CYC-Online

e-journal of the International Child and Youth Care Network (CYC-Net)



A Journal for those who live or work with Children and Young People

Issue 276 / February 2022

ISSN 1605-7406

The CYC-Net PRESS

cyc-net.org

Contents

Editorial Comment: Warmth **3**
Ziigwanbinesii Charles

Reframing Return to Campus Initiatives through a Child and Youth Care Lens **7**
Kiaras Gharabaghi

CYC Practice and Research in Plain Language **16**
Doug Magnuson

The Role of Parenting Programmes in the Disruption of Family Abuse Cycles **20**
Monique de Chalain and Rika Swanzen

Ups and Downs/You and Me **46**
Hans Skott-Myhre

A Sample of One **56**
Brian Gannon

Postcard from Leon Fulcher **64**
Information **69**

In association with

Relational Child & Youth Care Practice

Scottish Journal of Residential Child Care

CYC-Net cyc-net.org

CYC-Online

February 2022
ISSN 1605-7406

Warmth

Ziigwanbinesii Charles

In my culture, the Anishinaabek Nation – First Peoples of Turtle Island (North America) we moved into the winter months this past November and celebrated the winter solstice on December 21st. Throughout this time we engage in a variety of winter activities on the land; hunting/trapping, learning language, storytelling, crafting, introspection, community gatherings, ceremonies, skill building and much more.

For generations on December 21st, First Nation's People have taken the time to celebrate and welcome the sun back to our homes every year – honoring that the light is slowly making its way back to us. We have an understanding that the dark times do not last forever – that there is always hope, even though it can feel exhausting when we feel the darkness all around us. We take the time to pay tribute to the sun (Giizis) for all the life that it brings us, for the joy it fuels within us, for the food it provides for us and so much more.

For me, it is important to acknowledge the challenges the past two years has presented; isolation, anxiety, loneliness, fear, sickness, and fatigue (just to name a few). Believe me, as a front-line worker I feel it to. For me, holding on tight to my culture and teachings has been what fuels my passion. These cultural practices of seasonal acknowledgments allow me to focus, recharge and grab on to hope in times when my inner fire isn't burning so brightly – something that I think we can all relate to. When my

world seems just a little too heavy, I lean into how creation provides for all even when we are too busy to see it. Creation provides for us all, regardless of who you are.

Being a front-line child and youth care practitioner during this time has been challenging, demanding, and inspiring all at once. There have been moments when I felt completely lost, that left me questioning my world, my career and where my heart is at. Taking moments to confront these truths, to honor and respect them while remembering what brings me peace certainly has been the catalyst of making through the days.

I'm not here to tell you it will all be okay and to de-value your feelings of struggle. These individual experiences mould and shape who we are and how we are.

I am here to tell you that you are imperative.

You are someone's sun when the dark times hit.

With all my love.

ZIIGWANBINESII CHARLES *is Mukwa (bear) clan and comes from Mnjikaning Chippewas of Rama First Nation. Ziigwanbinesii was born and raised in beautiful Nogojiwanong (Peterborough), Ontario and is passionate about strengthening Indigenous identity and connection to community. Ziigwanbinesii uses their cultural teachings of love, kindness, authenticity, and reciprocity to guide their practice in Child and Youth Care. Ziigwanbinesii is a strong advocate for cultural specific methods to be incorporated for Indigenous children and youth to support their individual healing journey. This includes Nation specific traditional practices, oral history, language, on the land access, ceremonies and connection to community.*

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.

Working Professionally with Children and Youth in Care

THANK YOU TO OUR ASSOCIATION SPONSORS

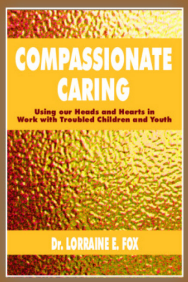
WITHOUT WHOM WE COULD NOT KEEP CYC-NET RESOURCES

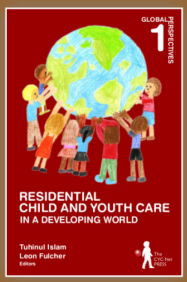
OPEN ACCESS FOR ALL

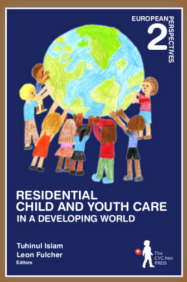
Association of Children's Residential & Community Services
Child and Youth Care Workers Association of Manitoba
NACCW South Africa
Child and Youth Care Association of Alberta
Ontario Association of Child and Youth Care
Association for Child and Youth Care Practice

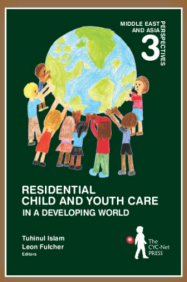
CYC-Online

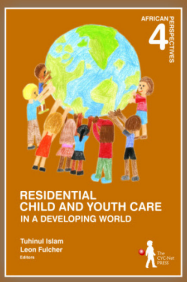
February 2022
ISSN 1605-7406
5





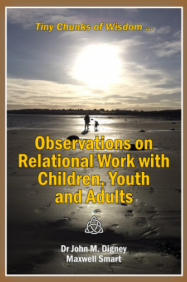


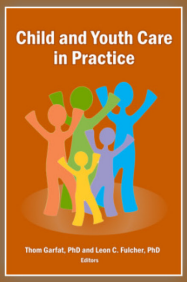


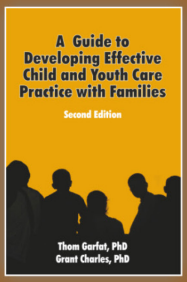


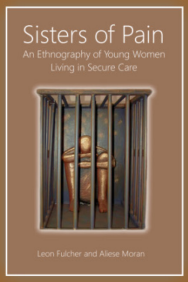


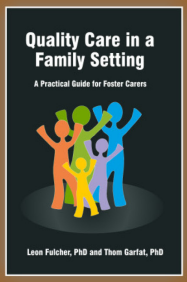


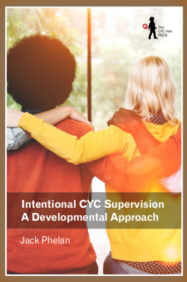


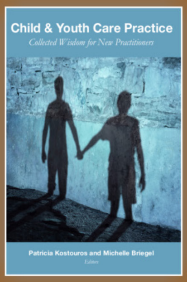


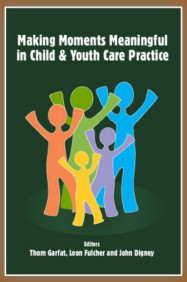


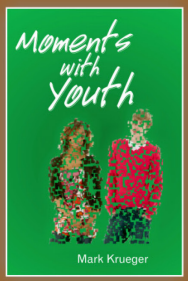


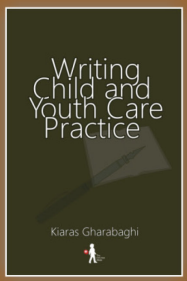


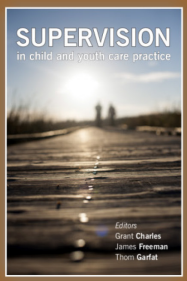


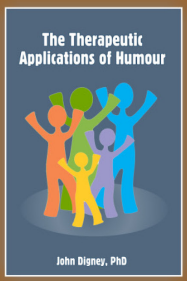


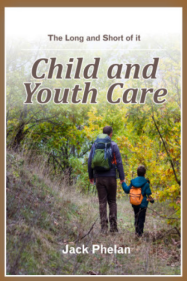












AVAILABLE IN
PAPERBACK and e-BOOK
at http://press.cyc-net.org

The CYC-Net PRESS

Reframing Return to Campus Initiatives through a Child and Youth Care Lens

Kiaras Gharabaghi

Few congregate settings are more relevant to child and youth care perspectives than university campuses. These are settings that are overwhelmingly populated by youth. The typical undergraduate student is between the ages of 18 and 22, noting that most campuses have slightly older students as well, but still overwhelmingly in the under 25 age group. University campuses are often huge congregate settings. My university in Toronto, for example, has around 40,000 students, at least 75% of whom are youth. It is noteworthy, therefore, that much of the discussions about returning to campus after nearly two years of virtual learning has focused on the expertise embedded in public health perspectives, usually driven specifically by epidemiological considerations. The questions put forward are about safety, whereby safety is defined in terms of the risks of transmission and its consequences to the physical health of students, faculty members and staff. I do think these perspectives, and the knowledge embedded in public health and epidemiology, are important and should be considered in making decisions about whether to return to campus. At the same time, however, the privileging of these perspectives over others, and notably over a child and youth care perspective and the knowledge embedded within that

CYC-Online

February 2022
ISSN 1605-7406

perspective, is not only problematic, but also symptomatic of how quickly privilege, often tied to race, gender normativity, and socio-economic wellbeing, becomes the dominant moral priority.

I am, to be perfectly honest, somewhat shocked and embarrassed by the response of students and faculty members to current plans to re-open university campuses in my province, Ontario. For many, the planned return to campus has inspired letters, emails and petitions against such a return to campus based on the argument that it is not safe to return. In various forms of dramatic self-disclosure, people are objecting to being exposed to the risks that inevitably accompany the return to campus, indignantly asking how anyone could possibly demand of them to be unsafe. Universities have responded politely but are relying almost entirely on the very same perspectives as those opposed – public health perspectives recommending specific actions to reduce the risks of transmission. Both sides in this discussion are largely correct, at least within the limits of what we can learn from public health perspectives. The universities are correct in that they have taken many measures to reduce risks; they have imposed strict vaccination policies, there are mask policies and mandates, air filters have been upgraded and classroom capacities have been reduced. All these measures are based on the advice of local public health agencies, who are very much in favour of a return to campus. The opponents are also right; it is true that there are many ways in which a return to campus increases the risk of transmission for individuals. Whether it is sitting in a classroom with 100 other students, or the transitions between classrooms, or lunch time when people typically de-mask, there are elevated risks of transmission.

Yet I think this debate is absurd from a child and youth care perspective for three reasons, all of which suggest to me that our rhetoric about social

justice, anti-oppression and anti-racism is far ahead of our actions. This is disappointing, particularly given that many of the students and faculty members opposed to the return to campus are social work, child and youth care, early childhood, and nursing students who profess, during better times, that they are unequivocally committed to prioritizing the lived experiences of the most marginalized in society. Turns out, that is not quite true.

The first issue is how we think of safety. To be outraged that a return to campus may demand of people to live in a context of risk and at best incomplete safety, as if this were a novel concept with no precedents, is to discard and invalidate the lived experiences of marginalized communities, and in particular Black and Indigenous communities for decades and centuries. These communities, along with Trans, LGBTQ2s+ and disability communities, have never had the experience of safety – they have never encountered a space in which they might have felt safe. Some spaces might feel safer than others, but no space is entirely safe, and the risks of just being alive include everything from experiencing insults and micro-aggressions to getting shot dead for being Black or Indigenous. From a child and youth care perspective, if safety is really the criterion by which we decide whether an institution should be open or closed, then I would certainly expect everyone opposed to the reopening of campuses to expand similar energy to the abolition of prisons, schools, child welfare, child and youth mental health, homeless shelters, hospitals, police stations and the military. And yet there is no such advocacy happening; to the contrary, most students opposed to the return to campus on the grounds of safety are specifically studying to become employed in the very spaces that render their Black and Indigenous peers unsafe. And most of the faculty members who teach their students day in and day out to apply

perspectives and lenses reflecting the lived experiences of someone other than the dominant groups in society appear to be quite comfortable insisting on their right to safety in spite of full knowledge that there is no such things for many people in society.

The second issue is that of self-determination, and personal responsibility, perhaps with a sprinkling of rather precarious notions of caring and love. A common argument I am hearing from students (youth) is that they are worried about safety (meaning transmission) because they live with an elder family member or someone who has health issues that would increase the risk of harm if they were to infect that person after attending to campus. On the surface, this sounds very responsible and reasonable. Why would one ask people to come to a setting where there is an increased risk of transmission, simply by virtue of the large number of people who will congregate in indoor settings? But this is misleading. In fact, no one *must* return to campus. There are no punishments scheduled for those who don't return. If indeed a young person is worried about the wellbeing of someone more vulnerable in their home who they care about and perhaps love, *they should not return to campus.* This means having to make hard and inconvenient decisions that may delay their graduation, perhaps result in financial loss, and certainly a change from the hoped-for timelines with respect to moving on in life and starting a career. It's as if being confronted with having to make difficult and unwanted decisions is somehow extraordinary and reflective of being wronged. Never mind that many of their peers have had to make decisions that are inconvenient and difficult every day their entire lives. Some of those peers have had to accept malnourishment to attend university in the first place. Others have had to live in homeless shelters to pay their tuition. Some students are forced into street work to finish their degree. Never mind that people locally and

globally are forced to exercise their self-determination and personal autonomy such that compromises, hardships and inconveniences are incurred, often with life-altering consequences rather than inconvenient delays or disappointment over unmet expectations. I am deeply worried about the lack of critical reflection on the part of students and faculty members. From a child and youth care perspective, it seems absurd to have a conversation about the misfortune to have to risk the lives of those we care for and love so that we are not inconvenienced in our goals to graduate or to stay at home and teach virtually. What kind of caring and love is this? Are caring and love so fragile that being inconvenienced means we are willing to risk their lives so that we are not inconvenienced? This does not bode well for our society.

But the third issue, which underpins the previous two, is the one that has me most embarrassed and even ashamed of the privilege embedded in these conversations. We casually choose to forget about the lived experiences of students for whom this pandemic is not really about a virus or the risk of infection. At my university, they number in the hundreds and perhaps thousands. Examples abound. Many of our students, and in particular female racialized students, live in family and community contexts in which they are subject to enormous violence, including sexual violence. During the pandemic, they have been prohibited from leaving their homes and are subject to a regime firmly based on patriarchal and even misogynistic standards. These young women, who I encountered regularly when working in homeless youth shelters some years ago, attend university specifically because it is their only opportunity to *not* be at home; it is the only pretext for which they have permission to leave without constant supervision. For them, coming to campus means spending a day not being abused and sexually violated. When campus is closed, they are

stuck in unimaginably traumatic circumstances with no escape. Many other students are currently in psychiatric wards across Ontario hospitals, overwhelmed by their social isolation brought forth by campus closures. Black and Indigenous students, who have been disproportionately impacted by campus closures, and who are experiencing the greatest academic disadvantages because of the closures, are suffering the consequences quite differently than others. For the first time since such data has been tracked, the suicide rates of Black Youth, which traditionally has been very low, is higher than the Canadian average. For Trans students and many students identifying as LGBTQ2s+, self-harm, substance use, suicide and mental health crises resulting from an absence of positive spaces have had disastrous and life-altering consequences.

For many students, and especially students not benefitting from privileges often associated with race, gender normativity and socioeconomic wellness, a university campus is much more than a place of learning and the pursuit of degrees. It is a diverse community in which they find relative safety from family violence; it is where they can find peer groups of similarly positioned individuals, opportunities for self-advocacy and the exercise of collective power, and, quite frankly, a stronger probability of surviving the day.

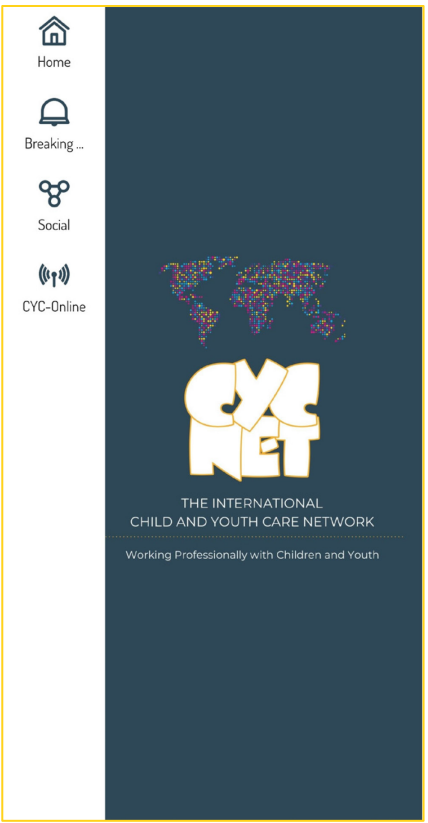


Universities, their students and faculty members, often have a longstanding claim to a deep commitment to anti-oppression, anti-racism, equity and inclusion. Such claim obliges us to think about the members of our community who have the least power and access to the least resources. Their need for a campus, for being able to escape family violence, for finding connection and belonging as an antidote for suicidal thoughts and psychiatric meltdowns, necessarily must be our priority. This is not the time to ignore social and structural inequities and injustices. This is a time to live up to our rhetoric of caring, and to walk the talk. For most of us, that means showing up. For some of us, it means making hard decisions and accepting that like many communities have had to do for decades and centuries, the world does not always deal us a perfect hand.

We cannot continue to rely solely on an expert lens reflective of particular social positions and serving the wellness of particular social locations in thinking about what a return to campus really means. Our universities are spaces where youth either learn about solidarity and play their part, or where they are supported in abandoning any pretext of a commitment to social justice in the name of preserving their privilege. My version of child and youth care has always demanded risk in the name of creating spaces and relational connections that are meaningful to those otherwise living on the edges of our societies.

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

Get the CYC-Net App now!



Available on the iPhone App Store

ANDROID APP ON Google play









The PersonBrain Model™

SAFE
SIGNFICANT
RELATED
RESPECTED

The **PersonBrain Model**™ two-day NeuroRelational training is helping caring adults across the world connect with young people in proactive and brain-informed ways that promote positive change.

Contact us today to schedule a training for your team. Training of trainer options are available.

RELATE WELL...
...REACT LESS

888-651-1597
info@thepersonbrain.com
www.thepersonbrain.com

CYC Practice and Research in Plain Language

Doug Magnuson

Think of a good story – any story that evokes multiple interpretations. It can be from any cultural or literary tradition, written in any language. *Don Quixote*, for example. It is a simple story of a ridiculous man, the Sorrowful Knight, vulnerable to fantasy, subject to ridicule, for comic effect. Or perhaps it is a story of a Christian saint. Perhaps it is a story of Spanish religion, Quixotism. Maybe it is a story of friendship between two unlikely characters. Maybe it is a story of the many ways people are brutal to each other. Perhaps it is admiration and caution about the risks of idealism. Or maybe *Don Quixote* is a fantasy of Sancho Panza, created by him in too many evenings of reading books about chivalry, as Kafka thought.[1]

Each of these interpretations are legitimate, interesting reflections on the text of the book, *Don Quixote*. There are many others, and they complement and sometimes contradict each other. We can generate more, and it is one of the virtues of this book that makes it a classic is that it provides numerous opportunities to reinterpret a previous understanding.

Now let us imagine that instead of a more or less fixed text, we are in a relationship with and interpreting Sancho Panza, the squire, and he is a

[1] I owe the summary of these particular interpretations to Harold Bloom, in the *Introduction to Don Quixote*, published by Harper Collins in 2003.

CYC-Online

February 2022
ISSN 1605-7406

real person. We have been asked to do our best to understand him and to guide him. Now we have a real responsibility to Sancho, to interpret but not overinterpret or fantasize, and we have a responsibility to listen carefully to him. Listening becomes the first priority of our relationship. Listen deeply, Jerry Beker said. Listen, listen, listen.

As a result of our listening, we may have new ideas about him, and we also want to try out our understanding, or understandings, on Sancho. Do any of these ideas make sense to him? Do they make him laugh? Good. Do they help him understand himself? Some may be new to him. Some may please him, and some may make him feel foolish. Sancho is as unpredictable as his mule, and he will enjoy some of these, he will be offended by some, and we will play together with the ideas.

Sancho will also have interpretations of us, and he will have interpretations of our interpretations. We cannot reject out of hand his interpretation of us, nor can we impose our interpretation on him. Will we be offended? Will we exercise our power to reject those insights? Hopefully not. In sharing our interpretations, and in listening to the interpretations of others, the experience becomes educative, as Gadamer (****) said – about the world, about each other, and about ourselves. They help us – and youth – grow.

What makes Sancho the real person different than Sancho the literary figure is his agency. We listen to and interact with his agency, which introduces a fundamental uncertainty about the future. Sancho could decide to become jester or a monk rather than a squire. We cannot impose on him our cultural, psychological, psychiatric or political certainties – otherwise known as “ideologies.” We have to give those up if we are serious, and if we want to be playful with others. As someone once said,

ideology is the mistaken belief that our beliefs are neither beliefs nor mistaken.

This "dialogue" only works if we give up our "prejudgments" about another person, reinterpreting our previous interpretations. Of course, we hope the other person will do the same, but there is no certainty of this. In CYC we are asked to work with many different types of people, and we aim to be the mature partner, and we aim to a) listen, b) be constantly reinterpreting Sancho—and ourselves, and c) letting Sancho interpret and reinterpret us. It is work, and it is sometimes hard and painful. We experiment with ideas and actions, evaluating them based on their usefulness to us and to Sancho.

To do this type of listening and interpretation does not require showy philosophical language, lots of hyphens, and dozens of citations. Listening, interpreting, and re-interpreting does require metaphorical thinking, the ability to imagine, and the willingness to work at becoming multi-lingual.

This is one language for describing practice and research, and of course this is not the only one. There are many theories and ideologies being promoted as "correct." Some are useful, opening up new worlds to us. Others turn real children and youth into puppets. Choose well!

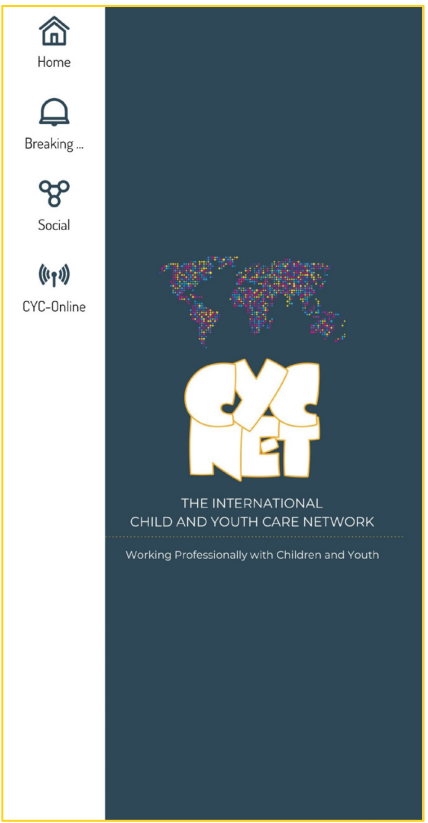
References

De Cervantes, M. *Don Quixote*. HarperCollins.

Gadamer, H. G. (1982). *Truth and method* (2nd ed). Crossroad.

ISSN 1605-7406

Get the CYC-Net App now!



Available on the iPhone App Store

ANDROID APP ON Google play

The Role of Parenting Programmes in the Disruption of Family Abuse Cycles

Monique de Chalain and Rika Swanzen

Abstract

South Africa has high incidences of child abuse, and understanding which elements contribute to abuse can serve as intervention methods to break the intergenerational abuse cycle is therefore vital. Child and Youth Care (CYC) workers possess a unique approach to working with children and families. Practitioners position themselves in the daily life space of children and families allowing them to intervene proactively, responsively and immediately. The study evaluated four parenting programmes from a CYC perspective, investigating the impact the programmes have on stemming the intergenerational transfer of physical and emotional abuse. The study followed a mixed-method approach consisting of 20 semi structured open-ended questions and a questionnaire consisting of 21 questions measured on a 5-point Likert scale. The participants were selected from one of four identified parenting programmes with a total of 12 participants, three from each programme. Key themes identified from the collected data were parenting style, parenting skills, discipline tools, punishment, child abuse and parental perception. The findings, which were also triangulated with previous studies, showed that all participants experienced a positive change in discipline techniques, a change in parenting style, displayed greater

CYC-Online

February 2022
ISSN 1605-7406

competency interacting with children, parents acquired new parenting skills and a feeling of empowerment. Overall, the research ascertained that parenting programmes could play a role in breaking family abuse cycles. This article explores why and how Child and Youth Care Practitioners (CYCPs) can incorporate parental education as a tool for practical prevention and early intervention, in order to stem family abuse cycles.

Keywords

Child abuse, abuse cycle, parenting programmes, child and youth care

Introduction

South Africa has high incidences of child abuse (Meinck, Cluver, Boyes & Ndhlovu, 2013); however, there is a lack of accurate statistical data on virtually all forms of violence against children due to the unwillingness and hesitation of victims to report abuse. Domestic violence transcends all cultural spheres and affects families from a wide range of socio-economic backgrounds (Kubeka, 2012). Parent-child relationships form the foundation of how children perceive the world around them and influence their future capacity for relationships. When parents display sensitive, responsive and predictable care, young children develop the skills needed to succeed in life (Conger, Schofield, Neppl, & Merrick, 2013, p. [S]12). Early parent-child relationships have powerful effects on children's emotional well-being (Dawson & Ashman, 2000), while abuse negatively affects a child's physical, mental, sexual and social functioning (Chen and Chan, 2016, p. 88). The daily interaction between children and parents enables a child's emotional, physical and intellectual development. Parent-child relationships can serve as a risk factor for child abuse; whereby poor

relationships increase the pervasiveness of child abuse in a home (Chen & Chan, 2016, p.89).

According to Fulcher and Moran (2013, p.79) “relational care requires that one directs attention towards what is happening between a child or young person and his or her carer(s)”. The authors note the perspectives of other authors like Garfat, Bellefuelle and Jamieson who state that relational care involves the co-created space between the child and the carer, and that relational practice is a “dynamic, rich, flexible, and continually evolving process of co-constructed inquiry where meaning emerges with the space between the individual, family, or community” (Fulcher & Moran, 2013, p. 79). Relational care is therefore more than having a relationship and includes working towards this co-created reality that is more than patterns of cause and effect (Fulcher & Moran, 2013). In South Africa, the Child and Youth Care Practitioner (CYCP) often cares for the young person where the parental relationship may not be intact. In residential care only a child who was found in need of care under the provisions of the Child Care Act and Children’s court proceedings, can be under the care of Child Care Centres. Within this context, parenting programmes are not often considered as part of interventions in the child’s life space and this paper makes a link between the role of parenting programmes in interrupting the abuse cycle, what are seen as successful factors from parenting programmes, and what the CYCP’s role is in this process.

It is common to consider the whole family as the recipients of the services of CYC. Maier (1988, p. 205) stated, “working with parents requires full knowledge of the parent’s situation, the parents interaction patterns with the child” he further proposed that “the parents, in such instances, would become clients in their own right and the intervening efforts would be geared towards their own personal requirements.” Thus parents may be

considered as partners in the treatment of children and young people (Garfat, 2007).

> "Professional practitioners [CYC workers] promote optimal development of children, youth and families in a variety of settings such as early child care and education, community-based child and youth development programmes, parent education and family support" (Ferguson, Pence & Denholm, 2002, p.12)

As a context to this study, a theoretical framework developed from literature on the context of CYC practice in South Africa and the theories linked to abuse and parenting programmes, is provided first.

Abuse Cycle Theoretical Framework Interaction Model

The study reported in this article devised an abuse cycle theoretical framework interaction model (ACTFIM) to illustrate the interaction between social learning theory, trauma theory and the ecological model of development. These all work in conjunction portraying the family abuse cycle. The parent-child relationship is a crucial influence in a child's life, which can be a protective factor and risk factor for either abuse prevention or exacerbation (Herrenkohl, Klika, Brown, Herrenkohl, & Leeb, 2013). Integrating all three theoretical perspectives lends itself more to a CYC approach as it takes into consideration the various elements that negatively affect a child. The ACTFIM depict the four intervention levels prescribed in the South African Minimum Standards of Child and Youth Care Policy (Minister for Welfare and Population Development, 1998) which CYCPs adhere to; the model proposes effective intervention to take place in

Level 1 (preventative level) and level 2 (early intervention). Of importance to note is that these minimum standards were derived from the Inter-Ministerial Committee on Children and Youth at Risk, which was tasked to transform the welfare system during 1996-1999.

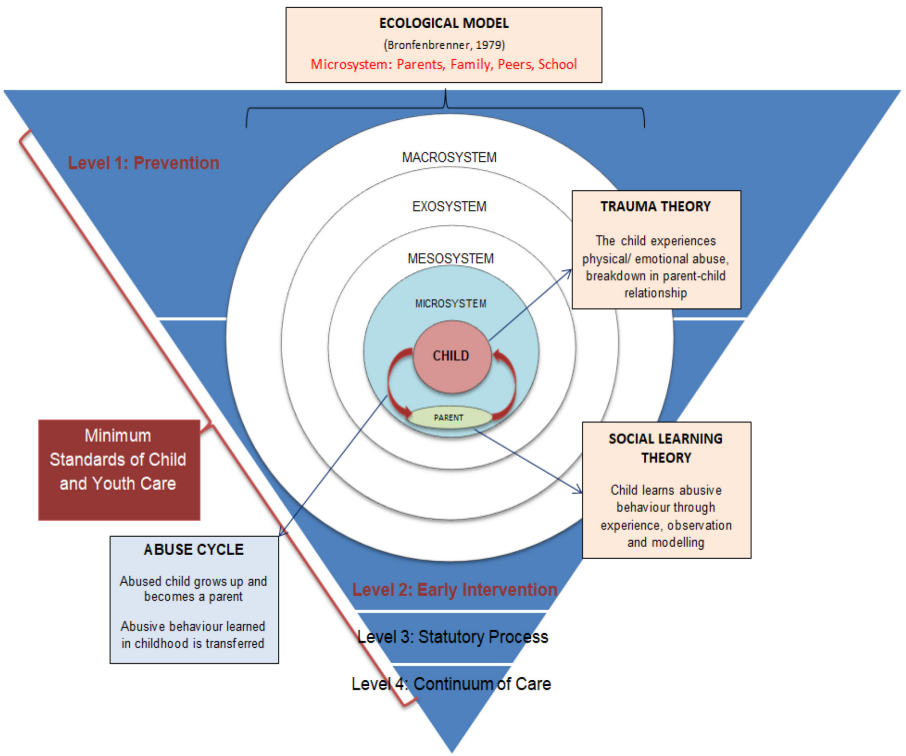


Figure 1. Abuse Cycle Theoretical Framework Interaction Model (ACTFIM)

Family abuse happens within the microsystem of the ecological model. When a child experiences abuse it causes trauma (trauma theory) and parents exposing children to physical and emotional abuse become the model which will later serve as an example of behaviour for children to imitate (social learning theory). The literature identifies vulnerable families and people who have experienced abuse as having a higher predisposition to mirror the abusive behaviours and parenting styles they are familiar with (Hope & Van der Merwe, 2013; Kubeka, 2012; Meinck et al., 2013). It is not possible to look at the family abuse cycle without investigating the various elements that contribute to the cycle of maltreatment. Child abuse prevention should focus on eliminating the earliest signs of child maltreatment to stem long-term negative effects. Parenting programmes offer opportunities for addressing risk factors for child maltreatment by eliminating abusive behaviour towards children, thus, breaking intergenerational abuse cycles. Sanders (2008, p. 507) encouraged parenting programmes to focus on multiple social systems influencing parenting; such as mass media, primary health care services, child care, school systems, religious organisations and the broader political systems, thus, highlighting the need for all the systems of the Ecological Model to act in cohesion. Maier (1988) postulated that child and youth care practitioners either focuses on the primary system, which is working directly with a child or focuses on the auxiliary system. The author further noted that "in the case of the auxiliary system, the professional works with key adults who are instrumental in a child's life" (Maier, 1988, p. 205). The ultimate objective between parents and the CYC worker is to create a supportive relationship and foster skills development.

All parts of the ACTFIM cannot be described in this article and while much can be contributed on the modelling of parent behaviour that

occurs through social learning, and how this compares to relational practice, the focus of the article will be on the role CYCPs have in the disruption of the abuse cycle through the use of parenting programmes as an intervention.

Factors in Child Abuse Intervention

Child Maltreatment or abuse is defined as all acts of potential or actual harm or ill-treatment deliberately inflicted on a child or exposing a child to such acts; thus, leading to psychological, developmental or emotional impairment (Pretorius, Mbokazi, Hlaise & Jacklin, 2012). Five factors that play a role in child abuse intervention were identified through the literature study and will only be listed here briefly (Thornberry, Henry, Smith, Ireland, Greenman & Lee, 2013, Jaffee et al., 2013, DuMont, Widom & Czaja, 2007, Brendtro & Larson, 2006, Nixon & Halpenny, 2010, Ritchie & Buchanan, 2010, Lundahl, Nimer & Parsons 2006, The Women's World Summit Foundation, 2011):

i. Parental exposure to domestic violence: abused children have a higher risk of becoming abusive adults, while protective experiences can break or weaken the abuse cycle;
ii. Discipline, risk and protective factors: a considerable amount of physical abuse, which occurs within a home, is perpetrated with the intention of discipline, while strong parental bonds with children serve as a contributing factor towards a child's life success;
iii. Safe, stable, nurturing relationships: studies on domestic violence and child maltreatment found that the witnessing of violence can lead to post-traumatic stress symptoms and relationship difficulties during adulthood, while relationship satisfaction,

parental satisfaction and attachment to the child, served as direct positive protection factors;

iv. Parenting styles: the authoritative parenting style, combined with reasonable demands and control of children, is associated with positive developmental outcomes for children, particularly within a warm and accepting environment;

v. Parenting Programmes work on the assumption that child abuse will be less prevalent if parents develop their child-rearing skills, learn positive child management strategies and modify parental attitudes to parenting and that that strengthening of family and community support networks serves as a preventative action in reducing child abuse.

Apart from the above factors suggesting that parent programmes serve as an intervention on preventative and early intervention levels (minimum standards of CYC), they also supports its value in altering parents' ideas regarding corporal punishment by teaching positive alternative discipline techniques (Cluver et al., 2016; Lundahl, Nimer & Parsons 2006). Ingram et al. (2013) confirmed that parenting programmes assisted in parental stress reduction and increase in well-being of children. It will therefore be critical that a parenting programme demonstrates focus on the five factors, and thereby considers the ecological and social learning context and influence within inter-generational abuse cycles.

Fulcher (cited in Garfat, 2007) noted that with the evolution of the profession of CYC there is a focus on increased family participation leading to improved outcomes for children. CYC workers are concerned with the quality of the interactions between parents and children; CYCPs developed into a facilitator and educative role in families promoting parenting skills,

youth development and knowledge in child-raising (Garfat, 2007). The National Parenting Education Network (Npen.org, 2017) defined parent education as "a process that involves the expansion of insights, understanding and attitudes and the acquisition of knowledge and skills about the development of both parents and their children and the relationship between them." We are therefore to reflectively evaluate the role of CYCPs in parenting programmes as a means to break intergenerational cycles of violence against children. With Social Workers being tasked with the reunification of families, after a breakdown, one might argue that the main drive behind the Inter-Ministerial Committees' transformation of the welfare system means that more CYCPs had to move into the preventative space where families are protected from breakdown.

The Child and Youth Care Practitioner's Role in Working with Parents

Garfat and Fulcher (2012, p. 5) state that "Child and Youth Care workers are ideally situated to be among the most influential of healers and helpers in a person or family's life." Child and youth care practitioners possess a specific and unique skill set and approach when working with children and families, intervening proactively and responsively to help children and family members learn new ways of behaving and interacting in the world (Garfat, 2003; Garfat & Fulcher, 2012, p. 6). Child and youth care practitioners work with families and children to provide services such as support, education or counselling (Modlin, 2013:175). The role of the CYCP in parent education is to support and assist parents to better understand and respond to the needs of their children. Garfat reflects on how far CYC has come, as follows:

> "We talked about how it was the parents who should be in care, how if they would just change, everything would be okay. We became, in essence, parent blamers, joining the ranks of those who laid responsibility for the problems of the child, squarely at the feet of one parent or the other… We ignored relationship, except to use it as a tool for measuring how well we were doing with the young people. We did things 'to' families, especially parents, not 'with' them. Eventually, we got past this attitude … And now, we can say, finally, that we have developed a child and youth care approach to working with families that applies characteristics of a general child and youth care approach to family connection, engagement and relational work in residential care" – (Fulcher & Garfat, 2015, p.33).

The study aimed to put a CYC lens on parenting programmes; examine while theories on trauma, abuse and parenting skills will be at the forefront, relational aspects emerge as some of the success factors in existing parenting programmes in South Africa? In part, the initial premise of this exploration was that it is evident that parenting programmes can improve the well-being of children and family relationships (Sanders, 2008, p.506). Garfat (in Fulcher & Garfat, 2015) reiterates that a direct relationship allows CYCPs to work in the family's world and when they work where the family lives they are able to make direct observations and helps in real time. From the study the parents' views on the impact and reasons of success of the parenting programmes were obtained and the involvement in the life space was one of the analytic lenses applied. We asked especially whether such involvement can be preventative when it comes to child maltreatment.

Research Method

The study used a mixed method design based on individual semi-structured interviews and a designed Likert scale, with convenience and purposive sampling. Apart from demographic information, the semi-structured interview questions focused on the type of discipline methods the parents experienced when they were growing up and whether they used similar methods as to what they experienced or why they utilised different discipline techniques. It explored their parenting styles and believes about effective parenting and the changes they experienced as a result of the parenting programme. The Likert scale served as a quantified verification of the qualitative data and focused on the same areas. Twelve parents who participated in a parenting programme in South Africa agreed to be part of the study, with three participants per programme from four parenting programmes recruited. Two of the participants were male, 6 Afrikaans and 6 English speaking, with a range of education levels (from a high school graduate to a person with a doctorate degree, with half of the participants having a post graduate qualification). While there was a relatively good age distribution, with the majority between 36 and 41 years old, those willing to participate were not representative of the diverse cultures or socio-economic statuses in South Africa.

A brief description of the parenting programmes whose participants were respondents in the study is provided in Table 1 with a short statement on what differentiates them. While the majority of programmes focused on skills training, it is indicated where the programmes were evidence-based or researched-informed.

Table 1: Description of parenting programmes

Parenting Programme	Description
Evergreen Parenting (Evergreen Parenting, 2017)	A Christian based programme that focuses on parenting as a disciplined process, emphasising each family member's unique temperament and personality type, parenting style, a child's developmental phases, discipline techniques, rhythm and routine of a family. Facilitators are trained and monitored to offer a pre-designed curriculum with products.
Natalee Holmes Conscious Parenting (Natalee Holmes, 2017)	Parents are given easy to learn, positive parenting techniques that allow them to redirect their children's behaviour through loving guidance rather than punishments and threats. Parents and caregivers learn how to use practical discipline tools to create cooperation, build self-esteem, and strengthen relationships from birth to adulthood.
Parent Effectiveness Training (P.E.T) (Parents Effectiveness Training, 2017)	Teaches parents communication skills to interact with their children. Practical communication skills will allow children to feel free to discuss any problems or concerns, learn self-discipline, self-control and an inner sense of personal responsibility. Families are taught how to work together instead of against each other. All family members participate in setting the house rules to create an atmosphere of inclusion. The evidence-based programme focuses on conflict resolution and promotes problem-solving skills.
Smart Choice Parenting (Smart Choice Parenting, 2017)	Is a research-based program which focuses on helping children become independent and allowing parents to evaluate how various parenting styles can benefit or harm children. The purpose of the programme is to teach parents that their role is to be a guiding hand assisting children into becoming morally responsible and independent adults. The programme follows a common-sense approach, based on an educative role of the parent, guiding a child to adulthood. The programme builds on parental skills to cope with real-life problems and tools how to handle challenging behaviour. In addition, topics such as effective communication that is firm but not harsh, behavioural disorders, addressing ineffective parenting styles and a child's' developmental phases and needs. Furthermore, the programme encourages children to take responsibility, inspires a problem-solving focus while building confidence

The study did not include a pre- and post-test and a longitudinal study would better assess the impact of the programmes on parental skills, attitudes, parenting style and discipline methods.

Data Collection and Analysis

The mixed-methods study evaluated how parenting programmes influenced parental attitudes towards parenting and which skills acquired after completing a parenting programme were found to be most valuable. The purpose of looking at the parents' perspective was to determine if parenting programmes might be useful as a preventative or early intervention method in breaking the cycle of abuse and to investigate whether these types of programs fit within a child and youth care practice framework. The semi-structured interviews consisted of 20 open-ended interview questions followed by a 5-point Likert scale questionnaire consisting of 21 statements that explored parental perceptions after the completion of the semi-structured interview questions.

Data analysis involved the sorting through data, organising it and selecting appropriate information about the study (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014). A side-by-side (convergent) comparison approach (Creswell, 2014, p. 222) was used for the data interpretation. The raw quantitative data was imported into the IBM SPSS 20 software programme for statistical analysis and textual analysis (Braun & Clarke, 2006) was conducted by using Voice Base API analytical software which assists in identifying keywords within the transcripts (Voicebase, 2017). All categories and themes were developed from the raw data and not predetermined. The following themes emerged after conducting the qualitative data analysis (Table 3).

Findings

Six key themes emerged after analysis of the qualitative and quantitative data as presented in Table 2 below. The qualitative data was analysed using a VoiceBased API analytical software which initially

generated topics or codes by extracting relevant keywords, followed by redacting the codes into the themes. Each theme is shortly discussed, with the triangulated literature support found in support of the findings.

Table 2: Qualitative Data Analysis Themes

	THEMES					
	Parenting Style	**Parenting Skills**	**Discipline Tools**	**Punishment**	**Child Abuse**	**Parental Perception**
KEY WORDS	Autocratic	Boundaries	Consequences	Control	Emotional abuse	Abuse prevention
	Authoritative	Communication Learning curve	Discussions	Bad behaviour	Mental abuse	Parenting programme
	Culture	Middle ground	Negotiate	Obedience	Physical abuse	Family support
	Democratic	Mind shift	Privileges	Physical discipline		Parenting skills
	Permissive	Personality	Responsibility	Wooden spoon		
	Strict	Quality time Relationship Understand Wasn't working	Reward chart			



Theme 1: Parenting Style

Parenting styles are associated with different combinations of support, warmth, supervision limit setting or boundaries for children (O'Connor, 2002; Nixon & Halpenny, 2010). Robertson (2001) noted that permissive parenting tends to emphasise warmth but neglects the setting of boundaries and supervision, while authoritarian styles emphasise boundaries and supervision but negates warmth. Authoritative parents on the other hand, are warm and responsive within the parent-child relationship, with set standards, open communication, and their children being cognisant of what is expected of them and with positive developmental outcomes (Nixon & Halpenny, 2010, O'Connor, 2002).

Four respondents acknowledged that they do at times have an overly permissive parenting style, while one indicated that some negative behaviour has reverted, but this could be due to participants needing to work on consistency. The quantitative data indicated that 83% of parents *'strongly agreed'* that the parenting programme improved their relationship with their children and 17% *'somewhat agreed'* with the statement. Five respondents indicated that their parenting styles changed after completing a parenting programme, among others, to put more boundaries in place for their children; to discover win-win solutions; and feeling more empowered than just replicating their own parents's styles. Having a focus on having fair solutions that benefit the parent and the child already shows a focus on more relational aspects. Participants further declared that culture and religion influences parenting style and ideas about what is acceptable in parenting.

Theme 2: Parenting Skill

Parenting skills allow parents to shape a child's behaviour effectively. Effective parenting skills include, but are not limited to, developing clear expectations of children, setting boundaries, consistently following through with consequences, having the ability to remain calm and be a positive role model (Heffner, 2004). 25% of participants *'strongly agreed'* and 67% *'somewhat agreed'* that they have problems managing their children's behaviour. The data further showed that when parents were asked if they lose their temper when their children do not do something they were asked, 15% of participants *'strongly agreed'* and 77% *'somewhat agreed'* with the statement. Furthermore, 75% of parents *'strongly agreed'* that parenting programmes should be mandatory for all parents. Participants overall found the following parenting skills provided a positive influence and impact on the parent-child relationship: firm boundaries, communication, understanding a child's personality, quality time, children knowing the consequences to their actions, allowing for parental self-care and acknowledging your child. Sentiments of participants again supported relational aspects like communication, being aware of their own anger, and acknowledgement of the other as important.

Theme 3: Discipline Tools

Discipline is the process of teaching children what behaviour is acceptable. The literature review identified inconsistent discipline as a risk factor for child abuse (Meinck et al., 2013). Effective discipline uses a plethora of tools, customised to each child to meet their individual developmental needs. Literature identified a link between discipline methods and parenting style. Authoritative parents have clear expectations of children allowing flexibility and collaboration between

parents and children, fostering a positive parent-child relationship (Nixon & Halpenny, 2010). Authoritarian parents have clear expectations of their children and stringent consequences for defiance (O'Connor, 2002). Permissive parents show children great affection; however, they also show a reluctance to implement discipline and structure. In this study, 50% of participants *'strongly agreed'* that children learn respect through strict discipline and 92% found that participating in a parenting programme helped them understand their children better. Parents overall identified that consistency in discipline, removing privileges, teaching children natural consequences to actions, fostering a sense of responsibility, creating an environment for open discussions, timeout and allowing room for negotiation assist in effective discipline.

Half the respondents mentioned they made use of similar discipline methods to what they experienced growing up; however, attending a parenting programme resulted in a few noteworthy changes. One respondent stated, "*I am more intentional with telling them 'this is why I am punishing you.'* Another participant stated that the programme brought greater awareness *"before you react, you should pause and think 'am I reacting because of who I am or because of what they did.'"* Two parents did find that they emulated the discipline methods they were exposed to, but it was negative. Participants overall agreed that to maintain a discipline plan is to create an inclusive plan with input from children, treat your child with respect, communicate what actions will receive specific 'punishments' and strive for consistency. It is evident that parenting programmes facilitate significant self-reflection by the parent in their own behaviour that influences the behaviour of children.

Theme 4: Punishment

Punishment tends to have a negative connotation, where caregivers use a painful or unpleasant method to stop a specific behaviour (Telep, 2009). Punishment forms part of dysfunctional parenting tendencies (MacMillan et al., 2007). The quantitative data revealed that 50% of parents did not think that slapping or spanking is an effective method of discipline. Also, 42% of participants did not find using harsh words, raising their voice, scolding or yelling to be an effective form of discipline. Ten out of the twelve participants experienced physical discipline growing up, while one grew up in a home where *"it was very much 'my way or the highway', it was fear orientated, and I was afraid"*, This experience led to under disciplining their children and the parenting programme taught them how to be more strict. Participants tended to utilise similar discipline strategies they experienced even if it was negative, but one found that they shy away from harsh discipline *"I think I went completely the opposite way because I came out of an exceptionally strict home"*, while another admitted that they would use a hiding (spanking) because they could not control the situation and their assertion did not change behaviour.

Theme 5: Child Abuse

Wilkinson (1998, p. 120) argued that "physical abuse appears to be disclosed more readily; emotional abuse is much harder to define and detect, particularly retrospectively". Participants provided definitions for physical and emotional abuse; overall participants found defining physical abuse a lot easier than emotional abuse. However, there is a grey area where a person crosses a line between discipline and punishment. The qualitative data showed that 8% of participants *'strongly agreed'* and 25% *'somewhat agreed'* that they grew up in a physically abusive household.

Alternatively, 25% of participants *'strongly agreed',* and 8% of participants *'somewhat agreed'* that they grew up in an emotionally abusive household. There was a consensus among participants that poor parenting skills are linked to child abuse, and it is dependent on what environment a person grew up, as to whether they are prone to abusive tendencies.

Theme 6: Parental Perception

Parental perception is the way in which participants regard parenting, raising children, discipline methods and overall the parenting experience. Thus, 58% of participants *'strongly agreed'* that their parents could have benefitted from attending a parenting programme. Participants did not feel that they had their children too young. However, 34% of participants *'somewhat agreed'* that they had their children too late. Furthermore, 50% of participants felt they have adequate support from family. In relation to parental perception on the quality of parenting skills, 59% *'strongly agreed'* and 25% *'somewhat agreed'* that good parenting skills prevent abusive behaviour. All participants reported that they would recommend friends or family members to attend a parenting programme.

Conclusions and Implication for Practice

The study achieved its goal of gaining a greater understanding from parents who have completed a parenting programme on how their parenting approach and discipline methods changed after attending a programme. Some indication was evident that participation in a parenting programme could lead to improvement of parental skills, positive influence on the parent-child relationships and a greater awareness of the participants own actions and reactions to daily situations. Parents acknowledged that there was a definite change to their discipline

techniques after attending a programme, and they had a higher awareness to use positive discipline methods. The perceived changes in parenting behaviours identified by participants include; greater understanding when approaching situations calmly, understanding each child's unique personality and a greater awareness of a child's needs, positive discipline techniques which are useful when correcting a child's undesired behaviour without causing physical or emotional abuse. Participants noted a marked positive change in their behaviour towards their children. Moreover, participants identified various elements of the programmes that promote better parenting behaviour towards their children. Similarly, the study highlighted that participants perceived a link between poor parenting skills and abusive behaviour towards children.

The value of the study derives from the fact that there appears to be a place for parenting programmes as a preventative and early intervention method in curtailing the prevalence of intergenerational abuse. In particular, within the field of CYC, parenting programmes serve to address the relational health within the parent-child relationship. Considering the importance of Child and Youth Care Practitioners (CYCPs) to consider the family in their interventions, the study contributed to some understanding of how parenting programmes can contribute to the breaking of the intergenerational abuse cycle. While it is acknowledged that CYCPs work with families within a multi-disciplinary team, authors like Thom Garfat and Leon Fulcher (2012) have only in later years started to highlight the role of the CYCP in working with the family. It is believed that this study contributes to this body of knowledge.

Teaching practical parenting skills, positive discipline techniques, addressing parents' prior childhood traumas, investigating attitudes towards parenting and increasing cognisance of the lifelong impact of

child abuse is an attempt at reducing the prevalence of child physical and emotional abuse. In a country where services to under-resourced communities are limited, CYCPs can use parenting programmes as a preventative and early intervention method in addressing the abuse experienced by children, assisting the other social service professionals in the multi-disciplinary team to allow the home setting to become a protective factor preventing children from experiencing abuse, while also having a higher likelihood of developing skills to later use within their own families. CYC practitioners mostly deal with children, youth and families who have challenges with regard to obtaining a positive life outcome; CYC practitioners strive to make a long-term change in children, families and communities' lives by empowering, uplifting and enabling families to live their lives better. The strengthening of parenting skills is one type of intervention that can minimise the adverse effects of child abuse and should be part of the repertoire of relational interventions.

Further research is needed on how the outcomes of parenting programmes will be different if more relational practices are implemented by the CYCP within the delivery of such an intervention. In other words, how will it look in practice if parenting programmes are conducted as stated by Garfat (2015, p. 34):

- "When the worker is with the family as, and where, they live their lives, she is able to make direct observations of how the family lives its life together rather than relying on reports from other people.
- When the worker helps the family change how they are together in the everyday, she helps them to live their lives differently in 'real time'

- Family members experience the worker as 'reaching out to them' and 'meeting the where they are at'."

Parenting programmes are ideally suited as a space for more direct relational influence, but some practice questions are raised as to how it will be different to how they have been historically conducted by other helping professions. While child and youth care practitioners will not typically make use of structured programmes outside of the lifespace of children, they do have an important role to play in identifying vulnerable populations, early intervention and prevention. The exciting question that the findings from this study raises is how else child and youth care practitioners can utilise this area of intervention within the lifespace of the family.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. doi: 10.1191/1478088706qp063oa

Brendtro, L., & Larson, S. (2006). *The resilience revolution: Discovering Strengths in Challenging Kids* (1st ed., pp. 5-43). Bloomington: Solution Tree.

Chen, M., & Chan, K. (2016). Effects of Parenting Programs on Child Maltreatment Prevention. *Trauma, Violence, & Abuse*, *17*(1), 88-104. doi: 10.1177/1524838014566718

Cluver, L., Meinck, F., Yakubovich, A., Doubt, J., Redfern, A., & Ward, C. et al. (2016). Reducing child abuse amongst adolescents in low- and middle-income countries: A pre-post trial in South Africa. *BMC Public Health*, *16*(1), 1-12. doi: 10.1186/s12889-016-3262-z

Conger, R., Schofield, T., Neppl, T., & Merrick, M. (2013). Disrupting Intergenerational Continuity in Harsh and Abusive Parenting: The Importance of a Nurturing Relationship with a Romantic Partner. *Journal of Adolescent Health*, *53*(4), S11-S17. doi: 0.1016/j.jadohealth.2013.03.014

Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed-methods approach* (4th ed., pp. 3-25, 74-102, 215-238). Thousand Oaks: SAGE Publications.

Dawson, G., & Ashman, S. (2000). On the origins of a vulnerability to depression: The influence of the early social environment on the development of psychobiological systems related to risk for affective disorder. *Minnesota Symposium on Child Psychology*, *31*, 245-278.

DuMont, K., Widom, C., & Czaja, S. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighborhood characteristics. *Child Abuse & Neglect*, *31*(3), 255-274. doi: 10.1016/j.chiabu.2005.11.015

Du Plooy-Cilliers, F., Davis, C., & Bezuidenhout, R. (2014). *Research Matters* (pp. 18-35, 282-292). Claremont: Juta and Company Ltd.

Evergreen Parenting. (2017). Retrieved from https://www.immergroenouerskap.co.za/home.php?vURL=mod_defaults/content&vURL_Name=&vURL_Name=First Steps&linkID=69&intProvID=6

Ferguson, R., Pence, A., & Denholm, C. (2002). The scope of child and youth care in Canada. In R. Furgeson, A. Pence & C. Denholm, *Professional child and youth care* (2nd ed., pp. 3-13). Vancouver: UBC Press.

Fulcher, L & Moran, A. (2013). *Sisters of Pain: an ethnography of young women living in secure care*. Cape Town: Pretext Publishing

Garfat, T. (2003). *A child and youth care approach to working with families* (pp. 67-115, 260-279). Binghamton, N.Y: The Haworth Press, Inc.

Garfat, T. (2007). Who are we working with? A short history of Child and Youth Care involvement with families. *Online Journal of The International Child And Youth Care Network (CYC-Net)*. Retrieved from http://www.cyc-net.org/cyc-online/cycol-0708-garfat.html

Garfat, L. (2015). Working in their world: relational child and youth care practice with families in Fulcher, L. & Garfat, T. (2015). *Child and Youth Care Practice with Families.* Cape Town: The CYC-Net Press

Garfat, T., & Fulcher, L. (2012). *Child and youth care practice* (pp. 5-28). Cape Town: Pretext Publishing.

Heffner, C. (2004). Successful Parenting Skills that Shape Children's Behaviors | AllPsych. Retrieved from https://allpsych.com/journal/parentingskills/

Herrenkohl, T., Klika, J., Brown, E., Herrenkohl, R., & Leeb, R. (2013). Tests of the Mitigating Effects of Caring and Supportive Relationships in the Study of Abusive Disciplining Over Two Generations. *Journal of Adolescent Health*, *53*(4), S18-S24. doi: 10.1016/j.jadohealth.2013.04.009

Hope, J., & van der Merwe, M. (2013). An intergenerational perspective on risk and protective factors in multi-problem poor families living in Cape Town. *Social Work/Maatskaplike Werk*, *49*(3), 309-331.

Ingram, S., Cash, S., Oats, R., Simpson, A., & Thompson, R. (2013). Development of an evidence-informed in-home family services model for families and children at risk of abuse and neglect. *Child & Family Social Work*, *20*(2), 139-148.

Inter-Ministerial Committee on Young People at Risk. (1996). *Interim-policy Recommendations*. Pretoria: Government Printers.

Jaffee, S., Bowes, L., Ouellet-Morin, I., Fisher, H., Moffitt, T., Merrick, M., & Arseneault, L. (2013). Safe, Stable, Nurturing Relationships Break the Intergenerational Cycle of Abuse: A Prospective Nationally Representative Cohort of Children in the United Kingdom. *Journal Of Adolescent Health*, *53*(4), S4-S10.

Kubeka, A. (2012). Exposure to violence at home: A qualitative exploration of experiences and perceptions of black adolescents in South Africa. *South African Review of Sociology*, *39*(2), 282-300.

Lundahl, B., Nimer, J., & Parsons, B. (2006). Preventing Child Abuse: A Meta-Analysis of Parent Training Programs. *Research on Social Work Practice*, *16*(3), 251-262.

MacMillan, H., Wathen, C., Barlow, J., Fergusson, D., Leventhal, J., & Taussig, H. (2009). Interventions to prevent child maltreatment and associated impairment. *The Lancet*, *373*(9659), 250-266. doi: 10.1016/s0140-6736(08)61708-0

Maier, H. (1988). *Three theories of child development* (pp. 196-219, 223-231). Maryland: University Press of America, Inc.

Meinck, F., Cluver, L., Boyes, M., & Ndhlovu, L. (2006). Risk and Protective Factors for Physical and Emotional Abuse Victimisation amongst Vulnerable Children in South Africa. *Child Abuse Review*, *24*(3), 182-197.

Minister for Welfare and Population Development. (1998). *Minimum Standard South African Child and Youth Care System*. Pretoria: Minister for Welfare and Population Development.

Modlin, H. (2013). The development of a parent support group as a means of initiating family involvement in a residential program. In T. Garfat, *A child and youth care approach to working with families* (pp. 169-188). Binghamton: The Haworth Press, Inc.

Natalee Holmes | Conscious Parenting | Positive Parenting. (2017). Retrieved from http://www.nataleeholmes.com/

Nixon, E., & Halpenny, A. (2010). *Children's perspectives on parenting styles and discipline: A developmental approach* [Ebook] (1st ed., pp. 11-20). Dublin: The Stationery Office. From

https://www.tcd.ie/childrensresearchcentre/assets/pdf/Publications/Children%27s_perspectives_on_parenting_styles.pdf

Npen.org. (2017). *National Parenting Education Network*. [online] Available at: https://npen.org/about-npen/ [Accessed 22 Jul. 2017].

O'Connor, T. (2002). Annotation: The `effects' of parenting reconsidered: findings, challenges, and applications. *Journal of Child Psychology and Psychiatry*, *43*(5), 555-572.

Parent Effectiveness Training. (2017). Retrieved from http://www.parents.co.za

Pretorius, D., Mbokazi, A., Hlaise, K., & Jacklin, L. (2012). *Child Abuse: Guidelines and Application for Primary Healthcare Practitioners.* (1st ed., pp. 3-10, 36-37, 85-88). Cape Town: Juta and Company Ltd.

Ritchie, J., Lewis, J., McNaughton Nicholls, C., & Ormston, R. (2003). *Qualitative research practice* (1st ed., pp. 52-82). London: Sage Publications, Ltd.

Robertson, A. (2001). When a youth starts to fail... *Journal of The International Child And Youth Care Network (CYC-Net)*, *34*. Retrieved from http://www.cyc-net.org/cyc-online/cycol-1101-robertson.html

Sanders, M. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, *22*(4), 506-517. doi: 10.1037/0893-3200.22.3.506

Smart Choice Parenting. (2017). Retrieved from http://www.smartchoiceparenting.co.za

Telep, T. (2009). Discipline for Young Children – Discipline and Punishment: What is the Difference? *Virginia State University*. Retrieved from https://pubs.ext.vt.edu/350/350-111/350-111.html

Thornberry, T., Henry, K., Smith, C., Ireland, T., Greenman, S., & Lee, R. (2013). Breaking the Cycle of Maltreatment: The Role of Safe, Stable, and Nurturing Relationships. *Journal of Adolescent Health*, *54*(3), S25-S31.

VoiceBase. (2017). Retrieved from https://www.voicebase.com/

Wilkinson, I. (1998). *Child and family assessment: Clinical guidelines for practitioners* (pp. 112-138). London: Routledge.

Women's World Summit Foundation. (2011). *Prevention is key! WWSF Guide for NGO and citizen action* [Ebook]. Washington. Retrieved from http://www.woman.ch/uploads/19nov/guide/WWSFpreventionGuide-2011-en.pdf

DR RIKA SWANZEN *is a principal lecturer at the Independent Institute of Education, MSA campus, and her most recent appointment was to Acting Dean of the Faculty of Social and Health Sciences. Rika has been developing and teaching in the field of Child and Youth Care since 2009 and prior to her academic career worked in child and family welfare, adolescent mental health, community development, residential care, foster care training and practice model development. Since 2007 to 2018 she had 17 publications and presented at 17 international conferences. In 2016 she was appointed by the Minister of Social Development as council member, to represent education and training on the South African Council for Social Service Professions for a 5 year term.*

MONIQUE DE CHALAIN *is a Project Coordinator in the Netherlands. She obtained her Bachelor of Social Science in Child and Youth Care and Psychology (Cum Laude) from Monash University South Africa in 2017 followed by her Bachelor of Social Science Honours in Child and Youth Development (Magna Cum Laude) in 2018. She is a certified Myers Briggs Step 1 and 2 practitioner. Monique received the following academic awards; Certificate of Excellence as the Top Achieving honours Student in Social Science, Top Achiever in Researching for Social Sciences and humanities along with the Top Achiever in Child and Youth Care Policy and Leadership advocating for the Rights of Children and Youth.*

From: *Relational Child and Youth Care Practice*, Vol32. No.3 (2019), pp21-40.



Ups and Downs/You and Me

Hans Skott-Myhre

> *And I have come to see things clearly again — things that seem so simple to me now, but that somehow I couldn't see then: that life is a series of peaks and valleys, and it is a fool's errand to try to flatten them out. That beauty is in the connections we make, to self, to family, to friends, to the earth. That we don't judge the quality of a life by the volume at which we live it. That I deserve to be kind to myself.* – Charles Blow

In a recent column in the *New York Times*, Charles Blow talks about how his brother's death, opened him to a reevaluation of his own life and struggles with depression. The column was written in the hopes that a public expression of the contradictions and tangles of the relationship between the self we present to the world and the experience we have of ourselves when it is just us, might let others know that they are not alone in their struggle with feeling at home in our own lives.

Over the years, I have read a quite a number of these public confessions that are designed to let pretty much anyone who feels marginalized or alienated, because of their emotional instability, neurological difference, involvement with drugs or alcohol, sexual identity or preference, or other kinds of things we hide and come to believe separate us from everyone else we feel is "normal." And, when I read them, I am touched by the foundationally good intentions of such public declarations. I hope that that, as the Beatles said, all the lonely and broken-hearted people living in the

world will see, there will be an answer. That, all of us who struggle, and that is all of us, will feel a little less alone and a little less fearful about being outed as strange or inadequate.

In his piece, Blow writes about how he compensated for his private relationship with depression by living a life of public intensity and high production. We know this pattern to be true of so many highly prolific writers, musicians, academics, and others of the creative class. There is a relationship between the creation of highly evocative, sometimes stunning beautiful work and a private world of deep melancholy and periods of debilitating sadness. I know this at a personal level because my mother struggled in these ways. Everything she did that involved creativity came at a cost. She directed community plays for our church that kept her up for days at a time and would invest hours and hours into a small presentation to her book club. Each of these activities would involve intense periods of activity that could keep her up day and night for months at a time. I remember, as a small child spending any number of nights falling asleep in front of the stage at a late night rehearsals or hearing my mother upstairs walking back and forth in the wee hours of the morning working on a script that wasn't up to her standards. Of course, since it was the 1950's and 60's she also cooked all the meals, did the dishes, laundry, helped us with school and so forth. She was a whirlwind, or as someone once described her, "a force of nature."

But when the play was over or the book club presentation given, she would collapse. She would literally take to her bed for several weeks, during which time my father would bring her food and check on her in the evenings when he got home from work, and during the most intense parts of the collapse, in the first week or so, I would be kept home from school to look after her. None of us talked about this. It was just a part of life and a

cycle that we managed. It is not particularly surprising then, that I centered my life, work, and scholarship around care as I grew older. As with many of us in CYC, our work and commitments stem from deeply held personal investments.

My mother's cycles would undoubtedly be diagnosed now and she would very probably be put on medications that would flatten and regulate her energy. Our family life would have possibly become more conventional. But, I wonder about the cost of that in terms of my mother's profound love for the creative projects she put so much of herself (and us) into. What would the effect have been on her creativity and sense of herself as an artist of sorts? Certainly, the intensity of her investments were costly to her and to us as a family, but is there another cost that would have been levied on her if her intensity was moderated? The balance between sheer creative force and what we think of as healthy living is quite complex and not as easy to parse as contemporary discourses of mental health might have us believe.

That said, there is another aspect to my mother's story that ties back to Charles Blow's column and that is the question of connectivity. My mother was a suburban housewife, and like many women of her era was isolated and I think very possibly lonely. The production of the suburbs and the nuclear family after WWII massively disrupted multigenerational webs of community and family that made up the both rural and urban networks of women who shared in the social production of family life. Moved from communities, in which a number of generations of women lived literally in the same house or within walking distance in urban neighborhoods, the suburban housewife was interred within the nuclear family household with only one generation of women; themselves. The geography of suburban homes was such as to separate each family cocooned within the confines

of the family home. And that home was claustrophobically centered on the triangular set of relationships composed of the heterosexist, patriarchal roles of husband, wife, and children. There is a great deal to be said about the devastating effects of this arrangement on the women who took on the role of wife. We know, for example that during this period, which is sometimes thought of as the golden age of the family, there were epidemic levels of domestic violence, alcoholism, and prescription drug abuse. As Rolling Stones put it,

Men just aren't the same today, " I hear every mother say
They just don't appreciate that you get tired
They're so hard to satisfy, you can tranquilize your mind
So go running for the shelter of a mother's little helper
And four help you through the night, help to minimize your plight
Doctor, please, some more of these
Outside the door, she took four more
What a drag it is getting old

The rest of the verses in the song refer to dissatisfaction with women's relationships with their children, their lives, and caring for their families. Each refrain remarks on how life is different today. Perhaps one of the most telling verses is,

Life's just much too hard today, " I hear every mother say
The pursuit of happiness just seems a bore
And if you take more of those, you will get an overdose
No more running for the shelter of a mother's little helper
They just helped you on your way, through your busy dying day.

The lived experience of women in the domestic sphere of the nuclear family is described as too hard. Pursuing happiness is an impossible goal, ironically dismissed as a bore. The level of despair is such, that overdosing seems a viable possibility of escape. We need to remember that these are women with what most of the world would define as a more than adequate income, housing, and creature comforts. Their use of drugs is not tied to poverty or homelessness. It is a drug epidemic that we never really talk about in the same way we talk about the opioid crisis or the crack epidemic. One has to wonder if that is because the myth of the golden age of the nuclear family needs to be preserved at all costs and the casualties of that actually rather brutal system of patriarchal control erased. The valorization of the mothers of that period, as the best mothers ever, presiding over the best childhoods is perpetuated in so many memes on social media. The idea that this is a time we need to return to is, like all reactionary projects, built on a lie. The truth is that the brief period that the nuclear family was an actuality was immensely damaging to everyone involved, but particularly the women.

In terms of my writing here, I am struck by the devastating effects of alienation and disconnection. That period was, of course filled with loving and caring people within the nuclear family structure, but their individual acts of care were not sufficient within that claustrophobic geography to overcome the underlying and overwhelming sense of despair in the midst of plenty.

Blow, in his column refers to the need for connection to “self, family, friends, and the earth.” Our disconnect from all of these things within the framework of settler capitalism is profoundly destructive. To live within the conventional social structures of the world we inherited from the late twentieth century is so radically alienating. It is no wonder that we show

signs of a society literally suiciding at all levels from ecological self-destruction, to mass shootings, drug overdoses, and individual acts of self-destruction. Indeed, it would not be an exaggeration to say that we are failing to thrive.

I wonder about this when I think of how we have organized the structure of so many of our programs on the geography of the nuclear family. We gather the young people within houses or semblances of houses supposedly embedded within a community context. But in truth, so many of these programs are self-contained claustrophobic spaces, closed off from the actual community. We generally don't invite our neighbors into our programs to visit or hang out. The young people seldom make connections outside the program and the structure of relations in the programs is saturated with the patriarchal hierarchy of top down management of behavior and affect. The staff (both male and female) take on the role of the big papa when enforcing rules and the big mama when providing support. We have taken the structures of the nuclear family to heart and replicate them ad infinitum. Indeed, in many cases we valorize them and claim that we are giving young people the "parenting" or "family they never had. It doesn't seem to occur to us to wonder if this kind of "family: is good for young people.

But, I wonder if this way of organizing our programs isn't at least a little iatrogenic. It is so hard to provide a structure with so many similarities to the family and avoid the unintended effects. Is there something pathological about sequestering young people away in faux nuclear families, made of "professional parents" who are prohibited in many cases from overtly expressing love or in some cases expressly forbidden from physical touch, other than the occasional physical restraint? What does this lack of connectivity, at both the micro and macro level, do to young people

who are all already refugees from the "family?" Do the smatterings of mad behavior that we see in our programs arise from within the damaged psyche or neurology of the child, or are they a logical, if unintended effect of the way we have organized our spaces of healing? Is this the reason that young people flee (runaway) from our centers of care and healing? Is such flight a sign of health rather than pathology? Are the ongoing small acts of rebellion and defiance the effects of an exaggerated developmental stage we call adolescence, or is it a healthy assertion of human dignity against a system determined to dominate and control their lives "for their own good?" In any case, it seems to me that the kinds of collective isolation we perpetuate in our programs don't offer the kinds of connectivity that Charles Blow is suggesting that can soften the effects of powerful flows of emotion.

I wonder if it would it behoove us to rethink the frameworks of healing in our programs. Perhaps, we could begin to wonder if there were ways to be truly community based. Could there be a model that is less hierarchical and corporate? Maybe a bit more "us" and a lot less "you the kid and us the staff." Could we move away from being parents to being co-conspirators in a project to affirm life and creativity? To love fearlessly and collectively.

In his introduction to the book Anti-Oedipus by Deleuze and Guattari, Mark Seem states that,

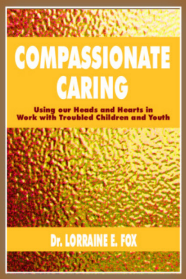
> *Deleuze and Guattari call for actions and passions of a collective nature, here and now. Madness is a radical break from power in the form of disconnection. Militancy, in Deleuze and Guattari's framework, would learn from madness, and then move beyond it, beyond disconnections . . . to ever new connections. A politics of desire would see loneliness and depression as the first things*

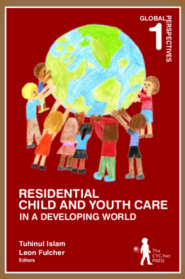
to go . . . If [one's] roots are in the current of life, [they] will float on the surface like a lotus and blossom and give forth fruit. The life that is in [them] will manifest itself in growth and growth is an endless, eternal process. The process is everything.

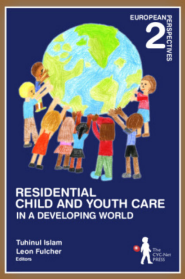
I await the day that we can move beyond the madness, alienation, disconnection, loneliness and depression, that we unwittingly perpetuate every day in the ways in which we replicate systems of domination and control in the name of healing. I look forward to a new kind of healing center for young people that can take the politics of desire as an affirmation of life itself as the key element of their mission statement and strategic plan. In the midst of the growing forces of fascism that surround us, that may seem like a crazy thing to hope for, but as John Lennon (who also suffered extreme bouts of up and downs) said, "You may say I am dreamer, but I'm not the only one, I hope someday you'll join us."

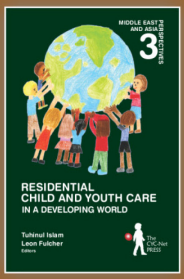
HANS SKOTT-MYHRE *is a regular writer for* CYC-Online. *He is a Professor of Social Work and Human Services at Kennesaw State University in Georgia (USA). He may be reached at hskottmy@kennessaw.edu*

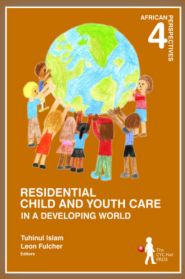






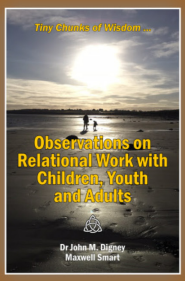


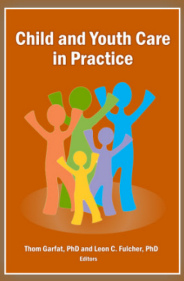


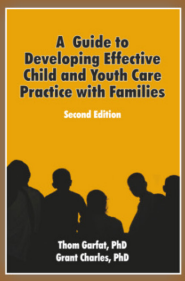


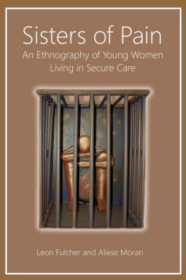


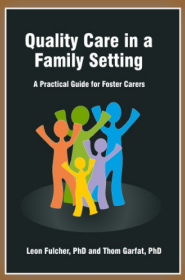


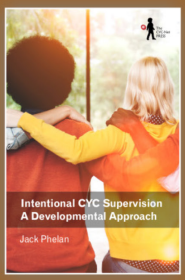


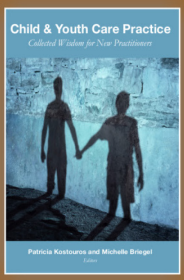


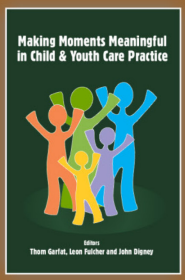


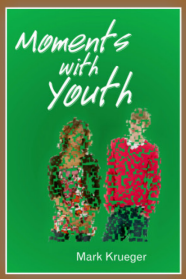


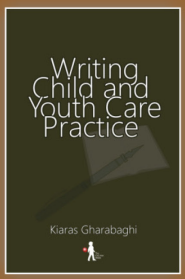


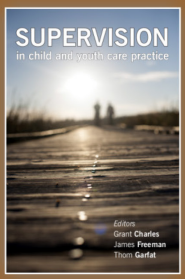


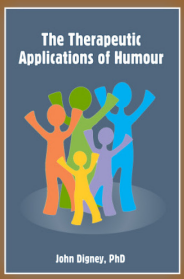


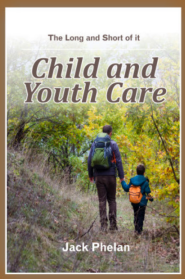








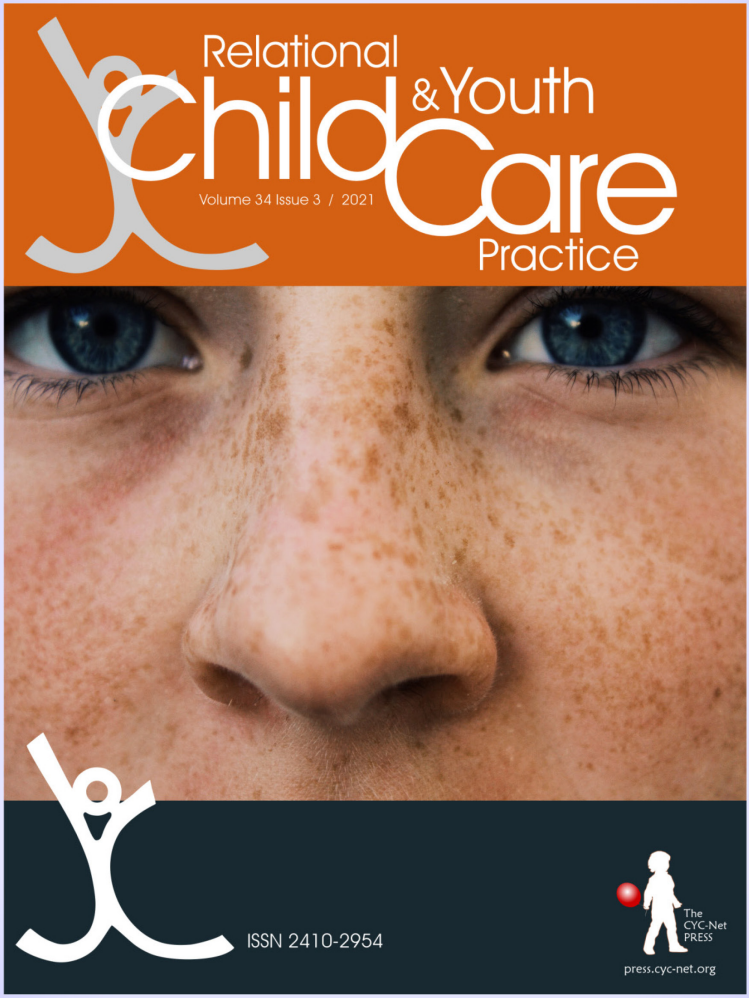




AVAILABLE IN
PAPERBACK and e-BOOK
at http://press.cyc-net.org

The CYC-Net PRESS





Academic, Organisational and Individual subscriptions

www.rcycp.com

A Sample of One

Brian Gannon

A glance at the Table below will clarify the point I am hoping to make:

(1) X' CA	(2) n_c	(3) Y' Time	(4) $Y' - M_y$	(5) $(Y' - M_y)^2$	(6) $n_c(Y' - M_y)^2$	
14	10	11.0	−12.0	144.00	1,440.00	
13	15	14.0	− 9.0	81.00	1,215.00	
12	12	14.5	− 8.5	72.25	867.00	
11	19	16.0	− 7.0	49.00	913.00	
10	18	18.1	− 4.9	24.01	432.18	
9	21	20.8	− 2.2	4.84	101.64	
8	18	25.1	+ 2.1	4.41	79.38	
7	15	31.3	+ 8.3	68.89	1,033.35	
6	13	40.5	+17.5	306.25	3,981.25	
5	9	49.8	+26.8	718.24	6,464.15	
Sum	150				16,544.96	$\Sigma n_c(Y' - M_y)^2$
					110.2997	$\sigma^2 y'$
					10.50	$\sigma_{y'}$

Just kidding. Of course, many of us had to go through this sort of stuff, in pursuit of some degree in research methodology or experimental psychology – and we did it in a very superior and earnest way, taking very seriously the importance of sound research design, hypothesis writing, sample selection, data collection, statistical analysis – all in the hope of

validating some theory or in pursuit of rock-solid findings about aggressive behaviour or resilience

But I have never found any research "findings" which had any relevance for or any effect on a *single kid* I worked with. Let me explain what I mean by this.

I acknowledge that in a world of outcomes-based program design, and with the need for our programs to satisfy state departments or funding bodies, one must pay homage to some respectable, numerical-sounding data, but fortunately the people who demand so much of this seldom understand much of it themselves. The basic experimental hypothesis might state that kids in *x* condition who undergo *y* treatment will demonstrate *z* results (with df= n-1, $p > 0.05$ and all other things being equal) and if one plays the game according to these rules one can usually alleviate the anxiety of any higher power.

In my work, every "case" seemed to have the laws of probability stacked against it (or him or her). If we were to believe the epidemiological figures alone, we wouldn't even admit the next kid who knocks on the doors of our program "nor any of the next hundred. When we look at the sociological data, the poverty level, the family size, the parental marital status, the educational history, the unemployment factor, the dysfunctional interactions, you name them, why on earth would we bother?

Outcomes

But for starters, who agrees on outcomes? In the evocatively illustrated prospectus our program puts out (like the shingle over our door), we often advertise that we deal with one or another kind of youth using these or those methods and that we relieve society of this or that problem. In reality, the youth we admit usually doesn't turn out to be the kind we had in mind;

inevitably we find ourselves using quite different methods anyway, and sooner or later we realise that in reality the outcome we are heading towards bears no similarity whatever to the original plan.

To parody the so-called "medical model", it is simply never true that Nate, who is referred to us for a drug problem (or any twelve of your other favourite presenting problems), can be treated with a single targeted shot as if he were a measles patient. After our first real engagement with him, whether this happens on the first evening or eight weeks later, we get to feel that in his shoes we probably would also have a drug problem, which in turn might be but a small aspect of the total load he has brought along to be dumped on us.

And it may well happen that at the end of our "treatment", Nate leaves us with the self-same drug problem – but maybe also with some hard-won new attitudes to himself and/or others which will see him through many hard times ahead. Our hypothesis (you remember, kid *x* with problem *y* and treatment *z* is rejected out of hand. Experiment fails.

Or does it? The experimental hypothesis with which we started might have been far more optimistic than realistic – and far less than noble. Imagine that it was just to do away with a drug habit. Nothing more. Imagine if we had aimed for nothing more than compliance, or the satisfaction of some or other adults in the kid's world? At what cost might we have succeeded in this? So often our aim is reduced to *stopping* something which scares us adults, or irritates us, or (dare we think?) something which reminds us of the worst in ourselves. And yes, often we *can* stop these things. We have the power, whether physical or financial or institutional. But we may not be doing any good with the youngster in whose "best interests" we claim to be doing this work.

Control

Time is also an important factor. On the date when our experiment ends, we collect all our scores and do the sums and publish the results – which may convey some interesting information – for now. But kids in child and youth care programs are unreliable time-keepers. The intervention we are using may be spot-on but will show results only when the youth is sixteen (or twenty- six), not six. How many of us in our work with youth experience developmental timetables in disarray, working, for example, on infantile attachment issues with mid-teen kids?

Very hard to conduct with difficult youth are "controlled" studies, which are the heart of scientific enquiries. How easy it would be if we could nail down all the variables except the "experimental" variable! But our field believes in "least intrusive" treatment models; we try to keep as much of young people's lives intact and continuing while we are working with them. We follow Beedell's advice to "admit the whole child", not just the single troublesome pathology and not just the "acceptable" behaviours. We do not freeze kids into laboratory conditions so that we can manipulate particular variables; we work specifically in their life space, that is, where and while they get on with their lives. And anyway, the "referral problems" don't exist in isolation but coexist along with all of the youngsters' day-by-day functioning and non-functioning, and coping and messing up, their growing and learning and crashing – though all of which we get to know them and to understand them better.

And when we have a sample, not of 200, but just one, there is too much that is moving around and which defies our attempts to get a bead on anything. Assume that our one kid has a chronological age exactly the mean age of a large (the most reliable kind) sample. This means precisely nothing – except perhaps to an astrologer – about our kid. It is certain

(better than just probable) that our “subject's” physical development and his cognitive and emotional and intellectual and moral and any other kinds of development are going to be wildly scattered around the equivalent respective means of everyone else in the large sample – especially as we are working, by definition, with a particular youngster in difficulty who has had to be admitted to our program. His peculiar combination of size, shape, attitudes, abilities, fears, hopes and qualities is utterly unique.

For now. Because then we must think of the day-to-day (and the minute-by-minute) variances. The complex assessment we might have arrived at in that last paragraph is already out of date. He has lived a few moments, and our figures no longer apply. When we think we have him staked out, he is already different. We are reminded how true is our oft-used phrase about practice “in-the- moment”. What we thought we were going to do when we walked in the door vanishes in the twitch of a nerve in our client’s eye, in the flash of a look we are reading up close, in a word or expression which changes everything – and we must act in the now.

Interventions

More. I don’t believe that one can nail down interventions as discrete variables in any study. You tell me that you are running a behaviour modification (BM) model, and I will tell you that you are running as many BM models as there are staff members – multiplied by as many are there are kids. (I pick BM because it can be the most rigorously defined and controlled intervention.) But whatever approach you may use, there is no accounting for the tone of voice and the smiles or frowns of the staff, all subsumed by the attitudes and dispositions of the staff, not to mention the various ways in which the youth perceive and experience the staff.

There are also those unanticipated and sometimes major phase shifts which take us by surprise when we feel that we have got to know to someone. We forget the vulnerability of this kid or the short fuse of another, and one unplanned word or uncontrollable event plunges a kid into rage or despair. Hey, this wasn't in the list of contents! But we realise that no kid got into our program without a whole sackful of experiences in the past which can be potentially triggered by random words or actions today. We have worked so hard, thought that we were on the right path and were doing everything right – and wham! We're back to square one. The unseen memories or horrors in their histories somehow got past our list of variables when we set this experiment up. Three weeks' work seems to be lost.

The phase shifts are, of course, not only negative. Sometimes things move sideways: a youth has an experience of achievement or learning or insight when he realises that he has strengths and resources within himself, and he no longer needs us. And here we were, violins playing in our heads, and thinking that we had succeeded in building a significant and meaningful relationship with him, when he ups and manages things very nicely for himself thank you. It is enough for us to recognise that in our creation of a healthy climate in our program, a climate of helpful information and trustworthiness and sensible resources, we have made it possible for a youngster to pull himself up by his own bootlaces and reclaim control over his own life.

And just as often, the unanticipated phase shifts are dramatically positive. After long periods of challenge and defiance and clashes of wills, when the "experiment" has seemed perilously in danger of collapse and you have wondered why you put yourselves through all this, a hard and uncompromising eye glistens with a tear of comprehension and relief; you

are steeling yourself for a strike of anger and an arm goes round your neck and you find yourself tentatively receiving a hug of appreciation and acceptance – or some other more realistic variant of that scenario. The experiment is merrily in tatters. The statistical indications are off the radar screen of our initial hypothesis, and suddenly things are different.

If there is such a thing as child and youth care research it is probably predicated on the well-known paradigm of science: understanding, prediction, control: we seek to understand a specific phenomenon, to work out what makes it tick "so that we can predict what might happen under similar circumstances in the future – so that we can gain control over the occurrence of the phenomenon for whatever reason. But at the coal-face of child and youth care practice our paradigm heads off in an altogether different direction: we choose to exchange probabilities for possibilities. With individual kids, the only hypothesis which we really have to work with is that in spite of the epidemiology and the statistical "findings" about troubled youth (plural), we believe that with this youth (singular) we can participate in encounters and discoveries and new expectations which will lead who-knows-where. Instead of going down the dead-ends of reductionism (where we would find more and more "accuracy") we choose the wider expansionist view which questions our certainties and presents us with more complexity.

Forever different

A program I worked with took very seriously this belief in "the power of one" and its need to embody responsiveness to the individual – in order to counter the potential harm of institutionalisation. It said to the team: because this new youngster has arrived today, this place will never be the same again; and to the youth: because you have arrived in this place today,

you will never be the same again. This is the thesis of this article. When a troubled kid encounters/is encountered by a child and youth care worker, things will be forever different. At this stage we are not saying in what way or how much they will be different. With a sample of one, there is no way to tell. But there cannot be an honest, open, encounter between two people which comes with a road map; it can only offer uncertainty and possibility and new beginnings and god-knows-what. With n = 200 – and, of course, df = (n-1) and $p < 0.05$ – the scientists may be able to place their bets, but with n = 1, a sample of one, who knows?

All this is not to decry the value of scientific research. Clearly, we benefit by a better understanding of certain problems and conditions which affect the lives of kids and their families; clearly we are helped by studies which show which approaches and which interventions are more likely to be useful to troubled kids; and of course we are helped by knowing the life circumstances which hinder or help growing children.

But the next individual child or youth or parent you work with – or the next time you work with a child or youth or parent – you are not working with a known population or with a good-sized experimental sample, or even reliable historical data upon which to base your expectations. You are working with a sample of one, and all empirical bets are off.

This piece was originally published in *CYC-Online*, 122, April 2009

Postcard from Leon Fulcher

From New Zealand, welcoming Omicron

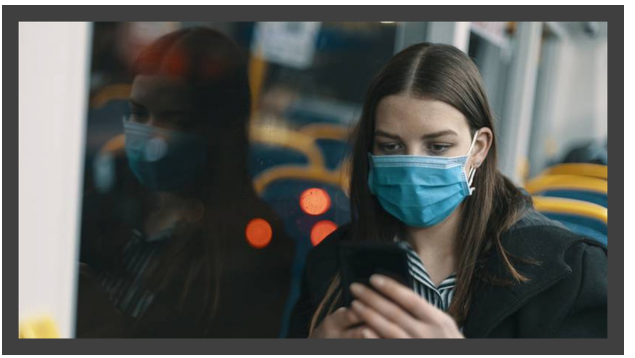
Kia Ora Kotou Katoa and Warm Greetings everyone! We in the Southern Hemisphere are experiencing the heat of Summer, wondering in amazement at how folk in the snowy North keep managing the shovelling of snow and always being careful about not slipping on the black ice. Ah yes, I remember it well and don't miss the images of blanketing snow from Facebook Friends in Manitoba! I'm staying here with New Zealand Summers, even as Omicron arrives!



Arrival of the Omicron Variant has pushed everyone to get tested

Omicron has only been detected at our borders during the past 2-3 weeks and until now, it has been contained through the use of Managed Isolation and Quarantine facilities. Then, as predicted, Omicron started circulating in different New Zealand communities, and it isn't a pretty picture. New Zealand has pursued an isolation strategy with carefully

managed borders until which time as vaccination numbers were above ninety percent. That has now happened.



Stricter mask wearing mandates are now in force and No Bandanas!

The past week has seen the start of rolling out vaccinations for children aged 5 to 12 and well over a million children have now been vaccinated. Mask wearing is now a mandated requirement. Bandanas pulled up over the mouth and nose are no longer accepted and those who persist with such masking will be prosecuted. Even those who oppose vaccination mandates in order to retain their jobs are being isolated, with protests now finding minimum support.



There are ever-ready queues or line-ups for Covid testing

Those who develop modelling projections of how the Omicron variant might be expected to stretch health care facilities to the extreme. Using overseas data for comparative purposes, some New Zealand projections have us facing up to 80 thousand Omicron cases within a fortnight!



Auckland borders were managed by the police to stop the spread

Like everywhere else, managing hospital capacity is critically important. It is interesting to see how many people now in hospital or ICU beds throughout the Western world are more likely to be unvaccinated. It leaves me wondering is people in such situations experience 'Oh Shit!' moments when they know it is too late. Some wished they hadn't ignored vaccination advice!



All travel but especially air travel now takes on a whole new meaning

All travel where we live requires masking and social distancing at all points along the way. Some people have missed airline flights so much that they chartered an airplane and then flew around the country. I'm pleased to see that some have already planned their flights to Dublin in a few

weeks' time to gather face to face with child and youth care colleagues for times of reflection.

As the daily announcements of Covid infections proceed, some testing stations have simply been unable to keep up with demand. In New Zealand, Covid testing is part of our health care. The big challenge is adding saliva testing to the more reliable nasal swabs. Nationally, everyone is living with a lot of unfocused anxiety, now seeking definite information from our politicians.



Some Covid Testing Stations simply cannot manage the numbers



At times like this, political leaders are still quick to score points

Most people in the world know of our Prime Minister Jacinda Ardern who leads a Labour Government. The major opposition National Party has recently elected a new leader, their fifth in four years, with Christopher Luxton - former CEO of Air New Zealand. With scarcely a year in politics, he is arguing that the economy and businesses should be opened up without lock down again with Omicron, a view supported by the other opposition

leader, David Seymour of the ACT Party. Key policy issues here revolve around individual choice vs community wellbeing.



The latest Covid lockdown means that her wedding has been postponed!]

Child and youth care workers during this global pandemic are challenged to use the 'Buddy System' to find someone with whom you share common interests. Together share challenges associated with living and working with young people and managing anxiety during uncertain times.



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 advertising@cyc-net.org

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

Columnists
Kiaras Gharabaghi, Jack Phelan, 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.



February 2022
ISSN 1605-7406



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 to admin@cyc-net.org

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



ISSN 1605-7406