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

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Working Professionally with Children and Youth

My Relational Investment Portfolio

Andy Leggett

For most adults in Canada, April is a time for income tax returns. A gleeful time for those long anticipating a tax refund. A not so gleeful time for those required to pay out just a little bit more, usually begrudgingly and with mournful wailing befitting a prison gang from *Les Miserables*!

A factor in determining which group we find ourselves in is how well we are managing our investment portfolio. We invest and save to secure our long-term prosperity and ensure that we have the reserves required to draw on when needed to maintain our life style for the long term.

I think a similar approach is important in our work in our field. Our work is challenging and stressful. Burnout and vicarious trauma are huge risks to our longevity and job security, not to mention mental and physical health.

So, I would like to suggest a few helpful ways to secure, as a Child and Youth Care Practitioner, a diverse and healthy R.I.P. (Relational Investment Portfolio):

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1. Join your Association

I have long been bothered by those who do not join complaining that the "Association does nothing for me". To me, that is like enthusiastically joining a gym, then sitting idly at home and then loudly blaming the gym for one's lack of fitness.

Like a health center or spa, the Association provides you with all the tools, equipment, support, and educational and self-improving opportunities you need to develop and grow in your work.

Being a member of the Ontario Association of Child and Youth Care, as well as other professional associations, has changed my life. This is a key part of my R.I.P.

2. Read and stay current in terms of your knowledge

Our field is growing and we owe it to the young people and families with whom we work to provide them with the best and most current foundation of care. Continuing to add to our knowledge and learning are responsibilities and vital to ensuring that we remain vigorous and relevant in the long term.

Another key part of my R.I.P.

3. Attend conferences and workshops

I have long believed that the "key'" to a deep and prosperous portfolio is to surround yourself with people who excel at doing what you want to do and do what they do.

I have long made a point of attending any conference I could and taking every opportunity that I can to hangout with those who attend and present, whether that be in workshops, restaurants , coffee shops, hotel rooms, conference hall lobbies, parking lots, wherever they would

congregate. We are so fortunate that the leaders and heroes in our field are very accessible and willing to dismiss stalking charges so readily.

Attending conferences has changed my professional life. Yet another key part of my R.I.P.

I am going to let you peek into my R.I.P. What relational investments will you find?

Merle Allsopp, Jim Anglin, Paul Baker, Larry Brendtro, Martin Brokenleg, Cindee Bruyns, Mike Burns, Bill Carty, Grant Charles, Ziigwanbinessi Charles, Francisco Cornelius, Frank Delano, John Digney, Frank Eccles, Don Fasciano, Gerry Fewster, Jennifer Foster, Lorraine Fox, Mark Freado, James Freeman, Leon Fulcher, Christine Gaitens, Elwin Gallant, Brian Gannon, Thom Garfat, Kiaras Gharabaghi, Garth Goodwin, Jessica Hadley, Ernie Hilton, Michelle Holbrook, Lucky Jacobs, Tuhinul Islam Khalil, Rick Kelly, Keith Lindsay, Barrie Lodge, Lee Loynes, Mark Krueger, Wanda MacArthur, Seeng Mamabolo, Don Mattera, Dennis McDermott, Jenny McGrath, Jacqui Michael, Marumo Mphosi, Kiran Modi, Heather Modlin, Hloniphile Ndlovu, Coura Niang, Donald Nghonyama, Jack Phelan, Janeen Poirier, Okpara Rice, Heather Sago, Kelly Shaw, Max Smart, Mark Smith, Kim Snow, Martin Stabrey, Laura Steckley, Paul Steinhauer, Juanita Stephen, Mark Strother, Carol Stuart, Rika Swanzen, Zeni Thumbadoo, Karen VanderVen, Simon Walsh , Les Weber – to name but a few “investments”.

Some of these people I know well. Some I have connected with perhaps only briefly. All I have met and have influenced my work.

And I list these only to demonstrate how one’s relational portfolio can grow by just making a commitment to seek them out. And my apologies to those many brilliant, talented and dedicated Child and Youth Care Practitioners that I did not mention specifically in my review of my portfolio with whom I have worked and hung out with over the years and from

whose connections I have so deeply benefitted. Thank you all for enriching my life and adding balance, value and depth to my R.I.P.

The best decision I ever made was choosing to invest heavily in relationships and to add to it regularly.

I encourage you to develop your own Relational Investment Portfolio, and to regularly attend to it. Invest purposefully, passionately, persistently – but invest … starting today.

ANDY LEGGETT *is Director of Broken Arrow Residential Treatment Services in Canada, as well as a member of the CYC-Net Board of Governors.*

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Relational Child & Youth Care Practice

Academic, Organisations, Agencies, Individuals

Family Shaming and Blaming

Michelle Briegel

Relational practice is the foundation of child and youth care work. Where there is no relationship there is little effective intervention. As Stuart states, the relationship is the intervention and when the practitioner focuses on the relationship they do not lose focus (2009, 222). There are assessments that can be conducted, tools used, procedures applied, and recommendations made, but without the relationship, none of those will be as effective as they will be when there is a relationship that is underlying the intervention. Garfat (2008) says that when using a relational child and youth care approach we focus on the qualities of the relationship itself, with the relationship consisting of the in-between between the practitioner and the person or family.

When working alongside families the relationship is just as important as it is with the individual. Families have an existing relationship and expertise with the child, and if a relationship with the family is overlooked then the potential for a relationship with the child might be greatly impacted. My story highlights the importance of the relationship with family and child by sharing my family's journey through the child and adolescent health system. Please note, I acknowledge that some parts of this article were previously published in the *Relational CYC in Action* book.

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A Family Journey

To provide some historical context I will begin by explaining that I have been working in the field of child and youth care since 1993. Between 1993 and now I have worked the front line in group care programs, supervised staff teams, designed and developed treatment programs and community programs, have done training and development, and am an educator in a child studies bachelor's degree program with a major in child and youth care. I explain this to demonstrate that I am fortunate to have some knowledge and experience in child and youth care. I am also a parent of a now 18-year-old daughter with whom I co-wrote the chapter in the *Relational CYC in Action* book from the dual perspective of our family experience and as an educator in child and youth care.

When our daughter was 13 years old she started to have difficulty reading from the board at school; she said the letters were jumping around on the whiteboard as the teacher delivered the lessons. Because she had also struggled for several years with reading, comprehension, and anxiety we thought that this could be a new symptom for something like dyslexia. We made the appropriate appointment with an Optometrist who examined her eyes and started us on a path of referrals to a vision/learning therapist. What happened next came out of nowhere. It was two weeks later on a Sunday when we received a phone call from the Optometrist saying that she was looking at an image of our daughter's optic nerve and wanted us to proceed immediately to the hospital to see an ultrasound technician who would be waiting for us. The Optometrist was concerned because the optic nerve was pushing on the eye and was cause for alarm. Off we went to the hospital the Optometrist directed us to go to. Once there, an ultrasound was performed on our daughter's eye and we were directed to go to the Children's hospital first thing the next morning to

have an MRI done because the thought was she might have papilledema (swelling of the optic nerve). That was kind of scary and stressful, but still nothing like what comes next.

We report to the Children's Hospital the next morning for the MRI. Our daughter is taken into the diagnostic imaging room and her father and I are left in the waiting room. They tell us it will be about a 45-minute test and that we will not hear what the results are for probably two weeks. As we sit there waiting, uncomfortable because we are divorced and rarely in the same room anymore, we see our daughter come out with the radiologist. She has an intravenous needle in her arm and we are told we need to follow him to another department. Nothing else is said. We follow, looking at each other wide-eyed and scared and not saying anything to avoid causing alarm for our daughter, he takes us to a unit that says neurosurgery and leaves us there. We are quickly moved into a room where a nurse tells us that the Doctor can't see us right now as he is in surgery, but we are to wait around until he is out. She tells us to read a pamphlet called *Hydrocephalus and Shunts*. No other information or explanation was provided. So, we sit, with a 13-year-old, all three of us stunned, until we see the Doctor.

We find out that neurosurgery is required. They will go into her brain, through the third ventricle and close to the hypothalamus, to put a hole in the bottom of the third ventricle to allow for the CS fluid to drain. They tell us she could have died at any time as there was so much fluid built up in the ventricles of her brain. This was scary! At many Children's Hospitals, there are Child Life Specialists or Child and Youth Care Counsellors who spend time with young people before their medical procedure and after to help them manage fears, anxiety, pain, and discomfort. In this instance, the Child Life Specialist was there developing a relationship with us right away.

She met with us as a family to go over what the procedure would entail, identified with us what our concerns were as parents, identified the fears of our daughter, and then worked with all of us using a combination of therapeutic play and information to alleviate our apprehensions. By doing this a relationship was established before we arrived at the hospital on surgery day.

On the surgery day, the Child Life Specialist was the first to meet us and stayed with us the entire time. She was the bridge between us and the other medical professionals we dealt with during that time. She helped us understand, she helped our daughter to have her voice heard by the medical professional who she would have otherwise been scared to ask questions of and stayed with us right up to the moment they took our child into the operating room. Post-surgery, the Child Life Specialist was there right away. She was checking on the outcome, had small gifts (donated to the hospital) to help patients distract from pain and fear. The Child Life Specialist provided space for us as parents to express our anxiety and concerns as we prepared to move forward with recovery at home. The experience we had during this time was traumatic for us all, we would have been paralyzed with fear and anxiety had we not had the supportive relationship of someone who was there for us.

One year after the neurosurgery our daughter developed anorexia nervosa, very quickly. Within one month she became very ill, to the point of needing hospitalization because her heart was at risk of failing. My experience in child and youth care thankfully helped me to identify early on that there was a problem, however, I did not know what to do as I had not worked with eating disorders in my practice. Obtaining help in time to prevent the illness from progressing to where it caused this level of health problems was an incredible challenge and is a topic for another time and

place. In this instance, once she was severe enough to finally get the help she was isolated in a room at the children's hospital on Eating Disorder Protocol which included 12 days of full-time bed restriction while on a heart monitor.

Eating Disorders are a serious mental health illness that also creates serious physical complications, making them the deadliest of all mental health illnesses. Eating disorders have the highest mortality rate because approximately 1/3 of sufferers will not survive, either because of the damage to organs in the body or they take their own life (National Eating Disorder Association, n.d.). Our child was no different than most people with Anorexia Nervosa and was very resistant to eating and help because of her inability to see how ill she was, this is called anosognosia (National Alliance of Mental Illness, n.d.). What was different was the way she was treated in the same hospital she was in only a year earlier. This time, being admitted for a mental health illness rather than a physical illness, there was no support from the Child Life Specialist. I had to ask six times for a Child Life Specialist to come and see her. When he finally did, he brought a box of art supplies put it on her hospital tray and left. Doctors were short and curt with her as a patient and us as a family. This experience was vastly different, and it was apparent to me why. Mental Health wellness is not treated with the same respect and relational practice as physical illness.

As this became clear I closely watched the relational practice of all those who worked with us throughout the progression of treatment in the adolescent health system. What I found was a wide difference in the relational practice of those working with young people and their families. This is not to say that people were not polite or kind, some were; and yet still not relational, they were surface pleasant. Others had no interest or intention to be relational, they presented as there to do a job and nothing

more. Thankfully, some were relational in every interaction, even the difficult and challenging interactions, and those are the people who made a difference in the overall wellness and willingness in our child's journey. This got me thinking about how we as child and youth care practitioners show up for young people in our care. How are we interacting with young people who are presenting with a physical illness versus a mental illness? How are we showing up for families? What are our preconceived biases?

When we arrived as a family, needing care and support, our family would have appeared to be dysfunctional. At first glance, someone would have seen a defiant adolescent, a controlling mother, divorced parents, and parents who do not get along. What someone would not have seen is the month that we had struggled desperately to get out daughter to eat, the terror of watching a child starve themselves, the changing brain that began to engage in self-hatred and self-injury, parents at their wits end trying to co-parent a child with a mental and physical health condition in an attempt to save her life. This to me is an example of reserving judgment based on what we see, as we do not know all that has brought a family to where they are at the moment you as a practitioner become involved. Fulcher & Garfat (2015) refer to this as meeting families where they are at, "accepting them for how they are and who they are when we encounter them" (p.11).

How a family is treated will determine how likely they are to seek help and be forthcoming with professionals. Family shaming and judgement are things I witnessed too often in the health system, as well as the child welfare system. When a family or young person feels shame they almost always react negatively. It might be that they shut down and withdraw from engaging in treatment, it might be that they respond with anger and hostility, or even lie about the truth to save themselves from further shame. Regardless, how the practitioner engages the family and responds to them will determine how well

the interaction is likely going to go. It is up to the practitioner to do the work of establishing relational interactions with the family and young person not the responsibility of the family. The family and young person are frightened, exhausted, ill, feeling hopeless, and often traumatized. They are not themselves and they most often do not want to be there. They are looking to the practitioner for kindness, hope, safety, and answers.

What Is Needed

There were so many practitioners involved with our family while in the adolescent health system, each with different areas of practice and sometimes conflicting information. At times it became overwhelming and confusing. What would be helpful for families if at all possible, in adolescent health units, or anywhere serving young people and families is:

- To have a contact person who can help to translate information between the various professionals involved and the young person/family (similar to a key worker in residential programs)
- To have a practitioner sit with the young person/family after heavy information has been shared with them to help ensure understanding and support the processing of such information (this could be the role of the CYC or Child Life Specialist)
- To spend time with the family supporting the pain they are experiencing, recognizing the effort they have put in, helping them to understand the reasons why things are happening or why decisions are being made, to ask parents their perspective, knowledge, and experience (parental empowerment)
- Arrange for ongoing check-in times that are regularly scheduled so the family knows they will have space to ask their questions

Above all refrain from judgement, parent blame, and parent shame. Remember that most families have done the best they could with the knowledge or resources they had at the time.

For Practitioners

Families who are in crisis or have a child in crisis, whether it be the health system or child welfare system, are vulnerable and do not want to be open and exposed to people who they do not know poking around their lives. They are asked to tell their story or relive their experience by almost every new practitioner they come in contact with. Before I was a parent I thought I could empathize with families. I thought I had enough knowledge and experience to be able to evaluate what was going on and how to provide help. In many cases, I thought I knew better than them. I can say now, as a parent, that I did not. There is no way to truly empathize with parents unless you are a parent yourself. You can empathize with what it is like to be scared for someone else's well-being, you can empathize with what it is like to be judged and assessed by another person, but you just cannot understand what parents go through until you are a parent. So, I ask you not to try.

Admit to yourself, and to the parents you work with, that you do not know how hard it must be for them; tell them you know they are the experts of their family and you are there to support them, allow them a space to be safe in their vulnerability while reserving judgement, and sit with them in their grief and fear. Understand that you might see and hear some things that on the surface look problematic; that is often the effect of living with the issue(s) for a long time. Much like the iceberg metaphor that is often used to depict underlying cause for behaviour in children; the top ten percent of the iceberg that is above the water is the behaviours we see

and the ninety percent below the water are the underlying issues causing the behaviours.

In conclusion, families are seeking guidance, support, answers, and in doing so they put their trust in the practitioners and professionals involved with them. They are often in a raw, exhausted, and vulnerable state. It is up to those of us who work alongside them to develop a relationship with them that honours their trust and vulnerability in a manner that is helpful to assist their growth and movement forward. It is up to us as practitioners to hold space for those families who need the support of a person who is there for them, in relationship with them, and walking alongside them on their journey.

References

National Alliance of Mental Illness. (n.d.). https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Anosognosia

Fulcher, L. & Garfat, T. (2015). *Child and youth care practice with families*. CYC-Net Press.

Garfat. T. (2008). A child and youth care approach to working with families. In G. Bellefuille & Ricks. F (Eds*). Standing on the Precipice*, (pp.7-34). McEwan Press.

Garfat, T. & Charles, G. (2010). *A guide to developing effective child and youth care practice with families.* Cape Town: Pretext.

Garfat, T. & Fulcher, L. (2012). *Child and youth care in practice.* The CYC-Net Press.

National Association of Eating Disorders. (n.d.). https://www.nationaleatingdisorders.org/

Stuart, C. (2009). *Foundations of Child and Youth Care.* Dubuque: Kendall Hunt Publishing Company

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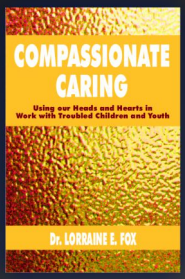

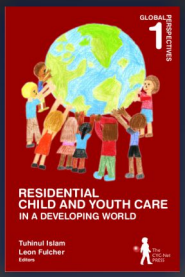

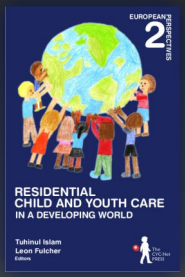

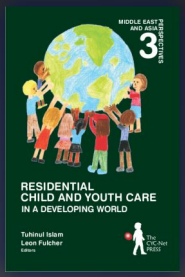

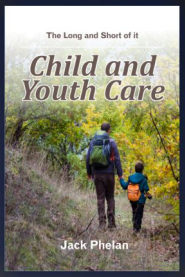

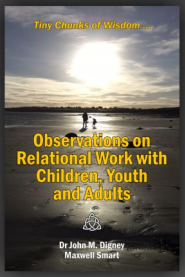

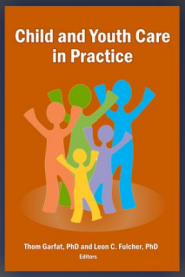

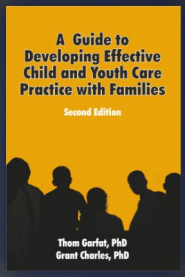

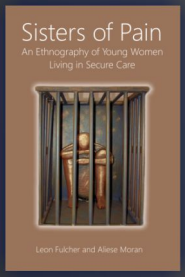

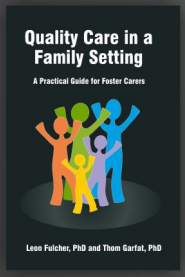

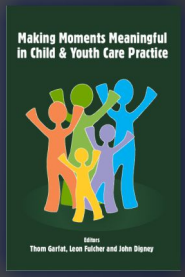

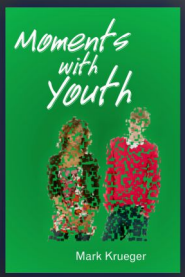

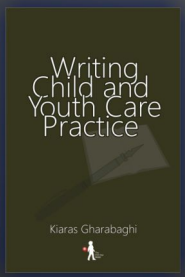

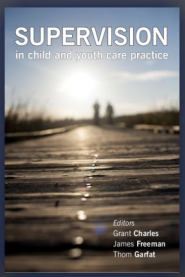

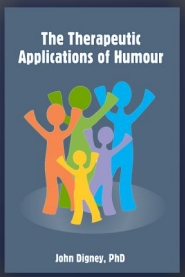

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There are Stories and Then There are Stories

Grant Charles

There was an effort a few years ago by some members of our profession to identify the founders of child and youth care. At the time I was highly supportive this search as, of course, it is important to know where we come from as it tells us in part who we are. However, I soon became a bit concerned though as I began to hear some of the names of the people being claimed as our own.

A case is point is Dr. Henryk Goldszmit who is known more commonly under his pen name of Janusz Korczak. Korczak was an amazing person. An internationally known pediatrician recognized as one of the founders of social pediatrics. One of the founders of the children's rights movement. An author of numerous widely read children's books. The founder and director of a remarkable orphanage in Warsaw that promoted children's voice at a time when young people were supposed to be silent. Within the orphanage the young people had their own parliament, court and newspaper. I have seen copies of the newspaper in Yad Vashem - The World Holocaust Remembrance Center in Jerusalem. A most powerful experience.

Despite his many accomplishments, Korczak is probably best known though for an act of incredible compassion and bravery that he performed during the German occupation of his country in World War Two. The young people in the orphanage were Jewish and marked for death by the Nazi. In

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August 1942, soldiers came for the children to take them to the death camp of Treblinka. Korczak was offered a chance to escape by the Polish resistance and also, if the stories are accurate, apparently by a Nazi officer (which in itself was remarkable given that Korczak was also Jewish). He turned down these chances and instead chose to accompany the children to the death camp even though he knew it would mean his certain death. He, along with nurses from the orphanage who also accompanied the children, entered the camp never to be seen again. It is believed that they were likely sent to the gas chambers as soon as they entered the camp. I wonder how many of us would have done the same or would we have chosen to save our own life?

As I said, he was a most remarkable man. He was, however in my opinion not, as some claim, a member of our profession. He was a pediatrician. That is how identified and how he interacted with the world. Not as child and youth worker but as a physician. Despite this he has been held up by some as a founder of our profession. I suppose this appropriation of this amazing person would be harmless, still inaccurate but harmless, if the telling of his story didn't mask the telling of other stories about people who were youth workers in the in Warsaw and in the Ghetto at the same time Korczak was there. We are the professional descendants of these largely unknown but remarkable people.

There was Irena Sendler, Janka Sendler, Jadwiga Deneka, Jadwiga Piotrowska, Irka Schultz, Janka Grabowski, Wladka Marynowska, Ewa Rechtman, Rachela Rosenthal and many others. They were youth workers in child welfare offices, orphanages, youth centres and any number of other children's programmes in Warsaw. After the German Army occupied Warsaw, the Nazis set up the Jewish Ghetto. This was a walled and highly guarded area covering about 4% of the city where hundreds of thousands

of Jews were forced into inhumane living conditions with an ever dwindling supply of food and medicine. The people who were not immediately sent to the death camps were slowly starved to death or often died from a lack of medical attention. People began to die in large numbers every day. The goal of the Nazi was the eradication of all the Jews in Warsaw.

The band of youth workers I mentioned, as well as many others, decided that they had to get as many of the children in the Ghetto out as possible and into safe placements spread throughout Poland. They knew that it was impossible for them to get whole families to safety, but they believed they could get the children in their care and other children, with the permission of their parents, out. They began smuggling food and medicine into the Ghetto along with forged identity papers for as many children as possible. They managed to get hundreds of children out through the use of the false papers, disguises, holes dug in the walls of the Ghetto and through the sewers. All performed daily acts of bravery. Getting caught meant torture and death as well potentially the execution of one's own family. Some were executed either in Warsaw or in the camps after being caught.

There were countless acts of bravery performed by numerous people in their desire to save as children in the Ghetto. Acts by physicians, nurses, teachers, and youth workers. Tens of thousands of children died in the Ghetto and the death camps. Many, however, were saved.

And now back to my original point. We should honour the actions of people like Janusz Korczak and those who went to the camps with the children to offer them as much support as possible under those horrendous conditions. We should also honour those members of our profession and the others who worked to get as many children as possible out of the Ghetto. We don't need though to appropriate the members of

other professions to somehow give us some false legitimacy. People such as Korczak can inspire us but we should also acknowledge those who identified as youth workers as our ancestors. The ones we can name and the many more whose names have been lost to time.

And the take away lesson. When people were trying a few years ago to identify the founders of our profession the stories were often taken at face value. The stories were compelling so they were accepted. By doing so though it meant that the people who we can really trace the origins of our profession back to were overlooked.

We should never take anything at face value. We need to critically assess everything we hear. We should go past the obvious and look deeper and longer at what is being said. We need to get to the real story and not be stopped by simply a compelling story.

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NEW BOOK RELEASE

Relational Child & Youth Care *in action*

Editors

Heather Modlin, James Freeman, Christine Gaitens and Thom Garfat

AVAILABLE IN PAPERBACK AND eBOOK

A Theory About Activity

Jack Phelan

CYC practice is essentially the use of lived experience in a deliberately arranged manner. The goal of using physical sensations to create communication and reflection should be to enrich the possibilities for expanded meaning which are available to the young person or family member.

This fairly elegant description of utilizing activities in our everyday interactions explores the complexity inherent in the seemingly simple life space events that are created by skillful practitioners. Speaking to people through their senses and feelings rather than appealing to cognitive reflection is the hallmark of life space practice. The inherent resistance to positive and hopeful verbal support which results from severe abuse, neglect and trauma has been verified by neurological research as well as the lived experience of CYC practitioners.

CYC practitioners are “experience arrangers”, they create moments of lived experience which challenge the negative, hopeless stories of young people and stimulate glimmers of success, hope, and connection which can slowly shift the trajectory of one’s life path.

The ability to understand and construct these complex interactions develops over at least five years of professional growth and are fully appreciated by mature practitioners, but even the newest CYC recruit is involved in using activities from Day 1.

The challenge for teachers, supervisors and trainers is to focus the attention of newer CYC practitioners on activity-based approaches,

especially recreation and everyday life skills. Too many untrained staff believe that talking about problems and quickly building connections through verbal reassurances will be most the most beneficial approach.

Colleges often overly stress verbal counselling and diagnostic discussions rather than recreational skills and the use of daily life events. New staff and students often encourage young people to unburden themselves about their issues rather than to connect through lived moments of connection and safety. Even when recreational activity is the curriculum, the intended purpose of the use of play can be explained as if the young people were not struggling with serious life issues. Recreational courses and agency training can be too traditionally focused on how a game or a sport is played, rather than how to adapt it for a more complex goal. Competition, for one example, can be assumed as an integral part of playing a game, even though this is a very toxic ingredient for most of the young people in our programs.

Initial interactions with a youth or family should consist of safe, everyday behavior that will slowly create a safe connection. Life space practice is a delicate dance of supporting people by helping them to build safe connections and attempts to ask intrusive questions or recommend new ways to act will not be helpful. The use of games that are fun and interesting, interactions that are nurturing, connections that make no demands, and a presence that joins people where they are, not where you want them to be, are the focus that new helpers will find most helpful.

Doing activities together with people, in a way that creates a safe connection, supports existing strengths and nurtures people who fear closeness, is the daily task of good CYC practice. The development of CYC expertise, so that these simple daily events become the engine to support

a new story about oneself, is a very complex skill that begins with a careful introduction to the use of recreation and activity beginning on Day 1.

JACK PHELAN *is a regular contributor to* CYC-Online. *He is the author of* Intentional CYC Supervision: A Developmental Approach *and* Child and Youth Care: The Long and Short of It, *both available through the CYC-Net Press. Jack teaches Child and Youth Care at Grant MacEwan College in Alberta, Canada. Learn more at https://cyc-net.org/People/people-phelan.html*

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Wither the Program

Kiaras Gharabaghi

For many years I have been wondering whether the idea of 'programs' is a useful idea in the context of child and youth care practice. It's an odd thing to wonder about; much of my professional career has unfolded in programs, including residential programs, day treatment programs, in-patient hospital-based programs or programs associated with youth homelessness and youth criminal justice. Even in the community, child and youth care practice still largely unfolds in the context of programs – learning programs, outdoor and adventure education and therapeutic programs, social skills programs, anger management programs, therapeutic group programs and many more. Most child and youth care post-secondary training programs in fact offer at least one course that is called something like 'program development', in which students are explicitly taught how to develop a program, implement it and evaluate it or measure its outcomes. In all of this, we rarely ask the question "what is a program"?

Some years ago, I wrote a column called *De-Programming Kids* (https://cyc-net.org/cyc-online/cyconline-mar2009-gharabaghi.html). In it, I made the case that there is something rather destructive and de-humanizing about thinking of young people as elements of a program. I still maintain this thought to this very day. A program is a set of boundaries, imposed by its designers, and constructed in relation to a wide set of factors that include employment factors, cultural factors, organizational factors and others. These boundaries, much more so than any of the

practices that unfold within them, determine the assessment and therapeutic intervention content experienced by young people. But they do much more than that; these boundaries determine the limits of possibility, and ultimately the designation of truth. No sooner does a young person join a program, the program itself begins to place judgment on the appropriateness of the young person's presence within it. This has given us such memorable phrases as "this young person doesn't fit the program" or "they make the program unsafe" or even phrases such as "the program schedule", "the program rules or policies and procedures", and "the program structure". My personal favourite is the phrase "program expectations", which is applied both in service settings and in post-secondary education settings.

Programs are primarily instrumental in nature. They facilitate doing something such that we can identify what we are doing in relation to a particular structure. We fear, I think, that without a program, we might not know whether we are actually doing something. For example, imagine sitting in a park and observing a number of young people playing basketball. Without a program, we are sitting in a park just watching young people play a game. In the context of a program, we are *supervising* the youth on a program outing to the park. We are not actually doing anything different, but we construct our activity differently in relation to how we are connected to the young people playing basketball. In the first case, we are not connected at all; in the second case, we are a staff member of a program to which the young people belong. This is already problematic. Why do we see ourselves as not connected to the young people at all if we are not there as part of a program outing to the park? Are we not connected through our presence in the park? Or our membership in the community? Or a mutual interest in basketball? Or

perhaps we are even connected through the environment and its care for all of us. As a person sitting in the park and as youth playing basketball, we are sustained by the same air, the same soil, the same winds and spirits that may be present. We are also connected through our unfamiliarity with other people in the park, known to neither us nor the youth. It seems to me that overwhelmingly our connections, that is the connection between I, sitting in the park and the youth playing basketball in the park, is exactly as it would be if both I and the youth were part of the program.

Our need for programs is far more consequential than simply the need for structure, rules, policies and procedures. We need the program to feel connected to young people. The very concept of relational practices relies on the presence of a program, since it would be hard to engage in relational practices when we don't feel connected to young people we encounter and we see ourselves as doing nothing in particular. Within the context of the program, we are doing something: we are supervising youth playing basketball, which is very much part of relational practices in program language.

I have been thinking about this because of multiple experiences during the current pandemic with child and youth care practitioners questioning the point of their programs. This has been particularly the case in residential and day treatment settings, which are perhaps amongst the more structured and pre-programmed settings among programs. The problem is that practitioners are questioning the point of their programs not because they are thinking about the relevance of programs in the lives of the young people these programs are meant to serve. Instead, their questions are driven by the very low enrolment numbers in their programs during this pandemic, sometimes as low as one or two young people. They are furthermore questioning the value of their programs because they are

unable to implement the pre-pandemic program routines due to the need for social distancing and other measures taken to mitigate the spread of COVID-19. In other words, the programs were designed to serve groups of young people. With only one or two young people in those programs, what is really compromised is not the well-being of the young people, but the familiarity of connection with young people in relation to the program. Child and youth care practitioners have been programmed to think of connection in relation to the program, and when that program no longer functions as a program, the capacity to meaningfully connect with young people is diminished. Also diminished is the capacity of the program to render judgment upon the young people because the program itself faces an existential crisis. If it questions the legitimacy of the young person's presence in the program, it may end up with no young people at all, which would render it superfluous. Suddenly, the terms of hierarchy have shifted. *The program needs the young person*, regardless of whether the young person needs the program. At the same time, the program can no longer function as a program *per se*, leaving practitioners confused about whether or not they are actually doing something.

All of this makes me wonder about the impact of programs in the development of child and youth care practice as a field primarily concerned about relationships, care and presence. It seems to me that there are at least two things that we might consider in greater depth during this pandemic and afterwards. First, how much of our practice can exist outside of programs and how much of our practice is really just an instrument of 'program' as a euphemism for our professional ethos? And second, what possibilities are we removing from child and youth care practice in our reliance on programs for providing the boundaries within which we work?

I think the first question is important because it speaks to the extent to which our practice actually is an *autonomous* practice. By that I mean the extent to which our practice is more than the implementation of program expectations, routines, structures and policies and procedures. But I think it is in the second question where we need to explore the limits of what is possible so long as we construct our practice within the confines of programs. Given that programs themselves are constructed in the context of much larger social, political and economic structures, all of which are deeply embedded in the march of neoliberal divestment of not-for-profit relationships (such as most human connections), are conversations about anti-racism, decolonizing practices, inclusion, equity and care pipe dreams that can't ever happen?

The big question: Can we live without programs? Can we live in community and feel connected *because* we live in community? Can living in community be *doing something*? Can child and youth care still be a human endeavor, or are we lost to the already emerging programmatic elimination of relational anything?

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CYC Worker Effects, Effective CYC Workers, and Practice Variability

Doug Magnuson

In a previous essay I noted that the reason we do not know much about the power of relationships in CYC work is that the relationships themselves are not measured in evaluation, in practice, or in research. An additional problem I address here is that we rarely study the impact of a professional; by that I mean we do not separate out the effect of the type of practice intervention, the effect of the type of client, and the effect of different types and styles of professionals. These are three separate, measurable influences.

For example, in child welfare we have reasonable studies comparing foster care to group care to at-home models, but these lump everything and everyone together, and they also do not control for good and bad foster care or good and bad group care. In community settings there are many studies of the impact of practices but little study of the impact of individual practitioners apart from the program and controlling for the varieties of youth or client.

We are not alone; allied fields have not done much either; there is one interesting and important exception. Researchers who study therapy have made important progress because of the increased sophistication of a) software programs, b) measurement tools, c) research designs, and c)

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conceptual development. Sounds dry, but bear with me—we can learn from them, and here I am relying on Barkham, Lutz, Lambert, and Saxon (2017).

Let's start with variability. There are simple concepts about variability that we intuitively know from practice experience but that are not usually included in analysis of practice effectiveness. The first is that the severity of client problems varies widely, and so do client strengths and capacities. Second, practitioners' competence also varies from low to high and from inexperienced to experienced. It seems obvious to us that these things are true.

Yet if we do not measure these things, they are included in studies as the "error" term: Unmeasured things we cannot control. Good and poor practitioners are lumped together. All types of clients are also lumped together. All practitioners get the credit whether the results are outstanding or terrible. This has been standard practice in research about practice effectiveness. This is why most studies find "no effect."

If we do include them, we can begin to think about the differences between groups of practitioners—practitioner effectiveness. If we can manage to study multiple CYC practitioners who have multiple clients, we can distinguish between the best practitioners and average practitioners, and we might also be able to distinguish between the worst practitioners and others. We can come close to being able to say that the best practitioners *cause* change in clients.

Here is why measuring these things is important to the therapy world, as described by Barkham, et al (2017) and why it might be important to us (I paraphrase them here):

1) Who a client sees might be more important than which therapy they are offered. This suggests that we need to pay more attention to the variations in quality of the work with clients.

2) The effect of therapists is about 8% of treatment outcomes, suggesting that we need to know much more about other influences on outcomes. This may seem shockingly small, but we know there are many other influences on the lives of our clients.
3) About 15% to 20% of therapists have much better outcomes than average, and 15% to 20% have much worse outcomes than average. We might be interested in the differences between these.
4) Many of the better outcomes can be attributed to those outstanding therapists who deal with the most difficult client; that is, outstanding practitioners make the most progress with these types of persons.

Only recently have we studied the top 15%-20% of therapists, and in CYC we have very little data about the top 15% to 20% of practitioners. We know they exist, but in too many organizations they are not recognized, much less studied, and too often we have vague ideas about what makes them outstanding. We can fix this for the sake of our professional development, for the morale of practitioners, and for the benefit of those we serve.

Reference

Barkham, M., Lutz, W., Lambert, M. J., & Saxon, D. (2017). Therapist effects, effective therapists, and the law of variability. In L. G. Castonguay & C. E. Hill (Eds.), *How and Why are Some Therapists Better than Others: Understanding Therapists Effects*. American Psychological Association.

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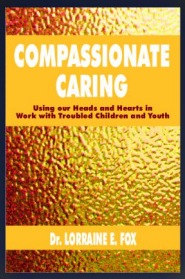

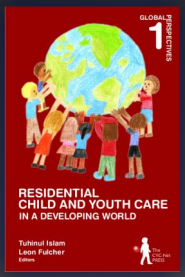

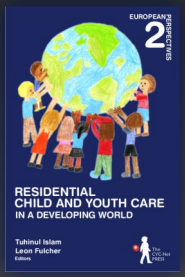

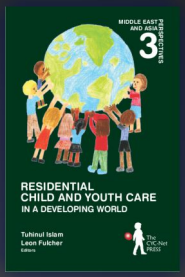

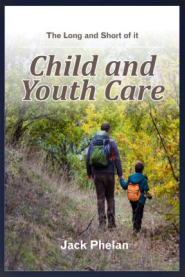

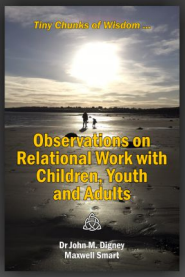

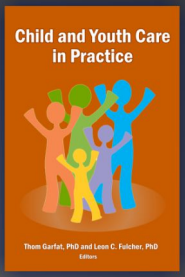

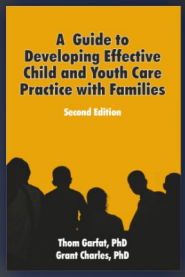

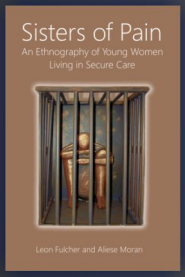

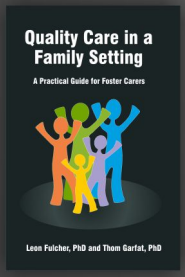

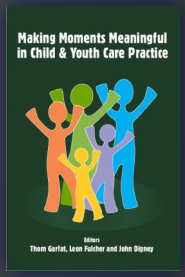

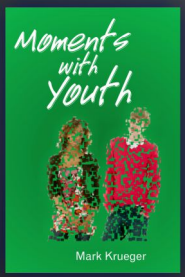

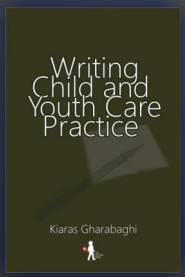

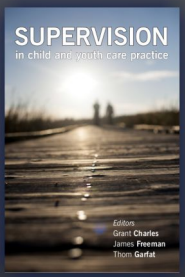

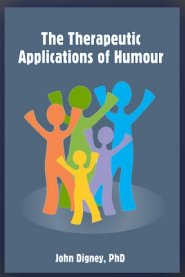

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My Life is Normal, right?

Rosanne Janega

Becca is the fourth of five children; three girls and two boys are girl #2, not the middle and not the youngest. Although it felt like they moved a lot when she was a kid, it was less than some but still a lot more than others. They lived in areas with a lot of children, so there was always something to do. When Becca was a kid they played with skipping ropes, bikes, played tag or kick the can. Back then, there was more to do outside than there was to do indoors. Becca has fond childhood memories, eager to go out and roam around the neighbourhood to see what everyone else was doing and join in. She would get a little sad when the sun began to set because then it was time to go home and have dinner; the fun and feeling of freedom was over.

Her mom was a hard worker. She worked at Tim Horton's, convenience stores, she sold Amway and did janitorial work here and there. In her teens, Becca and her siblings were independent because her mom worked odd shifts. Stepdad was around, but not really. Becca kind of wished he would go away. He hurts them. The kids were responsible for feeding themselves, getting their homework done and keeping up with their chores. Her older brother and sister left the house when they were teenagers, but Becca was pretty young. She didn't understand why or what was happening. It all seemed normal.

One night, her mom put her brother, younger sister and Becca in the car. "Sit on the floor and go to sleep", she remembers her mom saying. Becca always felt safe with her mom, so she did exactly as she was told.

When she woke up, she and her siblings walked into their new house with a new guy … a new bedroom … in a new city. Wait, what? It still seemed pretty normal. Okay, thought Becca. Her mom's boyfriend wasn't excited to have them living there, and their dad didn't seem to miss them, although he wasn't very nice anyway. Okay, thought Becca. Still, normal, I guess.

As a grown woman, mother, big sister, little sister, and wife, Becca looks back, realizing that she is precisely where she is supposed to be. These realizations often come around once life has settled down a bit. Becca moved out of her hometown when she was 20, and it wasn't until she was in her 30s, mingling with a new circle of people, that she realized life was different for her than most people. She may not have understood this if she'd stayed in the same city, with the same people, her entire life.

Becca looks back on her childhood fondly. She realizes that all experiences, good, bad and otherwise, have an impact. In hindsight, every choice is a path. Becca is a little shy and has an aptitude for reading body language in others, she maintains a positive outlook on life for the most part and is more insightful than most.

* * *

In my profession, I work with kids who live with trauma. Trauma isn't always associated with life in a war-torn country or a car accident. Sometimes, daily life can be an unknowingly difficult event. A child's early development is fragile and can be severely impacted by everyday events that cause their internal systems to be secretly and constantly on high alert.

Trauma is not always an event, it can be a lifestyle, and having this conversation is a positive step, particularly for people who work with

children, or care for them. Talking about trauma is not always heartbreaking, it can be enlightening and purposeful. Sometimes when a child is acting out, it is a life preserver, not a shield or a way to get attention. Trauma happens to the body and the brain. When people think they've lived through the worst of it, the trauma can result in adult chronic pain, addiction or struggles with mental wellness. The wounds are so deeply embedded that it is difficult to undo the damage to who that person was in the beginning.

Most people have experienced a level of trauma. Still, the consistent, invisible feelings of loss, pain and loneliness create change within the people who have lived it their entire young lives. For children living this life, let's be patient, understanding and trustworthy. When a person lives without safety, trust and comfort, they will come to recognize goodness more quickly than we might expect. Be the person that stands out and restores faith in humanness for children who struggle silently. When we know better, we can do better.

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Rage

Hans Skott-Myhre

Rage is the only language I have left
Charles Blow

In both CYC and in the broader dominant society, I find that we don't seem very comfortable with anger. With some degree of legitimacy, we find anger frightening. Justifiably, we perceive anger as having the capacity to destroy or significantly harm the objects of its wrath, which may include ourselves, our relationships, our equilibrium, our property, and so on. As a result, to the degree possible, we tend to marginalize anger. When we do legitimize it, we often do so on the way to another set of emotions. Often, we treat an anger as an illegitimate by product of other more palatable expressions of our pain. We prefer trauma, hurt, and fear over anger and we look for them under the surface. We turn the attention of the angry person towards these "underlying" emotions as quickly as possible.

There is a scene at the very end of the series the Watchmen in which the Black grandfather, Will Reeves, who is the 100 year old survivor of innumerable racially inflected traumas beginning with surviving the Tulsa massacre of 1921, talks to his granddaughter Angela about their joint history as masked vigilantes. For both of them, the wearing of a mask was a necessity to hide their Blackness, because White society would never accept a Black vigilante crime fighter.

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Pamela Willenborg in her analysis of the series unpacks this relationship between masks, trauma, violence, and anger and concludes about the final scene,

> *trauma cannot be exorcised by brutality, and wounds that are hidden can never heal. While the battle with Trieu rages, Will returns to the Dreamland theater, where his nightmare began—but he stays out of the fighting and only seeks to protect children who have also survived the murder of their parents. He explains to Angela what he has come to realize: He didn't use the mask out of anger, but out of "fear…and hurt." This is what finally gets Angela to break down and cry, and what he says next is the poignant logical conclusion to what began in the graphic novel: "You can't heal under a mask, Angela. Wounds need air." Every ugly thing must be brought into the light, mourned, and soothed, whether it is personal, historical, or cultural.*

For many, if not most of us, the logic of this analysis rings true. Trauma cannot be resolved through vengeful acts of brutality and destruction. It can only be healed through bringing the traumatic events into our conscious awareness where they can approached rationally and their effects diffused through the application of even handed justice, or failing that, the healing that can be found in forgiveness and letting go of the past. Trauma should not be hidden or denied. Our fear and hurt are real and need to be acknowledged as legitimate so that we can move forward. Anger has no legitimate place here. It is only a transitional emotion that

can open passageways to the more authentic pain and fear that anger masks.

This description of the path to healing is comforting at some level. It speaks to the necessity we feel to bring resolution to traumatic events. In another way, it is reassuring to think that the trauma and anger that have resulted from social actions, for which we may well hold some accountability, will come to a close. At some point, we hope that we won't have to keep looking over our shoulder to see if those who have suffered, so that we can live well, are bringing their anger to us.

This is, of course, the anxiety of those who have benefited from the social and political practices of white supremacy, misogyny, xenophobia, heterosexism, and class warfare against working people. Living in a world economy premised in exploitation and myriad forms of enslavement, means living in an environment saturated with trauma, rage, and grief. There are people suffering death and indignity on a daily basis, so that others can live a lifestyle of privilege.

For such a social configuration, immeasurable anger is always just outside the door. It saturates our collective sense of who we are and what we fear. Of course, anger has degrees of intensity, from an ongoing sense of irritation at the infinitude of small acts of degradation, to rage when those acts culminate in acts of violence that cannot be denied. Of course, rage is all around us in the lived experience of individuals, but these can be denied by pathologizing or even empathizing with those who are angry. They need to resolve their issues we say. Anger is unhealthy and inappropriate. We feel bad for their trauma and grief, but the anger needs find resolution. And so, when rage boils over into civil unrest, rioting, looting, and mayhem, it is somehow both surprising to us as a society and unacceptable. But, in promoting this way of thinking about anger, are we

refusing a certain of accountability? By focusing on trauma, fear, and grief and not legitimizing rage, are we profoundly misunderstanding our situation?

When I think of the young people I have worked with over the years who were deeply angry, I wonder if I ever really understood what I was witness to. Like most in CYC, I wanted them to be less angry. I wanted them to access their trauma and grief; to burst into tears and release the pent up anger so that its toxicity would not poison their lives with violence. I have to wonder though, whether that was for them, or for me. How much of a role did my anxiety play in my need for young people to be less angry? How much of our talk of safe spaces derives from our own fear of anger (perhaps even our own?)

Of course, I am not suggesting that we stand back while angry young people attack each other, the staff, and destroy our facilities. I am suggesting that less of that might be a threat if we found ways to acknowledge the depth and legitimacy of rage in ourselves and the young people we encounter in our work. I think sometimes, that when young people enter our programs, we draw a line in their lives that says "your new life begins here." We imply that what happened before is just your history and that needs to be brought to resolution and left behind. You are in a safe place now and time begins anew.

But this is a lie and a travesty. What brought them to our attention doesn't stop. Just because we don't engage in the kinds of violence, degradation, and violence they have experienced, doesn't mean that it stopped happening. They know that and they know that when they leave our care, their world will resume and that while they may have changed at some level, their world has not. I will leave aside the fact that our programs are full of acts of aggression and microaggression on the part of workers

and other adults they encounter while with us. The point is that the assaults on them and those they love continues, and as long as that happens, any attempt to resolve the trauma is battlefield triage at best. And if the battle still rages and it is only a matter of time before it engulfs those who have taken brief respite. We need to ask ourselves, what about the ongoing trauma and pain; what about the anger?

Agnes Callard notes that just because harm has been reduced or eliminated, the anger resulting from that harm has no obvious end point. At what point is it reasonable to move on and let it go. Is it when one is safe from the harm, pain, and fear? And for those of us living in a political and cultural environment where there is no obvious end in sight, how and when do we let it go? After all anger can be protective in a world hostile to one's very existence. Elizabeth Bruening writing about the recent Chauvin conviction in a piece entitled "Chauvin was Convicted but Something is Still Very Wrong" states,

> *But when do we let go, when do we know it's time to move on, and what does that mean when emotions — which should not be dismissed as irrelevant to politics — are in play? Or can these feelings issuing from echoing loss be transmuted — and if so, into what, by whom? How do we ever know when it's time to stop seeking restoration for harm, and do we stop because it's the right thing to do, or because after a point it's no use searching for, longing for things that aren't going to come?*

The question of who gets to decide when anger is no longer appropriate is a key one for those of us in the business of ostensibly being helpful to

others. Do we as CYC workers get to say anger needs to find resolution? Do we get to decide when the desire for vengeance is inappropriate? Are we in the anger management business or the practice of relational care? I would suggest that they are very different. How are we to assess the depth of damage done and to tell someone else, that is enough? These are challenging questions and strike at the heart of our work as relational. Relational work doesn't function without accountability and accountability to harm done includes entering angry spaces without judgement.

Of course, this is all tangled up with power relations. Anger as the result of trauma premised in a loss of privilege and dominance is a very different set of coordinates from anger premised in being the object of dominant aggression. Abusive relationships premised in patriarchal assertions of masculinist privilege must be radically distinguished from the anger that can arise on the behalf of women and children subject to such abuse. The anger experienced by those in positions of dominance and control, when confronted with defiance, is inherently fascistic and reactionary, while the anger and rage asserted by those fighting for greater degrees of freedom and autonomy, is an assertions of a desire to live more fully. This is why the violence engaged in by reactionary right-wing militias is not the same as the violence engaged in by Antifa or people of color. When we conflate the two and insist on peace at all costs, we are bypassing an opportunity to be politically accountable to the social trauma in which we are all complicit. To equate the rage and violence of the abuser/oppressor with the violence of the abused/oppressed is an act of re-traumatization. It is to perpetuate the trauma that led to the rage and violence in the first place. It is to confirm the worst fear of those expressing their rage on the street, and that is that their struggle has no legitimacy and that they are in some very real sense invisible.

And there are so many invisible bodies. By invisible, I don't mean that they don't appear across all forms of media. Indeed, they do; the bodies being traumatized at the U.S./Mexico border, the parade of black bodies shot to death, the bodies of mass shooting after mass shooting, the bodies struggling to breath in India, the indigenous bodies being slaughtered in Brazil, the women's bodies being sexually assaulted and murdered all over the world, the trans bodies being savagely murdered, the bodies killed through suicide and drug overdoses, the bodies dying in deserts, oceans, and rivers while trying to migrate, and the bodies dying of preventable diseases all over the planet. This is not an exhaustive list. There are many more bodies on display on our daily newsfeed. So why would I say they are invisible?

They are invisible because the display of this slaughter day after day, has failed to halt it in any meaningful way. It is as if we didn't see them. As if they didn't register as information that we need to pay attention to. Gregory Bateson used to say that communication is information that makes a difference. If that is the case, then the display of these bodies is failing to communicate. It is as though they aren't really there. They might as well be invisible because they don't appear to making a difference.

We in CYC are resoundingly familiar with this dynamic. The young people in our work are invisible in the same kinds of ways. We keep care of an apparently never-ending stream of young people arriving from traumas without surcease. And their pain and fear seems endless and also doesn't seem to communicate in any meaningful way to a world that seems largely indifferent to their suffering. Of course, the bodies that I am referring to on the global scale and those we encounter in our work are not really different. They are the same and the anger we encounter in our work with them is the anger derived from unresolved, bottomless, global, endless, and ongoing trauma.

In a recent *New York Times* opinion piece, Charles M. Blow, writes about his reaction to the ongoing shooting of unarmed Black people in the U.S. He enumerates his profound frustration and anger as he witnesses death after death after death. And he says,

> *This has produced in me and many others an inextinguishable rage, a calcification of contempt. As for me, I no longer even attempt to manage or direct my rage. I simply sit with it, face it like an adversary staring across a campfire, waiting to see how I am moved to act, but not proscribing that action and definitely not allowing society's idea of decorum to proscribe it. A society that treats this much Black death at the hands of the state as collateral damage in a just war on crime has no decorum to project. That society is savage.*

It is this savage society that we encounter daily in our work. Franz Fanon is reputed to have said that western psychotherapy was designed to assist the oppressed to live more comfortably with oppression. I can only hope that CYC is not designed to do the same. Because if we using our good work to attempt to smooth over the trauma of living in a savage society that is hostile to the very people we serve, then we will reap the whirlwind of the trauma we continue to perpetuate.

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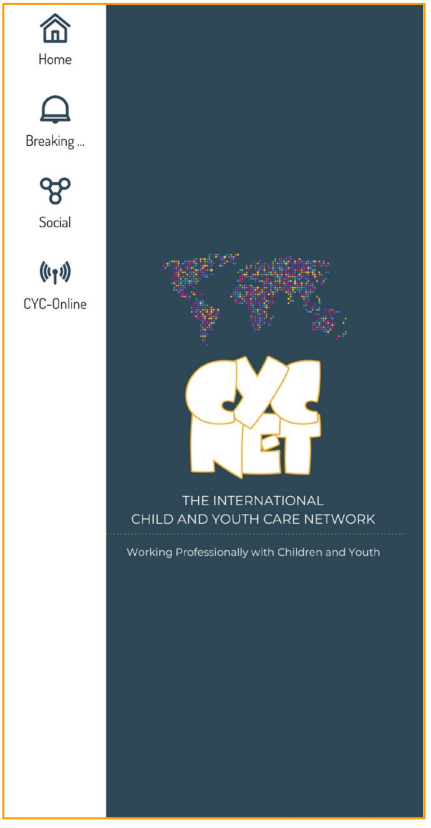

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Fatigue

Garth Goodwin

The pandemic lurches on. There was a ripple of optimism as new vaccines came on stream along with larger output allowing for record setting inoculations. States opened, spring breakers flocked to the south, it was all good. Then new strains, a resurgence in the European Union and the news that half of the 75 million who voted for Trump remain loyal and will not take the vaccine which will undermine the herd immunity which has been the goal of the last year. As chance would have it, I had to step out of my comfort zone, my supermarket, to go to a clinic for blood work. There had been a mix up, further aggravated at reception at the clinic and finally I got to sit. For whatever reason, I began to breath in short bursts, like a guppy struggling for oxygen at the top of a dirty tank. This was nuts. I realized I was having a panic attack and regained control of my breathing. Following the procedure, the reward was going to be breaking the overnight fast just down the road at the only breakfast joint of a popular American brand in central Canada. Whenever I was down south, I had to hit this place one or two times. It was my first meal out in a year and went well until the food came and I realized the usual table condiments were not there, nothing was. The huge menu, the bank of pancake sauces, salt and pepper all gone. Shortly, a small plate of packets and sauce was brought out and I snapped into it realizing anything involving sharing had to be made single serve. Like many I am growing tired of much and now contemplating post covid life. This column will explore a few of those contemplations.

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It is a curious time; Lewis Carroll would be flummoxed indeed. His *Alice's Adventures in Wonderland* was a reaction to the industrial change of Victorian England. He suggested that urbanization, social change and class issues may drive some to being overly imaginative or perhaps just lightly crazed. Even if he got to just peek in for a few months early this year to witness the former President of the United States inspire an insurrection in the nation's capital building and then carry on the big lie, that he won the election; into post presidential life, he would be amused. He would see the president was not alone but maintaining his power base in the millions, continuing to promote its negative themes of racism and denial of science, the pandemic, and reality, speciality reality which is, of course, fake. Canadian right-wing Conservatives rejected their new leader and his view that the party recognise climate change perhaps to celebrate the arrival of spring. Lewis had a sharp eye and would note the calls for something called normalcy in the euphoria of the pandemic being beaten back. While the American airlines are celebrating their first weeks of over a million flying each day, it may be a little premature to call an end to the proceedings. The virus is morphing into ever more elaborate and threatening variations, European nations are pulling back into red or lockdown status and several states which have opted for total openness may soon be joining them, spring break being over. For much of my career I thought it important to inspire an awareness of, discussion of and general understanding of current affairs or news, all that fake stuff with the youth in my care. Now I have to wonder if those youth who have child and youth care practitioners in their lives are extremely lucky to have them, unless they are in the care of those who fake it until they make it, as they say. The overall point is that normalcy may be a historical curiosity now, that the future remains kind of wide open at this stage. The first anniversary of the

pandemic is just over. A year's worth of planned and/or anticipated events have been cancelled and it is becoming clear it may be another year before the necessary conditions for staging similar events will emerge.

In our zeal for normalcy, we have overlooked what a reach that may be as a fourth surge bares down on Europe and perhaps North America as both struggle to vaccinate their respective populations. In our first world near sightedness, we overlooked the blunt fact that *ALL* nations must be vaccinated clear across the globe as travel is international. Similarly, states and provinces must be on equal vaccination footing to reach herd immunity and that is not necessarily guaranteed in today's politically impotent times. With our primary attention focused on survival we may be missing how precarious conditions have become for child and youth care in Canada. Change is constant and when organic or balanced quite natural allowing for new learning, new approaches and refreshed programing. This writer is dealing with this after being webmaster for cyccanada.ca since 1995 I have been informed that the website building tool is ending with the files being left to erode. The alternative is to learn the new tools and then develop a historical presentation. Other employed child and youth care professionals are simply being dismissed literally overnight in some instances. In February it was announced: "The Manitoba government is ending its relationship with a Brandon company that provides homes for youth with complex needs, putting about 200 employees out of work and moving the youth in care to other homes."[1] While there will be a five month transition the fact of the matter is a rare and satisfactory agency for the most harmed youth in care is being lost. This disconnect between the consumer; the province and the helping professions is legendary. The private owner/operator in which someone with the capital to set up a

[1] Brandon agency for youth in care will close, putting 200 staff out of work | CBC News

facility could apply for a license and set up a business without a lick of demonstrated understanding of the care and therapeutic treatment of young people and/or someone with said understanding who does not have a clue about business practices. Tens of tens of private group homes in Manitoba have closed as a result of similar contentious fits. In Ontario, a natural fatigue has led to: "The decision to close these facilities is a difficult one, however, these changes are in line with recommendations made by the Auditor General. These actions will address the significant under-utilization, build a sustainable system that will fully support youth in conflict with the law and will allow the government to reinvest more than $39.9 million annually into programs that support Ontario families and communities." [2] Again, however rational, victims have been created. The following was noted:

> *The government executed a 'massive system change' Monday according to Kathryn Eggert, Chief Executive Officer of Humana Community Services. She feels it will bring uncertainty both in service and for youth until the system stabilizes. I imagine for youth this will create some anxiety and fear about what it means for them. Youth will need to form new relationships with new staff and also with the youth they now live with. There will be new routines and expectations. And many, will be living far from their families of choice, so youth will likely feel the isolation of that dis-connection to their supports.* [3]

2 10 youth justice centres closing in northern Ontario | CBC News
3 London, Ont. youth detention centre among 26 closed by province | CTV News

Each of the facilities and programs being axed, some of which have operated successfully for 50 years may have become under utilized as set up but one has to wonder if they were invited to generate new and novel services what would have emerged. Financial considerations (40M saved) trump care considerations with this decision. It is always curious to me that the government holds all the cards as consumer, regulator, educator and overseer yet somehow misses the value of those on the frontline.

Hopefully, these two actions are isolated, but they need to be taken as a warning. Few governmental officials understand child and youth care in general terms, let alone specific. The numbers of simply dismissed child and youth practitioners involved is a concern. More and more people are investing in education in the field prior to employment. Considering the size and complexity of the programs involved one must appreciate the years it took to develop teams and approaches. They deserve better. In the same way the social workers sort out the last of the clients into appropriate placements, the child and youth care practitioners will sort out their needs and skills with employers. Change is natural for the most part but change currently is unique for the level of conflict, confusion, and chaos that marks

it. The daily news causes fatigue in both viewers and presenters who often admit to having lost their sense of time. The forces at play challenge normalcy itself at a time when fatigue over the repetition of living in isolation creeps in. The *what ifs* include such unknowns as to how many young people just left school rather than bounce around online or how many women of the millions who had to leave the labour market will want to return? The age demands hope, confidence, acceptance and kindness all qualities child and youth care practitioners tend to have and are using to see themselves and the youth in their care through this pandemic to date. Stability will return.

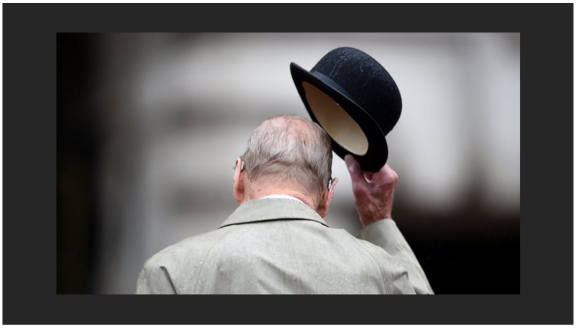
GARTH GOODWIN *spent his 41-year career in both practice and as a database designer and administrator. In over 30 years of frontline practice he worked for both public/board and private agencies. He was the first recipient of the National Child and Youth Care Award in 1986. He nurtured the Child and Youth Care Workers Association of Manitoba through its formative years and became its representative to the Council of Canadian Child and Youth Care Associations. He has been privileged to be the witness and participant in significant events in CYC history and remains an active observer in the field of CYC.*

@CYCAREWORKERS

Postcard from Leon Fulcher

From a Commonwealth Country

Kia Ora Kotou Katoa and Warm Greetings to child and youth care colleagues wherever you live. It has been quite a month with continuing worries about the spreading Covid-19 Pandemic as people get fed up with social distancing and lockdowns. Instead of reminding ourselves that this is a deadly virus, too many have decided to ignore it and question vaccinations. It is such a worry!



A Farewell to HRH Prince Philip with thanks for his world-wide contributions

In recent days, many Commonwealth peoples in the world have shared in the farewells to an important figure in their lives - HRH Prince Philip Mountbatten, husband of 73 years to Her Majesty Queen Elizabeth of Windsor. It is not that I want to use this postcard to write about the royals. Instead, I want to celebrate what I consider Prince Philip's major contribution to all youth workers in the child and youth care field with The Duke of Edinburgh Awards - Bronze, Silver and Gold! It was at his

presentation of Gold Awards achieved by young women, including our 17 year-old daughter Kate at Wellington Girls College that I actually met Prince Philip years ago.

Father and son sharing moments during their last days together

Those reading this from a country that isn't one of the 54 Commonwealth countries in the world, let me start by explaining something about what is involved with the Duke of Edinburgh Awards. Based on the idea that not all learning happens in the classroom, young people need experiences outside the classroom to become committed, responsible, and fulfilled citizens of the world.

Windsor Castle ancestral site for the farewell to Prince Philip, Duke of Edinburgh

The Award is open to all 14–24-year-olds regardless of their background, culture, physical ability, skills, and interests and is the world's leading youth achievement

award. Completing the Award is a personal challenge and not a competition against others; it pushes young people to their personal limits and recognises their achievements. Since its launch over 60 years ago, today more than 130 countries have adopted The Duke of Edinburgh's International Award programme with over 8 million young people having participated worldwide.

Children and grandchildren walked behind the coffin or stood by as it drove past

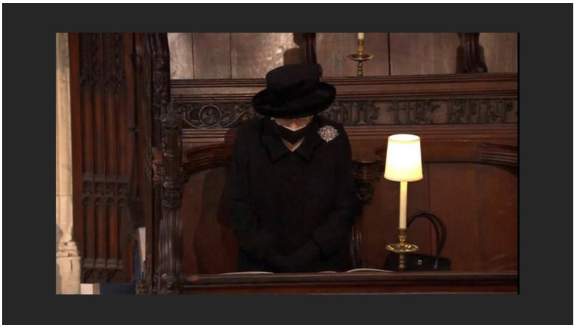
The Brothers fulfilled duties to their grandfather, the Queen, their father and family

The Award involves three levels and four sections - ***Skills***, ***Voluntary Service***, ***Physical Recreation*** and ***Adventurous Journey***. Participants complete all four sections at each level to achieve their Award. At Gold level, participants also complete a Residential Project.

The Award has been running in New Zealand since 1963 when the Governor-General, Sir Bernard Fergusson held the inaugural meeting of the National Council of The Duke of Edinburgh's Award in New Zealand at Government House in Wellington. At that time a Constitution for The Award in New Zealand was adopted. Known as The Young New Zealander's Challenge from 2001 to 2009, and since then, the Award has been referred to as The Duke of Edinburgh's Hillary Award in recognition of New Zealander Sir Edmund Hillary's Mt Everest climb in 1953.

A Royal Funeral carried out during a world pandemic through virtual technology

The key elements of the Duke of Edinburgh's Hillary programme are first that it is open to all young people aged 14 to 24. There are three levels of the Award - Bronze, Silver and Gold – with each



Commonwealth peoples are particularly empathetic towards their Queen at this time

progressively more challenging. Achievements are tested around four key sections, including physical recreation, skills, voluntary service, and adventurous journey. There is a residential project required at Gold level. Achieving an Award recognises individual goal setting and self-improvement through persistence and achievement.

As peoples of Great Britain and 54 Commonwealth countries pause to acknowledge the life of HRH Prince Philip and his support for the monarch during the seventy-three years of their marriage, some youth workers may challenge me as a Royalist in my support for the Duke's Award Scheme. But I have seen how the Scheme can and has helped to shape young peoples' lives.

Youth Work offered 60 years of guidance with the Duke of Edinburgh Awards!

Information

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Writing for CYC-Online

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In general:

- Submissions should be no longer than 2500 words
- The style of a paper is up to the author
- We prefer APA formatting for referencing
- We are willing to work with first-time authors to help them get published
- We accept previously published papers as long as copyright permission is assured
- We are open to alternative presentations such as poems, artwork, photography, etc.

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