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Contents

Complexities

Rika Swanzen

Andy Stanley says that "growth creates complexity which requires simplicity", and Alan Perlis states: "Fools ignore complexity. Pragmatists suffer it. Some can avoid it. Geniuses remove it."

While this issue is lighter than the previous special issue on education in terms of its volume, it is not lighter in terms of its content. It holds reflections on serious topics, from matters of child protection to pedophilia, from the need for professionalisation to the impact of immigration. For me the golden thread throughout was the determination of the authors to bring some understanding to some very complex issues.

These discussions occur against the backdrop of other complex world events – on the one end of the world the aftermath of the elections in the United States, and on the other end, the release of the State Capture report in South Africa. Much about people's true thoughts and actions have been revealed. We live in a world where the pendulum seems to swing to extreme opposites, even while politicians and philosophers had us thinking at times that we are a tolerant society, or at least one that ensured protection for diversity.

The authors in this issue offer some insights on the approach to vulnerable children and youth, as well as posing questions about the responsibility of the practitioner and policy decision-makers.

To further advocacy efforts for a holistic Child and Youth Care (CYC) practice, Paget highlights the need for a broader conceptualization of protection, one that is not merely

concerned with guarding the health and safety of youth as physical bodies, but as whole persons. A distinction is made between survival and existence; utmost basic needs versus the quality of one's life – with quality being characterized by the relationships and connections between self, others, and the world. The belief is presented that when CYC practitioners regularly and ethically review their assumptions and beliefs about young people's needs and how they come to define their prevalence, they can be responsive and meet them where they are at. A deeper look at needs are proposed, with a creative link to CYC theory.

Successful intervention plans in the education and child welfare system are discussed by Holmes, with an emphasis on effective promotive factors for resiliency. The intervention strategies take a microsystem approach, motivating for effective changes through social cues and reactions to behaviours where individuals learn what is acceptable in society. Aspects of belonging, an internal locus of control and self-regulation are considered. Stay further adds to the understanding of approaches by presenting logotherapy as a meaning-therapy. The higher spiritual dimension is linked to an undeniable longing for meaning in life. An interesting link is suggested, with behaviour challenges and the existential vacuum presenting itself mainly in the form of boredom. This arises when too few demands are made upon man, an aspect that may very well become a typical concern for this generation. The basic techniques of logotherapy and their application to CYC practice are offered in this discussion.

A topic that may not receive enough attention receives candid discussion by Nobrega. It is claimed that the most beneficial treatment for individuals with pedophilia and for child sexual exploitation prevention, is through advocacy techniques that create awareness among society and social services researchers. She builds on a view that an accurate definition of pedophilia is lacking when pedophiles are grouped into the same category as child sex offenders. Specifically, because the related stigma may prevent them from receiving the required support that would reduce the probability of child sexual abuse offences. A range of treatment considerations are then suggested as a focus for interventions, thereby ensuring the prevention of harm to vulnerable young people.

Among other findings on a youth profile studied, Brooker found that easy access to the internet provided by mobile phones and other devices has impacted the sexual lives of young people. The drop in the age of exposure to pornography in mainstream culture raises concern as to what this is teaching young people about sexual interactions, women and relationships. On other matters of concern, youth aged 15-19 years are four times

more likely to be processed by the police than any other age group, but early implementation of various diversionary tactics does indeed reduce the likelihood of repeat contact with police. Risk factors that have been identified as indicators include peer rejection, academic failure and learning delays combined with teacher intolerance, reduced family connections – due to poor supervision, divorce or family break-up, substance abuse, long-term parental unemployment or low income, neighbourhood violence, lack of support services and child behaviour problems. She believes young people faced with challenges that are both universal and unique to their generation, are dealing with high levels of stress – centred around the economy and financial matters, politics and societal values, and equity and discrimination.

Grosse and Roman expand the focus on the treatment of vulnerable children and youth through the presentation of a best-practice model for parent support in communities. For strong parent-child relationships, parents need support through the introduction of basic skills and knowledge, and the establishment of networks within communities. Parents living in a community struggling with high levels of unemployment, crime and substance abuse experience high levels of stress, but resources such as community counsellors, financial support and informal support, could also address internal challenges that relate to the stressors. Less coercive discipline techniques are some of the positive outcomes of the programme.

Please also take special note of this issue's book review by Wolfgang Vachon. Rather unique of its kind, it brings you best practices from the non-Western world. The book is truly a must-read.

In bringing our focus to the practitioner, Boyle identifies self-awareness, reflection and praxis as concepts that are valuable to a CYC practitioner's professional and personal identity. These are held against the fight/flight response, where our ability to think clearly and use self-awareness and reflection is compromised. While it is in these moments that the ability to reflect in and on action is the most important, the impact this situation or individual has on our self-awareness must also be uncovered. It is proposed that social construction as an idea that has been created and accepted by the people in a society, does not become the framework for how we determine what is deviant or acceptable. If bias is checked, our intuitive feelings can act as safety mechanisms, while still providing support to people who need us. Practical suggestions for reflection through scenarios are provided to unpack social constructivism for the CYC practitioner.

While Jamieson reminds us how we came to CYC, and Goodwin points to the forming of silos and relationships, Ward argues for the benefits of professionalisation. She states that the inquests into the deaths of children in care remains too high. While relational CYC practice should also be considered a best practice in out-of-home care services for children and youth, a risk remains as a result of not claiming our professional identity. With created roles, various terms exist that may lead to a lack of clarity in professional identity. Such uncertainty could result in increased risk to children and youth. Much work has been done on the development and implementation of certification standards of CYC practice, but the author is of the belief that we have not yet legitimized our work through certification, accreditation or regulatory processes. A number of recommendations are made to consider for professionalisation.

A clear correlation exists between the professional and knowledgeable conduct of the practitioner and effective service delivery to vulnerable children and youth. This last issue for 2016 complements the many other contributions of authors who pays tribute to the profession with the sharing of their expertise. Each piece of the puzzle builds a picture for practitioners in various settings and, as Trowbridge claims it is with the *New Vulcan Academy*; what a different timeline to evolve an academy of irrational sentimentalists, a human stereotype instead of a logical human argument.

Finally, complexity is often thrust upon us in both our professional and personal lives. How we respond to it says much about what we have already learned about what we can handle. For those who had big highlights in 2016, may you have even more in 2017. And for those who had many challenges, may next year be marked by your victories. Be blessed.

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Balancing Survival and Existence: Protecting *Whole Persons*

Paul Paget

"A life full of passion is a life fully lived. A life bereft of passion is one that is merely survived." – Anonymous

Introduction

Some care settings place what is arguably an imbalanced emphasis on young people's survival needs (i.e. housing, food, medical/medicinal treatment, safety from bodily harm, and stability) to the extent of undermining other core developmental needs (Gharabaghi, 2012; Gharabaghi & Phelan, 2011). A main reason for this stems from fears of legal liabilities related to health and safety, oftentimes trickling down from management and into the views and practices of frontline practitioners (Jackson, 2003). However, child and youth care (CYC) is a profession concerned with fostering the overall needs and capacities of children and youth (Anglin, 2001; Magnuson, 2014). To enable truly effective, ethical, care practices that reflect the holistic nature of CYC, agencies must be committed to delivering programs and services reflecting a holistic vision of care. To further advocacy efforts for a holistic CYC practice, this article will highlight the need for a broader conceptualization of "protection" – one that is not merely concerned with guarding the health and safety of youth as physical bodies, but as *whole persons*.

Survival and Existence

For those involved in CYC, it is crucial to remain consciously aware of the distinction and connection between survival and existence. To survive is to maintain the utmost basic needs of the human body (i.e. food, water, shelter, safety from illness and danger); it is about staying physically alive and safe. Existence, however, could be described as the *way in which one lives* and the *quality of one's life*. It extends beyond the sustenance of the flesh and is characterized by the relationships and connections between self, others, and the world (Freire, 2009). Furthermore, existence is reflected in the activities and endeavours through which one cultivates and evolves one's interests, potential, and identity. It is existence that defines the *richness* and *meaning* of life. Therefore, it is inadequate and unethical for CYC practitioners to merely focus on protecting young people's survival; we must care for them in ways that protect their existence.

### Critical Use of Theory and Knowledge Relating to Needs

Though CYC practitioners draw upon various theories of human development (Phelan, 2014) to inform their approaches to fostering young people's overall needs (survival *and* existence), theories can also hinder practice if not critically examined and applied.

Abraham Maslow's Hierarchy of Needs Theory informs us about core human needs and how the degree to which these needs are fulfilled can affect overall behaviour and functioning. These are physiological needs (i.e. food, water, shelter, health), safety needs (i.e. security, stability, freedom from harm, danger, and fear), needs for belonging and love (i.e. relationships with family and friends, cultural membership), self-esteem needs (i.e. recognition, status, a sense of achievement, worth, autonomy, and freedom), and needs to self-actualize (i.e. fulfillment of creativity and talents, extending one's potential and abilities) (Maslow, 1943) Furthermore, Maslow posited that these needs are categorically and hierarchically ordered (see Figure 1), and that the fulfillment of each successive category of needs is dependent upon the complete fulfillment of the categories preceding it (Maslow, 1943). Over the course of time, other scholars have added to Maslow's hierarchical model by integrating additional levels of need. Following the category of esteem needs and before the category of self-actualization, a visual rendering of the hierarchical model by Alan Chapman (2001-2004) includes the categories "cognitive needs" (i.e. knowledge and enlightenment) and "aesthetic needs" (i.e. the pursuit of balance, beauty, and form.

Chapman's visual also includes an additional category above self-actualization called "self-transcendence". However, unbeknownst to many (Koltko-Rivera, 2006), self-transcendence was a category of need that Maslow had begun contemplating sometime after developing his initial and most recognizable, five-stage, hierarchical model (see Figure 1). One could say that the additional categories of cognitive and aesthetic needs added could be conflated with Maslow's conceptualizations of self-transcendence.

Drawing on thoughts and musings from some of Maslow's later publications and personal journal entries, Koltko-Rivera (2006) relates that Maslow's ideas of self-transcendence included "... service to others, devotion to an ideal (e.g. truth, art) or a cause (e.g. social justice, environmentalism, the pursuit of science, a religious faith), and/or a desire to be united with what is perceived as transcendent or divine" (p.303). It could also "... involve mystical experiences and certain experiences with nature, aesthetic experiences, sexual experiences, and/or other transpersonal experiences, in which the person experiences a sense of identity that transcends or extends beyond the personal self" (p.303).

Figure 1
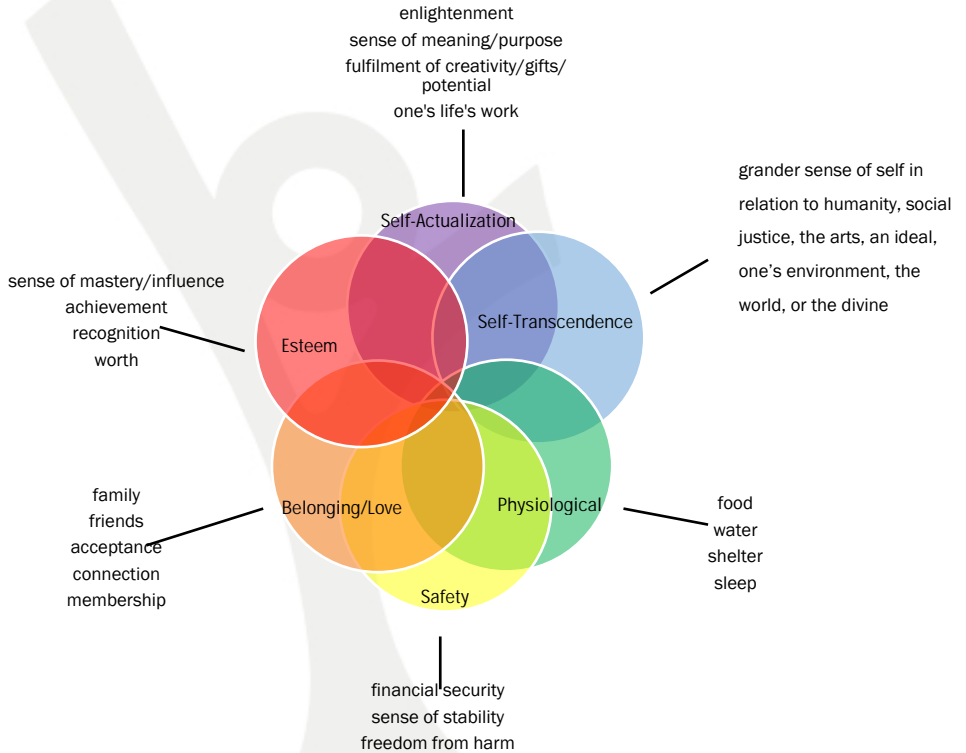Maslow's Hierarchy of Needs. Adapted from Zalenski & Raspa, 2006, p.1121.
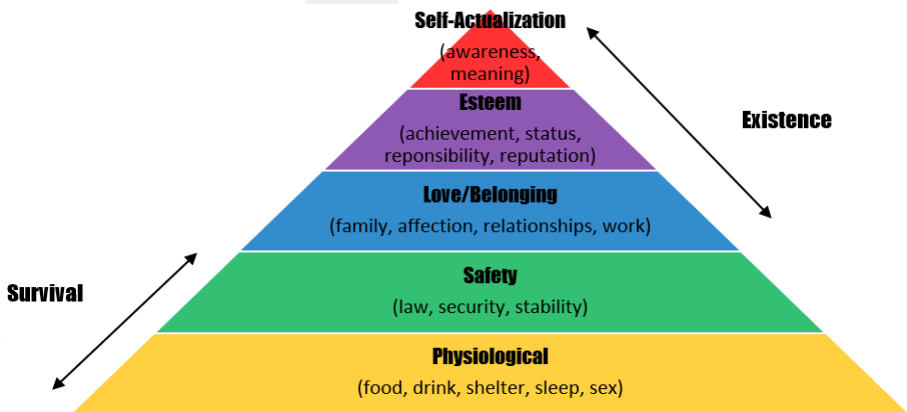
A theory like this one can be useful to understanding the different types of needs youth may have and struggle to fulfill in relation to other needs. However, CYC practitioners must utilize theory critically and in relation to their actual practice experiences. Empirically speaking, there are numerous practice situations that debunk the viewpoint that needs are rigidly categorical and follow a particular sequence. For example, the number of suicides amongst youth who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ) clearly demonstrates how the need to belong, to feel accepted and loved, can affect the desire and will to simply survive. In a study that assessed the socio-environmental impacts of suicide among LGBTQ youth, Hatzenbuehler (2011) discovered that youth who identified as LGBTQ were 20% more inclined to attempt suicide than heterosexual youth when living in environments where people of non-hetero-normative orientations were subject to harassment, threatening/ violent behaviour, and a lack of LGBTQ advocacy and supportive spaces that offer a sense of belonging and worth. Similarly, many adolescent girls who struggle with body image concerns due to unhealthy societal pressures to be skinny are also seeking love and acceptance to the point of starving themselves, sometimes to the brink of death (Hoek, 2006). As for many street youth lacking a sense of familial support and protection, belonging, community, and achievement, such youth are more inclined to become part of a gang (Howell & Egley, 2005) and put their physical safety in various violent situations to feel connected to others, obtain a sense of identity and, paradoxically, feel safe through the protection of their gang (Peterson, Taylor & Esbensen, 2004). Then there is the case of the CYC practitioner who is so passionately driven by their aversion to social injustice. This type of practitioner will stand and fight for their self-actualization and that of the youth in their care despite authoritarian backlash and the possible loss of employment and income (Skott-Myhre & Skott-Myhre, 2015). In cases like this, one could argue that such commitment stems from needs of self-transcendence, which are implicated in CYC practice principles such as being in relationship with young people, examining context, empowerment, doing *with*, meaning-making, and love (Garfat & Fulcher, 2011). Even Maslow himself became conflicted with his original beliefs of needs being orderly and sequential as he further explored the notion of self-transcendence. Originally, he thought of self-transcendence as a subsequent stage to self-actualization. However, in his paper, titled *Theory Z*, he writes:

I have recently found it more and more useful to differentiate between two kinds (or better, degrees) of self-actualizing people, those who were clearly healthy, but with little or no experience of transcendence, and those in whom transcendent experiencing was important and even central. It is unfortunate that I can no longer be theoretically neat at this level. I find not only self-actualizing persons who transcend, but also nonhealthy people, non self-actualizers who have important transcendent experiences. It seems to me that I have found some degree of transcendence in many people other than self-actualizing ones (as cited in Koltko-Rivera, 2006, p.307.)

Though the examples just provided do not represent an exhaustive list of scenarios that defy modern theoretical constructions of needs like Maslow's popularized, five-stage, hierarchical of needs theory, they are enough to affirm that theories informing our understanding of young people's needs must be critiqued and used mindfully. An imbalanced focus on survival needs places practitioners at risk of overlooking needs related to young people's existence. The examples above denote that a deficient sense of love and connection, acceptance, esteem, self-actualization and self-transcendence (needs related to existence) can sometimes lead to behaviour that ironically places survival needs in jeopardy. This warrants that CYC practitioners regularly review their assumptions and beliefs about young people's needs and how they come to define their prevalence. Doing this ethically requires that we deeply listen to young people and inquire about *their perceptions* of their lived experience so we can be responsive and 'meet them where they are at' (Garfat & Fulcher, 2011).

Below I have offered the reader a more post-modern rendering of Maslow's Hierarchy of Needs Theory (see Figure 2). As you will notice, this illustration, unlike the one in Figure 1, refrains from placing needs in any particular order. Also, the circles containing different categories of needs overlap to encourage recognition of the fact that needs cannot always be neatly and separately categorized.

Figure 2

Post-Modern Rendering of Maslow's Hierarchy of Needs

enlightenment
sense of meaning/purpose
fulfilment of creativity/gifts/
potential
one's life's work

grander sense of self in
relation to humanity, social
justice, the arts, an ideal,
one's environment, the
world, or the divine

Self-Actualization

sense of mastery/influence
achievement
recognition
worth

Esteem

Self-Transcendence

Belonging/Love

Physiological

family
friends
acceptance
connection
membership

Safety

food
water
shelter
sleep

financial security
sense of stability
freedom from harm

Referring back to the example of the street youth who enters gang life due to an absence of protection, needs pertaining to belonging and safety are being sought out simultaneously. Moreover, regarding the example of the CYC practitioner whose devotion to advocacy places her employment (i.e. safety/ survival needs) in peril, it could be

argued that esteem and self-actualization needs are being pursued in tandem. Through the recognition and use of self in practice (i.e. one's knowledge and wisdom, sense of purpose/duty, creativity, and life-force), she is at once imbued by the desire for a sense of mastery and influence over unjust living and practice conditions affecting youth and adults alike (Skott-Myhre & Skott-Myhre, 2015). This fearlessness (Skott-Myhre & Skott-Myhre, 2015, p.590) is both self-actualizing and self-transcendent and may furthermore be construed as an act of protecting survival related needs, as advocacy efforts can advance and reinforce rights legislation, best-practice approaches, and the circumstances conducive to living a life of decency.

Needs and Rights as Mutual Reinforcements

Needs and rights go hand-in-hand. It is through the acknowledgement of our human needs that human rights legislation takes form. Conversely, upon reviewing our human rights our human needs become more apparent to us. Beyond familiarizing ourselves with knowledge about young people's needs and rights, CYC practitioners ought to spend time drawing and assessing connections between the two. In Appendix (A) I offer practitioners a simple chart-tool to help strengthen and/or refresh their awareness of the relationship between needs and rights. However, I do caution readers to use this tool flexibly and modify it as they may see fit.

As you can see, I chose not to reflect all the articles of the United Nations Convention on the Rights of the Child (UNCRC) in the chart, as I encourage readers to read up on the UNCRC and do a further correlational analysis of their own. That said, the collection of articles I selected does correspond with a wide range of developmental needs covering the expanse of Maslow's hierarchical model. For virtually every article presented in the chart, there are at least two or more corresponding areas of developmental need, reaffirming the argument that needs are dynamic and ought to be fostered holistically.

In addition to deepening our awareness of the connection between needs and rights, using the needs-rights correlative chart (or another version or adaptation of this tool) can assist those who work with children and youth in advocating for more holistic attitudes and approaches to care. One way of doing this could involve CYC practitioners posing inquiries to self and others about specific dimensions of their practice and how needs and rights are being dynamically and comprehensively accounted for. For example, life-space practice is about engaging youth in the settings where the daily activities of living,

learning, and growth take place (Garfat & Charles, 2010). Using this aspect of practice as a starting point, one might begin to pose an array of inquiries:

- What human needs are most emphasized in this space's (i.e. residential, hospital, custody, community, recreation, outreach, day treatment) core objectives and services, and why?
- Are there any core needs that we tend to overlook or undermine in this space?
- What types of programming and activities take place in this space, and what combination of needs might these activities be fulfilling or overlooking?
- How do the activities and services in this space, as well as their planning and implementation, reflect the articles of the UNCRC?
- Do we know the best interests of the youth who we engage in this space? If so, what needs are implied in their interests?
- Do the youth in this space know their rights, and what actions have we taken to ensure that they are educated about the UNCRC?
- How do the overarching agency culture, policies, and procedures that structure this space strengthen or hinder the staff's ability to foster and protect the overall needs and rights of the youth in our care?
- How does the agency's respect (or lack thereof) for the needs and rights of the staff in this space correlate with the staff's respect (or lack thereof) for the needs and rights of the youth in this space?

This type of inquiry process could be extended to virtually any aspect of CYC practice, ranging from micro-level inquiries concerning direct interactions between practitioners and youth, to macro-level inquiries about organizational culture and the driving principles of CYC itself.

I highly encourage practitioners to spend time assessing how often they reflect on the relationship between needs and rights and how their approaches to fostering the needs and rights of young people are influenced by the life-space settings they occupy. When survival needs are overtly emphasized at the expense of young people's needs to exist, youth are reduced to physical bodies, as is care reduced to the obsequious application of containment and safety measures (Gharabaghi, 2014).

Conclusion

This article has called upon CYC practitioners to develop a more holistic view of what it means to protect the needs of young people in their care. Over and above providing what is necessary to keep young people alive and safe, it is our duty to protect and foster the development of their connection to others, the world and their identity within it. When we attempt to segregate or fragment how we conceptualize and nurture young people's needs, this only serves to fragment their development as whole persons (Magnuson, 2014). A post-modern approach to understanding and articulating human needs demonstrates that needs are dynamic and must be nurtured accordingly. Finally, by adopting a needs-rights framework to better advocate for holistic care practices, practitioners may become more influential over the people, situations, and settings that impact the quality of life experienced by youth in care.

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Appendix A

United Nations Convention on the Rights of the Child (Excerpted Articles)	Correlative Developmental Needs
Article 6 1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the child.	Physiological, Safety, Love/Belonging, Esteem, Self-Actualization needs
Article 12 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views	Esteem (sense of mastery and influence over one's life choices and circumstances, need for recognition)

freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative

proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 13 1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. 2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary: (a) For respect of the rights or reputations of others; or (b) For the protection of national security or of public order, or of public health or morals.	Esteem (sense of mastery and influence over one's life choices and societal circumstances, need for recognition) Self-Actualization (accessing means to developing strengths, interests, capacity and identity) Belonging (being part of and influencing one's surroundings)
Article 15 1. States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly. 2. No restrictions may be placed on the exercise of these rights other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order, the protection of public health or morals or the protection of the rights and freedoms of others.	Belonging (autonomy over relationships) Esteem (sense of mastery and influence over one's life choices and societal circumstances, need for recognition)
Article 19 1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.	Physiological (nutrition, housing, medical care) Safety (protection from physical, mental, emotional harm and exploitation)

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 29

1. States Parties agree that the education of the child shall be directed to:
(a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;
(b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;
(c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;
(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;
(e) The development of respect for the natural environment.
2. No part of the present article or article 28 shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principle set forth in paragraph 1 of the present article and to the requirements that the education given in such institutions shall conform to such minimum standards as may be laid down by the State.

Self-Actualization (accessing means to developing strengths, interests, capacity, and identity)

Esteem (sense of mastery and influence over one's life choices and societal circumstances, need for recognition)

Education also strengthens one's capacity for independence and financially providing for one's survival.

Article 30

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own

Love/Belonging (membership and participation in one's family/community, cultural/religious identity

Esteem (sense of mastery and influence over one's life choices and societal

religion, or to use his or her own language.

circumstances, need for recognition)

Article 31
1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

Love/Belonging (membership and participation in one's family/community, cultural/religious identity

Esteem (sense of mastery and influence over one's life choices and societal circumstances, need for recognition)

Self-Actualization (accessing means to developing strengths, interests, capacity, and identity)

Self-Transcendence (grander sense of self in relation to humanity, social justice, the arts, an ideal, one's environment, the world, or the divine)

* The arts are a vehicle that people across the globe use to express or be inspired by every aspect of self-transcendence.
This is especially evident in contemporary art forms such as urban or street art.

Paul Paget

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Resilience, Self-efficacy and Belonging: Children at risk

Libby Holmes

Abstract

Resiliency is conceptualized as the capacity to bounce back from adversity and lead an adaptive life despite the obstacles that have occurred. For some, resiliency is innate, and these individuals will naturally thrive in the face of adversity. This article focuses on those children who are not naturally resilient, and reviews effective intervention strategies that can help build resilient skills. Children who are at risk may encounter challenges throughout their life, and these skills can assist them in adapting to the crisis. Without the capacity to be resilient, it is possible that at risk children will respond in maladaptive ways. It is vital to assist this population in learning effective ways to cope and to be resilient. Practitioners can foster these skills by creating situations for the child to practice self-efficacy. Through this method, the child will learn skills to cope, self-regulate and feel a sense of mastery over their lives. A sense of belonging further impacts one's ability to build resiliency by providing a stable and consistent relationship.

Keywords

resiliency, self-efficacy, belonging, relationship, at-risk, youth, practitioner

Promotive Factors: for this article, promotive factors are conceptualized as elements that seek to support or enhance the possibility of resiliency.

Resiliency: One's ability to bounce back from adversity and lead an adaptive life despite having faced extreme troubles.

Symbolic Interaction Theory: Learning the appropriate social cues and acceptable behaviour from the reactions of those who play a significant role, such as parents, caregivers, siblings.

Introduction

Researchers conceptualize resiliency in many different ways. Some contend that one's capacity for resilience is measured by overcoming adversity, while others believe that resiliency can be taught through self-talk, or by changing the environment (Olson, 2011; Ungar, 2006). A further school of thought believes that it is possible for resiliency to include all of these elements and not be restricted to one concept. Researchers claim that while resiliency may be innate for some, others may need to be taught skills to manage adversity effectively (Olson, 2011; Sehgal, 2015). Research shows that by practicing self-efficacy, maintaining positive connections with others, and having opportunities to overcome adversity, individuals show higher scores of resiliency (Mann, Smith & Kristjansson, 2015). As practitioners, it is essential that key components to promote resilience are practiced when working with children who are at risk (Causadias, Salvatore & Stroufe, 2012).

This population of children experience adversity at a higher rate compared to groups who are not considered at risk (Causadias et al., 2012). Without the appropriate coping skills, their perception of the situation may hinder them, and it will be challenging to recover (Causadias et al., 2012). Awareness of the key components that foster one's capacity for resiliency is vital in order to adequately facilitate appropriate intervention plans (Steese et al., 2006). The practitioner's role can include fostering resiliency in at risk children by promoting protective factors. This paper will discuss how intervention plans have been successful, and highlight effective promotive factors for resiliency. It will review intervention programs that have taken place in the education system as well as the child welfare system with children who are at risk.

Resiliency and Belonging

Resiliency is the ability to bounce back from adversity, and the ability to live an adaptive life after the fact (Hayhurst, Hunter, Kafka, & Boyes, 2015). Childhood is a crucial time of development, and negative events have the ability to produce long term adverse effects (Causadias et al., 2012). Yet, there are individuals who experience extreme adversity in childhood, and continue to live successful and adaptive lives (Hayhurst et al., 2015). This phenomenon is known as resiliency, and for those that are

predisposed to naturally bounce back, resiliency is conceptualized as something that is innate (Masten, 2011). However, there are key components that can strengthen one's ability to cope (Mann et al., 2015; Sehgal, 2015). Belonging and meaningful connections are a vital element of this journey. Relationships set the foundation for where a sense of self develops, and interactions help to form identities (Snow, 2013). Children learn social cues through symbolic interaction theory by interacting with others and learning what is socially appropriate from the reactions of parents, siblings or other significant individuals (Snow, 2013). These bonds allow the child to explore acceptable behaviour within the safety of these relationships, which in turn fosters a strong sense of belonging (Snow, 2013). In the absence of significant relationships during childhood, individuals will feel a decreased sense of belonging, affecting the individual's behaviour, response to challenging situations and ultimately how they view the world (Causadias et al., 2012).

Steese et al., (2006) conducted a study with adolescent girls with a focus on building empathy, making peer connections and improving self-esteem. The overall goal of the program was to promote resiliency, by targeting these promotive factors. The participants were identified as at risk for eating disorders, and the program was designed to target positive body image by facilitating opportunities for discussion. The Girls Circle Support Group generated a platform for the participants to engage with each other in a supportive way by disclosing their own experiences with body image issues and receiving support from peers who had experienced similar struggles (Steese et al., 2006). The participants discussed how networking in this format, with like-minded individuals, helped them achieve a sense of belonging (Steese et al., 2006). By intervening in this way, the participants left the program feeling less alone, and more connected to a close circle of peers who had gained a deep understanding of their own personal battle. The participants experienced the support of reaching out and discussing their problems, which is a skill that can be applied when encountering future forms of adversity (Steese et al., (2006).

Hayhurst et al., (2015) supports the notion that the support group not only provided the participants with a deep sense of connection, but also increased their capacity for resilience. Relationships have a significant impact on the overall psychological development of individuals, and are considered a vital protective factor when discussing one's ability to overcome adversity (Hayhurst et al., 2015; Mann et al., 2015). The sense of belonging in a group or a community can have extremely positive effects on an individual's perception of stability and sense of self-worth (Hayhurst et al., 2015). Mann

et al. (2015) discussed resilience theory and found that self-esteem, maintaining relationships and a strong sense of self are key components for resiliency. To enhance positive life outcomes for populations at risk, it is vital to consider ways in which promotive factors can be enhanced to support resiliency.

Children in foster care, or residential treatment facilities, will likely experience a change in their placement, including different care givers, staff turnover and a disruption to peer connections (Aarons et al., 2010). Aarons et al. (2010) contend that higher behaviour problems occur in foster care when the placement changes are frequent, which unfortunately results in additional placements. The child presents with external behavioural issues, as their sense of belonging and connection to those that are familiar is lost (Aarons et al., 2010). Since one of the core components of resiliency is a strong sense of belonging, it is understandable that these young children would respond this way. Practitioners need to take this into consideration when engaging with at risk populations (Collin-Vezina, Coleman, Milne, Sell, & Daigneault, 2011). A consistent connection can positively impact these young people and is one of the essential elements to resilience building.

Intervention Strategies to Promote Belonging

Mann et al. (2015) designed an intervention plan for at risk adolescent girls ages 12-14. The program focused on building connections and encouraging the girls to share their stories with one another. One of the most impactful attributes from this intervention is that the program facilitators set each participant up with an older undergraduate student who also had a history of being identified as at risk (Mann et al. 2015). Upon completion of the program, the high school students identified the relationships formed with the undergraduate students as having a significant impact on their experience in the group. The connections that were made gave the high school girls a sense of belonging and trust (Mann et al., 2015). The participants also felt that the undergraduate students could advocate for them, which they identified as one of the most helpful elements of the program (Mann et al., 2015)

Practitioners are able to facilitate opportunities for belonging, and it should be conceptualized as a vital component of one's practice. Nolan, Tacket and Stagnitti (2014) evaluated the early educator's role in promoting a sense of belonging in the classroom. Early educators can create a stable and welcoming environment for children by establishing a routine. Findings suggest that strategies like putting the child's name on

chairs, having a consistent place to sit and making contributions to the classroom enhanced the children's sense of belonging (Nolan et al., 2014). These strategies not only promote good classroom management, but also have an underlying purpose to foster belonging.

Other strategies include building relationships, and opportunities for self-regulation (Nolan et al., 2014). Self-regulation included teacher's suggestions of using tools like a weighted vest to help calm the central nervous system and fidget toys when the child is anxious (Nolan et al., 2014). However, in order for teacher directed self-regulation to be effective, there would need to be a relationship established to some extent prior to the child needing this type of intervention (Nolan, et al., 2014). Without knowing the child, it would be challenging to assess what self-regulation tools would be most effective. Self-regulation has been shown to predict success in later life, and promotes interpersonal competence (Causadias et al., 2012). A high level of competence is essential for promoting resilience and a key marker of this is the opportunities for individuals to have mastery over their lives and feel a sense of control (Causadias et al., 2012).

Self-Efficacy and Resiliency

Using a children's rights-based framework, Theron et al. (2014) evaluate the impact of self-efficacy on resilient outcomes. Theron et al. (2014) found that higher rates of resilience are present among populations that practice children's rights. The United Convention on the Rights of the Child documents Articles that provide a framework to ensure that children's rights are protected at an international level (UNCRC, 1989). Theron et al. (2014) discovered that children who have their rights upheld are more likely to be resilient. The study was conducted in South Africa with 951 youths who attended school, ages 13-19 years old. Theron et al. (2014) found that the highest resilient rates were among youth who identified a strong teacher connection and had the opportunities to have input in their daily lives. Article 12 of the CRC states that children should have the right to participate in decisions that directly affect their daily lives, therefore providing the opportunity for children to engage in self-efficacy (UNCRC, 1989).

The authors discuss issues that can occur when children's rights are involved, namely the gap between theory and practice (Theron et al., 2014). The CRC upholds the rights of the child. However, many children do not know that this convention exists, which prevents them from advocating for their rights (Theron et al., 2014). Institutions that uphold the rights of the child and educate the children on the convention, foster the most

opportunities for resilient youth (Theron et al., 2014). Nybell (2013) similarly found that youth in the child welfare system who were not given information to advocate for their rights experienced low well-being scores. Nybell (2013) found that the consistent factor that youth identified as being the most challenging element of the child welfare system was the lack of opportunities to voice their opinions.

Self-efficacy supports the opportunities for children and youth to assert control in situations, and have a sense of mastery over their lives. Self-efficacy supports the internal locus of control, responsible for how individuals perceive adversity (Steese et al., 2006) Those who practice the internal locus of control believe that they have the ability to influence their situations, whereas those with an external locus of control believes that they have no mastery over their situation (Steese et al., 2006). Internal locus of control supports resiliency, and a step towards facilitating this is by allowing opportunities for self-efficacy.

Intervention Strategies to Promote Self-Efficacy

Russel and Walsh (2010) identified a gap in service provision for at risk youth who require interventions for building resilience. The program design focused on young offenders who were at risk for continuing to reoffend (Russel & Walsh, 2010). The youth engaged in a wilderness adventure with trained staff, where they lived outside and learned many outdoor skills. Through this program, the participant's self-efficacy increased as they were challenged to overcome some adversity out in the wilderness, and learned new useful skills that could help them succeed during the wilderness adventure.

Intervention strategies that are similar to the one conducted by Russel and Walsh (2010) make a good contribution to facilitating an opportunity for belonging. Additionally, such interventions are a stepping stone for breaking the negative cycles that can occur with youth who are at risk (Houston, 2011). At risk youth are often immersed in a negative continuum, which can impact their self-perception. By consistently participating in the exchange of consequences, and maladaptive behaviour, it is difficult to regroup and take a different path (Houston, 2011). Intervention programs that focus on moving forward by enhancing the skills that the young person has can increase self-esteem and self-competence, which in turn can lead to resiliency (Russell & Walsh, 2011).

Opportunities for control can happen throughout the daily exchange between practitioner and child. Nolan et al. (2014) found that children can have control in their play, by learning self-regulation and interacting with peers. Children who are innately

resilient will receive prosocial responses from society, whereas the children who struggle will receive poor responses (Aarons, et al., 2010). It is vital for practitioners to understand this context and identify children who are struggling as those that are unable to cope and require interventions (Aarons, et al., 2010). Many times, the children that struggle are placed into different foster homes or placements when what would truly enhance their ability to thrive is a sense of belonging and opportunities for self-efficacy (Aarons, et al., 2010).

Discussion and Conclusion

This paper identified two main promotive factors for resiliency: belonging and self-efficacy. Changes within the CYC field that can be made to enhance resiliency are: more effective training for staff - including knowledge of the CRC, consistent workers and a decreased turnover for residential workers and children's aid workers, and fewer placements for children in care (Strolin-Goltzman, Kollar & Trinkle, 2010). Practitioners can promote self-efficacy by creating opportunities for the child to have mastery over their daily lived situations. Steese et al. (2006) found that by increasing the amount of control the participants had over their daily lives their perception of control was enhanced. By understanding self-efficacy as a stepping stone for resiliency, service providers can modify the restrictions placed on decision making opportunities for youth (Hart, 2015). This will require a shift in conceptualizing that evolves from a power and control model, to one that incorporates the view of the children (Hart, 2015).

For some individuals, resiliency is innate, meaning that they will have the skills to bounce back from adversity and the likelihood of leading a successful and adaptive life is high (Olson, 2011). For others, resiliency is something that must be taught. Without the adequate promotive factors, individuals who struggle in the face of adversity will receive negative responses from society, perpetuating a cycle of negativity, which directly impacts their future success (Causadias et al., 2012). Intervention strategies can be implemented to facilitate a sense of belonging and connection among children and youth who are at risk (Aarons, et al., 2010). Belonging and self-efficacy are promotive factors that seek to enhance the ability for resilience. Practitioners can play a valuable role in the facilitation of interventions and enhance the child's ability for long term success.

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Taking a Deeper Look: Identifying and managing the meaning crisis in challenging behaviour through logotherapy

Birgitta Stay

Abstract

Logotherapy is an existential form of therapy that focuses on the human search for meaning. As a philosophy, it overarches traditional schools of thought and can provide a deeper insight into the motivation and causes of behaviour, such as those encountered by child and youth care (CYC) workers in their practices. By becoming aware of the spiritual dimension of the challenging behaviour encountered by children and youth, the techniques developed by logotherapy may be appropriately applied to guide the youth into greater spiritual health and overall wellbeing.

Keywords
Existentialism, challenging behaviour, logotherapy, spirit, meaning

Introducing logotherapy

In the history of psychiatry, Viktor Frankl is said to be the man who is remembered for therapeutically tackling the greatest illness of our time - the sense of meaninglessness. In his autobiography, Frankl responds to this claim by saying, "It is true that logotherapy, when all is said and done, was developed for that purpose" (Frankl, 2000, p. 66-67). At the heart of logotherapy is the search for meaning. The very name "logotherapy" is

derived from the latin word *logos* which is translated into meaning; combined with psychotherapy. Thus logotherapy is literally a meaning-therapy (Frankl, 2008). Logotherapy asserts that there is a higher dimension to mankind, and this dimension is named the "spirit". It is because man possesses a spirit that he has an undeniable longing for meaning in his life (Graber, 2004).

Frankl understood man to be made up of three distinct dimensions. These he distinguished as the physical, psychological, and spiritual dimension (Lukas, 1985). To illustrate this concept he used the example of shadows reflected from a glass: if a light is shone horizontally to the glass the projected shadow would take the shape of a rectangle; if a light is shone vertically onto the glass the shadow takes the shape of a circle. It is only through looking at the glass as a whole that the apparent contradictions between the shadows can be understood (Frankl, 1988). Therefore the spiritual dimension overarches the physical and psychological dimensions, and even brings them into harmony.

Logotherapy is built upon three pillars. These are freedom of will, will to meaning, and the meaning of life. (Lukas, 1985). The fist pillar, the freedom of will, states that every individual has the potential freedom to choose what attitude they will adopt toward any condition which they may be cofronted with. Although the freedom of will can be hindered through illness or mental restrictions, it never ceases to exist (Lukas, 1985). The limitations which are imposed through biological and sociological factors never nullify the ability that man has to make some kind of choice, especially the choice of attitude (Frankl, 1988). The second pillar is the will to meaning: this pillar has two complimentary aspects – an internal longing for meaning, and the external demand of life to grasp meaning through circumstances (Lukas, 1985). Thus the will to meaning is ever present both within the heart of man, and the world which demands that he actualizes the meaning presented to him. The final pillar of logotherapy is the meaning of life. Since meaning is always present, life is unconditionally meaningful. As a result of this fact, logotherapy has a uniquely positive perspective on the world as opposed to many other existential worldviews (Lukas, 1985).

When meaning is obstructed for whatever reason, a person experiences a deep inner void - termed by Frankl as an "existencial vacuum" (Frankl,1988, p. 87). Amongst youth there is a trend to fill the empty spaces of life with food, sex, and substance abuse (Graber, 2004). This can be seen clearly in our "age of the existential vacuum" where the illness of meaninglessness is rife (Frankl, 1988, p. 84).

Logotherapy and the crisis of meaning within challenging behaviour

Although logotherapy is no panacea, it is relevant and helpful in all cases where spiritual distress is present. Due to the three dimensional nature of man, it is possible that man becomes only physically sick, or psychologically distressed, or possibly both, without distress of the spirit being present. However, there are occasions when distress of the spirit either causes these conditions, or is present alongside them (Frankl, 1988). When the will to meaning is frustrated it causes an existential vacuum or existential frustration (Frankl, 2008).

The existential vacuum presents itself mainly in the form of boredom. This frequently arises when too few demands are made upon man, or when he has nothing to live for (Frankl, 1988). Frankl argued that an inner homeostasis, or lack of inner tension, is not necessarily a good thing. Rather, a healthy inner tension is required: something which draws man forward into the future; something for him to look forward to and to live for (Frankl, 1988). Frankl noted that in a society where youth suffer too few demands, there is a trend towards compensation through healthy or unhealthy means. A healthy means of compensation would involve self-imposing demands, such as those found in sports where discipline is required. An unhealthy means would invlove hooliganism, or the thrill of drug taking (Frankl, 1988). Man needs to live within a healthy tension (Frankl, 1988).

In modern society there is widespread crisis in the experience of meaning. Those who suffer from despair are caught in a triad of depression, aggression, and addiction. Those who suffer from doubt and confusion struggle with an existential vacuum of apathy and boredom (Graber, 2004). CYC practitioners come across youth who are sure to suffer from at least one of these struggles, and thus an understanding of the meaning crises is highly relevant to the field.

CYC and the mass neurosis of our time

When man finds himself in despair, he finds himself engaged in the triad of depression, addiction, and aggression (Graber, 2004). The neurotic triad is observed within mass populations, and is a sign of rampant lack of meaning.

Depression is known to be a leading cause of disability in western society, and alarming reports in the USA have shown that suicide is the second leading cause of death among youth (van Niekerk & Prins, 2009). Depression is a significant problem amongst South African youth. Suicide accounts for about 9 percent of all deaths among adolescents and children, with children as young as 10 years committing suicide (SADAG,

2014). It has been reported that 24 percent of teenagers have considered suicide, and at least 23.6 percent of adolescents experience feelings of hopelessness and sadness (LeadSA, 2014). Frankl stated that:

> *"The spreading existential frustration lies at the root of this phenomenon. In fact, a study conducted in Idaho State University revealed that 51 of 60 students (85 percent) who had seriously attempted suicide reported as the reason that "life meant nothing" to them. Of these 51 students, 48 (94 percent) were in excellent physical health, were actively engaged socially, were performing well academically, and were on good terms with their family groups"* (Frankl, 2000, p. 99).

This finding clearly dispels the argument which reduces man to chemicals alone. Depression that is manifested through listlessness, apathy, fatalism, boredom, and ambivilance are all symptoms of an existential, spiritual frustration. Although the existential vacuum is not an illness in itself, it is a warning sign that the individual is spiritually disengaged (Graber, 2004). Certainly not all who commit suicide suffer from an existential vacuum, but the lack of hope which they experience may well have been rekindled if they had a firm sense of purpose to their suffering. Frankl observed that many of those who died and committed suicide in the concentration camps did so not because of the pain they suffered, but rather because they had given up hope (Frankl, 2008).

Addiction is the second aspect of the neurotic triad and is a widespread concern amongst youth. Data in the USA reveals that one in three twelfth grade students report that they have been drunk or engaged in binge drinking (which involves consuming five or more drinks at one time); one in three students smoke cigarettes, and one in four use marijuana (Griffin & Botvin, 2004). In South Africa it is estimated that 2.7 million people use drugs regularly, while youth make up 20 percent of patients in rehabilitation centres (van Niekerk & Prins, 2009). Addiction is the result of a pervasive sense of meaninglessness, and an attempt to fill the empty void with the *illusion* of meaning through the high that drugs provide (Frankl, 2000). This assertion has been validated through many independent studies in both drug and alcohol addiction which have shown that a lack of meaning drives individuals to seek counterfeit source of fulfillment (Frankl,

2000). Using logotherapy, a centre experienced a 40 percent success rate in rehabilitation, as opposed to 11 percent using the standardised approach (Frankl, 2000). A prevailing sense of meaninglessness is thus a major cause of addiction for the individual in despair.

The final aspect of the neurotic triad is aggression, which is witnessed in the "culture of violence" within South Africa. Violent behaviour, as seen in juvenile delinquency centres, is not uncommon among the challenging youth which CYC practitioners often encounter. If man is viewed as a closed, two-dimensional system, then aggression is nothing but the release of natural tension (Frankl, 2000). In this instance it is logical that this excess tension be drained out through some harmless means, usually through sport. However, studies have shown that the use of sport or some other "harmless outlet" for aggression does not diminish the drive but actually increases it (Frankl, 2000, p. 103). Further studies have shown that there is an inverse relationship between criminality and a sense of meaning in life. (Frankl, 2000). The tragedy is that the more frequently an individual is imprisoned, the less sense of meaning they have in life. This has a massive impact on recidivism (Frankl, 2000). A centre in the US adopted a logotherapeutic approach to treatment of juvenile offenders by teaching them about responsibility. The result has been less then a 17 percent recidivism rate, as opposed to the conventional 40 percent (Frankl, 2000). Aggression finds a powerful foothold where there is a sense of meaninglessness.

CYC and the existential vacuum

Where a sense of meaninglessness may lead to any aspect of the triad, it is not necessarily the case for every individual. As the current age is not governed by traditions in the same capacity as was the case in previous eras, man is increasingly at risk of either conformism or totalitarianism (Frankl, 1988). Conformism is seen in the case where an individual tries to blend into society and do what others do; whereas totalitarianism can be observed in an individual who blindly follows the orders of others, thus doing what they tell him to do (Graber, 2004). This is the risk for youth of the present time. Neither of these produce an authentic life, and both end up in an existential vacuum. In this state man is confused, unsure, hesitant and in doubt. The increased number of options available on a daily basis can lead to a paralysis where a decision seems to be impossible (Graber, 2004). In this state man begins to feel useless, empty and devoid of purpose. Sometimes a state of ambivalence arises, where man contradicts

himself and cannot make decisions on what course of action to follow. This occurs when he has a dream of some sorts, but reality contradicts his vision (Graber, 2004). The CYC practitioner may find that youth attempt to fill this sense of purposelessness with violence, food, sex, and drugs (Graber, 2004). Although the existential vacuum is not a pathalogical state it is a warning sign that something is wrong, and may indicate the presence of the doubt, inner emptiness, apathy, boredom and dread that characterise the existential vacuum. It is thus essential for the CYC practitioner to help the youth in a search for meaning.

Applying the logotherapeutic techniques to CYC

As a school of psychotherapy, logotherapy, at the time, has been accredited as the only form of psychotherapy that has developed a "technique" (Frankl, 1988, p. 6). Although techniques are only as effective as the encounter in which they are used, they are none-the-less essential in the counselling process. The basic techniques of logotherapy will be described below, as well as their application to CYC practitioners.

The Socratic dialogue

Unlike conventional counseling, logotherapy advocates for the use of provocative questioning, confrontational statements, and mental stimulation (Shantall, 2003). This technique is used to stimulate the search for meaning and the illumination of situations which seem beyond comprehension (Shantall, 2003). This technique is called the Socratic dialogue. As a technique, this means that the logotherapist is in a position where he may question or challenge the unhealthy presuppositions which the client brings to the encounter (Graber, 2004). As such it shapes the way in which the conversation is conducted and thus forms the basis of a meaning-centered CYC approach. It is the foundation from which all other CYC encounters engage the spiritual dimension because it aims to draw out of the client what they already know to be right and true (Graber, 2004). CYC practitioners may find themselves encountering youth who are in the process of developing their identity and their understanding of the world around them.

During the adolecent stage of development, youth operate according to their private logic about themselves, others, and the world surrounding them (Brendtro & du Toit, 2005). Their understanding of these life aspects are often still in the process of development, and the Socratic dialogue presents a good opportunity to assist youth in clarifying the issues which are presented. The aim of the dialogue is not to engage the

youth in a philosophical discussion, but rather to elicit from them what they already know (Graber, 2004). For this reason the CYC practitioner does not ask the question "Why?", since this stimulates only the logical aspect of the mind. Rather, they ask open-ended questions centering around "What?", "How?", "When?", "Who?", "Where?" and "If?" (Graber, 2004). A pertinant example is found in a case study which Frankl recorded of an elderly man who was overwhelmed by grief over the death of his wife. Using the Socratic dialogue Frankl asked the man, "How would your wife have felt if you had died first?". This change in perspective assisted the man to find new meaning in the suffering which he was enduring (Shantall, 2003, p. 77).

To this end the Socratic dialogue may also lead to attitude modulation. In this process an inner shift occurs, where ones perspective and attitude toward a situation is changed through the use of the Socratic dialogue (Lukas, 1985). In the case where a youth may have distorted private logic regarding themselves, others, and the world, the Socratic dialogue aims to bring about an internal shift towards a healthier attitude, as well a help the youth clarify their own values and beliefs (Lukas, 1985).

Dereflection

The second major technique which is facilitated by the use of the Socratic dialogue is called dereflection. The ability to dereflect is based upon the unique ability of man to transcend himself, as well as the ability to self-detach (Frankl, 1988). The technique of dereflection was designed primarily to counter the challenge of hyper-reflection; that is, paying excessive attention to something. Frankl wrote, "...people are often haunted by a fatalistic expectation of the crippling effects of their pasts so that they actually become crippled" (Frankl, 1988, p. 100). This is certainly a phenomena which CYC practitioners will experience. Although a certain amount of self-reflection is healthy, an excessive concern over oneself or a situation has a crippling effect. Consequently, dereflection is a wonderful tool to combat ego-centeredness and constant obsession over minor concerns (Lukas, 1985). The CYC practitioner will certainly come across the youth who can't get over the pimple on their face, their knobbly knees, or some other small detail which they dislike. In this instance dereflection is very useful. Of course there may be instances of greater severity, as with someone who has a physical disability. In this case dereflection saves them the anguish of dwelling on their challenge, and presents them with an opportunity to experience meaning in other avenues of life (Frankl, 1988). The latter is vividly illustrated through a case recorded of a young man who had lost the use of many

motor functions due to an accident. After many sessions of anger and despair, the young man mentioned to the therapist how much he had wanted to become a rock climber prior to the accident. Using this as an opening, the therapist then suggested to the man that he was faced with a mountain of his own, with steep slopes and undiscovered territory. She challenged him: will he carry the flag to the top of this mountain of rehabilitation? (Lukas, 1985). With a new goal set before him, the young man turned his emotional energy away from the tragedy of the accident, and began to live a life of meaning once again.

Another situation which requires dereflection is the youth's pursuit of happiness. In most instances this pursuit will be apparent in the pursuit of sex, drugs, food, or violence (Graber, 2004). These are all symptoms of the existential vacuum, since happiness cannot be found apart from meaning. Frankl observed that happiness is not an end in itself; rather it is a by-product of experiencing meaning (Frankl, 1988). To seek happiness is to hyper-reflect upon it, and in this way it can never be found. Frankl once said:

> *"Don't aim at success – the more you aim at it and make it a target, the more you are going to miss it. For success, like happiness, cannot be pursued; it must ensue, and it only does so as the unintended side-effect of one's dedication to a cause greater than oneself or as a by-product of one's surrender to a person other than oneself."* (Frankl, 2008, p. 12)

The obsessive search for happiness and constant hyper-reflection only leads to disillusion. To assist youth in dereflection, the CYC practitioner may make use of a two step process (Graber, 2004). First, there needs to be a stop sign that breaks the obsessive thought pattern. This is a form of self-detachment as the youth puts a deliberate stop to their obsession. Next there needs to be a guidepost that steers the youth into an avenue of meaning away from the obsessive concern. This is a form of self-transcendence as the youth reaches out for something beyond themselves and thus experiences meaning (Graber, 2004).

Dereflection in ecce-homo

The third technique which is used is an offshoot of dereflection, and is called "ecce-homo". This is a latin expression meaning, "behold, the man" (Shantall, 2003, p. 103).

This technique is used in circumstances where suffering is inescapable and only the last of the human freedoms is left: the freedom to choose one's attitude in any situation which man is faced with (Shantall, 2002). The CYC practitioner may find themselves in an encounter with a youth who has been diagnosed with a terminal illness, or who has a permanent disability. It is in this instance that ecce-homo is called upon. Ecce-homo challenges the sufferer to bear their suffering with dignity and to become an exemplary sufferer. To suffer with courage is a monument to the defiant power of the human spirit; to refuse to be broken in the face of tragedy is the greatest triumph of all (Shantall, 2002).

Paradoxical intention

The fourth major technique which the CYC practitioner may make use of is called paradoxical intention. This technique also relies upon man's ability to self-transcend and to self-detach (Frankl, 1988). Paradoxical intention is based upon man's instinctive anticipatory anxiety which results from a fearful event. A vicious cycle is created when man experiences a fearful event and then lives in anxiety, expecting a similar event. This anxiety becomes a self-fulfilling prophecy, which re-inforces the initial fear, and often results in phobias (Frankl, 1988). In this way the symptom evokes the phobia, which provokes the symptom and reinforces the phobia. The CYC practitioner is likely to come across youth who have a phobia, insomnia, or some other obsessive behaviour. This anticipatory anxiety is counter-acted through paradoxical intention (Frankl, 1988).

This technique seeks to reverse the cycle of anticipatory-anxiety by daring the fears to do exactly what they threaten to do (Shantall, 2003). In this manner man faces his fears, and takes a stand against them. Through so doing, the power of the cycle is lost since it no longer presents a threat (Graber, 2004). The more humour is adopted into this process, the better. Humour is a unique human ability and puts distance between man and that which he experiences. He thus gains the greatest amount of control over himself when he laughs at either himself or his situation (Frankl, 1988).

Examples of this can be found in case studies presented by various counselors, and the technique has been in use since 1939. An insomniac tells himself that he will stay up for the whole night and not sleep a wink; a claustrophobic humorously dares himself to faint at least three times within the next five minutes of being in an enclosed space (Graber, 2004). A stammerer challenges himself in jest to stammer, shake, stumble and forget his words as often as possible (Shantall, 2003). By wishing for the feared event to

occur, the cycle of anticipatory anxiety is broken, and it becomes impossible to experience the original fear (Shantall, 2003).

It should be noted that paradoxical intention needs to be exercised with care and applied wisely. Although noted for being highly effective in the treatment of insomnia, phobias and compulsive disorders, Frankl notes that it must never be used in the case of psychotic depression, and probably will not be very effective in the case of schizophrenia (Frankl, 1988). The psychological context of the client is paramount, as the technique requires the client to detatch from themselves sufficiently and humorously for the treatment to be effective (Graber, 2004).

All the techniques described here serve to re-route youth into meaningful living. Yet the value of the process is the experience of the human encounter and not the techniques within themselves (Frankl, 1988). Any well applied technique without the heart encounter misses the point and is thus fairly useless. Techniques are helpful only within a therapeutic relationship (Stuart, 2009). This remains the heart of the CYC intervention, regardless of what other techniques are adopted.

A last word on techniques and meaning crisis

Because techniques are subject to the encounter in which they are practiced, they must never become the centre of the intervention. Indeed, Frankl advocated for the use of any method which may assist in the search for meaning, including relaxation training, behaviour therapy, and pharmocotherapy (Frankl, 1988). This may also include life space intervention and the large variety of tools which CYC practitioners have at their disposal. However, the effectiveness of these techniques all depend upon a meaningful encounter, and should always lead to the search for meaning. As CYC practitioners are taught, the relationship within itself may be the primary form of intervention. Understanding that each child comes to a certain practitioner at a specific time for a specific reason only enhances the relationship which is built, strengthens the encounter, and allows the CYC practitioner to guide the youth in their care into meaning.

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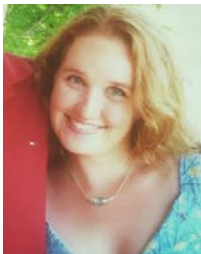
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Pedophilia in Youth: Most Beneficial Treatment and Prevention of Child Sexual Exploitation

Jaclyn M. D. Nobrega

Abstract

Individuals diagnosed with pedophilia may be the clients of Child and Youth Care Practitioners (CYCPs) given that a diagnosis for pedophilia may be made as early as the onset of puberty (Seto, 2012). These clients face significant oppression by society's misinformed presumptions which often classify them as sexual predators, and by psychiatry's attempt to alter their sexual orientation. Due to the lack of research on pedophilia, this paper takes on the position that the most beneficial treatment for individuals with pedophilia and for child sexual exploitation prevention, is through advocacy techniques by creating awareness among society and social services researchers. Cross-discipline literature is analyzed, stigma attached to pedophilia, how to break down this stigma, how to support youth with pedophiliac attraction, and how to prevent child sexual abuse while supporting and advocating for this vulnerable population demonized by society.

Keywords
pedophilia in youth, sexual orientation, child sexual exploitation, pre-pubescent children, stigma, treatment

Introduction

There is a quote that says that love has no age. However, when it comes to sexual activity, there is an age which sexual partners must legally abide to. Pedophiles are classified as having "intense sexually arousing fantasies involving prepubescent children" (Neutze, Seto, Schaefer, Mundt & Beier, 2011, p. 217). This creates a profound dilemma for individuals who identify as pedophiles since acting on their sexual orientation is illegal (Goode, 2009). Children, youth and their families are clients of CYCPs, who have a duty to remain committed to the safety and well-being of their clients, including pedophiles, since pedophilia can be diagnosed as early as the onset of puberty. Social service practitioners who are in a position of power to advocate for oppressed individuals have a duty to do so; which includes CYCPs (Ezell, 2001). To analyze effective support by practitioners toward their clients, it is necessary not only to break down personal biases while working with these individuals, but also to break down the demonic attitudes toward pedophilia. Pedophilia is categorized as a mental disorder which has a history of derogatory associations such as child sexual abuse, creating a taboo context in which pedophilia resides (Janssen, 2013). There is no accurate definition of pedophilia, which causes society to group pedophiles into the same category as child sex offenders. This crippling taboo has created a barrier for individuals experiencing pedophiliac attraction, which may prevent them from receiving support necessary for treatment and thus reducing the probability of child sexual abuse offences (Neutze et al., 2011). It is relevant to note that this paper does not address individuals who molest children or those who are not exclusively sexually attracted to children. Supporting these individuals in the most effective and least intrusive way, while maintaining the safety of young pre-pubescent children around them is a vital duty social service workers may face. The purpose of this paper is to argue that the most beneficial treatment of individuals with pedophiliac attraction is to create awareness of pedophilia by advocating for accurate representation of these individuals. This position paper will set out to identify cross-discipline definitions of the term "pedophile," identify and clarify stigma and misconceptions of pedophilia, de-stigmatize clients with pedophilia, and establish how CYCPs can support individuals with pedophilia in order to help prevent child sexual abuse. The goal of this paper is to encourage research so that youth with pedophilia can be provided with adequate treatment, and a safe space equal to any other client.

Identifying important differences in cross-discipline terminology

A variety of disciplines attempt to capture the essence of pedophilia with unique defining intentions, whether to diagnose, to blame, or to make sense of. Utilizing literature from multiple disciplines is significant because there is no clear representation of pedophiles as clients in the field of child and youth care (CYC), while gathering and critically analyzing multi-disciplinary perspectives helps to distinguish fact from fiction and break down our own oppressive views as practitioners (Snow, 2006).

Psychology

Psychology uses the Diagnostic and Statistical Manual of Mental Disorders (DSM) to identify a variety of psychological disorders such as pedophilia (Cohen & Galynker, 2009). The specifics of pedophilia as a psychological disorder are classified by individuals who are attracted to pre-pubescent children, which can occur any time between age 11 and 21 (Blanchard et al, 2009). Experiencing temporary attraction to a young person does not qualify as grounds to identify one as a pedophile. Amelung, Kuhle, Konrad, Pauls and Beier (2012) note that according to the DSM-IV "pedophilia is diagnosed if intense sexual thoughts, fantasies, or urges (involve) prepubescent children, as well as (lasts) over a period of at least six months" (p. 178). Furthermore, psychology recognizes that not all individuals who are pedophiles are sex offenders. Cohen and Galynker (2009) state that a diagnosis of pedophilia can take place without any pedophiliac behaviour such as sexual encounters with children.

Law and criminology

Ames and Houston (1990) mention that the word pedophilia is often used in legal terms to define an individual who has been convicted of child molestation, regardless of the age of the child. This pseudo-legal term creates the assumption that a pedophile is anyone who is sexually attracted to someone under the age of 18 – the legal age to have sex with an adult – inconsistent with the psychological definition. The legal interpretation of the term pedophilia being directly linked to child molestation creates a social construct which wrongly implies that child sexual abusers are pedophiles (Goode, 2009).

Media and society

Society views pedophiles as criminals because the term pedophile is so frequently used in news media and common literature, such as newspaper articles, to describe

sexual offenders (Goode, 2009; Stocker, 2001). The media structures oppressive ideologies pertaining to pedophiles by placing blame of sexual offenders on pedophiles (Stocker, 2001). This takes the weight of individuals who are sex offenders and places that blame on individuals who identify as pedophiles, with or without any history of sexual offences. Placing blame on pedophiles allows the media to create a moral panic by misusing the term by referring to anyone who molests a child as a "pedophile" (Hunter, 2008).

Sexology

In sexology – which studies sex, sexual development, sexual attraction, and sexual orientation – a less judgemental attitude is placed on individuals with pedophilia, viewing it as a sexual orientation (Seto, 2012; Chenier, 2012). Seto (2012) describes sexual orientation as something which one "begins to discover about oneself in early puberty" (p. 231). Sexual orientation influences the way in which the brain processes sexual information (Salu, 2011). It has been found that structural brain tissue associated with pedophilia affects the sexual orientation of young people going through puberty by inhibiting the development of attraction to individuals of their own age (Schiffer et al., 2007). Thus, during the onset of puberty, individuals who may begin to identify as pedophiles remain attracted to pre-pubescent children rather than growing to become sexually attracted to peers of their own age.

Child and Youth Care

There is limited use of the word "pedophilia" within CYC literature to describe clients, perhaps because pedophiles are often referred to upon discussion of prevention of child sexual victimization within settings where adults are working with young people (Abel et al., 2012; Herman 1993; Wurtele, 2012). The role of the use of the word pedophilia in this paper is to simplify its definition to describe young clients of CYCPs who are exclusively attracted to pre-pubescent children.

Stigma and misconceptions about pedophilia

The previously described theoretical attitudes and misconceptions toward individuals with pedophilia create oppression which further segregates them from the population of vulnerable at risk youth as clients within the field of CYC.

Pedophiles are deviant

Sociological and criminological misconceptions and moral panic have created a demonic ramification for the reality of what pedophilia is. In a study by Huprich, Gacono, Schneider and Bridges (2004) it was found that pedophiles were non-violent and had little in common with psychopaths and sexual homicide perpetrators, meaning that the view of pedophiles as aggressive and demonic is a misconception. Pedophiles have actually been found to be compassionate and sensitive as a group (Huprich et al., 2004). Sexually offending pedophiles are less likely to offend than non-pedophiles. Babchishin, Nunes, & Kessous (2014) note that one of the best predictors of sexual recidivism among child molesters is sexual deviance (p. 344), which has been found to be greatly lacking in the population of pedophiles as there is a decrease in their likelihood of re-offence (Moulden, Firestone, Kingston, & Bradford, 2009). Furthermore, pedophiles do not commit sexual offences due to lack of self-esteem and a wish to control and victimize a less powerful individual (Hart, 2008). The motivation of pedophiles is their sexual attraction to children, not the desire to victimize someone less powerful.

Negative word associations

Taylor (2010) notes those specific terms can be interpreted in diverse ways among different individuals. With respect to the term pedophilia or pedophile, there are negative associations that have been carried by these terms. Mirkin (1999) states that in the same way words such as 'fag' and 'queer' have been used to describe homosexuals, words such as 'child molester' and 'child abuser' are used to describe pedophiles; which negotiates sexuality into terms of absolute good and evil. Although in present day the term queer is often used to describe a proud identity, the phrases 'child molester,' and 'child abuser' are unlikely ever to be used to brag about oneself (Goode, 2009). These merging terms, absent from supportive research and literature, incorrectly imply that all individuals who are attracted to pre-pubescent children are sexual offenders. As noted by Stocker (2001) the media contributes to oppressive attitudes toward pedophiles by associating them with abusive and domineering sex offenders. This attitude creates an overwhelming weight on individuals who identify as pedophiles, as they seem to be targeted from a variety of angles – this is without even considering other areas of oppression they may be submitted to such as race, class, gender, religion, and culture. Since individuals who are pedophiles represent a minority of child sex offenders, and

being a pedophile does not determine whether someone will sexually victimize a child, it is unclear why there is such profound blame on pedophiles (Angelides, 2008).

You mean, you don't have to be a sex offender to be a pedophile?

An individual who is a pedophile has not necessarily acted on his/her sexual urges toward children (O'Donohue, Regev & Hagstrom, 2000). In fact, pedophiles only represent approximately twenty-eight percent of sexual offenders (Anonymous, 2002). Child sexual abuse is prevalent in a number much higher than there are pedophiles, meaning that individuals who are sexually offending against children are more than likely not "pedophiles", but instead opportunists (Ames & Houston, 1990). Often individuals have sexual desires, but do not always act on these desires due to a variety of reasons (Safitri, Fauziaa & Sholihahb 2013). In the case of pedophiles, it is likely that many non-offending individuals experience these desires and attractions, but are aware of the implications of engaging in sexual activity with a young person, and therefore utilize self-control in preventing their desires from turning into actions.

Lack of treatment and support services available to pedophiles

At this point in time, the lack of research available, without assuming these individuals have committed a sexual offence, is unavailable and therefore there is no place to say what is the most effective treatment for individuals with pedophilia (Moulden, et al., 2009).

Psychological counselling

One of the only forms of treatment found in this research for individuals with pedophilia are re-orientation therapies which seek to alter one's sexual orientation. Unfortunately, sexual orientation is not something that can be changed (Chenier, 2012; Goode, 2009). Seto (2012) notes that re-orientation therapy treatment for pedophiles often does not create significant improvement or decrease of desires, often triggering a negative outcome as the focus of treatment is on changing the individual's sexual orientation. Re-orientation therapies have not worked for individuals with pedophilia, the same way that it has not previously worked for individuals with other sexual orientations (Seto, 2012). From the research on treatment for individuals with pedophilia, it seems that psychological counselling is an ineffective form of treatment as pedophiles remain

pedophiles even after treatment, in the same way that no individual is able to transform their sexual orientation.

De-stigmatizing individuals with pedophilia as vulnerable at risk youth

When working with vulnerable youth it is important that CYCPs build a strong rapport to become in tune with the thoughts and feelings of their client. As noted by Smith (2006) it is not enough just to care about our clients, we must put in the effort of caring for our clients; by caring for clients, practitioners take action beyond having genuine concern. One way of showing care for our clients is to advocate for them. Pedophiles are vulnerable because of the constant oppression they are faced with through the lens of society who deems this population as deviant. Walter and Pridmore (2012) discuss that suicide is more likely to occur when there are additional factors working against the individual such as reputation damage and shame. Although most pedophiles are not child sex offenders, "the suicide rate of male child sex offenders is 183 times higher than that of members of the general population," (Walter & Pridmore, 2012, p. 50). Due to the enhanced oppression of pedophiles, they may commit suicide before they can receive help. For this reason, while children are in care, it is important to reduce any trauma children may experience, as well as guide them to develop resilience (Miller, Hefner & Leon, 2014). It is the role of the CYCP to ensure children feel cared for and, as important, to challenge their negative thoughts and perceptions of self.

How Child and Youth Care Practitioners can support young people with pedophiliac attraction

CYCPs have a duty to explore various treatments which may be helpful to clients, while weeding out those which may be intrusive and not in the best interests of our client (Snow, 2006). For this purpose, it is imperative to create awareness among researchers who will attempt to find the most beneficial programs for pedophiles through advocacy. Taylor (2010) discusses the importance of physical, psychosocial and spiritual care with vulnerable children and youth, all of which are currently unavailable to pedophiles. Given the complexity of the taboo oppression attached to the term "pedophilia" it is necessary to break down this taboo and be open minded when working with these clients. Linton and Forster (1988) state that there are 6 factors of the most heroic qualities of a CYC worker including: idealism, pragmatism, intelligence, empathy, commitment, and courage. CYC workers can strive to be the most valued and useful workers by breaking

down self bias, experimenting with new techniques for treatment (especially with a population which is so under researched), staying positive, being deeply compassionate towards this oppressed population, maintaining the ability to research and stay in tune to the individuals we work with, and stay committed to the youth we work with (Linton & Forster, 1988). It is necessary to reduce the layers of oppression by creating awareness about pedophilia. It is necessary to advocate for these individuals and break down the imaginary jail that society has created for these individuals long before they commit a sexual offence. From an emotionally aware standpoint, these individuals are unlikely to speak up about having a problem considering their targeted identity. Due to institutional dynamics, such as clients' files, practitioners may learn information which provides a power advantage over the client and perhaps breeds presumptions (Gharabaghi, 2010). Avoiding assumptions are important to ensure that the environment is therapeutic and safe for the client we are working with; this includes young people who identify as having pedophiliac attraction. As noted by Burns (2006), when creating therapeutic environments for the children and youth we work with, it is imperative that they feel physically, emotionally, socially, culturally and ideologically affirmed, included and safe. An accurate definition of pedophilia will help to break down personal biases for effective support.

Supportive counselling

Before programs are developed for individuals, they must feel supported by practitioners (Gharabaghi, 2010). CYCPs can contribute to the treatment of individuals with pedophiliac attraction by providing guidance and support to these clients on services available. Seto (2012) notes that counselling is more beneficial to clients when therapy does not focus on attempting to change the sexual orientation, but focuses on self-regulation and management of urges and desires. Since treatment and support is lacking in psychological counselling, it is relevant that as CYCPs we examine the services which have been provided for this clientele, and then examine if these services are providing safety, inclusion and affirming attitudes for our clients. Supportive counselling groups may also help these individuals feel some sense of community and acceptance; however, supports are currently limited due to the social stigma that individuals with pedophilia face. (Safitri, Fauziaa, & Sholihahb, 2013).

Specialized treatment

It is important to discuss the relevance of unique, client centred treatment. There are many forms of treatment to help support individuals such as group work, one-on-one counselling, animal-assisted therapy, sensory training, creative arts, relaxation techniques, aromatherapy, aquatic therapy and physical activity, to name a few (Austin, 2009). These therapies will only be relevant and effective based on completely unique individual circumstance changing, based on culture, religion, ideologies, social context, and family influence. One individual with pedophilia will not necessarily benefit from the same type of therapy as another individual. With the current lack of research, the best treatment for individuals with pedophilia is unique, client centered treatment (Moulden, et al., 2009).

Advocacy techniques

The lack of proper use of the term pedophilia calls for the need to have awareness of pedophilia increased among the general population. Lack of information on support services makes it increasingly important to advocate for individuals with pedophilia, pushing for investigative research on pedophilia as a sexual orientation, and on pedophiles as a group of sex offenders (Moulden, et al., 2009). Advocating at the community level will not only help to break down the stigma of pedophiles but it will also bring some ease to these individuals by diminishing the negative attitudes pedophiles receive from society (Ezell, 2001). In addition, by alleviating some of this pressure and oppression it will help individuals with pedophilia feel more comfortable reaching out for help if they are considering having sexual encounters with a child when they know it is not appropriate. Further research is necessary to come up with the most appropriate and effective methods of advocacy for this unique group in order to gain insight on how to carefully reach out to this group without targeting them among society, such as an anonymous support group. "A better understanding of people who are sexually attracted to children is critically important to protect against the severely destructive effects of childhood sexual abuse," (Cohen & Galynker, 2009, p. 25). Despite the lack of information on pedophilia, CYCPs can advocate for youth by turning to sexual orientation advocacy projects in seeking potential ideas for support. It is imperative that we advocate for the rights of our clients and that they are treated with compassion and support (Baker, 2001). Missing from list Educating children and youth about their rights and legalities when it comes to sexuality and relationships with other children is

recommended as these children may potentially become sex offenders or identify as pedophiles in their early youth without awareness.

Preventing child sexual abuse

As mentioned by Angelides (2008), the real issue with pedophilia is not pedophilia, but how society frames the issue of pedophilia. Society has created a moral panic surrounding pedophilia which has overridden the reality of child sexual abuse occurring more frequently among non-pedophiles and among non-strangers (Chenier, 2012). Therefore, it is unlikely that ridiculing and blaming this group will implicate a decline in statistics on child sexual abuse.

Protecting vulnerable children

As pedophilia is "characterized by intense sexually arousing urges and behaviours focused on sexual activity with a pre-pubescent child" (Kruger & Schiffer, 2011, p. 1650), there may be an increased chance that without support and treatment these individuals could be tempted to offend by having sexual relations with a person under legal age (Cohen & Galynker, 2009). Children in care are vulnerable as they often depend on CYCPs to care for, guide, and protect them (Snow, 2006). When children are placed in a milieu which includes individuals of different age groups, this places risk on children – especially when there are potentially dangerous individuals. It is the role of the CYCP to protect these vulnerable children, while simultaneously managing the behaviour of potentially dangerous youth (Linton, & Forster, 1988). CYC professionals must maintain awareness of ethical considerations such as the protection of clients who may be at risk for abuse by these individuals (Johnson, 2010). When working with individuals who are pedophiles it may be necessary to have increased supervision for these individuals when in the same setting as children in order to prevent potential offences. Given the level of stigma individuals with pedophilia face, it may be difficult for them to admit to their sexual orientation and for them to be easily pointed out in society even if they have not offended. An intrusive way to seek out these individuals is using screenings. Screenings can help identify pedophiles through surveys and questionnaires carried out by organizations such as the Big Brothers Big Sisters organization, where screenings are conducted using a system called "16 Personality Factor Questionnaire," which in part is used to identify if individuals looking to join the organization have any pedophiliac interests or have previously offended (Herman, 1993). This questionnaire may be helpful

in identifying individuals who are experiencing pedophiliac desires and feelings. However, it would also be an invasive and scary process for the individuals identifying as pedophiles. Although there is no evidence that sexual abuse prevention programs help reduce the occurrence of child sexual abuse, neither has it been disapproved (Gibson & Leitenberg, 2000). In child and youth service organizations, it is likely that individuals who would be considered pedophiles would remain quiet about their identity, which is an additional reason in which advocacy for pedophilia is imperative as a step toward long term prevention of child sexual abuse, and potential suicide of these individuals. Abel, et al. (2012) note the importance of screening models to prevent the likelihood of molestation occurring in child and youth serving organizations. For this reason, it is necessary that individuals in youth serving organizations have adequate supervision. Wurtele (2012) addresses how to protect potential child victims of sexual abuse from being victimized by both staff and fellow youth members involved in the same organization. Despite screening, individuals may still be sexually victimized in youth serving organizations. It is important that youth are paid attention to, given support and guidance to cope with their issues, and keep all clients safe from physical or emotional harm (Snow, 2006). Supervision in child welfare organizations is an important aspect in preventing child sexual abuse. Cearley (2004) presents the significance of empowerment and supervision for the well-being of children and youth. This supervision allows children and youth to develop while being provided with insight and guidance from their workers.

Creating awareness so that pedophiles reach out

Unfortunately, there is such limited information about pedophilia in general that it is difficult to know what helps prevent child sexual abuse among this population (Moulden, et al., 2009). Creating awareness through early life prevention programs may be one approach to advocacy to increase the likelihood that individuals experiencing pedophiliac thoughts at age of onset can access the supports they need early enough to reduce the likelihood of child sexual abuse. Considering the misuse of the term pedophilia, young people beginning to develop these feelings may be unaware that they are abnormal (Schiffer, et al., 2007). However, due to the lack of research these methods may in fact be intrusive causing the client to have decreased self-worth due to the stigma and attitudes currently expressed by society. By creating awareness, individuals with pedophilia will feel less threatened by society, and feel more comfortable to seek community supports thereby preventing sexual abuse (Ezell, 2001). Furthermore,

advocating at the community level will not only help to break down the stigma of pedophiles but it will also bring some ease to these individuals by diminishing the negative attitudes pedophiles receive from society (Ezell, 2001). By alleviating some of this pressure and oppression it will in addition help individuals with pedophilia feel more comfortable reaching out to get help if they are considering having sexual encounters with a child whom they know it is not appropriate in society to have sexual relations with. By advocating for this group of individuals, it is suggested that further research is done so that social service professionals can create a safe space for pedophiles to come forward and get the support they need to reduce the likelihood of child sexual abuse (Burns, 2006; Neutze, et al., 2011). It is vital that awareness of the disorder is presented so that the stigma and self-shame attached to pedophilia is reduced, and these individuals are encouraged to seek support to prevent potential sexual offences (Blanchard, et al., 2009).

Conclusion

Considering the overwhelming lack in quantity and quality of information on pedophiles as well as treatment, it is the role of the CYCP to advocate, provide a safe place free of judgement and ridicule, and ensure individuals are viewed beyond their sexual orientation. Advocacy will assist in helping break down stigma, promote self-reflection practice among CYCPs, create awareness among social service practices, and engage researchers in developing methods of support and therapy for these individuals. These individuals face a history of oppression by the medical system which deems their sexual orientation a psychological disorder, and they are conceptualized by society as demonic sex offenders. White (2004) states, "[Evaluating ethical decision making] must concern itself not only with the outcome, but must also include an appraisal of the process used to arrive at the decision" (p. 14). Pedophilia will likely never be socially accepted the way other sexual orientations are due to law and the importance of protecting vulnerable children from sexual exploitation. However, oppressing these individuals further by ignoring this issue will make no room for rehabilitation and acceptance. It is important that we begin to advocate for these individuals and break down the taboo associations with pedophilia so that a system of accessible support groups can be made available for these individuals.

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What matters? A Demographic and Social Profile of Australia's Young People in the Beginning of the 21st Century

Jennifer Brooker

Abstract

This article provides an insight into the current issues affecting Australia's young people during 2016 and beyond. Identified through an analysis of Australian census data for 2001, 2006 and 2011, and other relevant global and Australian documents, Australia's young people are doing well on the global stage. At home a significant change in the country's cultural mix since the turn of the 21st century adds to issues related to family, education, health, employment and justice.

Keywords

Australia, young people, demographic profile, indigenous youth, education, family, health, juvenile justice

Introduction

Responding to the research question: '*How are the demographic and social profiles and needs of the Australian youth population changing?*', a survey of young people in Australia was conducted for the purposes of identifying the needs of Australia's young people in 2016. Providing a snap shot of what is most important to Australia's young people, this relied heavily upon an analysis of the 2011 Australian census and comparison data for the census years of 2001 and 2006, as well as other global and

local youth surveys written since the turn of the millennium. As Trewin (2005) has correctly stated, "Over time, issues for children and youth change. New issues emerge and older issues may assume less priority" (p. 28).

Overall, Australia's youth population is doing well, especially when compared with the rest of the world, with strong family relationships, good educational outcomes and strong career aspirations evident. Enjoying strong cultural ties with their communities, most of Australia's youth can expect to succeed where many in the world of a similar age will not. However, several important issues for contemporary and future young Australians were identified.

Australia's Young People within a Global Perspective

On a global scale, Australia's young people are doing comparatively very well even though the Australian 10-24 year old cohort (3 million) is very small compared to India (356 million), China (269 million), Indonesia (67 million), the United States (65 million), Pakistan (59 million), Nigeria (57 million), Brazil (51 million) and Bangladesh (48 million) (Das Gupta et al, 2014). Numbering 1.8 billion in total world-wide, when added to those under 10 years, another quarter of the world's population (Goldin, Patel, & Perry, 2014; Das Gupta et al., 2014), it is anticipated that the world's youth population will reach more than 3.5 billion by the end of the 21st century.

At the time of the 2011 Australian Bureau of Statistics (ABS, 2013b) census, the Australian population totalled 21,507,717 people, an increase of almost 2.5 million people in five years, or 8.3 per cent. With a median age of 37 years, 32.6 per cent of the population were aged between 0-24 years, with 19.1 per cent aged between 0-14 years and 13.5 per cent aged between 15-24 years (ABS, 2013b; Australian Government 2010).

An important finding from the data is the steady growth in the population for the ages 0-5 years and 12-24 years, over the surveyed decade. With an increase of 40,000 for the younger cohort and 50,000 people for the older group, it can be safely ascertained that Australia's youth are increasing in number, echoing the international trend, and as would be expected given the rise in population growth and immigration numbers. Small fluctuations in the 6-11 year old group are apparent; however, this age group continues to increase in number.

Generally, Australian youth appear to be doing well on the world stage, ranked number one overall in *The Global Youth Wellbeing Index* (Goldin et al., 2014) and the

Commonwealth Secretariat's *Youth Development Index: Results Report* (YDI) (Commonwealth Secretariat, 2013)*.* When considered in each of the six domains of *The Global Youth Wellbeing Index* (Goldin et al., 2014), Australia's youth ranked:

- First for education
- Second for health
- Fourth for economic opportunity
- Fifth for safety and security
- Seventh for Information Communications Technology (ICT)
- Ninth for citizen participation (Goldin et al., 2014).

When the domains of the Commonwealth YDI are examined individually Australia ranked:

- First in health and wellbeing and political participation
- Third in education, behind New Zealand and Canada, and civic participation
- Eighth in regards to youth employment (Commonwealth Secretariat, 2013).

In Australia, these results are echoed in the 2013 Mission Australia's *Youth Survey*, an annual survey distributed to Australians aged between 15 and 19 years of age through secondary schools, Mission Australia services, other service providers, local and national government departments, youth organisations and peak bodies. Identifying the economy and financial matters, politics and societal values, and equity and discrimination as the top three issues of concern (Mission Australia, 2013; Australian Institute of Health and Welfare (AIHW), 2011), friends and family relationships, school/study satisfaction, financial security and gaining employment were most valued by respondents. This represented a shift in priority from the previous year's results where the three top issues identified were the economy and financial matters, population issues and alcohol and drugs. Mental health and employment continue to rise as areas of concern (Mission Australia, 2013).

The Changing Cultural, Linguistic and Religious Profile of Immigrant and Refugee Youth

A significant shift in the Culturally and Linguistically Diverse (CALD) profile of Australia sees 25 per cent of Australians between the ages of 12-24 years born overseas (Hugo, McDougall, Tan & Feist, 2014). A decline in those from European countries correlates with a rise in Asian and, more recently, African migration configurations, resulting in a change in the religious makeup and the languages spoken by Australia's youth. The different experiences and expectations regarding their settlement and integration into Australian society is significant and must be considered when working with this cohort and brings new issues, such as extremist religious radicalisation, to the forefront of youth practice.

Table 1
Top 25 Source Immigration Countries of 0-24 year olds: Census Years 2001, 2006 and 2011
(in chronological ranking)

Rank	2001		2006		2011	
	Country	Total Young People (0-24 yrs.)	Country	Total Young People (0-24 yrs.)	Country	Total Young People (0-24 yrs.)
1	New Zealand	85,798	New Zealand	85,874	New Zealand	108,773
2	United Kingdom	67,749	United Kingdom	75,297	United Kingdom	101,084
3	Vietnam	26,166	China (Excl. SAR* and Taiwan)	54,562	China (Excl. SAR* and Taiwan)	84,850
4	Philippines	25,839	India	32,426	India	59,289
5	China (Excl. SAR* and Taiwan)	25,611	South Africa	27,695	South Africa	36,710
6	Hong Kong (SAR of China)	25,435	Philippines	24,805	Philippines	34,453
7	South Africa	22,066	Malaysia	23,211	Malaysia	26,077
8	Malaysia	21,897	Hong Kong (SAR* of China)	22,920	USA	20,796
9	Indonesia	19,001	Korea, Republic of (South)	18,246	Korea, Republic (South)	20,080

10	India	18,024	USA	16,657	Vietnam	18,354
11	USA	14,562	Indonesia	16,004	Hong Kong (SAR* of China)	17,837
12	Korea, Republic (South)	13,790	Vietnam	15,899	Indonesia	15,724
13	Singapore	11,150	Singapore	12,282	Singapore	14,720
14	Fiji	11,004	Thailand	10,384	Sri Lanka	14,109
15	Sri Lanka	10,299	Iraq	9,385	Iraq	12,369
16	Lebanon	7,909	Taiwan	8,168	Thailand	12,108
17	Yugoslavia	6,027	Japan	7,893	Sudan	8,229
18	Germany	6,004	Lebanon	6,982	Ireland	7,592
19	Canada	5,919	Canada	6,589	Zimbabwe	7,420
20	Ireland	4,868	Germany	6,162	Fiji	7,398
21	Croatia	3,718	Bosnia & Herzegovina	5,722	Japan	7,159
22	Turkey	3,658	Iran	4,929	Canada	7,003
23	Egypt	2,736	Ireland	4,042	Germany	6,882
24	Greece	2,546	Papua New Guinea	3,791	Taiwan	6,315
25	Netherlands	2,539	Turkey	3,208	Lebanon	5,213

Source: ABS Census Data 2001, 2006, 2011. Community Profiles

*SAR Special Administrative Region

Immigration patterns into Australia for 0-24 year olds for the census years of 2001, 2006 and 2011 identified the following trends:

- The highest number of arrivals of the 0 – 24 age cohort came from New Zealand and the United Kingdom, which remain at positions one and two respectively over the three census dates.
- The total number of EU countries within the top 25 immigrant nations dropped from eighth place to places six and three respectively over the three census dates with only the United Kingdom (2) Ireland (18) – which almost doubled in numbers between 2006 and 2011 – and Germany (23) in the top 25 immigration nations into Australia in the 2011 data collection period.

- In 2011, young people from the smaller continental European countries of Bosnia and Herzegovina, Croatia, Greece and the Netherlands were replaced by those from Asian countries (China, India, the Philippines, and Malaysia) with the top ten countries for culturally and linguistically diverse (CALD) immigrants for the 12 – 24 aged cohort in the 2011 census being from China (18.5%), India (9.6%), the Philippines (5.6%), Malaysia (5.2%), Hong Kong (3.8%), Vietnam (3.6%), South Korea (3.6%), Indonesia (3.1%), Singapore (2.6%) and Iraq (2.4%) with significant increases in the first three countries (Hugo et al., 2014). An increase in the overall numbers from the Asian region, increasing from 12 to 15 countries of the top 25 ranked countries, between 2001 and 2006, held steady at 15 for the 2011 census, although Vietnam, Hong Kong and Indonesia decreased significantly in their ranked order during the census dates surveyed.
- A rise in sub-Saharan African counties, particularly from the Horn of Africa, is also evident with the figures for Sudan and Zimbabwe (2011) reflecting this increase although immigrants from South Africa continue to be in the top 10 immigration countries for this age group over the three census years of the decade utilised for this study.

The ever-increasing number of young Asian immigrants coming to Australia, registered under the immigration categories of student, worker, family members of people already here and humanitarian-migrants (Hugo et al., 2014) sees many, particularly students, with little if any family support in Australia. Entering as temporary residents, meaning they arrived in Australia after 2003, are aged 15+ years on arrival from overseas and, although they are neither an Australian or New Zealand citizen on arrival and do not have permanent Australian resident status, they indicate that they plan to stay in Australia for 12 months or more.

The number of young refugees from war-torn countries, such as Sudan (2011 census) and Syria also continues to rise. They bring significant levels of trauma that the average Australian would be hard pressed to understand, often little education and experiences of living many years in refugee camps, fractured families, and displacement (Ennius, 2016). The fact that many of these young people do not have the immediate family support expected for the majority of young people, is as important for youth workers to understand as is why they have migrated to Australia.

The Religious Profile

There has also been a change in the religious profile of Australia's young people, although the top five responses in terms of religious affiliation for young Australians aged 0-24 years has been consistent over the three census periods:

- Catholic Church
- No religion
- Anglican Church
- Not stated
- The Uniting Church.

A substantial decline in the main Protestant traditions for the same period is in contrast to the huge rise in young people affiliating with the religions other than Christianity such as Hinduism (+152.9%) which almost doubled its numbers from 2006 to 2011, rising two places on the table.

A number of religions increased in ranking, usually by one or two places, including Islam, Buddhism, Greek Orthodox, the Baptists, Hinduism, the Latter Day Saints, Seventh-Day Adventists, Macedonian Orthodox and the Oriental Orthodox. The second fastest growing religion for this age group is Islam (+58.72%) which remained in the sixth position in 2011 having gained that placing in 2006. This can be attributed to a high birth-rate leading to a greater number of young people identifying as Muslim which has implications for issues such as Islamaphobia and the deradicalisation of young Muslims.

The greatest decline in numbers for young people was noted by those identifying as Other Orthodox (-38.83%). Next were those attending the Salvation Army (-35.25%).

Table 2

Top 25 Religions for Young People (0-24 years): census 2001, 2006 and 2011 ranked by year

Rank	2001		2006		2011		
	Religion	Total # Young People (0-24 yrs.)	Religion	Total # Young People (0-24 yrs.)	Religion	Total # Young People (0-24 yrs.)	% Change 2001 - 2011
1	Catholic	1,808,977	Catholic	1,789,091	Catholic	1,842,665	+1.86
2	No religion	1,228,962	No religion	1,186,538	No religion	1,494,760	+21.63

3	Anglican	1,054,084	Anglican	944,751	Anglican	895,906	-15.00
4	Not Stated	705,984	Not Stated	801,672	Not Stated	622,219	-11.86
5	Uniting Xa	363,364	Uniting Xa	296,136	Uniting Xa	252,871	-30.41
6	Presbyterian & Reformed	183,584	Islam	165,891	Islam	221,326	+58.72
7	Islam	139,441	Buddhism	136,070	Buddhism	156,398	+24.91
8	Buddhism	125,202	Greek Orthodox	106,329	Baptist	114,487	+8.30
9	Pentecostal	110,194	Presbyterian & Reformed	100,875	Greek Orthodox	109,741	+3.57
10	Greek Orthodox	105,962	Baptist	104,226	Presbyterian & Reformed	100,767	-45.11
11	Baptist	105,709	Pentecostal	90,818	Hinduism	93,931	+152.96
12	Lutheran	75,286	Lutheran	72,140	Pentecostal	92,898	-15.70
13	Hinduism	37,132	Hinduism	54,031	Lutheran	70,859	-5.88
14	Other Orthodox	36,098	Judaism	25,671	Other Protestant	30,390	
15	Other groups	29,886	Other Orthodox	25,165	Latter-Day Saints	26,379	+12.27
16	Jehovah's Witness	28,506	Jehovah's Witness	24,782	Other Orthodox	24,492	-38.83
17	Judaism	24,660	Latter-Day Saints	24,110	Judaism	24,456	-0.83
18	Latter-Day Saints	23,495	Other Protestant	19,450	Jehovah's Witness	23,758	-16.66
19	Salvation Army	22,650	Seventh-Day Adventist	18,460	Seventh-Day Adventist	21,000	+11.85
20	Seventh-Day Adventist	18,775	Salvation Army	17,922	Macedonian Orthodox	14,797	-15.12
21	Macedonian Orthodox	17,433	Churches of Christ	15,048	Salvation Army	14,665	-35.25
22	Churches of Christ	17,225	Macedonian Orthodox	14,123	Oriental Orthodox	14,544	+4.34
23	Oriental Orthodox	13,939	Serbian Orthodox	12,366	Churches of Christ	12,553	-27.12
24	Brethren	7,776	Oriental Orthodox	12,036	Serbian Orthodox	12,231	-
25	Aust. Ab'l Trad Rels	1,060	Brethren	10,228	Assyrian Apostolic	10,591	-
26			Aust. Ab'l Trad Rel	2,629	Aust. Ab'l Trad Rel	3,470	-

Source: ABS Census Data 2001, 2006, 2011. Community Profiles

Language

Hugo et al. (2014) note that for CALD born youth aged between 12-24 years, the top ten languages spoken at home are Mandarin (17.8%), English (15.1%), Cantonese (6.4%), Arabic (5.0%), Vietnamese (3.8%), Korean (3.1%), Punjabi (3.0%), Hindi (2.8%), Indonesian (2.4%) and Tagalog (2.2%). Other languages (not specified) make up the remaining 38.2 per cent.

The Mediterranean languages of Italian and Greek, a strong feature of Australian multiculturalism in the years following the Second World War, have been replaced by Mandarin. Although the most widespread language spoken in Australia, after English, it only accounts for 1.6 per cent of the total Australian population implying that today there are a greater number of languages spoken by young people who could be newly arrived immigrants, children of those recently arrived or second generation immigrants.

The impact of a newly arrived person's command of the English language is enormous as without it success in any area of life, whether education, employment or social interaction, will be compromised. The ABS figures show that the majority of the young people who declare they are able to speak English upon arrival into Australia tend to be those of the younger age range of 0-14 years. Of those aged between 15 and 24 years, a steady increase in numbers between 2001 and 2011 is evident, indicating that almost half require additional help with learning English in order to get ahead in Australia. In an effort to address this problem, the Australian Government offers all school-aged children of newly arrived permanent Australian citizens or holders of an eligible temporary resident visa for Australia, a 20-week, full-time intensive course at schools such as Blackburn English Language School.

The difficulty arises in that many of the older cohort are more likely to gain employment upon arrival than return to school, meaning that there is a greater risk of disengagement due to their limited English language skills (Cahill & Ewen, 1987).

The Importance of the Family

With an average of 1.9 children per household at the time of the 2011 census:

- More than a quarter of Australian households included a young person,
- 60 per cent of 12-19 year olds were living at home with two parents, though both were not necessarily their biological parents

- The total number of couples living with children has steadily decreased over the 15 year period of 1996 to 2011 from 49.6 per cent to 44.6 per cent, with the number of couples without children rising by 3.7 per cent.
- One parent families increased by 1.4 per cent over the same period of time with 20 per cent of young people living in one-parent households where 80 per cent were headed by women (ABS, 2011; Australian Government, 2010).

The majority of Australia's young people believe they have good family relationships (Mission Australia, 2013) with the family remaining a key component of young people's lives, although its make-up is changing over time. In 2011, 80 per cent of single households were headed by women while the number of households with two parents and children had decreased overall (ABS, 2011; Australian Government, 2010).

Those without this important support base are more susceptible to a variety of challenges including homelessness, which continues to rise for this age group. Those who end up on the streets are there due to a variety of reasons including family conflict, domestic violence, family breakdown, cultural conflict, sexual abuse, differing opinions including the issue of sexual preferences, mental health issues and substance abuse and usage by either the adults or young people involved (Johnson & Chamberlain, 2014). More males are on the streets; a growth in the numbers of young women has been noted (Johnson & Chamberlain 2014). Anecdotal evidence from youth agency representatives interviewed noted an increase in younger children being amongst the numbers living on the streets in 2015.

Education

Education has become the largest government funded youth service and often the only formal social institution that the majority of people engage with in the 21st century (Grogan, Calvin, Rose, Morstin & Atkins, 2013). Critical to youth wellbeing, a sound educational base provides success in all future stages of life (Goldin et al., 2014) and 584,329 participants in the *My World 2015 Survey* indicated that education was the top priority for the post-2015 agenda for the world (Naidoo & Seim, 2013).

An increase in the overall numbers of young people remaining engaged with education over time is the result of successful government policies for the purpose of "Improving engagement with education and training, leading to an increase in the

completion of Year 12 or equivalent" (Victorian Government, 2010, p. 3). In the 2011 census 30.2 per cent of people in Australia were deemed to be attending an educational institution. Of that 30.2 per cent, 27 per cent of young people were involved in primary education, 20.5 per cent in secondary education and 21.6 per cent were involved in some form of tertiary education (ABS, 2014). The Mission Australia (2013) results, which only surveyed those aged between 15 – 19 years, noted that 95.2 per cent of the respondents were in full-time education, with most intending to complete year 12. A further 1.8 per cent stated they were in part-time study options and 3 per cent indicated that they were not studying at all, which shows that study has become an important and accepted aspect of a young person's life in Australia, with only a small percentage not involved in study options.

Globally, Goldin et al. (2014) noted that Australia ranked first for educational achievement meaning that Australia's young people have access to a high-quality, relevant education system at the primary and post-primary levels. This would appear contrary to the most recent results from the Organization for Economic Cooperation and Development (OECD) which found that Australian students, although performing better than the OECD average, are falling behind their international counterparts, despite spending longer hours in the classroom with teachers who are well-prepared and teach on average 873 hours per year compared with the OECD average of 790 hours (OECD, 2013). The *Programme for International Student Assessment* (PISA) also shows that Australian students are being outperformed by more countries at each testing period with a growing gap evident in the lowest socio-economic percentile who, as Tovey and Patty (2013) note, are, on average, two and half years behind their more affluent peers.

In an effort to support vulnerable young people aged between 10-18 years to achieve positive outcomes, Youth Partnerships (2012 - 2014), an entirely Victorian Government initiative, was established. Headed up by David Murray, the team designed and tested new ways for services to work collaboratively so as to "… improve engagement with education and training, leading to an increase in the completion of Year 12 or equivalent (and) reduce escalation of problems for individual young people" (State Government of Victoria, 2014).

One of the project's key discoveries was that annually more than 10,000 year 9, 10 and 11 students are not enrolled in any form of study or training. Another was that young people located within the statutory environment of child protection, juvenile justice and out-of-home care show no improvement in regards to their education engagement, with

less than a third attending an educational institution. The 'at risk kids' are still the 'at risk kids' (Murray, 2014).

Young people who undertake tertiary studies find themselves with another set of issues as they move legally from dependence to the independence of adulthood. However, many young Australians find this is delayed due to the financial pressures created by the high cost of living in the 21st century.

Employment and Income Support

If Australia's youth are not involved with education it is anticipated that they are actively employed. According to the Australian Government (2010), young people contribute approximately $50 billion to the gross national income each year, with 15-19 year olds exceeding 40 hours a week in productive activities and 20-24 year olds approaching or exceeding 50 hours a week. Mueller (2007) believes this is broken down into 29 per cent of teenagers working part-time jobs, five per cent working full-time and two per cent owning their own businesses.

More than three million young people aged between 15-24 years of age work at casual jobs in hospitality and retail while studying simultaneously towards a career, most often not related to this initial work. Providing a disposable income, young people have a degree of economic independence not previously known. Their money is most often spent on clothing (21%), food (20%), personal care (10 %) and a car (9%) (Mueller, 2007; Piper Jaffray, 2014).

Youth Unemployment

A steady rise in Australian youth unemployment figures to 20 per cent of young people unemployed in January 2015, is a major concern for social commentators (Brotherhood of St. Laurence, 2015). Some of the blame has been laid at the feet of educational services because of their inability to prepare young people properly for the rapid changes occurring in the world of work (Chappell, 2004).

Health – the Physical and Psychological Well-Being of Australia's Young People

The physical and mental well-being of Australia's youth continues to improve overall, although one in three young people were noted as being of an unhealthy weight in 2011/12 (Australian Drug Foundation (ADF), 2014). The long-term health effects are

important to note as this can lead to chronic health conditions such as diabetes mellitus, heart disease, hypertension and kidney disease in later life.

Alcohol consumption amongst teenagers is a very significant concern, with excessive drinking contributing to unwanted sex amongst young people aged 15-24 years and the three major causes of teenage death in Australia: injury, homicide and suicide. The rates of suicide for this age group have declined by 48 per cent and yet males aged 20-24 years continue to be more likely to take their lives (Australian Government, 2010; Mindframe, 2014).

Drug use continues to be an issue for 12-17 year olds, with analgesics the most commonly used drug for non-medical purposes and cannabis the most commonly used illicit drug amongst this age group. Five per cent of this group admitted to using tranquillisers, cocaine, ecstasy and heroin and 20 per cent admitted to deliberately sniffing inhalants at least once (ADF, 2014).

With the likelihood of each young person experiencing at least one depressive episode before they turn 18 years of age, depression and anxiety are the most prevalent mental health issues for around 30 per cent of adolescents (Grogan, Calvin, Rose, Morstin, & Atkins, 2013). School and study problems were cited as the primary cause as the pressure to succeed produces a real fear of failure. The overall result is a large number of young people feeling overwhelmed and struggling to cope (Mission Australia, 2013).

The majority of young people surveyed by Mitchell, Patrick, Heywood, Blackman and Pitts (2014) stated they were dissatisfied with the sex education provided at school, stating that it did not match their own experiences which had remained fairly consistent over time. Those choosing not to engage in sexual intercourse cited religious, cultural or parental pressure for why they had not. Of those who have engaged in sex, one quarter reported that they had experienced unwanted sex of some kind; two-thirds admitted to using condoms. Teenage birth rates were higher in the lowest socio-economic strata (SES) areas (ADF, 2014; AIHW, 2012; Mitchell et al., 2014).

Sexuality and Gender

The fifth *National Survey of Australian Secondary Students and Sexual Health* (Mitchell et al., 2014), which surveys Years 10, 11 and 12 students from all educational institutions across Australia on their attitudes and sexual experiences, gathered the following information. Most of the almost 2000 respondents stated they were happy with

the choices they had made in regard to their sexual practices with half of those surveyed citing religion, cultural or parental pressure for why they had not had sexual intercourse, adding that they felt good about their decision. The majority of those who reported being sexually active, stated they were happy after having sex, with one quarter reporting that they had experienced unwanted sex of some kind, while 23 per cent stated they had had sex with three or more people in the past year (Mitchell et al., 2014). Two-thirds of sexually active young people admitted to using condoms; teenage birth rates were higher in the lowest socio-economic strata (SES) areas (ADF 2014, AIHW 2012).

Although fewer than 20 per cent of males and almost a quarter of young women indicated they were attracted to people of the same gender and eight per cent of males and four per cent of females indicated an attraction to both genders, the question of sexual orientation is a major issue for young people. Those identifying as queer, transgender or inter-sex often incur social isolation, cyberbullying, humiliation and family rejection. Cultural expectations and remote or rural geographical locations further complicates the experiences of these young people with 41 per cent of participants contemplating self-harm and suicide, 33 per cent admitting to harming themselves, and 16 per cent attempting suicide (Robinson, Bansel, Denson, Ovenden & Davies, 2014; Mitchel et al., 2014).

Easy access to the internet provided by mobile phones and other devices has impacted upon the sexual lives of young people. The normalisation of pornography in mainstream culture, especially among the young, sees a continuing drop in the age of exposure to a proliferation of images and practices many adults believe to be inappropriate for the young. The concern as to what this is teaching young people about sexual interactions, women and relationships has raised some very real concerns (Bryant, 2009; Pho, 2016). The reasons why young people access these sites vary between the genders; males aged between 15-25 years primarily view pornography to become aroused or to masturbate (48.8%), curiosity (39.5%) or 'to be cool' (28.5%), while females stated they looked because they were curious (54.6%) or 'to be cool' (19.1%). (Bryant, 2009).

Juvenile Justice

Rising numbers related to juvenile justice show an increase in young people interacting with the legal system, both as perpetrators and victims, although the longer young people stay out of the system after their first offence, the more likely it is they will

not return (Graycar, 2011). Crimes committed by young people tend to be those that are directed against property rather than people and are deemed to be attention-seeking, public and episodic in nature. With those aged 15-19 years four times more likely to be processed by the police than any other age group, the early implementation of various diversionary tactics has proven to reduce the likelihood of repeat contact with police and the courts in the majority of cases (AIC, 2011; Graycar, 2011).

A large number of risk factors have been identified as indicators and include peer rejection, academic failure and learning delays, combined with teacher intolerance, reduced family connections, due to poor supervision, divorce or family break-up, substance abuse, long-term parental unemployment or low income, neighbourhood violence, lack of support services and child behaviour problems (Hughes, 2014).

Cultural and Sporting Activities

Australian-born youth are more likely to participate in cultural and sporting activities with dancing, playing a musical instrument and various sports as the top three preferences across both genders. The impact of the 'new' technologies sees most young people interacting with the internet at school and at home for educational and social reasons. A family's cultural or economic situation is more likely to stop a young person from participating in these areas of interest (ABS, 2012).

The Indigenous Youth Profile

Australia's own indigenous youth population sees an increase in those identifying as such, especially among the younger cohorts. The majority are located in the nation's major cities, with only 37 per cent in remote parts of Australia, where access to regular fresh fruit and vegetables, coupled with lower levels of physical activity recorded for those living further out from the major centres, affects a young indigenous person's overall health (ABS, 2013a; AIHW, 2012).

Table 3

ABS Census – Indigenous Status Age Sex for the Years 2001, 2006 and 2011

Age	Year	Total # of Indigenous persons	Indigenous	
			% Male	% Female
0-4	2001	52,861	50.5	49.5
	2006	55,567	50.8	49.2
	2011	67,416	51.0	49.0
5-14	2001	108,069	51.5	485
	2006	115,541	51.2	48.8
	2011	129,672	51.0	49.0
15-24	2001	75,220	50.2	49.8
	2006	86,004	50.6	49.4
	2011	105,653	50.9	49.1
Total	2001	236,150	50.7	49.3
	2006	257,112	50.8	49.2
	2011	302,741	50.9	41.9

Source: ABS Census Data 2001, 2006, 2011. Community Profiles

Providing the suitable services and supports to ensure they achieve the same outcomes as their non-indigenous counterparts in the areas of education and health remains a primary focus for those working in this area. Higher statistics in regards to poor health outcomes, a higher incidence of mental health conditions, and substance abuse and injuries when compared with the non-indigenous group of 15-24 year olds remains of concern (AIHW, 2012). Twice as likely to leave school early, there has been a significant increase in the number of indigenous youth attaining their final year of education, year 12, although the gap in the standards overall is still wider than it should be when measured against their non-indigenous counterparts (AIHW, 2012).

Over-represented in the crime figures, whether as perpetrator or victim, indigenous youth are 15 times more likely to be receiving juvenile justice supervision of some kind, with almost half of the youth incarcerated in Australia being indigenous. Also over-represented in the child protection system many are cared for by family members which helps to keep them out of residential care (AIHW, 2012).

Conclusion

As a significant proportion of the population, young people are as complex and varied in their needs and wants now as they will be in the future. Despite differences in their cultural, linguistic and religious backgrounds, economic status, educational achievements, gender and interests, many live in a stable family situation with parents in a family home, attending an educational institution and participating in their local community whether that is through sporting activities or some other leisure activity. Globally Australia's young people are doing very well which is echoed at the local level with two-thirds of young people acknowledging that they felt positive about their lives overall (Commonwealth Secretariat, 2013; Goldin et al., 2014; Mission Australia, 2013).

What will change is the emphasis that young people themselves place on the importance of each area of their lives. Faced with challenges that are both universal and unique to their generation, young people are dealing with high levels of stress, as is evident from various data sources with the prime issues for Australia's young people centred around the economy and financial matters, politics and societal values, and equity and discrimination (Mission Australia, 2013; AIHW, 2012). The issues of mental health and employment continue to rise as areas of concern (Mission Australia, 2013), as do issues related to risks which remain for Australia's indigenous youth and those from lower SES categories.

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Jennifer Brooker

Working at RMIT University (Melbourne) as the Youth Work Coordinator for 8 years led me to undertake my recently submitted doctoral thesis – an investigation into youth work education in Australia, Canada, New Zealand, the United Kingdom and the USA. This led to my developing a new Australian undergraduate youth work education program for use in Australian universities after its positive appraisal by educators and practitioners across the world. My international focus on youth work education has led to many global opportunities including heading up the Quality and Standards Working Group for FICE International.

Building Caregivers and Communities for Sustainable Transformation

Adéle Grosse and Nicolette Roman

Abstract

For communities to be strong, families need to be strong and strong families are based on strong parent-child relationships. Parents, however, need support in order to be effective parents. This article describes a parenting programme based on strengthening relationships by introducing basic skills and knowledge and establishing networks within communities. Proud2bME® is a unique model developed in South Africa focusing on creating agents of change within a community. Ultimately, communities are trained to be responsible for the development and strengthening of their families to build communities.

Introduction

Society is only as strong as the strength of its families. This means that when families are challenged or at risk, children are then also placed at risk because it is within family values that first relationships are started and values and behaviours are learned (Hochfeld, 2007). For example, when families expose children to violence or substance use, there is the likelihood that children will replicate those behaviours (Ryan, Roman & Okwany, 2015; Roman et al., 2016). Similarly, Callan (2014) believes that strong families are necessary to achieve any societal goals such as a thriving and sustainable economy, social cohesion, transmission of culture and the provision of possible solutions to reduce

problems. The parent-child relationship is key in the development of children and forming the foundation for strong families (Baumrind, 1966, 1967; Davids, Roman & Leach, 2015; Roman, 2014).

The way in which parents parent their children has long lasting effects (Baumrind, 1966; 1967). A review of parenting approaches (Davids, Roman & Leach, 2015) shows the complexities associated with parenting. In this review, parenting is grouped into positive and negative parenting approaches. The more positive parenting approaches included authoritative, parental involvement, autonomy granting, parental instrumental development, parental emotional support, parental support, democratic parenting, attachment and parental action. Negative parenting was highlighted as authoritarian, parental strictness, permissive parenting, neglectful parenting, parental rejection, overprotection, parental control including psychological and behaviour control as well as protective-demanding parenting. The research highlights that parenting influences all facets of a child's life across the life span. A concern is therefore when parenting is inadequate and has dire consequences for the developing child.

To address this, there are interventions and programmes which are implemented to improve parenting and reduce the risk to the developing child. However, the success of these programmes is not well documented (Wessels, 2012). More recently, Lachman et al, (2016) developed a culturally sensitive parenting program for low income families in South Africa, but this programme has not been tested for its effects. Proud2bME®is a community-driven and culturally-sensitive parenting programme which strengthens parents, families and communities. The following is a narrative overview of how families, regardless of shape or form, and communities are able to work together to support parents and their developing children.

The Proud2bME® Model

Proud2bME® is an applicable relational-based intervention programme focusing on rebuilding individuals and communities, ensuring inclusion of all individuals in a community. Proud2bME® informally started in 2003 during outreach interventions in low socio-economic areas in Cape Town, South Africa. The programme is based on strengthening relationships by introducing basic skills and knowledge and establishing networks within communities. The Proud2bME® model focuses on creating agents of change within a community to drive an agenda once the active intervention period is over.

This means that participants attend the active programme but continue to interact with others in the community once the programme has ended.

The focus of the Proud2bME® model is on building a strong support framework. This framework is based on healthy relationships within communities created from a triangle of support or a family preservation triangle (see figure 1). In this model the child is the main benefactor of a positive relationship and the parent/guardian is the primary caregiver but the triangle also includes the importance of having a secondary caregiver that could be a support figure in the community such as a teacher, religious leader or community worker.
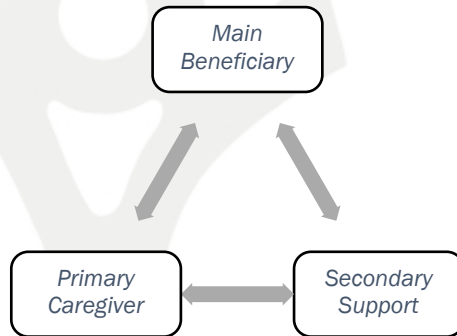
Figure 1 – Proud2bME® Triangle/Family Preservation Model

This model intentionally strengthens relationships and relieves the strain on the one-parent family. It also forms the foundation for responsible parenting and active citizens in the community by addressing *four key pillars of support*:

1. Understanding the role and responsibility as a proud and positive parent;
2. Self-esteem and affirmation at home;
3. Effective communication at home;
4. Values and self-discipline at home.

The essence of the Proud2bME® programme is that with a strong foundation, built from the essential relationship skills (e.g. the four pillars), parents will be able to equip themselves with the necessary tools to build stronger relationship between other family members, their children and the community. The whole programme is based on the strengthening of these relationships to support the families and broader community. However, before the strengthening of these relationships can take place parents and children and other support figures should become aware of their role and responsibility in the family and in the community at large. This theme is further explored by addressing issues of self-esteem, affirmation, parental self-efficacy (Bandura, 1977) and self-empowerment.

In order to support the relational approach and increase parental warmth and responsiveness Proud2bME® also includes aspects of the behavioural approach, such as a focus on the strength-based approach to help develop discipline consistency by teaching parents to use active listening, positive communication and positive discipline. These skills provide parents with the tools to increase discipline and decrease harsh and coercive parenting.

A unique element of the Proud2bME® programme is the importance of the support group. The group serves as a support structure for the Proud2bME® community movement that aims to have positive parents engage with other parents to interest them in making a change in their lives. Support groups identify leaders within the group after they have received an intervention programme and these leaders receive a further day's training that involves the skills needed to promote and administrate a support group. Parents and support group leaders are not expected to be the group facilitator and they are encouraged not to take on such a complex role. Support group leaders are trained to promote the group in the community and local networks and invite parents to join or, at first, just to observe. When more than 15 parents have joined a support group another intervention programme will be held with that specific group.

In all cases the deciding success factor has proven to be the support provided by social workers or community leaders as group facilitators to drive the community change, and where possible this is promoted as an ideal outcome. The group facilitator organises regular meetings and sharing of parenting tools provided by Proud2bME® every fortnight and creates an opening to a safe space for poignant discussions about current stressors for parents. These support groups represent the ideology of *Communities of Practice* that is groups of people meeting regularly and coming together to share their concerns,

passions and lessons learned (Schenck, Nel & Louw, 2010). These communities have a passion for learning and improving their skills by engaging in an atmosphere of collective learning. The driving force behind these groups are active citizens and the agents of change, who are usually either a leading figure in the community or supporting parents in the community taking on a leadership role.

Theoretical Underpinning

Proud2bME® is underpinned by the theoretical belief that parents and children have skills, strengths, resources and abilities which are the programme's focus rather than focusing on problems, vulnerabilities and deficits. This is a strengths-based or solution-focused approach acknowledging the existing skills and relying on the premise that this will increase their sense of self-esteem and self-empowerment as well as focus on identifying the vital skills still needed (Saleebey, 2006). The Proud2bME® model uses a strength-based approach making parents aware of their own behaviour but focusing on what they do well and what they can improve on rather than socio-and psychopathology influencing traits. Proud2bME® believes that by giving parents the knowledge to self-evaluate in a safe environment with facilitation, allows them to experience a sense of self-empowerment and improved confidence in their role as parents. Parents living in a community struggling with high levels of unemployment, crime and substance abuse often experience high levels of stress because of exterior (lack of income, lack of psychosocial support, violence in the family) and sometimes interior (low self-esteem, anxiety, parental apathy or disempowerment) issues related to these stressors. However, resources such as community counsellors, finances or just someone to talk to, are not frequently available or, if available, may not be seen as an adequate resource to parents because they fear being seen as an inadequate parent. The Proud2bME® Model addresses this by focusing a day of training on the importance of parental self-esteem and the central role parents play in the socialisation and development of their children. Parental self-esteem is of critical importance in a positive parent, as parents constantly act on their beliefs and feelings about themselves and therefore parents with feelings of inadequacy will fail to take positive action. Another key ingredient for a positive parent is a high level of self-efficacy; parent's self-belief in their ability to take this new knowledge and skills gained and actively use the skills to succeed in becoming a positive parent with a strong relationship with both children and other family members (Bandura, 1977; Brand, 2012). The Proud2bME® programme provides knowledge, skills, support

documents, support groups and cognitive coping techniques not only during the intervention period but also post intervention, so that parents recognise the resources they have available. These resources are culturally sensitive which means that this model is adaptable to a particular community or family need.

Conclusion

This article is a narrative account of the potential of a South African based parenting programme which offers a unique perspective of community supportive involvement, which is culturally driven to strengthen parents, families and communities. South Africa has a history of raising children within a 'village' [community], in the context of a collectivist approach, where 'my child is your child'. However, with the influence of globalization and westernized perspectives, the South African society has shifted more to an individualist approach threatening the eradication of culture, traditions and a supportive environment. This programme takes parents back to building community networks which support parents to raise their children in a positive environment while also becoming empowered to raise well-adjusted adults. The community then assists parents to raise well-adjusted adults, which means that families are strengthened, thus strengthening communities, and the society is transformed to one of reduced crime and violence.

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Nicolette Roman

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The New Vulcan Academy

Urban stalactites hang from a ridge
pointing sentimentally at Vulcan's core.
Extensions added as a slow drip of data and art
toward the geographical centre of the universe.

The new human reimagining of the Vulcan perspective
is divots of light in a tutorial darkness.
Children alone in craters, answering trivia in useless succession,
turning trivia into trivia, forever comparing test scores.

The new Vulcan students are racists, narcissists,
sort of like the underestimated stereotype
of what the average-average-person wants the average-smart-person to be.
They measure inferiority with tests of trivia and strength.
They expect to punish weakness, as if trivia can be used as a punishment,
which says something about Vulcan society.
Their method of nurture is also their method of embarrassment.

How different from the old academy which was actually logical.
The old exam ended with
"How do you feel?"

"How do you feel?"

The computer knows you're half human, Spock.
Logic is an acceptance of the conditions before it.

What a different timeline
to evolve an academy of irrational sentimentalists.
A human stereotype instead of
a logical human argument.

Terry Trowbridge

Self or Society?

Bethany Boyle

Self-awareness. Reflection. Praxis. These concepts are valuable to a Child and Youth Care (CYC) professional's professional and personal identity. Early on in our education, we are taught these concepts and once we enter the field we truly begin to value the effect they have on best practice and our ability to practice self-care. An important component of these concepts is self, which was defined by Frances Ricks as a "combination of being/presenting one's thoughts, feelings and behavioral acts out of one's construction of reality or world view" (1989, p. 35–36). In their article, "How am I who I am? Self in Child and Youth Care Practice", Garfat and Charles go on to state "it would be an understatement to say that self is central to Child and Youth Care Practice" (2007, p. 1).

Through understanding of self, we are able to identify our strengths and weaknesses, our beliefs, values and ethics and set boundaries. Our deep understanding of self also has the potential to be a protective factor in the lives of the children, youth and families we encounter. In order to be a protective factor, we must learn and respect our limitations as practitioners and, once a limit is identified, redirect the young people and families to another practitioner or service that can better meet their needs. Through collaboration with others we are able to form a strong network around those we help.

A common way to identify a limitation is through a 'red flag feeling'. The knotted feeling you get in your stomach, the pounding in your chest or the voice in your head. No matter what your 'red flag feeling' it may act as a signal to let you know that the situation you are in or the person you are helping may go against your beliefs, values and ethics or that your boundaries have been crossed. The physical response we can experience can be compared to 'fight or flight'. The reaction of 'fight or flight' can be described as, "the

body's physiological response to threatening stimuli in the environment. The fight/flight response can be conceptualized as a behavior that emerges from the emotional and cognitive appraisal of a threatening stimulus" (Kunimatsu & Marsee, 2012, p. 3). When our bodies go into this primal mode, our ability to think clearly and use self-awareness and reflection is compromised.

That being said, it is in these moments that the ability to reflect in and on action is the most important. Through reflection we can uncover the impact this situation or individual had on our self-awareness as well as an opportunity to use praxis. In her article, "Knowing, Doing and Being in Context: A Praxis-oriented Approach to Child and Youth Care", Jennifer White explains that, "praxis, which is ethical, self-aware, responsive and accountable action involves the reciprocal integration of knowing, doing and being" (2007, p. 231). Through the structure of praxis, we can examine what we know about our situation and resulting 'red flag feeling', what our response was or will be, as well as ensuring that our response is congruent with our professional and personal identity. By working through this, we are able to gauge whether or not we have reached our limit. However, I challenge you to go back to that 'red flag feeling' and ask yourself why? Why does this situation or person cause me to react in this way?

Using reflective practice, there is a new challenge to examine: Are the 'red flag feelings' we experience truly a personal response to an incongruence with our idea of best practice or is it a response that has been engrained into our thinking through social construction? Before we can make the decision to offer a child, youth or family the services of another practitioner we must be absolutely sure our decision is grounded in self not society.

What is a social construction? As defined by the Merriam-Webster Dictionary, a social construction can be defined as "an idea that has been created and accepted by the people in a society". It has influence on how we determine who or what is deviant or acceptable, right or wrong, normal or abnormal. For many of us, we have grown up in a culture where social constructions have become our automatic way of perception forming and decision-making. In our daily lives, our choices and interactions can be unconsciously influenced by these constructions to the point that they become a part of our identity. For a majority of the population, these constructs are just a part of who they are and there are little to no adverse consequences. That said, as CYC practitioners we represent a unique part of the population that has been given the responsibility and privilege to work with children, youth and families from all walks of life. Every day brings interactions with

people, circumstances and lifestyles that potentially go against the social constructs we've learned to accept in a predominantly Western culture. When social constructs become a part of our personal identity, there is a high chance it will become part of our professional identity as well. It is at that point that it is vital we utilize our reflection skills to become self-aware of what these constructions are. As part of our identity, when a person or circumstance goes against social constructs we may experience the 'red flag feeling'. Understanding self is a way to unpack how your socially constructed views are impacting your interaction and relationship with that person or situation. In some circumstances, the 'red flag feeling' and your constructs can act as safety mechanisms. However, in other circumstances it can lead to a bias that will prevent you from providing support to people who need you. As practitioners, we should go into every circumstance as openly as possible. If you experience a feeling that could be a warning it is your responsibility to reflect in-action as well as on-action to figure out why you feel this way and whether you should pursue this relationship or not.

A strategy to combat the influence of social construction is self-awareness and the use of praxis to develop a strong professional identity. When we look at using self-awareness, a key question to ask continually is "Why?": "Why do I feel this way?", "Why was that my response?" etc. Asking "Why?" can be a helpful prompt to remind us to use self-reflection. As practitioners, we want to utilize two types of reflection. The first type of reflection is reflection in-action. This type of reflection takes place in the moment (i.e. "Why am I feeling uncomfortable in this environment?") and can be tricky to do when your mind is full of other tasks. The second type of reflection is reflection on-action. This type of reflection takes place after the fact (i.e. "How could I have created a safer environment for that youth?"). Both of these types of reflection are key to unpacking social constructs.

When social constructs interfere with our role as CYC practitioners, it not only affects us during the immediate interaction but also affects how we move forward and the decisions we make based on that immediate interaction. When we are in a 'red flag feeling' situation, it is important to reflect in-action and identify how we are feeling, what triggered the feeling and how we can cope in the moment. We also need to be thinking about how this feeling is affecting our interactions with the child, youth or family we are supporting. While we may not verbally express we are uncomfortable, body language can be an indication. Once the interaction is over, it is important to reflect on-action. This involves looking at social constructs. We can look at whether our 'red flag feeling' was a result of being triggered from a personal experience or belief or whether it was a socially

constructed response. It is important to examine whether we can work through our constructs and be a support for the child, youth or family or whether we should refer them to someone else. In many cases, confidentially debriefing can be a valuable way to reflect on-action as well as get another perspective about whether your reaction was grounded in personal experience or a social construct and how to move forward. A helpful lens to reflect through is your professional identity and praxis.

As mentioned previously, praxis consists of knowing, doing and being (White, 2007). The knowing component refers to our professional knowledge base such as theory and micro-skills. The doing refers to how we practice as practitioners, the application of what we know. Lastly, being refers to the core beliefs we have as practitioners that guide our practice. When we are reflecting, we can ask ourselves if our response was congruent with our professional identity and praxis. If the answer is no, then we have a clue that a social construct might be at play. To be effective practitioners, our personal beliefs must align with our professional beliefs. We cannot have bias against a person or lifestyle choice in our personal life and then try to compartmentalize it in our professional life. To attempt that would not only be detrimental to you but also to the people you serve.

Try to identify which scenario is affected by social construct and which scenario is affected by personal experience. Using the questions below, reflect on the decisions each practitioner made.

Scenario 1

Anne (a CYC practitioner) lives in a community with a high rate of homelessness. Growing up, she heard stories of homeless people stealing, doing drugs and 'using up resources'. Recently, Anne was assigned a new youth named Matt. When she met Matt, he had poor hygiene and a criminal record. Almost immediately after meeting him, Anne's mind raced with thoughts such as, "I bet he's homeless, he's filthy and has holes in his shoes", "I'd better keep a close eye on him to make sure he doesn't try to steal anything". Anne decides to refer him to a co-worker because she doesn't feel comfortable around him.

Questions:

- Is Anne's decision to refer Matt based on a construct or an understanding of self?
- Was her decision to refer Matt ethical?
- How could Anne handle the scenario differently?

Scenario 2

Bill (a CYC practitioner) grew up in an abusive household. His father was an alcoholic and Bill was regularly verbally and physically abused. Recently, Bill was assigned a new youth named Luke. When he met Luke, Bill found out that he had recently been moved into foster care. Luke disclosed that his father had been a meth addict and would physically abuse him when he was high. When Bill heard that Luke had been abused, his heart raced and he began to lose focus on what Luke was saying. Bill decides to refer him to a co-worker because he is concerned that he will experience vicarious trauma because of his own history of abuse.

Questions:

- Is Bill's decision to refer Bill based on a construct or an understanding of self?
- Was his decision to refer Luke ethical?
- How could Bill handle the situation differently?

As practitioners, we have the opportunity to work with all types of people in all walks of life. Based on our individual circumstances we all have experiences that shape the way we interact with our world. We are also influenced by social constructs. Fortunately, we have many skills at our disposal such as reflection and self-awareness. Hopefully, by utilizing these skills, many of us are able to uncover the role social constructs play in our professional practice. When we allow preconceived notions and bias about people and lifestyles, we not only deprive that child, youth or family of the support they need, but also deprive ourselves of an opportunity to expand our experience as practitioners. This is a scenario where nobody wins. Through identifying your 'red flag feeling' and reflecting in- or on-action, you can decide whether you're experiencing self or society.

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Bethany Boyle

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Reading Child and Youth Care

Wolfgang Vachon

Reading Child and Youth Care

is a column about resources that may be of use to Child and Youth Care Workers, and allied professions. While books will remain a focus for reviews, it will not be the exclusive focus. Websites, comics, twitter accounts, videos, and any other relevant resource may be reviewed. If you have a resource that might apply, please email wolfgang.vachon@humber.ca

Review

Residential Child and Youth Care in a Developing World:
Global Perspectives

Tuhinul Islam and Leon Fulcher – editors

Available here from The CYC-Net Press

Tuhinul Islam and Leon Fulcher, the editors of this important publication, set out to scan residential care across all regions of the world, with a focus on countries too frequently neglected. This book is the first of four volumes. Upon completion, this collection will be a major contribution to the body of residential care literature, bringing together chapters covering 73 countries. To the best of my knowledge, never before has such a project been completed. It is an exciting and ambitious endeavour.

Residential Child and Youth Care in a Developing World: Global Perspectives, the first volume available, has chapters from 18 different countries. Islam and Fulcher use the Fédération Internationale de Football Association (FIFA) global categorization for
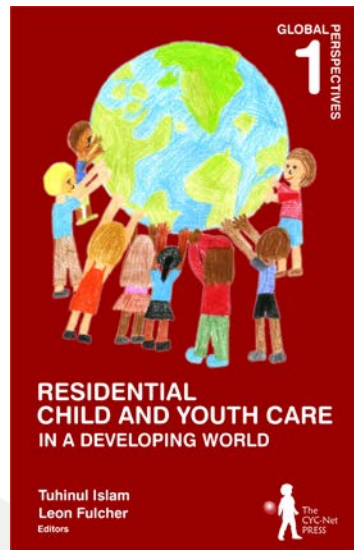
organizing the book, a provocative, amusing, and de-centering decision. *Global Perspectives* includes chapters from Africa, the Middle East, Asia, Europe, the "Central & Caribbean Confederation Region", as well as Argentina and New Zealand. Islam and Fulcher asked each contributor to answer questions about context, experiences, learnings and expectations regarding residential care in the locations they are writing about. The contributors include new writers, those previously published, academic researchers, community activists, educators, and those who have lived in residential care.

In their introductory chapter, Islam and Fulcher catalogue some of the many negative outcomes reported about residential care (such as, "being blamed for damaging children's development and compromising their rights... weakening of family ties and poor educational and health outcomes... its inadequate preparation of young people – particularly those leaving care – transitioning towards independent living" p.17), and then strive to contextualize and question these claims. Part of their critique is what they see as the facile transference of western notions of residential care to other contexts, "Our view is that therapeutic residential care is a theoretical construct that has limited transferability from Western practice research centres to life on the ground elsewhere in the World" (p.19). This is only one of the many provocative ideas that will likely be pondered and discussed by readers.

Another example, is their extension of how we categorize residential care (foster homes, group homes, orphanages, detention facilities, etc.) to include "private boarding schools, madrasah or religious schools, college and university residential colleges and halls of residence, and other religious and military learning centres" (p. 19). Such broadenings of our understanding risks comparing gold and titanium. While both serve a purpose and each are valuable, they serve very different purposes. Seeing all of these along a single continuum called "residential care" raises problems, and possibilities. The agenda of a military academy is very different from a "treatment foster home", and yet both have an agenda which is about shaping the young person in care. What possibilities would open if detention facilities looked more like Eton, or other highly regarded boarding schools? What can group homes in the west learn from the madrasah? Based upon some of the chapters in this book, a great deal. However, as the editors point out, the residential system that exists in one country or context may be completely wrong for a different one. Just as what works for one child does not necessarily work for another.

Each chapter ends with "Questions for Small Group Discussion or Guided Reflection". The questions provide a starting point for discussion and further reflection. I could see them being used with students, by a group of practitioners, or within a residence with staff; although I suspect readers could come up with many that would be far more relevant to their own situations. I could even imagine the questions being used by/with young people who are in various residential systems as a way to discuss what residential care is, how it could change, and what a particular residence could learn from other examples. This would be an informative and disquieting process that could lead to some profound questions and maybe even changes in how care is provided. What would it look like to have residents and staff all reading selections from this book together, engaging in discussions about their particular residence (or group of residences), and all committed to making the residence the "best" it can be? There are many ways to provide, and experience, residential care.

Reading the chapters, one is constantly confronted with seeing things through a particular lens, my own biases and values constantly rub against the authors. When for example I read "nearly half (44.9%, N =205) of the sample was male" (p. 95), I think about the gendered nature of that statement. I wince at the idea of forcing children to pray before breakfast, waking up at 3:00am, or performing for tourists as a way to raise money for the residence.

Over the chapters, we see many notable positive examples such as Bangladesh, Spain and Saudi Arabia; along with concerning situations in countries like Kenya, Palestine and Cambodia. The legacy of colonialism is present in many of the countries discussed, a legacy the editors argue, which continues to inform most of the literature written about residential care. (Indeed, the vast majority of references throughout the book are writings from the west). As the editors point out there are more children in India than the English-speaking countries of the USA, Canada, Britain, Ireland, Australia and New Zealand combined.

A theme that runs throughout this book is the question of deinstitutionalization. Is this desirable, in what circumstances, what are the implications of such policies, and who is setting the policies? As is shown by several of the chapters (Bangladesh and Delhi for example) deinstitutionalization is not always realistic or desirable. The book raises significant questions about whose agenda deinstitutionalization serves, and if it is another manifestation of colonial import/export.

Distressing examples like "orphanage tourism" and "voluntourism" are discussed in the chapters on Cambodia and Kenya respectively. Both offer disturbing and important critiques. The chapter by Stephen Ucembe (from Kenya) was particularly striking, as the only chapter written by someone who identifies as a former youth in care (to hear an interview with Ucembe listen to the October 26, 2016 CYC Podcast at http://www.cycpodcast.org).

I found myself reading a chapter or three, putting it down for a week or two, and then going back into the book. The tight structure to which all chapters adhere is both useful and, when reading back to back, feels repetitive. It makes for very effective referencing, but not always highly absorbing reading. I've come across several of these authors before and some of the things left out of this book due to (I assume) space and format, were unfortunate omissions. However, it did motivate me to seek out other writing by some of the authors I was not familiar with.

This is a crucial addition for all people with an interest in residential care, global understandings of Child and Youth Care practice, and colonialism and post-colonialism as it relates to children and youth. This book provides a fascinating and important look at residential care from many areas of the world that are difficult to learn about. Currently, this book is only available as a PDF, but I've been told a hard copy is coming early in the new year. I look forward to the forthcoming volumes, the next of which, *Residential Child and Youth Care in a Developing World: European Perspectives,* is expected in the first half of 2017. *Asia and Middle East Perspectives* (Vol. 3) is scheduled for mid to late 2017, and *African Perspectives* (Vol. 4) late 2017 or early 2018.

Wolfgang Vachon

entered child and youth care through theatre. He has been working with children and youth as an educator, artist, and advocate for over two decades. During the late 1980s he began employing interactive theatre processes to explore health choices with marginalized and street-identified youth. Community arts practice has informed his work with diverse young people including those in detention, state care, street involved and homeless, LGBTQ, and survivors of trauma. Wolfgang is a full-time faculty member in the Child and Youth Care programs at Humber College, and is the host of CYC Podcast: Discussions on Child and Youth Care (www.cycpodcast.org)

Why Child and Youth Care?

Donna Jamieson

Many of you who know me also so know that I "fell" into the Child and Youth Care field pretty much by accident. Leaving high school, I thought that perhaps I would be a social worker, but – believe it or not – I was too young to enter their program of study. I then, at the tender age of seventeen, entered the field of psychiatric nursing, and completed a three-year hospital-based diploma. I loved the work and the patients, but found that the medical model chaffed (remember this was in the late 60s and early 70s— think 'Cuckoo's Nest'.) I returned to school, next becoming a psychologist and definitely finding a better, if not perfect, fit. During my time as a psychologist, I was given an opportunity to consult to a brand new family support program that employed mainly Child and Youth Care workers. After I got to know these amazing family support workers and had an opportunity to watch them work where children, youth and families actually lived their lives, I knew I was home. In 1984, I added Certified Child and Youth Care Counsellor to my list of credentials, and, really, I have never looked back. Relational practice, developmental interventions, activity programming, life-space involvement, strength-based approaches—who could ask for more? Since entering the field of Child and Youth Care, I have tried to ensure that young people know about the field and do not have to take the long route that I did to find their calling. I was curious to know how our current batch of students entered the field. In response to my query, two students shared the journeys of how they ended up in the field. There are a number of others who tell me they are sending their stories, but because the column is past due, these will have to wait for a later issue. In the meantime, here are a couple of stories about how two caring individuals discovered Child and Youth Care:

From Robyn Potskin, 2nd year CYC student, MacEwan University

Some years ago, I was in a very abusive relationship with the father of my children. When I was pregnant with my now five-year-old, he went to jail. I was left, pregnant, and caring for three children and feeling broken and lost. After the birth of my fourth child, I somehow took the initiative to take a family violence course and then a parenting course and slowly, I began to heal.

During this difficult time, my own mother encouraged me and helped me access resources to support me in healing and picking up my life. My mother was vital to me in choosing a Child and Youth Care career. She herself is a Child and Youth Care worker and she encouraged me to follow in her footsteps. This became my goal, even though I realized it would be difficult as a single mother of four with a newborn baby.

Long story short. I made it. I am in my second year of the Child and Youth Care degree, and I love it. I feel safe and at home here. Being an advocate for the children and youth who are in care is my calling. My own children have been through many challenges, and I do my best to give them voice. When children are affected by trauma and violence, tapping into their resilience is a key factor in helping them heal and move forward in life. I want to be that resilient adult for my own children and for the children and youth in my professional care. I want to be an agent of change for all children and youth.

From Kyla Langley, 2nd year CYC student, MacEwan University

When I was sixteen, I was admitted into the child psychiatric unit at a city hospital. Not right away - there was a mandatory 'waiting' period of about five days while I was assessed and interviewed by many different professionals on an admission/general unit. I remember feeling numb and dissociative during the process; I hated the psychiatrist who visited me the first night and barraged me with questions, and I hated the tired nurses who, I felt, really didn't care about me or why I was there. I was compliant with every step and every question, but emotionally shut down. Maybe they knew that. It was recommended that I be sent home after my fifth day as there had been no sudden breakthrough or confession from me about what was 'really' going on underneath, as they put it. Regardless, I did eventually end up being transferred to the psychiatric unit of the hospital.

During my stay on the general unit, the only person I consciously chose to open up to was a newly graduated Child and Youth Care practitioner, whose kind and gentle way, I could sense, was completely genuine. She took the time to visit me once a day, even

when she wasn't scheduled to see me, and each day she would ask the same two questions: "How are you feeling?" and "What would you like to do while we're together?"

She showed me card games and magic tricks, and she taught me how to juggle using the balls of socks my parents had brought me from home. With whatever limited resources, we had in my hospital room, she found ways of making some of my time entertaining. When we weren't playing, we talked; she asked me about my siblings, my friends from school, my sports, my ambitions. I told her I wanted to be a psychologist when I graduated high school, and she told me, 'Hey, I think you'd be great in Child and Youth Care.' She introduced me to the program and shared stories of all that she'd learned. Never once did she pressure me to disclose the stories I wasn't quite ready to share yet, but when I did, she was there with tissues, a reassuring pat on the back, and always, always a good joke or a new story to tell.

A month later, once I was discharged from the psych unit, I gathered my belongings and said goodbye to the other children and youth with whom I'd grown close. As I finished packing, I turned around and saw my Child and Youth Care counsellor standing in the doorway of my room, smile shining as bright as the sun. I hadn't seen her for over 30 days since I'd been transferred from general to psych. She wasn't on my case anymore, and certainly didn't have to take time out of her day to say goodbye to a teenager she'd only worked with for a few weeks, but she did. With tears in her eyes, she came over to hug me and said, "Kyla, I knew you could do it. I am so proud of you."

It's because of her that I'm in this program now. Three years later, I still remember her face, and how safe I felt when she was around, and what a relief it was finally to be heard. She was truly one in a million to me, and I aspire to follow in her footsteps, get my Child and Youth Care degree, and one day work in hospital and reach out to others who are where I once was. It only takes one person to change your life. She changed mine. I owe her, and Child and Youth Care, everything.

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I thank my two students for sharing their stories about what inspired them to enter CYC. Although their route into the field was not as circuitous as mine had been years earlier, there was still an element of accidental discovery in their stories. Knowing these women, I feel grateful that they found us and am confident that they will do amazing work with children and youth, and their families. However, I still hear so many people say, "I

wish that I had known earlier about Child and Youth Care—it is exactly what I wanted to do." But often in the meantime, they have taken diplomas or degrees in related fields which are not quite a "match" just as I did almost fifty years ago. So, let's continue to let people know about the field by talking about it, writing about it, providing excellent care, becoming educated and certified, doing research, patiently correcting those that identify us as belonging to any other profession and proudly declaring that we are Child and Youth Care workers.

Donna Jamieson

is the chair of the Bachelor of Child and Youth Care Program at MacEwan University, where she has taught since 1996. For over twenty years prior to this, she was the program supervisor for a CYC program that provided consultation, assessment and intervention for complex "high risk" families referred by provincial caseworkers. Donna became a registered psychologist and a certified Child and Youth Care Counsellor in the early 1980s. She has since moved to a retired psychologist status, but maintains active certification status and is very involved with the Child and Youth Care Association of Alberta (CYCAA).

A Series of Silos

Garth Goodwin

Lately this writer has been coming to terms with the notion of the silo, not the storage of grain kind but the independent kind. When I first heard the term, it related to the vast amount of information in the computing world where programs, network administration and data have become huge as individual disciplines it has become a challenge to work within each, let alone across the range. Some definitions argue a deliberate intent to sit on information as a silo. In a way, silos are a natural outcome of the growth of knowledge, discipline and innovation. Often, there is an organization that recognizes this reality as each level develops. Consider university education with its graduate, post graduate and doctoral structure. Currently, as this is being written, people are marching in protest over the election of Donald Trump to the presidency in the United States. The voters of that nation have the sudden reality of the Electoral College granting him the victory. The founding fathers of the country saw the silo potential of its constituent states and devised a scheme to apply the rules of the government across all the states, using electors from each to express the outcomes of each state in turn, forcing those running to attend to each. The Americans are unique with this as the popular vote does not determine the outcome as it does in the parliamentary systems. Each individual state majority determines the outcome, weighted as to size and representation which is expressed through the college. This writer's experience is much more humble. This column explores the desperate silos of my child and youth care experience of late.

Three years is a long time to wait. The second Child and Youth Care World Conference was held in Vienna in late August 2016. The experience of the first CYC World's in St. John's had been exhilarating, bringing together child and youth care people from across the globe. This impression was wonderfully reinforced attending the 40th Anniversary Conference of the National Association of Child Care Workers in Cape Town in 2015. The

combination of a significant child and youth care conference in a foreign capital is difficult to beat and personally gave me something to look forward to. There certainly was no disappointment; in fact, it was overwhelming in several aspects.

The primary partner was FICE, the International Federation of Educative Communities which held its 33rd Congress prior to the event. The result was a conference of 600 delegates, 200 presenters from 60 countries – huge, diverse and in German and English. Workshop sessions were bookmarked between keynote presentations, featuring several speakers in the morning and afternoon sessions, a flood of offerings. This was a rare opportunity to experience a silo relative to my experience, not being an educator or wealthy enough to maintain a membership in FICE. Looking back, this was an extraordinary experience and one I hope is repeated in the future as it leaves one with a wider impression of the range of child and youth care operating in the world.

Still, faced with the unfamiliar, I found myself gravitating toward the known presenters within the program. Martin Stabrey, COO of CYC-Net, commented to me at one point, "It not quite the same as a national." So true, in size, scale and content relative to the child and youth care conference movement I have worked in. Comparative experiences reinforce the personal. Further, that experience is also shaped by the relational ethic which this journal and CYC-Net represents. I attended a panel on restraint in which Kathleen Mulvey, Kelly Shaw, James Freeman, Okpara Rice and Frank Delano sketched out the many challenges and approaches of restraint running from none at all to almost a daily occurrence. The workshop attendees mirrored this range and all were concerned over the implications of restraint: safety, therapeutic implications, guilt, shame, second guessing and constant ambivalence. Each approach brings operational implications to realize which can shape the reputation of the facility involved. Frank did a masterful job of moderating the discussion which became quite desperate at times. He cautioned against falling into a habitual approach by applying a pass/fail post restraint discussion for each instance. It is possible to work toward restraint free practice by being mindful of the dynamics involved and choosing to work toward alternative approaches. The workshop reminded me that child and youth care practice is a living process, demanding a commitment to individual and team maturity to shape and achieve goals. Further, that there are topics including in part: restraint, burnout, structure, nurture and motivation that will always be active files, chestnuts, if you will, that will never have definitive solutions but, rather, evolving ones.

Finally, there was the venue. Every conference comes with one. For a Canadian and one from where centennials are just taking place, the history, imperial beauty, up to the moment infrastructure, and vibrancy was a constant delight, one which encouraged playing hooky at one point to run away to Budapest with an international crew of collaborators on various things. As ever, this was again the realization that participation in the child and youth care movement has its own rewards that can bridge an individual career, especially for a retiree who has seen the work and colleagues fall away. Recently, through social media it was possible to follow several folks through Ireland where they were attending the Unity 2016 conference. Their enthusiastic touring in all weathers more than recommended the experience and the conference.

The foundation silo of child and youth care would properly be the relationship, followed close behind that of the unit, facility, and agency that hosts those relationships. Recently and regretfully, this writer was drawn back into these more intimate silos by the passing of a former youth in care at the age of 33. Social media allows many to maintain and honour the relational threads of our mobile times. So, it was quite a jolt to learn in the bluntest terms of this passing – 'She just died.' A short few days later, on Thanksgiving Day another message: 'Pops, are you coming to the viewing today?' Typical of child and youth care, any time is kid time with two hours' notice. I arrive to find two co-residents of the unit. I learn from one that this passing was suspicious. In fact, that it took her efforts following a breech in contact to find her unit sister in the morgue where she had been a Jane Doe for several days. The potential status of yet another missing and murdered woman hit me hard. The friend was able to connect the family who returned her for a dignified burial. The woman had moved to our largest city, married or considered herself married and settled into big city life, happily so it seemed, if somewhat on the margins. The friend believed that the police had taken the husband in for questioning. Online, he was out being stabbed a few days after her passing and did not learn or respond to it for five days or so. The truth will never be known.

Losing a child is a unique pain for any parent or caregiver. While there are certainly degrees of difference for caregivers, it is no less unique. You spend your time caring for, being obsessed about the safety of and being so delighted with a person in your care that the notion of their passing is simply not on. And suddenly it is and you find yourself reflecting on the life you knew and had a part in. With this person, a vulnerable, syndrome influenced, trickster who at tuck-in's would ask questions non-stop like why is the sky

blue, and who would always offer a unique take on the answers. She was a good person who enjoyed people.

Her other unit sister recalled their relationship continued as she lived at a fixed address and was visited every time she returned to the city. She recalled a time when they ran away together as kids to one of the city's most dangerous hotel bars and spent their time in the washroom playing with their Sailor Moon dolls! She then offered her view that "you guys let us be kids" and looking at hers in attendance, healthy, happy and totally well behaved and respectful was one of the best items of feedback ever. She even offered that one of her own is a carbon copy of herself as a youngster which aside from being a nod to karma, was celebrated with a good laugh.

Of course, later, one could not help but reflect upon the effort involved to bring a team together, encourage long term commitment and set about working toward an enriching family like experience for all concerned that would constantly evolve towards health. The effort put into the small things: meals, birthdays, seasonal celebrations and activities came to dominate the group narrative promoting resolutions to personal and interpersonal issues which would crop up. The young people often addressed many issues with their peers in respectful ways and supported the adults doing so with new referrals. Placements became long term as the importance of anniversaries of trauma, birthdays, even Christmas was appreciated. The youth determined when they were ready to leave, most after becoming competent as students and socially. This writer now appreciates how silo like the unit had developed, defending itself against warehousing challenges or arguing for special funding to allow for an activity. Openness to professional development was a constant with all team members completing an extensive 56 day training initiative with all the scheduling challenges that can involve. The families and community were involved as well through visits and open houses. The unit continues to function but with a rotating change in staff, residents and outcomes.

This experience reinforced earlier lessons on the wider child and youth care system. Workplaces appear to have silo status almost by definition. Each operates quite independent of the larger system, even within agencies. When this writer has been in comparative situations the contrast between workplaces across several factors has been dramatic, be it compensation, fairness, philosophy, competency and staff development. Oversight and development seem restricted to physical inspections and development funding as a percentage of budgets without guidance as to application and direction. Social workers attend to their caseloads and rely upon reputation of individual programs.

The development of child and youth care advocates offers some intervention and it is encouraging that young people are responding where they exist. It would be fascinating to have an Electoral College approach in which all players would be open to a level of intervention designed to improve the overall system.

For this writer communication and openness to new information and learning is central to the development of the system at every level. It is no longer enough to just set up care entities, hire some people and expect them to function. The needs are too pressing, too complex to address without professional intervention. They are also geographically widespread and culturally sensitive demanding a level of professional approach beyond contemplation at this point. It falls on the individual practitioner to undertake the education and experience they need and then find the fit with the silo of their choice with the supports and direction they value. In time, the hope would be that they in turn, would support the profession through association involvement and more.

Garth Goodwin

retired after a 41-year career in both practice and as a database designer and administrator. 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 active as the communications support to the Council.

Can Professionalization Legitimize Relational Child and Youth Care as a Best Practice?

Rebecca Ward

Abstract

Although the argument against the professionalization of Child and Youth Care (CYC) practice is alive and well, I maintain that it is not only necessary; it has never been more important. Relational approaches are being ignored and trained CYC practitioners are not mandatory in the existing Canadian care system. Relational CYC practice should also be considered a best practice in out-of-home care services for children and youth. CYC practitioners are educated to meet the needs of this particular population of youth through the use of relational life space interventions. Using relationship to develop a therapeutic alliance focused upon strengths and resilience is evidenced to produce positive outcomes with this population of youth. The expertise of the CYC professional requires legitimization so that a relational CYC approach to practice can lead the design of service delivery to reduce risk to those receiving out-of-home care.

Keywords

relational CYC practice, best practice, residential care, professionalization, out-of-home care, vulnerable youth, life-space intervention.

Introduction

Out-of-home care services being provided to the most vulnerable children and youth in Canadian society are not reducing risk. Instead, when youth receive out-of-home care services – often due to prior experiences of trauma and abuse – the risk of harm

increases (Snow, 2009). Over the last ten years there have been 26 inquests into the deaths of children who had received out-of-home care in the province of Ontario alone (Office of the Provincial Advocate for Children and Youth, 2016). Further, suicide is the leading cause of non-accidental death among 10-24 year olds in Canada and, amongst Aboriginal youth, these rates are estimated to be five to six times higher (Statistics Canada, 2010). The service system (Provincial government, non-profit community agencies, Children's Aid Societies, and private contractors) often employs those in CYC roles providing direct care and the supportive services occurring alongside the out-of-home care experience. However, standards for out-of-home care do not exist and CYC practice continues to occur without a regulatory body setting pre-service qualifications or practice standards.

The histories of complex trauma influencing the need for specialized out-of-home care (Anglin, 1997; Brendtro, 2004; Fox, 1994) result in complex developmental needs and engagement challenges (Anglin, 1997; Fox, 1994; Snow 2006). With this population engaging relationally, with a focus upon strengths and resilience, increases positive outcomes (Anglin, 1997; Bath, 2010; Brendtro, 2004; Brendtro & Long, 2004; Literature Review: A Trauma Sensitive Approach for Children, 2012; The Effects of Complex Trauma on Youth, 2014). Across the province of Ontario, the vocational standards for diploma and degree programs in CYC indicate that educated CYC professionals are trained to reduce risk by using relational trauma-informed and developmentally-responsive approaches that nurture a sense of personal agency with this particular population of youth within the life-space (Ministry of Training, Colleges and Universities, Ontario, 2014). However, as pre-service qualifications in CYC are not legitimized professionally, we have been unable to assume positions of leadership at the system design level. Subsequently, and far too often, services are being delivered through deficit and behaviorally based models, which do not allow for relational practice principles to be implemented (Anglin, 1997; Gharabaghi, 2016; Phelan, 2015). In order to shift service delivery to be congruent with a relational CYC practice approach, we must work toward professionalization by putting forward relational CYC practice as a best practice to lead the design of services being provided to this population of youth.

As a result of not claiming our professional identity, roles are created in which those hired to do CYC work are most often termed "staff'", "residential worker", "educational assistant" or "family worker", to name a few. This lack of clarity in professional identity ultimately results in increased risk to children and youth, while the skills of the CYC

practitioner go unrealized. The CYC practitioner is trained and educated to understand the concept of relational practice as it is applied within the life-space. They are trained to co-create caring therapeutic relationships wherein the relationship is the dominant force used to explore meaning making of what is being experienced in emotionally charged circumstances (Garfat, 2008; Stuart, 2009; Gharabaghi & Stuart, 2013). Here CYC practitioners flourish in developing a therapeutic alliance with a particular population of youth that is strength-based, empowering, developmentally responsive, and reciprocal.

In spite of the intensive work undertaken in the past two decades by the North American Certification Project, the Association of Child and Youth Care Practice, the Canadian Council of Child and Youth Care Associations, and the Child and Youth Care Certification Board, on the development and implementation of certification standards of CYC practice in North America (Competencies for Professional Child and Youth Care Practitioners, 2010; Mattingly, VanderVen & Stuart, 2002), we have not yet legitimized our work through certification, accreditation or regulatory processes. Although certification is deemed important and necessary within some provincial associations of CYC in Canada, certification is neither regulated nor legislated (Ontario Association of Child and Youth Care Practice, n.d.). Instead, certification remains optional. Agencies, organizations and ministries, are still unrestricted in terms of the pre-service qualifications of those they hire in Child and Youth Care roles. In addition, although we have established academic accreditation standards in Canada, which now include having several post-secondary programs with accreditation standards infused into their curriculum (Child and Youth Care Education Accreditation Board, n.d), accreditation of CYC programs also remains optional. Although there are upwards of 30 advanced diploma level CYC programs in Ontario alone and approximately 10 undergraduate programs, four graduate degree programs, and one doctorate program in CYC in Canada, we remain unprofessionalized. In spite of the fact that we also have clearly established stages of the professional and relational skill development (Garfat, 2001; Garfat, 2008; Phelan, 2008; Phelan 2015), an agreed upon code of ethics (Lochhead, 2001), and established core competencies (Mattingly, VanderVen, & Stuart, 2002) for the CYC Practitioner, we still remain unprofessionalized. Not surprisingly, CYC practitioners continue to be hired without accredited CYC education, or CYC education training or certification. They also assume roles as CYC practitioners with limited supervision of their stage of professional development (Gharabaghi, Trocme & Newman, 2016; Snow, 2010) and seldom assume positions of leadership beyond 'supervisor'. As a result, we have not

developed standards of care, or standards of care grounded in relational CYC practice approaches, for one of the most vulnerable populations served by the social service system.

The Complexity of CYC Practice

As CYC practitioners, we are formally educated to intentionally shape the physical and relational life spaces of those youth considered as having complex needs in accordance with their unique sense of identity and agency, within the context of a connected, present and caring relationship (Gharabaghi & Stuart, 2013; Phelan 2015). We are educated and trained to use these daily life events, which often include crisis events, as therapeutic experiences in which meaning is made of challenging life experiences to realize potential, acknowledge strengths and agency and foster connection and acceptance (Garfat, Fulcher, & Digney, 2013; Gharabaghi & Stuart, 2013; Phelan, 2015; Snow, 2013). Our work rarely occurs behind a closed door processing a prior event. More often we work with youth within their life space as it unfolds, helping them to make sense of the meaning they make of what they are currently experiencing (Phelan, 2015; Gharabaghi & Stuart 2013; Stuart, 2009). Further, the care provided to youth by the CYC practitioner occurs within the milieu, which is comprised of multiple life space dimensions in which the child's life unfolds (Gharabaghi & Stuart 2013; Phelan 2015). This milieu, when utilized by the CYC practitioner, is therapeutically utilized to nurture well-being through the strategic use of proactive, preventative and direct interventions, in the context of a caring relationship, to be responsive to the child's overall developmental needs (Anglin, 1997; Burns, 2012; Gharabaghi & Stuart 2013; Garfat & Fulcher, 2012; Phelan, 2015; Ricks, 1992). What contributes to high quality out-of-home care is the presence of solid relationships (Gharabaghi, Trocme & Newman, 2016). The need for strength based CYC relational practice is evidenced as being necessary to connect with youth in out-of-care services to promote their development and potential (Gharabaghi, Trocme & Newman, 2016; Gharabaghi & Stuart 2013; Phelan, 2015; Ungar, 2004). Our education and training provides the CYC practitioner with the knowledge and skill required to excel in this practice context

Safeguards and Education to Support Youth with Complex Needs

The youth we serve are more often those who have had lived experiences of trauma, abuse, neglect, and rejection. As an outcome of the issues related to the oppressive circumstances in which they exist, they live with limited familial and community support or sense of belonging and acceptance (Snow, 2009; Snow, 2013). Frequently, these prior experiences of trauma necessitate their need for out-of-home care, which often includes care provided by the child welfare and youth justice systems, as well as the need for children's mental health and special education services (Finlay & Sculy 2015). Most often it is the CYC practitioner who provides both the direct out-of-home care as well as the services supporting the out-of-care experience. Although children and youth have the right to quality care in the services that they receive (Unicef Canada, N.D), risk of harm increases for children and youth who have entered the social welfare system for out-of-home care and protection (Snow, 2009). As a result, it has been evidenced that they require safeguards to protect their safety and well-being within the very system set out to protect and support them (Snow, 2016). The Ontario Child Advocates Office has evidenced the need for these safeguards, sometimes due to experiences of abuse in out-of-home care, since 1990 (Snow, 2016). Although CYC pre-service education includes a focus upon engaging relationally with children who have experienced abuse and trauma to reduce risk and promote optimal development, as well as the application of ethics and advocacy principles as it relates to children rights (Ministry of Training, Colleges and Universities, 2014), it remains concerning that the recommended 'safeguards' in these reports have not included establishing a pre-service educational standard in CYC for 'residential workers'. Similarly, not unlike residential licensing standards, quality assurance practices within the system also do not include standards of academic pre-service qualifications for those in CYC roles. Although it is promising that the recent Ministry of Children and Youth Residential Panel Review of Out-of-Home Care in Ontario supports the ongoing recommendation for formal CYC educational requirements for residential staff, the report indicates that this is only a 'long term vision' (Gharabaghi, Trocme & Newman, 2016). In the meantime, the panel recommends 'in-service training' on the key concepts of relational CYC practice for current 'residential workers' in Ontario (Gharabaghi, Trocme & Newman, 2016). However, in Ontario alone The Ministry of Training, Colleges and Universities produces 1000 CYC graduates a year (Ministry of Training, Colleges and Universities, 2015). Subsequently, the above noted Residential Panel Review recommendation does not seem to take into account the potential number

of CYC practitioners with pre-service CYC qualifications already available as a resource. As these review recommendations are not supported by legislation, it also remains concerning that children and youth with complex needs will continue to be cared for by individuals who are not able or mandated to implement relational CYC practice approaches within the context of the life space.

To helping professions not using a relational CYC practice approach, the behavioral presentation of this group of youth is often misunderstood. As an attempt to survive the abusive and oppressive circumstances that underpin the social context of their rearing, these youths develop challenging emotional and behavioral issues, which have served to keep them safe in unsafe environments (Anglin, 1997; Brendtro, 2004; Fox, 1994). These developmental challenges, communicated through their behavior, are most often seen by helping professionals practicing without a strength based CYC relational practice framework, as both offensive and unsupportable. This perspective is in line with the deficit and behavioral based models being nurtured in out-of-home care services in an attempt to manage, contain and control young people and their behavior outside of the 'relationship' (Anglin, 1997; Gharabaghi, 2016; Phelan, 2015). This pathology-oriented perspective of trauma-based behavior is highly concerning when it translates into practices in out-of-home care programs with youth whom the system defines as having complex needs. This approach fosters further relational disconnection and increases risk to both youth and CYC professionals. The misuse of restraints (which often includes using restraints as punishment in attempt to contain and control youth behavior) in out-of-home care is of grave concern to the Ontario Child Advocates Office (Snow, 2016). This concern, which includes risk of harm, including death, has existed for almost two decades and has been clearly evidenced since 1998 in the Ontario Child Advocates Office report, *Voices from within: Youth speak out* (Snow & Finlay, 1998), the recent Ontario Child Advocates report, *Serious Occurrences Report* (Snow, 2016), and within the recent Ontario Ministry of Children and Youth Services report, *Residential Services Panel Review Report* (Gharabaghi, Trocme & Newman, 2016). Further, in a preliminary study on the Ontario CYC professionals' experiences with aggression in the residential context, both the model of intervention being employed and the use of 'workers' without CYC education were seen as predominant influences on the high rates of aggressive behavior occurring within residential placements (Snow, 2010).

Notwithstanding, these youths are difficult to engage as they have developed challenging conduct as a means to cope with their prior experiences of pain, abuse and

trauma and current experiences of limited support and isolation (Anglin, 1997; Fox, 1994; Snow 2006). However, it is exactly when this 'intolerable conduct' is presented that the unique strengths and skills of the CYC practitioner become fully realized. It is here that the CYC practitioner is uniquely prepared to create safety in relationship to reduce the intensity of dysregulated behavior, de-escalate unsafe behavior, and increase opportunities for growth, development and connection through a caring relationship. It is in this moment that the CYC practitioner flourishes with the use of CYC relational practice principles. It is here that our own experience of 'self' is at play, and we are trained and educated to acknowledge its influence on our ability to connect and be present and engaged (Stuart, 2009; Fewster, 1990; Ricks & Charlesworth, 2003) in the interpersonal space between the youth and the CYC practitioner (the relationship), where meaningful moments occur and growth is fostered (Garfat, 2008; Garfat, Fulcher, & Digney, 2013). It is here, in this space, in these emotionally charged moments, where we separate ourselves from those using behavioral and deficit approaches. It is here that we are armed with the knowledge and ability to support youth in exercising their sense of personal agency to advocate for themselves to have their needs met and voice heard. It is here where we are educated and trained to be developmentally responsive to the emotional experiences of these traumatized youth, while creating safety and employing limits within their life space to create solid partnerships. However, in spite of the evidenced understanding that creating a therapeutic alliance with children and youth recovering from experiences of abuse and trauma is the best predictor of positive outcomes (Anglin, 1997; Brendtro, 2004; Brendtro & Long, 2004), relational CYC practice is not seen as a best practice and we remain unprofessionalized.

If a CYC relational approach to practice is not guiding the design and implementation of service provision, our unique strengths and CYC relational practice expertise will never be realized. Instead, we will continue to be forced to align with the various philosophies of the programs in which we work. Quite often, this philosophy is incongruent with the educational experiences in which we are trained. As a result, we are then vulnerable to doing what we are told to do by the more dominant and powerful professions leading the design of the services we are left to implement. This approach focuses on pathology, deficits and risk while it fails to foster connection and resilience. Not unlike the youth we serve, we too are also silenced, controlled and forced to conform to the dominant voice governing our practice. Even though we do know how to better 'safeguard' the needs of those we serve through the use of CYC relational practice approaches, children continue

to be served by unqualified and untrained individuals, money continues to be made on their 'care', regardless of the quality of care they are receiving, and children remain at risk. The system is fundamentally broken and we have not claimed our professional identity, including assuming positions of leadership in the practice sector. Subsequently, the system continues to be designed using approaches that are incongruent with relational CYC practice.

Conclusion

For services to be in line with relational CYC practice, a congruent CYC relational approach must be encouraged in the direct care of youth and evidenced throughout the system (Anglin, 1997). This need for relational congruence refers to the need to have principles of relational CYC practice interwoven into the design of programs and within relationships governing service provision, including congruence in relationship between administrators and managers, managers and CYC practitioners, and CYC workers and youth. It is suggested that when relational practice principles are evidenced congruently throughout the system, the care children and youth receive improves, as CYC practice principles are being fostered and nurtured from the top of the system down (Anglin, 1997). However, we have not legitimized our work within the system and we are subsequently unable to provide leadership at the system design level. It is time we assume positions of leadership within the practice sector to elevate the voice of youth, as they deserve much better. In fact, the youth we serve are demanding professionalism in our practice (Office of the Provincial Advocate for Children and Youth, 2016) and it is time we listen. Relational CYC practice is evidenced to have positive outcomes with this particular population of youth. The evidence is clear, standards of CYC practice need to be utilized (Thomas, 2003). Knowing this, and the gravity of the crisis occurring in the system serving children, it is time to put relational CYC practice forward as a best practice. The time for change is now.

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