CYC-Online

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

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

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Editorial

Two Hundred Fifty

James Freeman

Well I hit the rowdy road
And many kinds I met there
And many stories told me on the way to get there

Cat Stevens

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This month marks the publication of 250 issues of *CYC-Online*. That's nearly 4 000 articles. Six million words. All shared around the globe in the interest of improving the lives of young people and those who care for them.

CYC-Online is freely available to readers like you. It's funded by supporters who give generously because they want to keep it freely available. And those who write and edit take none of that support – so that it stays a lean and effective way to reach every country and every neighborhood possible. With over 1200 monthly downloads it is making an impact on the field of Child and Youth Care, Social Pedagogy, and whatever else it might be called in various corners of the world. While the readership is global we're taking steps this coming year to make help make sure the content is even more globally representative.

CYC-Net was co-founded by Brian Gannon and Thom Garfat in 1997. CYC-Online followed early in 1999. Together these two co-edited the site, publishing monthly issues for 14 years through mid-2013. At that time Brian's involvement began to decrease due to his health. My involvement (beyond as a reader) began when I started writing regularly for CYC-Net in May 2013 (Issue 171). In October 2015 (Issue 200) I joined as co-editor with Thom. In January 2017 Thom announced his transition into a support role (and was honored for his work in issue 215). Also that January, Mark Smith and Janice Daley were added as Associate Editor and Assistant Editor, respectively. Brian passed away after a long illness in September 2017. His life and work was honored in issue 224 (as well as in an earlier issue 202). February 2019 (issue 240) celebrated 20 years of *CYC-Online* and now this issue in December of 2019 reaches issue 250. It has been one of the greatest pleasures of my career to work with Thom Garfat and Martin Stabrey on this endeavor.

Regular writers have been a staple in every issue of *CYC-Online*. Each one brings a unique and varied perspective on the field. Kiaras Gharabaghi from Ryerson University in Ontario, Canada has written on a number of topics which always push us forward into new thinking. Jack Phelan from Grant MacEwan University in Alberta, Canada has helped us improve our ways of supervision, caregiver development, life space boundaries, and so much more. Hans Skott-Myhre from Kennesaw State University in Georgia, USA has provoked us with a focus on radial youth work. I appreciate the way the important themes he raises continue, as he says in this month's article, to 'bother us in helpful ways'. Leon Fulcher from New Zealand reminds us of the global bonds of caring through his monthly postcards. Issue 244 from last June was a celebration of 20 years of Leon's postcards. More recently Tara Collins joined in to help keep a voice toward children's rights, Doug Magnuson has guided us thoughtfully on themes of research, and Barrie Lodge graciously opened up the archives of his thoughtful blog reflections to feature in each issue. Aurrora DeMonte, Laura Steckley, John Digney, Max Smart, and others – all faces and voices that make me smile when I think of *CYC-Online*.

About a third of the articles in a given year come from students or first-time writers. While these always involve more time through the editing process, it is always a joy – and important, I believe – to include these voices.

As we enter the new year of 2020 Martin Stabrey steps in as Managing Editor. As the make-it-all-happen person who has carried the everyday workload of CYC-Net for years, he will be adding the gathering and organizing of each issue to his ongoing work. After seven years of deeper involvement (two and a half as a writer, two and a half as co-editor, and two as editor) I move into the role of consulting editor, continuing to provide support with occasional editing of more challenging or first-time pieces as needed.

You'll likely be hearing more from Thom Garfat, Mark Smith, and Janice Daley as they continue in their roles and hopefully even more from the CYC-Net board of directors in the coming year.

Two events happened this last week that I'd like to share in a departing thought. First, I spent nearly 30 hours examining and editing Henry Maier's classic writing on the *Core of Care*. In a short talk from 1977 he shared seven elements of quality caring. It's a timeless piece and one that holds a lot of wisdom and insight we need today. Watch the next issue of *Relational Child and Youth Care Practice* where the updated revision, along with a historical introduction and accompanying study guide will be featured. Ten years after the 'Core of Care' Maier wrote these words in his book *Developmental Group Care of Children and Youth:*

> There is no doubt that, with all the energy invested in care work with children, adults themselves gain personally and professionally from these intimate involvements. In short, the older and the younger generations experience an interweaving of rhythms in this mutual interaction of giving and taking in the shared search for a future. *(Maier, 1987, p.6)*

If CYC-Net has done anything over these last 250 issues (or the last 85 or so which I have been a part of) I hope it has helped older and younger generations join together and increase our hope for a shared future.

The second event was taking my family to see Tom Hanks in *A Beautiful Day in the Neighborhood* (2019). The film was written by Micah Fitzerman-Blue and Noah Harpster and directed by Marielle Heller. It was inspired by the 1998 article in Esquire "Can You Say Hero?" by Tom Junod where he describes the impact of meeting Fred Rogers on his life and relationships.

The film was perfect. Perhaps my view comes as a result of my own lens having spent my early childhood watching Mr. Rogers Neighborhood in the 1970s. His way of connecting, listening, being silent, using 'make believe' to explore values and social issues all came alive again in the movie. Some of his quotes worked into the film still echo in my mind:

> *"Our biggest mistake not to remember own childhood."*
>
> *"There's no normal life that's free from pain."*
>
> *"Children need to know that even when adults make plans, sometimes they don't turn out as they hoped."*

The power of his compassion was clear as my youngest son, sitting next to me, answered Mr. Rogers out loud as if they were in a direct conversation. At the age of 9 the lines of film and life were momentarily blurred.

My teenage daughter said after the film, "If my generation had an equivalent of Mr. Rogers, the world would be a much better place". He was a contrast for her in our contentious time of political mess, wars, and pace of life in today's world.

So what is the equivalent of a Mr. Rogers from the 1970s in the 2020s? I can't think of anything closer than you. You, as a reader of this journal, want the best for young people. It drives you every day to do what you do. And we are all better for it. In the words of Mr. Rogers, "Sometimes we get to change the world with our words".

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Writing for *CYC-Online*

CYC-Online is a monthly journal which reflects the activities of the field of Child and Youth Care. We welcome articles, pieces, poetry, case examples and general reflections from everyone.

In general:

- Submissions should be as close as possible to 2 500 words
- The style of a paper is up to the author
- We prefer APA formatting for referencing
- We are willing to help first-time authors to 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.

Send submissions to: cyconline@cyc-net.org

Please note that authors retain joint copyright privileges.

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Erasure

Hans Skott-Myhre

To be made invisible through the application of social censure or indifference is certainly one the most egregious experiences of life. Of course, to varying degrees, we are all subject to forms of erasure at an individual level. For some of us, it is within our families where we wonder whether anyone sees us at all. For others, it may at school, church, the world of athletics, or other group situations, where we might wonder if we are a ghost in our own life. Are we seen at all? Does anyone even know we are here? Do we matter?

To some degree, this kind of erasure can certainly be inadvertent or unintentional. It is not that our families or friends mean to consciously erase us from their attention. More likely, it is the ways in which their sight has been shaped by social preference. That is to say, the ways in which our society focuses and directs our attention to those attributes deemed meritorious or worthwhile. Of course, this form of benign neglect or impersonal erasure doesn't feel any less painful because it is unintentional. In a way, it is even more pernicious because it is unconscious and therefore deniable.

That said, the pain experienced by a child fighting for recognition in a family that doesn't really see them is seldom mitigated by the fact that their parents don't mean them ill. The effect of not being seen, of being ignored, of becoming invisible over a lifetime is profound. It can leave one bereft and uncertain, struggling to assert oneself against a negation. In some ways it is easier to fight back against overt cruelty and attack,

although that is no easy task either. But, to strive to be seen at all is to require a miracle in which one is raised from the dead and recognized as a living force to be reckoned with. Is it any wonder that so many of the young people we encounter in our work shout so loudly and act so forcefully? Perhaps it takes that degree of emotional excess to rise from the purgatory of erasure and to be seen.

The question of erasure forced itself into my view at a conference at Northern New Mexico College on Critical Psychology hosted by Robert Beshara. It was one of those conferences that actually functioned as a real forum for deep thought, contestation, and some fun as well. I was moved by many of talks, both intellectually and emotionally, but the keynote by Tommy Curry stuck with me and has bothered me at multiple levels in very productive ways. Curry's work is extremely controversial. He has been criticized for his attacks on black feminism, white feminism, and intersectionality. He has been a target of white supremacists and alt right commentators for comments he made in relation to the film Django. In the broader context of the film, Dr. Curry said, "In order to be equal, in order to be liberated, some white people might have to die." The comment was made within the context of how it is important to see violence within a historical context. He was arguing that there may be a need for black people to utilize violence as a means of self-protection from a white society that has made every effort to erase them as a people and as human beings.

While I have significant issues with Dr. Curry's disagreements with black and white feminisms as well as his issues with intersectionality, I find his arguments regarding erasure and survival compelling. In his talk (premised on his book The Man-Not) Dr. Curry argues forcefully that black men have historically been erased in the history of Colonization, slavery, and the United States. In particular, he tells us that the traumas associated with black manhood have been removed from our conscious awareness by a

very particular accounting of history. This erasure of sexual and physical assault on black men is built on and sustained by an absence of historical accountings of the level of violence directed against them. He suggests that the stories that have sustained a narrative of black men as dangerous, violent, and predatory have made any actual material accounting of the black male experience almost impossible to articulate. This erasure of black masculinity, in its own accounting of itself, is perpetuated in contemporary culture by the continuing discourse of black masculine criminality. These are the discourses of dangerous black men we hear over and over again to justify the multiple police killings of unarmed black men and the justification of frisk and search, or school to prison pipelines. These framings of black men as radically dangerous others are perpetuated by the erasure of any actual accounting of the complexities of the black male experience.

The bifurcation of the "good" upper or middle-class black man portrayed in films or television is always a precarious identity easily overrun by the discourse of "black skin equals danger." This morning's paper included a story about a black police officer who was repairing his a car in his own driveway, when a fugitive running from police attempted to cut through his yard. The officer apprehended him, but when the white police arrived, they immediately assumed he was involved. He was ordered to drop his weapon. He identified himself as police, but was shot anyway. His explanation for being shot by his colleagues was simple – he was black. His identity as a policeman, as an innocent citizen working in his driveway, as a middle-class homeowner were all erased by the color of his skin. Recently, there have been two other incidents in which police shot innocent black homeowners in their homes with little or no provocation outside the color of their skin. Their limited class privilege erased by the fact they were black.

However, lest we think that it is only black men whose humanity is erased in our current historical moment, Kimberly Crenshaw (who coined the term intersectionality) recently wrote an opinion piece in the New York Times entitled "You promised You wouldn't Kill Me": Atatiana Jefferson, Natasha McKenna and the other black women we forget. In the piece, Dr. Crenshaw argues that there is a forgetting of those who pay the ultimate price for racism. She is referring to the women killed in police custody and shot by police on the streets and in their homes. Of course, there is reporting by the media of these events, but there is also erasure by forgetting, by acting as though each incident is a separate unrelated event. This is also the point being raised by Dr. Curry, that historical forgetting is a form of erasure, even when that history is just a few years or months old. The bodies of these black men and women who suffer violence and death in our society at the hands of those given the mandate to protect and serve are erased when we fail to remember them. We, the citizens of nation states know this. It is why we have days to remember those fallen in war, although we often erase those still living when they return and end up living on the streets or suffering from the traumas of war.

I was also reminded of erasure when I saw a news article in which the United States attorney general was meeting with indigenous women to address the horrendous rates of violence against indigenous women. For hundreds of years now, Indigenous people have been pleading for a meaningful investigation into the disappearance of thousands of girls and women in both Canada and the United States. These women have been disappeared, erased. As one report put it,

No one knows how many Native American women are missing and murdered. Yet everyone concedes there is a crisis, a "hidden epidemic," as former Democratic senator Heidi Heitkamp of North Dakota called it. Although the federal government keeps data on virtually everything, it

does not collect statistics on missing and murdered Native women, has no national database where tribes can report such crimes, no way for families or tribal investigators to seek information.

The meeting with the U.S. attorney general certainly seems a step in the right direction by making these women and the violence against indigenous people they embody more visible. However, when we read the framing of the U.S. definition of the problem, we discover a different level of erasure. As the New York Times reports Barr's statement to the media,

American Indian and Alaska Native people suffer from unacceptable and disproportionately high levels of violence, which can have lasting impacts on families and communities, Barr said in a statement. "Native American women face particularly high rates of violence, with at least half suffering sexual or intimate-partner violence in their lifetime. Too many of these families have experienced the loss of loved ones who went missing or were murdered.

Notably missing from the statement was any accountability by the U.S. for hundreds of years of neglect and violence. Instead the issue is framed as an Indian problem. The nearly 6000 women and girls who have gone missing in recent times are erased here in favor of a generic statement about violence between indigenous peoples. It is notable that the level funding being proposed to solve this epidemic is 1.5 million dollars, an amount clearly less than any kind of serious epidemic might warrant. Put succinctly, it is a symbolic gesture rather than a substantive one. As such it enters the world of global media as an erasure of both the seriousness of the issue and the necessity to be accountable to its root causes. Can we imagine the response of the U.S. government if 6000 white upper-class women were to disappear?

Of course, we have seen this kind of erasure before in the response to Hurricane Katrina, which erased the suffering and displacement of the

Black citizenry of New Orleans, and in the lack of response to more recent storm damage in Puerto Rico where Brown skinned U.S. citizens were erased and their struggles to survive blamed on themselves. There is the erasure of Black children in Flint Michigan where the water supply remains unsafe to drink and across the U.S. where water on Indian Reservations is also unsafe, but little or nothing is being done about it. Drug epidemics are only a serious public health risk when they affect the white middle class, erasing the decades of drug infestations in communities of color. AIDS was not a serious health problem until it affected the heterosexual community, erasing the suffering and deaths of gay men. Accounts of the current stresses of the global economy have erased the poor from political discourse, instead we now talk about the struggles of the middle class or, if we acknowledge the poor at all, they must be the "working poor". We do have some attention to the homeless but they are being erased from public view by laws that criminalize outdoor living in city centers and campaigns to remove them from business districts. There are new laws that impose various forms of incarceration that begin to look like returns to the workhouses and debtor's prisons of the 19th century.

These multiple erasures include campaigns to make sure that history is scrubbed clean of any record of revolt or struggle not sanctioned by the existent ruling class. So, accounts of slave revolts across the Americas are erased from our history books. In some parts of the U.S. textbooks are describing how slavery was actually beneficial to African slaves who were lucky enough to be exposed to European civilization. Even those curriculum that attempt to deal with slavery in a less fictitious vein, struggle to acknowledge the full extent of the trauma and historical accountability of all Americans and Europeans engaged in the practice. Historical accounts of White assaults on Black and Indigenous communities are similarly erased. Significant events such as the only

bombing of a U.S city ordered by U.S. government officials is omitted, perhaps because it refers to the attack on Black Wall Street in Tulsa, Oklahoma. The elision of this event from our history erases the deaths of 300 Black U.S. citizens and the 10,000 Black people left homeless. Survivors recount that, "40 blocks were left smoldering. Survivors recounted black bodies loaded on trains and dumped off bridges into the Arkansas River and, most frequently, tossed into mass graves." This is kind of erasure that Dr. Curry and Dr. Crenshaw are arguing does such damage to us as a people and to those who are erased.

So what role does erasure play in our work? I would argue that it impacts our relationships with young people at all the levels I have described above. Certainly, it impacts those young people who fade into the woodwork and whose lives at a very personal level are defined by a continual sense of erasure. With any luck most of us are equipped and prepared to assist in that kind of erasure . . . I hope. At another level, however, the erasure of historical trauma and an inability to self reflectively hold oneself accountable to the effects of that trauma can perpetuate erasure at a very personal level for those whose peoples have been and continue to be erased. This kind of erasure operates both with young people and our colleagues. I have written recently about intersectional collegiality and so will refer you to that writing, but the question of erasure between colleagues is perhaps even more powerful because of time, duration and assumed mutual interest. When we erase the history of a people from our awareness, we lose incredibly important relational information. When we fail to teach and remind those in our care of their inheritance of resistance and struggle, we rob them of tools they can use to fight against being erased. To attempt to build relational work a-historically is a bankrupt project and yet I wonder how many of our programs have any sort of acknowledgment of the historical forces of erasure that shape

and are shaping the young people we serve. In her plenary talk at the University of Victoria's CYC in Action Conference this past spring, Beverly Jean Daniel argued that young Black Canadians need racially safe spaces in which to grow and develop. I would argue that for a space to be racially safe, gender safe, sexuality safe and class safe, it needs to be absent of mechanisms of erasure. That is a very large project, but one I hope we can engage sooner than later.

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A Very Special Student and her Kitty Cat

In loving memory of Teri Truscott

Dedicated to Taryn C.

Kiaras Gharabaghi

Telling stories in our field is common practice, and for good reason. Stories provide us with a sense of common disposition, something to smile about, to lament or to aspire to. They also allow us to find the familiar in the unfamiliar, to relate to one another on the strengths of similar experiences in different contexts. And so, with the holiday season upon us once again, I would like to tell a story that for me, at least, represents many of the traditions, values, spirit and hopes that are celebrated across many different cultures and religions this time of the year. It is a story about relationship, and it is very much a story about child and youth care, albeit one that reflects child and youth care as a way of being in the world rather than a professional, credentialed discipline. This is, as those of you who know my work, how I prefer it anyways.

A few years ago, a new student showed up in one of my classes. She seemed like most students seem early into the semester; a little confused, a little anxious, and a little lost. But she also seemed very happy to be there, smiling broadly and at everyone. In a large class with a diverse student body, one might not have noticed her at all. Except that this student clearly

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was not of the same or even similar age as any of the other students in the class; indeed, she was in her mid-70s. And she was in a wheelchair. And she was extremely talkative, willing to share aspects of her life both in and out of context with whatever the class discussion might have been at that moment. And some aspects of her life were rather unique, including her often shared stories about institutional abuse she had suffered many years ago at the hands of clergy in Newfoundland.

Her name was Teri. Teri soon became a fixture in our program. She was ever present, and her presence was always felt. Let's be clear, this was not always an easy presence. Teri was a learner with a very unique learning style; for one thing, the concept of writing papers, making presentations on topics provided by an instructor, or, for that matter, engaging in class discussions with commentary that related to those discussions, were not really at the forefront of her learning style. Taking notes, reading assigned texts, communicating by email, or retrieving information from online course portals also were, for the most part, outside of Teri's ideas about learning. Indeed, she was a critical resistor to the notions of assessments, exams, tests, assignments, or just about anything else that might be considered standard fare at universities.

There were some other things that weren't quite her style. For example, Teri wasn't overly concerned with knowing which courses she had registered in; nor where those courses might be taught, or when, for that matter. But she knew about child and youth care practice; in fact, some 25 years earlier, she had been registered in our program once before, completing a few courses (with reasonable grades) before withdrawing from the program. I have learned since that she had accepted work as a personal support worker with an organization serving the elderly in the community.

But back to the story that I want to tell. Perhaps not surprisingly, students in my classes that Teri attended were, for the most part, ill-equipped to understand how to be with Teri; clearly, she did not 'fit well' amongst the 19 and 20 year old young people far more concerned with achieving high grades while not sacrificing their engagement of popular culture and largely doomed relationships characterized by seemingly unnecessary drama. More importantly, Teri did not appear to have a mobile device, which rendered her alien in this grouping of students, and so they mostly tried to ignore her.

Except for one student. She noticed Teri right away, and did what Henry Maier always insisted we should do more of – she said hello, she engaged, she made herself present in Teri's immediate space in the classroom. And she listened to Teri's stories, confusing as these sometimes were. And perhaps most importantly, she was able to discern the difference between stories that could be reflected on later, and stories that actually represented a specific need for Teri – such as 'where is my next class', 'what course is this', 'what am I supposed to do right now'. And so this student responded to those needs, immediately and with great nurture and care.

I watched this interaction for weeks, noting the ever-deepening connection forming between my young student and my creatively wise student. The latter called the former 'Kitty Cat'; in fact, she called everyone by names she invented herself, but no one was as special, as important, and as urgent as Kitty Cat. The two became connected in ways one would not have expected. It was not a one-way connection, in which the young person supported the elder. It was a relationship forming, featuring all that we hope for in healthy, meaningful and enriching relationships – mutuality, respect, commitment to dignity, honesty, practical help, emotional support, and so on.

Kitty Cat became Teri's advocate and voice at times when Teri just couldn't figure out how to connect with me or other people in her courses. Kitty Cat asked for extra supports for Teri, a tutor, provisions for modifying assignments and tests, and most importantly, she demanded inclusion of Teri in class activities and group projects. Over time, Kitty Cat expanded Teri's peer network, and quite a number of students learned how to be with someone who seemed to be different than what might have been expected. Kitty Cat demonstrated to her peers that connection is not a function of sameness; we can connect across differences, including significant age differences, social contexts, and ways of being. And she demonstrated that conversation, interaction, and interpersonal relationships can be mutual and rewarding even when the parties to such have different styles, use different means and ultimately may even thrive within the connection for entirely different reasons.

Kitty Cat and Teri remained connected; I have learned recently that Teri would call Kitty Cat dozens of times per day, leaving voice messages that simply acknowledged the relationship, with no demands or requests. And I learned that Kitty Cat 'hung out' with Teri whenever possible, chatted with her, joked with her, and also learned from her about other life experiences and other ways of being. The relationship was deep for both Teri and Kitty Cat; it defined a period of life for them that surely will forever leave a trace.

Teri passed away during the summer, after several stays in the hospital for various kinds of ailments. Since her passing, Kitty Cat and I have been trying to understand more about this wonderful student at our School. We learned that she had quite a tumultuous youth and earlier adulthood, involving impossibly complicated love stories, dedication to others in many forms, including through her work as a personal support worker and in her charitable giving. Indeed, Teri may not have known how to care for herself entirely; during the last years of her life, she was living in poverty, and also

in rather difficult and perhaps not the most healthy physical environment. But it can also be said that after what appears to have been a life of turmoil and adversity, trauma and loneliness, Teri found what she was looking for during those last two yeas of her life – a wonderful, caring, unconditional and non-judgmental friend named Kitty Cat.

When Teri died in hospital, no one came to claim her body. This happens sometimes; actually it happens quite often, because it turns out that loneliness and isolation are inherently well hidden in societies that are already prone to ignore those we can afford to ignore. Ultimately, Teri was buried at a cemetery on the outskirts of Toronto. The funeral was attended by a person who self-identified as Teri's niece. And of course by Kitty Cat. But that was it.

I tell you this story to honour Teri. To create a trace of a life that should not be forgotten. But I also tell you this story because of Kitty Cat. I know hundreds, perhaps thousands of child and youth care practitioners. It doesn't take a program for individuals to demonstrate excellence and authentic commitment to a child and youth care way of being in the world. It takes relationship, capacity, humility and a heart of gold. Kitty Cat *is* child and youth care. With this story, a pay tribute to her, to Teri, and to a relationship that will never cease to matter.

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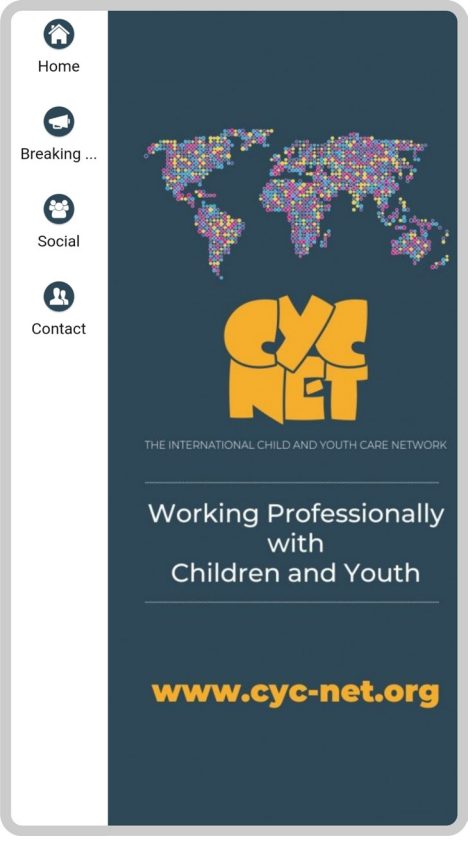

Available on the iPhone App Store

ANDROID APP ON Google play

Between and Within: The Ecological Fallacy

Doug Magnuson and Priscilla Healey

“People who exercise have a lower risk of heart attacks.”
“You are more likely to have a heart attack when exercising.”

It is not obvious, but both of these statements are true. Here’s another:

“Species with larger body mass are more likely to have longer life spans than those with smaller body mass.”
“Fat ducks will likely have shorter lives than skinny ducks.”

The logic of the ducks is easier to understand. Both of these are examples of the ecological fallacy, that is, taking an inference about a population and applying to an individual. We have written about this before, with examples of how it is used illogically. This time, let us think a little more about what is going on and work out some implications for our evaluation of our work.

Here are two examples of the ecological fallacy that are easily relatable to CYC practitioners:

“Students who spend more hours studying tend to have higher grades.”

“A student who studys seven hours a week will have higher grades that a student who studies three hours a week.”

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"Having four adverse childhood experiences (ACEs) is associated with an increased risk of alcoholism, cancer, emphysema, lung disease, hepatitis, depression, and suicide."

"Someone with four ACE's will develop one or more of the aforementioned conditions."

Unlike the first two examples, these statements seem to connect logically and are easy conclusions to draw, but they would be wrong. In the first example, while overall hours studying may lead to higher grades in general. This is not true for everyone. The effects of this are mediated by what is being studied, in what environment, and by what method. Think about three hours of studying in a quiet environment compared to studying in front of the TV.

Think about the memes that circulate on Facebook and Twitter, suggesting that traumatized children will act out when they feel safe. To someone outside the field, this does not make sense, since it seems like common sense that they will feel more secure and will be more cooperative. Even to practitioners working with the children it is hard to remember this when there are several tantrums a day. This meme is a "within-person effect."

@CYCAREWORKERS

Hamaker (2012) said most research obtains data that is called “between persons.” That is, the typical data that we summarize with means, median, standard deviation, and so forth, is data that is based on the similarities and differences between groups of people.

In CYC we are usually interested in “within-person” data. We are interested in growth and change *within* a person. This can be confusing because the same data can be used for both between and within. A simple example has to do with addiction. We can measure an addiction and compile the data for a group, with a mean and variance or standard deviation, and this is between person data: The data is about the similarities and differences between people.

If we make the study longitudinal by collecting data more than once, we can get at the within-person differences. Practically we can use this data by subtracting one score from the other. Researchers average all the longitudinal scores and subtract each score from the average so that we can use it in multi-level models. You do not need to know much about statistics to make use of the idea, and if you are not asleep yet, here is why it is useful.

We are often confused about what to make of research based on between-person effects because it is obvious that not everyone changed or grew. But we can also see that some did. We should treat this research as informational about a group and look for studies that include within-person effects for more prescriptive advice. For example:

Between-person effect: Youth in group homes experience high levels of anxiety.

Within-person effect: Being placed in a group home causes anxiety.

Between-person effect: Children with more behavioural problems increase the level of rejection in their parents.

Within-person effect: An increase in a child's behavioural problems leads to an increase in a parent's rejection (Hamaker, 2012).

Between-person effect: Anxiety is related to the amount of alcohol consumed.
Within-person effect: A person who is anxious is less likely to consume alcohol that day (Curran & Bauer, 2011).

Between-person effect: Formerly traumatized children in secure relationships will act out less.

Within-person effect: A secure relationship will allow a child who is formerly traumatized to act out.

Even though on the surface both the between- and within-person statement contradict each other, they are both true!

Our work is almost always about within-person effects. This means that we should continue to work on collecting longitudinal data about our work, systematically documenting change. It also means that when we need research, we should look for studies that include within-person effects. The clinical and counselling psychology fields are well ahead of everyone else.

We can also apply the principle to qualitative research. Cross-sectional qualitative studies are not that useful, in part because of validity problems, but also because the data does not help us understand change and growth. We want to look for longitudinal designs that help us account for the effects of time and interventions.

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Thinking About Counselling and CYC Practice

Jack Phelan

I have struggled for many years with the use of office-based counselling psychology approaches as a basic platform for teaching and understanding CYC practice. So, I will explore some of my misgivings about this professionally poor fit in this month's column. I am very aware that this is a contentious issue and I expect to hear some upset responses.

There are three areas that I will discuss today that expose the differences and demonstrate how each approach is in conflict with the underlying assumptions and practice methodology of the other. These areas are the place, the theoretical focus and the relational assumptions of each professional practice.

The first area is where the profession is practiced. Office-based interactions occur in a "neutral space", a place that is safe and separate from the client's lived experience. The counsellor and client have a confidential, artificial environment that is completely focussed on the client and the client's awareness of reality. It allows the counsellor to create a therapeutic relationship built on a position of "unconditional positive regard" for the client because he is not a part of the realities in the client's life. Things that occur and words that are spoken in the neutral space are not taken out of the office by the counsellor, since confidentiality is a primary dynamic. It is a mutually safe space, because the counsellor is also

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protected by the environment since disruptive or aggressive behavior is not permitted.

CYC practice is a life-space based profession, things occur in a "natural space" where life events are not so easily controlled. Rather than creating a safe, artificial space, the practitioner must create safety inside a much more dynamic environment, where disruptive and aggressive behavior can occur randomly. There is little room for a practitioner to detach and build unconditional attitudes about the person he is supporting, so the safety created in an office is not possible. External control, based on safety, often must be established by the practitioner, which fundamentally shifts the power issues in the relationship. The life space environment has many advantages over an office, since it is more comfortable and realistic for the person being helped, but it requires a more complex therapeutic presence by the practitioner. When a skillful CYC practitioner is given the choice, he would always prefer working in the life-space rather than an office.

The second area is the focus of therapeutic efforts and the theoretical assumptions used by each approach. Counselling psychology aims to affect the way people think and thus repair how they feel. The process created in the office is to talk about issues and reflect on behavior and attitudes in a focussed, guided discourse, whereby the client is directed to re-examine beliefs, feelings and attitudes that may need to change. The procedure is a very cognitive, reflective methodology, relying on words and a willingness to think about experiences and beliefs that have been problematic or troubling. Skillful use of probing questions, open-ended discussion, and empathic listening with feedback are the professional tasks. There is a basic assumption in this approach, which is that people are capable of thinking about and mentally processing their lived experiences and beliefs. Some recent neuroscience is suggesting that this may not be a

useful approach for many people who have experienced abuse, neglect and trauma.

The approach fundamental in life-space CYC practice is to create experiential events that speak to the physical senses of people before trying to influence thinking. The CYC practitioner has been described as an "experience arranger" whose focus is to build cognitive dissonance by creating physical messages that build sensations that challenge beliefs and attitudes. CYC practitioners know that abused and neglected people have a limited ability to think about safe connections with others, combined with an inability to be hopeful and caring for others because the brains of abused and neglected children have not developed the neural pathways to create these ideas. Neuroscientists have demonstrated a lack of neural pathways in the brains of abused and neglected people that permit them to think about trusting closeness and connection, which validates the use of experiential CYC approaches. The intention of these experiential efforts is to create moments of connection, discovery and empowerment in everyday events within the life-space. CYC practice speaks to the heart, rather than the mind of the people we support. Counselling strategies, when they occur at all, are very short and connected to immediate experience, rather than reflections on past events. Strategies built through cognitive, verbal messages are usually falling on deaf ears.

The third area, and probably the most vital, is relational practice. The therapeutic relationship created in a counselling office is limited to that space and time. When a therapist meets one of his clients in public, they each pretend to not know the other person, since the relationship is not only confidential, but artificial. The movie comedy *What About Bob*, demonstrates the reality of this relational limitation, especially for the therapist. Labelling the person "client" is a de facto description of the

relational dynamic. Many of the rules of office therapy put clear restrictions on the interactions that are advisable (such as not accepting gifts, etc.) and the power relationship of expertise is a barrier to connection.

CYC practice uses relationship building and connecting strategies to develop the other awareness and social logic of ego-centric people. The natural resistance of people with low attachment ability requires sophisticated strategies to build connection and closeness where suspicion and fear of closeness has been a lifelong pattern. Sharing life space experiences and creating caring interactions can only be effective when boundary dynamics are flexible and respectfully intimate. Relational practice should not be attempted by inexperienced staff, but skilled, mature CYC practitioners intentionally develop connections and closeness that enables them to be influential in the lives of people who have resisted being vulnerable and open. This is done by creating sensations that are felt, not cognitively absorbed, and involve sharing, being generous and open to the experiences of the other and obviously caring in physically demonstrable ways.

Can a counselling psychologist, working in an office, do CYC practice? I do not think it is feasible, and CYC trained people can work in offices if they take on the framework of therapy, which is different than CYC theory. So, I believe that these two approaches are fundamentally separate and training CYC students to be "counsellors" is misguided.

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Children's Treatment for Mental Health Issues

A conversation with Okpara Rice and Gabe Howard

This article is an edited version of a computer-generated transcript from the Psych Central *Podcast. Listen to the podcast at https://psychcentral.com/blog/podcast-childrens-treatment-for-mental-health-issues.*

Gabe Howard: We're really glad to discuss children and mental health. Nobody wants to talk about children. I mean, people just aren't talking about mental illness at all and children are vulnerable. So, I really appreciate all you do and being willing to have this discussion. The first question that I want to ask you is what is Tanager Place?

Okpara Rice: Well, we're in east central Iowa, and we're a behavioral health organization, and we see about five thousand kids a year. We have a large outpatient mental health clinic, inpatient services, in-home services. We also do a great deal of training on trauma and resilience. We host a symposium every year. And really, you know, our mission is to inspire, empower and heal. That's really the three things that we are trying to do with kids in our state. The other thing, though, that I'm really involved in a lot of advocacy, both on the state level, the national level. I'm also involved in some international work as well. And so this discussion around children's mental health and what is proper mental health for children has been something that I've been working with really since the last few years. I

think it's a conversation that has finally started to kind of hit the national media. I think people are starting to pay a little bit more attention. I think even when you look at what's happening right now at the border and what's happening with those kids. People are talking about the trauma. I've talked to CNN some. I was talking about the trauma that they're facing. And I said, oh, OK, we're finally starting to get it all over the country. So, it is a good conversation to have. And because really, it's about where we're going to put resources for the future. So, it's not cliché when we say that children are our future, that is literally the truth. But it's a hard thing to do.

Gabe Howard: One of the things that I think that's interesting is you're saying that trauma is part of mental health and its bad mental health. A lot of people, when they think of mental health and, you know, unfortunately we use that word wrong all the time. You know, he has mental health. Everybody has mental health. They're really speaking of mental illness. But when we're speaking of negative mental health, you see the trauma scale is being very valuable. Can you explain that a little bit? Because so many people don't see trauma as mental illness or mental health at all.

Okpara Rice: Yes, because I think that's what we're trying to do, I think what has happened in movies and other things, I think people have had the vision of what is someone who is mentally ill and then what is somebody who is struggling with their mental health. What is somebody who is in a struggle with mental health challenges and what we have learned and what we really know is that all of us at some point have had some type of mental health challenge. Right. And some of us have had different resilience factors and different interventions that helped us over those humps. And I think that we are starting to know more and really speak to. And I think that people are like, oh, yeah, you know, I think I'm

gonna go get some help. Or maybe a child is looking a little bit sadder than I remember. They're not talking as much. Maybe we should get some consultation. I think that what we've known the discussion around trauma and ACES, the Adverse Childhood Experiences Survey that Kaiser Permanente had done, had really kind of pushed across the nation. And people start to think, how many? What were those things that kids have been exposed to that could affect their physical outcomes later in life? And that's where the discussion has changed over the last few years. People are making the connection of these traumatic events. And they don't have to be that you witnessed a shooting. There could be things like people hollering in your house or bullying situations that happen at school or divorce. It could be a multitude of things that are traumatic to a child. So, there is no one major traumatic event. It could be small little things that adds up that erode the child's sense of self over the years. And so, what are those things that help the child to try and build themselves back up? What are those things that helps the child feel strong? What are those supports that the community has to foster those resilience factors in children? That's what we're talking more about. That's the part that's exciting. We kind of know what really deteriorates a child's resilience factors, but we have to invest in the things that actually help build those resilience factors.

Gabe Howard: And when it comes to children, they're vulnerable for a couple of reasons. One, they're children, but two, they're completely dependent on the adults who are around them. For example, if I feel that I am in harm's way as an adult, I am empowered to do something about it. But children don't have that. They're stuck with whomever their parents are. And that can be a positive. But it could also be very negative.

Okpara Rice: Absolutely, I mean, but when you think about it, all children have to go to school. Right. So we know and we as a country know where our kids are going to be mainly especially doing the school month. We have to build on support there. Parents are doing the best job they can. Some parents are better than other parents, right. Depending on how you look at what parenting is. Some days, I have two sons, I feel like I'm a really good parent and sometimes I feel like, boy, I'm really struggling to handle that situation well. Parents are also a tremendous amount of pressure. And I think when we look at the complex issues of our society, all those things factor in. However, parents still need backup. We need to make sure that our school systems are also trauma informed, resilience, focused solutions focus to help kids who may be struggling. And what we find is that more and more resources have been pulled out of schools for mental health and for positive mental health than has been a year in years past. Because everybody is trying to do the best they can with the budgets they have. We also need to make sure there are enough community support. I grew up in Chicago and I remember I spent my summers basically almost unsupervised on the streets of Chicago running with my friends. There were no community centers. There were no real organized activities in my neighborhood. And so how can we invest in our community? Especially our communities that are more at risk? And we know that there are higher traumatic events and lower socio-economic status to make sure that those kids are still getting positive influences, that we're still intervening in a positive way, preventing kids from having further mental health crises later on in life and also strengthening their resilience. There are a lot of things that we have to do as a community, and it's not, and again, I don't mean to be cliché, but we have to look at it as a whole village that we have to care about what's happened with all kids, regardless of who lives in my

neighborhood or who doesn't live in my neighborhood. These are things that we need to have.

Gabe Howard: It's an interesting concept that you raise, Okpara, that there are things that we can do to give kids a better chance and improve their mental health. That children won't even see as preventative medicine for it, for lack of a better word. You take a child to a doctor, you give them a physical or you give them vaccines, that the child knows that it's preventative medicine. But having structured activities, having supervision, getting them involved in sports, theater, music or things like this, it improves their mental health. And I would say that the average child is completely unaware that this is improving their mental health.

Okpara Rice: Absolutely. They're building blocks of life. Is that this is what we know kids need and that kids know it's that holistic view of a child. And we also have to you said it. We have to care as much about the mental health as we do their physical health. That is as crucial. I said something controversial at a meeting maybe a year ago right after the Parkland shooting and that tragedy of that young man and all those children that died. This was also a child who committed this act, because this was a young man who had gone through therapy and had been in therapy. And so, therapy is not a magic bullet. Medication is not a magic bullet. And sometimes I think what gets portrayed is that these things are like so magical. Know what the journey is, the journey that we need to start as early as possible for children and to make sure we're intervening as early as we possibly can and hopefully preventing tragedies like that. But there are many, many children who struggle with mental health issues who never become violent. There are many people who have struggled with mental health issues as children who've grown up to be very successful adults.

What you find is those things that help center, you find those things to help you recover when you have crises, you find those supportive adults, supportive community around you that helps you when you have some of those low points. The use of psychopharmacology has also been something that we have gotten much better at knowing. But the types of medications that might help a child and when children shouldn't be on medication as a field, we have gotten much more sophisticated. We tend not to focus on the positive things that are happening to the many, many programs around the country that are doing positive things. That for whatever reason, the things that always hit the paper are things we always hear the most about other negative things that are happening. That's something that I think is really, really unfortunate. And we have got to have portrayals out there, people who are getting healthy. It's OK to have setbacks. It's OK to have challenges. We all have that. And that's the part we have to realize. None of us have gone through life without having some type of mental health challenge or issues of low self-esteem or issues of depression or issues of self-doubt or doubt about the world. These are things that we just have to come to acknowledge. And I think that helps reduce the stigma and a lot of ways, because you know what? It can be any one of us. I mean, each of us are such different, unique creatures. We all have different resilience factors. We all have different lives that we live. And then that journey has taught us how to deal with different stresses. And so I am very much 'glass half full' about this because I think that there are so many amazing people out there trying to do work with kids that it that it does my heart well. And I know at Tanager Place, that's one of things that we do. And I get to do that work every day.

Gabe Howard: Let's talk about some controversy for a moment, because something that you said there is we need everything. We need

psychopharmacology, which is, you know, medication and we need therapy and we need community supports. And we need we need lots of things. Like you use the cliché, which is one that I really like, is that it really does take a village. But like you said, the controversies are what hits the news. And one of the big ones that people talk about all the time is, oh, you have a hyper child or a child who's hard to handle. Let's medicate them and make it easier on the parents. What do you have to say about that from your viewpoint as the CEO of Tanager Place, who works with a lot of children who are in crisis?

Okpara Rice: Yeah, I think that's a fallacy. I think that sometimes we think that a pill can solve everything. Psychopharmacology is just a part of treatment that usually is tied to therapy and other interventions. It's just a part of the treatment process. It is not meant for every child. It is not the most appropriate thing for every child. But there is a large segment of kids where it is. We are very lucky here. We have two psychiatrists, two psychiatric nurse practitioners, a psychologist. We have a great medical team here and I see them and the work they do every day. Parents are not coming in saying, hey, just give me some medication. My child needs to calm down. That is not what's happening. We don't do that type of work. We're not operating in isolation that way. You need to really, first of all, understand the diagnosis of that child, what's happening with them in school and at the home and their social interactions. And then you're making a treatment plan. Psychopharmacology may be part of that treatment plan or may not or may be for a small amount of time. The thing is that we are doing the right intervention at the right time and the right dosage. That's what the most critical thing and medical providers that help. But we do it in very interdisciplinary team environment. So, you have the psychiatrist, you have the therapist, you have the caseworker all talking

with the parents. This is in lockstep with the parent. I think that sometimes in society we think, oh, yeah, there's a pill for that, that will be, that's fine. That's not really reality. And most medical providers are not trying to do that either. In all fairness to the psychiatrists I've known around the country and people I've talked to, people take that very seriously, because what we know is that some of these medications are very strong and there are long term studies around how they may impact children's physical health. Years down the road. So, people are very careful about what they prescribe.

Gabe Howard: It's interesting to hear your perspective on it, Okpara, because you say things like psychopharmacology, and interdisciplinary team, and wrap around services, and that's a very medical approach. And I think that is what's happening in the field. I think that is the average way that a child is prescribed medication and services, etc. But it doesn't quite have the emphasis of, "oh, we're just medicating annoying kids". And I think that's why that information kind of goes out there, because that's kind of a fascinating conversation. Like, hey, your child is a pain. Let's give him drugs. Like that has that hook.

Okpara Rice: Yeah. I don't want to give the impression that it's only a very medical model, I should say it is a much more holistic model. I mean, because what the other pieces that we do in this part of our conversation are how we look at kids as you're looking at all the social determinants of health that the Center for Disease Control put out. So, you understand housing, you understand employment, you understand all the societal factors that go into what happens in that household. What happens with those adults also then happens to that child? So, I'm speaking from a professional standpoint that using the big words or whatever. But the reality is, I'm also a dad of a 13-year-old and a 9-year-old. And when I think

about if my children are having challenges, what would I want them to have? And the fact that their dad is the CEO should not matter. We want kids who whose parents are not CEOs or whose parents are single parents. We have to be able to get the same quality of care and that same holistic view of that child. There is no shortcut to proper treatment. And that's what we have as a society. I think we're starting to get there. I am hopeful we are getting there now that we see that the wholeness of the child again. Medication is not a cure all. It's has to be part of a treatment continuum that involves therapy and that may involve physical health. There's a lot of other pieces that go along with it. But we have to look at the child holistically. Otherwise we're not really doing a service because children are not, they don't operate in isolation. If you're not looking at all those pieces, you're not going to be effective. And then no medication is going to be effective. We're not trying to have kids who are zoned out, you know, walking around the city. That's not productive. That's not healthy.

Gabe Howard: There's an interesting thing that you said there, where you said that the things that are happening to the adults in the household are happening to the children in the household. And I want to touch on that for a moment, because adults really have this idea that children are you know, they're bullet proof from the ways of the world. They don't have mortgages and jobs and children and all of these things. But I think if we all reflect back when mom and dad are stressed out about money that is felt and reverberated throughout the household and absolutely impacts the children. Now, it may impact them in a different way. And in fact, I think it's reasonable to say that it absolutely impacts children in a different way. Can you speak on that idea that, "oh, you're just a kid, don't worry about it" and how that needs to evolve because the kids are worried about it? But

because you told them not to worry about it. That means you're not a source of support.

Okpara Rice: Right. And I'll say a couple of things. You know, first of all, anybody who's been around any type of child knows children pick up on everything. There is nothing that seems to get past them, which is remarkable. But I must think of my own experience a little bit. You know, I grew up in a household. My father was a drug addict. My mom was very clinically depressed. And I know for a fact, when I look back on my wife, the effect that those two things had on me and what happened when you are wondering if you're going to have a home the next day? We were homeless for a little bit. You know what that's like? Or you don't know what's happened. What's your next meal? Or when your mom can't get out of bed for two days because she doesn't have the strength to do that. I know what those things did to me made me think about throughout my life. I mean, those are extreme in that I would hope nobody has ever had to experience that. I know there are children who experience that every single day. And that's the extreme. But there are small things, just the pressures of maintaining the household, the pressures around making sure there are gifts at Christmas time. That's one of the things that my role and all the roles I've had that's always so important to me, because guess what? As a parent, I know when it gets to Christmas time and how expensive toys are and people want to give their kids things. And that stress and that pressure of trying to make that happen. But do you pay this bill or do you go get this toy, right? You know, we try to make sure all our kids through our program get some Christmas gifts or families get some gifts. So that's one less thing that they have to worry about. But all those pressures, of course, filter down to the child. They can feel that tension. And again, each child responds to that tension in a different way. But we have to acknowledge that tension is

there. They're not oblivious. As a matter of fact, they're picking up on way more than you think. And sometimes it's good just to have a conversation with your child, if they're old enough to have a dialogue, to make them feel reassured that, "hey, things are OK, we're going to be fine". Things may be tight right now, but this is what we're doing. You know, you don't have to talk to them like an adult, but acknowledge that the tension is there. That's going to help them feel safer.

Gabe Howard: Let's move on to when everything goes wrong. The worst-case scenario, what people unfortunately think about more often than not when they think about mental illness and that's crisis. You said that at Tanager Place, you have inpatient and outpatient services and that's crisis treatment. Can you talk about that a little bit? How you take somebody from crisis to wellness?

Okpara Rice: It's a journey because each child is different and so our children in our impatient program, they're not able to be in their home for various reasons. We have kids who come us who have severe depression. We have kids who may just come out of a psychiatric hospitalization. And so that journey for them is going to look different, for each family is going to look a little bit different. You know, I don't look at it necessarily as crisis. I think that they may have had this episodic situation, but it's really about how do you help them avoid that situation? Go on into the future? How do you build their resilience so they don't do any self-harm or they don't think about suicidal ideation or contemplate not being on the planet? How do you help young people do that? And there is no easy way. I wish it was an easy fix, but it's not because each child responds to treatment in such different ways. And also, we really acknowledge that if you're not helping the family at the same time, a child may be an inpatient care, that you're

really not doing quality treatment. And that is something that has absolutely moved across the country. And I think people are much more family engaged and family driven because we get that child maybe with us for six months, eight months. They're going to go back to that home. They're going to go back to their home community. We not only build the resilience factors in that child, and if we don't do that in that family and in that community, then they're not going to be successful going back. I think that what we know, again, is moving away from that medical model to now much more of a systematic, holistic view of that family unit. That's what makes for good treatment. And it takes time. Unfortunately, we live in a managed care environment and insurance sometimes dictates certain things and each state is very different how that's done. And so not only you have to have a really quality patient program. We've got to get also really quality community-based support for that child to understand that there may be setbacks along the way. And that's part of the journey, right?

Gabe Howard: How do the families respond to this? Because I imagine that given our limited knowledge of mental health that exists in society, when they knock on your door, they probably believe that the issue is entirely with the child. And then you're saying, "no, no, no, there's things that you can do as well". Is there pushback on that?

Okpara Rice: Oh, sure. I mean, there's some but, really a lot of people when they come to our door, they just want help. They want help. The thought of a parent, any parent, losing their child is terrifying. And I'm not saying that everybody comes so open to that. It's not necessarily true. Each treatment program is different and treatment programs unique. Each family is unique. Some people are ready to engage in that change making process. Some people are ready to do some self-reflection. Some people

are not. It just really depends. And that's where there are other programs that people can find that fit what their family may need. But for the most part, I must admit, a lot of parents who are in crisis and who feel like it because they don't want to lose their child. And our job is to help give them hope that we're going to help be a part of this journey with you. It's humbling and scary. And so, again, you acknowledge that, you validate those feeling, but then you set a course of action. You set a plan together to help their child and to help their family again. If the family isn't healthy part of that is our encouraging people to be healthy, then it's not. Treatment is not going to be successful long term. And there are a lot of families who have themselves wound up in therapy, who seek additional things or who have had events in their past that have changed how they parent. So, if you're open and you're engaging with people, people come to you for help. And that's the most profound thing. Once that door is open on this and they help us help this family, there are a lot of things you can do. We just have to come with the right spirit or philosophy around this. It's not victim blaming. We don't have people say, "oh, it's your fault, your child is struggling" or "it's your fault your child has thought about committing suicide". That's not what you do. You look at what are those factors that led to that child thinking about that? What are those stressors in that child's life that has led them to think about that? What can we do? What are those supports you can build in? How can we build on supports for that parent as well, that even hearing that about your child is traumatic? So those are things that we do.

Gabe Howard: That's the final thing that I want to touch on, Okpara, so many people believe that mental illness only exists in children that have bad parents more often than not bad mothers or come from broken homes or there's just a lot of, like you said, victim blaming that the child

would be fine if it wasn't for their awful family. We know that that's not true.

Okpara Rice: Oh, absolutely. Let's just be straight. Children's mental health challenges cover every socio-economic spectrum. I don't care. We have kids who come who are seen in our outpatient clinic and our inpatient programs, whose families are extremely wealthy, whose families are extremely poor, whose families are middle class. We have to put that out. We have to just say that's just a myth. And you know what? Even families that are very, very poor, they want the best care for their child, too. That's the other myth that we have a society which is a whole different conversation too. Being poor doesn't mean you don't care about your kids. Everybody's trying to get the best care they can. They just have limited resources that they can turn to get that care. That's where wealth gives you that opportunity. But believe it, wealthy, poor, middle class, everybody has the same level of mental health struggles.

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White Supervision

Lisa Spencer

Abstract

Supervision provides Child and Youth Care Practitioners (CYCPs) with the time and space to reflect on their practices and evaluate their intentions (Garfat, Fulcher, & Freeman, 2016). This is especially important in settings that place white people in positions of power over people of colour (Gharabaghi, 2016). White privilege and universal norms are examined to better understand racism and alternative perspectives of self in relation to the other. Differences between individual merit and racial group belonging is also explored. Whiteness is contextualized within the supervisor-supervisee relationship with exploration of cultural competency, anti-oppressive practices, and relational safety within different racial dyads.

Keywords

Whiteness, Self, Supervision, Racism, Cultural Safety

Supervision is an important aspect of Child and Youth Care as it provides practitioners with the time and space to reflect on their thoughts and feelings. During supervision, Child and Youth Care Practitioners (CYCPs) can evaluate their intentions and question the interpretations of others in relation to their practice with young people (Gharabaghi, 2016). CYCPs tend to be more engaged in supervision models that parallel child and youth care work. Just as CYCPs develop relationships with young people, supervision that is relational in practice becomes more engaging for CYCPs (Garfat, Fulcher, & Freeman, 2016). To develop and

sustain relationships, supervisors and practitioners must be aware of the self in connection with others (Garfat & Charles, 2007). This is especially important in settings where gross inequities place white people in positions of power over people of colour (POC) (Gharabaghi, 2017), and where ignorance of racial factors may result in harmful supervision (Pieterse, 2018). As a CYCP who is white, I acknowledge my privileged views of race. This article examines my experience with whiteness and the self with further exploration of whiteness within the context of supervisor-supervisee relationships.

Personal Statement of Privilege

I am a white student in a Master's program. I spent the last few months reflecting on my whiteness as a result of racialized discussions in the classroom. I realized that these discussions caused discomfort, but I did not understand why I was not racist. I viewed racism as a deliberate act executed by overt racists, however I came to realize that racism exists because of structural inequities and systemic beliefs which often benefit white people like myself. I was comfortable and acquiescent because I never before had to confront my privilege. I was unfamiliar with how to address race from a privileged perspective and could not depend on racialized peers to educate me on the process. The more I thought of race, the more I fretted about saying something wrong. Instead of acting with intention, I was worried about acting at all. This was not sustainable and in retrospect, seems selfish and dramatic. I try to be cognizant of my words and actions and accept that my learning is evolving, that my discomfort signifies biases, and that respectful intentions and actions are improvements over ignorance and complacency. I continue to listen and reflect, as racial perspectives are new to me despite having always been present. I acknowledge the sensitivity of the subject matter with

recognition that I, as a white person, am centering myself in discussions of race. It is not my intention to imply a moral high-ground as I am part of the problem. I hope CYCPs can continue to discuss racism as a systemic issue that permeates individuals, organizations, practices, and policies.

Whiteness and Self

Canada is a white settler nation that favours British and French culture (Lee & Bhuyan, 2013). Whiteness remains the standard norm leaving racialized groups to constitute the 'multicultural' other (Lee & Bhuyan, 2013). Whiteness is invisible yet universal, as white people have the luxury to live objectively outside the context of race while simultaneously valuing individual differences (DiAngelo, 2011; Grimes, 2002). Whiteness as a universal norm creates an insulated view of the self and the surrounding environment that counters and denigrates the experiential racism of POC (DiAngelo, 2011).

White people can be reluctant to accept racism unless presented as an individualistic problem that separates the good white people from the blatant racists – bad white people (DiAngelo, 2011). Upon acceptance of racism, white people may be overcome with guilt which perpetuates the insulated view of self as opposed to increasing empathy for the other (DiAngelo, 2011; Paone, Malott, Barr, 2015). Whiteness exists at every turn with validating representations in media, business, and academia, thus stroking fragile egos and creating a sense of belonging (DiAngelo, 2011). When the subject of diversity arises, white people feel threatened because increasing opportunities for POC means decreasing privileges for white people (Grimes, 2002). As a result, there is a risk of diversity becoming disingenuous and POC being invited into, and silenced from, participation in white spaces (Grimes, 2002).

Garfat and Charles (2007) postulate that connecting and engaging with others creates a variety of perspectives to inform the self and help navigate the world. When considering whiteness, the reluctance to accept experiential racism as an alternate truth, impedes personal growth and prevents the self and other from co-creating the space between them (Garfat, 2008). The meaning of self is contextualized by cultural experiences (Garfat & Charles, 2007) and yet without examining whiteness as a culture in and of itself, white CYCPs have no discernable self with which to engage the other (DiAngelo, 2011; Paone, Malott, & Barr, 2015). CYCPs rely on self-awareness to inform practices. CYCPs must be mindful of real experiences to refrain from projecting their own views onto others and misinterpreting the communication event (Garfat & Charles 2007). When operating under misguided interpretations, the interplay between the self and other becomes muddled. When whiteness is threatened the therapeutic lens interprets actions as offensive, thus potentially preventing white CYCPs from understanding different perspectives (DiAngelo, 2011) and potentially causing harm by perpetuating whiteness as the universal norm (Lee & Bhuyan, 2013; Pieterse, 2018).

The Supervisor-Supervisee Relationship

Effective CYCPs are passionate about their work and care deeply about the relationships they build with practitioners and young people. They practice self-reflection, act with intentions, and remain flexible (Garfat, Fulcher & Freeman, 2016). For supervision to be effective in facilitating personal and professional growth, supervisors need to provide the same level of care through thoughtful supervision that validates CYCPs efforts and their sense of self (Charles & Garfat, 2016). CYCPs as supervisees bring subjective realities that mirror their self-worth, traumatic histories, and past experiences with supervision (Charles & Garfat, 2016).

White Supervisors-Racialized CYCPs

White supervisors hold positions of power in both professional titles and universal norms. This requires increased awareness of whiteness as well as empathy and understanding of racial trauma (Pieterse, 2018). Where white people experience individualism outside of race, POC have racialized groups of belonging (DiAngelo, 2011; Grimes, 2002; Pieterse, 2018). As such, POC experience intergenerational trauma as a group, compounded by personal experiences with microaggressions and racialized stressors (Pieterse, 2018). Racialized CYCPs may experience racial trauma through personal or shared experiences as members of a racialized group.

There are no explicit instructions for how supervisors should navigate between organizational regulations and personal empowerment whilst remaining cognizant of racial factors (Lee & Bhuyan, 2013). A typical understanding of 'cultural competency' de-emphasizes factors of intersectionality and structural forms of oppression, while anti-oppressive practice lacks guidance for personal interactions (Lee & Bhuyan, 2013). As supervisees, racialized CYCPs may choose to focus on professional issues independent of racial concerns. From this perspective, the relationship between supervisor and supervisee is imperative, as it helps to distinguish between the absence of racial concerns and the absence of personal safety to reveal racial concerns (Garfat, 2015; Pieterse, 2018). White supervisors who refrain from acknowledging power dynamics and racial factors create feelings of uncertainty or lack of safety in supervision—even if they are simply following the supervisee's lead to open the discussion (Garfat, 2015; Pieterse, 2018). It is important for supervisors to be deliberate and intentional by addressing whiteness and co-creating the space between white supervisor and racialized CYCP (Garfat, 2008; Pieterse, 2018). When supervisors initiate discussions surrounding whiteness and race, they reveal themselves to be vulnerable, thus taking a risk for the sake of

furthering the relationship with the supervisee (Garfat, 2016). From within the relationship the supervisor can listen, without interrupting or negating the thoughts and feelings of the CYCP.

Supervisors should recognize experiential racism as valid and acknowledge the systemic contributions as a means to mitigate any internalizations of shame, guilt, or anger arising from racial trauma (Pieterse, 2018). Supervisors should also be mindful of the question's context. If the merits of the race or culture are questioned in relation to white norms, there are implications of wrongdoing as opposed to mere differences (Lee & Bhuyan, 2013). If the CYCP shifts to a new topic of conversation, the supervisor may want to reflect on the antecedent to explore potential missteps in re-centering whiteness as the perceived norm (Lee & Bhuyan, 2013).

White Supervisors-White CYCPs

Discussions surrounding race and whiteness are still important when both the supervisor and supervisee are white. Once again, whiteness is a societal norm that is rarely examined as a racialized culture (DiAngelo, 2011) which prevents white people from understanding the self in relation to the other.

White CYCPs are obligated to examine their whiteness in order to understand different perspectives and interpretations of power with POC (Gharabaghi, 2016). CYCPs who work with racialized youth, show greater levels of cultural competency when engaging with POC in racial discussions (Paone, Malott, & Barr, 2015). However, interactions with white people and POC are not guaranteed to foster alternate perspective-taking without intentions to facilitate deliberate discussions (Paone, Malott, & Barr, 2015).

In absence of racial discussions, white CYCPs may refrain from examining their own whiteness and project their personal views onto racialized youth, thus substantiating racial stereotypes and oppressive practices (Paone, Malott, & Barr, 2015). For example, white CYCPs may adopt a figurative 'anti-racist hero', in which white people are the fixers for seemingly poor POC by way of unilateral changes (Grimes, 2002) to achieve universal 'white' norms (Lee & Bhuyan, 2013). Feelings of guilt resulting from racial discussions are acceptable and realistic reactions to examining whiteness (Paone, Malott, & Barr, 2015). However, it is important that supervisors work with white CYCPs to turn guilt into actions for change (Paone, Malott, & Barr, 2015). Dwelling on stages of guilt, prevents the white CYCP from looking past the self and developing empathy for the other (DiAngelo, 2011; Paone, Malott, & Barr, 2015).

Racialized Supervisors-White CYCPs

Racialized supervisors are not impermeable to the effects of whiteness, regardless of their position of power. White supervisors are evaluated by their knowledge and skills, whereas racialized supervisors are evaluated based on belonging within a racial group. This means they have to work twice as hard in order to be recognized for their merit (Paone, Malott, & Barr, 2015). When topics surrounding race are initiated by racialized supervisors, white CYCPs may de-value the importance of addressing whiteness and may dismiss concerns of racial stressors as inconsequential (Paone, Malott, & Barr, 2015). Racialized supervisors may feel isolated or improperly supported due to their white CYCPs' underlying fears of race or doubts of alternative realities and competencies (Paone, Malott, & Barr, 2015).

It is worth mentioning that positions of power, such as a supervisor role, are predominantly held by white people (Gharabaghi, 2017). For supervision

to parallel practice and best serve the needs of young people experiencing oppression, there needs to be more recognition of racialized professionals, which cannot occur without challenging the status quo and examining whiteness (DiAngelo, 2011; Grimes, 2002).

Conclusion

CYCPs benefit from supervision as a means to facilitate reflection and evaluation of the self in relation to the other (Garfat, Fulcher, & Freeman, 2016). This model of supervision parallels practice with young people and helps CYCPs to align their actions with their intentions (Garfat & Charles, 2007; Gharabaghi, 2016). Without reflective practice, white people in positions of power reinforce the gross inequities and oppressive practices that exist within CYC settings (Gharabaghi, 2017; Pieterse, 2018). It is important that CYCPs continue to examine whiteness as a cultural perspective and its impact within the context of supervisor-supervisee relationships.

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E-learning for Young People in Care

Nadeem Saqlain

Many have claimed that the education of children in care is disrupted due to the various challenges they encounter. At the same time, the available literature on the plight of children and young people in care is relatively scarce and few studies have focused on how to improve educational outcomes of children and young people in the care settings. Often an overlooked resource, online learning can help support the education of children and young people in care.

The number of children and youth in care settings has been increasing. For example, in Canada, around 85,000 children and youth were under the protection of child and family services in 2012 (Ferguson & Wolkow, 2012). Children and youth in care settings face many problems (Cheung, Lwin, & Jenkins, 2012) yet the focus of most research is centered on the emotional and behavioural problems (Trout, Hagaman, Casey, Reid & Epstein, 2008). Some researchers provide a set of issues that children and young people face. For instance, Gharabaghi (2011) notes some issues children and youth in care settings face such as imprisonment, running away, mental health concerns, frequent use of alcohol, and expulsion from school. Others describe that young people in care have the highest rates of disciplinary referrals, suspensions, absenteeism and low graduation rate (Cook, 1994; Eckenrode, Laird, & Doris, 1993; Scherr, 2007). A few mention they have lowest attendance, achievement and lowest completion rates (Alberta

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Education, 2009). Based on my personal experience of working with children and young people, they encounter other issues as well, such as past trauma, family separation, fear of bullying, and physical issues. As a result, they are one of the most educationally disadvantaged groups (Dill, Flynn, Hollingshead, & Fernandes, 2012; Ferguson & Wolkow, 2012).

With so much technology use in our daily lives, it is important to explore some avenues that may be helpful for child and youth care (CYC) practitioners to support children and youth in care settings. I have noticed that most children, young people, and CYC practitioners are actively engaged with some sort of technology including cell phones, video games, whatsapp, facebook, twitter, skype, texting, emailing and report writing through computers. Boettcher & Conrad (2016) clearly remind us how we are using digital technologies in our everyday lives:

> *Data on popular technologies is mind boggling: On average, 300 hours of videos are uploaded to YouTube every minute. Over 1 billion people login to Facebook each day. An estimated 73 percent of the world population is now connected by cell phone. The world is already online. For the most part, however, education is late to rethinking where students already in this larger picture.* (p. xvii)

We have been experiencing traditional schooling for a long time. Adult distance education is also not a new phenomenon. However, in the last two decades, a new form of learning at the K-12 level has emerged. K-12 e-learning is delivered through internet and digital technologies in which the teacher and students are separated by time and space. In the literature a number of terms are often used interchangeably with K-12 e-learning. These include virtual schooling, virtual learning, e-learning, cyber learning,

online distance education, electronic learning, and web-based learning (Carnevale, 2001; Saba, 2005). E-learning is a form of learning which is different from traditional learning. The objective of K-12 e-learning is to ensure that all students including traditional and non-traditional have access to a world-class education (Roblyer, & Davis, 2008). In this way, e-learning is reaching out to a diverse population of learners (Bartley & Golek, 2004). The available literature on K-12 e-learning suggests that it has the ability to access to quality education through highly qualified teachers. According to Watson and Gemin (2008), one of the main advantages of e-learning is to meet the individual students' needs. It provides personalized learning opportunities via internet and digital technologies to individuals when they need it most. Proponents of K-12 e-learning argue that it has potential to serve a wide range of learners including non-traditional learners, home schooled students, and learners with medical issues (Rice, 2006). Many of the advocates claim that online distance education has the potential to offer individualized instructions to create collaborative skills which are highly important in the 21st century (de la Varre, Keane, & Irvin, 2010). Some of them assert that it has many advantages, including opportunities for learners to work at their own pace (Berge & Clark, 2005).

Various definitions of e-learning have been described by the researchers. However, the most comprehensive definition of online learning was presented by Watson, Murin, Vashaw, Gemin, and Rapp (2013):

> *Online learning is teacher-led education that takes place over the Internet, with the teacher and student separated geographically, using a web-based educational delivery system that includes software to provide a structured learning environment. It may be synchronous (communication in which participants interact in real time,*

> *such as online video) or asynchronous (communication separated by time, such as email or online discussion forums). It may be accessed from multiple settings (in school and/or out of school buildings).* (p. 8)

In that case, it is clear that the learner and the teacher are physically in separate places. The learning also takes place via the Internet and computer technology. Recently, I have completed a research study with a K-12 e-learning program, Center for Distance Learning and Innovation (CDLI) in one of the Canadian provinces. Many of the findings can be helpful in the CYC profession to support educational goals with children and youth in care settings. CDLI offers approximately 42 online courses to high school students. All the courses are delivered synchronously and asynchronously and are available in recorded formats as well. Students have easy access to recorded classes. In terms of special circumstances students, CDLI has a full-time guidance counsellor who processes referrals, interviews the students, and explains to them everything about learning process. All the material is supplied by the CDLI which includes computers, headphones, printers, and textbooks. Additionally, CDLI runs a free online tutoring program across the province. Any student can register in this program and all the tutors are university students.

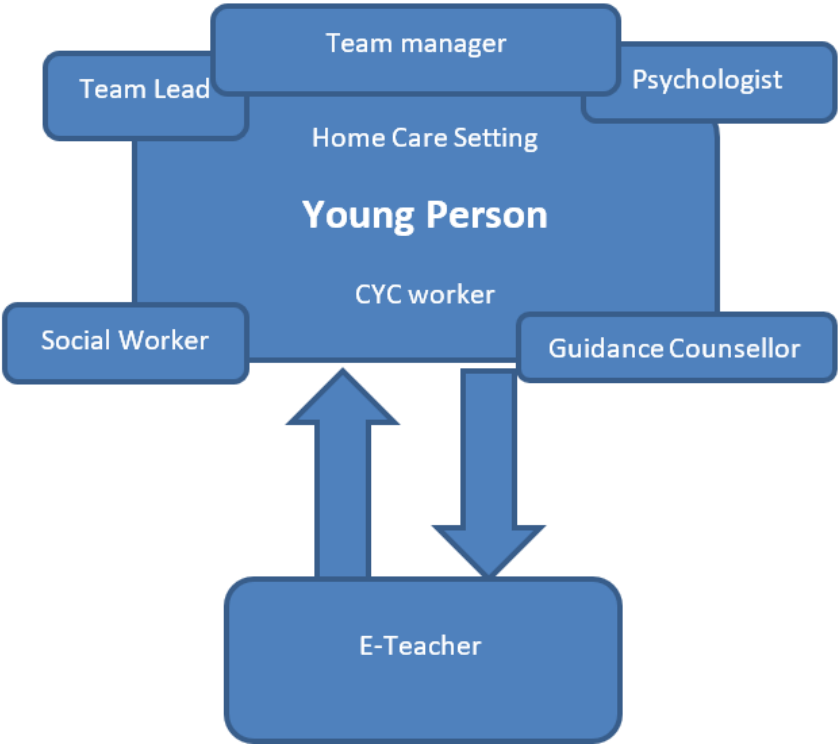
As young people have limited access to traditional schooling because of the numerous issues, this model of e-learning may be utilised to support them in care settings. Young people may complete online programs for credits. In all the K-12 e-learning programs, the content is delivered through e-teachers. The e-teacher performs multiple roles including an advisor, a content facilitator, an assessor, a technologist, and a resource provider. Of course, there are some challenges with K-12 e-learning. Barbour and Mulcahy (2004) stated that e-learning might not be suitable

for all learners and some would find the independence and self-direction required difficult. In other words, adolescents need a specific set of attributes and skills to be successful in an online learning environment. In order to be successful in online learning, students need to be (a) highly motivated, (b) self-directed, (c) self-disciplined, (d) independent, and (e) conversant with technology (Haughey & Muirhead, 1999). At the school level, there are on site facilitators who help online learners. I expect the responsibilities of CYC providers will increase to support young people if they register in online courses.

The young people in care will need a lot of onsite support. Therefore, CYC workers need to know basic technology skills such as trouble shooting, how to log in, and how to connect with the internet. Since many, if not all, young people in care settings stay at home, e-learning can be utilised to teach them at home. The young people will log in at their own convenience. The e-teachers will deliver the class synchronously or asynchronously. The CYC workers will support the young people at the site. Recorded lectures or videos can be used to teach and reteach the concepts. In this model, the training of CYC workers is very important. In addition to the support from CYC workers and e-teachers, the young people will have another layer of support, the one they normally have, such as a social worker, a psychologist, a team lead at the unit, a team manager at the unit and a guidance counsellor. At the initial stage, this model may be used as a pilot with one online course with some selected adolescents in care. After understanding the challenges and success, the project may be used at large scale with other young people in care. Many free foundational courses in different fields are available through massive open online courses websites such as www.coursera.org, www.udacity.com, and www.edx.org. CYC practitioners can help young people choose a course according to their own interest which they can then complete and learn at

their own pace. After successful completion, many institutes provide a certificate of completion.

In a time where young people have so much access to technology, online learning can help support the education of children and young people in care. It is often an overlooked resource and has much potential.



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On Praising Inclusion in Childhood Settings

Stephanie Côté

This article critically reflects on a Child and Youth Worker's praise to a child for playing with an autistic peer, and explains the damage that praising the inclusion of disabled people has on both neuro-typical and neuro-divergent children. Readers are encouraged to reflect on the importance of our language, especially with the young minds that we encounter in our everyday practice.

Keywords
disabilities, autism, childhood, inclusion, neurodivergence, inspiration porn

"How sweet of you to play with Yusuf, Emily!"

If Yusuf had been neuro-typical, such a comment, one that I have heard on numerous occasions working in a preschool class, never would have been made. At that age, children tend to be long past parallel play and well into the era of social play. According to most classroom norms, children are expected to be kind to their classmates and to include one another in play. So why do we, as Child and Youth Care (CYC) practitioners, teachers, or parents, say statements such as this, or otherwise express how proud we are of Emily and how wonderful we think she is for including an autistic peer?

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Working with Yusuf, my job was to target specific behaviours to increase or to reduce, in order for him to adjust to his classroom. In line with reductionism, I focused on specific skills using Applied Behaviour Analysis (ABA). Using my knowledge of childhood development, I broke down the definition of what a human being is at 5 years-old into numerous skill categories for Yusuf to work on. For example, play and leisure, intraverbals (i.e. answering a question), fine/gross motor, and group instruction. Consequently, when Emily and Yusuf play together, I am predominantly thinking about his social skills. To develop these skills, Yusuf has been playing with me, but these need to be generalized to playing with his peers if they are to be useful.

Some would say that our practice is wired in functionalism, as observed by how we tend to give meaning to each life event in a young person's life. I wanted to search for the best 'fix' to a child, youth, or families' problematic behaviours, and so Emily playing with Yusuf serves that function of Yusuf generalizing his social abilities. He gets to practice the skills he has been developing during our one-on-one time, with a peer. I automatically become grateful that a neuro-typical child such as Emily would play with a neuro-divergent child such as Yusuf, since it creates opportunity for practicing social abilities that are challenging for Yusuf to develop due to his autism. And so, all of a sudden, the friendship becomes only about Emily, and, instead of just a friend, she becomes a helper. A helper that helps the autistic child develop social skills comparable to his peers – a focus of our field when working with neuro-diverse children in school settings. We try to get these children to act as any other their age. This pertains to our dualistic views, in which we envision a division, a gap, between Yusuf and his classmates. My job is to close that gap, and Emily is now my helper in doing so. I find my colleagues and I praising Emily for her help.

Often, the adults making these comments are neuro-typical, as is Emily. CYCs use the self as the tool that defines our practice. Our ethical, moral self sets the modern standards as to how a child (Yusuf) should be behaving (playing) at his age, based on our own view of *what* a child is. From a critical lens, not only are we objectifying Yusuf by making him the "Other" (i.e. the non-typical child), we are objectifying all children. This objectification helps me select the skills to work on with Yusuf. I want to "help" him fit into the definition of what a human being of 5 years of age consists of. The definition itself comes from aspects that I borrowed from academic articles, the media, and from social stereotypes. I am, myself, an object in this process, a vessel in fact, who is operationalizing what a young person is at different stages of his life.

This "Othering" serves the ones whose privilege built our society. My privilege as an abled-bodied neuro-typical individual is what got me to where I am today, engaged in Masters-level studies following the decision to quit three jobs in my province and refusing incoming job offers. My brother, on the other hand, was unable to read important cues in job interviews throughout his teenage years and did hours of unpaid work in a kitchen under the false premise of a job. Rather, he received his first job at the age of 21 with the aid of the only program in the area that would serve him. This program was solely for people with disabilities who were no longer enrolled in school and who wished to work full-time. He now works in a factory at minimum wage doing packaging, despite holding a college certificate in pre-animation, and genuinely does not believe that he can attain anything higher. "How sweet of you to play with Yusuf, Emily!" is telling Yusuf, and Emily, that Yusuf does not fit in our society the way that Emily or I do.

In addition, as soon as we (I, any of my colleagues, or a parent) provide praise dependent on the fact that Yusuf has autism, Emily no longer sees

Yusuf as just another child. She does not receive this type of praise when she plays with a neuro-typical child from the classroom. Instead, she begins to view Yusuf as different, defined by his disability. The disability makes him less than human. This is in line with the medical model, in which disability is a negative aspect of a person, negating their full humanity. In fact, when considering both ontology and critical theory, the "Other" is especially negative, defined as separate from our definition of who we are as human beings. Emily becomes part of the dominator, the definition, while Yusuf becomes the dominated, the "Other." Thus, she becomes exceptional for including Yusuf, because only an exceptional person would want to do that with an "Other." I have the ability to use a critical disability lens: Yusuf is just like Emily, after all, and not less of a person because of his disability. However, society (including its perspective of what play is for 5-year-old children) was not built for him, but rather for neuro-typical people such as Emily or myself. Consequently, this results in the social construct that is Yusuf's disability, his neuro-diversity. Emily, on the other hand, is 5 years old. Such praise is teaching her that the friendship between her and Yusuf is all about her, and she is learning that Yusuf is the outward display of how sweet she is for playing with him (for another example, see Stumbo, n.d.).

If we were to instead let Emily and Yusuf play together without telling Emily what a heart of gold she has, then we would allow these children to develop their own views, in particular, that there is fluidity to what defines humans. With no experience suggesting to these children that they both fit in two separate categories (e.g. "How sweet of you to play with Yusuf, Emily!") perhaps it would be easier for them to grow up questioning such categories.

The next time that I have the urge to praise a child such as Emily regarding peer inclusion, I will aim to acknowledge this bias, step back and take a systematic look as I have explained above, and then simply let the

two friends be. As Deleuze said in a conversation with Foucault, practice is a cast of relays, from one theoretical point to another (Bouchard, 1977). I simply have to shift my perspective. What luck Emily has to play with Yusuf, who had to overcome an ensemble of barriers that he faces during social play, such as hypersensitivity and difficulty with perspective taking, in order to connect with her. This is a demonstration of how important their friendship is to him.

Such a situation as this one is increasingly becoming known in the disability community as "inspiration porn" or "inspo porn," according to Stella Young, a comedian and disability activist. You may have encountered inspiration porn as an image of a child with an artificial leg smiling as he apparently runs on a racetrack, with the caption "The only disability in life is a bad attitude" (Young, 2012). In her 2014 TEDxTalk, Young said she uses the word "porn" specifically because it objectifies one group for the benefit of another group of people. Basically, in inspo porn, people with disabilities are not people. They are objects to inspire those who are abled. Having a disability, as mentioned earlier, is negative. Thus, living with it must be inspiring, and we benefit from this inspiration. Emily is receiving what the internet is now calling "inspiration praise," an extension of inspiration porn. Examples of inspiration praise include stories such as the prom-posal to a girl with a disability, the athlete who let a disabled peer win, and the autistic students that were elected Homecoming King and Queen. Inspiration porn can even be attributed to the acknowledgement of parents and educators of disabled children for all of their work and sacrifices, without questioning what the disabled person brings into their relationship. Each of these actions elevates the neuro-typicals involved in these stories. They become able-bodied heroes.

If Yusuf was abled and neuro-typical, would it still be extraordinary for Emily to play with him? Would it be heroic for Emily to include another

neuro-typical child in play? No, it wouldn't be, and we need to stop praising children for including those who people believe are different. When we give such praise, we also give the message to the disabled child that when someone includes them it is out of the ordinary, and thus, they must be unlovable. Let us instead tell both friends how fascinating their game is, or at the very least, let the children be.

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Uplift the Children's Voice

Barrie Lodge

At the end of his keynote presentation at the National Association of Child Care Workers conference in Cape Town, South Africa, Lorenzo Davids threw us a parting shot. "You know the "starfish story?" He said, "It's a delusional social construct...while we pat ourselves on the back". In Child and Youth Care work, we all know the starfish story. The "saved that one" story. The saving children one at a time story.

Then I found this: "We must stop just pulling people out of the river. We need to go upstream and find out why they're falling in" (Desmond Tutu).

Our children and young people are growing up in a country of large-scale poverty, unemployment, crime, and violence. In all of this, they are the most vulnerable. In fact, we can say that among the oppressed, they are the most oppressed. That's why they are in our programmes where we pick up the washed up, help them and throw them back into the sea of despair, the valley of tears. Maybe better to cope with the tide, backwash and breakers. I've heard it called benign Child and Youth Care. I've heard it called docile Child and Youth Care.

If the state and the times in which we live seem overwhelming to us, imagine how it must be for the children and young people. I fear hopelessness and a cycle of social destruction.

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As Child and Youth Care workers we have to see ourselves very differently from other social service professions - and we are! It is time that we change our approach. And we must!

The question as always is, “So what must we do?” How do we approach what is experienced as the unapproachable in the best interests of the children and the young people today for tomorrow?

Minister Fraser-Moleketi, when she was moved from welfare to public service said she would make sure that every decision made from a local, provincial to national level will be in the best interests of children. We can't say that it happened. Adults it seems, are not always the best people to address the best interests of young people.

Let me share an experience.

I walked off the street into a Kindersentrum (Children's Centre) in Cologne in Germany just outside the old city. Coming up the stairs there were two large panels - obviously children's artwork. I was told it was the result of a children's group artwork project. The left side depicted the city as conceived by adults for adults. The right side showed the city as conceived by children for children. I wish our local, provincial and national decision makers could see this. The contrast. Wealth driven, high density overcrowding, crime ridden retail dominated centres characterized the adult view. All of this was redesigned by the children and young people in their view of a city to create space, play parks, green areas, water, easily accessible colourful stalls, schools painted as attractive places for children.

Their message was clear. Adult minds are drawn to design for wealth, power, possession with little to no thinking about children and young people. The children and young people are oppressed and silenced by minds dominated by many adult's values of personal gain above all else. Truth is Geraldine Fraser-Molokete's attempt to put the best interests of children and young people as central was doomed from the very start.

So again, as Child and Youth Care professionals, what do we do? We do put the children and young people at the very core. I think we must shift, from benign, docile, “saved that one”, to a Lorenzo Davids and Tutu way of thinking. I call it “going upstream". Then Gustavo Gutierrez says, “The poverty of the poor is not a call for generous relief, but a demand that we go and build a different social order”.

Going back to the Kindersentrum panels. Who better to give voice to a better social order than the ones who suffer most as a result of our present order? Who better than the ones who will inherit the social order for themselves now and their children? Who other that the young people themselves? The thing is they can do it. They have innovative solutions that we lost to the world long ago. Kiaras Gharabaghi, the keynote speaker at the most recent NACCW Conference in Durban will agree. He said, “Young people have innovative solutions to problems that adults do not have”.

The shift in the approach is for us first to empower, assist and support young people in our programmes to have an understanding of the social forces which brought them into the programme in the first place. The societal dynamics of oppression. Then to facilitate a dialogue with the oppressor in order that the politicians and decision makers hear the voice of young people and their struggles and the young people enter into the mind and strategies of the oppressor. I'm thinking that the areas upstream that young people need to be helped to understand in order better to understand their position are: banking, politics, education, big business, war and peace. As Child and Youth Care workers we are really good at facilitating dialogue and restorative justice. This is exactly what we need to empower children and young people to do in order that they contribute their voice into the development and growth of a better world for themselves and others, both for now and for a future. They need to contribute in the making of the shift from the left panel to the right panel.

What I am saying is not new. There are two Child and Youth Care movements of which I am aware. On is called Radical Child and Youth Care, the other, Restitutional Practice. In both it is the Child and Youth Care worker who connects its practice to connecting young people and children to the social and economic structures that affect them negatively, to grow their understanding of the mind of the oppressor, to let the leaders in those structures have access to the mind of the young people and children, to facilitate dialogue and to support a process of restorative justice.

I started with Lorenzo Davids. Let me finish with this quotation he posted on Facebook. It spells out much of Radical and Restitutional Child and Youth Care work. The author isn't cited and the bracketed addition is mine:

> *Peacemaking doesn't mean passivity. It is the act of interrupting injustice without mirroring injustice, the act of discerning evil without destroying the evildoer, the act of finding a third way that is neither fight nor flight, but the careful, arduous pursuit of reconciliation and justice. It is about a revolution of love [lead by children and young people] that is big enough to set both the oppressed and the oppressor free.*

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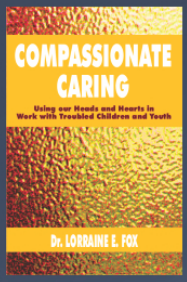

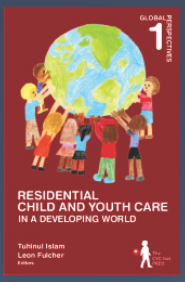

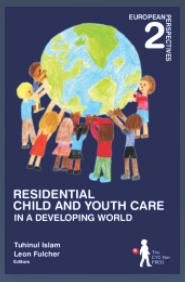

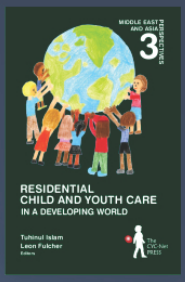

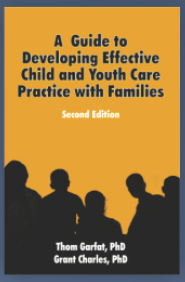

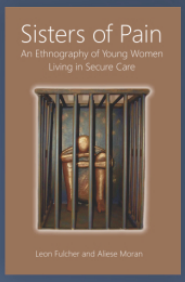

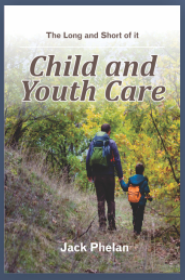

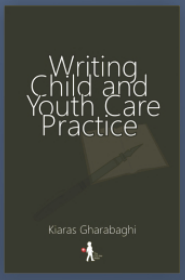

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Postcard from Leon Fulcher

Auckland, New Zealand

Kiia Ora Koutou te Whanau ki awhi Tamaraki e Rangatahi – Warm Greetings to the family of child and youth care practitioners! The Calendar Year is rapidly drawing to a close, meaning that Southern Hemisphere schools are about to close for Summer while in the North, snow and Christmas planning prevails.

During the past fortnight, New Zealand has seen the new Royal Commission of Inquiry into Historic Abuse in State Care begin formally taking oral

New Zealand Royal Commission of Inquiry into Historical Abuse in State Care

State Care in State and Church-operated Institutions for 50 years, from 1950 to 2000

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evidence. Late in 2017, the New Zealand Cabinet established an inquiry into abuse in state care and also that a Ministerial Working Group consider the potential scope and implementation of that Inquiry, led by the Minister for Children and of Internal Affairs supported by the Minister for Social Development.

The terms of the inquiry were announced in November 2018 then widened from covering abuse in state care to include abuse in faith-based institutions. Former Governor-General, the Rt Hon Sir Anand Satyanand was appointed as the Inquiry Chair. Details of the inquiry were formally established in early 2018 then 18 months later, Sir Satyanand announced his resignation from the inquiry when it became clear that the Inquiry would extend into 2023. He was replaced at the end of November by retired Judge Coral Shaw, a Commissioner for the Inquiry from the beginning.

Cases of abuse in New Zealand State Care have moved slowly through the Courts

For more than three decades, questions have been raised about the poor standards of institutional care with abuse survivors beginning to tell their stories about abusive upbringings in foster care, family group home care, and residential institutions. Maori children and young people have been highly over-represented in the state care system – with more than 60 percent of placements since the 1970s being Maori children. Maori and Iwi tribal bodies are now insisting that the

State back off with its bureaucracy and transfer funding to local community groups who actually know the communities in which they operate.

Sonja Cooper Legal has supported more than 1,000 young people through the Courts

For more the last two decades, Sonja Cooper Legal have been the most active solicitors supporting New Zealand abuse survivors, successfully representing some of the tragic examples of abusive practices in New Zealand foster care and family group homes. However, for the past decade, the Crown has virtually removed funding for abuse survivors to access legal representation in order to pursue their abuse claims through the Courts. The call for a Royal Commission of Inquiry has good legal support.

Controversial Decision taken to include Church-run care along with State-run care

With a change of Government in 2017, so it was that the Royal Commission

of Inquiry was established – similar to initiatives taken in Australia and Canada. The *Royal Commission will summarize the work of the earlier Confidential Listening and Assistance Service, the Confidential Forum for former In-Patients of Psychiatric Hospitals, as well as calls by survivors, human rights leaders and other bodies for a Royal Commission of Inquiry into Court-ordered care in state and faith-based institutions.*

Abuse survivors challenged the leadership given to the Royal Commission of Inquiry

The beginnings of this Royal Commission have been rocky. A former gang member was appointed to work with the Commission, and this was challenged. The partner of another member was publicised as a

State Institutions where abuse occurred have long been closed but memories remain

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registered paedophile who attended public meetings. Others questioned whether the Commissioners were competent to listen, to hear how the abuse has impacted on survivors' lives, and moreover, what would the Commissioners recommend be done about it?

Judge Coral Shaw takes over from Sir Anand Satyanand as Chair of the Royal Commission of Inquiry into Historic Abuse in New Zealand State Care

Most of the State- and Church-run institutions covered by this Inquiry have long ago closed. Fostering and kinship care, family group home care and some residential centres are still used. Sadly, adult correctional institutions are filled with former children and young people, mostly Maori,i in State care!

If you were to give evidence to the New Zealand Abuse Inquiry, what points might you highlight?

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In general:

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- We are willing to work with first-time authors to help them get published
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