

# CYC-Online

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with Children and Young People**

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# **The Impact of COVID-19 on Children in Alternative Care in South Asia**

**Kiran Modi**

**A**s the COVID-19 pandemic continues its global scourge, its path is endangering not only health and socio-economic conditions, but is having a profound impact on the overall well-being across populations – and particularly children. With fear, anxiety, ostracisation, alienation and instability surrounding the pandemic, a crisis-like situation amongst children and families is being witnessed in South Asia and children from vulnerable backgrounds have already been reported suffering from direct health hazards. It has further pushed children, especially the most vulnerable, into hitherto unknown socio-economic depths and marginalization. Street children, children with disabilities and children of migrants have revealed many such experiences of deprivation, exploitation, and exclusion. Children who are without parental care and outside the safety net of families and communities have been worse impacted.

According to an early UNICEF report “Lives Upended – How COVID-19 threatens the futures of 600 million South Asian children”<sup>1</sup>, an estimated

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<sup>1</sup> LIVES UPENDED: How COVID-19 threatens the futures of 600 million South Asian children



additional 120 million children in South Asia have fallen into poverty. With extended lockdowns, severe livelihood disruptions have resulted in millions of people losing their jobs, their dignity and sometimes, their lives. More children were not at school, remaining locked up inside homes, often exploited and abused. More girls experienced gender based domestic violence, child trafficking and even child marriage. 22 million children in South Asia have missed out on education<sup>2</sup>. Hunger and economic deprivation have rendered families incapable of protecting their children from exploitation and pushed them into sexual activities, begging, child labour, etc., on one hand, and the worsening health, stunting and wasting, increasing child mortality and impact on mental health on the other. Cumulatively it has led to an unprecedented child rights crisis with long-term consequences – further widening the equity divide.

Another fall-out of the pandemic, is the inescapable effects on ‘children without parental care’ in South Asia. For most of the 1.13 million children<sup>3</sup>, institutional care remains the only care option in the region, and for most of them, life has come to a complete standstill. Alternative care saw a multitude of risks taken, including quick changes to the on-ground child protection mechanisms, economic fallouts for families and institutions, limited resources and caregiver burnout. A complete lockdown in children’s institutions, with just the domestic staff on duty, the lockout of all professional staff and severe limitation to seek external help was cemented and impacted the overall well-being of children and care givers. This was further exacerbated by the breakdown of social networks due to educational institutions’ being closed. Reduced access to peer networks,

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<sup>2</sup> <https://www.unicef.org/rosa/press-releases/nearly-22-million-children-south-asia-miss-out-early-education-critical-pre-school>

<sup>3</sup> N. Petrowski et al. / Child Abuse & Neglect 70 (2017) 388–398: Estimating the number of children in formal alternative care: Challenges and results:



parks and outside entertainment, with uncertainties and anxieties all around and 'bound 24/7' to their homes has even led some children to lose connection with self.

Most practitioners have adapted to this new norm, engaging children proactively with UNICEF and Child Line India developing a manual for frontline workers and partners to psycho-educate parents, caregivers and children<sup>4</sup>. Several advisories from different government bodies were released with instructions on critical aspects of the pandemic. Two intergovernmental regional bodies – ASEAN and SAARC – urged national governments to strengthen regional child rights efforts by including the perspectives of children during the COVID-19 crisis<sup>5</sup>. With each new hurdle, governmental and non-governmental organizations worked hard to find the best possible answers for children. Pivoting to an online schooling system, functionaries tried within their means to deliver uninterrupted education for children. But most institutions struggled due to lack of devices and connectivity, but they have not let this disparity get them down. Caregivers, with hardly any prior knowledge of the internet, quickly learnt the joys of Zoom and Google Meet, including knowing about online safety and protection measures. Mental health consultations resumed telephonically or through video calls and group sessions. Life skills sessions on Zoom calls have brought succor to some children. As classes, counseling processes, and resources moved to an online platform, children in care homes were encouraged as much as possible to retain interest in

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<sup>4</sup> [https://avpn.asia/wp-content/uploads/2020/04/Psychsocial\\_Manual\\_ForChildren\\_During\\_COVID\\_19.pdf](https://avpn.asia/wp-content/uploads/2020/04/Psychsocial_Manual_ForChildren_During_COVID_19.pdf)

<sup>5</sup> [https://www.wvi.org/sites/default/files/2020-05/Joining%20Forces%20Asia%20Statement\\_29April2020.pdf](https://www.wvi.org/sites/default/files/2020-05/Joining%20Forces%20Asia%20Statement_29April2020.pdf)



learning and sharing. In India, the top Court issued directives<sup>6</sup> reminding duty bearers of their responsibilities.

Another unfulfilled need was that of careleavers. With no data available, not much effort was made to trace them and bring them back into safety nets as many youth were left to face an acute economic downturn, homelessness, anxiety and stress entirely unsupported. This is an area where much effort and investment is still required.

The pandemic has seen everyone give of their best and come together in the best interest of children. Moving forward, the need is to assess the long-term impact of the pandemic to prevent this crisis from turning into an epidemic of abuse in South Asia. This will be a difficult path with many uncertainties, but the hope lies with each of us to assess, prevent, mitigate, and act. With governments taking action and society organizations aiding and supplementing their efforts, some mitigation has been seen, but it is clear that it will take a long time to heal the ruptures and breakdowns, and to rebuild the social and economic frameworks keeping children at our centre.

**DR KIRAN MODI** is the Founder and Managing Trustee of Udayan Care, India, and a child and youth care practitioner for the past 26 years. She is also a member of the CYC-Net Board of Governors.

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<sup>6</sup> <https://www.sconline.com/blog/post/2020/04/04/covid-19-sc-issues-extensive-directions-to-protect-children-in-protection-homes-from-spread-of-coronavirus/>





## Writing for *CYC-Online*

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

In general:

- Submissions should be as close as possible to 2 500 words
- The style of a paper is up to the author
- We prefer APA formatting for referencing
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# Summer Rhythms & Uncertainty

James Freeman

It's mid-summer and even kids in extended school year are wrapping up their online classes. It's been a different summer than any of us had planned or expected. Not since the world wars or the flu pandemic in 1917 has life been so unexpectedly and deeply disrupted around the world.

In each of our homes, family life takes on its own rhythms and routines. The coming and going to school and work. The gathering and conversations in the kitchen and at the meal table. Betimes and morning routines. Whether they seem fluid or rough, these rhythms form and shape the experiences of our daily lives.

Even the anchoring events we look forward to in summer have been lost – summertime movie releases, ballgames, youth sport leagues, religious gatherings, and even just hanging out at the mall or neighborhood park.

We're also dealing with a level of uncertainty for the future. What will school look like in the fall? Will my job continue? Can we gather with extended family and friends? How long will all of this last? As we look around now at what is happening, it doesn't seem like this will go away very soon. And at best our return to life as we knew it will be a slow on.

Dealing with this uncertainty is a skill that's being demanded of us all. And beyond just 'coping' we want to aim at thriving in the midst of this challenge. There are a few things that can help us toward that goal.



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First, notice the impact of our unknown future on yourself. We all have physical and emotional responses to this. For me it brings a bit of physical shortness of breath when I feel the overwhelm. Maybe it's different for you – distractedness, headaches, feelings of fear, tiredness, or being quick to anger. Whatever your personal response is in your body and mind, noticing it is the first step in moving forward.

Second, breathe and take your next step in a positive direction. The problem with uncertainty in these times is that we want to solve the problem, we want to see resolution and find answers. But focusing on what we can control in the immediate present is one way to stay grounded. It takes just seconds to close your eyes and take a deep breath. When we focus on our next step or decision rather than the end goal it's sometimes easier to take action.

Third, create some routines and rhythms in your daily life that will help you and those in your home feel grounded and steady. There's a lot of things we can do to take care of ourselves and naturally build rhythms into our lives:

- Enjoy a cup of coffee or tea (and sitting down to enjoy it) before rushing off to the next demand of the day
- Plan a family movie night at home for the weekend and talk about it with your kids during the week
- Make sure chores around the house are delegated well so that no one is overwhelmed with more than their share
- Take walks around the neighborhood – together or alone as needed
- Enjoy the perks of TV screens and media but keep healthy boundaries around their use



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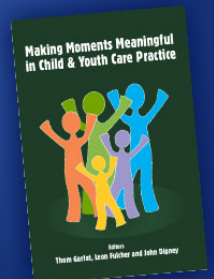
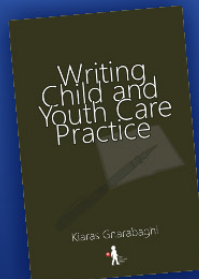
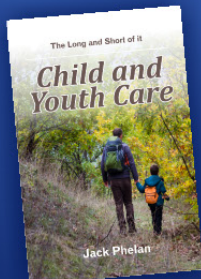
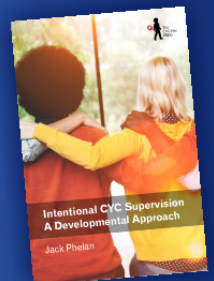
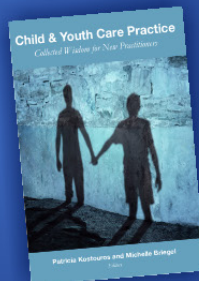
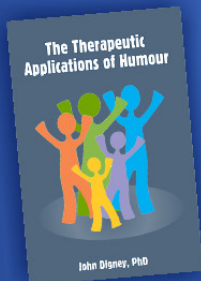
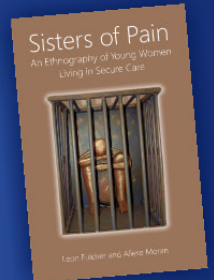
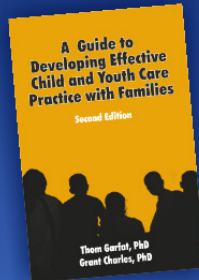
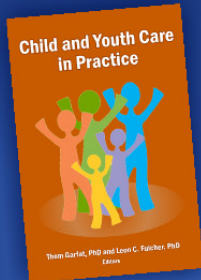
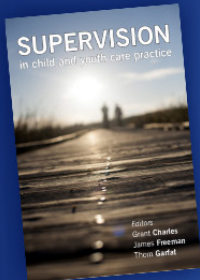
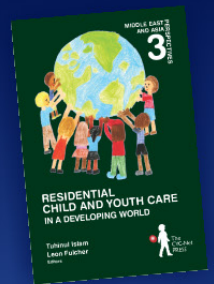
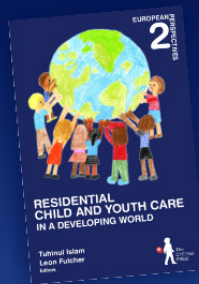
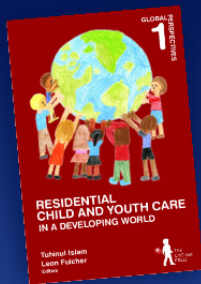
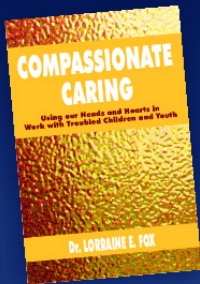
- Plan a time of day to read a book together taking turns reading aloud
- Join in a sports event from the living room with decorations and foods you might enjoy if you were at the stadium
- Pay attention to sleep routines and that everyone in the family is getting enough

We can also give special attention to the way we balance structure and freedom for our kids. Personal agency – a child's ability to act independently and make their own choices – is an important area of development especially for pre-teens and teenagers. What that looks like varies within the culture and makeup of every family. A guiding principle is to (1) provide enough structure to maintain safety and communicate love and caring and (2) provide choices whenever possible to nurture growth – including learning from both successes and mistakes.

One thing to remember is that we are all in this together. All of our efforts to stay safe (hand hygiene, physical distancing, staying home, wearing masks) contribute to keeping our community as healthy and safe as possible. As uncertain as the broader future is, we know that we are in this together.

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# Residential Care Centers during Covid-19: A Survey of thirteen FICE-International member nations

Emmanuel Grupper and Shachar Shuman

## Introduction

Out-of-home care, especially treatment residential care programs are often described in the media, and even in some professional studies, as obsolete social structures (Consensus Statement, 2014). *Residential care settings* are out-of-home facilities such as educational youth villages and educational, therapeutic, or rehabilitation residential treatment centers (Grupper, 2013). Their aim is to provide education, treatment, rehabilitation or protection for children and youth, including those at risk and others, to protect these young people and work toward making a positive change, one that would allow them successfully reintegrate into the community (Aharoni, 2018). *Therapeutic residential care* is "a structured, multi-dimensional living environment designed to promote or provide care, education, socialization and protection for children and youth with identified mental health or behavioral needs. The boarding school will be in partnership with families and in collaboration with a wide range of formal and informal professional factors" (Whittaker et al., 2016). *Out-of-home care* includes such settings and arrangements as foster care, group homes,



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various models of family group-home living together with biological family of staff (Assouline & Attar-Schwartz, 2020).

Deinstitutionalization began in Europe after the 1989 Declaration on the Rights of the Child and was followed by the 2009 United Nations guidelines for alternative care (United Nations, 1989, 2009). The move resulted in the closing of many large residential care facilities, reforming the system to smaller, family-type institutions and at the same time building greater negative stigma against any kind of institutional care (Eurochild, 2016). However, residential care facilities and their staff members, may come to remember the 2020 Covid-19 pandemic as “their finest hour.” The lockdowns declared by many governments created a situation where caregivers and children were locked together in the residential facilities and had to make the most of this great challenge that was imposed upon them.

FICE Israel decided to initiate a short survey to document and share information about the way different countries handled their policies and practices in residential care facilities during that period. As of this writing (June 2020), 13 countries have responded. Following are findings and some conclusions from this primary survey.

## **The information gathered in this survey**

We decided on three categories – general information on the lockdown, policies, and residential-care stuff functioning. Table 1 provides general information about level of lockdown in each country, data available and policy regarding children in out of home care. Notably, while policies in many countries were quite similar, there were also variations like “intelligent lockdown” in the Netherlands and night curfew in Kenya. The dates vary from one country to another, but in each country, when the



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decisions were made, the policy regarding children in residential care was quite similar. Welfare residential care centers were supposed to remain open and give full services to the children. However, only on-site services were provided. Even therapy that necessitated leaving the facility, had to be stopped. Because schools were closed, residential care staff were responsible for the children during what were normally school hours when they were with their teachers. This increased their workload and responsibilities. Much to our surprise, we found no data is available, across all 13 countries, about the number of cases of infected children or staff members in these treatment residential care centers.

**Table 1: General Information on the Lockdown Period**

<b>Country</b>	<b>Lockdown level and duration</b>	<b>Number of children diagnosed as infected</b>	<b>Were children kept onsite or sent to family?</b>
<b>Austria</b>	Modified lockdown, March 16 to time of writing (June 10, 2020)	No data	Most children remained onsite. A small minority were sent to their families if it were determined that the family system could handle the situation.
<b>Brazil</b>	Complete lockdown, April 1 to time of writing (June 10, 2020)	No data	All children remained in residential care by law.
<b>France</b>	Complete lockdown, March 17 to time of writing (June 10, 2020)	No data	All children remained in residential care. Children who were scheduled to go home were sent before the lockdown, with telephone follow up of the staff
<b>Germany</b>	Complete lockdown, until April 27	No data	All children remained in residential care.



<b>India</b>	Complete lockdown, March 24 - April 14	No data	children continue to stay in residential care. Some children were ordered to return to their families make space available for children from overcrowded institutions.
<b>Israel</b>	Complete lockdown, March 15; partial easing end of April; open May 17 with the entire education system	No data	All children remained in welfare residential care, also in foster care and in family group homes. A few families took the children home with approval of welfare authorities. In educational youth villages, only youth without any family support (about 15%) remained in care.
<b>Kenya</b>	Nationwide curfew 5:00-19:00. Educational and religious institutions closed	No data	All children remained in in public residential centers. No new admissions allowed.
<b>Netherlands</b>	"Intelligent lockdown," * Dates not given.	No data	All children stayed in care
<b>Romania</b>	Complete lockdown, end of March	No data	All children remained in residential care and continue to receive total care by the residential care system.
<b>Serbia</b>	Lockdown and state of emergency, March 15 - May 2020	No data	100% of children and young people remained in the residential centers and children's homes. No children were sent home. The same for children in foster care and homes for children with behavioral problems

<b>South Africa</b>	Complete lockdown from March 23 - April 16, 2020.	No data	All children remained in residential care. No children may be released from the facilities
<b>Spain</b>	Complete lockdown, Dates not mentioned.	No data	All children remained in residential care.
<b>UK</b>	Complete lockdown, Dates not mentioned.	No data	All children remained in secured children's homes. Residential special schools closed, and children were sent home.

*\* The Dutch model called for only people at risk of being carriers to be secluded. Shops remained open and people could go out for a walk or visit others – as long as they are with no more than two persons together. No specific law or rules, only recommendations for the child and youth care field. As of June 1 – testing available for anyone with symptoms.*

## **Contact of children in care with parents and family members during lockdown**

Although children are mostly placed in out of home care facilities by decision of courts or welfare authorities, there is a tendency to keep relationships between children and their families as close as possible. The lockdown mandated by the COVID-19 pandemic, was quite challenging for children as well as for their families and caregiving staff. In all countries that had imposed a lockdown, children were not allowed to leave the premises and parents and families were not allowed to come for visits, at least for the first three weeks of lockdown. Only in the Netherlands they applied a policy that enabled one visitor per child, a policy that proved problematic. Elsewhere, for a relatively long period of more than three weeks, any face-to-face meetings between children and their families were not possible. After that, some



countries started to enable few parent-children meetings in open air places like parks, gardens etc. Table 2 lists that various national policies in the countries that participated in this survey.

**Table 2: Policies regarding Child-Family Meeting during Lockdown**

Country	Were children allowed to go home for short vacations?	Were children able to attend school?	Did children run away? What happened to them?	Were parents allowed to visit children in care facilities?
<b>Austria</b>	No home visits allowed.	Schools were closed during lockdown.	Children who ran away and came back were sent into quarantine within the facility.	No visits allowed initially. Later, parent-child meetings were sometimes arranged in open-air spaces.
<b>Brazil</b>	Residential care declared as essential service and by law cannot close its doors. Some residential homes collapse and staff members took children home.	All formal was stopped, and the time was declared to be the July break.	Runways are not allowed back in, and remain on the streets.	No visits of parents or family members allowed. Occasional online contact with family. In the State of Parana, the court enabled parents' visits.
<b>France</b>	Children stay in residential homes. All home visits on weekends are suspended during the pandemic.	Schools are closed. Distance learning established.	Residential care facilities are obligated to take runaways back, despite the risk of contamination. No all facilities have quarantine space.	No visits allowed both for parents and siblings in residential care and in foster care. Other modes of online relationships will have to be put in place

<b>Germany</b>	No home visits allowed.	Schools closed during lockdown, gradually reopening starting April 27	Children who went out of the residential home without permission are not allowed to come back.	No family visits, except for extraordinary situations such as a child's illness or traumatic condition. .
<b>India</b>	No home visits allowed.	Schools are closed because of lockdown. All classes are distance learning. Younger children are engaged in educational activities taught by older children or supervisors residing at the home.	Each case dealt with on an individual basis.	No family visits allowed.
<b>Israel</b>	Children in therapeutic residential homes and foster care were in complete lockup for six weeks. Children in youth villages were sent home when lockdown was announced; about 15% who have no home remained onsite. For Passover	School lockdown imposed nationwide in mid-March; distance learning began. Donations to care institutions ensured that each child would have a computer, laptop, or tablet for distance learning.	No runaways reported.	No family visits. Contact maintained by phone and Zoom. After 6 weeks, visits were allowed, under restriction, in the residential home's open spaces.

	holidays a few parents took their children home and when they came back, they had to go for 14 days of quarantine inside the institutions.			
<b>Kenya</b>	No home visits, except in special cases.	Schools closed. Distance learning available to those who had access to the service, excluding many children.	Runways and those discharged home were not allowed to return.	Family visits only in emergency. Online communication encouraged where possible.
<b>Netherlands</b>	At the discretion of each institution. Some institutions enabled children to go home for weekends, depending on the situation and a risk estimation of the biological family.	All schools were closed. Online education and equipment were provided.	Children who ran away or were discharged home, allowed to return to the institutions in most cases, if they are symptoms free. Children with Covid-19 were quarantined in the facility in a central location in the country	At the discretion of each institution. Some did not allow family visits, others allowed one visitor per child, a policy caused a lot of problems.
<b>Romania</b>	No home visits allowed.	Schools are closed. All children have distance learning – online and on TV.	Accepted back after onsite two-week quarantine.	No family visits allowed.

<b>Serbia</b>	No home visits allowed.	Schools remain closed until September 2020. School and university students have online classes augmented by TV. Not all institutions have electronic devices for their students.	Several children ran away due to too much pressure. They could return and were quarantined for two weeks in a special room.	No family visits allowed during the state of emergency and lockdown. Families communicated by Skype, smartphones, and WhatsApp video calls. During that period sometimes Parents sent their children small gifts.
<b>South Africa</b>		School are closed. Some schools use distance learning. Residential staff creatively support the children with their studies.	Children who run away cannot return during lockdown, as they will compromise the care of all other children.	No family visits allowed. Communication via phone, WhatsApp, and video calls.
<b>Spain</b>	No information	No information	No information	No information
<b>UK</b>	No family visits allowed.	Children in care have been identified as a group that can continue to attend school. Otherwise used all other alternative ways of maintaining education	Children who left the residential home are not allowed to come back.	No family visits allowed. When the child's emotional wellbeing was severely compromised by not seeing the family, children were taken to a public play area to meet with parents respecting social distancing rules. Other online electronic means like video calls, Skype, Zoom are being used.

## Questions regarding functioning of residential staff members during lockdown

The long period of lockdown imposed on the whole population in most countries represented an immense challenge on direct care workers and social workers in the residential-care facilities. Referring to one of FICE International's publications, *The Socialpedagogue in Europe - Living with Others as a Profession* (Courtioux et al., 1986), we can say that in this challenging period residential care workers literally lived up to the title. They were bound to living together with children in residential care – as professionals. Israel is unique in that residential workers live permanently, with their families, on the premises. In other countries only in family group homes staff is living with children in care, and for the most part, workers live off the residential campus, and are on campus only during their work hours (White et al., 2015). However, the reports show that residential workers remained in the facilities for long hours with the children during the lockdown, and quite often did not go home after their shifts were over. In many cases they preferred to stay in the residential facility together with the children for additional hours and even sometimes for full additional days.

**Table 3: Residential Staff Functioning during Lockdown**

Country	Do residential staff members usually live on the premises?	To what extent were staff members protected?	Did staff members go home after shifts?	Were there staff members who refused to come to work?
Austria	Staff members do not live on the premises	Face masks and gloves are available in every facility, as is disinfection liquid.	Yes.	Not reported.



<b>Brazil</b>	Conditions vary nationwide. Some care workers who do not have families have moved into and are living permanently in the facility. Others work 48-hour shifts.	There is little or no protective clothing in Brazil and masks are difficult to obtain. Brazil has good access to hand sanitizer and 70% alcohol is readily available.	Shifts were changed from 8 hours every 24 hours to 24 hours shift with 48 hours rest at home.	Yes, however it is not common.
<b>France</b>	Staff members do not live on the premises. They can sleep one or two nights and then go home.	Staff members are not protected, due to lack of masks and hydro-alcoholic gel. For a few days, staff members' children received childcare services so they can concentrate on working with children in care.	The staff can sleep one or two nights on the premises and then go home.	Not reported. For the most part, educators came and showed solidarity in caring for the children in care during this difficult period.
<b>Germany</b>	No staff members live on the premises.	Children will not be shopping so the risk for contaminating others, including staff, is reduced. Hygiene standards are always a topic in the houses - there are pictures for the children; individual protection rules will be discussed for each risk group person in personal conversation	Staff goes home unless there is a Covid-19 outbreak.	No, everybody wants to work in residential institutions.
<b>India</b>	The residential care workers are live on the premise and are not allowed out.	Hand sanitizers, masks and gloves are available in all residential homes.	Residential staff live on the premises.	No. The residential staff are committed to their duties and keep the care of children as their priority.

<b>Israel</b>	In most residential care institutions direct care workers live on the premises - other professionals do not. In some of the treatment residential care facilities workers only work their shift.	Children and staff closely followed the guidelines of the Ministry of Health, including following strict hygiene measures and wearing masks. Additionally, wherever possible, staff worked remotely.	Staff members who do live on the premises went home after work.	Generally, residential workers were motivated to stay with the children. A small number of reports of staff members who were scared because of their personal health situation.
<b>Kenya</b>	Some facilities have staff members living on the premises, some have daily staff.	Constant sensitization through the community health workers. Access to PPEs such as masks, hand sanitizers, bedding etc.	Staff members who do not live on the premises go home after work and come back.	No
<b>Netherlands</b>	Staff members live on the premises of family group homes only. Staff members of all other care facilities live of premises.	Due to a nationwide shortage of protective masks, youth care professionals got their equipment at a late stage, meaning that they were working unprotected during the peak of the virus. Mainly hygiene measures were taken.	Staff members went in and out.	Not reported. Most workers were very motivated to contribute and the atmosphere among workers has been amazing. A very small number of older workers from risk-group child and youth care workers refused to go to work.
<b>Romania</b>	No staff members live on the premises.	Both staff and children have received special gloves and masks and have permanent access to antibacterial gel dispensers.	Staff are allowed to leave after working hours.	No

<b>Serbia</b>	Usually staff members do not live on the premises. Caregivers worked 12-hour shifts and had transportation. On weekends, they occasionally spent two or three days in the institutions. Entry and exit were very controlled.	Staff used all the recommended protective equipment, while the children were educated to respect social distancing and to wash their hands often.	Staff members went home after their 12-hour shift. On weekends they sometimes stayed for two or three days. Entry and exit from the institutions were very controlled.	No, but state has prescribed that people over 60, or people with chronic diseases cannot come to work, so some were absent from work due to Covid-19 regulations.
<b>South Africa</b>	Staff working on shift are encouraged to stay in the premises for the duration of their shift. Those who come in daily must adhere to strict precautions.	Regular handwash, regular cleaning and sanitizing and masks. Staff who are unwell are not allowed to come to work until they have recovered.	Staff working shifts are required to stay in the premises for the duration of their shift. Many facilities created a lockdown team who are on site for the full duration of the lockdown.	There were isolated cases of CYCWs who refused to work. After they received full information, they continued working.
<b>Spain</b>	No information	No information	No information	No information
<b>UK</b>	No staff members live on the premises.	Staff wear wherever available personal protective equipment and work to a heightened standard of personal hygiene when administering to the children's needs.	Staff members go home and come back.	No cases were reported.

The information in Table 3, which was provided by the different countries, shows that educators and residential staff professionals were highly committed to fulfil their responsibilities toward the children in care. Although the pandemic created great stress for the entire population, and in spite of their natural concern for their personal health, residential staff members did not hesitate to leave their own families and stay as long as necessary in the institutions in order to provide children and young people in care with all their psychological, emotional and basic physical needs.

## Conclusions

Many of us are only starting now to realize, grasp, and also reflect about our extraordinary experiences during the long COVID-19 lockdown. Living in relatively developed countries, many have been used to trusting scientific solutions to medical problems and challenges. This was a rather new situation – we had to come to terms both with the limits of humankind and of modern science. The only solution scientists and medical authorities could propose was a complete lockdown and stay-at-home order.

Recent years have been a song of praise to globalization, with the "increased interconnectedness and interdependence of peoples and countries... generally understood to include two inter-related elements: the opening of international borders for increasingly fast flows of goods, services, finance, people and ideas; and the changes in institutions and policies at National and International levels that facilitate or promote such flow" (World Health Organization, 2020). Globalization has the potential for both positive and negative effects on development and health. This worldwide pandemic exposed the downside of globalization. First, the spread of the pandemic was due to massive international travel. A disease



that started in China very quickly spread to more than 200 countries. Second, while coping with the pandemic, mass media reported phenomena that are clearly demonstrated in the answers to our survey questionnaire. It is striking to see how quickly countries closed themselves, closed borders, fought over medical resources like ventilators and masks. Even in the European Union, the usual trend of cooperation and collaboration between neighboring countries vanished and gave place to a closing down of each one to cope alone with its own challenges.

This survey of 13 countries show that complete lockdown was declared in 11 out of the 13 countries. Out-of-home care that includes residential care facilities, youth villages, foster care, and family group homes are taking care of the most vulnerable children and youth populations in all the 13 countries surveyed. When lockdown was declared, there was no doubt that these children must stay in the institutions to guarantee their safety and wellbeing (Gonzalez-Carrasco, et. al., 2019). As the lockdown lasted a relatively long period of almost two months, this was a difficult and complex challenge for children, families, and caregiving staff. The information gathered here shows that the out-of-home facilities succeeded to fulfil their noble task of acting *in loco parentis* – as substitute parents – and supply all necessary needs to the children during this period. They also demonstrated that they are able to guarantee children's rights in such a complex and stressful situation. Let us remember that the challenge was intensified by the fact that in all 13 countries, the school system shut down the moment lockdown was declared. Therefore, residential staff had to take care of the children also in school hours, in weekends, holidays, days and nights. In this period there were major religious holidays – Easter, Ramadan, and Passover – which are customarily celebrated in family gatherings. Residential staff members had to organize



special activities for the children in these days to compensate for the absence of parents and family members in these special and emotional moments. The creativity and responsibility of directors of residential centers and their staff were the main resource for coping successfully with these challenges. In many countries, government agencies were occupied with issuing rapidly changing papers and regulations, a situation that seriously jeopardized securing the field workers in coping successfully with their complicated duties. The survey shows that almost no case of contamination happened in the children's homes, neither children nor staff, attesting to the fact that strict hygiene and other health care measures were effectively monitored by dedicated directors and staff members. The safety of children in care were successfully maintained.

We opened this paper by stating that we view the way that out-of-home care systems handled this unusual and complex challenge as the “finest hour” for residential care facilities and their staff members. There are scholars who claim (e.g., Consensus Statement, 2014), that in the 21st century this kind of social structures are obsolete and should be replaced by community-based programs. However, we have growing evidence (Zeira, et. al., 2019), for the important contribution of these residential programs to their graduates. Nowadays, after this experience of the last several months of the COVID-19 pandemic, we have new and updated proof of the necessity and effectiveness of residential child and youth care institutions in protecting children in care and operating essential services for vulnerable children and youth populations during severe crisis situations.



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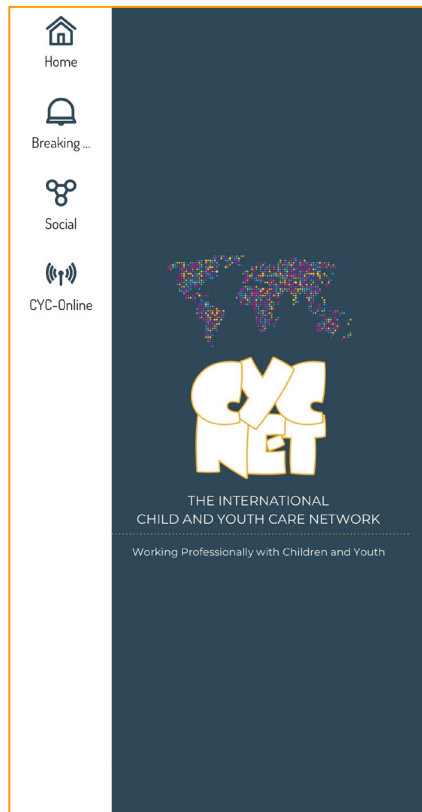


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# Who Gets to be an Expert?

Doug Magnuson and Jenny McGrath

In the past few months we have been flooded with graphs, models, and vocabulary about the spread of the virus. Here is a not-so-brief list of some of the words that appeared in newspapers, Twitter, and on Facebook in the first 30 days of the pandemic:

Confirmed cases, presumptive cases, number of tests, number of positive tests, proportion of positive tests, log(2) scale, log(10) scale, exponential growth, linear growth, lagged effects, number of hospitalizations, number of patients on ventilators, number of ICU patients, deaths from COVID, deaths from COVID in hospitals compared to at home, time since the 10th confirmed case, percentage change, skewness, asymptomatic patients, deaths per million, deaths per 100,000, cases per million, infection rates, testing rates, percentage of positive rates, proportion of cases who have recovered, lag-corrected epidemiological curves, jurisdictional sampling, empirical vs. experimental results, modeling,  $r$ -nought, effective retransmission rate, false positives, false negatives, excess deaths, 7-day rolling average, contact tracing, community spread, social distancing, self-isolation, self-quarantine, flattening the curve.



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If you want to be an expert in infectious disease, these words are just the start of what you need to know. For the rest of us there are three choices: Learn all of these words and how to interpret the graphs associated with them, choose wisely which experts to follow, or ignore all of them and use “common sense.”

The first option is only possible for people with a lot of free time. The third option has proven to be a catastrophe, because common sense for some of us is exactly the wrong thing to do. Common sense may be common only to some people. That leaves the second option, figuring out who we should listen to. In recent weeks even the anti-science academics, in CYC and not, are retweeting and reposting statements from scientists about what should be done.

Our lives are too complicated to be an expert in everything that affects us. We have to rely on experts for many things. The phrase, “I am the expert about my life” or “Children are the experts” is fine for a poster and is sometimes appropriate, but these slogans can also be deadly in real life. The great feature of modern life is that there is so much expertise available to us because of the internet. The great problem of modern life is sifting through all the bullshit to figure out who the real expert is, and the existential goal is to recognize when our own point of view is part of the bullshit.

The virus has made it possible to quickly determine who is competent and an expert on infectious diseases, because we have access to real-time consequences of decisions from states, provinces, and territories from around the world, and because the time from prediction to outcome is so short. The first principle of selecting an expert is to look for evidence that they make wise decisions in similar situations. For the current situation, look for people with expertise responding to Ebola.



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A second way to evaluate an expert is to see whether they have access to data or information that is different or better than others or whether they are using better or different methods with the data they have. If they do not have access to better sources of information than anyone else, they are guessing.

Third, do they have experience with the specific problem or issue that is in front of us? This is the criteria that separates the true expert from the amateur. Many data scientists have misinterpreted data that they know how to graph but do not know how to interpret. Here again, SARS2 and ebola are the criterion.

Fourth, has your expert ever made a mistake, and have they acknowledged it? Numerous experts have backtracked on previous claims, because their data surprised them, or they made predictions that did not come true. This is a feature—not a flaw. There is a curvilinear relationship between the degree of certainty and the quality of the expertise. Avoid those who are adamant all the time, about everything. Experts recognize the limits of what they know, and they modify their assertions based on what recent events.

These principles apply to CYC. Everyone has been a child and knows a child, and because of this almost everyone thinks they are an expert on childhood. We all have ideas about what should be done for and about youth “at-risk” whether we have experience or not. Instead, we should be able to generate a vocabulary list, like the list above, of theories, concepts, ideas, data – and experience – that we should know to be called an expert.

Towards this end, we also want to systematically collect and document evidence about our own successes, failures, and foibles so that we remember and can repeat what works—and avoid what does not. I regret not writing down, even informally, what I learned in my professional work. I



lost a lot of data by assuming that I would remember. The experiences of my supervisors and my colleagues are also part of that record, and I did not write down what I learned from them either. I wasted their and my time.

We need a method for tracking our work. In the next column I will write about a kind of practice lab book that helps keep track of what we have done.

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# Considering Disclosure of Child Welfare Lived Experience by Child and Youth Care Practitioners

Shannon Cherry and Wolfgang Vachon

*This five-part series of articles explores what disclosure of child welfare lived experience does to and for Child and Youth Care (CYC). Using the two author's personal experiences with disclosure and discourses of disclosure in allied fields, this series examines the broader contexts of "disclosure" in CYC; the politics and use of disclosure; disclosure in the workplace, particularly with young people; the recent embracing of "lived experience" which we see at times slipping into pushing for people to disclose; and then ending with an article exploring ideas of power and privilege as they relate to disclosing.*

The two of us met through Wolfgang's PhD inquiry titled *Tuning into Child and Youth Care: An Arts-Based Audio-Drama Inquiry with Child and Youth Care Practitioners who have lived in Residential Care*. The study explores what having Child and Youth Care practitioners (CYCPs) with experience living in residential placement as young people does. Does to CYC, does for CYC, and does to those CYCPs with placement experience. During this study, one area that has repeatedly come up in discussion is "disclosure". Both of us, along with several others involved in



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the project, have had multiple conversations about the ideas, practices, theories, reasons for and responses to disclosing. During the inquiry process we also came to realize that there are gaps regarding this topic in CYC literature. With this in mind, we decided to explore together, in writing, ideas and practices around disclosure using child welfare lived experience (CWLE) as the starting point for the discussion.

We began with the idea of writing a single article for *CYC-Online* and quickly realized that there was far too much to cover in 2500 words. With this realization, we decided to write a short series of five articles on the topic of disclosure in CYC. Rather than providing a list of steps to disclosure or definitive rules regarding how, when, and to whom disclosure “is appropriate”; we intend to look at this complicated terrain through our own experiences of disclosure and draw upon literature from CYC and allied fields to consider what disclosure does and does not do in Child and Youth Care.

## Defining Disclosure

According to the Oxford English Dictionary, to disclose is, “to make openly known; to reveal (esp. new or secret information)” (Disclose, 2020). To dis-close is to open up what was previously closed, to reveal what was not previously known. Embedded within this understanding is an intentionality regarding closure. We keep things closed until we open them, until we share them (or might we reframe it as we keep things *close*, as in near, to ourselves?). To close something is to shut it, hide it, block it, an attempt to prevent trespass. When we think of someone as being closed we often have negative judgments about them, that the person is “not open”, they are “closed-minded”, “closed-off”, a “closed-book”. To disclose is not the opposite of being closed. Disclosing isn’t being open, it is becoming



open. There is a decision to no longer keep something closed, hidden, shut; to dis-close is to make open, to reveal, to share. This is often, but not always, seen as positive. Openness as a personality trait or approach to life is different, one can be open-minded, although many caution against being an open-book. We are encouraged to be open-hearted but not indiscriminate in love. Some people lean more towards a closed tendency, others lean more towards being open. Shannon tends to have a more “outgoing” personality than Wolfgang, who sees himself as having an introverted nature. One’s personality and social tendencies will likely inform one’s choices regarding disclosure.

Life is also likely to influence one’s choices. Experiences such as love, trauma, reward, punishment, validation, stigma and many other factors may inform how one responds in a particular situation. If one has been rejected, experiences stigma or prejudice based upon their identity or past one may be less open (Newheiser & Barreto, 2014) and have less trust in others (Zhang et al., 2020). If one has been rewarded for disclosing, they may be more likely to do it again (Chaudoir & Fisher, 2010). For example, if a Child and Youth Care practitioner from care (CYCPfC) discloses to a young person that they were in care and it helps facilitate a connection between the two of them which leads to a healthy outcome for the young person, that practitioner may be more inclined to disclose again. If, however, the CYCPfC sees a colleague (not from care) disclose something about their past or identity to a young person and the elements of that disclosure are “used against” the colleague, the CYCPfC may be disinclined to disclose. Both of these examples come from experiences shared by CYCPfC as part of *Tuning into CYC*.

There are going to be those who are more inclined to disclose and those who are less inclined. There are going to be situations that influence those



inclinations. There are also larger social-cultural and specific workplace norms that will influence disclosure decisions (McIntyre, 2019). Individual CYCPs make multiple decisions every day regarding what to share and what to keep shut. Disclosure is an ongoing lifelong process. There are many aspects to who we are, some of these we decide are relevant for other people to know, some we decide are not relevant, and some may be relevant but we decide we are not going to let the other person know, we are going to keep that part of ourselves close (as in, close to our chest). Wolfgang and Shannon don't usually "disclose" what we each had for breakfast when we meet to discuss this paper. We don't disclose the dreams we had last night, the colour of our pedicured nails, or the most difficult experience we've had in the past week. As a society we would get very little done if we disclosed the minutiae of our lives every time we engaged with another person. Each day and each interaction we make decisions about what we want people to know, what we don't want people to know, and what we don't think is necessary for people to know about ourselves. These decisions may hold particular weight in the workplace and for those professions which rely upon trusting relationships, such as CYC. From our experiences, we understand disclosure decisions are based on multiple criteria, including:

- Nature of relationship
- Role in relationship
- Length of relationship
- Situation
- Context
- Purpose



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- Comfort with the situation, with ourselves, and with the other person
- Experiences with disclosure/Feedback from previous disclosures.

## Disclosing

It is likely that many, if not most CYCPs will work with young people currently in government care or who have resided in residential placement at some point in their lives. There is a large body of literature that discusses the experiences of people in placement, from placement, or transitioning into or out of placement. Much of this literature is useful and necessary. At times, we (Shannon and Wolfgang) are curious how the social locations, agendas, and experiences of the authors inform the choice to write into this literature. We wonder how much of this writing—used to educate or pique the interest of CYC practitioners about residential placement—comes from those with child welfare lived experience (CWLE). We wonder what agendas exist when different people write the literature. We wonder how these agendas might change the nature of the literature, and how knowing about the experiences of the authors might change how we read the literature. Perhaps some of the existing literature is grounded in the lived experiences of its authors, but without disclosure, we don't know. It is for these reasons that I (Shannon) disclose my CWLE in my writing and academic contexts. Not because I wish to be defined by my previous status, but because I wish to define some of the work I do by it. Disclosure shifts through the varying places of my life. In academia, I readily disclose my CWLE, as it is often closely tied to the work I am doing; it informs what I study, why I study, and my intentions for pursuing graduate studies. I have occasionally disclosed to my professional peers and a few employers, but I almost never disclose to the young people I work with. This context specific



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navigation is not unique to me, it is common for people to disclose in some contexts while never disclosing in other parts of their lives (Ragins, 2008).

Unsurprisingly, my child welfare status was a stigmatizing experience for me when I was a child and occasionally it still is. Now, as a practicing CYCP, I sometimes refer to it as my superpower. I have met other CYCPfC who have also referred to their lived experience as a superpower. Child Welfare lived experience provides a credibility only obtained from the experience itself (Seita, 2019 Personal Communication). It also grounds the work I do with purpose. As I seek to support and change the systems I work within as a CYCP, I recognize much of my passion comes from my lived experience. Disclosure identifies me as more than just an ally, but as someone with personal vested interest.

Once my CWLE is disclosed, it becomes part of my known identity. I am no longer just Shannon or Shannon the CYCP, I am Shannon the CYCPfC. It is known and cannot be unknown. My disclosure identifies me as being someone from care, but I am always a CYCP first and the work I do as a CYCP is grounded in the CYC pedagogy taught by my teachers, mentors and from what I have learned as a professional with nearly two decades of experience in the field.



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Wolfgang chooses a different approach in academic and professional contexts. Locating oneself to readers of research has become a regular aspect of qualitative inquiry, to the point of seeming more rote than reflective at times. Researcher or writer location disclosure is particularly present when the topic relates to specific demographics, populations, areas of studies, subcultures or countercultures. Locating oneself, with the intention to identify relevant factors that might influence one's perspective on the inquiry, comes out of the legitimate and important recognition that who one is informs one's understanding, orientation, and choices, among other aspects (Leavy & Harris, 2019). I (Wolfgang) am a cis-gendered male, I grew up in a world that gives me particular messages about who boys and men are. This informs how I view and move through the world. I am white, I live in a world that consistently sends me messages about the value of whiteness. I have a full-time unionized faculty position at a well-resourced public college in the largest city in Canada. Working there for 13 years provides me with economic security and a very comfortable living situation. These aspects of myself, and many more, influence how I understand and move through the world. These factors, these privileges, allow me to make choices in my career, my writing, my teaching, and my work with young people.

The above factors are known about me. Anyone who has been in a class I taught knows that I identify as a white cis-gendered male. I discuss my race and gender with colleagues, students, and other people as it influences my work (and it always influences my work). Some people become curious about what I don't discuss. Where assumptions are not as easy. Where there is doubt. I am frequently asked by academics, colleagues, students, and others I speak with about my PhD., if I have experience living in residential placement. This is a legitimate and



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important question, which I have thought a lot about regarding how to answer. In the vast majority of cases I use it as an opportunity to open up a conversation about why they are asking, why it matters to them, what they hope to know by my answer, and then, I don't say one way or the other. I have told, or offered to tell, all participants of *Turning into CYC* if I was in placement or not, this I see as an ethico-relational choice. If I am going to ask people to share potentially intimate details of their life with me, I think it is important to be willing to share potentially intimate details about my life with them. I have been asked by my supervising Ph.D. committee if I lived in residential placement and I have made a decision to not disclose, to keep the answer shut. This has resulted in multiple productive discussions with them about the ethics and implications of this choice. It has also been instrumental in my decision to co-author this series of articles with Shannon. In my PhD., I am considering what disclosure does, what not disclosing does, considering the times that people do and do not disclose, and ask, why do people want to know. All topics we intend to discuss more in the articles to follow.



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By not disclosing I resist foreclosing. The person engaging with the materials of *Tuning into CYC* (the writings, audio dramas, podcasts, website, presentations, etc.) is invited into the inquiry process. The invitation is to consider “what does having CYCPfC in CYC do?” Some people who engage will wonder if I have placement experience. I would like them to ask themselves, “what does it do for me, and to me, not knowing if the researcher has placement experience?” One of the many things I am learning in this project is that CYCPs are responded to in particular ways when they share that they are “from care”. Assumptions seem to be made. Parameters are imposed and people start to react in different ways. As we will explore more in the months to come.

## Conclusion

This article has primarily been a situating and contextualizing essay about the idea of disclosure and some of our personal decisions regarding disclosure. We understand people’s choices to disclose as a combination of natural inclinations, the rewards and punishments from past disclosures, experiences of one’s life, the context of the possible disclosure, the purpose, and the goals of dis-closing, of revealing, of becoming open. We suggest all of these elements are present and are weighted, consciously or not, to a greater and lesser extent each time a CYCP makes a disclosure decision. We have focused primarily on our own choices about disclosing, we have not considered much what disclosure does for those we work with, disclosure with young people, the politics and practices of disclosure, or the desire to have people disclose. These are some of the areas that we will be discussing in the coming months.



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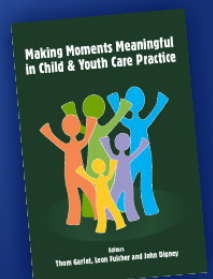
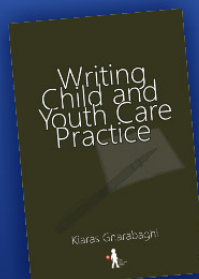
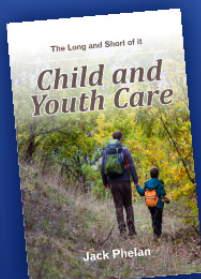
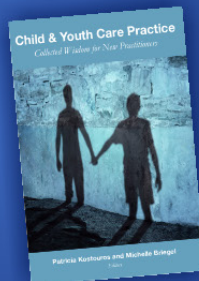
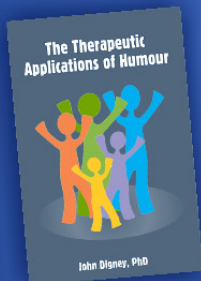
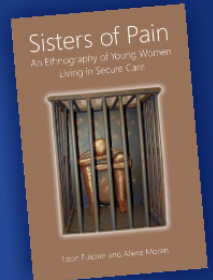
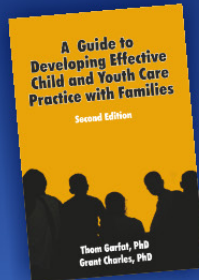
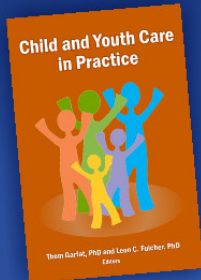
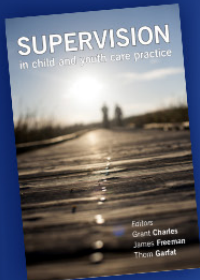
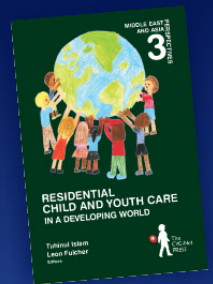
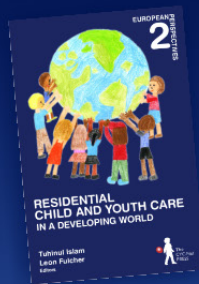
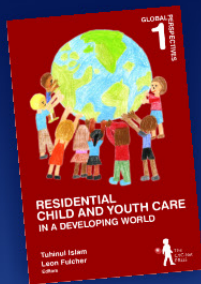
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# I Never Saw A Purple Cow

Jack Phelan

There is a basic idea in professional CYC practice, that until a relational connection is established with people who are being supported, little real change can occur. The difficulty inherent in our field is that most of the people we are trying to support have huge issues with letting outsiders, especially professional outsiders, get close to them.

Readers of my columns are familiar with this issue since I write about it regularly. This month I want to explore how educators and supervisors are the main resource for practitioners to integrate relational methods and thinking into their work.

College and University programs are professional schools, which is somewhat different than purely academic programs of study. Graduate Masters level programs are also professional schools, which should focus on practice as a major goal. Since relational and developmental education are fundamental to professional competence, these concepts should be woven into the curriculum across professional courses. The unique manner of applying both developmental and relational information into actual CYC practice requires faculty in these institutions to have extensive personal experience in doing relational CYC work. Teaching the theory about relational practice is not a complete way to understand and implement these concepts. The term *praxis* has been used to explain how important it is to both intellectually understand and practically apply relational concepts. Faculty in all professional schools who teach practice methods must be competent practitioners also.



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CYC supervisors are tasked with supporting the professional development of staff, and the supervisor is especially important in mentoring the shift from focussing on behavior control to building relationships. When the CYC supervisor has not personally mastered these skills, he/she is unable to professionally develop staff. Therefore, you cannot expect people who are not mature CYC practitioners or from other professions to adequately supervise CYC practice.

One reason for the lack of clarity among both students and newer practitioners about relational practice is that they have not been taught well and are missing mentors to emulate.

So, what are some solutions? Hiring interviews can include more probing into the candidate's experience of relational practice and relational learning, as well as questions about how to transmit these ideas and *praxis* concepts to others. When supervisors are only expected to manage staff behavior and faculty are merely expected to quote books and studies, we ignore the core methods in our field.

Supervisors and faculty must be able to use relational dynamics to transmit these concepts and methods to students and staff. This means that supervisors should develop professional relationships with staff that focus on creating more competence in building relational connections. Supervisors should realize that just as youth and families do not believe that staff have any appreciation for how they need to live, so also, staff do not believe that supervisors appreciate how difficult their job is. So, the relationship mirrors the dynamics of the direct helping connection and can benefit from a relational approach. Most supervisors see the relational connection focus between staff and themselves being more personal and friendly, which is irrelevant in creating competence. Faculty also have opportunities to create relational teaching strategies, which require more

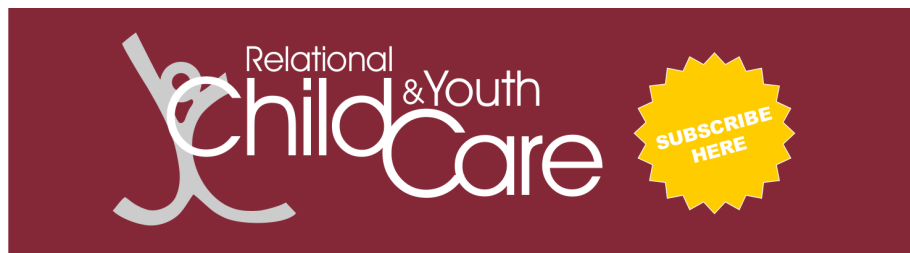


trust and respect as well as power reduction than exist in most classrooms. Many students see CYC faculty as smart people, but not necessarily competent CYC practitioners. Often this is an accurate assessment.

“I never saw a purple cow,  
I never hope to see one,  
But I can tell you, anyhow,  
I’d rather see than be one.”

– Children’s nursery rhyme

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



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# Anti-Black Racism and the Training Industry – Part 2

Kiaras Gharabaghi

Last month, I provided some perspective on the role of training in responding to the renewed demands for a serious engagement with anti-Black racism in society generally, and in the social and community services sectors in particular. The core of my argument last month was that spontaneous one-time training events with respect to anti-Black racism are more problematic than helpful, inasmuch as such training actually legitimizes white complacency toward racism – specifically, attending such one-time training often allows people to claim that they just didn't know about anti-Black racism ... so sorry to hear that this is such a problem!

In part 2 of the engagement with this particular topic, I want to turn my attention to more useful ways of responding to anti-Black racism by contracting with external training professionals. I want to start this discussion by pointing out that 'training' is not really the right term for what ought to be happening in response to current demands for change. This is the case for two reasons: First, because the term 'training' has been thrown at just about every problem within social sectors generally, and represents, from the perspective of the trainee, something that exists outside of every day practice. Training, including training designed specifically to build capacity related to operationalizing new knowledge and skills, suffers from an 'operationalization deficit'; in the context of anti-



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Black racism-related training, such training has always been very good at providing a rationale for why there is a need for change, and at providing the facts on how anti-Black racism manifests in the lives of Black communities. But when it comes to actually doing something about it, there is not much content, much less strategies for implementation.

The second issue with the term 'training' is its inherent connotation of capacity building. We train people to be able to do something new, or different, or to do the same things they have been doing better. But the capacity, or the ability, to do something new, different, or better does not automatically result in *actually doing* something new, different or better. There are good reasons for this: First, many people are not looking for doing something better in the sense of outcomes; they are looking for ways of doing things that feel right, comfortable, and familiar. As a practitioner, I generally know that my practice is not perfect, but it is the practice I know, I feel comfortable with and that I can implement well – and I can integrate new knowledge and ideas *rhetorically* into what I am already doing. The second issue with an enhanced capacity to do something new, different or better is that doing so almost always requires changes in contexts over which I have no control. Yes, I understand that the assessment tool I am using is racist, but I have no permission to replace it with something else; turns out that my employer needs this assessment tool to be used in order to conform to accreditation standards. Finally, and perhaps the most entrenched issue with respect to anti-Black racism training, is that the necessarily broad solutions offered to racist practices in such training clash with the euro-centric and very white world of evidence-based treatment and professional standards, particularly in contexts of mental health and child protection agencies.



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So, if not training, then what? I personally like the term ‘coaching’, perhaps because I have been involved in soccer-related coaching for most of my adult life. But I recognize that this term too probably doesn’t work for everybody, and so I would suggest that it is less important to find the *right* term than it is to mitigate the assumptions and biases associated with the *wrong* term (training). For the purpose of this article, I will use the term coaching, but do feel free to substitute the language that works for you.

From an agency perspective, the point really is that whereas training implies capacity building, coaching implies that the capacity to do something new, different or better already is present, but the actually doing something new, different or better is not. Professional Trainers focus on building capacity to do things differently; coaches focus on actually doing things differently by practicing new team structures, new positioning, new set plays and new ways of responding to the unexpected. In soccer, coaches demand of players to bring their foundational soccer skills and a commitment to exert their strongest effort to the practice and then they work with each player individually and the team as a whole to maximize, even optimize, the output of the team. They do this usually by developing a system of play that is tailored to the particular strengths of their team and its individual players. This process takes time, often several seasons, to really see results. It also takes enormous flexibility in terms of the assignment of positions, the specific tasks for any given position, and the ability to substitute players for particular positions as they advance their contributions to the system at differential rates. At the level of practicing a new system, coaches know that they must pay equal attention to the whole functioning of the system of play across the field and throughout the game, as well as to the micro-moments that unfold within the system of play in particular contexts. Three or four players in adjacent



positions have to be able to play together well in tight, high-pressure spaces; all eleven players have to be able to communicate and advance the open game across the field. This is why soccer practices, at least at higher levels of the game, always involve both small space scrimmages with selected players and large space scrimmages with everyone.

What does this mean for the engagement of anti-Black racism in social and community service agencies? First, it means that we are not looking for a trainer, we are looking instead for a coach. Second, we understand that as we contract with the coach, we are contracting with them for a longer period, which for most agencies, I would suggest, is at least two years. Third, it means that we are asking the coach to first assess and then work with both the whole agency and sub-sets within the agency, focusing on matters of policy as well as, and usually more extensively, on matters of practice in small, high-pressure spaces (such as a therapist's office, or the supervisors' meeting, or the ways in which the agency participates in community events or processes). Let me provide an example of what a coach might focus on.

In most agencies, 'clients' have reasons to visit the agency (in some agencies, all work takes place in the community). They might visit to see a therapist, or they might visit to participate in a group session about parenting skills. In order to get to where their session will take place, the client typically has to enter the building through the front door, and then is escorted (typically by the therapist, sometimes by an administrative staff member) from the front door to the space where the work will take place. This often means walking down narrow hallways, past administrative spaces and workspaces of other therapists. That walk can take one, two or three minutes, during which the client observes both the aesthetic environment of the agency as well as the social processes unfolding in



each of the spaces they are walking through. One additional dynamic experienced by the client is that the longer the walk from the entrance to the workspace, the more difficult it becomes to feel comfort that one can exit at any time if one needs to. In other words, even before any work *per se* takes place, the client already has been exposed to a great deal of expression related to the agency's position on anti-Black racism. This raises many questions, such as:

1. What sort of aesthetic pieces, such as art on the walls, furnishings, or sounds and smells might be seen as inviting to a Black client?
2. What expectation exists for the people the client is likely to pass on the way to the workspace to either greet the client actively or to acknowledge their presence, however temporary and in passing?
3. What work is done during the walk toward the workspace to highlight to the client the path to the nearest exit, so that they do not feel increasingly trapped the longer the walk?
4. If accompanied by the therapist, should the therapist walk in front of the client, behind the client, or alongside the client if the space permits two people walking side by side (and if it doesn't, should the space be modified so that it does)?
5. We all know that once a client is seated in a therapist office, the offer of food or drink, if it is made at all, is likely to be rejected; should there be a strategically located food station on the way to the workspace so that it becomes more likely that the client will accept the offer of food or drink, and if so, what food or drink should be offered?



There are many other questions we could ask, but what becomes apparent very quickly is that no matter how strong a trainer might be in their training session, no training session will ever practice walking from the front door of the building to the therapist's office. Coaching does involve precisely this; in addition to discussions with the people who might directly be involved in this walk (the therapists, the people whose workspaces are along the way to the therapists' office), a coach can actually practice this walk and review different variations of structuring this walk based on how the people involved are experiencing it during their practice. Similarly, virtually every aspect of being present at work, in the context of individual employees, smaller groups of employees, and the agency as a whole, has impacts on an agency's expressions and practices in the context of anti-Black racism. It is not enough to understand the inadequacies of particular practices, procedures, policies or general orientations; for change to occur, every member of the agency has to practice their foundational skills every day, and smaller groups within the agency have to practice their approaches to small, micro activities and tight spaces. In child and youth care language, transferrable also to social work contexts, this means that practicing the moments of care, of interaction and of engagement, no matter how seemingly trivial or banal or how little these might relate to the clinical practices of an agency, are critical components of the whole. No soccer team can implement its game plan if it loses the ball every time there is counter pressure from the other team. And no anti-racism initiative will ever create change if the path to getting to the therapist already suggests to a Black client that their body is not welcome here, acknowledged here, or visible here.



Those of us involved in coaching sports know that you cannot tend to all the things necessary at both micro and macro levels on your own; we also know that there are specific skills, and specific moments, that can be practiced more effectively with someone who specializes in precisely that skill or that moment. In other words, from an agency perspective, hiring a coach to create change with respect to anti-Black racism means empowering the coach to bring in people who can help work on particular aspects of the change process. For example, I may be able to coach an agency on its change process with respect to anti-Black racism generally; but I may not notice specific micro dynamics or issues (aesthetic or social process) that might impact on queer Black individuals or communities. For that, I might want to bring in someone who can because they have been paying attention to precisely this context for many years. This is a rather important piece of useful engagement with an external coach. The first thing such a coach might say is that Black communities are not homogenous communities – they are diverse just like all other communities. Therefore, a singular perspective and approach to a change process with respect to anti-Black racism is likely going to introduce new forms of exclusion and deepen the experience of anti-Black racism for individuals and communities whose identities are not specifically engaged. In soccer, no self-respecting coach will ever take control of goalie training. Goalies require unique skill sets and also have unique roles in the communication with the team as a whole.

So, to sum up my perspective on engaging external support to create real change with respect to anti-Black racism in social and community services, I want to highlight once again four core points that ought to be at the centre of agency decision-making:



1. Hire a coach and contract for at least two years;
2. Empower (and resource) the coach to bring in the perspectives and skills needed to practice specific aspects of the agency's operations;
3. Understand and be prepared for both micro and macro activity, and realize that these are interdependent and mutually reinforcing rather than hierarchically organized;
4. Change is not fuelled by knowledge; it is fuelled by practice.

Finally, as sort of a fifth point but really as an overarching comment, I would say this: Making a commitment to creating change with respect to anti-Black racism is great, but only if it is a full commitment in which agency leaders understand that they are not privileged in their role as changemakers. So if you are going to make that commitment, step aside and let the coach do their work. Note, however, that not every trainer is a good coach, not every coach is a good trainer. These activities require entirely different skills and attitudes. Coaching is never based on making speeches, or lecturing, or even inventing role-plays or other creative pedagogic methods as part of a learning session. Coaching is about connection, relational practices, and working with individuals and groups where they are at – it is very much about using the foundational skills present right now and generating a team that communicates well and supports its members, and a system of play that produces outcomes. At the same time, however, coaching requires more than good practice skills. It also requires an imagination and an understanding of how systems work, where they break down, and how they reproduce their failures based on broader commitments to particular sets of (sometimes brutally unethical) values. Racism is both a practice and a set of values that are deeply



embedded in everything we do. We are not giving up on these practices and values easily, or at least we haven't given up on them for centuries. A coach has to inspire and connect, but also remind us for months and years *why* we need to make change. That seems easy to forget; and perhaps this is the reason why England hasn't won a major soccer tournament for over 50 years.

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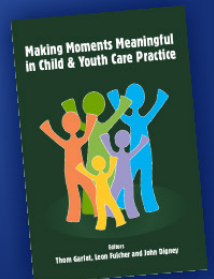
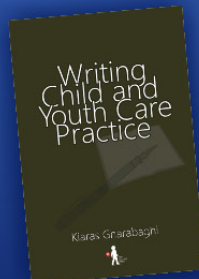
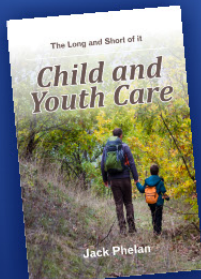
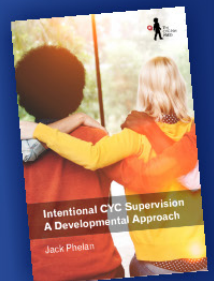
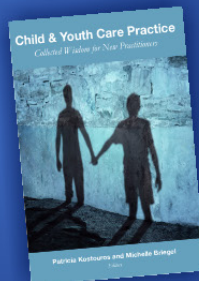
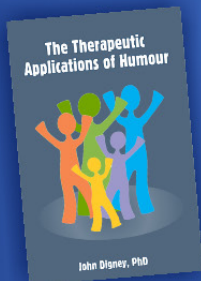
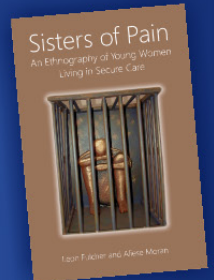
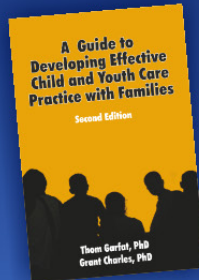
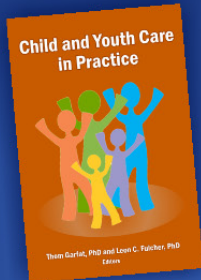
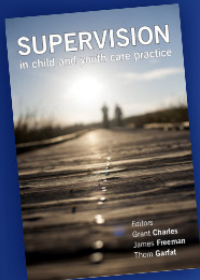
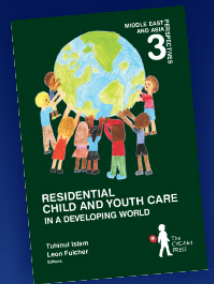
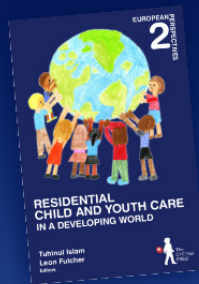
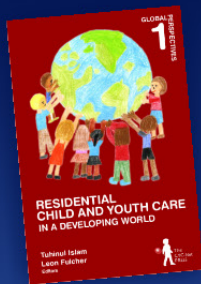
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# Values, Beliefs and Self-Care

Shelly Currie and Michelle Chalupa

As adults it seems that at a certain point we lose sight of some of the things that used to bring us comfort and ease in our younger years, or perhaps it is at this time that we begin a voyage of self-discovery as an independent vs a dependent person. As child and youth care practitioners we also tend to re-evaluate our values and beliefs as we enter the field and take on the great privilege of supporting young people in discovering themselves and what they believe in as well.

Grounding yourself in values and beliefs can look very different for each person. It can also be connected with your dimensions of wellness that we quickly reviewed in our article we published in [July](#) around establishing boundaries. C. Wright Mills (1959) discusses the necessity of understanding your values and beliefs connected to the use of your sociological imagination “to understand the larger historical scene in terms of its meaning for the inner life and the external career of a variety of individuals.” Mills also extends the message of this greater understanding of what is happening around us as well as what is happening within ourselves. When there is understanding of self you can alleviate anxiety that is caused by external elements and factors within society. When we consider the increases in mental health issues within present society perhaps there is connection with the lack of emphasis on values and beliefs.



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As our world becomes industrialized, social media, media, and the internet tend to influence our sense of reality and what makes us happy – and potentially has redefined some of our values and beliefs. One of the things that seems to have happened in the COVID pandemic is that it has given a lot of people the time to slow things down and reconsider what they may value and believe in or perhaps it has given others time to spend more time looking around them and have lost focus on what is truly important to them.

In the field of Child and Youth Care there is the governance of practice within our Codes of Ethics and although these codes may look a bit different across the globe there are themes that are centered around best care and practice, honesty, integrity, respect, inclusion and professionalism. It is within these codes that our profession continues to grow and develop. There is a sense of community within the field of Child and Youth Care that you can feel when you connect whether it is at conferences, via emails, webinars, or in the discussions that happen on the [CYC-Net Facebook Discussion Group](#). Connecting with likeminded individuals allows you to understand that you are not alone and that others have shared values and beliefs.

Values represent our highest priorities; they are driven by our beliefs. The aforementioned sense of community and cohesiveness we share as Child and Youth Care practitioners is driven by a shared set of values amongst practitioners. Heathfield (2019) describes how our values co-mingle with other co-workers' values to create an organization or family culture. This culture either serves the organizations goals effectively or it doesn't. A work culture that values honesty, integrity, respect, inclusion, and professionalism is one that also allows us to live our values through our work each day. It also allows us to be positive role models for the young



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people we work with, allowing them to flourish and ultimately (hopefully!) adopt similar personal values. Alternatively, it just may have been the individual's personal values which attracted them to be employed by an organization that aligned with their values.

One of the challenges that may happen is recognizing that other's in your life have differing values and beliefs that may no longer align with yours as you become more connected to the field of Child and Youth Care and even become more self-aware. This difference can often reshape your social circles and you begin to spend time with your colleagues more and more which is normal in most workplaces – but often creates the possibility of blurred lines between personal and professional boundaries. Establishing boundaries around this will be critical as you will want to ensure that you have a separation with your colleagues around practice and socializing. When you work with friends it can also be challenging to maintain objectivity in challenging situations and to also disconnect from your work on days off – which creates barriers for practicing self-care as well.

Scott Jeffrey (n.d.) has put together a [7 Step Guide to Discovering your Personal Core Values](#). As part of testing the ecology of our values he suggests outlining our values, then walking away and sleeping on it, then revisiting with fresh eyes and asking these questions:

- How do they make you feel?
- Do you feel they are consistent with who you are?
- Are they personal to you?
- Do you see any values that feel inconsistent with your identity (as if they belong to someone else, like authority figure or society) and not you?



- Check your priority ranking. Do you feel like your values are in the proper order of importance? (Jeffrey, n.d).

A personal practice that has served us well is enlisting the input of trusted friends, family and associates to have them tell us 3 things that they observe as your values. This practice, although unorthodox, has allowed for unearthing of blind spots and invited conversation that may not have happened otherwise. Bringing in the people who love and support us the most into conversations about personal core values not only brings you closer, but it sparks and inspires reflection on their end and ours. We welcome any questions you may have about this practice to our email: [dearselfcare2020@gmail.com](mailto:dearselfcare2020@gmail.com) and until next month we hope that you are practicing great self-care.

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# Mercy, Mercy Me (The Ecology)

Hans Skott-Myhre

Nearly fifty years ago, the great soul artist [Marvin Gaye](#) sang the words in the title of my column this month. It was a song about ecological degradation in which he catalogued poisoned air, pollution of the oceans, mercury in the fish, radiation in the ground and in the air, species extinction, and human overpopulation. He ends the song by asking how much more abuse can the planet stand at the hands of people.

His query has even more urgency today with ecological devastation escalating at an alarming rate. If we take the same time scale and wonder where we will be in fifty years, the prognosis is chilling. Even with serious and immediate intervention, there will catastrophic shifts in climate that will flood large sectors of coastal areas across the planet, parts of the world that now sustain people's food supplies will suffer from droughts that will make agriculture no longer feasible, diseases and viruses such as the current pandemic are likely to become common place, storms such as hurricanes, tornadoes and floods will become more intense and damaging, and levels of pollution will deeply compromise ecosystems as our waste fills the ocean and land with toxic residue. There will be mass migrations of millions of people fleeing lands that no longer sustains them. While prognostication is always a very risky business, I think it is fair to say that a considerable number of these events and effects are already in play and



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don't require a crystal ball. To project escalations in all these areas is regrettably a reasonable set of conjectures.

This is the planet our children and their children will inherit from us. I would say *unless we do something*, but it is highly likely too late for us as the current elders to take enough decisive action in the few years we left. The scale and rate of escalation is simply too large and too fast for our generation to have a significant impact.

That leaves it to the next generation. I am not saying that our generation cannot do anything. Indeed, it is imperative that we begin the work the next generation will continue. The question is, how are they to be prepared for the work we were unable to do?

I would suggest that our inability or unwillingness to do the things necessary to build a functional and benevolent set of relations with the world in which we are embedded, is rooted in some profoundly fallacious thinking. It is critical that the next generations do not continue to perpetuate the kinds of thinking that have gotten us into this this toxic and abusive relationship with the world with which we are entangled. We have an accountability to all of our relations, human and more than human, to work together with young people to re-think who we are in relation to literally everything else.

Of course, young people have already begun to do this, and there are many of us as elders who have been struggling against the tide to do it as well. In this moment, however, I would argue that in terms of CYC it is time to engage the key definition of radical youth work: youth and adults working together for common political purpose.

This would mean that we shift the focus of our work. Currently, much of what we do is focused on either proactively disciplining young people so that they are more easily appropriated and exploited by the dominant



system of global capitalist rule, or reactively attempting to manage the trauma and suffering engendered by that very system. In either case, our role is deeply compromised by our own investments in a system that is both brutal in its effects and suicidal in its practices.

The foundations of our work were rooted somewhat differently in the concepts and practices of [phenomenology and existentialism](#), which held considerable promise in bringing our attention to our lived experiences together as we encountered the world through each other. This set of ideas heavily influenced humanistic psychology which in its turn influenced CYC in its early years. [Humanistic psychology](#) opposed traditional American psychology on the basis that mainstream psychology reduced human beings to sets of behaviors and believed that the role of psychology was to find ways to manipulate human behavior so that what we did was in concert with what society expected of us. The early influence of Abraham Maslow, Carl Rogers, and even Fritz Pearls has a deep impact that can still be found in the characteristics of the field as delineated by [Garfat, Freeman, Gharabaghi, and Freeman](#). The idea that the most effective way to work with young people was not to be found in assessing, diagnosing, and treating them was radical almost 50 years ago and I would argue it is radical today. The humanistic edge of CYC proposed working together in the kind of relationship that affirmed our mutual creative capacities.

Over time however, our field has become increasingly influenced by mainstream psychology with its infinite variety of taxonomic and hierarchical frameworks for understanding, explaining, and treating young people. While we pay lip service to relationship, we too often only form relations with young people to find an avenue whereby they will comply with our regimes of behavioral health. This way of articulating the relationship between young people and CYC workers is about as far away



from radical youth work and our roots in humanistic psychology as I can imagine. More importantly it strikes me that there is little or no room for the kind of political relation that might lead young people and CYC workers to find new ways to think through a response to the world of 21<sup>st</sup> century ecological crisis.

Of course, there are those who would say that politics has no place in CYC work. That we are there to serve the needs of the children and youth who are in our care. We have no right to superimpose our political agendas on them. We need to maintain a political neutrality and focus in each individual child's emotional and psychological needs, not our political agendas.

I would argue that this perspective is flawed in at least two ways. In the first, the very idea that children have emotional and psychological needs contains an implicit political agenda. The politics of what [Ian Parker](#) has called the psy-complex reduces the complexity of human suffering to psychological algorithms that center that suffering within the individual child. In doing so, it promotes a political agenda that obscures the broader socio-political landscape that engenders the conditions that cause the suffering in the first place. By appearing to be politically neutral and only tending to the individual child, the worker centers the responsibility for managing the pain and trauma of 21st century life within the body of each child. This is a very powerful political practice indeed.

The second flaw in the argument is the idea that any set of relational practices could be free of politics. Power relations pervade society at all levels and worker/child relations are saturated with the discourse and practices of power endemic to our age. To pretend that neutrality is possible is actually quite dangerous. I would contend that we are practicing politics unconsciously or consciously. If we are unconscious,



then we practice political agendas over which we have no control and therefore little or no accountability. If we are at least conscious, then we can do our best to critique and be responsive to the ways in which our political agendas fail to do what we hope they might do.

To consciously engage work that would bring young people and adults together for common political purpose is challenging, but perhaps more possible in this historical moment of tumultuous engagements across the political, cultural, and social landscapes. It is important to note, that however important our roots are in CYC, we cannot premise consciously political work in any kind of return that attempts to bring back the past. I don't believe we can go back to what we were in order to remedy what we have become. In this sense, we have to reimagine our work in ways that may make it seem unfamiliar or even unrecognizable. That does not mean we cannot take elements of our past theories and practices and reconfigure them for our current historical needs. We must bring them forward rather than attempting to reverse history.

A very nice example of this was a recent issue of the [International Journal of Child Youth and Family Studies](#). Articles by Scott Kouri (on Settler Education: Acknowledgement, Self Location, and Settler Ethics in Teaching) and and Kaz Mckenzie (on Unsettling White Settler Child and Youth Care Pedagogy and Practice: Discourses on Working in Colonial Violence and Racism) were particularly powerful. But there was a two part series on re-thinking CYC pedagogy that is indicative of the kind of work we might initiate if we were to take our relations with our ecology seriously.

The series was composed of Part 1: "Water and Land Based Pedagogies" (Morgan Mowatt, Sandrina de Finney, Sarah Wright Cardinal, Jilleun Tenning, Pawa Haiyupis, Erynne Gilpin, Dorothea Harris, Ana MacLeod, Nick XEMFOLTW Claxton) and Part 2: "Indigenous Frontline Practice as



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Resurgence” (Sandrina de Finney, Sarah Wright Cardinal, Morgan Mowatt, Nick XEMTOLTW Claxton, Danielle Alphonse, Tracy Underwood, Leanne Kelly, Keenan Andrew). Both are well worth our attention, but it is the first in the series that I want to draw our attention to here. Mowatt et. al. describe a way of learning about Child and Youth Care that is centered on Indigenous understandings of relationships. They root this understanding in experiencing the world directly through immersion and ceremony. They acknowledge the entangled relations of history and contemporary encounters with traditional teaching, colonial trauma, and the land itself. In doing this, I would argue they suggest a different kind of CYC work that moves outside the world of European and American derived counseling practices that are so often held within the sterile environs of the program. They also move beyond the activities centered work that many times is premised in traditional Euro-American activities and sports.

Instead, their work suggest a kind of encounter with the natural world that goes beyond “camping” (which is so often a vaguely imperialist exercise) and into an encounter with the land that includes an acknowledgement of the politics and power relations that shape our problematic relations with our environment. They propose a different kind of pedagogy for Child and Youth Care that goes beyond psychology as an interpretive lens for trauma or suffering.

*During the institute, we gathered, walked, harvested, feasted, learned, and shared together in special and sacred places: the shores, meadow, trails, and forest at SNIDŪEŁ [Tod Inlet] in W SÁNEĆ territory, and between coastlines, sheltered inlets, and old growth on T'Sou-ke territory. . . Our hosts recounted how local ecosystems and ways of life have*



*been severely impacted by colonial practices and policies. They described how policies of genocide, reserve systems, segregation, forced land appropriation, and residential schools, and numerous child apprehension policies — among many other forms of colonial violence — were deliberately imposed on their sovereign Nations. In the process, Indigenous peoples were disconnected from their homelands, and thus from their land- and water-based ways of teaching and learning (Archibald, 2008; Simpson, 2017; Williams et al., 2018). To counter the colonial harms held in these sacred places, our institute recentred land- and water-based pedagogical practices of working in circle, harvesting, ceremony, speaking the language, and sharing oral histories. These practices are vital to our accountability to all of our relations that guide and protect us in our frontline work with diverse Indigenous communities.*

I would argue that that it is not only the frontline work with Indigenous communities that can be impacted by such practices and learnings, but our field as a whole. Of course, we have to be careful here about appropriating our Indigenous colleague's practices and traditions as the framework for this kind of CYC frontline work. For those of us working in different contexts and communities, it is important to turn to other land based pedagogies and practices rooted in a number of different traditions that also move us beyond traditional psychological practices and into ecological encounters that can build new sets of social relations. I am thinking of the work of [Veronica Pacini-Ketchabaw](#) with her work on Common World Childhoods, [Fikile Nxamalo](#) with her work on "Listening to



Water,” or [Luke Kalfliesh](#) writing on “Ontological Curriculum,” among others.

In order to prepare future generations and build a CYC that is adequately responsive to the challenges we face, we need to learn and think differently. We need to read outside the box and open ourselves to alternative frameworks for what we do. And we need to begin to do that yesterday.

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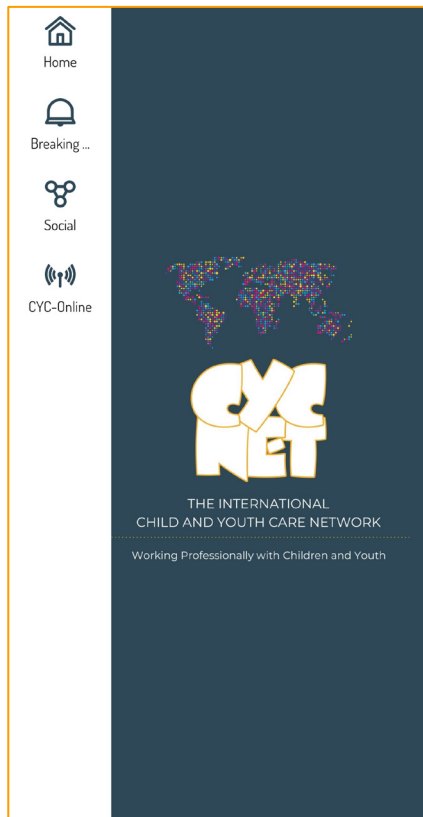
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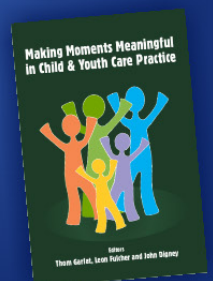
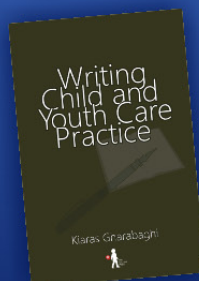
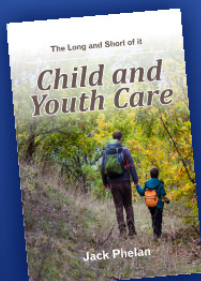
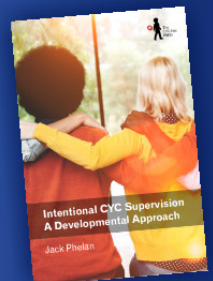
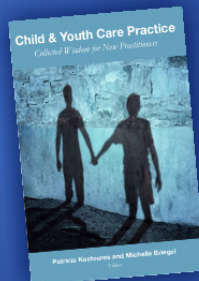
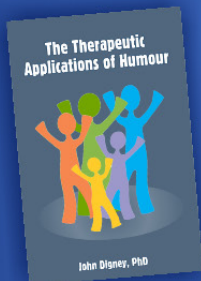
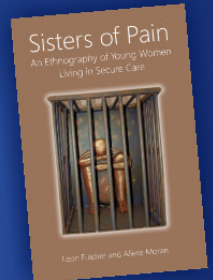
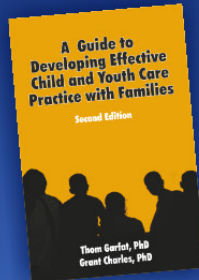
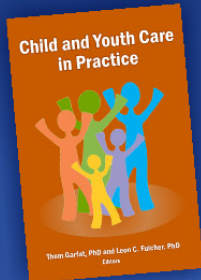
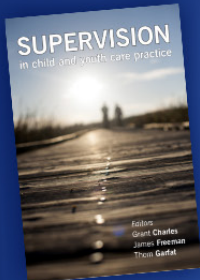
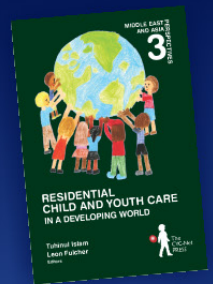
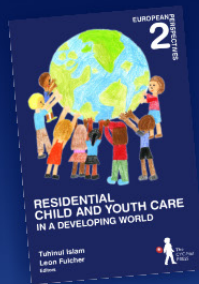
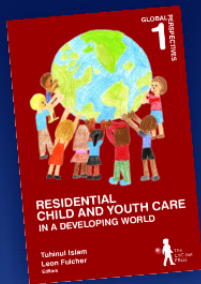
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# Thrown into the Supervisory Role: Self-Supervision Using the Characteristics of a Child and Youth Care Approach

Amanda McCooeye

## Abstract

*Working as a Child and Youth Care Practitioner (CYCP) for over twenty years has prepared me with a wealth of knowledge and an abundance of skills to confidently refer to myself as a professional in the field. I pride myself on the skills that are specific to Child and Youth Care as well as the characteristics of relational child and youth care and I think that that they come to me naturally while I am interacting with vulnerable children, youth and families. What my years of experience has not prepared me for, is working as a professional CYCP during a global pandemic with the added task of directly supervising myself while working from home. I am writing this article to share the early stages of transferring my skills as a CYCP to those of a supervisor of a Child and Youth Care Practitioner, struggling to do her job differently.*

Work from home they said. My first reaction was “Perfect, just what I always wanted to do”, until day 3 when the population I work with began to feel the uncertainty, fear, and isolation that the rest of the country, and from what I was hearing the rest of the world,



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was experiencing. Panic started to set in and not just for the children, youth and families I work with, but also for myself. I continued to have the same administrative support that I had pre-pandemic, however, they were now navigating a new way of performing their job and had the task of supervising an entire team of workers who were spinning – much like the population of young people I was making an effort to support. There were not enough hours in the day to help everyone. This is when I was forced to take a step back and assess my day-to-day work from a different perspective. I needed to learn how to support myself in what felt like a new position.

My first instincts were to judge myself, be critical, and get upset at my challenges. This is not characteristic of how I typically practice, and I knew why; those instincts are not helpful. I found myself thinking, ‘what if this were someone I was supporting going through the same situation, how would I react?’ This has become a common question for me during this pandemic and has helped me understand myself better. Asking myself this question has encouraged me to be kinder towards myself. It has taught me how to walk alongside myself on this journey instead of yelling critically from behind and it is teaching me how to accept my level of ability, which includes accepting my weaknesses as well. I have been getting better at being experiential and experimental by permitting myself to take risks and reflect on the outcomes. I have been able to identify and appreciate newfound strengths that I would not have known I had if I were not faced with this situation, and I have transferred the skills of patience and extended thinking by giving myself the okay to make mistakes and learn from them. I eventually found myself reviewing the Characteristics of Relational Child and Youth Care that were identified on the Meaningful use of Daily Life Events wheel that groups the characteristics according to the



process of being, interpreting, and doing (Charles, Freeman, Garfat, 2016), and began to think more deeply about them as I applied them to my own views of my current job performances.

## **Being**

While reviewing the process of Being, the first characteristic that jumped out at me was love. I began thinking about how prominent love is in my front-line work, doing work I am passionate about and working hard to make honest connections with those I support. This led me to wonder why I was not showing that same love to myself. I am currently living through a traumatic life event that will undoubtedly have a lasting impact and I should genuinely care about myself in the same way that I genuinely care about those with whom I work. As a front-line worker I actively participate with others in their everyday life by being present with people in their own space and I am always willing to persevere when things get tough, weathering the storm alongside them. Looking at my front-line self through a supervisor lens, I need to have those same characteristics. I need to support myself in my everyday journey during this pandemic. I can do this by being present with myself, experiencing all that this brings, and I need to persevere when some of those days get difficult and tasks become more challenging to complete. I need to be compassionate towards myself when daily tasks are just too much, and I cannot get as much done as I normally would. I need to practice the characteristics of flexibility and individuality that finds one being flexible in their interactions and with expectations geared to the individual (Charles, Freeman, Garfat, 2016). As a final characteristic from the process of being, while supervising myself I need to stay focused on the present while not forgetting the past and remembering there is a future.



## Interpreting

The next process according to the Meaningful Use of Daily Life Events wheel is interpreting (Charles, Freeman, Garfat, 2016). An important skill in this process, interpreting speaks to the worker's or supervisor's process of applying logic to their encounters. Working through a pandemic is an experience that I could never have been prepared for. I often find myself trying to make sense of the world and the situation, while trying to be cognizant of how the young people and families I am working with are experiencing the world right now. I find myself struggling to translate this skill into my self-supervisory role as it requires being able to notice the thoughts I am having about myself and the work I am doing, while paying attention to the way it makes me feel. There are times I get upset with the thoughts I have about myself and my work and then I allow myself to think about the way those thoughts made me feel. This process allows me to think of how I could change my thoughts to something less upsetting.

This concept is very similar to another characteristic called examining context, which is the supervisory skill of being able to be constantly examining all elements so that you can understand the moment more fully (Charles, Freeman, Garfat, 2016, p.36). Supervising myself as a CYCP, I have been trying to focus on my strengths by thinking about how I have adjusted to this new way of being relational from a distance and letting myself be proud of the work I am managing to get done in such unprecedented times.

I have also taken the time to think about some of the work I have done and some of the decisions I have made and tried to relate them to a need I may have had as a worker – being curious about what need I was trying to meet. As a practitioner I listen to people's actions and behaviours and try to help people connect them to the need they are wanting to meet. I have



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also been trying to do this while overseeing myself, paying more attention to my behaviours and actions. For example, one day I found myself purposely ignoring an email, which is not typical of me, and I was working hard to forget that it was there as well as forget that I was ignoring it. I later decided to think through that behaviour and was able to identify that I was feeling extremely overwhelmed and I was anxious that this email may have contained another task that was expected of me. Thinking through this gave me a chance to forgive myself for doing this and to see that I was doing this to meet my need of lowering my feelings of being swamped.

The final characteristic from this process I will talk about is being focused on family. As I always remember the family that is attached to the clients with whom I work, I have been looking at how to transfer that skill to be aware that there is no such thing as helping in the absence of family and extended family members (Charles, Freeman, Garfat, 2016). If I can be open to the impact and the part that family and family experiences play in the lives of the young people I work with, then I should be able to accept the impact my family and family experiences have on me as a worker. This skill could not be more needed than it is during a pandemic when the worry for those you love is in the forefront. I find myself constantly sidetracked by worries about my family and how to keep them safe, as well as by family tasks that need to be done while I am working from home. I have had to use this skill as an acting self-supervisor to be kind towards myself and understand that I would expect young people to put their family high on the priority list and I should not expect any less of myself as a worker.



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## Doing

The third and final section of the Meaningful Use of Daily Life Events is the process of Doing (Charles, Freeman, Garfat, 2016). During this unpredictable time I need to view myself and my work with more compassion and I need to be able to accept myself where I am at, which may come with feelings of concern and reluctance. I need to be okay with where I am under these stressors that are out of my control and I need to have empathy towards myself when struggling. I also need to be able to celebrate the successes and the work that I am doing and encourage myself to be proud of those accomplishments.

The characteristic of rhythmicity is explained as being able to understand that there are times to challenge and times to simply support (Charles, Freeman, Garfat, 2016), and this is a time to support. Working front-line during a pandemic when everyone you encounter is panicked and you are worried yourself, is not a time to be unnecessarily challenged. As I attempt to manage my performance, I am cognizant of my level of stress and therefore feel the best way to support myself as the worker is to be present and accepting.

The final characteristic I am going to mention is staying emotionally present for your supervisee. This is difficult when overseeing yourself, however I find it important to be with myself as the practitioner in the same manner that would be expected of the practitioner with their youth and/or families (Charles, Freeman, Garfat, 2016).

I feel that this has not been the easiest and most realistic way to experience the characteristics of relational practice in child and youth care from the position of a supervisor, however it has surely given me a chance to begin the process of transferring the same skills that are rooted in me as a supervisee. My experiences so far have taught me that having a



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supervisor (in this case myself) that occupies the same list of skills and characteristics as their supervisees and the ability to help their workers feel that they matter could make for a good supervisor/supervisee relationship. During this time of chaos and crisis in the world it is most important for both front-line workers and supervisors to be cognizant of their skill set and to be kind to themselves as everyone is navigating their way through unfamiliar territory and trying to make a meaningful difference.

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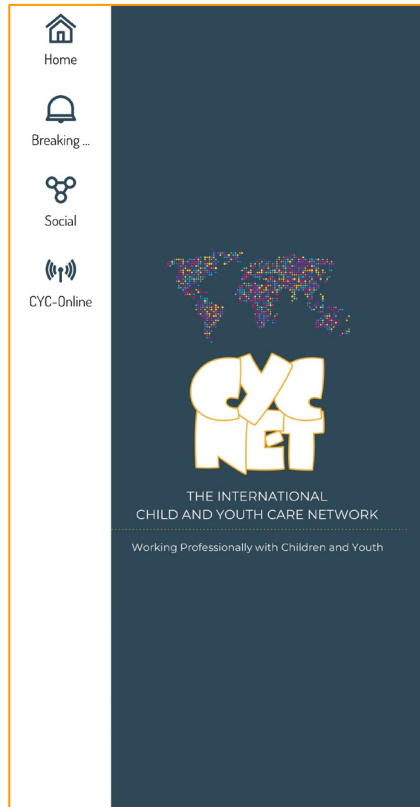


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# Dog Days

Garth Goodwin

Here we are just entering the so-called dog days of summer which for the northern hemisphere has been a few weeks early as the plus 30-degree heat arrived in mid-June and has persisted since. Today has been perfection itself, sunny yet temperate with just a touch of cool in the air. The perfect day to throw a foam party back in the city. A Facebook friend has just posted a live video of a backyard pool and deck choked with people all bouncing around in white foam being projected out over the pool by a foam cannon. Water droplets people! Considering the times, this was jolting as moisture, movement and proximity are all at the top of the Covid risk list. But this is Manitoba, the middle province of Canada which locked down early and hard sitting today at 7 dead of the virus and no active cases now for 11 days. Between lockdown and geographical isolation, the province has lucked out relative to much of the world and especially the United States in controlling this virus. When it comes to the broader impact of the response to the virus the province is right in there sharing in the load or rather lack of it. The buzz, the bustle of the pre-Corona world has become a flatline hum. As the economy attempts to ramp up again there is this deep uncertainty so profound one can only take stabs at the dark at implications which is what this column will attempt to do.

For all of us here for the last five months or so, we have lived through a period of history, incredible history and still not even know it. Western civilization has literally collapsed brought to a standstill in order to isolate



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and insulate ourselves from this virus. That incredible dynamism of globalization where folks travelled the world over by the millions daily, where the young could grow up considering the real possibility of taking their post graduate education anywhere in the world and where everyone appeared to thrive conducting the economy of it all, just ended; a victim of its own success so to speak. An unsanitary moment, a plane flight or two and a virus was on its way around the world. Five months on, we are immersing in a mixture of shock and denial where things remain unknown, uncertain and incredible. Those who threw off the traces early going from lockdown to being open, seizing the beaches with glee have set off an explosion of cases threatening our capacity to even contain it all. When the happiest place on earth decided to get in on the action during the highest number of cases emerging in a jurisdiction one knew things had reached a point of absurdity.

The truth of the matter is that we do not know where things stand, uncertainty rules and the only compromise there is any level of agreement upon is to wear a mask. That is qualified as this is not universal as this period of isolation or lockdown has exposed an intolerance that is stunning for its depth and breath. It touches us all differently.

For the young this period has been a bonus. Not since the 50's has the family been gathered together for such an extended period and now with both parents. Children were not that evident during the lockdown. No one was in the streets playing. If they did go out to the playground, parks or for walks it was with their parents. A four-year-old up the block had a parade for a birthday, at least 100 cars, trucks, motor bikes, scooter, whatever decorated, honking and driving by. School yards stood empty. If my neighbours two grade school aged boys had any say schools would have just carried on. They both miss school genuinely. For those in care, it has



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been especially difficult as they have been cut right off from family social contact all together. For some, that may be a good and welcome thing but for many in care they value what family connection they have. One of the privileges of my career has been to follow primarily on social media a dozen or so former youth in care across several facilities. All have established families of their own and where able healed the breaches in their families, including them now in their family life. Of course, this is totally antidotal not a finding of fact tracking all the youth I have cared for. I often suspect we have no real idea of how much of a difference we make as child and youth care professionals. And then there are those who get the virus. They appear to find themselves removed to Covid units specifically set up and staffed to deal with the infected. The impact upon them may add to their trauma.

Adolescents and young adults have either filtered into the shadows or been right out-front populating the protests of the age. The needless deaths, outright murders of good people caught on digital media and made available to the world has ripped the lid off the stew that is America and indeed the vestiges of colonialism and indigenous peoples the world over. Grounding kind of lost its power when it went universal. Perhaps, that is why most young people appear to be just rolling with the punches, keeping calm, carrying on. Still the unintended consequence of disturbed routines and crossed boundaries has been to rip the lid off the tolerance of our times with youth and young adults acting out against racism and relics of the confederate past. This was intolerance spilling over. The real crunch is about to come when the government subsidies end and the economy does not reemerge. We forget times were beginning to become tough with malls closing, great brands falling and restaurants shuttering. Somehow though that glowing Trump economy this has continued with



the high and mighty like establishment stars Neiman Marcus and Brooks Brothers going into bankruptcy. Our economy once was relational, you knew who you were buying from and why. It then became interactive with sales associates, frequent sales, turnover of product and even the customer handling the payment. It has moved on to a mouse click or two, handy credit wallets and huge platforms for packaging and delivery. You never see a person. Now you can even, order food and groceries this way.

Adults, for the most part are simply following protocols set forth in the various state and provincial jurisdictions. Friday, March 13 sticks in my mind as when isolating kicked in and toilet paper flew off the shelves. For many, notions like the guaranteed income, parental leave and working from home became elevated into immediate realities. A salaried associate spent the first three months at home with the family and the wee ones working from home to the point where ditching the office altogether has been given serious consideration. Families with grade school kids may be a little less celebratory. They are aching to get back to school. Well there have been extensions for unemployment income there is the debt to be considered.

Then there is the elephant in the room, the one with the yellow hair. For much of my life I have been what you would call a small 'I' Liberal or left leaning person who in fact lives a most conservative lifestyle. It comes from knowing profound insecurity and believing and at times having benefited from being given a leg up in one small way or another. Deeply held views following out of the Holocaust were held closely and working with young people were ways to act out these values. Over the years one adapted to the ying and yang of different administrations and even transformations in sentiment for opposition leaders. Life was progressive for the most part even through the greatest of upheavals like the Vietnam war. But then



with Trump, this ended for me when little kids were taken from their parents and some died accidentally before our eyes. Fast forward a few years and the police have become agents of death caught committing cold blooded murder of fine people. There is indeed carnage, a simmering intolerance that has boiled over into protest, the racial movements and the toppling of statues of racially tinged figures from history. Suddenly, the shoe is on the other foot and the president is the intolerant one ignoring the implications of his actions which remain rigidly negative, often to the extreme trampling the rule of law and setting the virus loose throughout the southern states. I recall the fuss over Ronald Reagan and dementia. At least dementia has no intent where plain old aging with the faculties going; needing two hands to steady yourself, the horror of inclines and the forgetting; can have all the intention and outright denial of a mad man.

And so, it becomes a waiting game, this stew of intolerant and desperate forces so polarized against each other. The thought is that it is over, a Democratic victory of historic proportions is coming. Still, Trump keeps his base, his commands are met in elections and while failing he maintains a following. I have lost friends to his politics and have a Canadian neighbour who loves the fellow. The pandemic has changed things, adding a level of urgency to life that has many acting differently. It has me thinking of the set point in weight theory, that we all have a certain internal set point we constantly feed and maintain. Social tolerance may have just such a set point, wherein social forces can exist with a harmony that respects all and favours none with each step of perceived progress being incremental for the most part. This has been true carnage, a deliberate attempt to turn back time that has only exposed a legitimate and overdue intolerance for the status quo. There is a great deal of healing that needs to take place and an election is only a step in what must become a chorus of kindnesses to



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set things right. The case free steak ended at 13 days with five new cases being reported, two of which were young adults. Still, too early to trace back to a foam party. Life is slower now. Stores that are open follow a relaxed, single shift, 11-7 designed to be open to the public and able to stock and clean in a few shifts. The virus is rejecting this rush to open. Attempts to return to public entertainment, dining and transportation have all had to be rolled back. Folks follow the rules yet avoid the public expression of society and of being together as events continue to be cancelled and folks avoid the issue of when they may see each other, find work or even ever fly again. Baby steps, safe baby steps for however long now.

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



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# Postcard from Leon Fulcher

## *Inside COVID-19 Community-Safe New Zealand*

**K**ia Ora Kotou Comrades and Warm Greetings to you all! To mask or not to mask - is that the question? Sitting inside the island borders of Aotearoa New Zealand, I'm amazed at what differences we experience here compared with what the media portrays to us via BBC World, CNN, Sky and Al Jazeera newscasts. This pandemic is hitting the world really hard, and so far, those who favour maintaining the economy at all costs are losing - that is if death tolls are counted as a legitimate statistic to monitor and scientists are actually given credibility.

It is interesting how the Homeland President fails to demonstrate a basic knowledge of statistical analysis, or listens to somebody who does? If we test more and find more, it shows just how well we are



**Personal protective equipment - PPE - has become a necessity for all health workers**



doing? The basic notion of 'per capita' statistics is apparently lost on he who knows all.

Recently I've been thinking about the issue of wearing masks as a legitimate health preservation initiative. My son and daughter-in-law are medical doctors and see patients - wearing face masks, both doctor and patient. When I go to my GP, I wear a face mask in the waiting room.

Some argue that it is their right to determine whether they wear a mask or not. Rarely are the cultural origins of such rights-based claims of entitlement to decide acknowledged. Individualistic notions of entitlement such as these have rarely been tested. A news item in the past month caught my attention about a champion of individual rights whose party openly challenged the



**Community cleansing initiatives are used in many parts of the developing world**



***Social distancing and essential shopping produced challenges in many communities***

notion of social distancing. Few listened to his death-bed admission, “*I guess I got it wrong!*”

If ‘wearing a mask’ is about human rights to choose, then all sides of this question must be examined. Anyone emerging from or living with compromised immunity will claim

they, too, have rights and are entitled to isolate and social distance themselves from others, even where community transmission of the COVID-19 virus has been largely eradicated. The COVID-19 virus is now being managed at the New Zealand borders. What happens during 14-day mandatory isolation in 4-5-star



**Many people have improvised with their personal protective wear**



**Social isolation brought empty streets and locked down economies without KFC!**

hotels - paid for by New Zealand - now receives very close scrutiny!

Four break-outs were reported during the first week of New Zealand's 'managed isolation'. All involved climbing over or cutting through temporary barriers

set up around an area designated for smokers and absconding to liquor stores. Nicotine patches are being planned for smokers.

Returning to the question of wearing masks during this COVID-19 pandemic. More and more, I have been wondering about different cultural meanings that are given or assigned to 'mask-wearing behaviour'. In the Homeland where I grew up, masks were worn by bandits, thieves and desperados. The Lone Ranger, Zorro and Batman wore eye-cover masks



**Colleges and universities moved to distance learning as the medium of instruction**



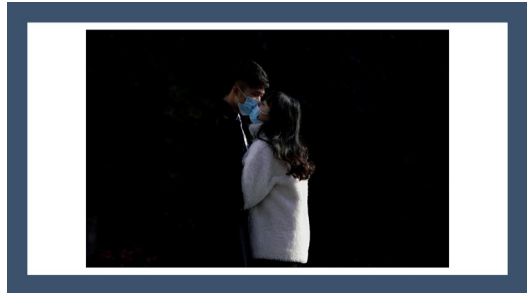
**As lockdown ends in some places, temperature checks have become routine**

which distinguished them from the endless list of bandana-masked baddies.

Even before the SARS epidemic, travel in Asia highlighted the routine use of face masks. In places like Hong Kong or Beijing, the wearing of face masks as a barrier to pollution has been largely routine. Asian visitors to New Zealand have been seen wearing masks, well before the COVID-19 pandemic slowed world travel abruptly. New Zealanders are not really mask wearers.

Little wonder that people acculturated in Western culture where individual rights are emphasized assign negative stereotypes to anyone wearing masks. This prompts difficulties in relations with Middle Eastern people. Too many are uncomfortable

around women who wear the bourka. Do you wear a facial mask when out in public? When someone argues IT'S MY RIGHT NOT TO WEAR A FACE MASK, maybe smile behind your face mask knowing "You can't fix stupid!"



**Personal intimacy also changed during the COVID-19 pandemic**

# Information

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

In general:

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

Articles can be submitted to the email address below for consideration.

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