

Conversations about self-care can often become focused on individual strategies or surface-level wellness practices. While these forms of care still matter, Child and Youth Care is fundamentally relational, and the ways practitioners sustain themselves must also include connection, dialogue, and community. Seminar introduces students to the idea of shared responsibility for well-being within professional spaces. Seminar becomes a place where we gather weekly and discomfort along with vulnerability can be spoken out loud. Trust and confidentiality become essential to this process and are often established early through community agreements that shape how the group intends to show up for one another. Students begin to understand that what they are carrying is not something they must navigate alone, but something that can be processed through relational learning within a professional community (Cragg, 2020; Budd, 2019).

Early practicum experiences often shape how students approach reflection and debriefing throughout their careers. Seminar introduces the practice of bringing forward dilemmas, exploring multiple perspectives, and learning to sit with complexity rather than rushing toward immediate answers. Whether through group discussion or later within professional supervision, CYC practitioners are continually required to think critically and reflect within relationship. Seminar creates a safer environment where students can begin developing these skills before entering the field more fully. In many ways, seminar becomes one of the first places where students experience collective care as an essential part of ethical self-care practice. Through this process, reflection becomes not only something

students do, but part of how they begin understanding themselves as practitioners.

Throwing Out the Script: Rewriting Self-Care in Child and Youth Care

Navigating the field of CYC is an evolutionary process, both professionally and personally. Those two realms need to connect, as our personal lives and the forms of care we embrace for ourselves influence our ability to perform professionally and ethically at work. We must be self-aware individuals, taking pause and self-assessment daily, keeping note of how we are coping, feeling as we do with those we work with.

Our purpose in this line of work is to care. Care in itself is in the name of our entire field. We observe, reflect, plan, teach and program skills and strategies to support and help those we wrap around. We encourage community building and connection; however, what about us as professionals? If we see the profound importance of connection, discussion, and care, for our young people and their families, then we can no longer perpetuate the narrative that self-care is “fluffy”, not important, or that simply taking a deep breath when we can see that it is not only an ethical duty but also a humanistic need.

Over the years, as the field has shifted, so do one’s self-care strategies. However, the one piece that stays consistent is the need for discussion and connection. Not always to seek feedback or advice, but as a form of release from the emotional toll of carrying what we hear or see each day.

It is not up to anyone other than you to decide and embrace the forms of safe self-care that work for you. We have often heard “I take deep breaths ...” or “I went for a walk”; however, our practicum students and working CYCs are still burning out and struggling to cope. It is time to throw out the script that self-care is an overused concept and reframe it to encompass

debrief, connected care and our ethical responsibility to support our longevity in the field.

To do this, the self-care strategies you embrace must be relevant and practical to YOU. This takes trial and error, and we must let our self-care strategies evolve over time, as we will as practitioners.

While we navigate our work, critically examining those we support to ensure the best form of intervention, we also must do the same for ourselves. So, now it is your turn. Throw out the textbook definition of self-care and the critical narrative. Throw out the performative nature of what self-care has become and embrace it as competency; your lifeline to keeping you whole and healthy in your career.

Begin creating YOUR self-care and reflecting on what truly benefits you. Care is in our name. It is more than what we do; it's who we are ... As we move through this work, showing care for others, connecting on others' behalf, let's ensure we can continue to do that in a purposeful, effective and compassionate way for many years to come.

Returning to Ourselves: What Does Self-Care Truly Mean to You?

Navigating the field of CYC is an ongoing evolutionary process, both professionally and personally. These two realms cannot be separated. The ways we care for ourselves directly influence how we show up within our work, our relationships, and our ability to ethically support children, youth, and families. As practitioners, we are continually asked to remain reflective and self-aware, paying attention to how we are coping, responding, and carrying the emotional realities of the work alongside those we support.

Care sits at the centre of this profession. It is embedded not only in what we do, but in who we are. As CYC practitioners, we observe, reflect, advocate, teach, intervene, and build relationships rooted in connection and

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community. Yet, despite working within a field that emphasizes relational care, many practitioners continue to treat self-care as optional, superficial, or secondary to the work itself. We encourage young people and families to seek support, lean into relationships, and process difficult experiences with others. We must also be willing to extend that same care toward ourselves.

Over time, self-care has become reduced to checklists, trends, or performative acts of wellness. While practices such as walking, resting, exercising, connecting with others, or taking a deep breath still hold value and are deeply individual, self-care within CYC must move beyond these strategies alone. Sustainable self-care requires reflection, honesty, debriefing, connection, and community. It asks practitioners to remain aware of when they are overwhelmed, disconnected, emotionally exhausted, or carrying more than they can hold alone.

One of the pieces that continues to remain consistent throughout this work is the need for connection and discussion. Not always for solutions or advice, but simply for space to process, reflect, and release some of the emotional weight that can accompany this profession. We were never meant to hold this work entirely on our own. Debriefing, relational reflection, and collective care are not weaknesses within practice; they are part of how practitioners sustain themselves ethically and relationally over time.

There is no single formula for self-care within CYC. What feels restorative, grounded, and supportive for one practitioner may not feel the same for another. Self-care must remain personal, adaptable, and responsive to the realities of both the practitioner and the work. As we evolve throughout our careers, our forms of care will also evolve. What matters is our willingness to remain connected to ourselves, to others, and to the reflective practices that allow us to continue doing this work with intention and integrity.

We cannot preach the importance of care while removing ourselves from the narrative. If we truly believe in the value of connection, relational practice, and community for the children, youth, and families we support, then we must also create space for those same practices within our professional lives. Self-care is not simply a personal responsibility; within CYC, it becomes an ethical and relational commitment to sustaining ourselves within the work.

Care is in our name. It is more than what we do; it is part of who we are. As we continue showing up for others, building relationships, and carrying stories alongside children, youth, and families, we must also ensure we are caring for ourselves, and each other in ways that are intentional, sustainable, and human.

Returning to Ourselves: What Does Self-Care Truly Mean to You?

1. What is your initial reaction or emotional response when you hear the term self-care?
2. What do you associate self-care with: connection, resilience, discomfort, rest, responsibility, or something else entirely?
3. What was your first experience with self-care? What felt supportive, and what was challenging?
4. If debriefing is viewed as a form of self-care, who do you feel safe connecting with for support?
5. What forms of self-care feel authentic and sustainable for you personally and professionally?
6. As you evolve within the field of Child and Youth Care, what will help self-care remain meaningful and sustainable for you over time?

References

Budd, D. (2019). *Reflective practice in child and youth care: A manual*. Kendall Hunt.

Cragg, C. (2020). *Child and youth care in the field: A practicum guidebook*. Canadian Scholars.

Otten, H. (2017). *The theory and practice of Balint group work: Analyzing professional relationships*. Routledge.

Webb, D. (2026, February 5). *An interview with Dr. Jody Carrington on trauma, connection, and feeling seen*. All About Psychology.

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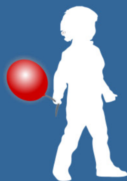

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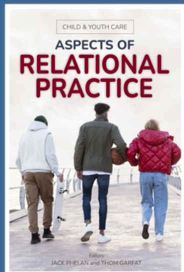
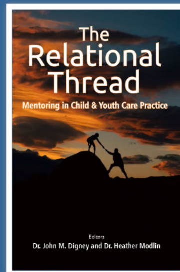
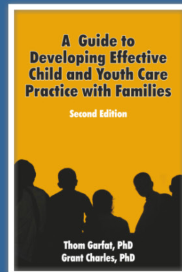
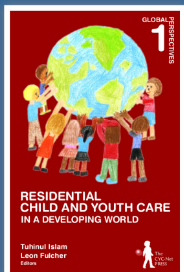
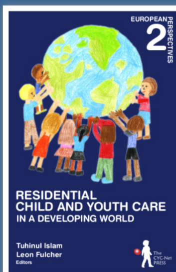
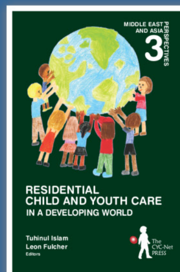


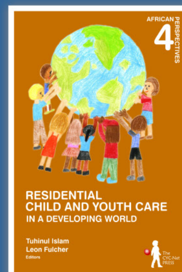


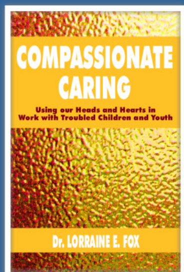


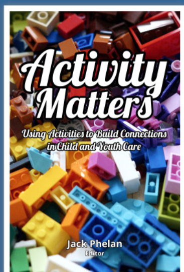


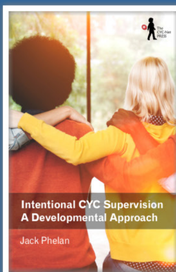


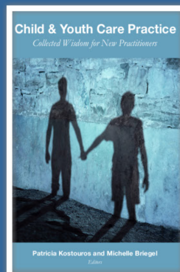


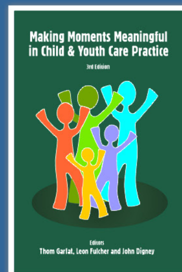


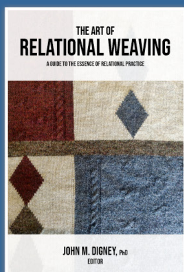


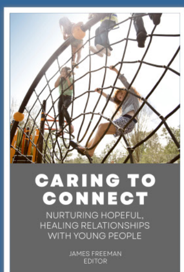


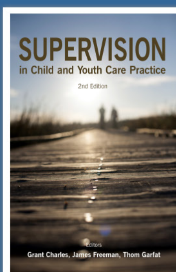


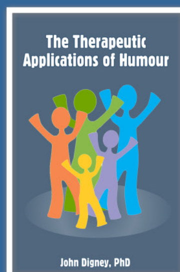


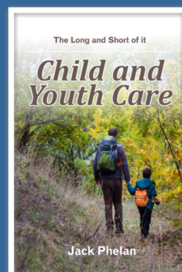












From Student to Youth Care Worker

Megan Johannessen

Introduction to the Program

I have always wanted to share my perspective on being a student and transitioning into becoming a formal youth care worker. Being in the Child and Youth Care program in Halifax, Nova Scotia, Canada has taught me many things about what it truly means to be a youth care worker. Being a student has its challenges, but honestly, the positives outweigh the negatives.

The positives? Being part of a team, learning the ins and outs of being a CYC, meeting new people through placements, school, and even the Child and Youth Care Association groups. The downside? Tons of schoolwork. And yes, I mean tons. But do not let that scare you.

Every province in Canada does things a little differently, so I am speaking from my experience in Nova Scotia. One thing I can confidently say is that this program absolutely prepares you for the field. However, you must put the effort in. Staff will support and teach you, but you must show them that you genuinely want to be there.

Most of my hands-on experience came from completing practicums in 24/7 care homes, so my perspective throughout this article is mainly focused on that area of Child and Youth Care.

Learning the Importance of Presence

Working in 24/7 care gave me opportunities to build strong relationships with youth and better understand the importance of being present in their everyday lives. What do I mean by that? I mean showing the qualities of someone who genuinely wants to work in Child and Youth Care. I do not even like calling it a “job.” To the youth, it is not just a job. In 24/7 care, this is their home. We get to leave at the end of our shifts and go home to our families, but they stay there. We are entering their space. That perspective changed a lot for me during placement.

As youth care workers, we become role models, supports, listeners, and sometimes just safe people for youth to exist around. We are there to guide them, support them, sit with them, laugh with them, and sometimes just listen to them. Sometimes the biggest moments happen during the smallest interactions, like sitting in the kitchen talking about random TikToks, music, food, or whatever “important life topic” comes up at 10 p.m.

Being a youth care worker is more than just “clock in, clock out”. Showing up matters. Being emotionally present matters. Youth can tell when someone genuinely cares or when someone is just there for a pay cheque.

A concept that stood out to me throughout school and placement was Thom Garfat’s idea of being relationally present. Garfat explains that:

> “Being present in the relational sense involves the Child and Youth Care practitioner making a conscious effort to make her or his ‘Self’ available and self-evident in the moment, focusing with immediacy on the other(s)” (Garfat, 2003, p. 20).

That idea stuck with me because it reflects what I have seen during placement. Youth notice authenticity. They almost immediately know when someone is fake, and they will call you out on it.

As I transition toward casual work in 24/7 care settings, I have realized how important communication skills are. Skills such as empathy, paraphrasing, use of silence, and simply learning when to talk and when not to can make a huge difference when building relationships with youth. So yes, practice the role play videos in class, even if they feel awkward. Get comfortable being uncomfortable.

Another thing I learned? Self-care is not just a buzzword people throw around to sound inspirational. You will hear the term constantly during first year, and eventually you realize why. This program can be busy at times, between assignments, placements, shifts, all while trying to find balance in your personal life, so learning how to take care of yourself is important. Finding healthy ways to manage stress, staying organized, and asking for support when needed can make a huge difference throughout the program.

Advice for Future Students

- Stay on top of assignments.
- Be a team player.
- Ask questions.
- Take opportunities to learn.
- Enjoy the moments that make you laugh.

And PLEASE be patient when people ask, “Is this like ECE work?” (Nothing wrong with ECE work by the way, just different and not what we do.) You will hear that question a lot, so get used to explaining what Child and Youth Care is and what it means to you.

Throughout this journey, I have learned that Child and Youth Care is certainly not about being perfect. It is about being present, being genuine, and continuing to learn. As students, we are not expected to know everything immediately. We are learning how to build relationships, navigate boundaries, communicate effectively, and support youth in meaningful ways.

Looking back, I realize this field is not just something I study, it is something I genuinely care about. There are hard days, awkward moments, stressful assignments, and shifts where you question yourself. But there are also moments where a youth smiles when you walk through the door, asks you to stay for one more conversation, or trusts you enough to open up to you. Those moments remind me why this work matters.

So, to future students entering Child and Youth Care: show up, be authentic, stay open to learning, and do not be afraid to be yourself. The relationships you build, the lessons you learn, and the experiences you gain will shape not only the kind of worker you become, but also the kind of person you become.

The skills and theories are taught to you in school, but the heart of Child and Youth Care is something you discover along the way.

Reference

Garfat, T. (2002). The use of everyday events in child and youth care work. *CYC-Online, 39,* April 2002.

MEGAN JOHANNESSEN is a Child and Youth Care student at the Nova Scotia Community College. Most of Megan's practicum experience has been in 24/7 care homes, developing a strong interest in relational practice and supporting youth through everyday interactions.

What Kids Lose When Dinner Time Becomes Screen Time

Meals mean more than nutrition, they are lessons for connection and belonging

Kim Samuel

Picture the dinner table on a given Tuesday evening. One parent is answering one last text from a long workday. Another is thinking about the grocery bill and rehearsing tomorrow's schedule. Their 6-year-old, getting restless, slips on headphones and is soon engrossed in the familiar glow of an iPad. The table goes quiet, except for the sound of forks against plates. For many parents, the quiet is a moment of undeniable relief.

This is understandable. Parents are under serious strain right now, and most already know the familiar concerns about too much screen time: interference with sleep, learning, and attention. Yet there's another cost that we, as a society, haven't fully reckoned with. At a time when loneliness, social isolation, polarization, and a fraying sense of common life are mounting concerns, we need to think about how we raise the next generation in the habits and skills of connection—as well as the desire to connect with others.

That work often starts at the family dinner table.

Right now, we're in a moment of increasing clarity about the problem of social disconnection. From the World Health Organization and the OECD to

governments in the US, UK, and Japan, prominent public health and scientific authorities are now treating loneliness and social isolation as a serious societal crisis. The WHO says about one in six people worldwide experiences loneliness, with consequences for mental and physical health, social trust, and civic life. Chatbots are suddenly offering the feeling of friendship without the reciprocal demands and discomforts of a real relationship.

Still, today's discourse on addressing social isolation focuses primarily on teens, adults, and older adults. We should also be asking the longer-term question of whether we're raising children in habits of connection. In the long run, this may be the biggest determinant of our social future. To me, the question isn't just about training kids to spend time with other people. The experience of belonging is bigger than social contact alone. It's about how we make meaning together, how we make sense of the world, how we form a shared sense of place, and how we learn to express our needs and feelings in ways others can hear and relate to. Simple practices like giving one another undivided attention at meals can help ground children in the simple foundations of shared life.

What screens replace

The problem isn't just what screens are doing to child development. It's what screens are displacing.

Research in developmental psychology, neuroscience, pediatrics, and child language development points in the same direction: children build brain architecture, language, and social capacity through responsive back-and-forth interaction. Harvard's Center on the Developing Child calls this serve and return. A child points, makes a face, asks a question, or tells a story, and an adult then responds with words, expression, interest,

attention, and affection. This positive loop helps to wire the brain for communication, trust, self-regulation, and learning.

When such exchanges happen less often, children lose practice in ordinary arts of connection. A recent Journal of the American Medical Association Pediatrics study of children ages 12 to 36 months found that as screen time increased, adult words, child vocalizations, and conversational turns decreased. Another JAMA Pediatrics review found that greater screen use was associated with weaker language skills, while co-viewing and higher-quality content were associated with better outcomes.

Meals matter so much because they bring together several important ingredients at once: routine, face-to-face attention, language, emotional check-ins, and repeated practice in being heard and hearing others. We all learn by doing. Children hone the art of connection by practicing it. That can mean eye contact, turn-taking, reading tone, listening through boredom, asking follow-up questions, tolerating pauses, telling stories, and discovering that another person is interested in what they think.

Friction is how we grow

So much of modern technology promises a world with no waiting, no awkward pauses, no need to read the room, no need to repair a misunderstanding, and no need to stay with boredom for long. Yet that kind of “friction” is precisely how we grow. Through play, conversation, and ordinary family life, children learn to share, negotiate, resolve conflicts, and advocate for themselves.

I feel this personally as a grandmother. I have enormous respect for parents who are navigating the stress and uncertainty of modern times, and I have no wish to interfere from the sidelines. Still, I see how quickly digital technology can displace the small windows, where very young children

once learned how to be with other people. Repeated compromises can become a pattern, and patterns, over time, become culture.

To me, the key is to lower the barriers to real presence. Make it simple, easy, and even automatic. Schedule one device-free meal a day, or three each week if daily is unrealistic. Have a jar of prompts or a few simple questions to ask over a meal: What made you laugh today? What felt hard? Who helped you? Who did you help? What is something beautiful you noticed? Be comfortable with some silence—children often need a beat longer than adults can bear.

If possible, see if you can build connection with rituals beyond dinner as well: a weekly phone-free walk with one child, cooking together, reading aloud, unstructured outdoor play, a family habit of greeting neighbours, calling grandparents, and drawing the shy child into the game. Put out a basket where you store all the phones and devices for at least an hour in the evening.

The goal isn't just to teach children how to be with others. It's to cultivate a sense of delight in focused presence and conversation. If we are serious about loneliness, polarization, and the wider crisis of belonging, we have to nurture the desire for connection.

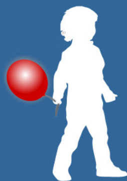
Key points

- One in six people globally experiences loneliness, it is recognized as a public health crisis.
- Screen time reduces adult-child conversation, limiting language and social development.
- "Serve and return" interactions are essential for building children's brain and social skills.
- Simple rituals like device-free meals can rebuild consistent opportunities for connection.

KIM SAMUEL is the Founder and Chief Architect of the Belonging Forum, a visiting research fellow at Green Templeton College, University of Oxford, a visiting scholar at the Oxford Poverty and Human Development Initiative (OPHI), and the author of *On Belonging: Finding Connection in an Age of Isolation*.

From: *https://www.psychologytoday.com/us/blog/the-power-of-belonging/202604/what-kids-lose-when-dinner-time-becomes-screen-time*

Join the Discussion



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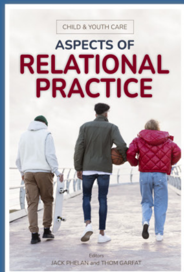

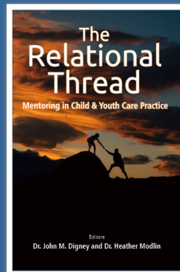

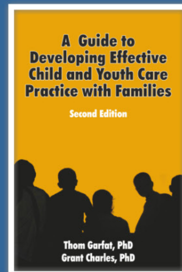

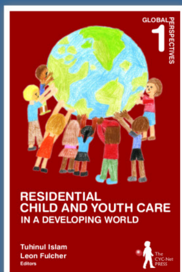

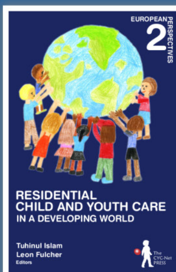

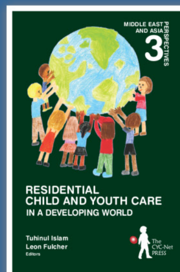

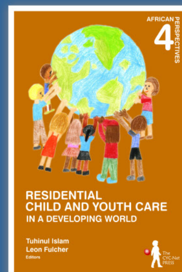

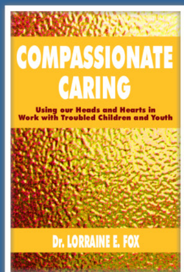

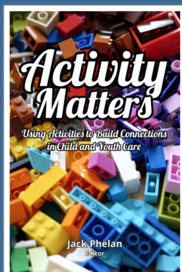

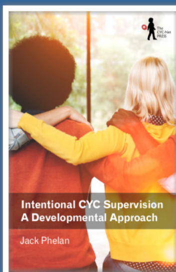

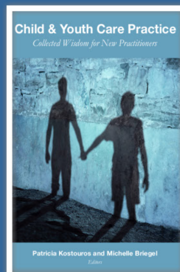

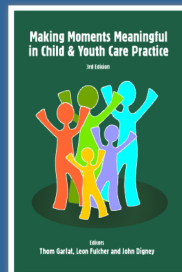

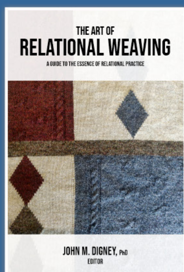

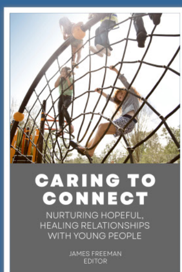

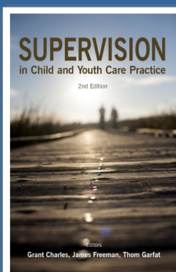

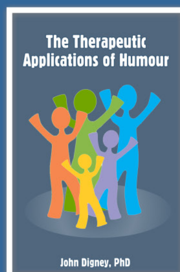

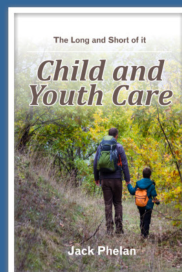

Locating Myself

Hans Skott-Myhre

For quite a long time now, there has been a movement in CYC to locate ourselves in relation to our work and scholarship. This has taken several different forms including our relation to land acknowledgment as visitors, guests, settlers, or Indigenous inhabitants. It has also included intersectional coordinates such as race, gender, sexuality, and age. On occasion, we have also located ourselves (or been located by others) by theoretical affiliation or status in the field as beginning practitioners or elders. In some cases, we have even located ourselves in terms of our spiritual or religious foundations. The one area that we seem to shy away from is locating ourselves in terms of political roots and orientations. I am not sure exactly why political orientation is such a taboo, but we tend not to identify ourselves in terms of our political investments.

Indeed, some of us would argue that politics should not be involved in CYC work at all. It is one of the things we should leave at home. Our work should focus on the best needs of those young people in our care, and any political agenda might skew our perceptions in ways that could blind us to their actual needs. That is to say, we could begin to see our work as advancing a political agenda rather than the needs of the young people that we engage in our work.

I would argue that these arguments leave out the fact that we live in a world saturated with very real world politics that have profound effects on the lives of the young people, their communities and families. To the degree

we deny this reality, we do a disservice to the reality of politics as a significant variable in the ability of young people and the rest of us to be able to thrive. In addition, the political realm is fraught with tensions and schisms that have direct implications for how much latitude we have to speak out on injustices that young people and their families experience. In nation states around the world there has been an increase in movements towards authoritarianism and control over what can be said, who people can be, and what kinds of political positions are acceptable. In some cases, this has led to violence, incarceration, and even death for anyone who promotes rights and freedoms for all people.

For some of us in CYC this might seem a bit too large for a field that is just trying to build relational work with kids so that they can do as well as possible under impossible conditions. What difference does it make what our politics are when we are in the trenches working on the day-to-day struggles that make up our work in residential programs, runaway shelters, schools, and on the streets among other places we work? I would suggest that in an age where the ability to advocate and speak out for the needs and desires of the young people we serve is under ongoing attack from those who would silence such efforts, it is more and more important that we locate ourselves in terms of where we stand in the politics of our time.

This came into focus for me when in September of last year, the president of the United States issued executive order NSPM 7 “Countering Domestic Terrorism and Organized Political Violence.” On the surface the title isn’t so radical. After all, who is not opposed to domestic terrorism and organized political violence. However, as is the case with so many pronouncements these days, the devil is in the detail. There is a lot to say here about who is left out of the definition of domestic terrorists (white nationalists and neo-Nazis for example), but I will leave that aside to focus my attention on who is included, because for me that is a whole lot more

personal. The definition of who is a potential domestic terrorist includes anyone who is “anti-Americanism, anti-capitalism, and anti-Christianity; support for the overthrow of the United States Government; extremism on migration, race, and gender; and hostility towards those who hold traditional American views on family, religion, and morality.”

As I read the list, I recognized myself to varying degrees in every descriptor. As I recently wrote in a column for this journal, I am without a doubt an American. I have dual citizenship as a Canadian, but my deepest roots are here in the U.S. To say that I am ambivalent about that aspect of my identity is a significant understatement. I am very dubious about the American project given its roots in land theft and enslavement and the nation’s unwillingness to take any material accountability for the harms caused to millions of human beings and other living things. So, while I am by heritage an American, I am anti-Americanism as a hyper-colonial and capitalist project.

Which takes me to the second descriptor of what defines a potential domestic terrorist. I am without a doubt anti-capitalist and have been for over half a century. Beginning in the 1960’s and early 70’s my lifestyle and political investments as an active participant politically and socially in the “counter-culture” was deeply rooted in attempting to put together a way of living that produced an alternative to capitalism. My work in CYC from the late 1970’s to the turn of the century focused on unhoused young people and worked to create relational practices that challenged profit driven conventional models of human service, psychological, and psychiatric practice. When I retired into academia in 2003, my purpose was to re-think the incursions of capitalism into CYC and human service practices and institutions. To that end, I worked to develop what I called radical youthwork where youth and adults could work together for common political purpose. In a way though, I am not so much anti-capitalist as I am

interested in developing an alternative way of living based in the actual material needs of all living things. In that sense, I am less interested in opposing capitalism than simply moving beyond it.

The question of being anti-Christian is a bit more complicated. As someone who was raised as a Christian and moved away from the Christian faith and institutions, I am not so much anti-Christian than I am simply not Christian. I certainly support all Christians in their right to worship as they please. However, I resolutely oppose any actions that would promote Christianity as a dominant political force that would shape society in ways that would restrict other systems of faith and belief. I am a firm believer in freedom of religion and plurality of spiritual practice and ceremony. I am anti any form of Christian nationalism as a state sanctioned religion. So, I suspect that I fit the anti-Christian definition in the Executive order.

Do I support the overthrow of the U.S. government? Over my six decades of political engagement, I have yet to see the overthrow of an established government yield anything but new forms of fascism. That said, I am opposed to the state as an institution of centralized governance, but I believe that change comes evolutionarily from people beginning to live differently in significant numbers. The goal is not to overthrow the government but to make it irrelevant by creating radical local forms of direct democracy that are truly responsive to the desires and needs of people and the environment in which they live. Such a withering of the state form would be seen by those invested in that form as a form of overthrowing the government. So, if such forms of life and culture threaten the existing system of rule, then perhaps I fit this definition as well.

The question of migration is also an area where I fit the definition inferred in the executive order. The order identifies anyone who supports extremism in migration. It will be no surprise to anyone who has read this column that I consider the current U.S. administration's policies on migration

extreme in all aspects of implementation and its foundations in overt white supremacy. That said, I am perhaps extreme in the other direction. I am in favor of open borders to anyone who wishes to move across any and all national boundaries. I would argue that borders have no actual function in protecting us from drugs, political violence, or other kinds of danger. There seems to me to be ample evidence that in the 21st century there is no real possibility of excluding drugs or violence by closing borders. In addition, there is a long history of immigration restrictions being premised in varying forms of racism and xenophobia. These current immigration restrictions have an often brutal effect on immigrant young people and their families. In fact, I would suggest that the only real effect of closing borders in our time is to promote exclusionary agendas based in varying forms of bigotry and exclusion. Open borders would allow for the free movement of people seeking new ways of living and I am certainly extreme in my support of that.

The order also identifies extremism in race. I am not sure what this means exactly, except that the administration has come out strongly against efforts to teach or implement Diversity, Equity and Inclusion curriculum or policies. They have also opposed and demonized Critical Race Theory and Intersectionality. In addition, they have spoken out against historical accounts that detail foundational and ongoing racism in the story of the United States. As someone whose teaching and scholarship encompasses and, in many ways, centers all these accounts of race, I can assume that my work would be considered extremism in the area of race.

The order is also aimed at extremism in gender. Anyone who has been following this column knows I have written extensively here and elsewhere on gender equity, plurality, and transgender rights. In particular in this column, I have opposed the January 2025 executive order, “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to

the Federal Government." So, again I guess I would be considered extreme in relation to gender.

The final section of the executive order identifies those potential domestic terrorists who have "hostility towards those who hold traditional American views on family, religion, and morality." As someone who had written very strong critiques of the traditional family including "Down with the Family' in this journal, I hold views that could be seen as hostile to traditional family values. I have spoken to religion above so I will allow those comments to stand. In terms of morality, I have scholarship that is quite critical of conventional standards of morality including a column "Beyond Good and Evil: Towards an Amoral Youth Work."

Overall, I am not surprised but appalled by the executive order and its potentially chilling effect on anyone whose politics differs from that of the current administration. In fact, I have had colleagues and friends tell me that they will far more circumspect in their political statements because of the kind of implied threat embedded in the order. I am not a domestic terrorist, and I am opposed to political violence, but this order paints me and my politics with that brush. Among many other similar efforts around the world, the purpose is to silence anyone who wishes for a different way of life than the one we are living now. I would argue that it is imperative that those of us who are invested in young people, their families, and communities refuse to be silenced. For me, I am locating myself here as an act of refusal. I am hopeful others in CYC might do the same. The possibility of another way of life must be sustained if we are to leave a world worth living for those generations who follow.

HANS SKOTT-MYHRE is a regular writer for *CYC-Online*. He is a Professor of Social Work and Human Services at Kennesaw State University in Georgia (USA). He may be reached at hskottmy@kennessaw.edu

Postcard from Leon Fulcher

From Lake Waikaremoana

A Lake within a Lake at Waikaremoana

Kia Ora Tatau Katoa and Warm Greetings to Child and Youth Care Workers and Supervisors wherever you live in our world! I am writing from home at Lake Waikaremoana which is located in Te Urewera in the North Island of New Zealand, 60 kilometres (37 mi) northwest of Wairoa and 80 kilometres (50 mi) west-southwest of Gisborne. It covers an area of 54 square kilometres (21 sq mi). From the Māori, Waikaremoana translates as 'sea of rippling waters'.

The Lake lies within the tribal boundaries of Ngāi Tūhoe, Ngāti Ruapani and Ngāti Kahungunu ki Te Wairoa. The hamlet of Aniwaniwa and the Waikaremoana Holiday Park are located on the lakeshore, along SH38 (from Wai-O-Tapu via Murupara to Wairoa), which connects the lake to the central North Island (Rotorua) and Gisborne. There is a Department of Conservation

office at Aniwaniwa. Several walks start there, including a short stroll to Āniwaniwa Falls.

Hinepukohurangi (The Mist Maiden) rising above Waikaremoana

The village of Onepoto is located on the lake's southern shores, close to the lake's old overflow channel and the intake of the Waikaremoana hydroelectric power scheme. The name Onepoto means short beach and refers to the small bay to the north of the village with a beach only 60 metres (200 ft) long.

Waikaremaoana Skies are always changing

Waikaremoana, the New Zealand North Island's deepest lake (256 m deep), has its surface at 600 metres (2,000 ft) above sea level. A huge landslide dam about 250 metres (800 ft) high formed the lake around 2,200 years ago.[3] Before the landslip was sealed, around 1950, much of the lake outflow flowed through the landslip rather than out of an overflow at a low point in the slip.

Other geographical features include Panekiri Bluff and Puketukutuku Peninsula, which is the site of a kiwi-conservation programme. Surrounded by mountains clad with native forest which has never been

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logged, Waikaremoana retains ecological importance. Many native bird-species scarce in most other parts of the North Island occur in the area. A possum-hunting programme operates in the area to help protect the forest.

The final shots of the New Zealand Wars were fired near Waikaremoana on the 14th of February 1872. The Panekire Bluffs, a natural feature on the southern shores of the lake, became the namesake for 'Te Panekiretanga o Te Reo- Institute of Excellence in the Māori Language. This programme ran from 2004 to 2019 and was designed to train already fluent speakers of te reo Māori in higher language skills, such as whaikōrero, karanga, karakia, and wider command of vocabulary and delivery.

The Waikaremoana Hydroelectric Power Scheme is a rare example of a hydroelectric power station being built on a natural landslide dam. The

Rainbow Over Waikaremoana Motor Camp

Tent Living at Lake Waikaremoana Motor Camp

Paradise Ducks at Waikaremoana

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stability of the natural dam has been the subject of intense engineering review. Although the Waikaretaheke River carries a flow of about 17 cubic metres per second (600 cu ft/s) from Lake Waikaremoana, the head of water through the three power stations, Kaitawa, Tuai, and Piripaua is 450 metres generating 138 megawatts of energy.

If one is ever fortunate enough to visit New Zealand, be sure and put Lake Waikaremoana on the list of places to visit. It is a bit off the beaten track, but that is what makes it special!

Thank you Ngai Tuhoe for including me in your Urewera Iwi life and activities. Ka kite ano.

Great Brown Trout Catch at Waikaremoana

Catch of the Week at Lake Waikaremoana

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