CYC-Online

e-journal of the International Child and Youth Care Network



A Journal for Those who Live or Work with Children and Young People

Issue 294 | August 2023

CYC-Net PRESS

ISSN 1605-7406

Contents

Editorial Comment: Thank you Ren 3
Heather Modlin

Family Oriented 10
Travis Sampson

The Thing About Autonomy 31
Kiaras Gharabaghi

Single Subject Evaluation 39
Doug Magnuson

Act Justly, Love Tenderly, Walk Humbly 44
Mark Smith

The Power of "Good Enough" 73
Hans Skott-Myhre

Group and Regroup 80
Brian Gannon

Postcard from Leon Fulcher 83
From New Zealand, Celebrating Mātariki – the Māori New Year

Information 88

In association with
Relational Child & Youth Care Practice
Scottish Journal

All articles herein are licensed under *Creative Commons: Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0)* https://creativecommons.org/licenses/by-nc-nd/4.0/

CYC-Online

August 2023
ISSN 1605-7406

Editorial Comment

Thank you Ren

Heather Modlin



Recently, I have become captivated by the artist Ren. Ren is a 33-year-old independent musician from Wales. He sings, raps, plays multiple instruments, writes songs, composes music, makes beats, and produces videos (many of them live 1-takes). Ren's storytelling capacity is so prodigious he has been described as a "modern day bard." He has been compared to Shakespeare. There is more, but you get the gist.

CYC-Online

August 2023

ISSN 1605-7406

As talented as Ren is, it is not just his musicality that has captured my attention – it is the content of his music and the personal story behind it. When Ren was 20 years old he was signed to Sony Records and began working on his debut album. Shortly thereafter he became ill, experiencing a series of debilitating symptoms including chronic fatigue and constant pain. His condition became so severe that he was bedridden for up to 23 hours a day. Ren consulted with numerous physicians to try and determine the source of his illness and for 8 years was misdiagnosed with depression, myalgic encephalomyelitis (ME), and bipolar disorder, and prescribed medication for the same. Eventually, a doctor in Belgium correctly determined that Ren had Lyme disease. By this time, the medication he had been prescribed and the persistent suffering he experienced had wrought further damage on his brain and body, contributing to autoimmunity and psychosis.

Fortunately, after his diagnosis Ren was offered an experimental treatment of stem cell transplants which enabled him to resume living a somewhat normal life. Still, he copes with the symptoms of Lyme disease and the aftereffects (depression, anxiety) of the trauma of those horrific years. Currently, Ren is in Canada receiving intensive treatment designed to remediate as much of the damage as possible from the years of misdiagnoses.

Ren writes about his life experiences. His music is intelligent, insightful, honest, real, and raw, and he does not shy away from difficult or painful topics. Because he is lyrically gifted and emotionally vulnerable, Ren is able to convey his thoughts and feelings in ways that resonate with others. His song *Hi Ren* (which is largely responsible for parachuting him out of obscurity into social media stardom) brilliantly captures his inner struggle, the duality that exists in each of us, and the humanness that connects us.

While much of his music is heavy, in each piece there is an undercurrent of hope. In interviews, Ren has stated that it was music, and his belief that someday his music would mean something to the world – that his suffering would be justified - that enabled him to endure such profound pain for so long. He has since become a voice for those experiencing chronic illness and mental health issues.

As much as I am fascinated by Ren and his music, I am equally fascinated by the community that surrounds him and his relationship to that community. On his YouTube channel, Ren consistently pays respect to the work of other artists and encourages his subscribers to support them as well. He thanks reactors for watching and commenting on his videos. After he released his song Suic!de, he went live on Twitch to check in with his fans and make sure they were doing okay. Ren regularly references the saying “a rising tide lifts all ships” and is focused on using his current success to help others. After spearheading an effort to increase the subscribers of another independent artist on YouTube (by thousands in one day), Ren said, “I don't want the take home of this to be 'aw ren did a really nice thing' cause this dude truly deserved it. I want the take home to be 'what small things can I do that might help someone else today?' the more love we inject into our world the more we shift the scales toward a better looking future.” In turn, Ren’s fan base is staunchly protective of him and supportive of each other, with many individuals attributing his work to changing (or saving) their lives.



ISSN 1605-7406

Ren's music facilitates healing because he shares himself and, in doing so, taps into what it is to be human. Ren's story, and the stories of his followers, illustrate the crucial importance of connection, belonging and validation to personal wellbeing. We all need to feel seen and understood. We need to know we are not alone. We need to feel significant. We need to know that we matter and have something to contribute to the world. We need purpose. Frankl (2006), in his book Man's Search for Meaning, described his experiences in a Nazi concentration camp. He relayed that prisoners who were able to find meaning in the most horrific circumstances were able to keep going (even if death was the eventual outcome), while those who could not find meaning were more likely to give up. Without meaning there is no hope, and hope is necessary for survival.



My journey down the Ren rabbit hole has led me through a whole new window into human suffering and resilience. I am not naïve to the atrocities that human beings can commit against one another. I am very aware of the long-term impact of trauma. I am educated in mental health issues and experienced in supporting people through adverse experiences. And yet – immersing myself in Ren's community has helped me to realize just how narrow my scope of vision is.

We live in a world in which it is still not socially acceptable to talk about the really tough stuff. Outside of our workplaces, how often do we encounter situations in which depression, anxiety, chronic illness, self-harm, suicide, addictions and other medical, mental health and social issues are freely discussed? In our hyper-polarized society, in which the divide between the left and the right has become so vast that one end cannot even see the other end, we have largely ceased all communication with anyone not on our "side." Even conversations focused on wellness become politicized, with people either safely clinging to the dogma of the side they are aligned with or remaining silent out of fear of accidentally offending someone. How can we heal, as individuals or communities, if we are not brave enough to have real conversations with each other? If we cannot stop focusing on our ideological differences long enough to recognize our shared human experiences?

Which brings me to my point.

As Child and Youth Care Practitioners, we interface daily with the pain of the young people and families with whom we work – and this can easily surface our own pain. Do we openly acknowledge this? Do we create space for people to talk about all the ways in which they do not feel okay? Or do we avoid hard conversations because we are uncomfortable or (mistakenly) don't want to upset anyone? How do we hold the pain of vulnerable

individuals, or help them carry it, without internalizing that pain or inadvertently inflicting it on others?

Shying away from talking about painful things just leaves people alone with their pain, perpetuating their belief that there is something wrong with them and no one can help. Worse, collectively ignoring the dark underbelly that can exist in all of us can result in the demonization of those who dare to speak of their suffering and the silent destruction of those who don't. It is only by shining light in the dark corners, seeing what lives there, sitting with it, and taking control of it, that we can begin to heal, to find balance between the dark and the light, and to uncover the value in our experiences.

We often find inspiration in stories of individuals who survive indescribable horror and emerge stronger. We applaud the underdog who rises above adversity. We watch movies and YouTube videos of extraordinary individuals who display super-human acts of courage. Yet we forget that each of us, as human beings, has the capacity for great suffering and great triumph. There is something inspiring in us all. How do we find it?

The answer to this question lies, in part, in the very nature of our work. We engage in relational practice. Creating connection and community, providing unconditional support and acceptance, being brave, approaching others with curiosity and kindness, actively caring, moving towards (not away from) sources of anxiety, and working to elevate those around us - these are the things that can inspire hope, promote resilience and lead individuals to discover the significance, meaning, and purpose in their lives.



ISSN 1605-7406

I will end with the last few lines of *Hi Ren*:

> As I got older I realised that there were no real winners or no real losers in physiological warfare
> But there were victims and there were students
> It wasn't David verses Goliath, it was a pendulum eternally swaying between the dark and the light, and the brighter the light shone, the darker the shadow it cast
> It was never a battle for me to win, it was an eternal dance, and like a dance, the more rigid I became the harder it got
> The more I cursed my clumsy footsteps the more I suffered
> And so I got older and I learned to relax, and I learned to soften, and that dance got easier
> It is this eternal dance that separates human beings from angels, from demons, from gods
> And I must not forget, we must not forget, that we are human beings.

Reference

Frankl, V. E. (2006). *Man's Search for Meaning*. Beacon Press (Original work published 1959).

DR HEATHER MODLIN is CEO of Amal Youth and Family Centre, Newfoundland and Labrador, Canada, and Chair of the Board of Governors of CYC-Net.

Unless stated otherwise, this Editorial Comment is provided by the writer in their personal capacity and without prior sight of journal content. As such, the views and opinions expressed in the writing elsewhere in this journal may not necessarily reflect the views of the Editorial Comment or it's writer.

Family Oriented

Travis Sampson

Child and Youth Care Practitioners work with children and youth. OK. Profound insight, I know. But I think it is worth explicitly pointing this out to draw attention to what *isn't* in the name. Although equally important in our work, what *isn't* in the name "Child and Youth Care Practitioner" is the word "family" even though we undoubtedly work with the families of all children and youth we engage with.

Perhaps you are thinking, "but I work in a group care setting with young people whose plan is not to return to family and, other than reports and case histories, I never hear from or about family members of the young people I support." The thing about family is, whether we meet and work with them directly or not, they are "ever present" (Freeman, Fulcher, Garfat, Gharabaghi, 2018, p. 31). Young people take their family with them wherever they go. As Lyn Dimitoff asserts, a child's family is the most influential system that they develop within. A child learns and internalizes family roles, norms, patterns of communication, problem solving strategies, and ways of expressing emotion from their family (Dimitoff, 2000).

Perhaps a young person you are working with believes that he shouldn't need to learn cooking as a life skill because, in his home, cooking was exclusively his mother and sister's role. Maybe a young person you are

supporting to develop a healthy morning routine becomes dysregulated when the program you work in won't support cheeseburgers for breakfast (a bit outside of expected morning foods, but a weekend staple in her home). Maybe you value clear, direct communication, but your new key kid uses few words, subtle nonverbal cues, and grunts/ sighs when engaging with you because this is the way they and their biological parents communicated with one another. Maybe you're hyper focused on extinguishing the gratuitous use of curse words by a young person who often relies on these words to heartedly express their emotions because that was how they had emotional expression role modeled in their family system. All these behaviours have the potential to be viewed as problems in need of addressing by a Child and Youth Care Practitioner who is experiencing them through the lens of their own family experience (because we take *our* family everywhere with us too!). But are they inherently problematic? Maybe. Perhaps, though, they are values, rules and patterns that are merely different from our experiences in our own families.

We also carry ethical responsibilities, as outlined by the CYCCB (2017) to "recognize and prevent stereotyping …", and to "support children, youth, and families in developing cultural competence and an appreciation for diversity." Things are getting a little more complicated, aren't they? Being Family Oriented can quickly become a complex journey.

We bring our own family experience to the relationships we share with families. Families bring their own experience of professionals like us to the relationships they share with us (Garfat, Charles, 2004). Practicing with a family orientation can be like putting on a pair of glasses. When we view those with whom we work with through the lens of family (their family and our own), things become sharper, like the different greens and layered textures of the leaves of a tree when those of us who need them throw our

glasses on during a hike. What we interpreted as anger might become excitement. What we had perceived as disrespect, an expression of feeling safe. If we fail to put our own perspective in the context of our family experience, or if we fail to consider the behaviour, attitudes, and beliefs of young people within the context of their family experience, then the support we offer is not aligned with a Child and Youth Care approach.

The following story highlights some of the complexities tied to working with a family orientation and the ways we can have our own family experiences show up in practice and challenge our relational engagement with the young people we support. It illustrates how our values can guide our interventions, and how the attitudes and socialization processes in our own families might impact the ways in which we problematize the behaviour of young people. Being Family Oriented can help us to recognize that just because something a young person does or says makes *us* uncomfortable, doesn't determine whether it is harmful.

***

Pass the Fucking Butter

"There's corn, broccoli and carrots for veggies, Jared. Try a few of at least two of them tonight," I reminded Jared as I started scooping some of the vegetables onto my plate. I hated carrots, but on the plate they went. You know. Role-modeling and such.

"Mm," Jared responded without looking away from the mashed potatoes he was loading up on. He moved around the table and grabbed some light and dark meat from the chicken we had roasted. He took his seat, surveyed the vegetables with feigned interest, left them where they were, and started in on his mashed potatoes.

I took note but didn't address it. June and I were working the floor together again, and I looked over to see her laser focus on Jared's plate. She took her eyes off his plate and caught mine. I raised my eyebrows and tilted my head as if to say, "*we can't force feed him.*"

Vegetables were a focus of our interventions with Jared. He was a classic chicken nuggets and butter-noodle kid when he first moved into the program. Honestly, the fact he had chosen the potatoes and unprocessed mound of chicken that he had was real progress. He used to be underweight back when he moved in, but the doctor said he was pretty much on the other side of that after a year with us. There were also some immunity concerns flagged in the bloodwork from Jared's intake appointment, so the doctor referred us to a specialist and a nutritionist who offered an immuno-strengthening meal plan. It was a good plan. Lots of options, plainly laid out, lots of colors and pictures of the food spread out on fancy plates. She never did ask to meet Jared before she gave it to us, though.



ISSN 1605-7406

Anyway, there we sat, working the meal plan, eating in mostly silence. Jared, Mia, and Isaiah eventually broke the quiet, and started to chat a bit about a new Eminem album that had just come out.

"You know," Isaiah started, "we could all split on a stack of blank CDs and burn the album on to them. My mom gave it to me on my last visit. We could sell them at school for, like, 2 bucks each."

"You could probably get five a piece," Jared offered. He wasn't at the high school with Isaiah and Mia, but he apparently had recognized a chance to impose himself on the deal. "Especially if we printed off the cover art. We could make a bunch of copies, cut 'em to fit the case. That would look like it was worth 5 bucks. I could do that."

"Yeah!" Mia cut in. "And I could sell them in the smoking section at school. Everybody comes to me and Carrie to get loose smokes from her anyway," Mia said, highlighting her value to the partnership.

The three young people at the table stopped talking and looked from one to the other with quiet, subtle grins. I kept my eyes down on my plate and hid the smile that was pulling at my lips. I had to admire the plan. They weren't wrong. And they had each found a role in a neat little team effort. It would probably be a profitable venture. Illegal, of course, but profitable, nonetheless.

June interjected, "How are you going to burn them? I hope you aren't thinking of using the house computer."

"It has a burner," Jared stated plainly, looking at June.

"Not for illegal use."

"Staff burn CDs. We listen to them in the van."

I jumped into the conversation to head things off. "Shania Twain would probably agree with you, Jared. She'd likely rather us *buy* her album for the van than burn our own greatest hits CD. But June is right, too. Burning

ISSN 1605-7406

music is sort of a gray area right now. But selling someone else's music for your own profit is not. We can't use the house computer to do what you're talking about."

The 2 teens and one preteen at the table looked at one another again and rolled their eyes. "Fine," Isaiah said, "all we need is a computer to burn them on then. Easy enough."

A brief silence fell over the table again that was punctured by a question from Mia. "What kinds of ice cream do we have for dessert?"

"Mint chocolate chip?" Jared asked.

I was about to confirm that we did indeed have mint chocolate chip ice cream in hopes that it would motivate Jared to choke down some vegetables, but I was cut off before I could begin.

"There won't be any ice cream if you don't try some of the vegetables," June stated.

Jared scoffed. "The vegetables suck, June. Come on. Get me an apple and strawberries or something. I've been eating way more fruit lately. It's the same thing."

"Your plan has these vegetables on it, Jared. You need to follow the plan," June restated the expectation. Our intervention plan was centered around the provided nutrition plan. We were sticking to the plan.

"The plan is fucking stupid, and those vegetables are trash," Jared said poking another chunk of chicken on to his fork and shoving it in his mouth.

"OK, Jared. Out of the dining room. You can finish supper in the kitchen," June slid her chair back and stood up.

"For what?" Jared asked threw a mouth full of chicken.

We were being intentional about addressing Jared's gratuitous use of what might be considered *creative* language. Which is to say, he said *fuck* a lot. Half the time he wasn't even aware he'd said it. This looked to be one of

those times. The plan to address this flurry of F-words was, in large part, developed by June. She, and most of the team, were very invested in it. I was not. It was a little to Watsonian for my practice philosophy. That's not to say I didn't do my best to be consistent. I delivered the same message as everyone else (admittedly with less gusto). Jared did, after all, swear too much, especially for a 12-year-old. On that, we were all in agreement. It was the particulars of the interventions I had issues with. I shared as much during our last team meeting.

"Language," was all June offered in response.

Jared made a scene of sliding his chair out from the table, huffing, puffing, and snatching his plate before stomping away. He left the dining room loudly, but without protest and headed into the kitchen.

June sat down again and went back to her plate. Isaiah and Mia ate quietly.

I stood up with my plate and headed for the kitchen. I was prepared for some pushback from June for this decision, but she didn't look up from her plate. Perhaps she'd accepted the way my values and practice philosophy were going to show up for me within our plan. Well, maybe "accepted" was the wrong word. Perhaps "resigned" was more apt.

"That plan is fucked," Jared said as I crossed into the dining room and sat down. I winced at the language choice but ignored it. He was out of the common room, what more was there to do? Did he have to get further and further away from anyone else in the house with each subsequent F-bomb? "If I eat fruit or vegetables, what's the difference? Strawberries and apples have nutrients and shit, more than that fucking corn out there. And at least they fucking taste good."

"I can hear what you're saying even when you don't swear, you know," I said with a smirk.

Jared rolled his eyes, returned the smirk and we fell into a debrief chat about what had just happened.

I sat down and held the limits and expectations the team had decided on. Jared chose not to eat his vegetables, and never did get ice cream that night, but despite holding firm to our intervention plan, I couldn't help but agree with his reasoning.

***

"And, finally, that brings us to Jared," Hayley, the Program Manager, said as she made a tick on her list of agenda items in front of her. "How's he doing?"

We were winding down our monthly team meeting. We had already discussed progress and plans moving forward for all the young people except Jared. I remained silent after Hayley's question. There was no hard and fast rule, but typically, it was the key workers that spoke first when we were talking about a particular young person.

"He's still struggling quite a bit," June told the team.

"His school attendance has been pretty consistent the last few weeks," I reminded June as a defense.

"Yes," June stated. "He is going to school. I'm still concerned about his diet, though. And the disrespectful language around the house is not getting any better. It might be getting worse."

I had to agree with June's assessment. Jared was still refusing to eat vegetables at almost all mealtimes, and the power struggles that resulted were compounding the concerns around his creative language.

“Is the language ‘disrespectful’?” Hayley asked the room. She had a way of focusing her questions on the language we used that we might otherwise just consider a throwaway choice of words.

“Of course,” June responded. “He can’t be dropping 3 or 4 F-bombs just to state his opinion on whatever show is on TV.”

“Why not?” Hayley offered another question. It was an interesting question. For all my struggles with June’s plan and the team’s approach, we were all in agreement that Jared had to stop swearing so much.

“Why not?” June repeated to buy herself some time to think of an answer.

“Yes. Does he need to stop for us? Or for him?” Hayley had put her pen down and looked around the table.

There were a couple ticks of silence before June was back in the conversation. “For him. If he swears like this at school, or if he gets a job when he’s older, it’s not going to fly.”

“OK. Fair,” Hayley conceded. “What does the school say? You had a meeting with his teacher and administration last week. Were they concerned?”

“The language thing never came up,” June said.

“So, it’s not a problem at school,” Hayley rephrased June’s answer.

“That we know of…” June wasn’t backing down.

“So, the swearing still needs to stop.” Nods around the room met Hayley’s statement. “OK. Consensus. How’s our intervention plan on that working?”

“Not good,” I said, maybe a little too quickly. There were, again, quiet nods of agreement from the rest of the team around the table.

“OK. Thoughts on a new plan?”

Nobody offered anything and the silence hung for 10 seconds or so. Hayley looked down at her papers in front of her and flipped to the one under the top page. “We’ve got a progress meeting with Jared’s case worker in…” she ran her pen down the side of the page looking for a date, “2ish weeks. Can we all agree to be intentional in thinking about what might work between now and then? Can we discuss some tweaks to the plan at that meeting? It won’t be all of us, but June, you and I will at least be there. Any ideas from the team, make sure you communicate them with June before then. Fair?”

Another round of nods and a few thumbs up.

“E-mail. June. Intervention. Ideas.” Hayley said to herself as she wrote down notes for the minutes document. “OK. And his diet. Jared’s come a long way since he moved in, but he’s still resistant to the vegetables, and there are concerns about his physical health because of it. We have a plan from a nutritionist, but Jared’s not following it. Thoughts?



I jumped in quickly here, because I *did* have some thoughts on this topic. “Yeah. About vegetables. Does he have to eat vegetables? He’s suggesting fruit at almost every meal as an alternative, and to be honest, he’s not wrong when he says it’s the same thing. Fruit have just as many ‘nutrients and shit,’ to steal a phrase from Jared, as vegetables.”

A tiny grin flashed across Hayley’s face. “I don’t disagree. Team?”

“But his nutritionist's plan outlines choices of vegetables, not fruit,” June cut in. “We can’t just change it on a whim because Jared wants to.”

“Why not?” Hayley came back again with that all-important question we so often forget to think about.

“Because- It’s-” June sputtered. “She’s the professional.”

“True,” Hayley conceded again. “Have we talked to her about it? Has Jared suggested the fruit substitute to her?”

“They’ve never met,” I said.

Hayley made more notes on the minutes document. “OK. We’re almost at time for the meeting so I’m going to be directive here. Let’s contact the nutritionist and schedule a time for her to talk to Jared and see if this plan can be amended and he can still get what he needs out of it. Perhaps she would be open to a phone meeting just to speed things up. June, can you schedule that?”

“I’m off for the next two weeks,” said June.

“I’ll do it,” I interjected almost instantly. Perhaps I was becoming a little too invested in Jared. I made a mental note to reflect on that later.

“Karla. Schedule meet. Nutritionist.” Hayley said as she scribbled down notes again. “OK. We will chat about that plan in two weeks, too.” Hayley put her pen down before concluding, “I do have one more thing on Jared. I was chatting with his case worker a few days ago. As you know, he has been visiting his grandparents every second weekend for a couple of

months. Jared has expressed interest in living with them permanently, and The Department is exploring this as an option. If it happens, we will need to think about the transition, and part of that will be establishing a relationship between us and the family. To start, Jared will have weekly evening visits for supper that one of us will attend with him. The grandparents are on board, and the first one can happen this Thursday."

"Nice!" I exclaimed. "Hopefully Jared can see us and his grandparents as a team after some of these visits."

"A consequence I had also made note of, Karla. Thank you. June, I think given you are his keyworker it makes sense that …"

"I'm on two weeks' vacation after today," June stated bluntly.

"Of course. You just said. Sorry, June."

"I'm on evenings the rest of this week," I volunteered.

Hayley surveyed me for a minute. Perhaps she was making a note of my investment in Jared just as I had. "I may need to schedule you to attend that progress meeting with the Social Worker with these extra responsibilities, Karla."

"Sign me up," I said.

Hayley picked her pen back up. "Karla. Family visit. Jared. Thursday. Ok, we're all set then."

***

All I knew about Jared's grandparents is what I read from case notes. He used to live with them off and on before he came into care. In his file it sounded like his mother dropped him off when she was using drugs, or just couldn't handle the responsibility that goes along with parenting a young child. When Jared talked about 'home' he meant his grandparents' house. As

far as I could tell from the paperwork their address hadn't changed since Jared was born. It made sense he called it 'home.' It was probably the most consistent physical space he had known in his life.

I was excited after the team meeting and leading up to my Thursday evening shift, which would include the visit with Jared's grandparents, but as we pulled into the long driveway, bordered by thick forest, my chest tightened and shortened my breathing a little bit. These people had no reason to trust me or want me anywhere near their home. They had every reason to be defensive about my presence. I was an agent of the state that had taken their only grandchild away from their only child. I took a deep breath in through my nose before letting it out slowly. *They agreed to the visit,* I reassured myself silently.

"You pissed off Karla?" Jared asked from the passengers' seat.

I was a bit startled by the question. "No," I said. "Why?"

"You breathe like that whenever the shit hits the fan at the house."

I grinned at Jared's vigilance. "Just a little nervous to meet your family." No harm in being that honest, I figured. "The breathing helps."

Jared nodded quietly in acknowledgement.

"How're you feeling about it?" I prodded, shifting focus back to his experience. "It's got to be a bit weird to have a staff hang out with your family at home."

Jared shrugged. "It's whatever. At least it's not June taking me. She's such a bitch."



I looked over. We had had this conversation about the word 'bitch' before. "What do you mean by that? Be specific, Jared. It's hard for people to listen to you when that's the word you use."

"Yeah. Yeah," Jared said as I pulled the house van into a parking spot in the driveway. "She just always got something to say. About everything."

I was going to push him to be a little more concrete, but, truthfully, I knew what he meant. Besides, Jared jumped out of the van almost immediately and headed for the front door. I followed behind slowly.

Jared's grandmother opened the door before he could and met him on the threshold. I was expecting an older woman with snow white hair, a flowered dress who had left her false teeth in the bathroom by accident before greeting a guest, but Jared's grandmother didn't match my expectations at all. *Your experience, Karla*, I reminded myself. She was maybe 10 years older than I was, wearing a pair of light denim shorts and a black tank top. She pulled Jared into a tight hug and kissed him on top of the head.

"Where's Papa?" Jared asked.

"In the living room playing solitaire. Get in there, supper is almost ready," she told him. Jared darted out of view to meet up with his grandfather.

"Karla?" The woman turned her attention to me.

"Yup," I confirmed as I reached the porch. "And you must be Myra."

"Right again," she said with a wide smile that loosened my chest. "Come on in. You can wait in the living room with Jared and his grandfather, Bennie. I need about 15 minutes to finish up the gravy and we'll be all set."

We sat down to eat in a dining room off the kitchen. Myra called Bennie, Jared, and I in from a game of Crazy-8s. Bennie sat at one end of the rectangular, pine table, Myra to his left and Jared to his right. I sat across from him at the other end. Myra had laid out some pork chops (shake and

bake), mashed potatoes and a gravy dish that was filled to the brim and pouring steam.

The three family members started grabbing pork chops and scooping potatoes when Myra jumped up. “Almost forgot!” She exclaimed and disappeared back into the kitchen. She returned with a bowl of freshly chopped and rinsed strawberries. “Fresh this morning,” she told me. “Picked them down at a friend of ours’ place.”

I didn’t respond, only gawked at the bowl of strawberries. There was nothing wrong with them, they looked delicious. I clearly hadn’t been subtle because Myra, in response, said, “I know, I know. Strawberries for supper. It’s bizarre. Bennie never did like vegetables. When we first met, he ate fried meats and whatever style potatoes was put in front of him, but nothing else. It was a battle, but now we do fruit with our meals.” Myra looked at me after explaining this and it appeared she was waiting for my judgment on the family’s choice. I felt guilty for gawking. Clearly this family had grown accustomed to having their choices filtered through the value-lens of the professionals they met from the Child Protection Department

Bennie had started in on his porkchop, clearly less concerned with my opinion than Myra, and said, “Never did get a taste for carrots, broccoli. None of that stuff.”

“Fruits,” Myra interjected again, “vegetables. What’s the difference? Vitamins are vitamins, right?” She was still looking at me, awaiting my assessment.

“They look delicious,” was all I said. “Pass them down, please.”

Jared watched me scoop a healthy serving onto my plate and smirked at me as I passed the bowl to him.

“So, Karla,” Bennie piped up. “Jared tells me he’s been going to school every day for the last month. The school won’t tell us nothin’, not an approved contact on their list yet. I wanted to ask you. He tellin’ the truth?”

I was happy to answer the question. “Every day for the last,” I paused and looked at Jared, “what, like 6 weeks now?”

“7 after tomorrow,” He agreed. I hadn’t realized Jared was tracking his own progress so closely.

“Glad to hear it,” Bennie said leaning to the right in his chair and reaching into his back pocket. He had his wallet out and pulled a $20 bill and handed it to Jared. After he’d replaced his wallet, he said, “I been tryin’ to tell Jared he needs to take school more serious. He’s gonna end up working a job like me if he ain’t careful.”

“What do you do?” I asked Bennie, realizing how little I knew about Jared’s family.

“He runs his own business,” Jared answered instead. “He cuts grass for some of the big businesses in town. He does all the jobs by himself, too.”

“Yeah, yeah. A real solo act,” Bennie said modestly. “It pays the bills, but it’s nothin’ to dream about, Jared. I told you that. It’s hard livin’. No pension, no health benefits. I’ll be working until the day before my funeral.” He looked at me, “nearly dying to barely survive, Karla.” Bennie popped some porkchop in his mouth, chewed, then said to me, “Pass me that fuckin’ butter, would ya.”

“Bennie!” Myra exclaimed.

“What?” He asked, confused by Myra’s interruption.

Myra ignored his question and turned to me. “I’m so sorry.”

“Sorry for *what?”* Bennie prodded. Jared was smiling into the plate in front of him.

“Your language!” Myra told him.

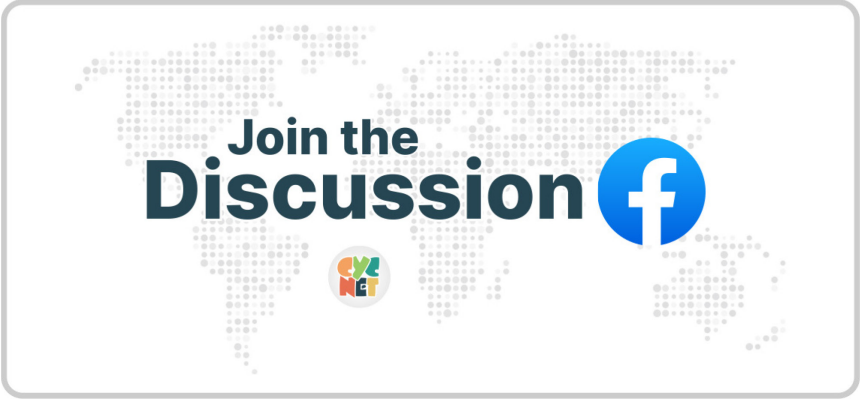
“Did I curse?” Bennie asked her.

“Yes! Now apologize to our guest!”

A wave of embarrassment washed over me. All our intervention planning from the last month and a half with Jared flashed through my mind and a sickening feeling bubbled up in my stomach. The strawberries with pork chops for supper, the casual curse words from Bennie coupled with his lack of awareness he had even said what he said. Jared wasn’t pathological, he was a 12-year-old kid trying to fit into the culture his family had created. We had all missed it. Even me and my self-righteous philosophy of practice. I didn’t disagree that Jared *needed* to change relatively benign behaviours and choices that identified him as a member of his family, I just disagreed with how we were going to *make* him change. Gross.

"You don’t need to apologize, Bennie. You’re at home enjoying supper. It’s not like you swore *at* me.”

“See, Myra. She ain’t made of sugar.” Bennie said to his wife. “And that’s what I always say to people, Karla. Relax, buddy, it’s not like I’m swearing at you.”



ISSN 1605-7406

Myra said, “Oh shut it, Bennie,” but I noticed the tension leave her body and she gave Jared a little wink.

“Anyway, what were we talking about?” Bennie asked.

“Your business,” I said.

“Right. Like I say to Jared, he’s too smart to end up like me.”

“But Mr. Lawerence says you’re the best groundskeeper they ever signed on,” Jared protested.

“Ack,” Bennie retorted with a wave of his hand. “You can be the best shit-shoveler in town, Jared, but you’re still just shoveling shit.”

I laughed, choking a little on the bite of pork I was working through. Myra allowed herself a grin as well.

“So, look. You call *me*, Karla,” Bennie started again and pointed his fork at me, “anytime Jared feels like skippin‘ out at school. You got our number?”

I nodded while swallowing the food in my mouth. “My manager does, yup. And will do, Bennie.”

“Good,” he said with a quick glance over at Jared before looking back to me. “Now, you never did pass me that butter.”

***

Jared and I left around 8:30pm after dinner and a few more games of Crazy-8s. We drove in silence for the first few minutes. Eventually I said, “Well, now I know where you get your mouth from.” I hoped Jared would interpret that as the joke I intended it to be, rather than an accusation and was happy when he did.

“I know, I know,” he conceded. “But Papa never swears at people, and he only ever swears at home really.”

"You know," I said, "I noticed the same thing about you. I'm not sure I've ever heard you swear *at* anyone."

"It's rude," Jared stated matter-of-factly.

A solid understanding of context, I thought.

"But if your Papa doesn't swear outside the home, how come you do?" I asked Jared.

"Huh?" He screwed his face at me. "I don't swear at school."

"No. I know," I agreed. "But you swear in the house all the time."

"Yeah," he said, "the house *is* my home, Karla."

And *that* was the second time that evening my stomach bubbled with embarrassed nausea.

***

Hayley called me into her office so we could chat about the past couple weeks before the meeting with Jared's Social Worker the next day. June was still on vacation, so it was just Hayley and me. We sat on either end of the couch in her office. She whipped out her notepad and pen, and we were off.

"So, I've read in the notes about Jared's visits to his grandparents with you, but I am curious to chat about it in more detail. How've they been going?"

I ignored Hayley's question. Something had been on my mind since the end of my shift after that first visit. "Did you ever meet Bennie and Myra in person before the visits with us started?"

Hayley put her pen down and gave all her attention to me. "Why do you ask?" She challenged me.

I was ready for that. “Well after meeting them, I reflected on that team meeting we had before the visits started, and some of the questions you asked us. So, I was just wondering if you had met them in person.”

A grin tugged at Hayley’s cheeks. “I had met them. Yes.”

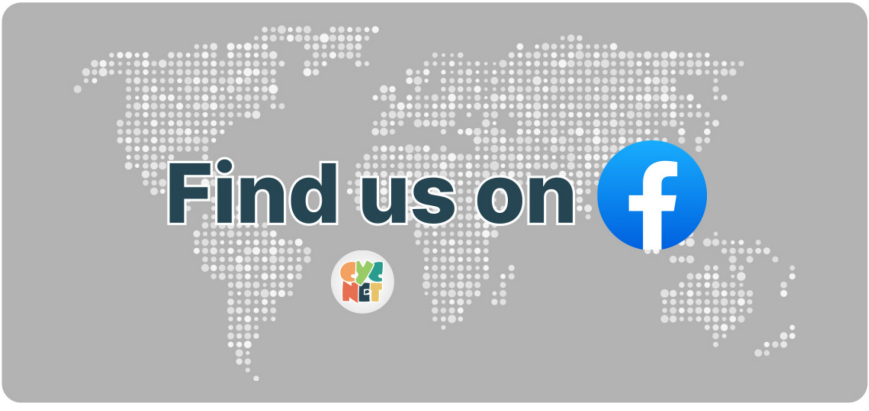
“Thought so,” I said.

“But,” Hayley slapped her hands on top of the note pad in her lap, “I have not spent nearly as much time with them as you have. So, please, I’m curious what you think.”

“What I think about what?”

“Jared moving in with them. Our intervention planning. Anything, really.”

I thought for a moment. There were a lot of things to talk about, a lot of places I could start. Ultimately, I decided to start with what I thought was the easiest thought to operationalize. “Well,” I said. “I think we are going to need to start buying a lot more strawberries.”



References

Child and Youth Care Certification Board. (2017). *Standards of Practice for North American Child and Youth Care Professionals.* Child & Youth Care Certification Board - Ethics (cyccb.org)

Charles, G., Garfat, T. (2012). *A guide to developing effective child and youth care practice with families* (2nd ed.). The CYC-Net Press.

Dimitoff, L. (2000). Values and attitudes in family work. *CYC-Online, 16.* https://cyc-net.org/cyc-online/cycol-0500-family.html

Freeman, J., Fulcher, L., Garfat, T., Gharabaghi, K. (2018). Characteristics of a relational child and youth care approach revisited. *CYC-Online, 236,* pp7-49. *CYC-Online*, October 2018

TRAVIS SAMPSON is a husband and father of two boys. He is a Child and Youth Care Practitioner from Nova Scotia, Canada. He graduated from Nova Scotia Community College's (NSCC) Child and Youth Care (CYC) Diploma program in 2012. He spent the first 6 years of his career working in 24/7 group care programs in Halifax, Nova Scotia before spending 2 years in Cambridge Bay, Nunavut working both frontline, and as Program Manager in a live-in care program supporting Inuit youth. He also spent 3 years in school-based practice as Nova Scotia incorporated Child and Youth Care Practitioners into the provincial education system. He is currently a full-time faculty member in the CYC Program at NSCC.



The Thing About Autonomy

Kiaras Gharabaghi

I am a firm believer that the fundamental goal of child and youth care practice is to assist young people in their development of an autonomous self; in fact, if ever there were a theory of child and youth care practice, it would be a theory of autonomy. And yet, it has always been my experience that there is an enormous resistance to the idea of an autonomous self for young people and that this resistance is at the root of the limited ways in which we, as a field of practice, have enabled or operationalized concepts such as children's rights, participation, and voice. It is almost like there is an underlying fear or anxiety that furthering the autonomous self in young people somehow reduces the relevance, the power, the control of professionals and their institutions, systems, and professional identities. Perhaps one reason for this is the ambiguity associated with the term autonomy itself, and the many ways in which this term has come to be misunderstood or misrepresented as a synonym for other terms. So let's start there.

The most obvious confusion arises when the term autonomy is mistaken to suggest independence in its operational form. Particularly in residential

CYC-Online

August 2023

ISSN 1605-7406

care settings, conversations about autonomy often become conversations about disengagement, allowing young people to do what they want, to make decisions independently, or to go about their lives regardless of the consequences of their actions. On the one hand, everyone recognizes that even in this mistaken version of autonomy, there is value, because young people do have to make mistakes to learn from, and they do have to own their decisions and the consequences of those decisions. Too much control is broadly understood as hampering growth. On the other hand, this concept is seen as difficult in residential care settings (also in schools and other institutional settings) largely because of the need for some control in the setting to avoid chaos, inconsistencies in the enforcement of rules and regulations, as well as to mitigate risks that might accrue both to individual children and youth as well as to the program itself. This way of thinking about autonomy is highly problematic and probably negates the concept right from the start because it suggests that the autonomous self is tied directly to the performance context of the setting. In this conceptualization we see autonomy as a threat to meeting specific treatment goals, or as a disruption in behavioural control, or as potentially worrisome in the context of group dynamics. We assume furthermore that the autonomous self stands as an alternative to the program, the rules, and the treatment plans. In other words, we see the furthering of autonomy as a departure from the program's goals and routines.



ISSN 1605-7406

In fact, autonomy has very little to do with independence as an operational concept. Autonomy is not about the absence of rules, regulations, behavioural controls, treatment plans, or any other similar things, although all these things should always be reflected upon through the lens of who benefits from them (in most cases, it's not young people). Autonomy is instead a social pedagogic concept, drawn from the emphasis on human subjectivity in both interpersonal and collective contexts. Autonomy is that which mitigates against the ways in which North American approaches to treatment and care render young people as objects. The autonomous self is one that constructs how we are going to be in relation to others and to things, spirits, social and environmental change, values, freedom and oppression. Our personhood rests in our autonomous self. The autonomous self is external facing but internally constructed through everything that is embodied within us. Our humanity, and therefore our subjectivity, depends on our ownership of our autonomous self.

We grotesquely underestimate the degree to which virtually everything we do mitigates the development of the autonomous self for young people. The very idea of placing young people in programs, with predetermined routines, structures, rules and regulations, and then assessing their performance in relation to these things, negates even the possibility of developing one's autonomous self in any way other than through resistance and fight. Young people who do well in residential settings, by which I mean they follow the rules, get along with everyone, meet the goals set for them (and occasionally by them) regularly, and ultimately demonstrate high levels of functional skills that allow them to achieve success in school and elsewhere, have achieved something, but what they have achieved rests on the surface of their skin. It can be washed away in a heartbeat because this kind of achievement has no roots, is not anchored anywhere, and depends

largely on the external circumstances presented to the young person in the form of programs, relationships, and opportunities. At the first sight of adversity, these young people either crumble or need to place themselves somewhere where their wounds can be fixed. As we all know, finding those fixing stations becomes increasingly difficult for young people once they age out of youth-serving systems.

The data doesn't lie. We know that the outcomes of residential services have often been very positive for some young people and very negative for others. It is fair to say that those who have achieved positive outcomes, probably have more solidly positive outcomes now than ever before. But it is also the case that those who have had negative outcomes continue to produce the same disturbing post-care data they always have. High school completion rates have not changed in decades; participation in post-secondary education continues to be below 4% almost everywhere in North America; homelessness and shelter life is as common now than it was twenty years ago. Suicide rates and the rates of premature death of young people from care continue to be several times that of young people in the general population. Aside from these relatively easily measured outcomes, many more negative ones continue to impact a substantial proportion of those with care experience, who often live on the threshold of early pregnancy, substance use, trauma symptoms, dating violence, food insecurity, participation in criminal activity, and more. Living on *the threshold* of misery is not captured by outcomes data but it is not a success; it is a precarious life filled with anxiety and pain. What are we missing?

I would suggest that what we are missing is not so much about the things we currently do, but about the one thing we really don't do much at all, and that largely remains a mystery to child and youth care practitioners

and to social workers managing and coordinating case plans. We have no meaningful strategies to assist young people in the development of their autonomous self. And yet it is through that autonomous self that young people will experience whatever comes next. Many young people experience adversity during their emerging adulthood. Some engage with those experiences as objects, waiting for the next intervention, allowing things to happen however they might. Others drive the experience themselves, continuously reinforcing their sense of self through decisions and ways of being that reflect the self growing within them. Their experience in the shelter is not a victim experience, but instead an experience to be shaped, owned, resisted, or pragmatically exploited. They are young people who know the difference between charity and ownership.

I am not suggesting that residential settings should stop their focus on behaviour, conformity and compliance. I am not suggesting that we should abandon treatment and evidence-based practices in residential care. Everyone who knows my work also knows that I have very limited confidence in any of these technocratic, bureaucratic, and narcissistically professionalized ways of being with edgy youth. But that's ok and I can respect differences of opinion and different interpretations of what is, to be fair, very confusing and often contradictory research evidence on outcomes. But I am suggesting that we need to focus much more substantially on our duty to assist young people in the development of their autonomous self. We can do that in a number of ways.

First, we need to pay much more attention *not* to anti-racism but to identity futurism. This means that we must allow young people to build their autonomous self on the basis of who they are, including their racial, sexual, gender, ability and disability identities. For all young people (and adults too) the core question is always: How will I preserve and strengthen my racial,

my gender, my ability and disability identity as I move through a world that is far from seeing me, far from celebrating me, far from acknowledging my contributions? Direct and deep engagement with young people about the beauty and strength of who they are is a core requirement of child and youth care practice, and yet it rarely happens and no programs in residential services or in other institutional sectors prioritize this. Instead, our professional and institutional demand is for young people to adapt themselves to the demands of existing rules, procedures, and systems. We don't consider the enormous loss young people experience as they let go of their (multiple) identities in an effort to conform. That's our first mistake.

Second, we need to understand resistance to rules and regulations, to treatment and care, to relationship and connection, as the most rational and meaningful activity young people engage in. Their resistance, often expressed through behaviour, is their attempt to become a subject against the pressures of submitting as an object. Their resistance is their connection to their humanity and quashing that resistance through control and intervention undoes their humanity. This does not mean that we should ignore bad behaviour, poor decisions, or young people disengaging from programs and services. It means instead that we should get excited at the opportunity to explore with them what is driving their behaviour and their decisions. The question is not 'why are you doing this?' but 'who are you becoming?'.

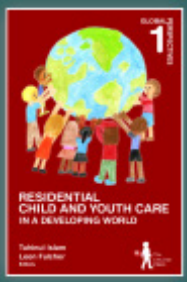
To be perfectly clear: I am not advocating for a laissez-faire approach to being with young people. Quite to the contrary. I am suggesting that we have made our job far too easy and comfortable to really be legitimately calling this child and youth care practice. That practice requires us to spend much less times as enforcers (although it is fine to enforce rules), as security guards and surveillance operatives (although it is fine to maintain oversight and safety),

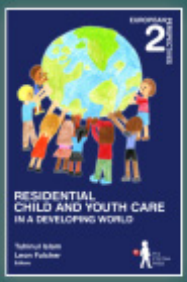
and as the purveyors of external control (rarely the right thing, but occasionally necessary). All these things are easy and require almost no skills whatsoever. Instead, our job is to be with young people as they develop their sense of self independently of our structures and programs. Our job is to ask questions and engage in discussion with young people about their journey of becoming. And our job is to ensure that we too recognize *our* inherent need to be important and in charge of things, and our claim to knowing what is a good way to be in the world. Mitigating the enormous impact of working to meet our own needs, which is the lifeblood of all institutional care settings, is something we have clearly failed to do.

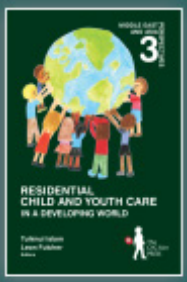
Our world is filled with uncertainty, ambiguity, ethical tensions, oppression, and anxiety. Every day we spent without asking 'who am I in this world and who do I want to be?' is a day in our lives on which we don't matter, because we have reduced ourselves to a mere object manufactured through discourses of conformity and compliance. The best thing we can do for young people is to ensure that whoever they are, they *own* their way of being in the world. Who they are becomes the one thing worth fighting for, worth preserving. Only then will they have a vested interest in the things the world throws at them. That is the thing about autonomy – it's what makes us human.

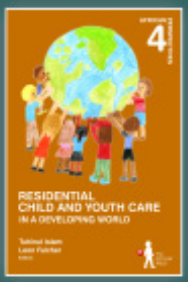
DR KIARAS GHARABAGHI is Dean of the Faculty of Community Services at Toronto Metropolitan University, Canada and a regular contributor to *CYC-Online*. He can be reached at k.gharabaghi@torontomu.ca





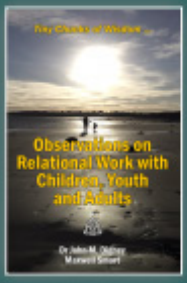




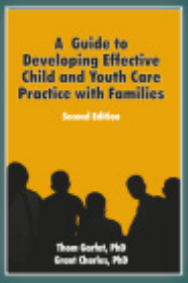














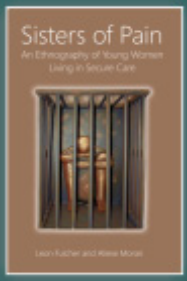


















AVAILABLE IN PAPERBACK and e-BOOK at http://press.cyc-net.org

The CYC-Net PRESS

Single Subject Evaluation

Doug Magnuson

Our ethical guidelines suggest that we ought to know what we aim to be doing in clients' lives and we ought to be able to know it when we see it. This means that it can be measured. Not everything that can be measured ought to be, but we want to measure our primary goals in the care of youth. If we do not, we do not know when we have done enough—or not enough.

Sometimes we measure increases and sometimes we measure decreases. We measure increases in prosocial attitudes, behavior, empathy, cognitive complexity, and skill development. We measure declines in self-destructive behavior and violence.

A reason for measuring is that we want an objective point of view so that personal biases do not color our judgments about youth, and they always do. In my view this is an important but rarely discussed workplace challenge. We work hard to develop relationships, but our professional judgement is skewed by our personal point of view. We need information not dependent on our own personal experience.

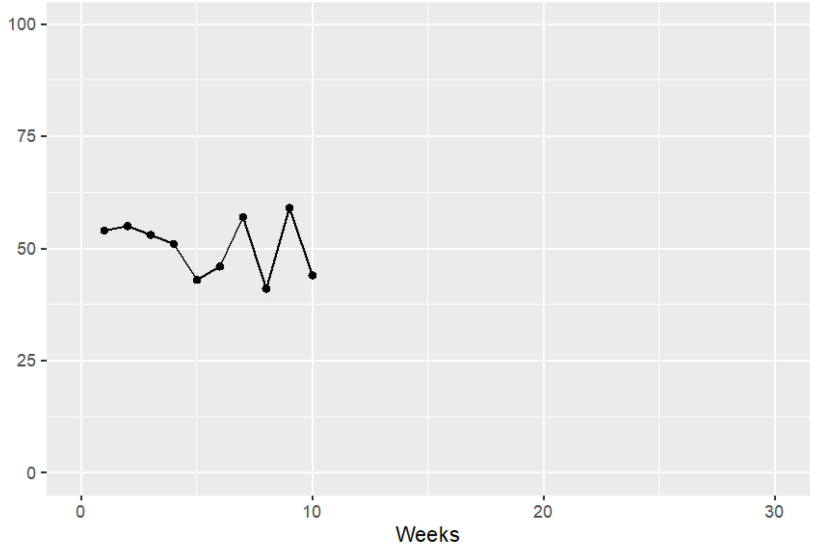
CYC-Online

August 2023

ISSN 1605-7406

It is not hard to collect a bit of data every week and to track how it is going. It can be graphed, like this, in Figure 1.

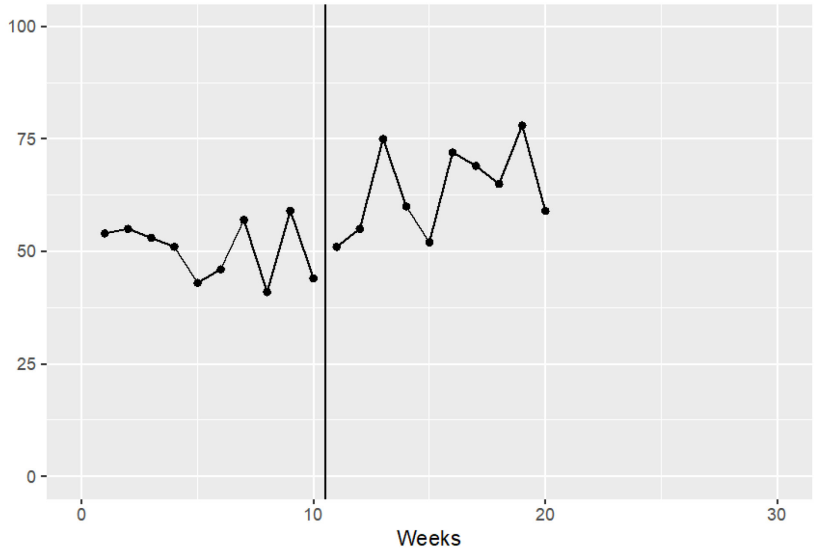
Figure 1



Weeks are the x-axis, and the scores of your variable are on the y-axis. The time period can vary by what makes sense for your program and your measurement variable, e.g., weeks or days, or can it vary by activity, such as during or after every participation in community recreation.

If you are changing the intervention or treatment method, changing staff, changing contact time, or anything else, you can track before and after scores, and you can mark the date of the change with a line, like this in Figure 2.

Figure 2



This is an “AB” design, and there are many other ways to divide the timeline. The point is to document major changes in the care of a youth. In this AB design, we might be implementing a new treatment.

One can compare the before and after periods visually: which direction are the lines and points headed? There are also methods of increasing statistical sophistication such as the percentage of overlapping points and the two-standard deviation difference.

It is important to remember that this process can included in conversations with youth. You can set a target that when reached means they can graduate, move to a different facility, or have different level of

care. It is a contract with them. In research, this is a problem, because the measurement affects the score. In work with youth, there is nothing wrong with youth knowing what is being measured and responding to it.

When I visit programs, it is discouraging how few are measuring anything. They have no idea whether they are effective or not. This is bad for staff and youth morale. Some rely on expert opinion, without any idea what that expert has to contribute. The worry is that it becomes all about power over the youth, and sometimes power over the staff. Instead, we want to be precise about what they know and forthcoming about how they know it.

References

For an example of published research using a single subject design see:

Spaid, W. (2004). The use of guided imagery for cocaine abuse. *Journal of Evidence-based Social Work(1:4),* 83-96.

Instructions for single-subject work can be found in:

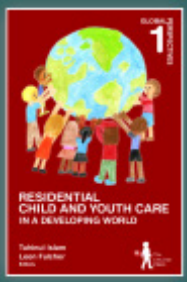
Horner, R. H., et al. (2005). The use of single-subject research to identify evidence-based practice in special education. *Exceptional Children,(71),* 165-179.

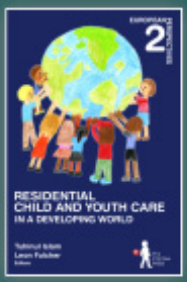
If you want to geek out, there are 700 pages on the method at:

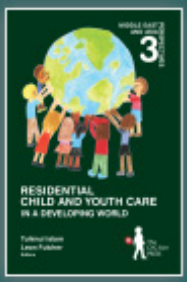
Bloom, M., Fischer, J., & Ormer, J. G. (2006). Evaluating practice: guidelines for the accountable professional. Pearson

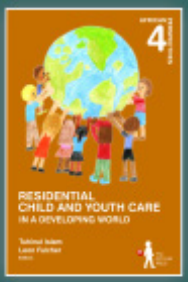
DOUG MAGNUSON is Professor, School of Child and Youth Care at the University of Victoria. More about his work can be found at https://dougmagnuson.netlify.com/ and he can be reached at dougm@uvic.ca





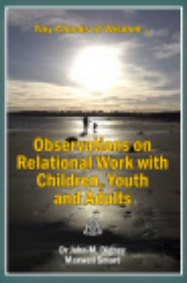




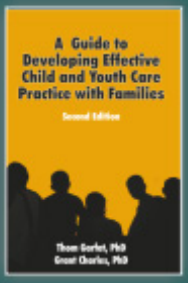














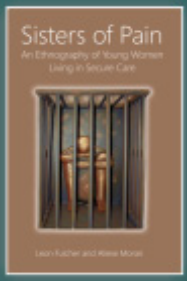


















AVAILABLE IN PAPERBACK and e-BOOK at http://press.cyc-net.org

The CYC-Net PRESS

Act Justly, Love Tenderly, Walk Humbly

Mark Smith

This article is about the nature of care itself, about what draws us to it and what guides us in caregiving. According to Ricks (1992) the 'concept of caring ... is the foundation for our field of practice.' It is a concept, however, that since Ricks' article, has remained largely undeveloped. The basic premise of my argument here is that caring is ultimately a moral endeavour rather than a primarily practical one. This requires that, at a conceptual level we begin to consider residential child and youth care through a lens of moral philosophy as well as those of psychology and sociology, which have come to frame our field.

Care is one of those 'taken for granted' terms; we use it all the time, rarely stopping to think what it might actually mean. Across the developed and developing worlds our duties of care are increasingly presented as public ones, enshrined in statute. Here in Scotland, we have an expanding apparatus to regulate care; we even

CYC-Online

August 2023

ISSN 1605-7406

legislate for it through the Regulation of Care (Scotland) Act (2001). This legislation gives us a long list of care services that government bodies have a responsibility to provide and of places where care might be offered. The Regulation of Care Act paved the way for care standards, laying down how we should provide care; a Care Commission inspects agencies against these standards. But none of this leaves us any the wiser as to what care is.

The location of care within legal and regulatory frameworks is symptomatic of our times. Dominant neo-liberal political systems locate our responsibilities to others within individual, contractual arrangements. According to Brannan and Moss, this 'new capitalism calls for individualism, instrumental rationality, flexibility, short-term engagement, deregulation and the dissolution of established relationships and practices' (2003, p.202). It is couched in the language of rights, which are often postulated to be self-evidently good, especially when applied to children. Yet rights can be yet another instrument of the liberal state. Dahlberg and Moss note that …'(it is no coincidence that the prominence given to rights coincides with the dominance of advanced liberalism and increasing recourse to law as a means of mediating relationships) and premised on particular values and a particular understanding of the subject as a rational, autonomous individual' (2005, p.30).



Care within such a model is conceived of as a commodity, a service we contract to in the same way as we might when engaging a lawyer, a doctor or a tradesman. It is a technical/rational task, one that we can reduce to a series of step-by-step 'best practice' guides; this is how you should care! Once care is conceived in such a way it is a logical next step to consider that we can set targets for its provision and then measure the extent to which we have reached these. The contractual model is completed in the establishment of mechanisms through which we might complain if services are not up to scratch – all very straight- forward and rational.

Rational and instrumental views of care obviously have implications for the way that carers too are conceptualised. They become technicians, charged to carry through particular tasks to a pre-ordained level of efficiency and effectiveness; a bit like car mechanics. In the UK particular models of training follow from this way of thinking; care is reduced to a series of discrete 'competencies' or 'learning outcomes.' Increasingly workers' obligations to care are laid down in various codes of conduct, which if breached might result in disciplinary action and, in extremis, removal from the register of those allowed to care. Technical models of care spawn technologies of care, giving rise to a belief in pill fairies (Fewster, 2004) or to a fetish with finding the perfect programme or treatment to apply to kids' symptoms. This misses the central point of care, that it is relational; it's all about you and me and what happens between us and the kids we work with.

The most banal example I have come across of how the bureaucratic mind can conceive of care and caregiving is a recent advert for social workers in Scotland under the banner "social climber." It featured a young, trendily-dressed woman who, despite her youthful appearance, seems to have had half a dozen social work jobs within as many years; including a

lecturer post during which time she managed to write a couple of books! A serial social worker no less, and prolific to boot – short-term engagement writ large! I wonder what clients thought of her.

This conceptualisation of social work as a career ladder is flawed – this isn't the primary motivation for those coming into caring professions. When I interview students for the programme I teach in I'm struck by how idealistic and enthusiastic they are. They come into social work because they want to make a difference to people's lives. It's hard not to look ahead, though, and wonder if in a few years' time they'll still be so enthusiastic and committed. Or will they have joined the ranks of social workers who have had that initial sense of vocation knocked out of them, their idealism drained by the petty proceduralism of daily practice?

What is wrong with child and youth care workers joining the modern world you might ask? Should we not expect them to meet the same minimum standards of practice that we expect from car mechanics? And is it not right that we lay down what we require from them? Well, yes we should expect a level of competence from those in caring roles but we want more than that; we want them to be able to respond to changing circumstances and differential individual need; we want them to act in moral as opposed to merely technical ways; in short we want them to care. And when we obscure the essential human and moral aspects of care behind ever more rules and regulations we make 'the daily practice of social work ever more distant from its original ethical impulse; the objects of care turned more and more into the specimens of legal categories …' (Bauman, 2000 p.9)

We are encouraged of course to believe that the expansion of regulation is linked with improvement. Bauman's (2000) view is that it actually gets in the way of our call to care. Practitioners will recognise the dynamic of

spending more and more time feeding increasing quantities of information to the bureaucratic beast, much of which remains unprocessed and ill-digested; or of spending time addressing the requirements of the latest inspection report when they might be engaged in acts of care. The two are not necessarily linked despite what the regulators might have us believe; there are inherent tensions in attempting to provide primary care in secondary settings (Maier, 1985).

Act justly, love tenderly, walk humbly

As you walk up Leith Walk in Edinburgh, my home city, you see a large banner hanging from St Mary's Cathedral, which sits at the top of the street. 'Act Justly, Love Tenderly, Walk Humbly' it proclaims; it always struck me as a reasonable injunction for all of us as we go about our daily lives. I came across the same dictum in Ricks et al (1999), where it was presented as an example of an agency's mission. I discovered that the phrase was from the Old Testament, from Micah, the prophet of liberation. The people who asked what they needed to do to return to God's grace approached Micah. They proffered all sorts of sacrifices and expressions of religiosity to that end. Micah's response was for a return to the basics. They had only to 'act justly, to love tenderly and to walk humbly' (Micah 6:8). Amidst all the regulation and hubris that surrounds care in our modern age it strikes me that we might do well to act on Micah's call to act justly, to love tenderly and to walk humbly.

Locating our obligation to care in biblical terms doesn't necessarily reflect a religious dimension to that call. It is drawn on as a reminder that there are times when it is necessary to revisit what we're all about, to strip things back to the basics; it is also used to take notions of care beyond the technical/rational considerations that have come to frame it in recent years

and to locate it within the qualities and actions of carers. I will go on to consider what these injunctions might mean in the context of residential care. Before that I will consider something of the nature of care.

Care through history

According to Bauman (2000), when Cain asked God 'Am I my brother's keeper?' he introduced the roots of immorality to the human condition. Of course, he is his brother's keeper, and his sister's and his neighbours too. To question this introduces a dissonance to the essence of humanity, the pull we feel to reach out to the other.

Since Cain, philosophers have engaged with questions around our responsibility towards those around us. Scottish Enlightenment thinkers were prominent in this regard. Francis Hutcheson, who was professor of moral philosophy at the University of Glasgow in the early 18th century argued that human beings have an innate moral sense, a quality he termed 'benevolence', which leads them to reach out to others. This notion of a natural sense akin to the other human senses, has been taken up by a number of philosophers. Adam Smith, generally associated with *The Wealth of Nations*, his work on economics, was first and foremost a moral philosopher. He identified an essential 'sympathy' within the human condition. Benevolence and sympathy are not based on reason, or cognition nor on a hope that they will accrue some return but on a more deeply rooted aspect of our humanity.

However, according to Tronto, 'the Scottish Enlightenment thinkers represent the 'losing' side in moral thinking in the eighteenth century' (1993, p.36). They lost out to the increasing influence of the German philosopher, Immanuel Kant's, ethical theories. Kantian ethics rely on a belief in a universal moral order based on reason and principle. This universal morality

has become a defining feature of modernity, the period of history that spans from the Enlightenment of the 18th Century to the present or (according to some commentators) the recent past. It privileges decision-making based on scientific reason and the regulation of social action through ethical codes. Politically, Kantianism led to the growth of, and finds its home in, liberalism with its emphasis in individualism and individual responsibility. Within it we are cast as autonomous and rational individuals bound to our neighbours only by a series of contractual arrangements and obligations.

The existence of a more innate and relationally-based care has been resurrected most powerfully perhaps by Emmanuel Levinas, one of the foremost intellectual figures in France in the last century. Levinas challenges modernity's preoccupation with reason and asserts that the primary human impulse is sentiment; I feel before I think – the moral call to reach out to the other is foremost, ethics rather than reason is the first philosophy. Levinas writes about an ethic of responsibility or an ethic of encounter; what happens when we come face to face with another human being. According to Levinas, the 'face' (the term he uses to convey the transcendent being of the other) 'summons me.' (Levinas, 1999) Residential care workers might want to think about the intensity of the feelings they have towards some of the children they work with to make sense of this point; think of the new kid coming through the door for the first time and the strong urge you have to make the world a better place for him or her; think of the pain you feel when you see a kid screwing up by making the wrong decisions. You want and indeed are called as part of your shared humanity to respond to their needs.

The call to care doesn't just apply to those kids we like. In fact, there are those we may not like, our relationship may be conflictual, but we

nevertheless feel and have a responsibility towards them – a responsibility that is infinite and demands nothing in return. Our responsibility to the other is by its nature irrational.

For Bauman (2000) rational arguments don't get us very far when applied to the question of why we should care. There is 'no good reason … why we should care … there is nothing reasonable about taking responsibility, about caring and being moral. Morality has only itself to support it: it is better to care than to wash one's hands' (Bauman, 2000, p. 9). Caring, from such a perspective, does not need to be set down in codes and manuals. It is part and parcel of what makes us human. Other cultural traditions recognise this.

> *Africans have this thing called Ubuntu; it is about the essence of being human, it is part of the gift that Africa will give the world. It embraces hospitality, caring about others, being able to go the extra mile for the sake of others. We believe a person is a person through another person, that my humanity is caught up, bound up and inextricable in yours. When I dehumanise you I inexorably dehumanise myself. The solitary human being is a contradiction in terms and therefore you seek to work for the common good because your humanity comes into its own in belonging.*
> – (Archbishop Desmond Tutu)

An ethic of care

Some of the most interesting work around the nature of care is contained in the developing literature around an ethic of care. This literature can be located within a feminist tradition and is associated in particular with Carol Gilligan's book *In a Different Voice* (1982). Gilligan was a student of

Lawrence Kohlberg, who provides us with what has become the standard model of human moral development. Gilligan challenged Kohlberg's model as reflecting predominantly male ways of thinking and acting on questions of morality. Men are deemed to speak and act from a 'justice' orientation, where qualities of objectivity, rationality and general principle predominate; women operate from a 'care' orientation and draw on 'softer' attributes of intuition, connection and compassion in reaching moral decisions. There is some dispute around the extent to which Gilligan's thesis reflects essentialist characteristics of men and women or whether it merely provides a helpful framework within which to conceptualise different orientations towards moral issues, the actual 'voices' being applicable to either men or women.

What Gilligan does is to offer a model through which we might differentiate the more relational and intuitive aspects of care from a more rule-bound and procedural notion of justice. A feminist approach to care requires a stepping in to encounters with the other rather than a stepping back into a 'rational', and objective, position where we distance ourselves from the other by means of our rules and procedures (Ricks, 1992).



What is care?

Joan Tronto (1993) provides a way through some of the gendered constructions, which can serve to locate care (and caring qualities) with women. She re-conceptualises care as a practice describing it as a 'specious activity that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible' (1993, p.103). A moral person attains that status in the ways in which they respond to the injunctions to care that present themselves in everyday life. Tronto goes on to say that

> *'an ethic of care is a practice, rather than a set of rules or principles ... It involves both particular acts of caring and a 'general habit of mind' to care that should inform all aspects of a practitioner's moral life'* (1993, p.126-7).

Both men and women can possess this general habit of mind to care. Indeed, Tronto (1993) identifies the thinkers of the Scottish Enlightenment as ascribing what might be thought of as caring sensibilities to men. In residential child care we need to be able to see care as something that men can do. Recently, I was involved in a project to recruit and train men to work in residential care and was struck by the sensitivity, awareness and basic caring instinct these men possessed. As one man said, ... 'you can show that you have your masculinity but can still be sensitive and open as well' (Smith et al, 2006).

For Tronto (1993) care is both an activity and a disposition. In residential homes, care as an activity might include the various tasks such as providing meals, ensuring comfortable surroundings or helping with physical tasks; it might involve everyday supervision and arranging activities. However, instrumental expressions of care are only part of what care is about.

Physical care needs to be transformed to caring care (Maier, 1979). This happens when the 'self' of the carer becomes central to the experience of care; these occasions are 'our whispered moments of glory, our Camelots' (Maier, 1979). These 'whispered moments of glory' are often the small things that frame everyday events such as how we wake kids up in the morning – not merely shouting from the corridor but taking time over the whole process, going into rooms, opening curtains, ruffling hair: in short waking them up the way that you might want to be woken yourself, or the way you might wake your own kids up. And of course, particular rituals of care emerge between individual members of staff and particular kids emerge in these everyday events, rituals, such as nudges, winks, high fives, which might be barely perceptible to outside observers but which for the individuals concerned convey a strong message of care. Residential child and youth care provides countless opportunities to express care in the everyday life events of daily practice.

Care as a disposition is something that we can all relate to; we all know caring people and so do kids (as highlighted by the quote at the beginning of this article); they can work out those who genuinely care and those who merely talk a good job. The disposition of the carer is not an added extra in the delivery of care. Noddings (1996) points to evidence to suggest that the attitude of the carer can have a significant affect for good or bad on outcomes for a child. She claims that the cared for 'grows and glows' under the positive attitude of the carer. Amidst the increasing regulation of care and the pursuit of ever more elaborate technologies, we can forget that ultimately it is the singer rather than the song that's of primary importance in working with kids.

Elements of an ethic of care

Tronto (1993) identifies four elements to an ethic of care. Carers need to demonstrate attentiveness – they need to be available to the other, to convey the sense that they and perhaps only they matter at that particular moment. It's all too easy in the hustle and bustle of residential care not to pay attention to kids; we can all probably recognize in colleagues and ourselves that tendency to fob kids off, to tell them we'll attend to something later.

Caring also demands that carers take responsibility for caring – saying they care isn't enough – they need to act to give expression to that care. How they do so derives from implicit cultural practice rather than formal rules. Thus, when a child falls over and hurts him or herself we know that we should comfort them in a way that is culturally appropriate. In most cultures that will involve a physical expression of concern, cleaning and dressing any wound. Formal rules and regulations which attempt to circumscribe how we should respond on such occasions actually get in the way of cultural rituals of caring. There are times when we know what we should do in particular circumstances with kids. For instance, if they are upset at nighttime, the obvious response is to be with them to offer comfort. Yet we can become afraid to do what we know to be culturally right by fearful and blaming organisational climates. Other traditions of practice are less caught up in procedure. In a social pedagogic tradition, the dominant model of practice in continental Europe, a natural response to such a situation would be to bring an upset child to sleep on a mattress in the worker's sleep-in room.

Good intentions are not sufficient in the care of others. Tronto's third element of care requires competence. We have probably all seen staff who, with the best of intentions jump into kids' lives to 'rescue' them, without

really knowing or understanding what they are doing. There is no point in intervening in a child's life if that is the case; it can do more harm than good, irrespective of what our intentions might be. There needs to be an awareness and intentionality in what carers do.

The final of Tronto's four elements of an ethic of care is responsiveness. Carers are to be aware of the vulnerability of others and respond to their needs in a way that they would want us to. That requires that we taper care to the needs of the individual; as Maier (1979) says, it's different strokes for different blokes. Responsiveness also calls us to be aware of how issues of power, prejudice and dependency can enter into relationships (Ward, 1993).

'Caring about' and 'caring for'

One of the most accessible expositions of care ethics is provided in the work of Nel Noddings (1984). Noddings was a schoolteacher for over 20 years and also raised ten children of her own so she knows a thing or two about caring. She went on to become professor of education at Stanford and later at Columbia universities. Noddings (1996) distinguishes between 'caring for' and 'caring about.' 'Caring for' is what residential care workers do. They work at the level of the face-to-face encounter with kids: they engage in the physical aspects of care such as personal hygiene and in issues of care and control; they soak up the intensity of kids' emotions and get involved in the messy bits around intimacy and boundaries. There is an inevitable rawness and unpredictability about 'caring for.'

'Caring about' puts more distance between us and the objects of our care. It's what we do when we take a stance on an issue or when we give to charity; we do not provide care directly but we have a general predisposition to see that kids are cared for. 'Caring for' and 'caring about' are linked; our capacity to care about derives from our experience of being

cared for. 'Caring about' is essential if 'caring for' is to amount to more than continually sticking plasters on social problems; it is implicated in the sense of social justice, a point I return to. However, it doesn't and shouldn't get us off the hook of 'caring for', of responding to the kid who faces us in the moment. Again, we can perhaps think of colleagues who were too ready to blame kids' situations on wider social circumstances, be it their parents, the 'management' or whoever, while doing little to respond to them in the here and now.

This distinction between 'caring about' and 'caring for' may help cast some light on the difference between residential workers and social workers as identified by Anglin, (1999). Social workers tend to take a more distant, 'objective' bigger picture view of situations; residential workers derive their knowledge from the intimacy of their everyday 'caring for' encounters. Noddings' distinction raises for me questions of the legitimacy of those who claim to 'care about' residential child care without having dirtied their hands in the 'caring for' kids in such settings. Care takes on very different perspectives depending on how close you are to it.



The one caring and the one cared for

Care ethics demand a re-think of dominant assumptions about how we should care. Bureaucratic models view close personal relationships as inherently suspect and seek to mediate these through constructs such as 'professional distance.' In such models we are cast as detached providers of a clinical and sanitised care, bereft of feelings, other than those expressed by the client (Ricks, 1992). It is an unequal relationship in which the worker can stand above the object of their care. Care ethics, on the other hand, are rooted in concern and feeling for the other. They take,

> *professional caring into the personal realm and require that both parties show up, be present, be engaged at a feeling level for each other. The presence of feeling(s) provides the link which connects the worker and client. Very simply put, without this connection, without the feeling(s) in the relationship, the people do not matter to each other.* (Ricks, 1992, p.54).

Within such a model the one-caring and the one cared for are thrown together in a care relationship in which power dynamics are complex and non-linear, emotional rather than instrumental. The fact that the relationship between the one caring and the cared for (Noddings, 1996) is inevitably one where there are feelings and needs on both sides is not to argue that these needs and feelings are necessarily equal, merely that they are present. In any caring relationship we need to be aware of the nature of power imbalances within relationships and of the possibility of abuse within these. This needs a sense of purpose or intentionality as to our role and a framework within which relationships can be mediated.

Within a bureaucratic model of care relationships are mediated by an agency's rules and procedures. It is in the nature of bureaucracies to believe, in the words of T.S Elliott, that they can dream up *systems so perfect that no one will need to be good*. An ethic of care requires that we re-personalise ethics (Bauman 1993). We need to place ourselves at the heart of mediating our relationships with others; rules and regulations are blunt instruments to bring to bear on the complexity and infinite variety of human situations and relationships. What is procedurally right might not be ethically right. I recall a situation when I was principal of a secure unit. A sixteen- year-old girl with a history of self-harming cut her wrist. She had a gaping wound, yet she refused medical treatment the doctor insisted she needed. What are staff to do in such a situation, where legal, medical, moral and personal value systems may all conflict? Do they say that legally she has a right to refuse treatment and walk away? When it comes down to it they have to do what they think is right. In such situations

> *Codified rules of what to do in particular cases and cases of like kind, gets us off the hook of moral endeavour … Adherence to codified rules does not necessarily require self-awareness or accountability for taking a moral stance. It simply requires learning the rules and following them …* (Ricks and Bellefeuille, 2003, p.121)

If learning the rules isn't enough, how might we mediate the personal within our professional relationships? The injunction of the prophet Micah to *act justly, love tenderly and walk humbly* might give us a framework within which to do so. What might this mean in the context of residential child and youth care?

Act justly

As child and youth care workers we are called to act justly at different levels, at wider social and political levels and at a personal level. The concept of social justice is rooted in a belief that all people are equal and ought to have an equal call on the earth's resources. This, manifestly, is not the case in the world we live in. Those children placed in residential care have rarely had much of a call on the earth's resources. They are generally the victims of poverty and its effects; denied access to any conception of 'the good life' we all aspire to.

The moral test of any society is how it treats the poor and the marginalised in its midst. Neo-liberal government fails to address the needs of the poor. Rather, it blames them for their predicament. Thus, we see the demonisation of youth in political discourse. In Scotland we have witnessed a hasty retreat from the welfare principles that have historically framed our approaches to youth, to be replaced with ever-more punitive rhetoric and policy initiatives. Youth are constructed as a threat because they don't buy into a society in which they have little stake. As child and youth workers we should be prepared to speak out against the injustices that prevent those we work with from reaching their potential. We need to advocate on their behalf when they are denied access to basic rights such as education and when they are treated less favourably than other kids on account of being in residential care.

The injunction to act justly also applies in how we interact with one another on a daily basis. Again, kids understand the notion of justice when confronted with it. David, who is quoted at the beginning of this article, goes on to say,

> *There was a nun, who was the head nun of our children's home who was very, very fair, and kind, but not in a 'goody-goody' way – she was a just person, and she offered us protection.* (In Cree and Davis, 2007, p.87)

To act justly calls for self-awareness and an appreciation of the boundaries between ourselves and others. Boundaries are essential to an effective caring relationship. They are expressed and felt cognitively and emotionally (Fewster, 2004). Again there is a cultural dimension to this; we know both intellectually and at a feeling level when kids (and indeed we as individuals) are uncomfortable with particular aspects of a relationship. When we know our own boundaries and vulnerabilities, we can take the risk of becoming appropriately close to those we care for. Without boundaries we cannot manage these relationships appropriately. This is summed up by Fewster, 'no boundaries, no self – no self, no relationships' (2005: P13).

A breakdown in boundaries does not only occur in instances of overt abuse. It is also present in the 'wounded healers' who are often attracted to residential work to deal with their own unresolved childhood issues – those who would never consider themselves to be party to abusing kids but who confuse their own needs with those of kids they work with. That can result in a violation of appropriate boundaries in that it totalizes their own experience with that of others; kids become the vessels through which adults sort out their own issues.

The bureaucratic mindset seeks to impose boundaries through ever more regulation. Guidelines, however, are according to Piper et al (2006)

> *'... negative rather than positive, products of fear rather than a characteristic of a confident profession or workforce.' Codes give*

> *no space for context or good professional sense, and so (are) generally 'ignored or became unworkable', creating 'guilt at their non-compliance.' The more specific codes become, the more ridiculous they are …* (p.156)

We can no doubt all think of procedures from practice experience that have become ridiculous. If procedures are of little use, we are back to personal ethics. Ricks and Bellefeulle, citing Blum, argue that ethics have to be constructed in relation to 'self.' Ethical and moral connection with another involves

> *getting oneself to attend to the reality of individual other persons … while not allowing one's own needs, biases, fantasies (conscious or unconscious) and desires regarding the other persons to get in the way of appreciating his or her own particular needs and situation.* (Ricks & Bellefeuille, 2003, p.120)

Love tenderly

Love is a pre-requisite of healthy development; even to have to state this can sound trite. Yet, it can be a four-letter word when it comes to caring for other people's children. One of the reasons for this may be that the English language only has one word for love, and it encompasses a whole range of emotions including, dare I say, sex. The Greeks identify a number of different types of love: agape, philios and eros – agape, being a transcendent love, philios a love of neighbour and eros the more sensual expression of love. All three dimensions of love can be present in residential care. Levinas' call to the 'face' of the other reflects a transcendent love. We express philios in our day-to-day caring encounters with children and their

families. We are also sexual beings, however, and when we interact with other sexual beings our sexualities enter into that relationship (Fewster, 2000). Eros is alive and well in residential child and youth care, no matter how hard we seek to deny it. Indeed, it is part and parcel of our irrational impulse to care. McWilliam notes that,

> *The caring relationship, like the pedagogical relationship, is ambiguous and duplicitous, because it is produced out of desire. Moves to separate the 'good/ethical/unsex' bits of desire from the 'bad/unethical/sex' bits of desire cannot help but misrecognize the nature of eros in the care giving relationship.*

She goes on to suggest that

> *In the rush to end abuse, we have waged war on eros, with the result that one set of tyrannies has given way to another. The new order is characterised by the safety of blandness …* (Mc William cited in Piper and Smith, 2003, p.879).

As a consequence of our unease about the term, we don't do love in residential child and youth care, at least not officially; we go so far as to deem it 'unprofessional' and substitute it with the blandness that we call safety. Whilst sexual relationships between adults and children in residential child and youth care are not acceptable and breach a fundamental boundary in respect of the power dynamic in caring, in denying eros in our relationships with children we extinguish an essential spark that can be present between adults and children. Awareness of ourselves and those we

work with as sexual beings allows us to negotiate the boundaries of eros so that it becomes a healthy and life-giving aspect of our relationships.

The difficulty we have (and it may be a particularly Anglo-American problem) in accommodating notions of love and sexuality in our professional lives would seem to be about fear; fear of a puritanical past, fear of what others will think, fear that it's not 'professional', fear perhaps of our shadow selves and that we might get too close. However, fear isn't a reason not to put love at the heart of our relationships, so long as we act justly in expressing that love, especially in our relationships with those less powerful than ourselves.

At another level there is a political dimension to our love. It takes on some of our deeper hopes for humankind. It involves a philosophical concern for 'the good life' and a burning desire that those we work with get a share in it. For this to happen requires that we side with them in railing against the oppressions and injustices of the systems that hold them back. Love can be the fire in our belly for change.

Walk humbly

One of the conspicuous features of our modern world is its fixation with knowledge. Knowledge is equated with power; the more knowledge we have, the more, it is assumed, we can control our worlds. Social work, certainly in the UK, has become obsessed with amassing knowledge through an expanding array of assessment and information-gathering tools. The motivation for this is claimed to be benign; the more we know about individuals the better we can provide services for them goes the rationale. Setting civil liberties issues to one side, our obsession with knowledge throws up a number of problems. At a philosophical level, it assumes that people are knowable whereas Levinas would have it that they are not and

indeed our attempts to know other people risk 'murdering' them through our tendency to totalise their experiences with our own.

Faith in the primacy of knowledge also makes assumptions that we can know not just the other but that we can place them within some normative frame. Thus, we look for developmental pathways as though these were unproblematic. Yet as Magnusson (2003 XX11) tells us, 'Development and growth is a mysterious, asynchronous, nonlinear process and dynamic.' We too often fail to appreciate the mystery of development and locate it within some psychological straitjacket or another. And when individuals don't fit, we identify the professional task as being one of bringing them back into the centre-ground. For those who persist in not fitting we can apply some pretty authoritarian measures.

Again, Elliott punctures the conceit in our quest for ever more knowledge when he advises that … all our knowledge brings us nearer to our ignorance, … Rather than knowledge, residential care workers should aspire to an idea of practice wisdom. All our practice wisdom is tentative; it is open to refutation and reinterpretation in the light of experience. How often do we come across cases in residential care where we thought we knew every last detail about a kid's life only to be confronted with some new information that challenges all our previous assumptions.

Those who have worked in residential child and youth care for any length of time tend to know what they don't know. Over the past few years, I've been lucky enough to meet and listen to those who could rightly claim an expertise in residential child care. What strikes me about them is their humility; they know they're only as good as their last shift. That isn't a problem. It's when we think we know that the problems set in. As Ricks and Bellefeuille (2003) point out, knowing is a learning disability; it gets in the way of the endless curiosity that goes with the territory in working with

kids. Residential workers need to become comfortable in working with uncertainty.

Is it professional?

The sentiments expressed in this article are likely to elicit a number of responses from those conditioned to think about social work or social care in particular ways. Some will decry it outright; others will damn it with faint praise … That's all very well but …!

The 'but' will be about whether what I'm suggesting is at all professional within our received understanding of what it is to be professional. To be professional is to be objective, rational and unengaged at any emotional level (Meagher and Parton, 2004). McWilliam and Jones (2005) offer a fascinating insight into the ways that teachers define what it is to be professional in a risk-averse climate. They do so by keeping themselves safe; by refusing to touch kids, by making sure they are not alone with them; in short, by failing to make the kind of connections a good teacher should.

This version of professional confuses professional with professionalisation (Noddings, 1996b). The quest for professionalisation is about the status that goes with the title professional. It calls for all sorts of trappings and fripperies and esoteric language to justify our claims. Actually, being professional is about getting the job done, competently and ethically. So, any proper consideration of what is professional needs to start with what the job is. If it is, in Noddings' terms, to help kids grow then being professional requires that we engage with kids in very immediate ways in the messy and ambiguous reality of their lifeworlds – not to become so enmeshed that they can't see the wood for the trees, but neither to remain

so detached that they are scared to make the human connection required to effect growth.

If current notions of being professional can't accommodate this, then we need to redefine what it is to be a professional. Much of what is currently done under the name of professionalism is unprofessional; it gets in the way of what we should be doing when we care for children and youth.

Is it safe?

The siren voices who want to hold on to comfortable notions of professionalism will also assert that my views are hopelessly utopian, dangerous even; we need all this regulation to make care safe. Setting aside questions of whether care can be safe without compromising its very essence, I want to respond to concerns of being utopian.

My first line of defence would be to plead guilty as charged; we should be looking for a better world than we have, not hiding behind a soulless 'safety' but imagining a world where

> *Joy, spontaneity, complexity, desires, richness, wonder, curiosity, care, vibrant, play, fulfilling, thinking for yourself, love, hospitality, welcome, alterity, emotion, ethics, relationships, responsibility – … are part of a vocabulary which speaks about a different idea of public provision for children, one which addresses questions of the good life, including a good childhood …* (Moss and Petrie, 2002, p.79).

My second point is to question whether regulation, however perfect, can in fact bring about the kind of safety it is intended to. To imagine that it might is a conceit of the modern mindset and its quest for rationality and

linear thinking. But however hard we seek to convince ourselves of our rationality it can't be sustained. We are creatures of paradox. Richard Webster (2002) writes,

> *Martin Luther succinctly formulated the 'paradox of purity' when he observed that 'the more you cleanse yourself, the dirtier you get.' What he was implicitly recognising was the fascination of sin – that the more any appetite or impulse is cast into the realm of the unclean by those who pursue purity, the more psychologically compelling it becomes. The pursuit of purity thus actually serves to promote an imaginative obsession with anything that has been explicitly or implicitly defined as obscene.*

This paradox of purity has some fascinating implications for developments in residential child and youth care: the more we obsess about safety, the more we create conditions that are unsafe. This point gains empirical support from a recent study of touch in school settings. The authors (Piper et al, 2006) identify just such a paradox in their interviews with teachers. The very obsession with safety brings into the human consciousness thoughts and fantasies that would not otherwise be there in a world where our relationships with kids were healthier and less marked by repression. It is a fascinating proposition, and one that needs to be addressed, as to whether the creation of dystopias by the child protection lobby, where we are conditioned to imagine "bogeymen' intent on harming children lurking around every corner and certainly in every residential care establishment, might actually create the conditions for this to happen. Thus, child protection and safe caring have become the real threats to children.

The upshot of no-touch codes is not safe or ethical teacher-pupil relationships, but merely tortured agonising.

Conclusion

This article calls for workers in residential child and youth care to get to the heart of the matter of what it is they do, to put the care back into care and to assert a moral purpose to why it is that they care. The how of care has become ground down in recent years in a morass of regulation and procedure and the quest for the holy grail of 'what works.' This does not improve care; in fact, by suppressing the moral impulse to care and by demonizing particular acts or expressions of care regulation has become antithetical to proper care. Paradoxically it may even generate the kind of situation it purports to avoid.

If residential child and youth care is to be an affirming experience for kids it will be so as a result of something more essentialist; because there are still those staff who are prepared to put themselves in the centre of care is and to act justly, love tenderly and walk humbly as they go about the task.

References

Anglin, J (1999). The uniqueness of child and youth care: A personal erspective. *Child and Youth Care Forum, 28,* 2. pp.143-150.

Appleton, J. (2006) Don't touch those kids! http://www.spiked-online.com/Articles/0000000CAF9E.htm

Brannen, J. and Moss, P. (Eds.) (2003). *Rethinking Children's Care.* Buckingham: Open University Press.

Bauman, Z (1993) *Postmodern Ethics*. Oxford: Blackwell

Bauman, Z (2000). Am I my brother's keeper? *European Journal of Social Work, 3,* 1. pp. 5-11.

Cree, V. and Davis, A. (2006). *Social Work: Voices from the inside.* Abingdon: Routledge.

Dahlberg, G and Moss, P. (2005). *Ethics and Politics in Early Childhood Education*. London Routledge/Falmer.

Eliot, T. S. (1936). *Choruses from 'The Rock': Collected Poems, 1909-1935*. New York: Harcourt, Brace, p. 179.

Fewster, G. (2000). Morality, empathy, and sexuality. *Journal of Child & Youth Care, 14*, 4. pp. 1-17.

Fewster, G. (2004). If you meet the pill fairy along the road, kill it (Editorial). *Relational Child and Youth Care Practice, 17*,1. pp. 3-10.

Fewster, G (2004). Just between you and me: Personal boundaries in professional relationships. *Relational Child and Youth Care Practice, 17*, 4. pp. 8-17.

Fewster, G (2005). Making contact: Personal boundaries in professional practice. *Relational Child and Youth Care Practice, 8*, 2. pp.7-14.

Gilligan, C. (1993). *In a Different Voice: Psychological Theory and Women's Development.* Cambridge, Massachusetts: Harvard University Press.

Levinas, E. (1991), *Totality and Infinity,* (Trans. A Lingis), Dordrecht: Kluwer Academic Publishers.

McWilliam, E and Jones, A. (2005). An unprotected species? On teachers as risky subjects. *British Educational Research Journal, 31*, 1. pp. 109-121.

Moss, P. and Petrie, P. (2002). *From Children's Services to Children's Space*s. London: Routledge/ Falmer.

Magnusson, D. (2003). Preface in T. Garfat (Ed.) *A Child and Youth Care Approach to Working with Families*. New York: Haworth.

Maier, H. (1979). The core of care: Essential ingredients for the development of children at home and away from home. *Child Care Quarterly 8*, 33. pp. 161-173.

Maier, H. (1985). Primary care in secondary settings: inherent strains. In L. Fulcher and F. Ainsworth (Eds.) *Group Care Practice with Children* (pp.87-115). London: Tavistock.

Meagher, G and Parton, N. (2004). Modernising social work and the ethics of care social work and society. www.socwork.de/Meagher-Parton2004.pdf

Noddings, N. (1984). *Caring: A feminist approach to ethics and moral education.* Berkeley: University of California Press.

Noddings, N. (1996). The cared-for. In S. Gordon, P. Benner & N. Noddings (Eds.), *Caregiving: Readings in knowledge, practice, ethics and politics* (pp. 21-39). Philadelphia: University of Pennsylvania Press.

Noddings, N (1996b). The Caring Professional. In S. Gordon P. Benner. P. & N. Noddings. (Eds.). *Caregiving: Readings in knowledge, practice, ethics and politics* (pp.160-172). Philadelphia: University of Pennsylvania Press.

Piper, H. and Smith, H. (2003). 'Touch' in educational and child care settings: dilemmas and responses. *British Educational Research Journal , 29*, 6. pp. 879 – 894.

Piper, H, Powell, J. and Smith, H. (2006). Parents, Professionals and Paranoia: The touching of children in a culture of fear. *Journal of Social Work, 6,* 2. pp. 151-167.

Ricks, F (1992). A feminist's view of caring. *Journal of Child and Youth Care, 7*, 2.pp. 49-57.

Ricks, F, Charlesworth, J, Bellefeuille, G & Field, A. (1999). *All Together Now: Creating a Social Capital Mosaic*. Ottawa: Vanier Gamily Institute.

Ricks, F. and Bellefeuille, G. (2003). Knowing: The critical error of ethics in family work in T. Garfat (Ed.) *A Child and Youth Care Approach to Working with Families* (pp. 117-130). New York: Haworth

Smith, M. MacLeod, I. and Mercadante, I. (2006). *Men Can Care*. Glasgow: University of Strathclyde.

Tronto, J. (1993). *Moral Boundaries: A Political Argument for an Ethic of Care*. London: Routledge.

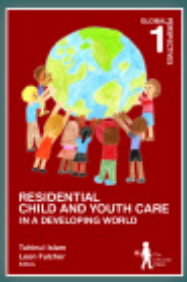
Tutu, D (2000). 'Ubuntu' www.cyc-net.org/today2000/today000328.html accessed 21/10/06.

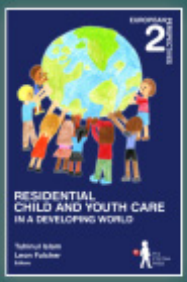
Ward, A. (1993). *Working in Group Care*. Birmingham: Venture Press.

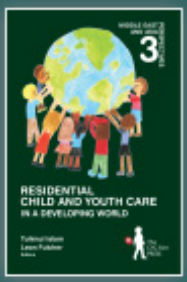
Webster, R. (2002). The politics of the body and the body politic. www.richardwebster.net/thepoliticsofthebody.html accessed 21/10/06.

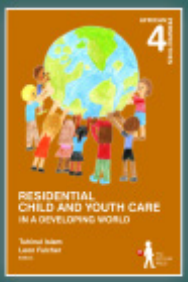
From: Smith, M. (2006). Act Justly, Love Tenderly, Walk Humbly published in *Relational Child and Youth Care Practice*, 19/4. pp. 5-16.





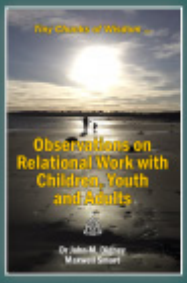




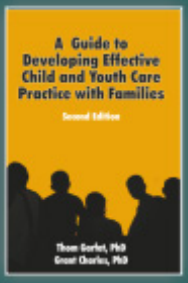














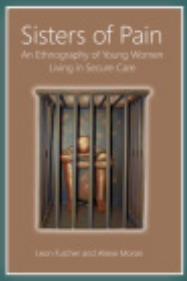


















AVAILABLE IN PAPERBACK and e-BOOK at http://press.cyc-net.org

The CYC-Net PRESS

The Power of "Good Enough"

Hans Skott-Myhre

One of the most pernicious and subtle tactics of the current system of domination and control is the perversion of our desires. By desire, I am referring to two quite different expression of the forces that shape what we do and who we think we can become. One of these is founded in the idiosyncratic and unique capacity to live a life of profoundly powerful creative force. This aspect of desire is innate and can be seen easily in the way that an infant explores or encounters the world or a young person sings or dances with abandon in the sheer joy of the moment. It is powerful and responsive to the immediate moment of encounter with the living force of a rich and fecund ecology that flows around us and through us.

The other form of desire is an appropriation and perversion of the first. It is the way that any given system of domination and control makes every effort to turn our desiring capacities to its own ends. This form of social manipulation is what Pignarre and Stengers, following Marx, call a form of magic or sorcery. By this, they are suggesting that the way our desires are stolen from us is by a sleight of hand—a tricky bit of deception. Like all

CYC-Online

August 2023

ISSN 1605-7406

good magic tricks, the appropriation of our desires is accomplished through distraction—the ability to get us to look anywhere but where the trick is taking place.

Of course, this is also the heart of all good con games and we would have to say that the theft of our desires is indeed a form of con game, in which we are fooled into thinking that we are doing what is best for us, when really we are giving away all that is precious to us to a system that will spend every bit of it without any real appreciation for what it is worth. All of which is to say, that the trick is to make us believe that our desiring capacities should be shaped and designed to serve the system first and foremost. The set up for the trick is to convince us that we are inherently flawed and that the only way we can remedy this is through the beneficence of the system of rule in which we are embedded.

This bit of capitalist sorcery has taken a number of different forms over the last 400 years or so. From the production of the work ethic, wherein we have come to believe that our very worth can be defined by how hard and diligently we slave away for the ruling class, to the internalization of the importance of self-discipline or emotional regulation, where we learn to shape our desires and emotions to the dictates of the workplace as the ultimate site of our worthiness. To be a good and reliable worker who comes to work every day and causes no trouble, but gets the job done, has relegated millions to a truncated life of thwarted desire and limited creative possibility.

And yet the trick is so effective, we often seem to be willing participants in our own subjugation. We give the very core of our being, our creative capacity to act and do, to the whims of capitalist production. If they need us to work in the factories for the majority of our adult lives, spending hour after hour producing products in which we have little personal investment,

we do that. If we are told we should spend 16 years or more of our lives in a school designed to discipline and shape our bodies and minds to the necessities of corporate production, we do that. If we are needed to answer the phone, peer at a computer screen, solder components onto a circuit board, serve an endless stream of mass-produced food with a smile, we do that and so on. And it is not only our work life, but the very shape and contours of our sexual desires, relationships, and the limits of care are also integrated into the social web of discipline and training in which we are enmeshed.

The first 400 years of capitalist development might well be read as an ever more nuanced and subtle system designed to produce what Foucault called the docile body. That is the body designed as a willing cog in the machinery of production. And, it has been a very successful project inducting most of humanity's creative force into working for a system that has little or no interest in the well-being of life or living things. The results have been catastrophic in terms of epidemics of loneliness, anxiety, depression, alcoholism, various other addictions, wars, interpersonal violence, despair, and alienation. Not to mention, massive rates of species extinction, rising sea levels, record breaking heat waves, storms, and droughts as a result of the capitalist mode of production for the past four centuries.

Of course, there have revolts and acts of resistance, some of which have had some degree of impact, although not enough to seriously slow the system. However, as we engage the early decades of the 21st century, there are two notable shifts in our set of social coordinates that are worth noting. The first of these is the shift into an increasing virtual mode of production, More and more of what we do is driven by algorithms and virtual technology. This opens new possibilities for capitalist expansion, but also

new and perhaps more effective modes of rebellion and resistance. The innovations are technological of course and seem to be expanding at an astonishing rate with unknown implications for who we are to become and what we will be able to do. In the midst of this ever-expanding new world, there are also significant shifts in the ways in which we are being shaped as docile bodies within this emerging phase of capitalist development and I want to turn my attention to one of these.

Towards the end of the 20th century the philosopher Gilles Deleuze wrote a short but extraordinarily prescient essay called "Postscript on the Society of Control." In it, he argues that the dominant society has shifted its method for extracting compliance from us. In particular, he noted that we are no longer subjected to the same direct regimes of physical discipline that were the hallmark of industrial capitalist schooling, factories, and families. Instead, Deleuze points to the ways that our lives are more and more controlled by codes that allow us to access levels of inclusion into the increasingly virtual world of the next iteration of capitalist production. He cites social insurance numbers, credit reports, passwords, and passcodes as the new machinery for determining who belongs and who doesn't. He also delineates a shift from a society that had developmental milestones that signaled social inclusion, such as diplomas, marriage certificates, successful retirement after a lifetime with one company, a mortgage and so on.

Now, he says, we are entering a society in which no one ever arrives. There is no developmental trajectory. Everything is in constant flux and nothing achieves any kind of medium term security. As social subjects we are required to constantly shift and change our positioning by engaging an array of ever proliferating training regimes. No degree is terminal, one must always seek further certificates or higher degrees; no relationship is stable,

we must receive ongoing professional advice and training in communication skills, emotional regulation, and intimacy; no job performance is satisfactory, the worker must constantly train and retrain; no financial situation is secure, we must always learn the new algorithms of investment. It is no wonder that our anxiety and sense of imminent failure is epidemic.

In all of this, I would like to focus on one aspect of this rather nasty bit of social engineering and that is the discourse of constant self-improvement. All we need to do is to look around us to see that we are bombarded on all sides by an constant imperative to be all we can be. We must excel and seek to perfect who we are and what we can do. On the surface, this doesn't seem so bad, After all, what is so wrong with wanting to do better? Indeed, for those of us familiar with the foundations of CYC in the philosophies of humanistic psychology, this is a familiar mantra. The foundational work of Maslow, Rogers, and Pearls are all in some way concerned with self-actualization, expressing ourselves as fully as possible, and fearlessly seizing our potential.

However, there is a very serious difference between the imperatives of virtual capitalism and the possibilities implied by humanistic psychology. For the humanistic psychologists, they imagined that each of us could become self-actualized in ways that freed us from the social controls of the disciplinary society of the 20th century. In the virtual capitalist version, we are inducted into a cycle of self-improvement that entwines us more and more deeply into the control society of the 21st century. This difference is specifically the difference in desire that I noted at the beginning of the column.

The implications for CYC are significant. In the initial development of the field, in the 1960's and 70's, practice and organizational structures composed quite a range of what was considered care for young people.

The founders themselves tended to be iconoclasts who challenged the delivered wisdom of conventional approaches to working with young people. The imperative was to establish genuine living relationships with the young people we encountered. Even a cursory examination of the key Characteristics of CYC indicates a field interested in complexity and nuance based in self-reflection, rather than meeting constantly shifting external definitions of "better than." The foundations of the field are premised more in the admonition of Carl Rogers who proposed that self-actualization was not to be found in changing who you are, as much as becoming more of who you actually are. Being all you can be is a powerful perversion of this work, when change is premised in meeting externally determined rubrics of what constitutes good work and best practices.

When I peruse the journals and social media feeds across the field of CYC, I find a landscape of trainings, certificates, calls for professionalism, and all manner of expertise on what is wrong or right about young people today. At times, it seems to be that we have lost faith in ourselves as workers. We just don't trust ourselves or the young people we work with. The magic trick of capitalist sorcery is in full effect here.

When we see young people who are poorly served by the institutions ostensibly designed to provide care, we seemingly see this as evidence that the workers are not properly or adequately trained. That they need to be professionalized and taught the necessary skill set to do the work. We gear up to train and re-train them; to measure the results of treatment; and to find the evidence that it is all working.

What we fail to take into account is that the game is rigged. The institutions are funded and regulated by a system that has no interest in the well-being of those in care or those doing the work. It is a shell game, in which best practices are moving targets based on algorithms rather than

the experiential field of encounter between the worker and those they encounter in the work. No amount of training or professionalization will ever be able to overcome the toxicity of the current socio-political ecology in which our CYC programs are enmeshed. That would require a radical shift that would reassert the primacy of the complex and nuanced set of practices found in the struggle to establish genuine living relations in the work we do.

At the end of the day, perhaps a beginning step would be to step away from the constant demand to get better and better. Maybe, it's enough to simply do the best you can and pay attention to what is happening in your work as it is. Maybe, we need to explore the power of good enough. Maybe, we don't need to be superstars. Maybe, we just need to be complicated, struggling, creative, loving, and compassionate people who do the best they can under what are arguably impossible conditions. That kind of self-reflective work can't be trained, but it can be found in learning from the day to day interactions we have in the work we do and the lives we lead. We can break the spell of capitalist sorcery. The antidote is right in front of our eyes – it is a return to us and nothing more.

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



Group and Regroup

Brian Gannon

We all work with groups in our programs – whether with the scheduled ball game or with two or three kids gathered around the end of the lunch table. Some groups we consciously plan, to make sure that we cover the curriculum required by the kids (recreation, stimulation, belonging, skills, achievement, etc.); other groups (of two, three or more) form spontaneously from moment to moment. Both kinds of groups, the planned and the spontaneous, are the concern of child and youth workers.

Some ideas about the groups you may plan or come across today ...

Groups work for the kids

If we find that one kid is being hurt (bullied, excluded) or that another is using the group to dominate negatively (hijacking the group for some purpose, bullying) then we clearly have a process which is working against our program goals. We will want to enter such a group to add support and balance where needed, or we might regroup the members into two groups. (Remember, we may want a particular youngster to be find a group difficult,

CYC-Online

August 2023

ISSN 1605-7406

to learn assertiveness or to experience some reality; or we may want another to be dominant in order to practise some new learning, but these groups will be carefully managed within our goals.) The point is that if a group is not working for the kids, we are losing program impetus and potentially harming young people.

Groups vary

Good planning will ensure that a youth experiences groups of varying size, formality, composition and levels of activity during the day. We are always tempted to use groups "to keep the kids busy", and in doing this we will soon fail to meet their needs. We know that too many large, noisy and active groups can be overstimulating; too much undirected free time can be experienced as boring and neglectful. Children enjoy a quiet time after an active time, and vice-versa, and we are good at using this knowledge. We get opportunities to talk after a ball game; we blow off steam by jogging after a quiet study period. Youngsters also learn valuable social skills from variation, for example, to discriminate between boisterous and quiet times, between "locker room" and dinner table conversation.

Groups teach, challenge and reward

We have youngsters in our programs for a limited time and we should try to get the maximum benefit from the groups we work with.

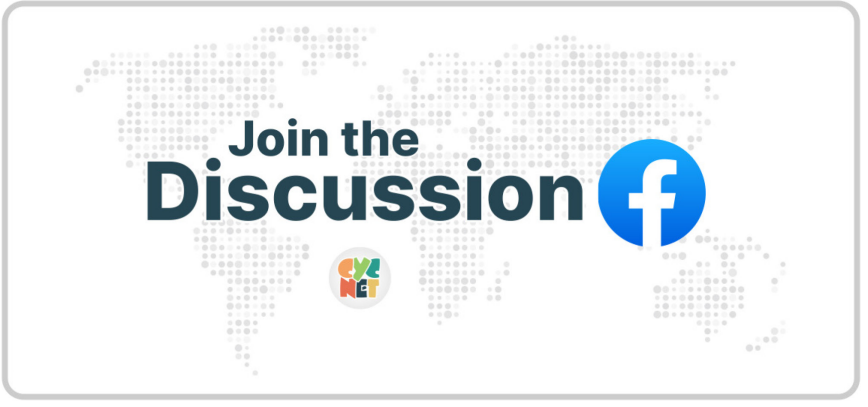
- Try to give children at least one group a week where they get the opportunity to lead (perhaps helping with a younger group or teaching a skill);

- try to include children in at least one group a week where they are "bottom of the pack" and have to learn new things and work their way up;
- and, just as often, try to have them in groups of their equals where they face good peer interaction and competition.

One of the central principles underlying our work with children and youth is that it was in social, interpersonal situations that they were first hurt and harmed - and it is in social, interpersonal situations that they rediscover confidence and healing.

So, group and regroup.

Brian Gannon's *Practice Hints* are part of a collection published by CYC-Net Press, which you can purchase at http://press.cyc-net.org



Postcard from Leon Fulcher

From New Zealand, Celebrating Mātariki – the Māori New Year

Kia Ora Koutou Katoa and warm greetings to child and youth care workers, wherever you are! Today we look to the stars and celebrate Mātariki, a public holiday celebrating the Māori New Year in Aotearoa. In 2022, New Zealand became the first country in the world to establish a public holiday in recognition of an indigenous reading of the stars launching a lunar new year.



The first national public holiday in the world to celebrate the indigenous New Year

CYC-Online

August 2023
ISSN 1605-7406

New Zealanders are beginning to recognise Mātariki as a special time in their calendar year. In the CYC-Online article *It's Only a Matter of Time: Cross-Cultural Reflections* (Fulcher, 2019) I wrote about how time is measured in many different ways depending on where you live. Where much of the world uses a solar calendar with 12 months, the lunar calendar moves forward or backward like Easter, depending on stages of the moon while a Gregorian calendar has 365.25 days.



Pre-dawn gathering in Rotorua where Te Arawa Iwi hosted Matariki celebrations

New Zealand's very own new year is now a public holiday, with Kiwis around the country marking it on Friday, July 14, this year. As Mātariki has always been a celebration of abundance, of remembrance, unity, and hope for the future, it's an opportunity for all of us to consider what Mātariki can mean, as we



Dr Rangi Matamua - New Zealander of the Year - as the Matariki Scholar

ISSN 1605-7406

know more about it. The star constellation Mātariki heralds a new year in sync with the seasons. A star cluster celebrated around the world, *Mātariki* echoes through the Pacific: In Samoa, as *Mata-ali'i*; in Hawaii as *Makahiki*, and in Tahiti, *Matari'i*.

The name *'Mātariki'* is a shortened version of '*Ngā māta o te ariki o Tāwhirimātea*' ' the eyes of the god *Tāwhirimātea'* as this is the god of winds who shattered his own eyes and threw them into the sky in anger at his parents *Ranginui* and *Papatūānuku* being separated. Known as Subaru in Japan and Pleiades in Greece, Mātariki is also woven into ancient narratives from Australia and China. The number of stars seen, and origin stories vary, just as they do in Aotearoa, with some iwi recognising *Puanga* as heralding a new year, rather than *Mātariki*.



A Hongi ritual of encounter that shares the breath of life between people



Pre-dawn gathering at Whakarewarewa Village in celebration of Matariki

The first star *Mātariki* is known as the mother of the eight stars in the constellation. *Mātariki* is connected to health and wellbeing and is often

viewed as a sign of good fortune or health to come in the following year. The second star is *Pōhutukawa*, connected to the dead and those who have passed away in the year just gone. One can look to this star in reflection and remembrance of loved ones who have passed.



Special note was formal recognition of women offering Matariki karakia/prayer

The third star is *Tupuānuku*, associated with food grown in the ground. This star is looked upon during the month of May to indicate that the summer harvest has ended, and winter is near. The fourth star is *Tupuārangi*, associated with food that comes from the sky and is linked to birds, berries, and fruits. The fifth star is *Waitī*, connected to fresh water and living creatures in the rivers, streams, and lakes. The sixth star is *Waitā* (twin of *Waitī*), associated with the ocean and



Māori scholar Dr Sir Pou Temara endorsed the Matariki karakia by women

ISSN 1605-7406

represents food gathered from the sea and its influences over tides and floodwaters.



After the formalities, whanau, family, and friends share kai or the taking of food

The seventh star is *Waipuna-ā-rangi*, connected to the rain. The name itself means "water that pools in the sky". The eighth star is *Ururangi*, connected to "the winds of the sky". The final star is *hiwa-i-te-rangi* connected to the promise of a prosperous season, known as the wishing star.

For a nation established through the signing of a Treaty of Waitangi with the Crown in 1840, the Queen's, and now King's Birthday have been celebrated as a public holiday since that very beginning, Thus, *Mātariki* is a very big deal – a first amongst indigenous peoples of the world!!



Information

Publishers
CYC-Online is an open-access e-journal published monthly by The CYC-Net Press

Founding Editors
Thom Garfat and Brian Gannon (1939-2017)

Managing Editor
Martin Stabrey

Associate Editors
Dr Mark Smith, James Freeman, Janice Daley, Dr Shemine Gulamhusein

Correspondence
The Editors welcome correspondence at cyconline@cyc-net.org

Advertising
Only advertising specifically related to the Child and Youth Care profession will be accepted. Rates and specifications are listed over the page, or email .

Permission to Reproduce Material
Readers are welcome to reproduce any part of this journal as desired.

Columnists
Kiaras Gharabaghi, Hans Skott-Myhre, Leon Fulcher, Doug Magnuson, Garth Goodwin

Writing for CYC-Online
Please visit *https://cyc-net.org/cyc-online/writing_for_CYC-Online.html* for guidelines on author requirements, copyright and republication of past articles.

CYC-Online

August 2023
ISSN 1605-7406
88

Advertising in *CYC-Online*

	1 x insertion	3 x insertions	6 x insertions	12 x insertions
Size				
Full page	$250.00	$200.00	$150.00	$100.00
½ page	$200.00	$150.00	$120.00	$90.00
¼ page	$125.00	$100.00	$75.00	$50.00

Prices in US$ per monthly issue, per insertion. Full amount payable at first insertion. Deadline: 7 days before month-end

Material specifications

All artwork to be sent here
Files: Only TIF, PDF and JPG files will be accepted. All images should RGB at 300dpi resolution.
Fonts: All fonts should be embedded. We accept no responsibility for incorrect font rendering.

Sizing information

Finished Size	*Layout*	*Width*	*Height*
Full page	Portrait (5mm bleed)	150mm	200mm
½ page	Portrait Landscape	70mm 150mm	200mm 90mm
¼ page	Portrait	70mm	90mm