CYC-Online

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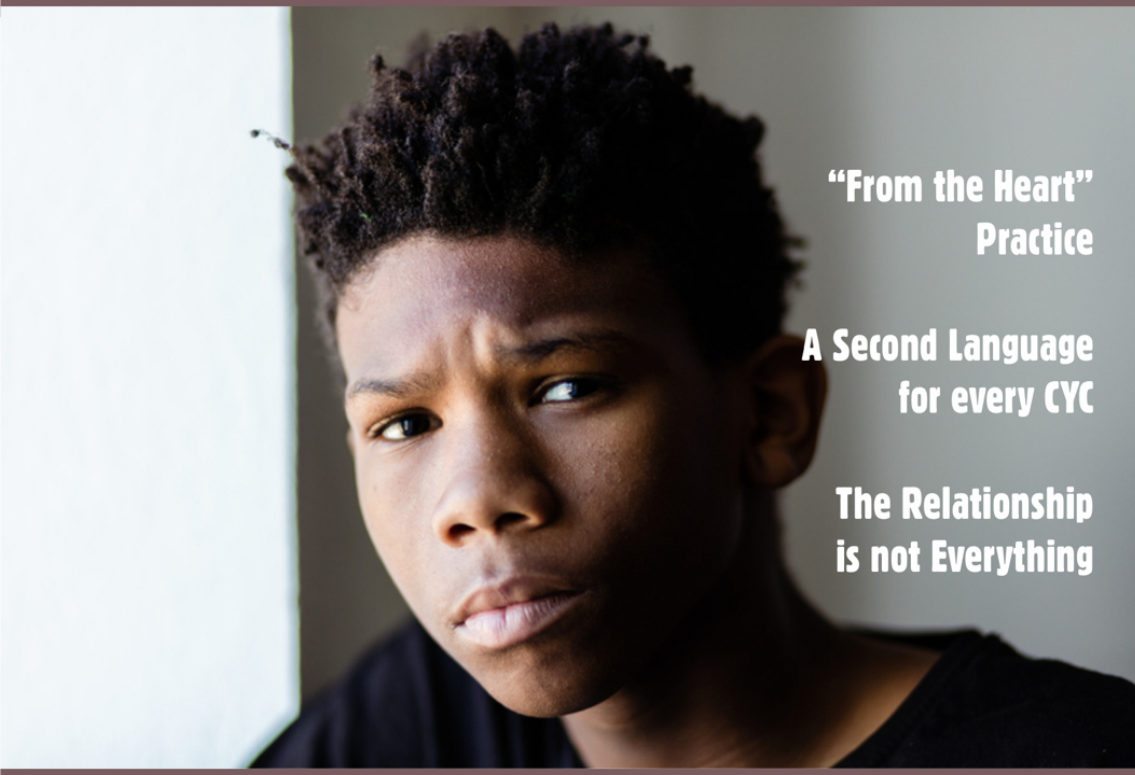

"From the Heart" Practice

A Second Language for every CYC

The Relationship is not Everything

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

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The View From Down Here

Janice Pike

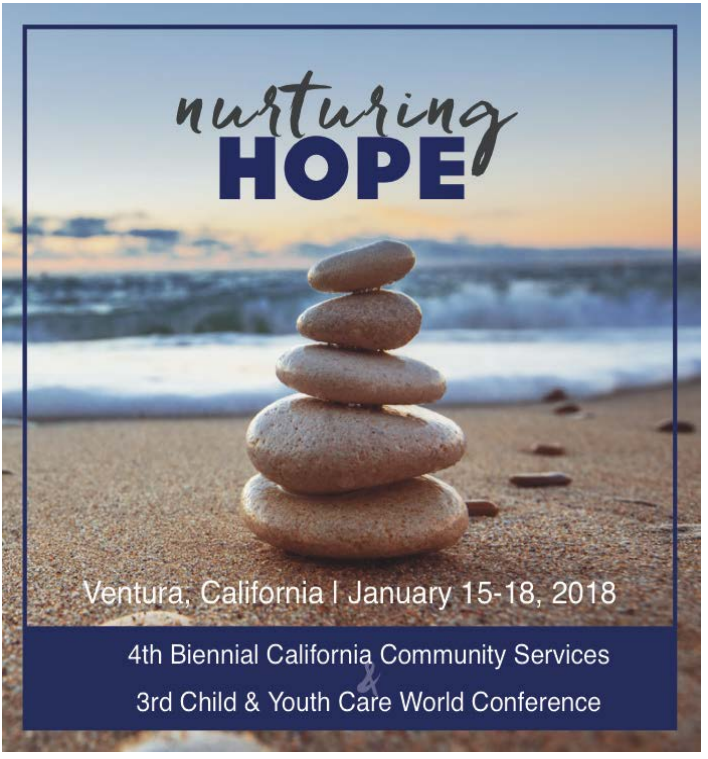
I recently completed a high ropes challenge course. Completed may not be the correct term. Survived? Scraped through? Let's just say that of the ten or so youth care workers assembled, I was the weakest link. As I clung to those ropes 20 feet in the air and tried to scramble through a course designed to test physical, emotional, and mental limits, I began to think about the young people and families

we serve. That's a lie. As I dangled there my higher level brain functioning wasn't really connecting much at all. I was in survival mode, wondering whether I could trust this harness to hold my (not insignificant) body weight, whether my colleagues would question my fitness to keep anyone safe on this course, whether my arms were going to indeed disconnect from the rest of my body, whether I was really just too old for this … stuff.

But afterward, on reflection, when my brain and breathing returned to baseline, I was struck by the parallels between that experience for me and the obstacles faced every day by our young people and families. I simply did not share some of the natural advantages held by my colleagues who were present (e.g. youthfulness, physical fitness and strength, experience with this sort of activity). Some of those things were beyond my control (can't stop the march of time!) but others were products of choices I have made over the years (Exercise? I thought you said extra fries!) Regardless, I wasn't easily able to race around the course as it appeared the others were. I'm sure if I checked in with them later they might each have experienced some difficulty that I didn't – I have no fear of heights, for example – but in the moment it seemed to me that everyone else had it easy and I was alone in my struggle. Isn't this what many of our young people and families are challenged by every day? Lack of trust in the supports that are meant to help them get through, comparison to the ease others seem to have with life, consequences of choices made by themselves or someone else in their lives, perhaps some physical, cognitive, or emotional issue that might even be invisible to those around them.

What helped me get through was the knowledge that these people around me were Child and Youth Care Workers. I knew they wouldn't judge me, that they would be looking for the strengths I demonstrated (I, for example, didn't cry or wet myself), that they would give encouragement, guidance and support. They didn't let me down. They were there for me through the whole thing, letting me find my way, but offering suggestions when I was really struggling and when I asked for help. At least partially due to their presence I made it through the high ropes course, the rock climbing wall, and the zip-line. And at least partially due to our

presence, our young people and families make it through school, first dates, coping with life's ups and downs, grief and loss, birthdays, coming into care, leaving care, and all the struggles in between. We cheer them on from the ground as they navigate the heights and obstacles. They own those accomplishments and all their hard work, but we help them get there and that's why we keep doing what we do! In this August issue of *CYC-Online*, we hope that you find encouragement from the ground as you navigate the complexity of daily work alongside children, youth and families.



“From The Heart” Practice

Jack Phelan

I am reading a book by Thomas Friedman, “Thank You for Being Late”, which is a recommended read for understanding the pace of change and how to adapt. There is an interesting quote which triggered this month’s column. “You can’t be an effective opinion writer without a set of values that informs what you’re advocating. Dov Seidman likes to remind me of the Talmudic saying “what comes from the heart enters the heart.” What doesn’t come from your heart will never enter someone else’s heart. It takes caring to ignite caring; it takes empathy to ignite empathy.” (p.13)

In CYC practice, we are continually focused on relational dynamics and building connections with people who have many good reasons to resist closeness with others. I believe that the ability to practice relationally is an ever-increasing skill that requires personal depth and maturity which builds over the course of time. Excellent relational practice takes 5 years to achieve, and only after good education, supervision and experience have occurred. Concepts like heart, caring and empathy all get more complex as one’s experience and learning increases. The people we are trying to reach have typically suffered abuse and neglect at a young age and this experience has changed their ability to trust others, even to the point of altering their brain structure. Life space interactions are effective with people like this because we speak to experiential, physical senses, not using words to create intellectual insights, but using felt experience to impact their senses. So, we have moments where we create comfortable closeness because it feels safe and pleasant, even as the other person’s brain is warning them to avoid this contact. Effective CYC practice speaks to the heart, not the brain.

Caring interactions, generally created by going beyond the usual job requirements, are the small and eventually powerful influences that push through the suspicion and mistrust to support people to feel deserving of being cared for. It is fairly impossible for a person who has not experienced consistent nurturing to demonstrate caring behavior towards others and so the neglect /abuse cycle is a high risk for their children. For practitioners, the ability to demonstrate caring behavior emerges fairly early, usually within the first year in CYC practice and gets more impactful as one matures professionally. When young people tell us that we are only being nice to them because we are getting paid to do it, they are clearly describing their belief that no one is caring without a personal benefit. Our task is to create confusion and a counter belief by being generous and caring without having a good reason (to them). This confusion will hopefully grow into a belief that people care for each other because we all deserve to be nurtured and cared for.

Empathy is more complex and it takes several years to become a truly competent relational and developmentally attuned practitioner. The early practitioner is inclined to be more self-focused and often experiences empathy as "how would I feel if that had happened to me" instead of actually being able to see the world of someone who is developmentally quite different and struggling with surviving through extraordinary hardships. Being able to think like a teenage girl who has suffered regular abuse and dislocation is not an easy ask, and this is not even really appreciated by newer practitioners.

The quality of CYC practice that is really needed to affect change in the youth and families that we support is much more complex than externally controlling ineffective patterns of behaving; we must join people in the dark and painful places they inhabit. Co-experiencing the painful and fearful realities of another is a difficult task. I believe it takes 5 years of skill development, good supervision and professional training to do this well. Families who create ongoing distress and chaos to distract themselves from the fear of disintegration do not need someone who stays comfortable and safe while offering advice and support. They need you to stand alongside them and stare into the darkness before they can believe that you have anything to offer. Youth in pain and despair believe that you may be well meaning, but there is a big difference between your reality and theirs, and your advice about what is needed is not based on their reality, so it is fairly useless. They believe that once you can actually feel and face the pain and distress with them, you may abandon some of your pat answers and canned advice because it does not make much sense when you see the world from their perspective.

This level of practice is not merely learned in a classroom or by only having experience; like any professional activity, it comes through learning, experience and competent supervision. To return to the quote which inspired this piece, I want to make the case for complexity and depth of understanding. Heart, caring and empathy are all ideas that we like to expound on and endorse, let's not forget that we must think deeply about them too.

@CYCAREWORKERS

I Have this Cat

Laura Steckley

I have this cat. Her name is Paris and she's a rescue cat. When my partner and I told our Dutch friends we had a rescue cat, they looked at us quizzically and we had to explain that we adopted her from a feline welfare charity. 'Oh', they said, 'we were thinking of a cat with a brandy barrel strapped around its neck, like the St Bernard dogs'. She doesn't carry brandy, but at the end of the day, I'm certain Paris does as much for us as we do for her.

When we first took her home, she was in a bad way. Whatever happened to her before she came to live with us had deeply traumatised her. She had stitches up the back of her right leg, and she couldn't let anyone near her. Most of the time Paris just needed to hide, though she also let us know how ferocious she could be. My partner began referring to her as a rattlesnake with fur and I began to wonder whether I would ever get to touch that soft-looking fur. It was a cold January, six and a half years ago, when Paris came to us. She did a lot of hiding in my clothes cupboard and while she let us know in every possible way that she wanted to be left alone, I had a hard time just leaving her to it. She was too scary to approach, let alone try and pick up and move to a warmer part of the flat, so I just sat outside the cupboard and read short stories and poems to her. Fortunately, she would sneak out at night to explore and eat, and gradually, in the weeks that followed, we'd see a blur of grey fur in our peripheral vision as she began to check out her surroundings during daylight hours.

It has been a long, rewarding road to the present, where now, Paris jumps up on the couch to sit next to me and purrs when I pet her. She still has a hair-trigger startle response, one that sometimes involves a velvet swipe, and she sometimes struggles to relax due to hypervigilance. She likes proximity. She's the first cat I've had that won't sit on our laps or sleep with us, but this is really a minor thing.

Recently, though, she's been having a tough time. Like a lot of other cats her age, Paris' kidneys are beginning to decline. She's got low potassium and she has some of the symptoms of arthritis. This means she doesn't groom as much or as thoroughly as before, and she hasn't come so far as to allow me to brush her. As a result, she's developed mats in her fur. I must confess I've had a terrible time deciding whether to leave them or take her to the vet to have her fur shaved. I have had to grapple with that same question I used to consistently ask myself when I was in practice: Whose needs would this be meeting? You see her mats were making me feel like a negligent pet owner, and she was becoming much less pleasing to pet. Added to this is the extreme stress it causes her to go to the vet. They have to sedate her even to do a cursory examination. On the other hand, the mats were getting worse and some background reading informed me that they can cause all kinds of health problems, as well as pain. I also had to wonder if my reticence might also be due to embarrassment.

So last week we took her in and had it done. Needless to say, she wasn't happy. Most cats apparently are not – initially at least. I was told that many cats get a 'second leash on life' in the medium term, when they get over the humiliation of being made to look like a poodle. Paris looks more like an ungainly adolescent, with disproportionately long limbs and large head, and a pale, skinny body. Upon return from the vet, she wouldn't let us near her. Within a day, however, she could allow a bit of petting and I was relieved we weren't going to have a replay of her first several months with us. It's June here in Scotland, so not nearly as cold as January, but not as warm as Paris needs it to be without her overcoat. Either due to her arthritis, low potassium or a sense of vulnerability, she has been struggling to lie down. She wants to be close, even if just for warmth, but remains rigidly upright even though she's clearly cold and exhausted. I've turned on the heat, elevated her bed right up next to the radiator, and sat with her. And still, she can't lie down.

Mostly she just wants to sit with me on the couch. So here I am with Paris beside me, and I'm beside myself because it feels like there's nothing I can do for her. She can't let me help her lay down (I confess I tried, and that didn't go well).

Trembling passes through her body in waves, either due to cold or fatigue, and her head dips as she starts to nod off. And still, she can't lie down.

I've written before about the importance of being present with people who are in pain and how difficult it can be. There's something stripped back and essential in seeing my wee cat's suffering and my own reaction to it. I am unsettled and probably unsettling, grasping for any fix to bring relief – to her and to me. I've even had brief and guilty moments of wishing she would go somewhere else, even if just temporarily.

* * *

It's been a couple of weeks since I started this column, and fortunately Paris has begun to recover from her ordeal. She still finds it hard to lie down, especially when she's near my partner or me, but she's does get there eventually. Interestingly, she can get down much more quickly when she's by herself. Paris has also started to insist on being under the duvet (feather comforter) with us on and off through the night – something I never thought possible. She still sits bolt upright under there for sometimes lengthy periods, and is up and down a lot despite the challenge of all that jumping at her age, but she has clearly figured out how to meet her own needs. I've made a sort of daytime cat-cave for her by propping up the duvet over two sets of pillows. I'm even considering starting a Twitter account similar to (and inspired by) Cat in the Sink (@isacatinthesink) with its amazing 51.9K followers, but calling it 'Cat in the Cave'.

In all seriousness, this experience has reminded me how hard it is to remain present with others who are in pain, and to consider more deeply why. One of the most obvious reasons is that pain is often accompanied by pain-based behaviour, and remaining open and available while also on the receiving end of pain-based behaviour can be a tall order. But with Paris, this wasn't the case. No furniture was shredded or carpets peed on, and I received no scratches or bites.

My overriding feelings those first few days after Paris got back from the vet were helplessness and fear. The sense of helplessness was probably amplified by

the shock of her shorn, vulnerable body. I was troubled by not knowing how long her suffering would last or whether it would get worse. I'm sure my fear was bound up in that helplessness, and I was afraid of losing her. It felt like there wasn't anything I could do for her, and yet I felt a sense of responsibility, a compulsion, really, to *do* something. The fact that there was little I could actually do removed all of the normal distractions in these kinds of situations and left me with nowhere to escape. I could either live up to what I regularly espouse, or I could avoid.

In direct practice, acknowledging feelings of helplessness and fear may be seen as weak or unprofessional; in some circumstances it can even escalate others' fear and undermine safety. Yet denying or repressing strong feelings compromises our ability to be present. There's no formula, but a combination of being present with one's own inner 'stuff' while keeping an overriding focus on the other person and what he or she might be feeling and needing, is the best I can offer in terms of a strategy for remaining present when it gets hard. That, and doing the work of reflection, individually and collectively, outside of the moment, when it's not so hard.

Until next time…

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A Second Language for every CYC

Kiaras Gharabaghi

Recently I wrote a column in this space called 'Why Are We So White'? In it, I argued that CYC as a field has developed largely within the framework of whiteness; I pointed out that almost all scholarly and professional frameworks of the field are deeply connected to a white world. Some good discussion has ensued as a result of that column, and in Ontario at least, some action is being taken by people who felt inspired to explore the issues I cited further. I was particularly delighted to see the article authored by Saira in last month's issue of CYC Online, which speaks to her experience as a 'Brown' practitioner.

This month, I want to push the issue of 'diversity' a little further, and point to an opportunity to begin to address the profound cultural singularity of our core perspectives and approaches. I want to focus on language in our field. If you are connected to the field of child and youth care in Canada, the United States, UK, Ireland, Australia, New Zealand or many other jurisdictions, there is a good chance that your connection to the field relies entirely on the English language. Virtually everything you have read about the field you read in English. Chances are that your contacts in the field are English speakers, or to the extent that they may not be English speakers, they speak English for the purpose of communicating with you. Even our many connections to South Africa, where the field of child and youth care is perhaps further developed than anywhere else in the world, rely entirely on the English language, notwithstanding that child and youth care practice in South Africa unfolds if not primarily then at least significantly in languages other than English.

There are many reasons why this is a problem. For one thing, English is symbol of colonial structures and processes that is hard to overlook. It is a symbol of privilege, white supremacy, and entitlement. Even within the variations of spoken and written English, we have found ways of building in hierarchies of value and status – the English spoken in Jamaica or Trinidad is often seen as inferior to that of the main settler English spoken in the mostly urban settings of very rich countries. Scholars and practitioners who speak English as a second or third language have a much harder time disseminating their voices through the traditional means of peer reviewed journals and even professional publications such as CYC Online – we worry that their writing won't be comprehensible or polished enough for the primarily English-as-a-first-language audience.

Our reliance on English as the main language of our field means that we are unable to engage many experiences of child and youth care practice from around the world. Indigenous experiences, for example, are not accessible to us unless they are translated into our language framework, which likely changes the authenticity of the experience. Child and youth care practices in Latin America, French, Portuguese or Arabic-speaking Africa, not to mention local and regional languages throughout Africa, and even the mass of experiences in Russia, South Asia, and East Asia are unknown to us. Relevant child and youth care literature from Germany and France, or from Brazil and Turkey, or from China and the Philippines is ignored in our field, not for a lack of interest, but simply because we are overwhelmed by the inconvenience of such literature not being produced in English.

In Canada and many other English-speaking countries, at the level of everyday practice, we are often limited in our approaches by virtue of having to first deal with the language skills of young people who do not speak English; our ability to connect to the newcomer youth in our country is hampered by our mono-lingualism (and ironically, we live in an officially bilingual country). To the extent that we work with the families of young people, this issue is even more problematic. In the context of indigenous youth living in residential care, for

example, our fear of languages other than English has resulted in absurd prohibitions for young people to speak the language they are comfortable with even amongst themselves, lest they be planning subversive activities within the program.

But language is so much more than just an instrumental means to communicate with one another. Language is also the container within which we construct truth. Entire scholarly traditions, thought traditions and epistemological movements are built on specific languages. Consider, for example, that the term 'mental health' does not translate into German. This means that in Germany, child and youth care unfolds entirely without ever referencing mental health as an element of understanding and being with young people. Not surprisingly, German child and youth care practice has developed through profoundly different thought traditions, and notably within the broader framework of social pedagogy. The way in which German practitioners articulate and understand their practice is profoundly different than what their Canadian colleagues do, and so are many of the very practical elements of structuring services. For example, the staffing ratio in a group home for eight to ten young people in Germany is typically one staff for eight youth. In Canada, it is typically three staff for eight youth. The youth are not different; what is different is the language-based understanding of what we do with the youth. In Canada, we are focused on treatment, and use the language of treatment to structure our practice contexts; in Germany, practitioners are focused on pedagogy and specifically the promotion of autonomy for young people, and practice contexts are structured to reflect young people's need for exploration of their own autonomy as human beings.

One wonders what sort of valuable lessons we could draw from the worldviews embedded in indigenous languages, or in Arabic, Russian, Mandarin, or Swahili.

What does this mean for the field of child and youth care as we know it in the English-speaking world? What could we do to really expand our capacity to move beyond the language-embedded power and truth structures in our field? Well, it doesn't seem all that complicated. We could insist that one of the competencies of child and youth care practice is a second language. We could ensure that all post-secondary institutions in Canada, the US, UK, Ireland, Australia and New Zealand, for example, provide mandatory second language instruction for emergent practitioners. While each practitioner can't possibly learn enough additional languages to cover the language diversity of the globe, between the many thousands of practitioners that graduate from CYC programs each year, we could generate capacity for the inclusion of and for connecting with practitioners and scholars that we have previously not been able to engage. It also means that anyone in the world engaged in child and youth care practice in whatever form could have confidence that it is in fact possible to engage the English-speaking world without first adding English to what often are multiple languages already spoken by that person.

Our complacency toward accepting English as the dominant language of communication in our field builds into our field processes that actually perpetuate exclusion and marginalization globally. Learning English is not something all people around the world have access to. In many parts of the world, learning English is limited to those who can afford a good education, who can afford to attend school into the higher grades, and who have the means to travel to English-speaking countries.

If we truly want to be globally relevant, we are going to have to open up our language imperialism. I think child and youth care is the perfect field to begin this process. Post-secondary institutions have the resources and the capacity to provide language instruction in many different languages to students right now. Accessing this opportunity would, I think, make a world of difference.

The Relationship Is Not Everything

Amanda Hilton

What if I told you that relationships aren't everything? A relationship can be defined as father and daughter, teacher and student, or coach and player. Whether a relationship is positive, negative or important has very little to do with the title that the two people hold in the relationship. Which is why it is imperative to a healthy relationship to understand that everyone brings personal baggage, past relational experiences, and their own values and beliefs to a relationship.

We all have "personal baggage" or mild forms of trauma in our own histories that make us who we are and we take it everywhere. That means it will come with us into every relationship we will ever have going forward as it is now a part of our brain. Trauma can range from being embarrassed, feeling guilty or ashamed, to severe experiences of neglect and abuse. What people say and do is more about them than us. Therefore, in the process of accepting another person completely in a relationship, we cannot take others' actions personally. Not everything is about us and one reason people act the way they do is because of the history they share with other people. We learn how to act in relationships from experience and if the experience was negative, it can take a long time to release ourselves from constantly having to have our guard up.

As I mentioned, a relationship is not simply defined as healthy or unhealthy based on the title that the two people hold in the relationship. These characteristics are shaped and exist in the co-created space formed by those involved. It is in this space where past relational experiences are brought forth and become a building block in the new relationship structure. For instance, there could be an assumption by a new student that the interactions between a primary

teacher and themselves will be nurturing, supportive and loving. These early experiences of the student are carried forward to each student/teacher relationship as the child journeys from grade to grade. By the time the student graduates, the student/teacher relationship will be different than when it started; it is rare that by grade twelve the relationship will continue to be defined only as nurturing, supportive and loving. Therefore, the student/teacher relationship is not good or bad, rather it depends on the co-created space and interactions of each separate relationship of each new student/teacher relationship.

As we grow up we are influenced by many different types of relationships. They all begin to form our values and beliefs regarding relationships. Some of our major influences are our culture, family, and religion. Interactions within these contexts are another block in our structure that is a new relationship. For example, many people will not have a successful relationship if they do not share a like-minded definition of family, culture and religion. Our values and beliefs are also a part of our brain but are not so concrete. A relationship with a new person may introduce us to new values and beliefs we did not have before, but only if we are open to them.

Finally, it is always important we are actively trying our very best to understand where a person comes from and to never act impulsively or with mean judgment. We all carry our personal histories, past relational experiences and our values and beliefs into every relationship we form with someone. As long as we understand this, we begin to learn to fully accept another person and all of their history into our lives.

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BIDing and Autism

Yvonne Bristow

The 'Being, Interpreting and Doing' framework developed by James Freeman and Thom Garfat (2014) has been a consistent influence on my interpretations of relationship building in Child and Youth Care (CYC) practice. I keep a printed handout on my desk all year round that serves as a visual reminder for me to reflect on this framework as it pertains to my work in a school-based autism program. After reading and reflecting on this article many times, I wanted to share my interpretations and my practical application of this framework as it relates to my work in education.

Being

I've spoken and written about my relationships with autistic individuals several times over the course of my career, and I have felt that these are some of the most meaningful relationships I have had as a CYC practitioner. I've been fortunate to work with a diverse range of young people with different communication styles such as those who use sign language, picture exchange communication system (PECS) cards, electronic communication tools and those who use verbal speech. Working with young autistic people requires flexibility and individuality that includes taking cues from those individuals so that both people in the relationship are being valued. It involves the CYC understanding that all youth have different skills and attributes that make them who they are, and this is the same for their social, communication and relational skills. My conversations differ from one young person to the next as each relationship has its own flow and style. For example, one young person and I may talk about American politics while throwing in a healthy amount of sarcasm and dark humour, and then almost immediately after I may jump into a conversation with another young person where we talk about

their top ten favourite shades and brands of red lipstick. These conversations are different and individualized because each of these relationships is unique from one another. As with any relationship in practice, it's important to think of your self-awareness as you enter the life spaces of youth.

Hanging out and participating with autistic individuals as they live their lives can be as simple as checking in throughout the day, or it can involve a more thorough involvement in their lives. Most of the young people I work with have a desire for independence and autonomy, but also appreciate some guidance and support when they feel overwhelmed or confused by different situations around them. Luckily, I work alongside a fantastic CYC practitioner and, together, we are able to run regular life skills programming. This includes a lot of time for us to simply *be* together with the autistic youth in our program. We have regular conversations on autism and identity, dating, family and future goals in a setting where youth and practitioners are encouraged to be open and honest. Having this regular opportunity to talk, give feedback, or express ourselves allows us to strengthen our relationships together.

Interpreting

Encouraging the strength and resiliency of autistic youth is much easier at an individual level than at a societal level. The youth I work with often take on advocacy and leadership roles easily, but it is important to recognize that many of them have been made to feel 'lesser' because of their diagnosis. Unfortunately, society often makes those who are autistic feel inferior or oppressed compared to their neurotypical peers. Self-advocacy and resiliency in our program has involved conversations where students are encouraged to feel proud and connected to their autistic identity. Some of the ways we have worked together with students on these skills this year include creating a video where students discussed their identity and we shared it with the school community, talking to individual classes about autism, and building a website with information from autistic writers/researchers. Ableism and systemic prejudice continue to be factors

influencing the inclusion, self-esteem and equitable treatment of autistic individuals, but we work with these concerns in mind. I also recognize that I am fortunate to work in a space where my team, the head of my department, and my administrators support these efforts towards the equitable treatment of neurodiverse individuals.

When we think of how our relationships are about us together, we must consider the diverse environments that contribute to a young person's sense of self. Caring about a young person involves the whole family, including family-based interventions and supports (see Bristow, 2015). Our family oriented approach may differ depending on the age of an individual, but it should still be a strong team approach. Building a connection with the whole family is a benefit for everyone involved. When we all come together we can ensure that person's feelings and thoughts are being validated and respected.

Reflections on our relationships with autistic youth should include recognizing our own privileges as neurotypical people and making sure we are valuing their unique perspectives. Our differences can serve as powerful tools to learn about our unique identities. Every person has their own way of connecting or storytelling, so our relationships with autistic young people should also include providing a platform where they can express themselves authentically and without judgments.

Doing

We meet others where they are at, and we don't force youth to meet us on our level. Being mindful of this when working with autistic young people is especially important because this is a pattern many adults find themselves falling into. A person who communicates or socializes in a way that is less dominant in society is not inferior or 'lesser', they are simply different. This ties into what I consider one of the most important parts of the *Being, Interpreting and Doing* framework: that we are doing *with* youth, not *for* or *to* them. We can come together with these individuals to talk about their opinions, views and feelings and about their life experiences and choices. We should never assume neurotypical

people know what's better or what's best for autistic people and the best way of learning about a person's perspective is to ask *them* directly! That is not to say that any young person should make 100% of the decisions about their life; there are times when we as caring adults need to make tough choices that benefit their safety, success and well-being that some youth may not agree with. Regardless of this, young people should always be fully informed and involved in the process.

Connecting and engaging with autistic youth is one of the most rewarding things in my career. These relationships have been some of the most meaningful and memorable connections I've made. The rhythmicity of humour, sharing and expression in these relationships fills me with a sense of purpose and helps me to continue loving the work I do. I would challenge any person who doesn't think this is possible, or any CYC practitioner who may think that they won't or don't want to work with autistic people to really reflect on what that means. CYC practitioners serve the children and youth who need social, emotional or behavioural support. Autistic people are an important part of our social fabric and deserve the respect and support of strong CYC practitioners. Practitioners who aren't willing to authentically engage and become emotionally present with autistic youth (or who avoid these relationships) are missing out on a meaningful opportunity.

Final Thoughts

The framework of *Being, Interpreting, and Doing* continues to serve as a guide for how I reflect as an educational-based CYC practitioner working with autistic individuals and I hope this helps others to think differently about how they see and build relationships with this population. I want to emphasize that I identity as neurotypical, and my thoughts are those of a CYC practitioner who believes that autistic people are a valuable part of society. I have been able to connect with youth in practice, adult self-advocates, and neurotypical people who commit to breaking down barriers of Ableism. While ideas and information on autism continue to change, relational CYC approaches remain some of the best ways to respect, encourage and provide equitable opportunities for all.

References

Bristow, Y (2015). CYCs and ASDs: A Child and Youth Care approach to Autism Spectrum Disorders. *CYC-Online, 202.*

Freeman, J. & Garfat, T. (2014). Being, interpreting, doing: A framework for organizing the characteristics of a relational child and youth care approach. *CYC Online, 179*, 23-27.

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Children and Young People Living in Alternative Care

Interview with Dr. Leon Fulcher (Part 2 of 3)

Editor's note

This interview is generously reprinted from the bi-annual journal Institutionalized Children: Explorations and Beyond (ICEB) *published by Udayan Care (Udayan is a Sanskrit word meaning 'eternal sunshine'). Udayan Care works to empower vulnerable children, women and youth, in 14 cities across 9 states of India. Learn more about the journal at http://udayancare.org/iceb-journal/home_iceb.html*

Question 1: *Werner discovered that, at least during sensitive periods of their development, children have to be supported by an empathic and caring adult (Werner, 1990). Would you agree with this proposition and how far have we come on this aspect with children in Out-of-Home Care?*

I totally agree with this proposition, and the sooner and more often such support is recurring, the greater the benefits. If you were to check out The International Child and Youth Care Network at www.cyc-net.org you will find both qualitative and quantitative evidence that supports Werner's proposition. How far have we come? Not far enough!

Question 2: *Would you know of specific instances of how prevalent depression is amongst children in Out-of-Home Care globally and whether there is literature available through evidence-based studies on this subject?*

In answer to this question, my answer is No. I am more interested in what happens in the daily life spaces of children's lives. My claim is that every child or young person admitted to out-of-home care has very good reason to feel afraid,

sad and depressed, without hope about their present or future life circumstances. I do not need to confirm a psychiatric diagnosis of depression – regardless of professional typology being used in a particular clinic or service-delivery centre. As a professional, I need to connect with and work in relationship alongside others to make moments meaningful through the purposeful use of daily life events (see Making Moments Meaningful in Child and Youth Care Practice).

Question 3: *Is it true that poor social support is the main cause leading to excessive depression in children living under alternative care globally?*

When asked a question like this, I always answer "It all depends". It's a 'no brainer' that children, young people and families living in poor conditions without social supports available to others will live with depression or use alcohol or drugs to try and numb the pain. When someone is in pain, a child, a young person, or a young parent or grandparent, what support can they turn to? When 'naebudy cares', as might be heard in Scotland, why wouldn't somebody feel excessively depressed? And always lurking around depression is anger about what caused this present state of being for this young person. Experience has shown that there is always 'somebody' about whom a young person experiences a cocktail of emotions – including pain, anger, rationalisation as well as motivating episodes of acting out.

Question 4: *What, in your opinion are the symptoms of post-traumatic stress disorder in children exposed to abuse, neglect and abandonment and what is the role of trauma informed care for such children?*

Anyone who has ever been around an animal that has been beaten or abused will know how it may cower or attack, depending on closeness. Vygotsky's notion of Zone of Proximal Development is worth considering. It emphasizes the importance of entering a child's personal zone of influence if we are to have any capacity to nurture pro-active responses that are restorative after children have been exposed to abuse, neglect and abandonment. For further information about this, see 'Zoning In to Daily Life Events that Facilitate Therapeutic Change in Child

and Youth Care Practice' in Making Moments Meaningful in Child and Youth Care Practice. I'm less interested in the symptoms of post-traumatic stress disorder than I am in ensuring that this child feels safe now, and has experienced personal connection with another or others from the first hour of contact, and for every hour thereafter – hence the importance of good child and youth care workers. After a good safe wash, a good feed, and a good sleep in this place that sort of feels safe, or at least a little bit safer than yesterday, I want each child to feel a little more hopeful about tomorrow. What is the role of trauma informed care? To advocate with and for each child or young person to become active participants in their own personal care plan, a plan that also includes e.g. urgent yet sensitive health and dental care wherever possible.

Question 5: *How would you suggest developing the ability in caregivers to help the child make meaning of the negative events and be able to re-fashion their art of developing resiliency and coping skills in them? Particularly for children, the process of interpreting the negative experiences is characterized by a dynamic interaction whereby the child looks to the reaction of immediate caregivers as a means of interpreting the threat (Ainsworth, Blehar, Waters, & Wall, 1978).*

I wouldn't start from that place. *Child and Youth Care in Practice* (2012) edited with Thom Garfat outlines a different starting place, a more holistic approach to working with children, young people and families in pain. My psychiatric training has helped to inform my professional practice over the years, and has been particularly helpful in guiding me through meaningful moments that matter with psychiatrists and clinical or developmental psychologists, and even traditional indigenous healers. However, it is best to remember that a diagnosis is always 'an informed guess', but the truth is only made known through a meaningful relationship that nurtures restorative opportunities for learning, personal achievement and happiness. I think of the 'dynamic interaction' referred to in this question as better explained as a 'mirroring dynamic' as a child or young person in pain reacts to prospective caregivers. We have to find our way into 'their Zone',


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and spend less time requiring a young person in pain to enter 'our Zone' so we can help them.

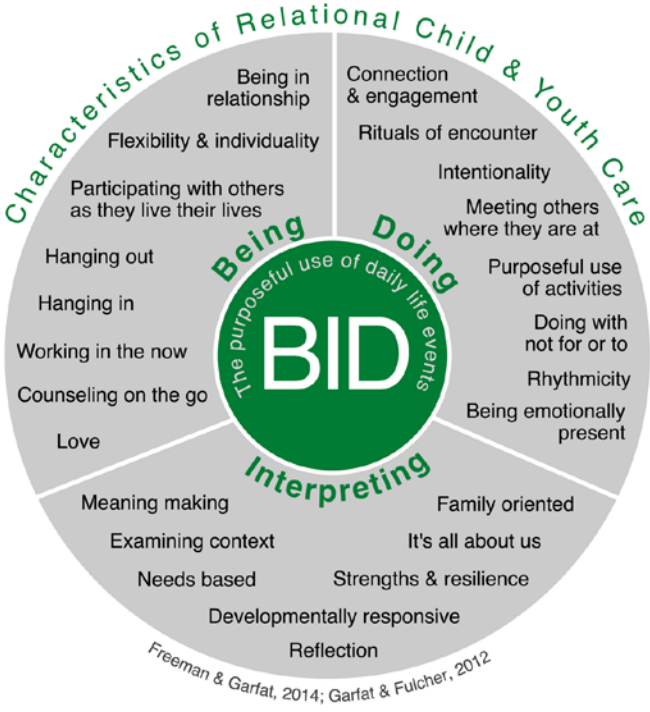
Question 6: *What is the role played by gender when it comes to depression and success in interventions? Do boys and girls maybe have different responses to social support received?*

Gender plays a central role, located – as gender is – within socio-cultural norms in any given society and family constellation. Family secrets and relational pain frequently underscore depression, sometimes over generations. Some children and young people experience trauma and internalize the pain while others block off the pain and act out with aggressive or anti-social behaviour. Are there gender patterns? My experience tells me that generally speaking boys are more socialized to act out their pain, while girls are socialized to internalize their pain. There are of course exceptions to this, where young men are at higher risk of suicide and young women place themselves at higher risk through acting out behaviour. In a study with Professor Gale Burford from the University of Vermont called Resident Group Influences on Team Functioning published in Group Care Practice with Children and Young People Revisited, it was shown how, for example, over a three-year period, placing young people with internalized pain together in a residence prompted different staff teamwork responses than was found amongst care worker teams working most commonly alongside young people with histories of acting out behaviour. An interesting insight was that staff members working with young people with internalised pain are more prone themselves to have feelings of tiredness, lethargy and mild depression. In short, to work effectively with young people with internalized pain, one must enter their zone or existential life space and share something of their load of pain. Meanwhile, staff working with acting out teenagers – whether young men or young women – were more prone to smoking and drinking more heavily, eating more and exercising less. This mirroring aspect of relationships between carers and those for whom they care remains a professional interest.

Question 7: *Would you be able to elaborate upon your proposition of "youth care approach" while working with children in out-of-home care with depression? Does it help if the child and youth care workers are involved with families as they live their lives; and if daily life events are used for therapeutic purposes, as they occur?*

Anyone can read (for free!) the first half of Chapter 1 in Child and Youth Care Practice with Families (2015) edited with Thom Garfat where Characteristics of a Child and Youth Care Approach to practice are summarized in Figure 1 below.

Figure 1: Characteristics of Relational Child and Youth Care



Each characteristic and grouping – Being; Interpreting; Doing – is illustrated to show how it is enmeshed with characteristics in each of the groupings. Together, they help guide decision-making and planning by focusing on the following questions:

1. How does my or our way of Being with this child or young person and family members influence our working relationship?
2. What am I noticing and how am I Interpreting what is happening with this young person and her or his family, at this particular time in their lives, and in the particular social and cultural context in which we are engaging together?
3. What might I or we be Doing to keep this child safe and help nurture her or his voice about what they need to make their life better, helping to restore diplomatic relations between this young person and her or his family members, or others most important to them?

Follow part two of this interview next month in CYC-Online.

LEON FULCHER, MSW, PhD is the Chairperson of the International Child and Youth Care Network (CYC-Net) Board of Governors. Since 1999, Leon has contributed a monthly 'postcard' in CYC-Online where he has explored child and youth care themes from around the world. explored child and youth care themes from around the world.

Ethical Dilemmas in Child and Youth Care Practice: Our Code of Ethics Reflects our Cultural Values

Frances Ricks

Personal [and] professional awareness of conflict of values in child and youth care practice becomes painfully present when we encounter situations which contradict how we think things should be. Until these priceless moments jar us and sometimes awaken our thinking, we continue to mindlessly sit within our values which are thankfully congruent with our cultural values.

Because our personal/professional values are nested in and draw heavily on cultural values, we remain oblivious and unaware of how present our values really are and the extent to which they affect our child and youth care practice.

Values

Values are those tenets or set of tenets that we hold as important; they are those statements about people, objects, or ideas that indicate more than or less than, better than or worse than, bigger than or smaller than, and so on. Values result from our judgements about beliefs, which are those tenets we hold as true. In child and youth care practice, values include tenets like (to mention a few):

- It is important to like children;
- It is important for children in residential treatment to have evidence of their family around them (pictures, stuffed animals, etc.);

- Child and youth care workers are useless unless they have integrity and act out of that integrity;
- Community-based programmes are more useful than residential programmes because they focus on early intervention and prevention;
- Child and youth care workers are valued because they are on the front line in a way that no other workers are prepared to be.

The Profession

Values, like these, are generally shared by the professional group, and they reflect values that are inherent in the culture of the professional group. You may not agree with all of the values, but you agree with most of them, otherwise you would not be in child and youth care! You would not be in child and youth care because you would not be able to act in accordance with the values held as important by your professional colleagues. In other words the rules (code of ethics or standards of practice) for how to act as child and youth care workers reflect beliefs and values of the professional group and its culture.

Different Values

Recently, here in Canada, I was involved in an evaluation of a native tribe's child and welfare project. This particular tribe had taken on the responsibility for child protection for the tribe and for government services. The government had contracted with the tribe to provide the service, and to allow for an external evaluation of whether the objectives of the project were being met. From an evaluation point of view it seemed fairly straight forward: simply find out if children were being protected! As it turned out it was not simple. It was not simple because of conflict in values between what the native culture thinks important versus what the dominant or normative culture thinks important. For the tribe, to protect the child means to protect the family. Put another way, child and family are one and the same. It follows that to take the child out of the family means not protecting; the objective of child protection is family protection. This value means that native

workers do not remove children as quickly as non-native workers. They wait longer and work with the family in order to alter the circumstances.

Only when change is impossible do they remove the child. In terms of statistics, they look terrific! They have fewer removals, not because they are necessarily more effective in creating change, but because they have different criteria (values) for removal while creating change.

Acceptance, Approval

An attendant value which serves the one mentioned above is that the native workers are accepting of what is. This does not mean that they agree with or approve of what is — they simply accept what is and begin their work in terms of what is. Non-native workers are outraged when certain conditions are accepted because they assume that

acceptance means approval, or at the very least the absence of disapproval. For the native worker acceptance is just acceptance and it is important. Clearly a difference in beliefs and values!

What to Do?

The obvious question is 'Who is right?' The obvious answer is 'No one!' The code or standard of practice which is right comes out of what is valued, and sometimes what is valued differs between cultures. This puts child and youth care workers in a dilemma. When the professional group and its culture dictates what to do, and this 'what-to-do' is culture bound, what should child and youth care workers do? Worse yet, do child and youth care workers even know that what they do is culture bound? Are they aware of value conflicts that come out of value differences?

The first step… for child and youth care workers facing these dilemmas is to become aware of the contradictions between what is and what they think should be.

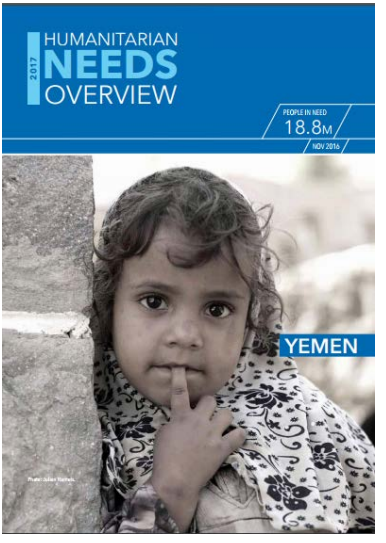
The second step… is to figure out what accounts for the difference. The differences might be that the rules are not known, or that the rules are known and not being followed. Alternately, the difference might be the rules are different and the rules are different because the beliefs and values are different.

This article was originally published as Ricks, F. (1994). Ethical dilemmas in Child and Youth Care Practice: Our code of ethics reflects our cultural values. *The Child Care Worker, 12*(10), p. 8. Read it in it's original CYC-Online post at http://www.cyc-net.org/cyc-online/cycol-1103-ricks.html.

Postcard from Leon Fulcher

From Yemen, via cyberspace

Assalamu alaikum, Comrades – May the Peace be upon you. During a cold, wet New Zealand winter, I've been doing copy-editing for the new Volume 3 *Middle East and Asian Perspectives* in our *Residential Child and Youth Care in a Developing World* series with Tuhinul Islam, focusing on countries. A chapter by Amr Mohammed Alnood, working as a Protection Coordinator with OXFAM Yemen left haunting memories that I wanted to share.



UN Office for Coordination of Humanitarian Affairs July 2017 Report on Yemen

Let's first make sure that readers know where Yemen is located on the map, at the southern border of the Arabian Peninsula north of East Africa, with Saudi Arabia to the north and the Sultanate of Oman on the northeast border. Northern and Southern Yemen united in 1990 after years of conflict but these conflicts have returned periodically to this poor country, an historic transit route for migrants moving north from Africa for centuries.

According to the UN Office for Humanitarian Affairs, two years of relentless conflict in Yemen have devastated the lives of millions of people. An alarming 18.8 million people – almost two thirds of the population – need some kind of humanitarian or protection support. 10.3 million people are in acute need of aid to sustain life.

Yemen is located south of Saudi Arabia and Oman on the Arabian Peninsula

Currently, 17 million people are food insecure while a staggering seven million people do not know where their next meal is coming from and are at risk of famine. At least three million people have fled their homes, public services have broken down, less than half of the health centres are functional, and medicine and equipment are limited. Access to safe water has become a major challenge and poor sanitation has fuelled a world cholera epidemic.

Yemen's children live amidst humanitarian crises fuelled by politics and religion

There are 4 UN World Heritage Sites in Yemen but this isn't a good time to visit! In March 2015 the new heir to the Saudi Arabian monarchy was given authority to launch air strikes along with the United Arab Emirates air force on Iran-supported Houthi militia strongholds. In May, President Trump signed an arms

deal with the Saudis totalling $110 billion! There are still no peace talks under consideration.

United Nations World Heritage Site – the Old Capital City of Sana'a

Civil War between Houthi People and the Saudi-supported Sana'a Government

Sadly, religion and tribal customs underpin warfare and militia maneuvers for regional power and influence. The most Holy Centre of Sunni Islam is located at Mecca in Saudi Arabia, not too far north of the border with Yemen. However, many Houthi people are Shi'ite Muslims, supported by Iran – it is said to be working with Russia to stabilize Syria. Meanwhile the Americans have introduced new sanctions on Russia, Iran and North Korea.

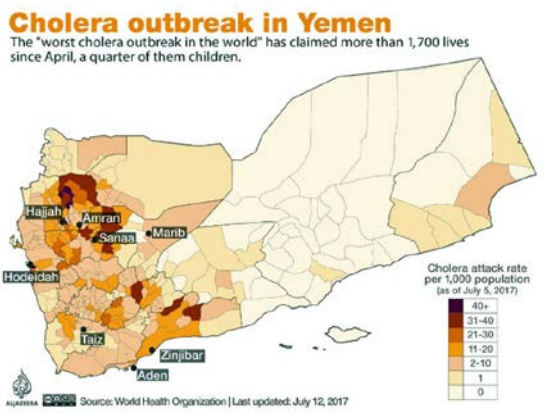
An estimated 14.5 million people in Yemen require assistance to access safe drinking water and sanitation, 8.2 million of these people are in acute need. Then, if things weren't bad enough, Yemeni people are now experiencing the World

Billions of Dollars spent by the Saudis attacking Iran-supported Houthi militias

greatest outbreak of cholera.

Add to these challenges, there is an acute shortage of medical and public health personnel, especially in the rural areas, to support community health starting with safe drinking water.

It's left me wondering just how much child and youth care workers know about Yemen? How many even care to know about what's happening with Yemen's children? We keep arming and bombing but no serious talking happens. What do you think we can do?



World's Greatest Cholera Outbreak now spreading throughout Yemen!

A quarter of a million cholera victims with numbers expected to double by 2018!

Information

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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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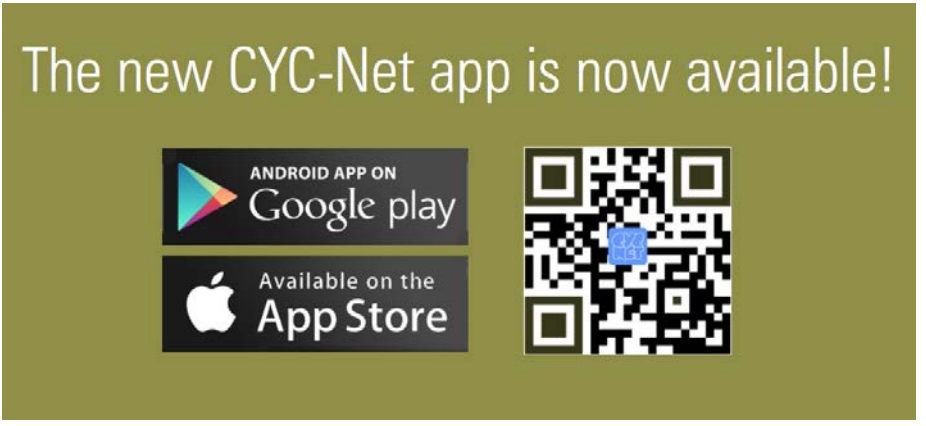

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