

# CYC-Online

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



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

**Issue 244 / June 2019**

ISSN 1605-7406



# Contents

<b>Editorial: Celebrating 20 Years of Postcards from Leon Fulcher.....</b>	<b>4</b>
<i>James Freeman</i>	
<b>Postcard from Beijing, 1999 .....</b>	<b>8</b>
<i>Leon Fulcher</i>	
<b>First Aid for the Soul (Part 3 of 3) .....</b>	<b>13</b>
<i>Andreas Krüger</i>	
<b>Social Impact versus Outcomes .....</b>	<b>23</b>
<i>Kiaras Gharabaghi</i>	
<b>Some Interesting Research on CYC Family Practice.....</b>	<b>31</b>
<i>Jack Phelan</i>	
<b>An Introduction to Food and Children’s Rights .....</b>	<b>36</b>
<i>Tara Collins</i>	
<b>Trouble Will Happen .....</b>	<b>45</b>
<i>Doug Magnuson</i>	
<b>Staff Burnout .....</b>	<b>47</b>
<i>Barrie Lodge</i>	
<b>Calming together: The pathway to self-control.....</b>	<b>54</b>
<i>Howard Bath</i>	
<b>Farewell Maureen Keaney-O’Brien.....</b>	<b>62</b>
<i>Cambrian College Child and Youth Care Students and Faculty</i>	
<b>Postcard from Leon Fulcher .....</b>	<b>65</b>
<b>Information .....</b>	<b>71</b>



# 2 - 4 July 2019

The National Executive Committee of the South African National Association of Child Care Workers (NACCW) and the Board of Governors of CYC-Net are proud to announce details of the 22nd NACCW Biennial Conference and the 4th CYC-Net World Conference to be held in Durban, South Africa. Conference delegates can look forward to a spirited professional experience blending diverse child and youth care work experiences from across the globe in engagements on practice, programs and child and youth care work policy in a city renowned for summer days all year round!

## Venue

### DURBAN INTERNATIONAL CONVENTION CENTRE

DURBAN, SOUTH AFRICA

45 Bram Fischer Rd, Durban, 4001



Registration Fees FULL 3 DAYS	Local & weak currency countries		Strong currency countries	
	NACCW Member	Non-member	NACCW Member	Non-member
<b>Early Bird Registration</b> until 30 April 2019	R1800	R2250	\$140	\$175
<b>Late Registration</b> until 31 May 2019	R 2100	R2625	\$160	\$200
<b>Last Minute Registration</b> until 15 June 2019	R 2400	R3000	\$180	\$225

### Accommodation

Hostel accommodation has been secured at the Coastlands Hotel and Convention Centre - Durban. Accommodation is shared by 4 people in a room and includes a bathroom and kitchenette. Transport will be provided to and from the conference venue.

Guesthouses and hotel accommodation is available in the vicinity of the ICC.

per person per night Bed & Breakfast Bedding included	Local & weak currency countries	Strong currency countries
	R350	\$35

## Keynote Speakers

### Dr. Kiaras Gharabaghi



A renowned academic, researcher and thought leader in work with vulnerable and at risk children and the families, Kiaras believes that being present with young people, making moments meaningful, and working in the life-space of children, families and communities is much more than an intervention; it is a way of being in the world that promotes democracy...

### Cornelius Williams



Cornelius Williams is Associate Director and global Chief of Child Protection for UNICEF's Programme Division. He has over 25 years of experience in managing child protection programmes in Western, Eastern and Southern Africa with UNICEF and Save the Children.



# Celebrating 20 Years of Postcards from Leon Fulcher

James Freeman

**H**ave you ever received a letter or postcard from a friend or loved one while they were away from home or traveling through a different geographic place than you? Perhaps you came to expect



June 2019  
ISSN 1605-7406

it or sometimes you were surprised when it arrived. Do you remember the joy of reaching into the mailbox to find something handwritten from a friend who was thinking of you from far away?

Twenty years ago it was 1999 and in issue number 5 of *CYC-Online* Leon Fulcher agreed to contribute a monthly 'postcard' to subsequent issues of the journal. This month, without fail, we celebrate 20 years of postcards from our friend and colleague. Always insightful, instructive, and culturally-relevant, Leon's postcards are a highly anticipated and valued feature of *CYC-Online*.

It has been so meaningful to the field for us to receive Leon's postcards sent 'back home' (wherever that is to you around the world) to readers living and working alongside young people in their daily routines.

His journey has included roles as a social worker in residential child and youth care, foster care, university teaching in many parts of the world, and much more. He is especially experienced in working across cultures and geographies, team working, caring for caregivers, and supervising child and youth care practitioners.

A highlight of my Child and Youth Care career and personal life was spending time with Leon and his partner, Jane, at their home in New Zealand. It was a of time resting, fishing on the lake, learning of the Kiwi and Maori culture, and slowing down enough to realize the connection of culture to meaning making in daily life. My time at Leon's home and community is something I will always cherish.

Leon, of course, is a career advocate for children, youth, and families. If you only know Leon through the monthly postcard in *CYC-Online*, I'd like to introduce you to a few of his significant writings that you might find valuable in your daily practice with young people.

In *Residential Child Care in Practice* (2013), Leon joined with Mark Smith and Peter Doran to walk us through a Scottish perspective of care of young



**June 2019**

ISSN 1605-7406

**5**

people. Kiaras Gharabaghi, a regular contributor to CYC-Online, provides the forward. Chapters include practical and relevant topics such as safety, nurturing, health, respect, inclusion, and much more.

In a classic trilogy of sorts, Leon partnered with Frank Ainsworth to publish *Group Care for Children: Concepts and Issues* (1981), *Group Care Practice with Children* (1985), and *Group Care Practice with Children and Young People Revisited* (2006). As a compilation, these volumes track the growth, changes and adaptations in our field over a quarter century as well as ground us in the essentials of care that transcend time. The late Mark Krueger wrote the forward to the latest volume while the Youth Work Learning Center at the University of Milwaukee was still in operation. My personal copies of these three volumes includes an inscription from Leon to CYC-Net co-founder Brian Gannon in the 1981 volume: “Brian, not stolen from Save the Children! Purchased at the Amazon used book stall! – Leon”.

More recently, in 2013, Leon joined with Aliese Moran to share *Sisters of Pain: An Ethnography of Youth Women Living in Secure Care* (2013). There is no other publication like this one. Leon, as a social worker, and Ali, as a peer, collaborate in sharing the stories of 16 young people who lived for a time in secure care. Not an ‘easy read’ due to the complexity of life, this book guides readers through the daily life events of young girls living within the crossroads of complex life situations. Anyone working in residential care – across the range of restricted environments – will find value in these chapters focused on themes of Child and Youth Care such as rhythms of daily living, meaning making, belonging, survival, zones of mastery, and more. Ali and Leon were generous in providing attendees of the 3<sup>rd</sup> Child and Youth Care conference in Ventura, California with a copy of the book. Since their generous act, the themes of the book have been making an impact around the world as attendees returned home to their individual practice settings.



**June 2019**  
ISSN 1605-7406

Leon is editor, co-editor, or author of numerous other books, many of which are available at CYC-Net Press (see <http://press.cyc-net.org>).

So, if you've only known Leon through his postcards, now you know there is an entire library of reading you can access to deepen and improve your practice.

Back to Leon's monthly postcards. In this issue we dig into the archives to feature a reprint of his first 'postcard' in 1999 from Beijing.

Be sure to check out his current postcard at the back of this issue for his reflections on the past 238 connections he has provided readers through the years.

Thank you, Leon, for connecting us to Child and Youth Care contexts around the globe over the past twenty years. Our field is better because of your thoughtfulness and keeping is in touch with acts of caring around the globe.

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**June 2019**  
ISSN 1605-7406

# Postcard from Beijing, 1999

Leon Fulcher



*Dear Child and Youth Care Colleagues,*

It is said that children are the same, wherever you are. However, the more kids that pass through our lives as professional practitioners, the more one learns that children are all different, each in their own special ways. These truths were brought home to me again during a recent teaching and research visit to Beijing.

I left New Zealand "the most de-regulated, free market economy in the world" mid-Spring to arrive in Beijing for late Autumn, and was thrust into



**June 2019**  
ISSN 1605-7406

the largest regulated market economy in the world. My arrival at the Peoples" Republic of China College of Civil Affairs coincided with a visit by the Minister of Civil Affairs to address national and regional managers, educators and practitioners about China's response to the 1998 Yangtze River flooding. Interpreter Yang helped me follow the Minister's statement of Government policy which included up-grading the level of education and training of 2.5 million civil affairs managers and workers.

It was interesting to note how the major tasks assigned to grass-roots workers in China are both similar yet different from what child and youth care workers do in the West. China's Civil Affairs workers provide disaster relief support, adoption and welfare services for children, and for handicapped adults and elderly people. They also fit artificial limbs, administer marriages, deaths and burials, and help local government officials service the needs of 1.2 billion people.

One is visually confronted with the impact of a truly significant child and youth care policy introduced throughout China about a decade ago. Civil Affairs workers help administer the country's "one child policy" aimed at curbing China's population explosion within two to three generations.



[Click here for more information](#)



**June 2019**  
ISSN 1605-7406

Adults speak of "children having temper tantrums" in front of their parents and grandparents.

Can you imagine what it must be like to be an only child born to parents from large extended families, in a country founded on family lineage dating back to antiquity? The hopes and aspirations of every family are now carried on the shoulders of a single child! The latest Disney animated film "Moohan" illustrates these points about family life beautifully for children of any age.

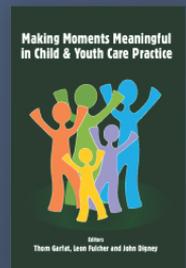
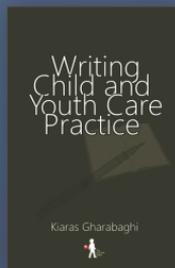
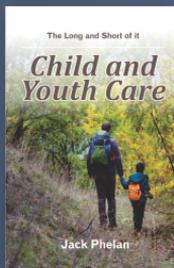
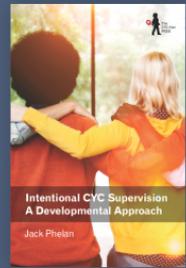
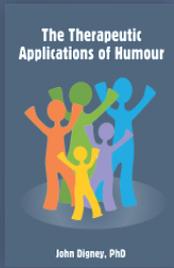
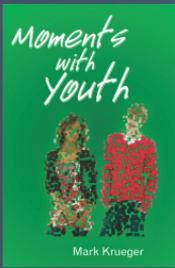
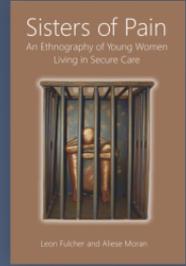
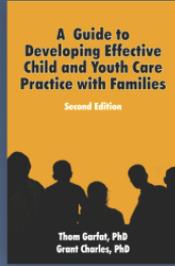
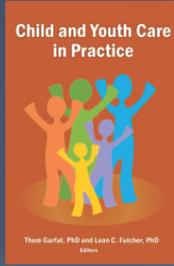
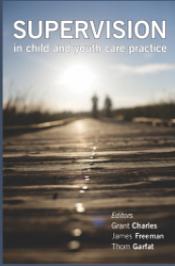
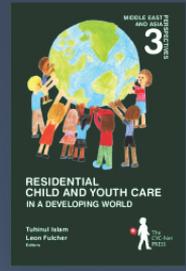
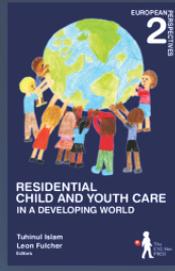
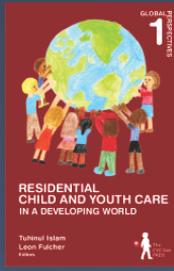
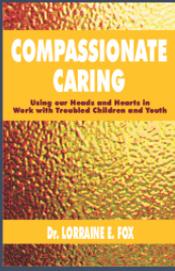
Beijing was a steep learning curve but a highly recommended place to visit for those who like to people watch. Look to China's children to make an impact in the new Millennium!



**At the First International Child and Youth Care Conference held in Vancouver (1985) Leon Fulcher (second from left) is pictured with Frank Ainsworth (Australia), Geoffrey Ibeabuchi (Nigeria), Brian Gannon (South Africa) and Tao Yunsheng (China).**



**June 2019**  
ISSN 1605-7406



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# First Aid for the Soul (Part 3 of 3)

Andreas Krüger

## Editor's Note

*This excerpt (part three of three) is from First Aid for the Soul: Trauma Self-Help for Young People by Dr. Andreas Krüger and translated by David West (2013). We met Andreas at the second World CYC Conference in Vienna, Austria and were impressed with his efforts to speak plainly to children affected by trauma. This three-part series is an excerpt from the opening of his book*

*For more information on the book, visit*

<https://www.amazon.de/Powerbook-Erste-Hilfe-f%C3%BCr-Seele/dp/398142820X>

*and*

[https://www.amazon.de/Powerbook-First-Soul-Andreas-Krueger/dp/3981428218/ref=sr\\_1\\_1?s=books&ie=UTF8&qid=1532459700&sr=1-1&keywords=powerbook+englisch+krueger](https://www.amazon.de/Powerbook-First-Soul-Andreas-Krueger/dp/3981428218/ref=sr_1_1?s=books&ie=UTF8&qid=1532459700&sr=1-1&keywords=powerbook+englisch+krueger)

**H**ere you'll learn something about ways to take care of an injured soul so that its wounds heal. That's more fun and is not as difficult and dry as the first part. You'll be invited to look for the things that already make things easier for you and that you yourself can influence, without help from other people. It is especially this part that people with severe emotional injuries have influenced through their groundwork,



**June 2019**

ISSN 1605-7406

through the way they have dealt with their injuries. They've tried a lot to help them live with the painful, or simply irritating, circumstances of their lives, which have come about as a result of their injuries. Lots of ideas came through their experiences of trying out different things. I'm going to show you some exercises that you can try out for yourself.

## **My language**

Not all of my patients can already read or are as close to the age of adulthood as you. That's why I've tried to find words for the scientific stuff that even the smallest child can understand – without losing anything important, I hope. That could make things easier for you, too. I've learned that young people and adults also understand this language, and that a simple language has its advantages. I also understood things better when I used a simple language to explain the connections to myself.

It's similar after experiencing a traumatic situation. The brain 'thinks' that you've just about escaped death. It switches on this programme because it 'thinks' it will give you a better chance of survival. The parts of the brain which become active when you are threatened are extremely old. Before there were humans on the earth, this programme probably already existed in the early animals. It always switches itself on when a creature is in extreme danger and maybe it had the same function for our early ancestors, too.

You know the Flintstones on TV? Fred is the father of a stone-age family. He's not particularly clever. He lives with his wife, Wilma, and their two children, Bamm Bamm and Pebbles, in a cave. One day Fred goes wandering off into the undergrowth in search of raspberries, where he's met by a sabre-toothed tiger. Fred Flintstone just about manages to escape up a tree, but not before the tiger has had a nibble on his toe. The tiger sits at the bottom of the tree for an eternity before finally leaving in



frustration without its prey. This is a classic traumatic situation. Fred's emergency programme would have switched on, and maybe for a reason. If you read the next few pages, you'll understand what I mean.

## **The brain in its 'normal programme'**

To be able to explain more clearly what I mean when I talk about the brain and survival, I want to – no, I must – tell you something first about how the brain functions in its 'normal programme'. Then you'll understand my explanation about the emergency programme better. I imagine myself standing next to the blackboard now and you're sitting on a chair in a biology lesson for a moment dealing with the function of the brain.

So, the brain is made up of three parts, and is structured like an onion. At the bottom and in the middle there is the brain stem. The next layer is the mid-brain. And then comes the cerebrum, the famous 'grey matter'.

Now I want to tell you about the functions and tasks that the parts of the brain have – those that are especially important for us here. First, the brain stem, which I call the 'lizard brain'. Why? Everything that this part of the brain does for us corresponds to what a lizard can do. Above all, it reacts to danger without much thought. Automatic flight responses, like when a small child throws a stone at you and you duck automatically, without thinking first about how to react. Or automatic attack reactions, like when somebody goes for you and you raise your arm to protect yourself. Your fight impulses are then awakened and you're ready to fight back. It all happens more or less 'automatically'. And we find descriptions in our language which make clear the processes which are controlled by this part of the brain: it sends 'a shiver down my spine', it 'lies heavily on my stomach', it ties 'a noose around my neck', it puts 'pressure on my chest', it gives me 'goose pimples'. I could go on. What all these things have in



common is that they all happen more or less 'automatically'. And correspond to ancient patterns of perception and reaction.

So, to the next part of the brain, the mid-brain, which I call the 'cat brain'. How come? I like cats. For me, they stand for stubbornness, but also for feeling and a life full of pleasure. In my neighbourhood lives a tomcat, Padrino. I've never fed him and I'm not a female cat. But, when he feels like it, he still comes to me when he sees me coming home from work on my bike in the evening. He brushes against my legs, lets me stroke him, and then begins to purr loudly. So, one of the eyes of the cat represents the fact that in this part of the brain feelings arise and are controlled and monitored. Back to Padrino. If I were suddenly to hit him with a stick or do something else nasty to him, he would remember that and not come to me anymore. So, the other eye of the cat stands for memory and for the other functions which are organized in the mid-brain.

Now to the cerebrum, which I call the 'professor brain'. Why do I use this name for this part of the brain? Here, thoughts, clever and not so clever, are forged. Our ability to combine, to make deductions, to understand our environment (as well as the emergency programme in the head) – this is what this part of the brain is responsible for. So, how does the brain function in its 'normal programme'? Let's imagine you come home from school or work. It's still early, about two o'clock, and you're happy to have lots of time on your hands. You've arranged to meet your best friend Jackie at four or so. Your cat brain wants to see your best friend straight away ('fun', says your cat brain, 'more, please!'). Then you suddenly remember: you've got an exam tomorrow that you'd totally forgotten about! The professor brain responds. It says: 'Four o'clock is much too early. Six at the very earliest. You want to be good at school, so you've got to revise!' They finally reach an agreement and you meet your best friend Jackie at 5.



## Understanding the emergency programme in the head

What happens now if the person with this brain is confronted with a dangerous situation? First of all, all the information from the senses (eyes, ears, nose, etc.) come together in a kind of 'assessment centre' in the cat brain. Connected to this is a kind of alarm system in the head. If the assessment centre comes to the conclusion, 'traumatic situation', 'no-way-out situation', then the alarm system is activated. When the alarm is activated by the incoming information, then the emergency programme in the head begins. The post-traumatic stress disorder is activated.

What happens in the brain now? We could say that the lizard brain takes over and is now sitting in the boss' chair in the brain. Nature's 'tried and trusted' emergency programme. It's already helped us to survive in many ways, both today and in the grey mists of time. But now, for the human being living in civilization, it's usually inappropriate and enormously disturbing. A 'dinosaur in the head', you could say, which can barely count to three.



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**June 2019**  
ISSN 1605-7406

Now you've got an overview of what you can do. If you are in a reasonably safe harbour in your life, there are certain conditions that the success of your attempts to find relief and healing depend on. You need enough time and energy, because you have to do some work, emotional work. Success will follow then. You shouldn't have loads of difficulties in your everyday life and then want to carry out this intensive work on top. You're not under any time pressure. Then you should start work on yourself at a later date. Or work on yourself in small steps.

### **Sources of power in you**

If all the conditions are in place for you, then I'd like now to take a step forward with you. I want to invite you to take a closer look at the things that go well for you, your strengths, what takes you further, your sources of power. But maybe that won't be easy. Maybe you'll tell me: 'Nothing goes well for me, I don't manage anything' or 'I don't really enjoy anything'. The emergency programme means that the good things and thoughts quickly fall victim to the underlying defense mechanism. The lizard brain keeps transmitting into the professor brain. Good things, thoughts and feelings are treated as being less important, and the question that always comes first is: Is there something dangerous here, what can help my life to be safe? Negative thoughts which have got something to do with the trauma have always got the upper hand in the brain. You can only go against this actively and by taking small steps from within the professor brain. By doing so, you can make sure that the professor brain regains the upper hand and defeats all the bad experiences with positive ideas and thoughts. Parts of your brain are in the 'wrong film' from yesterday, are still 'at war'.

Good thoughts leading to actions usually have to be 'installed' again first. Against the general greyness in the head. Think again about Fred Flintstone and the sabre-toothed tiger. The lizard brain forces the professor



brain to be careful: 'Always think about the tiger when you're in the forest, or it'll get you next time. Don't daydream your way through the undergrowth! You've got no space for leisure anymore; it's all about survival now; you won't survive the next attack!' And Fred mulls subconsciously and consciously over the tiger, and has flashbacks, etc. The emergency programme has Fred and the professor brain firmly in its grip!

The brain is divided into two clearly separate halves, called the right half and the left half. Researchers on the brain have found out that, with people with the emergency programme in the head, it is the thoughts connected to the traumatic experience that rule one side of the brain. These thoughts I want to call negative thoughts here. You can see what the 'normal' relations in the head are like: good and bad thoughts are clearly separated from each other. In the emergency programme, the 'nice', positive thoughts which live in the other half of the brain don't have much to say anymore and are repressed. The red circles with a minus sign stand for the negative thoughts which have established themselves in the brain and which are driven on by the lizard brain. They want to spread themselves as widely as possible and they force back the green, positive circles. The aim of 'reprogramming' the brain is to increase the number of positive thoughts, so that they push back the negative thoughts. But, while the emergency programme is still active, it usually takes a great effort for the positive thoughts, those to do with joyful, nice things and experiences, to push back the negative.

You've made it this far. Because you're equipped with powers that have helped you come so far. Maybe the emergency programme also helped you once to survive. But now it should be switched off. All the powers that have helped you so far belong to you, are in you. The emergency programme was also switched on by your brain to help you survive. But now it's inappropriate if your world is safe and you're not exposed to any



**June 2019**  
ISSN 1605-7406

real danger. You only need to convince parts of your brain of this ;-). And so the 'green area' in the brain needs to be looked after and nurtured! That's what I want to talk about now.

When we take a look at your good powers, the things which give you strength, we can also talk about the sources of power which are inside you. And the qualities which allowed you to survive when it seemed that you could not go on. It could also be good people around you, of course. But to begin with I want to look with you: What powers come from within you?

**DR. ANDREAS KRÜGER** is a child and adolescent psychiatrist and trauma therapist and author of *First Aid for the Soul: Trauma Self-Help for Young People*. He is founder of the trauma outpatient clinic at the University Medical Centre Hamburg-Eppendorf, head of the Institute of Psychotraumatology for Children and Young People in Hamburg ([www.ipkj.de](http://www.ipkj.de)) and medical director of Ankerland Association ([www.ankerland.org](http://www.ankerland.org)) where he provides help for traumatized children. He may be reached at [info@ipkj.de](mailto:info@ipkj.de)



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**June 2019**  
ISSN 1605-7406  
**20**

# Relational Child & Youth Care Practice

Volume 32 Issue 1 / 2019



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# Reclaiming Youth Seminars

Augustana University, Sioux Falls, South Dakota  
July 16-20, 2019

## Innovative strategies for all who work with youth

This unique event will inspire and rejuvenate professionals and those who mentor challenging children and youth. Network with the authors of the best-selling book, *Reclaiming Youth at Risk*—Larry Brendtro, Martin Brokenleg, and Steve Van Bockern—along with leading experts in the field from across the U.S.A. and beyond. Transform the way you work with children and families. Beneficial for everyone in education, prevention, treatment, youth care, and justice settings.



## Keynotes and dozens of presenters explore timely topical strands:

- Trauma, Resilience, and Thriving
- Social and Emotional Learning in Classrooms and Schools
- Strength-Based Treatment with Children and Families
- Positive Climates in Residential Care and Juvenile Justice
- Native American and First Nations Youth and Communities

Visit [reclaimingyouth.org](http://reclaimingyouth.org) for a list of speakers and topics.

Since 1994, the Black Hills Seminars on Reclaiming Youth have been at the leading edge of strength-based approaches with challenging children and youth. Now this annual conference is relocating to Augustana University in Sioux Falls where the Reclaiming Youth movement originated.

Optional Reclaiming Youth at Risk pre-conference takes place July 16-17 with Larry Brendtro and Mark Freado. This certification course addresses the Circle of Courage needs for Belonging, Mastery, Independence, and Generosity.

For more info or to register: [reclaimingyouth.org](http://reclaimingyouth.org)  
Email: [info@reclaimingyouthatrisk.org](mailto:info@reclaimingyouthatrisk.org)

## Schedule

**July 16-17, pre-conference**

### Reclaiming Youth at Risk

Larry Brendtro & Mark Freado

\$395 (includes lunches & resources)

**July 18-20**

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# Social Impact versus Outcomes

Kiaras Gharabaghi

To the extent that we measure the impact of our work, we usually measure it in terms of outcomes. We want to know whether the work we do increases the well being of the young people we serve. To this end, we ask questions such as “do young people improve in their mental health if we provide psychotherapeutic counselling”? Or we might ask “does tutoring improve the academic performance of young people”? These are good questions, and it is valuable to know whether the things we do actually impact young people in positive ways. And if we find that the same kind of work produces positive outcomes for most young people across individual diversities, across settings and over a period of time, we are beginning to generate an evidence base that would suggest that if we want to achieve certain outcomes, it would be rational to do the work in a particular way that has demonstrated a strong likelihood of achieving precisely those outcomes. This is, in fact, the premise of all evidence-based practice approaches, including Dialectical Behavior Therapy (DBT), Collaborative Problem Solving (CPS), Caring Adults 'R' Everywhere (CARE), Stop Now and Plan (SNAP), and so many others.

One challenge of this approach to measuring the impact of what we do is that we generally know very little about the sustainability of the outcomes we (or the young people) achieve. Do young people who demonstrate significant increases in how they score on various mental



June 2019  
ISSN 1605-7406

health instruments maintain those outcomes beyond a few months after discharge? Do positive outcomes at the individual level provide a strong enough foundation for young people to navigate life in ways that is meaningful to them through their 20s, 30s and beyond? And in the specific context of child and youth care practice, with its emphasis on relational practices (usually simplified to relationship-based practices), do the relationships young people experience while they are with us really help to navigate future relationships in their private lives?

Another critique of outcome-focused practice is that it is enormously expensive. We invest significant time and resources into one young person at a time, in the hopes that this young person will be equipped to navigate an often challenging social context successfully, notwithstanding that many of the characteristics of that social context have not really changed as a result of our work. As an example, we can easily point to issues of racism in every sphere of social life and ask whether a racialized youth, having achieved very positive outcomes as a result of some child and youth service intervention, will be well placed to navigate the racism encountered well after discharge at school, in the workplace, at the hands of government or public institutions, or through the security apparatus of their society. The fundamental assumption of outcome-based frameworks is that strengthening a person at a particular point in time will result in a better life.

This assumption sometimes holds true. Many young people experience excellent services in their teens resulting in academic success, personal well-being, and increased resilience that then carries them through the ups and downs of their emerging adulthood and ultimately the lifespan. Then again, this assumption does not always hold true. Some young people perform exceptionally well during their time in child and youth services, as measured by outcomes, and then commit suicide shortly after



leaving those services. Others end up homeless, incarcerated or live a life of chronic poverty that results in multiple generations experiencing hardship through life. This creates a dilemma of us. Given that the young people whose lives end up being enormously challenging did in fact achieve positive outcomes while they were with us, there is not much we could do differently to produce a different outcome. I suspect that we would not want to aim for less positive outcomes!

An alternative although not a mutually exclusive one, to an outcomes-based framework is to aim for social impact rather than individual-level outcomes. To some degree, we are quite familiar with this concept from other contexts. The disability movement, for example, has for many years aimed at change in the social context of disability rather than individual-level outcomes, and changes in accessibility laws and to some degree also practices, likely have impacted the well-being of people with disability more so and in more sustainable ways than the individually-focused interventions that unfolded while individuals were receiving services. In the disability movement, an important lesson has been learned that still seems somewhat distant in child and youth care practice. Specifically, within that movement there is a strong understanding that the outcomes we measure shape the practices we engage in. If we seek to generate positive outcomes with respect to self regulation, for example, our practices are likely going to reflect measures that allow young people to perform self regulation on command – we see this reflected in some of the more control-oriented practices in residential settings and in schools (such as token economies).

Social impact is about doing the work in such a way that our specific work with respect to individual young people matters less; what does matter is the footprint of our work in the broader community. Social impact focuses on social networks, community capacity to address the



needs and desires of multiple social groups, and access to participation for individuals and social groups to shape the social context in which they live, always protecting the needs and desires of demographic minorities against the control and imposition of majorities. So what would a social impact driven approach in child and youth care practice look like?

This is a question that likely requires much more than my monthly column to respond to meaningfully, but for the sake of starting a discussion, I want to sketch out a few thoughts about social impact-focused child and youth care practice that seem meaningful to me. So here it goes:

1. Our relational practice skills, which we currently explore strictly in the context of our one on one interactions with young people, would be applied across social networks that we construct to render social institutions, labour markets and the security apparatus more available and less exclusionary than they currently are;
2. Our focus on community capacity building to ensure community infrastructure to respond to mental health crises, inequities, recreational needs, access to employment, and continuing education, would be much more central in our practices;
3. We would focus our energies much more on the undoing of institutional racism, in particular in the context of those institutions we know have enormous impact on young people as they navigate their 20s and 30s – this includes in particular police services, courts and the justice system more generally, post-secondary education, and health care institutions;
4. In developing our aesthetic of practice, we might continue focusing on 'making moments meaningful', but we would focus both on the present moment and on moments that we might imagine



**June 2019**  
ISSN 1605-7406

unfolding as the young people we are engaged with live through their late 20s and 30s.

5. Most importantly and in clear distinction to other professional groups that do excellent work, all of our practice would be co-developed with the young people we are engaging. Indeed, what sets child and youth care practice apart from other social service professions is precisely its capacity to do *with*, rather than *to* (medical professions) or *for* (social work professions). By default, therefore, a social impact approach to our practice is one that impacts the political position of young people in our communities, reconstructing it from service –recipient (client) to community-builder (participant and democratic citizen).

While the above is only a very broad and admittedly relatively underdeveloped sketch of social impact-focused approaches in child and youth care, I want to close with an observation that increasingly preoccupies me. We have done so well as a field to provide sophisticated and meaningful services to young people (and increasingly their families) and ways of being with young people and their families. And yet, the things that will likely shape the lives of young people moving forward are completely absent from our practices. We have no position on issues of climate change, political violence, the return to misogyny (note the recent rhetorical and now legal violence committed against women across the United States through the medium of abortion laws), or mass displacements/migrations and the resultant white nationalism in the Global North and ethnic cleansing or exclusion in the Global South. Indeed, in my country, we have complacently had no position on the systematic cultural genocide and ongoing colonial hegemony impacting Indigenous



**June 2019**  
ISSN 1605-7406

peoples. In these kinds of contexts, the mantra of 'making moments meaningful' seems a little shallow. From a service provider perspective, the achievement of specific and measurable individual-level outcomes also seem a little out of step with the lives lived by young people when they are no longer that young, in places that are not built on nurture and support, and in communities that lack the capacity to move out of their defensive stance of protecting privilege and into a committed movement toward social democratic norms co-constructed with those previously dismissed as the weak, vulnerable, at-risk, or poor outsiders.

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# 2 - 4 July 2019

The National Executive Committee of the South African National Association of Child Care Workers (NACCW) and the Board of Governors of CYC-Net are proud to announce details of the 22nd NACCW Biennial Conference and the 4th CYC-Net World Conference to be held in Durban, South Africa. Conference delegates can look forward to a spirited professional experience blending diverse child and youth care work experiences from across the globe in engagements on practice, programs and child and youth care work policy in a city renowned for summer days all year round!

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## Keynote Speakers

### Dr. Kiaras Gharabaghi

A renowned academic, researcher and thought leader in work with vulnerable and at risk children and the families, Kiaras believes that being present with young people, making moments meaningful, and working in the life-space of children, families and communities is much more than an intervention; it is a way of being in the world that promotes democracy...

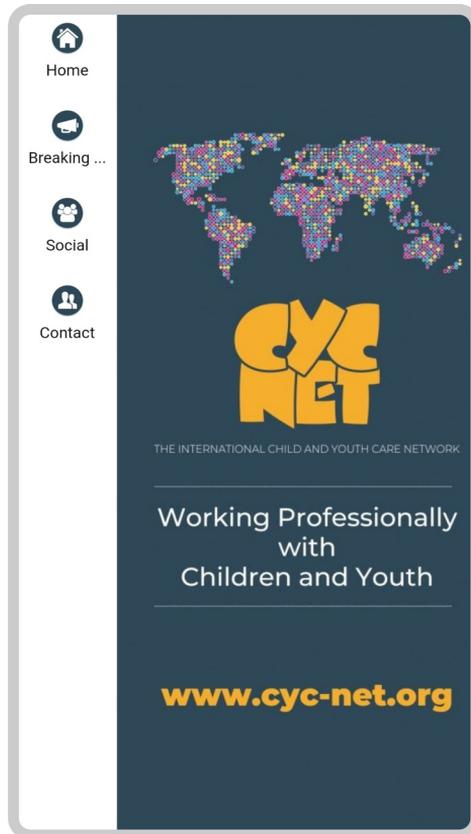


### Cornelius Williams

Cornelius Williams is Associate Director and global Chief of Child Protection for UNICEF's Programme Division. He has over 25 years of experience in managing child protection programmes in Western, Eastern and Southern Africa with UNICEF and Save the Children.



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# Some Interesting Research on CYC Family Practice

Jack Phelan

I have been writing lately about relational approaches and intentionality for CYC practitioners. Basically, if your intention is to appear likeable and attractive to youths/families, a common focus for role modelling, you may be needing to rethink your approach. I described some of the issues in last month's column and will describe another factor this month.

A CYC colleague of mine, John Sullivan from Virginia, developed a highly successful approach to working with very challenging youths and families beginning in 1984. He built on his experience with CYC principles to develop a family support, community-based model, organized around autonomous teams of CYC practitioners.

I was studying various CYC approaches while on sabbatical in 1999 and spent some time with his agency. I was very impressed with both his philosophy of management and the CYC practice of his staff.

John was very interested in evaluating the effectiveness of his programs and described a very interesting finding that resulted from his evaluation efforts. John created a template of factors that would indicate whether a family had become more successful in functioning after they had experienced his program's services. He then used this template to evaluate each family one year after they had completed their time in the program and John used the criteria to decide if a family had benefitted from the program or not. He simultaneously asked each CYC practitioner to list



June 2019  
ISSN 1605-7406

every family he/she had worked with and evaluate whether the family was successful one year after discharge.

The comparison between John's results and each staff member's evaluation is my focus this month.

There was concurrence on both sides with many evaluations, but there were also some significant differences. John listed some families as successful, but the CYC practitioner did not, and some families which the practitioner described as successful did not match John's criteria. John did a follow-up interview with all of the cases where there were different evaluations and uncovered an important issue. In his follow-up interview, he asked the families to describe their relationship with the CYC worker during their time in the program. Families that he evaluated as successful, but the CYC practitioner did not, generally stated that the worker was competent, but that they had done the work that created a successful outcome, "we did it ourselves" basically. Families that he evaluated as not successful, but the worker saw differently, described the worker very positively, stating that they missed him/her and wished they did not have to end the relationship.

This is very significant information, which can help us understand relational practice more deeply. Whenever our intention to create a connection between the worker and the family creates a focus on the worker, relationships that appear to be successful may not really be useful. Paradoxically, both the worker and the family seem to be very satisfied, even though the purpose of the program is not achieved. When the intentional connection between the worker and the family creates a focus on the family, successful outcomes result even when they are not observed by the worker. Jim Anglin described this many years ago, when he noted that our goal in family work is not to create connections between the worker and family members, but to create connections family member to



family member. Basically, the worker does not have relationships, they build relationships. Anglin described it as “relating to relationships”.

As I described last month, our goal is not to get people to like us, it is to support them to like themselves.

How does this affect our practice? Educational programs, supervision and field placement agendas can be more aware of people who are strongly influenced by external relational dynamics, basically worrying about being liked by others. The resiliency of relational skills, prized so highly by people attracted to CYC work, often includes how other respond to us and self-evaluation can be based on how attractive one is to others. The ability to be “other aware” to the degree required in effective CYC practice is a skill developed through extensive training, reflection and supervision. The professional development journey of a competent CYC practitioner includes a gradual reduction of a “me focus” and a concurrent increase in the ability to put oneself into another’s shoes.

**JACK PHELAN** is a regular contributor to CYC-Online. He teaches Child and Youth Care at Grant MacEwan College in Alberta, Canada. Learn more about him at <https://cyc-net.org/People/people-phelan.html>



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June 2019

ISSN 1605-7406

33

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# An Introduction to Food and Children's Rights

Tara Collins

*Give a Person a Fish, and You Feed Them for a Day.  
Teach a Person To Fish, and  
You Feed Them for a Lifetime <sup>1</sup>*

In a non-scientific survey for this column, I asked my middle son Nicholas (who is 11 years old) his thoughts about the importance of food. He said that:

*Food is fuel; it gives you energy to do work and stuff. Some of it is yummy and some of it isn't. And there are pancakes and waffles, more pancakes and waffles, crepes, and French toast. And also ice cream and cherries..." <sup>2</sup>*

He is a big fan of breakfast food ... and other items.

Another resource on the subject of food is the United Nations Convention on the Rights of the Child (United Nations, 1989), which only offers one explicit reference in a paragraph of article 24:

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<sup>1</sup> Amended with more inclusive language; original available at: <https://quoteinvestigator.com/2015/08/28/fish/>

<sup>2</sup> Nicholas authorized the sharing of this contribution with you.



*To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution*

This provision for “adequate nutritious food” is included in the overall article about highest attainable standard of health care. Article 6(2) is relevant in its affirmation of the obligation to “the maximum extent possible the survival and development of the child.” A children’s rights education website has a brief and useful teaching resource about how nutritious food is important for healthy growth (Friedmann & Covell, 2012) available for your reference at: <http://childrensrightseducation.com/3-food.html>

But as Child and Youth Care practitioners know well, food isn’t only a health issue. To begin, food can be important to identity, culture, and religion. Religious requirements for adherents to abstain from pork or to separate dairy from meat as examples must be respected since the United Nations Convention on the Rights of the Child article 14 affirms the child’s right to religion. When a child is either temporarily or permanently deprived of family environment, article 20(3) outlines that alternative care arrangements shall give “due regard...to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background”. Thus, food sensitivities and requirements should be taken into account in our work wherever appropriate.

Learning about food can be a positive experience for young people. For example, Thumbadoo (2011) shared for instance, the valuable teachings from Isibindi where



*“A child says: Auntie used to cook dumplings and steam bread and also beans and she showed us how to cook beans ... It was great because we want to learn how to cook food, so that there are no foods we are not cooking. [We] cook all the food like our mother was cooking.” (p 197).*

In contrast, young people with experience in the child welfare system involved in a recent research project highlighted how cooking classes can be a protective factor for young people in care while another pointed out that while he might have liked the class, he had a problem with being forced to go. Have we thought about how to deal with such instances when a person doesn't want to learn about cooking? Perhaps we could find out why?

Food can reveal struggles between adults and children and youth due to such concerns as eating patterns (or lack thereof), or an eating disorder. Research has found that food can lead to conflict in residential settings. For example, Punch, McIntosh, and Emond (2012) conducted an ethnographic study about food practices in three residential children's homes in Scotland that discusses the daily routines of food provision and consumption. This valuable research finds: “Food and food practices are a key arena in which children can be made to feel safe and secure, and are also given some agency over their daily lives, yet children's rights in relation to food can conflict with adults' responsibilities to care for them” (Punch, et al., 2012) (p. 1259).

In a memorable tribute article to Brian Gannon (Lodge, 2017), I appreciated a story about how young people in a residential setting ate large quantities of bread for days, despite the availability of other healthy foods, which caused the author, the newly placed institution's director, to worry. Gannon advised waiting before reacting because he knew that the young people were eating large quantities of bread with the objective of



feeling full. After five days, the young people ate other food when they realized that it would be consistently available to them. It is a useful reminder to engage with and learn about the young person's perspective if we are confused or concerned about certain food choices.

As a result of these lessons, I firmly believe in the importance of respectful and full dialogue that gives attention to the child's perspective in accordance with article 12 of the United Nations Convention on the Rights of the Child. Then better understanding of each other's perspective and the provision of necessary information (article 13) to support decision-making whether by the child or the caregiver are possible.

And with reference to the opening quotation, what happens if the person doesn't like fish? A personal example comes from my childhood when I was an aspiring vegetarian, which led to regular fights with my mother who was convinced that I would become unhealthy and that I was wilfully harming myself by not wanting to eat meat and fish.

While I appreciated having food to eat, I also remember sitting for hours at the dinner table in standoffs with my mother because I had serious concerns and couldn't eat the meat given to me. I now understand that it would have been a struggle for her (especially as a serious carnivore!) as well as others who are frustrated by the inability to control a child or young person as desired. (FYI after literally twenty years of fighting and disagreeing with me about the issue, she did finally accept this dimension of me and I have been a healthy veggie for 32 years.)



There are also systemic and institutional barriers that should be identified and rectified in relation to food. Studies have shown that there is unequal access to healthy foods in some neighbourhoods and regions where fruits and vegetables are much more expensive than the processed foods that are more affordable and accessible to lower-income areas (e.g. Hilmer, Hilmer, & Dave, 2012). Food insecurity is another issue around the world including for instance for indigenous Canadians and linked to mental health issues (e.g. CBC, 2019). Respectful and effective measures are needed in those communities that have identified these issues, and Child and Youth Care practitioners can support the advocacy to get the supportive policies and programs by governments and civil society in the communities that need them.

Then there is the assumption that children only like certain foods. I have observed that in many countries in western Europe and much of North America, children are assumed to eat only French fries (aka chips) since this option is so often included in restaurant menus and elsewhere. While this may be an easy choice, are we doing any service to our children by offering this option so much? According to a 2015 study by the United States Center for Disease Control and Prevention: “On a given day, the researchers calculated, 34.3 percent of children and adolescents ages 2 to 19 eat junk food. Two-thirds of them take in at least 25 percent of their calories from these meals” (Bakelar, 2015; see also CBS News, 2015). This diet is influencing the adults they become including their diet. “The typical American today consumes approximately 3 hamburgers and 4 orders of French fries every week” (Roberts, 2002). While such food is convenient and for some, may taste good, we should ask ourselves about our influence upon young people’s choices or limited choices with food.

What about considerations of children and youth’s diversity in relation to food since Daniels reminds us of the importance of recognizing it in



Child and Youth Care work? This includes efforts to take into account and respect young people's food allergies and sensitivities when planning and sharing food. But we should also think about food's cultural influences and significance. For example, my little Sister (through the Big Sisters program at that time) once shared her special Haitian beet salad and through it, taught me more about her culture. In another example, an ice-breaker activity conducted with an international group of young people highlighted that our favourite foods vary dramatically depending upon where we are based. Our group identified: rice in China, beans and rice in Brazil, yogurt and fruit in Canada, and so on. Shouldn't we consider these preferences in our efforts and engagements with young people? In so doing, wouldn't we not only provide better care but also demonstrate how we respect the people eating the food?

As a result of this thinking about food and children's rights, I reflect back on my efforts in soup kitchens in the 1990s and in supporting young people on the streets of Montreal in an all-night van. We only had what someone in authority determined: soup, bread, tea, and coffee in the former and in

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the latter, I remember heating up lots of hot dogs and hot chocolate. While these items were consumed, with better understanding of rights, I now wonder how the participants' experiences could have been better in each of these locations if we had stopped to ask them what they would prefer to eat. What if we could have engaged them in dialogue about what works for them and try to find ways to expand our thinking and efforts with food? We live and learn.

In conclusion, these various ways demonstrate that children's rights can help us navigate and inform our efforts with the young people with whom we work when considering food and eating.

*Bon appétit.*

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# Trouble Will Happen

Doug Magnuson

Several friends of mine work in emergency and chronic illness units of hospitals. Death and injury are part their daily life. In Canada as many as 6,000 people may die each year because of errors by physicians and caregivers. There are comparable figures for other countries. Thus, encounters with death are unavoidable. The public knows this and, with some exceptions, accepts it.

Bad things also happen to people served by human services, including child and youth care, youth work, early childhood, and so on. The quality of our preparation for this varies widely, and the frequency varies widely as well. For example, in Canada services for visible minorities coping with trouble, including death, far more regularly than everyone else, and this is a chronic structural inequity.

In Canada, in 2017, the mortality rate for those between the ages of 15 and 19 was .3 per 1000: 732 people in this age group died. This is in a rich country. In British Columbia, 12 children and youth died in care in 2017, of a total of 6,950 total children, for a mortality rate of 1.73 per 1000 ( $(12/6950) \times 1000$ ). In all services of the Ministry of Children of Family Development 112 people died. Most of these do not become public, and when a death does become public, there is usually an outcry - even for those that are accidental. A former Representative for Children and Youth in British Columbia said that no child in care should ever die. This is not realistic.

The list of trouble that occurs to vulnerable people served by the human services is long and includes, among other things, injuries, disease, overdose, eating disorders, violence, and malpractice. Youth run away.



June 2019

ISSN 1605-7406

45

Sometimes staff run away! That these things will happen is predictable, even if we do not know which person on which day. A statistical model, the “geometric distribution” is useful for modelling the pattern.

The probability that even just one day will pass without a child death in one of the services in British Columbia is only .34. There is a statistical pattern behind this probability. Not knowing this pattern contributes to our amnesia – our pretense – that bad things never happen to children. Some of these are preventable, surely what the Representative intended to say, but most are not. Further, it is unlikely that all “preventable” deaths can be prevented. Unless we model them and compare across systems and jurisdictions, we cannot know what is unusual.

Many things less extreme can also be modelled. In some group home systems, every child runs away at some time and there are also patterns system-wide and for individual homes. Tracking these and using probability models keeps the possibility fresh in our minds, normalizing it but also alerting us to possibilities for creating diversions and anticipating harm reduction activities. There are internet tools for geometric calculations that make it easy to answer questions like, “How many of these events can we anticipate occurring over a period of time?” “How much time can we expect to pass before this kind of event occurs?” It should encourage us to integrate training and practice into our routines to help us improve our responses to difficulties. In Child and Youth Care work, risk management plans and training are central to the work. Like our colleagues in health and medicine, we prepare for these events, knowing that care work with vulnerable people is risky – like life.

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# Staff Burnout

Barrie Lodge

Social media post:

*"I burnt out – only now referred to a psychologist". The organisation blamed for the lack of support and caring, delaying intervention until it was too late and an implied apparent unenthusiastic referral to external professional support. The post raised comment. "Does the organisation pay for your medical aid?" "Were you given proper supervision?" There was perhaps a masked hint that the workplace could be "toxic" (another word being bandied about on social media now).*

All relevant. All important. What then, is burnout? Burnout in the helping professions has also been called Compassion Fatigue. With constant stress you have a feeling of helplessness and are completely exhausted. Problems seem insurmountable. Detachment threatens your job and your relationships. It is a state of physical and emotional exhaustion. (Adapted from [www.helpguide.com](http://www.helpguide.com))

Some serious questions surface. Who cares for the caregiver? Who cares for the carer of the caregivers?

I know burnout; been there twice. Each was a different experience.



June 2019

ISSN 1605-7406

47

The first time I had no idea that I was burnt out. At 5:00 one morning I got out of bed to go wake the boys. But I sank to my knees next to the bed. There came from within me...from the very pit of my stomach a loud wail, a scream. I didn't initiate it. I had no control of it. It just welled up frightening me. I called it a "primal scream". Crying all the way up to the boy's dorm. I experienced an increase in my heart rate. I felt trapped – no escape.

Looking back, the actual workplace situation was something I should never have allowed for myself. No breaks, no leave, no weekend off, early 'til late. Neglect of family, relationships, doing two jobs at once, on constant call and every day a new huge child-related human drama to be faced. Some would say it's the calling. I now call my burnout my foolish self-uncaring.

It's the old story. On the airplane you are told to fix your own oxygen mask before helping others.

I referred myself to a doctor. I think that he was experiencing a physical response. My psychological state was a mystery to him. He didn't recognise compassion fatigue. Only anxiety. So, he prescribed Ativan. Ativan is used for anxiety and some neurological brain irregularities. I was not anxious I was physically and emotionally worn out, now with nothing more left to give. The Ativan got flushed down the toilet. It has a reputation of becoming addictive.

I insisted on three days' leave in in my caravan in the Hogsback Mountains with my family.

It was as I had thought. Came back to chaos. The children had pulled every wire in the building to set off the fire alarm. It seemed designed to create an emergency dramatic enough to get me back. There was a fear that I would never return. Something was very wrong. Organisationally, children can't be that dependent on one person. For some child and youth



care workers it may feel good to be so needed, but it's part of the toxic workplace.

There was a psychologist, the only psychologist in the city at that time, who sat on the management board. He was the one to see the signs (after the event). He volunteered his time then to give me six months weekly, what he called, supervision. It was really psychotherapy. A life saver, a job saver. The problem was I had allowed myself to get sucked into a toxic workplace of my own making.

There was a child and youth care worker heading toward burnout. She recognised the symptoms and shut herself in her room one day. We asked why she did not pick up the phone -- we have a policy to organise a 'retreat, support and relief'. She said, "This is a place of caring. Why should I have to tell you I need care? You should have noticed". I'll never forget that. She was right, but only partly right. The oxygen mask story again. It really should not be like this, but if you need care you sometimes have to take the first step.

This makes it important to recognise the signs of burnout.

My second burnout was somewhat different. I found myself focusing on small things to protect myself from feeling overwhelmed and not coping. I focused on the easy to handle and deliberately avoided the major pressing issues, any form of confrontation, for example. A brooding, looming disaster. Like, I'm a very tolerant person but the toilet roll must not be in its holder the wrong way round. A child smoking becomes an issue when he is facing a major relationship breakdown not addressed. Responsibility was reversed. "I am to blame." The children's behaviour became my fault, my inadequacy. In a toxic workplace that is an organisational norm and heavily underscores faulty child and youth care thinking, especially by management.



**June 2019**

ISSN 1605-7406

**49**

There were emotional symptoms. I lived close to tears all the time without actually crying tears. The inside of me was crying. Not a primal scream this time, a primal weeping. Physically the experience of fatigue was overwhelming. It was a huge effort to go to work, to respond to call-outs, to focus.

Then came the heartbeat thing. This time coupled with nausea. The doctor ruled out a heart attack. Prescribed a tonic.

Again, a psychologist board member came to the rescue. Six months' weekly therapy. There is a lesson here. It's not shameful to be in therapy if you are in the helping professions.

What then is the treatment?

The most obvious answer to this is that prevention is better than cure. It really is the facility, organisation or programme's responsibility to provide policy, procedures, and services which prevent burnout. Also, to provide immediate intervention if it should occur.

There some non-negotiables. the organisational imperatives for the avoidance of staff burnout.

Regular supervision - and by this I don't mean hierarchical "snoopervision". I mean personal "inter-vision" "I did this. "I felt this". "I'm feeling ...". Proper supportive workplace supervision with a child and youth care worker. Not with someone from another profession, and not the manager. Not with someone who will say, pull yourself together. Go get vitamin B12 or a tonic.

Then comes caseload. When I had my first burnout, I had a full junior and senior dormitory of boys in my direct care, plus the young people who had been placed in boarding schools but were attached to the facility.

Long working hours. This idea of 24/7 is obsolete and illegal. The practice of long shifts even if kept within the weekly limits of working hours



as set out in the Conditions of Service Act. The 12-hour shift has risk of negative effects on staff performance on that day, and so burnout risks.

The boss. Has to be alert and caring as well as really understanding of the work of child and youth care. Studies, serious research frequently quoted also in the social media has shown that a poor boss can make employees sick. Most employees leave, not because of the work but because of the boss. The boss doesn't have to be a single person. Quite often the boss is an external system.

A team approach. Child and youth care workers can't do this on their own. It's a team thing. A child and youth care worker can and should have focus children or a focus group. What we call the primary worker, but there has to be a team. A team of like minds, real support, caring and skills at different levels. Left to be responsible and accountable on your own contributes to burnout.

Self-care is essential in the prevention of burnout. Remember the oxygen mask story. The seven R approach is useful:

- RECOGNISE* the warning signs
- REVERSE THE DAMAGE* by seeking support
- RESILIENCE* take care of your physical and emotional health
- RECREATE* have other interests and use time to *REFLECT*, *RECOVER* and *RELAX*.

This implies regular leave. It must be allowed and taken - no such thing as "pay out in lieu" or a few days here and there.

Burnout should not be allowed to happen. The question of treatment of it is a difficult one. It HAS to be HOLISTIC. No single pill. No three days off story. Treatment has to address the physical, social, family, emotional, cognitive (an individual staff development plan), spiritual and life-stage



task domains. It does mean that you may have to get help from a psychologist, compulsory leave which should be sick, or special leave, a plan for personal development, the 7 R's , and an overhaul of the organisation's practices. A support group is essential. Be prepared to have your friends' support. But also, child and youth care workers need to gather supportively around a colleague in the recovery period. Social contact is essential to the recovery of burnout.

Management must be particularly caring and supportive of the needs of child and youth care workers and to provide organisational safeguards against compassion fatigue occurring or re- occurring.

How wonderful it would be if questions about burnout and its treatment did not have to be asked.

Child and youth care burnout should never happen.

Perhaps more accurately, child and youth care burnout should never be allowed to happen.

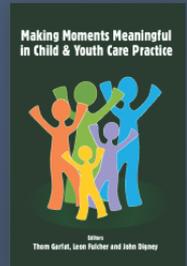
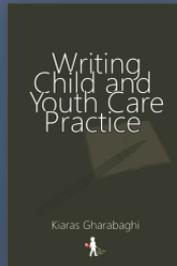
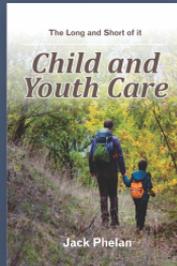
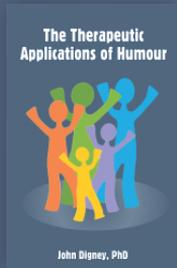
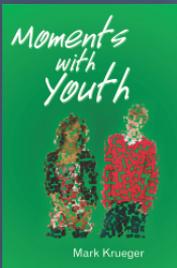
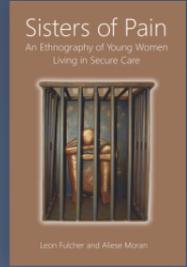
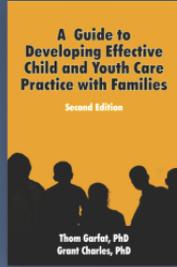
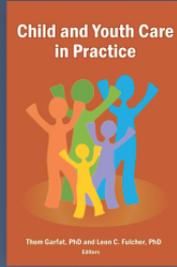
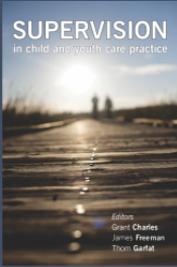
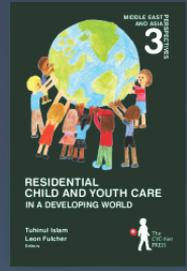
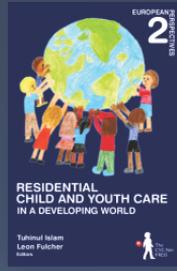
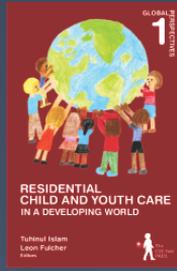
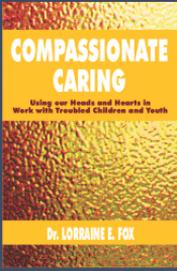
**BARRIE LODGE** is a Child and Youth Care worker near Johannesburg in South Africa. He has served as a teacher, clinical manager, and director of two children's homes. Visit Barrie's blog, from which this column was originally published, at <http://childandyouthcaretalk.blogspot.com>



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**June 2019**  
ISSN 1605-7406



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# Calming together: The pathway to self-control

Howard Bath

## Editor's note:

*This article addresses the topic of co-regulation, a critical component of promoting self-regulation. It describes an approach that informs caregivers to connect, soothe, and model self-regulation with the child. We encourage readers to check out Howard Bath's most recent book:*

Bath, H. & Seita, J. (2018). *The three pillars of transforming care: Trauma and resilience in the other 23 hours*. Winnipeg, Manitoba: University of Winnipeg.

View the original post of this article in issue 133 (2010) at <http://www.cyc-net.org/cyc-online/cyconline-mar2010-bath.html>

**N**euroscience shows that humans develop their abilities for emotional self-regulation through connections with reliable caregivers who soothe and model in a process called “co-regulation.” Since many troubled young people have not experienced a reliable, comforting presence, they have difficulty regulating their emotions and impulses. Co-regulation provides a practical model for



helping young people learn to manage immediate emotions and develop long term self-control.

Twelve-year old Jake has just learned that the contact visit with his mother has been postponed. He screams at his foster mother, "I hate you," and then kicks over a chair. "Don't you speak to me like that," she retorts; "Go to your room and think about the way you are talking ...I want a full apology or you won't be going to the movies on Saturday." Jake slams the door of his room and, sobbing, throws himself onto his bed.

In a residential group home, 14-year-old Debbie returns from school in an irritable mood. "I'm not going back to that f..ing place again," she yells at the youth worker. "You have to go to school," the youth worker replies. "Well, I'm not going and you can't make me," Debbie snaps. "That sort of attitude and language is going to get you in a lot of trouble," she is told. Debbie swears again, this time directly at the youth worker. "That's it," the youth worker says, "You've lost 10 points for swearing, and you'll lose more if you keep this up."

Teachers, youth workers, parents, foster parents, and others who work with children and young people often try to take control by regulating the problematic behaviour of young people. They do this with authoritarian commands, threats, and punishments which often lead to struggles for power in what Long (2007) calls "conflict cycles." Adults believe that it is their duty to "correct" the behaviour of young people and that the imposition of consequences is the way to do this. They also begin to "mirror" the angry and impulsive behaviour of the young person, getting caught up in the emotions of the moment. Such interactions generate resistance and resentment and poison relationships.



## **Co-regulation and the science of self-control**

Infants do not have the ability to regulate their emotional arousal and need the soothing presence of caretakers to help them manage fear, frustration, and anger. They calm by experiencing their caretaker's voice tone and warm physical contact, being stroked and gently rocked, and having their physical needs attended to. From a developmental perspective, effective parenting of young children can be understood as a process of co-regulation. Indeed, van der Kolk (2005) maintains that a "primary function" of parents is to help children learn to manage their own arousal. Repeated cycles of emotional upset, followed by relaxation after the caretakers calming intervention, provide the basis for developing a sense of trust and safety (Fahlberg, 1991; Cozolino, 2006). In time, the child internalizes the expectation of a soothing response which provides a foundation for learning self-regulation. In a broader sense, the patterns of self-regulation that one develops may come to define the individual. Daniel Siegel (1999) states that "How we experience the world, relate to others, and find meaning in life are dependent on how we have come to regulate our emotions" (p. 245).

The need for co-regulation continues throughout our lives. In times of crisis, troublesome emotions are managed with the support and soothing presence of attachment figures. The small infant is totally reliant on caregivers and has many crises each day. The pre-school child is expected to manage emotions and impulses more effectively, but will still be overwhelmed on a regular basis and need external soothing and support. Even adolescents and adults must rely on attachment figures to get through periods of high stress.



## **The impact of traumatic experiences**

Many young people who have difficulty regulating emotions and impulses have been exposed to complex trauma. This has been defined by Bessel van der Kolk as “the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early life onset” (2005, p. 402).

Complex trauma can impair the development of thinking, relationships, self-worth, memory, health, and a sense of meaning and purpose in life (van der Kolk et al., 2005). But one impact appears to stand out above all others: “The most significant consequence of early relational trauma,” observes Allan Schore, “is the loss of the ability to regulate the intensity and duration of affects” (Schore, 2003, p. 141). Likewise, van der Kolk states that “at the core of traumatic stress is the breakdown in the capacity to regulate internal states” such as fear, anger, and sexual impulses (2005, p. 403).

From a neurodevelopmental perspective, the stress activation systems of traumatized children have become overly “sensitized,” detecting threat and triggering fight or flight responses when these are not needed. Bruce Perry observes: “Children exposed to significant risk will “reset” their baseline state of arousal, such that — where no external threats or demands are present — they will be in a physiological state of persisting alarm” (2006, p. 32). This constant activation of “deep brain” emotional arousal leads to an impaired “higher brain” capacity to provide emotional regulation.

Thus, many troubled young people are prone to emotional outbursts. Frustration escalates to fury and rage, and disappointment descends into depression and despair. These young people also display high levels of impulsivity, emotional contagion, and risk taking. Trauma is not the only cause of such behaviours which can accompany any condition that impairs



the brain's regulatory systems, including some autistic spectrum disorders and ADHD. Regardless of the specific causes, it is helpful to reframe problems relating to the regulation of emotions and impulses as developmental delays rather than as “bad” behaviours that deserve punishment (Greene and Ablon, 2006).

## **The practice of co-regulation**

In practical terms, how do adults co-regulate with young people? First, the adult needs to focus on the emotions driving the behaviour rather than the behaviour itself — for example, the anger rather than the swearing. The young person is having difficulties regulating emotion and needs a calming and soothing presence instead of anger and threats. In crisis, the brain is focusing almost entirely on perceived threat and the need for revenge or safety. The goal is to de-escalate, not to punish or “teach a lesson” that a person flooded by emotion would be unable to understand in any rational way.

Co-regulation is particularly challenging with young people in crisis. It runs counter to the “tit-for-tat” inclination to hurt those who hurt us. Co-regulation requires recognition and safe management of one's counter-aggressive impulses. It is hard to provide support to someone who is fighting against it. But, as Cozolino (2006) suggests, the willingness to absorb the rage of a furious adolescent is a gift that can be given, modeling the self-restraint they so desperately need.

Co-regulation can take many forms. It typically involves warmth, a soothing tone of voice, communication that acknowledges the young person's distress, supportive silence, and an invitation to reflective problem-solving. As with a mother tending her young infant, the defining characteristic of effective co-regulation is that it is calming and designed to help the young person manage overwhelming emotional arousal.



Co-regulation enables small children to develop more mature regulatory skills. Over time, they learn to anticipate the soothing responses of their caregivers and then internalize the belief that help will come and emotions can be calmed (van der Kolk, 2005). If they have not learned this as smaller children, emotional control can also be taught as children grow older through this same process of co-regulation. There is good evidence that the brain retains its capacity to learn new self-regulation skills throughout the life span (Schore, 2003).

Co-regulation alone is not enough. Young people also need to be actively taught ways to exert rational control over their emotions and impulses. For example, they need to learn verbal skills for labeling feelings and for generating rational responses. There are a number of such intervention approaches to both model and actively teach skills for self-regulation. Greene and Ablon's (2006) Collaborative Problem-Solving approach for intervening with "explosive" children involves a few simple steps that soothe the child through empathic engagement and set the stage for rational negotiation. Likewise, the various Life Space Intervention approaches (Brendtro and du Toit, 2005; Long, Wood and Fecser, 2001) provide verbal intervention formats to help youth self soothe, gain insight, and effectively manage turbulent emotions.

## **Summary**

Many children and young people have difficulties regulating their emotions and impulses. Adults often attempt to coercively regulate the behaviours of such young people through commands, threats, and punishments that invariably inflame the situation and that generate resistance rather than learning. When young people have not yet learned the skills for rational self-regulation, they need the help of caring adults to



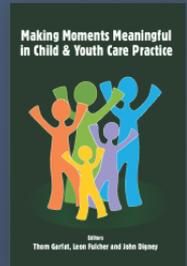
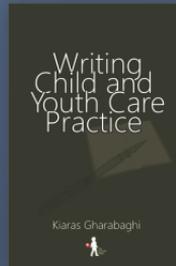
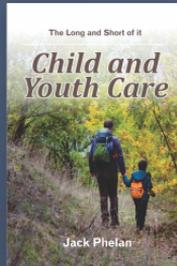
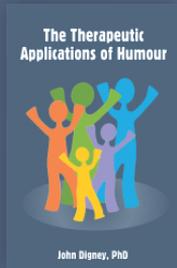
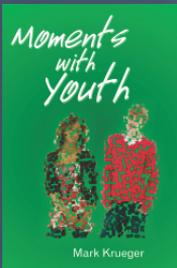
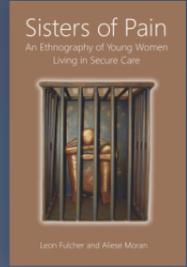
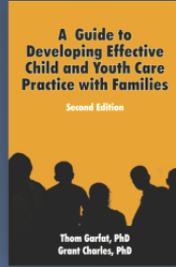
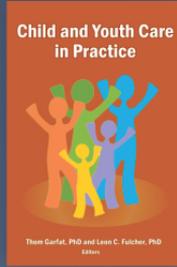
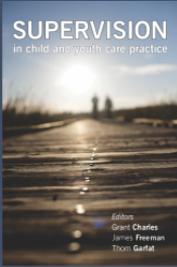
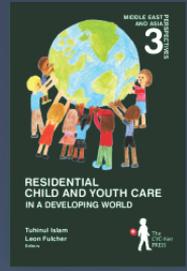
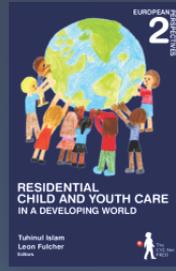
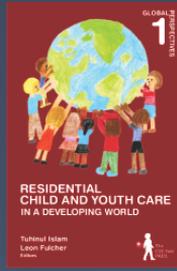
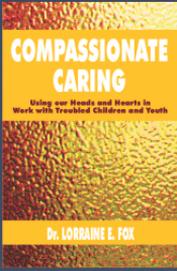
calm them and help them think rationally. Co-regulation is the first step on the pathway to self-regulation.

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# Farewell Maureen Keaney-O'Brien

## Cambrian College Child and Youth Care Students and Faculty

In June 2019, Cambrian College's Child and Youth Practitioner program will be saying farewell to a dedicated, dynamic, and passionate professor. Over the years, Maureen has guided hundreds of students on their journey through the Child and Youth Care Practitioner program at Cambrian College. In celebration of her retirement, here are a few comments from those closely familiar with her work and calling:

*Maureen has been one of the most influential women in my life. Her wisdom, no-nonsense approach, and her passion for the field is inspiring and contagious. When I ask our students what they appreciate most about Maureen, I hear stories of empowerment, compassion and support. Students report she has a way of finding strengths in every student and that she transforms stories of hardship into "badges of resilience". In her classroom, Maureen calls students to "be the person you once needed" and many give credit to Maureen for igniting their passion for the field".*

– **Genevieve Rivard**, Child and Youth Care professor at Cambrian College and former student)



*Maureen is a super cool, real and an honest person. She works for the people. Her teaching makes you realize that opportunity is at every corner. She shared a story with us once about a boy who flipped her timmies tab inwards on her coffee, when she asked this boy why he did that he expressed he was trying to help her not spill her coffee. Maureen went on to share with us that learning is everywhere, you can learn from anybody if you're willing to. I have taken this with me to the field and I honor Maureen for it.*

– **Jessie Gorman**, Education Support Worker for Atikameksheng Anishinabek- and former student)

*When I look back over the years, I remember going to an appointment with a youth who was having a difficult time. The Probation Officer quickly learned that I came from the Child and Youth Worker program and began calling me “one of Maureen’s kids”. I was honored, as she definitely guided me through my career and has helped me become the Child and Youth Care Practitioner I am today. I speak for many students when I say thank you Maureen for those “aha moments” that inspired and prepared us for not only our careers but our lives.*

– **Jill-Anne Hachey**, Itinerant Behaviour Support Worker for the Sudbury Catholic School Board and former student)



For many of us, we are not only saying goodbye to a professor, but to our mentor. Her passion will continue to be seen in the drive, compassion, and advocacy work of all the Child and Youth Care practitioner's that have had the opportunity to be taught and influenced by Maureen.

Maureen, we will miss you and your valuable contribution to the Child and Youth Care Practitioner Program.

"We thank you for the dance!"

**CAMBRIAN COLLEGE** is located in Sudbury, Ontario, Canada and prepares CYC practitioners to work in a variety of practice settings with children, youth, and families. The program is accredited by the Child and Youth Care Educational Accreditation Board. To learn more about the Child and Youth Care program, visit <https://cambriancollege.ca/programs/child-youth-care>. Thanks to Jill-Anne Hachey for coordinating this acknowledgement.

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# Postcard from Leon Fulcher

## *Postcard from China*

### *Further Reflections on the First Postcard from Leon Fulcher*

**K**ia Ora Koutou, colleagues. Twenty years ago I posted the first in my Postcard from Leon Fulcher series – the first from Beijing was followed up with two other postcards from The Peoples' Republic of China including Changsha. Each visit built upon relationships established during the earlier visits.



*An early lesson about cross-cultural learning found outside the birthplace of Mao tse Tung*

At Shaoshan, outside the birthplace of Chairman Mao, I discovered the sign asking for “Civilized Visiting Please”. That message has had lasting impact during my international travels. I’ve come to interpret its meaning as ‘leave behind your own homeland expectations about the way the world operates’. It isn’t about better or worse. Instead, what are the similarities and differences, and what accounts for these differences?



In 2000, I spent 3 weeks at Changsha Civil Affairs College with 12,000 students, just after The Peoples' Republic of China re-classified Civil Affairs Officers as Social Workers. The new Millennium registered 2.5 million more Social Workers in our World. I've never been very sure about whether anyone noticed?

The Changsha Social Work College with 12,000 students invited this Lao Wai/visitor to give 5 course lectures and a public lecture at the campus amphitheatre "Time Square". My Mandarin is still negligible!



**A 3-week visit to Changsha Civil Affairs College in Central China's Hunan Province**



**2.5 million Civil Affairs Officers were renamed Social Workers throughout China**



Interpreter Tu Bing Lan and I had 36 hours to prepare! Once we had the presentation ready, it was reviewed by the College President, as well as the Communist Party representative assigned to oversee course management and curriculum issues. It was an interesting experience of 'external review'!

Tu Bing Lan helped me prepare a Mandarin interpretation of my short speech, excerpts of which are included below. The excerpts summarize a 2 decades-old reflection about what I thought was happening in China at the start of the new Millennium. I remember sweating in



***Fellow residents in the Changsha Civil Affairs College Residence Street where I lived***



***Interpreters preparing formal lecture for Changsha Civil Affairs College students and staff***

the 30 degree C heat and also that my knees were shaking as I spoke and Lu Bing Lan interpreted – back and forth, one phrase at a time.

I also recall the 'preliminary review' carried out before my Changsha Public Lecture. It involved the College President, the Head of Social Work and the Communist Party Apparatchik for the College.

*"I am honoured to have been given opportunity to address you today about the future of Social Work in China.....As a "Come-From-Away" it can be argued that I know very little about the unique challenges you will face as future*

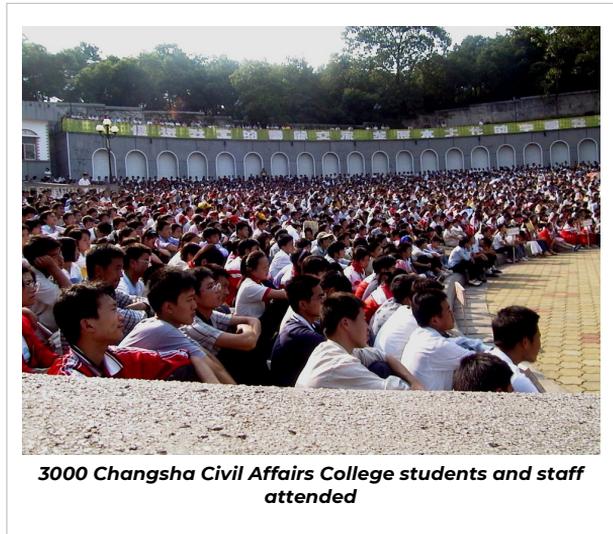


***Previewing the presentation with interpreter, Party reviewer and College President***



***The outside formal lecture theatre was known as the Time Square***

leaders of Social Work in China....The more I have learned about Social Work in different parts of the world during the past 30 years, the more I know what I don't know....But I do know that without investment in the nation's people, alongside economic and technological investment, then there will be unintended consequences of social change. ... As the aspirations of a nation's peoples are raised, so it is that opportunities must be created for these aspirations to be realised....China's 21<sup>st</sup> Century Revolution will be unlike its 20<sup>th</sup> Century Revolution....China's 21<sup>st</sup> Century Revolution will involve a knowledge revolution; and a re-positioning of this great nation with its rich cultural traditions through a synthesis of old knowledge and new technology to address new generation outlook aspirations.



China's 21<sup>st</sup> Century Revolution will involve thinking beyond the accumulation of wealth; thinking instead about how to use the nation's wealth to benefit everyone. ... It will be the role of China's social workers to find new ways of responding to the social and rehabilitation needs of those least able to care for themselves. ... This will involve a level of social investment that targets pro-active capability amongst the people, not simply reaction to

*disadvantage or disability. ... The leaders of China's 21<sup>st</sup> Century Revolution will seek a new kind of "praxis", where theory-into-action draws on both the political teachings of 20<sup>th</sup> Century thinkers as well as the contributions of China's ancient thinkers. ... China's 21<sup>st</sup> Century Revolution*

*will be about "theory-into-action" in local villages, provincial towns and urban centres across the country. ... Responsiveness to the social and cultural needs of local peoples will be the special contribution that social workers in China will bring to the new 21<sup>st</sup> Century Revolution Long. It is not a just a matter of China's social workers "working harder"; instead "working smarter" using knowledge and traditions within China, as well as borrowing selectively from elsewhere.*



**Changsha College had more than a dozen cement table tennis tables occupied at every break**

# Information

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CYC-Online (ISSN 1605-7406) is an open-access e-journal published monthly by [The CYC-Net Press](#)

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**June 2019**  
ISSN 1605-7406

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**June 2019**

ISSN 1605-7406

**72**



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