

Re-imagining Care: Thinking with Feminist Ethics of Care

by

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BCYC, University Of Victoria, 2009

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Supervisory Committee

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Abstract

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The term care has been part of the CYC title since the University of Victoria School of Child and Youth Care (CYC) opened in the 1970's, making care a central aspect of CYC's public and professional identity. The purpose of this research is to explore how care is conceptualized in *Foundations of Child and Youth Care Practice*; a Canadian textbook widely used in CYC postsecondary education programs. This text introduces future CYC practitioners to important aspects of CYC praxis, such as care. In this research I use the Trace method developed by Selma Sevenhuijsen (2004) to analyze the text. In this analysis, feminist ethics of care acts both as a lens for analyzing care and as a framework for renewing ways of thinking about and doing care in CYC. Key findings show that conceptualizations of care in the text are deeply influenced by neoliberal 'justice' frameworks leading to care being framed as always 'good' and understood as apolitical, simple and instrumental. This reveals a lack of theorizing about care in the text and suggests that understandings of care are taken for granted and devalued. These conceptualizations of care cannot account for the complexities of the care relationship and do not adequately reflect the lived experience of young people and families. This research advocates for engagement with feminist ethics of care as a starting point for re-imagining care in CYC and offers suggestions for what this might look like.

Table of Contents

Supervisory Committee	ii
Abstract	iii
Table of Contents	iv
Acknowledgments	vi
Chapter 1- Introduction	1
Motivations for this Research	5
Thesis Organization	7
Chapter Two- Literature Review	8
First Generation Ethics of Care	8
Second Generation Ethics of Care	12
Joan Tronto	13
Defining Care	14
Phases of care	16
Ethical principles	16
Selma Sevenhuijsen	19
Care and Policy Analysis	20
Child and Youth Care	21
Historicizing Care in CYC	23
Practical care	23
Theorizing about care	25
Relational care	26
Socially just care	28
Critical Approach to CYC	29
Social Work: Renewal with Ethics of Care	31
Absence of Care	32
Chapter Summary	35
Chapter Three- Methodology	36
Feminist Ethics of Care	36
Defining Feminist Ethics of Care	38
Foundations of Child and Youth Care Textbook	41
Method- Trace	43
Text/Data Sample	44
Analysis	45
Step One: Tracing	45
Text production	45
What's the problem?	45
Leading Values	46
Human Nature	46
Gender	47
Role of the state	47
Rhetoric	47
Step Two: Evaluating	48
Step Three: Renewal with the Ethic of Care	48
Step Four: Concretizing	49

Approach to Reading the Text	50
Methodological Rationale.....	50
Trustworthiness.....	52
Chapter Summary	54
Chapter 4- Findings & Analysis	56
How Does the Text Work?	56
Identifying the Author.....	57
Approach to Knowledge Production.....	58
“Foundations” of Child and Youth Care.....	58
Writing style.....	61
Transparency.....	64
How is Alternate Knowledge(s) Integrated into the Text?	65
Introduction to Critical Perspectives in CYC	67
Representation of Critical Perspectives	69
What is the Problem Care is a Solution to?	72
Who is in Need of Intervention?.....	73
Making Sense of the Problem- Ecological Model	75
CYC Intervention.....	79
How is Care Conceptualized?.....	82
Defining Care.....	83
Care is meeting basic needs	86
Care as simple.....	87
A Caring Attitude.....	89
Essentializing care	89
Motivations for caring.....	93
Gendered care	95
Summary of Analysis.....	96
Chapter Five- Discussion.....	98
Renewal with Ethics of Care.....	99
Relational ontology.....	103
CYC Education and Research.....	107
Personal Learning(s) with Feminist Ethics of Care	110
Tensions	112
Limitations of this Analysis	114
Concluding Thoughts.....	115
References.....	117

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Chapter 1- Introduction

The purpose of this research endeavour is to understand and extend how care is conceptualized in a recently published Canadian Child and Youth Care (CYC) undergraduate textbook. The textbook that I have focused my analysis on is *Foundations of Child and Youth Care Practice* (2013) by Dr. Carol Stuart. The main research question guiding this research is “How is care conceptualized in *Foundations of Child and Youth Care textbook?*” with the sub-question of “How is CYC conceptualized in the context of care in the textbook?”

Care is an important and fundamental part of child and youth care (CYC) praxis (Ricks, 1992; Stuart, 2013; Skott-Myhre & Skott-Myhre, 2011). The term care has been part of the CYC title since the University of Victoria (UVIC) School of Child and Youth Care opened in the 1970's, making care a central aspect of our public and professional identity. CYC involves caring for children, youth, and families within a variety of contexts and is the basis of CYC interventions. The work that CYC practitioners do is dependent on people needing “care.” In the CYC literature care is described as the “foundation of CYC” (Ricks, 1992, p.), the “hallmark of our profession” (Peterson cited in Ricks, 1992) and “a core characteristic of CYC practice” (Stuart, 2013) demonstrating that care is valued in CYC.

Yet, surprisingly there is limited literature that explicitly theorizes care, highlighting a considerable gap in the CYC literature. What is this about? A lack of theorizing makes it unclear how care is conceptualized in CYC. This signals that there may be taken for granted assumptions being made about care, care practices, ethics of care and what problem(s) ‘care’ is purported to be the solution which potentially has

significant implications for CYC praxis, making care an important and necessary concept to research in CYC.

One of the reasons that the concept of care is often taken for granted is due to its ubiquity and everyday significance (Barnes, 2012; Sevenhuijsen, 1998). The term care tends to be a concept that most people understand and can relate to. Generally, it is most often understood in terms of nurturance, and viewed as occurring in face-to-face relationships (Barnes, Brannelly, Ward & Ward, 2015; Mahon & Robinson, 2011; Tronto, 2013). Our survival at birth is dependent on care (Barnes et al., 2015; Sevenhuijsen, 1998; Tronto, 1993), and in our lives we will all have given and received care (Sevenhuijsen, 1998). Barnes (2012) comments that “care is so fundamental to our capacity to live together that we simply cannot see its significance and it becomes possible to ignore it” (p.3) leading to a disregard and devaluing of care (Barnes, 2012). The public/private moral boundary and gendered ideas about care also contribute to certain ideas and understandings of care (Tronto, 1993).

Historically care has been primarily viewed as the responsibility of women and as a private matter that occurs in the privacy of one’s home (Tronto, 2013; Sevenhuijsen, 1998; Mahon & Robinson, 2011). However, in the last one hundred years there has been a “revolution in care” (Tronto, 2013, p.2) as care shifts from the private to the public sphere. In the twentieth century, care made significant movement into the public sphere and became more professionalized (Tronto, 2013). This shift has been largely associated with feminism (Fine, 2007; Sevenhuijsen, 1998), rising rates of women in the labour force (Mahon & Robinson, 2011), the professionalization, expansion and development of

human services (Fine, 2007; Tronto, 2013), and the effect of neoliberalism and globalization on individuals and families (Barnes et al., 2015; Fine, 2007; Tronto, 2013).

Since the 1980's, feminists have advocated for care to be recognized as a public matter and a focus for analysis. Feminists have been challenging essentialist ideas about women and care and arguing for care work to be a more equal endeavour between men and women for a long time and this effort has demanded and inspired a re-thinking of care (Sevenhuijsen, 1998; Tronto, 1993). In the early 1980's, Carol Gilligan's work on the ethics of care emerged and made care visible as an alternative framework for ethical decision-making and moral reasoning. At that time Gilligan's (1982) work was celebrated as well as critiqued for reifying essentialist ideas about women since it linked sexual difference to morality (Pettersen, 2008; Tronto, 1993). Despite this, Gilligan's (1982) work has inspired a proliferation of research regarding ethics of care and inspired current conceptualizations of care as a political concept. This has led to a growing interest in ethics of care and care as an important scholarly research topic, which has inspired this research about care.

Ethics of care at that time (and now) fundamentally challenge the dominance of liberal justice based perspectives that conceptualize human beings as independent rather than as relational and rely on abstract universal principles instead of an understanding of context and other related concerns (Hankivsky, 2004; Mahon & Robinson, 2011). Ethics of care has expanded and moved beyond its beginning formulations towards a critical, feminist ethics of care that is characterized by a relational ontology, recognition of situatedness and contextuality and a highlighting of particularity in ethical decision-making. A critical, feminist ethics of care is political in that it reconceptualises traditional

ideas about the public and private, its scope is much broader than personal relationships, and it is concerned with living justly in society (Hankivsky, 2004; Klaver et al., 2014; Tronto, 1993; Sevenhuijsen, 1998). In this research I utilize a feminist¹ ethics of care as a lens to analyze how care is conceptualized in the text *Foundations of Child and Youth Care Practice* and as a framework to think about caring in more theoretically rich and practically complex ways in CYC.

The decision to analyze the text *Foundations of Child and Youth Care Practice* is motivated by the recognition that postsecondary CYC education is a “largely unexamined site of critical child and youth care practice” (Little, 2011, p.6). CYC education has a significant influence in creating and shaping how learners and future practitioners will *care with* young people, families and communities in responsive and politicized ways (Gharabaghi, Skott-Myhre & Krueger, 2014; White, 2015; White, Kouri & Pacini-Ketchabaw, 2017). Understanding how care is conceptualized in a CYC textbook helps to understand how CYC education shapes certain understandings of care and marginalizes others.

Although, textbooks are only one part of CYC education they are widely used and are demonstrative of knowledge that has been granted validity in the field (Apple & Christian, 1991; Fahlgren & Sawyer, 2011; Wachholz & Mullaly, 2001). Textbooks are a major conveyor of knowledge in postsecondary education and the content of textbooks is often viewed as neutral, accurate, and authoritative (Apple & Christian, 1991; Wachholz & Mullaly, 2001). However, textbooks are inherently political since they can serve as delivery systems for dominant discourses, assumptions and ideas that reflect the

¹ Not all care theorists use the term feminist ethics of care, I will define and elaborate on this in chapter three

interests of the state (Fahlgren & Sawyer, 2011; Foster, 2012; Wachholz & Mullaly, 2001). As such it is important to critically explore and reflect on our own knowledge base and practices in effort to not unwittingly perpetuate belief systems and power relations that are operating in harmful ways (Skott-Myrhe & Skott-Myhre, 2011; White et al., 2017). One way of doing this is to critically examine the texts being used in CYC post-secondary curricula. While scholar-practitioners in CYC are critically analyzing many of the foundational ideas and theories that have informed CYC, (de Finney, Dean, Loiselle & Saraceno, 2011; Pacini-Ketchabew, 2011; Saraceno, 2012; Skott-Myhre, 2007; White & Pence, 2011; White, 2007) a systematic analysis of CYC textbooks has not been done, which makes this research original and important.

Motivations for this Research

In this thesis I situate myself as a graduate student, researcher and CYC practitioner. I endeavour to be reflexive, stay focused on the research question and social justice concerns, while challenging and critiquing the status quo. I do not seek a final position and acknowledge that this research only offers a partial view of how care is conceptualized in CYC and that this research is influenced by my own subjectivities and embeddedness in this world. I have become increasingly conscious that as a result of growing up and being educated in the White, settler world, I have been well socialized in the dominant Euro-centric worldview and it is difficult to step outside of it, without an active intellectual commitment (Strega, 2005). I believe that continuous careful and deep thinking about my own social locations and the complex intersections that both privilege and at times disadvantage myself, and how this has shaped who I am and how I do work with young people and families is integral to my own ethical practice.

I realize that dominant neoliberal and euro-western discourses are often playing out in my work and that at times this is clear to me and at other times it is not. I continue to be troubled in my work by the focus on the individual and the lack of contextualizing their distress. I find that social and structural inequities or the lived experiences of poverty, exclusion, marginalization, homophobia, sexism or racism are often linked to young people and families' problems but individualized ways of working continue to be prioritized. Primary responsibility for change and progress tends to rest mostly with young people and families and if they are unable to demonstrate tangible change this tends to be viewed as a result of their unwillingness and/or lack of readiness. And I think it is important to note that I struggle in my own work to counterbalance these concerns and with translating politicized practices into my everyday practice.

I advocate for a critical framework, such as feminist ethics of care, as one (not the only) way of supporting myself and CYC in analyzing and bringing awareness to ideological frameworks and the emotional baggage of experience that shapes and situates our perceptions and actions of care as a way to reduce the risk of practicing in ways that reproduce oppressive practices. I feel strongly that CYC praxis has “distinct ethical, moral and political implications” (Sinclair, 2007, p. 148) and that there is no innocent or neutral position in our work (Reynolds, 2010). This thesis is part of my own commitment to thinking, living and doing CYC praxis differently.

One of my hopes for this research is to expand frameworks of care in CYC and challenge dominant notions of care that devalue and depoliticize care. I think that CYC needs to continue to move towards “caring with” young people and their families in a

way where “caring needs and the ways in which they are met are consistent with democratic commitments to justice, equality and freedom for all” (Tronto, 2013, p.6).

Thesis Organization

In this introductory chapter, I have presented my rationale and motivations for this research, highlighting a lack of theorizing about care in CYC and the importance of critically examining the role of CYC education in shaping ideas about care. In chapter two, I engage with relevant research in the areas of ethics of care, CYC and social work as a way of understanding how care is conceptualized. In chapter three, I present my research methodology and approach to analyzing *Foundations of Child and Youth Care Practice* textbook. I then discuss my findings that emerged from my analysis using the Trace method in chapter four. Finally, in chapter five I conclude with my ideas about renewal with ethics of care in CYC, the limitations of my study, and concluding thoughts.

Chapter Two- Literature Review

Ethics of care is a fairly young and steadily emerging discipline rooted in feminist ethics, moral theory, theology and philosophy (Klaver, van Elst & Baart, 2013). Ethics of care has expanded and moved beyond its beginning formulations and there is growing interest in the ethics of care as a framework for practice, policy and research in various fields such as nursing, social work, medicine, law, policy, technoscience, politics and international relations (Martin, Myers & Viseu, 2015; Klavers et al., 2013; Sevenhuijsen, 1989).

It is not easy to provide a summary of ethics of care since there are many varying strands and different ways of thinking about ethics of care and caring. One of the most distinctive differences in the literature between care theorists that have emerged between two categories known as ‘first’ and ‘second’ generation care-theorists (Hankivsky, 2004). First generation care theorists’ link ethics of care to gender while second generation theorists propose that care is central to human life (Hankivsky, 2004). In this section, I will provide an overview of some of the key contributions by theorists from both the first and second generation to demonstrate the expansion of ethics of care from the private realm to the public sphere. This overview is not meant to be exhaustive but to highlight the key ideas of first and second generation care theorizing.

First Generation Ethics of Care

First generation care theory explicitly or implicitly centered gender as the epistemological foundation of ethics of care (Hankivsky, 2004). Care theorists most often grouped together as first generation theorists include Sara Ruddick, Carol Gilligan,

Nel Noddings and Virginia Held (Hankivsky, 2004; Mahon & Robinson, 2011). In this section I will provide a brief overview of first generation care theorizing with the purpose of building an understanding of the early articulations of ethics of care and demonstrating some of the controversies and differences that an ethics of care confronts.

The emergence of ethics of care is most often attributed to Carol Gilligan's (1982) research into the difference of moral development and identity between men and women that was inspired by her critique of Lawrence Kohlberg's influential model of moral development (Fine, 2007; Petterson, 2008; Sevenhuijsen, 1998; Tronto, 1993). In Kohlberg's research he found that women consistently scored lower than men based on his model of moral development and hypothesized that women were less morally developed than men (Gilligan, 1982). Gilligan rejected this explanation and instead found in her research that women tended to respond to moral dilemmas using a 'different' voice in moral reasoning that was unacknowledged by Kohlberg's model. Gilligan (1982) called this the 'voice of care', which was based on values of relationship, responsibility and concern for others. The 'voice of care' took into account that moral reasoning occurred within the context of relationship and the 'voice of justice' which Kohlberg's research was based on which relied on abstract rules and principles could not account for the relational elements of life (Gilligan, 1982). Gilligan heavily critiqued the justice perspective for prioritizing individual rights and viewing moral problems as an issue of competing rights. In comparison, she theorized a care perspective that viewed moral problems as arising from conflicting responsibilities and emphasized thinking that is contextual and narrative (Gilligan, 1982). Gilligan's critiques launched the care-justice debate that continues within ethics and care literature (Petterson, 2008).

Gilligan refers to the voice of care as a ‘different’ voice instead of a ‘women’s’ voice, stressing in her book that the care perspective was “neither biologically determined nor unique to women” (Gilligan, 1982, p. 209). Yet in Gilligan’s research she links different ways of moral reasoning to gender and determines that women tend to use the voice of care over the voice of justice. In referring to the voice of care as a different voice, Gilligan attempts to avoid making her research about sexual difference. Although Gilligan denied essentialism she received a significant amount of criticism from feminists who believed that ethics of care reinforced traditional essentialist ideas about women since it linked sexual difference to morality (Pettersen, 2008; Sevenhuijsen, 1998; Tronto, 1993). Gilligan’s research was also criticized for being apolitical and lacking engagement with political, cultural, historical, and economic forces that shape gender and morality (Tronto, 1993), as well as not attending to difference among women in regards to race, class, and ethnicity (Hankivsky, 2004; Mahon & Robinson, 2011). Even though Gilligan’s work continues to be controversial and has been significantly critiqued she is recognized for giving language to ethics of care and has inspired a proliferation of research and further development on ethics of care since the publication of *In a Different Voice* (Pettersen, 2011; Hankivsky, 2004).

Sara Ruddick (1980) and Nel Noddings (1984) are also considered to be important first generation care theorist in that they explicitly linked care ethics to the nurturing and caring experiences of mothers (Hankivsky, 2004; Held, 2006). Prior to Gilligan’s publication, Sara Ruddick (1980) published *Maternal Thinking*, highlighting that different ways of thinking and decision making arise out of women’s experiences and maternal work. Nel Noddings (1984) explored how ethics of care can be applied to

an educational context in her book *Caring: A Feminine Approach to Ethics and Moral Education*. Noddings focused her work on exploring the roles of the caregiver, 'one-caring,' care receiver, and 'cared for,' centering her framework on individual relationships. Noddings (1984) argued that natural caring is the foundation from which all other caring arises, and while she does not exclude men from caring she believes that the ethics of care is "characteristically and essentially feminine" (p.8). In her book, she relies on her experience of the mother-child relationship to demonstrate and frame her conceptualization of ethics of care. Both Ruddick and Noddings' work take the mothering/maternal as the starting point for ethics of care, narrowing the scope of ethics of care and maintaining its place in the private sphere.

Hankivsky summarizes the limitations of first generation theorists in that they seemed to "mistake a *feminine* ethics of care for a *feminist* ethics of care" (cited in Fitzgerald, 2015, p.25). Ruddick, Noddings and other first generation theorists all have received similar critiques to Gilligan that first generation conceptualizations of care reified ideas that caring is the domain of women and reinforced essentialist stereotypes about women that are detrimental to the political objectives of feminism (Sevenhuijsen, 1998, p.38; Tronto, 1993). While essentializing women and care is the most cited critique of the first generation ethics of care, other criticism include the perpetuation of heterosexual normativity, a failure to acknowledge social, political, economic and cultural contexts that shape caring relations and the assertion that care is superior form of morality (Hankivsky, 2014; Mahon & Robinson, 2011; Tronto, 1993). As a result of situating caring as feminine, personal and parochial (Mahon & Robinson, 2011) first generation theorists were unable to demonstrate how an ethics of care could be relevant

and applicable to the public sphere (Hankivsky, 2014; Mahon & Robinson, 2011; Tronto, 1993/2013).

In spite of numerous critiques, early articulations of care by first generation theorists made care visible as an alternative framework for ethical decision making and moral reasoning. Ethics of care at that time (and now) fundamentally challenged the dominance of liberal justice based perspectives that conceptualize human beings as independent rather than as relational and rely on abstract universal principles instead of an understanding of context and other related concerns (Hankivsky, 2004; Mahon & Robinson, 2011). Second generation theorists whose work I will review in the next section have attempted to overcome the limitations and shortcomings of first generation conceptualizations. In CYC a similar movement is occurring as ‘second generation’ CYC scholars are working towards a more politicized conceptualization of CYC.

Second Generation Ethics of Care

Second generation theorists continue to expand on the work done by first generation theorists re-conceptualizing the concepts of care to demonstrate its wider relevance and political potential (Barnes et al, 2015; Hankivsky, 2004). Second generation theorists are distinct from first generation theorists in that they consider care to be central to all human life and activities, highlighting the ethics of care’s significance as both a moral and political theory (Hankivsky, 2004). Joan Tronto and Selma Sevenhuijsen are both recognized as important second generation care theorists whose work has led the movement of a political ethics of care.

Joan Tronto

Joan Tronto's (1993) important book *Moral Boundaries: A Political Argument for an Ethic of Care* sets itself apart from the work of first generation theorists by politicizing care and arguing that the adoption of an ethic of care politically and morally will help to support a more just society. Tronto takes a more critical approach in her work and argues that first generation theorists did not account for the political context and inherent power relationships that shape and affect care, women and moral theories/arguments. Tronto (1993) identifies three distinct moral boundaries that shape and constrain morality in Western life and reveals how they work to devalue and exclude care as both a moral and political concept and reinforce ideas about women's morality. The first boundary Tronto (1993) identifies is the separation between morality and politics. The second boundary, the moral point of view boundary, is where moral inquiry is disinterested, disengaged and unsituated. Lastly, Tronto identifies the boundary between public and private.

In order to liberate care and have it taken seriously as a political concept Tronto (1993) argues that these moral boundaries need to be re-drawn and that women's morality needs to be separated from ethics of care. Through critical analysis and historical exploration Tronto (1993) contests essentialist beliefs and demonstrates how power, economic and political forces have worked to create these moral boundaries and to construct woman as naturally caring and therefore situated care as a private matter. Tronto also differs from first generation theorists by arguing for the integration of ethics of care and liberal ethics of justice. Tronto believes that integrating ethics of care into current moral frameworks can help to account for gaps in universal justice based

frameworks that cannot keep up with changing assumptions about the world, diversity, and social injustices. She also cautions that continued debate about the differences between care and justice stop ethics of care's transformative potential from being realized.

Defining Care. Tronto and Bernice Fisher are the first care theorists to provide an explicit definition of care and accompanying framework that shifts understandings of care from an ethic of interpersonal relationships to an ethic of care that can be used as a critical lens for analyzing political and moral concerns (Keller, 2009). Tronto and Fisher (1993) propose that care is

a species of activity that includes everything we do to maintain, contain, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex life-sustaining web (p. 103).

This definition posits care as a practice and a process, which counters tendencies to “romanticize care as a sentiment or dispositional trait, and reveals the breadth of caring activities as globally intertwined with virtually all aspects of life” (Klaver et al., 2014, p. 759). This definition also provides a base for theorizing about care and can help to develop a socio-political vision of care (Sevenhuijsen, 1989).

Tronto and Fisher's definition has been critiqued in the ethics of care literature for being too broad and general and for not providing an account of what constitutes good care (Held, 1999). However, the broadness of the definition allows for it to be applied to a wide range of care related situations human and non-human and while providing good care is very important the continued focus on the individual relationship, caregiver and

care-receiver narrows the lens of care ethics and doesn't account for political and contextual nuances. I believe that these points override the concerns around this definition of care.

Phases of care. To help broaden the understanding of what the practice of care entails, Tronto and Fisher (1993) view care as consisting of four phases: caring about (noticing the need to care), taking care of (assuming responsibility for care), caregiving (doing the actual care work), and care-receiving (the response of the cared for in assessing the adequacy of the care received). Recently, Tronto (2013) added a fifth stage, caring with (democratic caring) that highlights caring needs and practices to be aligned with democratic commitments to justice, freedom and equality for all (p.23). Tronto and Fisher (1993) examine how these phases of care are marked by gender, race, ethnicity and class revealing significant social inequalities and an overrepresentation of women and men of colour doing caring work. Tronto points out that ‘caring about’ and ‘taking care of’ tend to be associated with the more powerful, while ‘care giving’ and ‘care receiving’ are left to the less powerful.

Ethical principles. Tronto and Fisher also identified corresponding ethical principles to the phases of care that form the core of an ethics of care. These principles include; attentiveness, responsibility, competence, responsiveness (Tronto, 1993) and recently added plurality, communication, trust and respect and solidarity (Tronto, 2013). These principles are based on the idea of ethics of care as a practice, rather than a set of rules and principles and offer a different way of thinking about political and moral concerns than individualist frameworks (Tronto, 1993).

The first principle is attentiveness that is associated with the first phase of care, caring about. In order to recognize that someone or something is in need or has unmet caring needs, we need to be attentive to others needs, which can be difficult (Tronto, 1993). The moral quality of attentiveness requires the suspension of one’s self, goals and ambitions

and a capacity to look from the perspective of the ones in need (Tronto, 1993). This is one of the key principles since we cannot care for someone if we have not identified a need. Tronto (1993) identifies that inattentiveness, whether it has arisen out of wilful or established habits of ignorance, is a moral failing. Individualist liberal (justice) frameworks exacerbate the problem of inattentiveness (Tronto, 1993/2013).

The second principle, responsibility, is aligned with caring for and is central to ethics of care. Responsibility in the context of ethics of care speaks to our responsibility to others. The principle of responsibility differentiates ethics of care from other political theories and frameworks that tend to uphold the principle of obligation versus responsibility. Obligation tends to be dictated by formal bonds, stated duties, formal/legal agreements and so on while responsibility within ethics of care looks beyond what is formal and legal considering the contextual and political elements of situations. Ethics of care proposes that instead of asking what our obligation is we should ask what is our responsibility in moral and political matters. Tronto (1993) argues that a flexible notion of responsibility better serves citizens than the continued use of obligation for understanding what people should do for each other.

The third ethical principle is competence, which relates to the phase of care giving. Moral and technical competence is necessary for ensuring good care. The adherence to the ethical principle of competence can stop the practice of 'taking care of' without concern/responsibility for the outcome. We need to ensure that care is actually happening and that it is being taken care of in a competent manner.

The fourth principle is responsiveness, which is associated to the phase of care receiving. When someone needs care there is a ranging degree of vulnerability that can

accompany care. When we require care it challenges the myth of autonomy and equality. The principle of responsiveness requires that we consider the needs of others not from the perspective of putting ourselves in their position and/or presuming sameness but instead it encourages a mutual engagement where the person receiving care has the opportunity to express who they are and what their needs are. Responsiveness requires us to take concerns of vulnerability and inequality into consideration and to be “alert to the possibilities for abuse that arise with vulnerability” (Tronto, 1993, p.135) and inequality.

In Tronto’s (2013) more recent work on ethics of care she added the ethical principles of plurality, communication, trust, respect and solidarity that are related to her newest phase of care, caring with. Selma Sevenhuijsen (1998) identified these in her work on caring and citizenship (p.34). These newest ethical principles highlight the importance of collaboration and the need for focus on the collective and individual responsibilities of care.

Tronto’s contributions to ethics of care literature made visible the potential and possibilities of ethics of care in the public sphere. By locating ethics of care in a political context and creating an explicit definition of care Tronto demonstrates how ethics of care goes beyond individual relationships and can be used as a framework for examining questions of how to live justly in society. Tronto argues that situating care at the center of our moral and political lives will lead to a more just and democratic society and that ethics of care has the potential to serve as a basis for the redrawing of our political and moral landscape. Her framing of care as a daily practice that is central to human life provides a foundation for politicizing ethics of care. In summary Tronto’s most significant contributions to ethics of care include locating ethics of care in a political

context, separation of ethics of care from women's morality, and providing an explicit definition of care.

Selma Sevenhuijsen

Selma Sevenhuijsen (1998) work is also concerned with politicizing ethics of care. Similar to Tronto, Sevenhuijsen (1998) argues for an ethic of care to be located within notions of citizenship since care is an integral part of our everyday life and is a feature of citizenship that is often ignored. By situating care within citizenship, Sevenhuijsen (1998) relocates care to the public sphere opening up discursive space for public conversations about care and responsibility. Sevenhuijsen firmly believes that conversations about care, morality and how to live life need to be addressed in the public sphere. Further, Sevenhuijsen wants to create the space for carers and care receivers to have voice about policies and political decisions regarding care practices since currently decisions about care are often made by people far removed from actual care work. By placing care within conceptions of citizenship Sevenhuijsen hopes to enable "judging with care."

Although Sevenhuijsen follows Tronto in politicizing care and adopts her theory of care, she does differ from Tronto in some key areas of ethics of care. For example, Sevenhuijsen does not necessarily advocate for the integration of ethics of care and justice based frameworks as Tronto does, but instead argues for ethics of care to stand on its own and for concepts of autonomy and equality to be re-thought about *through* the lens of ethics of care.

The role of gender in ethics of care remains contested. First generation care theorists tend to view gender as the basis of thinking about ethics of care and Tronto

believes that gender, morality and ethics of care need to be separated. Sevenhuijsen does not agree with either, she does not see gender as the basis of ethics of care, nor does she agree that gender, morality and ethics of care can be separated since they are embedded within each other. Instead Sevenhuijsen argues that the concerns about female morality cannot be solved by taking a stance for or against due to the complexity of the relationship between gender, power, care and ethics. Sevenhuijsen suggests a continual process of deconstructing the gender load inherent within morality and care as a way to understand how gender processes are operating to shape that ways that we think about care, morality and citizenship. Sevenhuijsen makes an important contribution to ethics of care literature by acknowledging the complexities of gender and care.

Care and Policy Analysis. Sevenhuijsen most significant contribution to ethics of care literature has been her work in policy analysis using ethics of care as a critical framework for analysis and renewal (Barnes et al., 2015; Hankivsky, 2004; Mahon & Robinson, 2011). In Sevenhuijsen (1998) first book *Citizenship and the Ethics of Care* she uses ethics of care as a lens to examine law, child custody and reform of health care policies in the Netherlands showcasing the theoretical and practical utility of ethics of care. In these case studies, Sevenhuijsen demonstrates how ethics of care highlights contradictions, tensions and issues that traditional moral and political frameworks often make invisible through reliance of liberal concepts of equality and autonomy. Through these case studies Sevenhuijsen demonstrates the relevance of ethics of care for social policy and provides the groundwork for further work with ethics of care and social policy. Sevenhuijsen (2004) continued to work with ethics of care and social policy developing a method of policy analysis called “Trace” that is informed by feminist ethics

of care and used to analyze policy documents pertaining to care. Sevenhuijsen (2004) development of Trace is particularly relevant to this thesis, since Trace will be the method utilized in this research. Trace will be further discussed in the methodology chapter. Sevenhuijsen work with ethics of care and social policy has inspired a strand of care ethics that is focused on bringing ethics of care and social policy together (Hankivsky, 2004; Mahon & Robinson, 2011).

Both Tronto and Sevenhuijsen are important second generation theorists whose work “sought to overcome the dangers of essentialism, parochialism, and paternalism by politicizing ethics of care” (Mahon & Robinson, 2011, p. 4) and demonstrating the public relevance of ethics of care. Tronto and Sevenhuijsen started the trend of politicizing ethics of care and have inspired a significant body of ethics of care literature that has demonstrated the importance of care to human life and has extended ethics of care from “the moral to the political realm, from personal to public relationships, from local to the global, from the feminine to feminist virtues and values, and from issues of gender to issues of power and oppression” (Kogge & Orme cited in Hankivsky, 2014, p. 250). These expanded conceptualizations of care by second generation theorists as political, collective and responsive has similarities and connections to the current work of critical scholars in CYC, which will be further explored below.

Child and Youth Care

CYC is a helping profession that engages with children, youth and families across multiple and diverse settings (Gharabaghi, Skott-Myhre & Krueger, 2014; Pence & White, 2011). As a result of the diversity of CYC, it is difficult to provide a definition that speaks to all aspects of CYC practice. However, CYC is generally recognized as a

profession that focuses on the well-being of children, youth and families and utilizes a developmental-ecological, relational, strength based approach to practice that is unique to the CYC profession (Mattingly, Stuart & VanderVen, 2002; Stuart & Carty, 2006; Pence & White, 2011). This definition of CYC is closely associated with the seven domains of CYC practice (self, professionalism, communication, relationships, human development, systems context, and interventions) that were developed in the effort to standardize and professionalize CYC practice and education (Mattingly et al., 2002). These seven domains are usually recognized as being foundational to CYC and are made up of common knowledges, practice approaches and concepts that are commonly accepted as unique to CYC (Dean, 2012; Mattingly et al., 2002).

As CYC has continued to develop academically and as a profession there has been a growing focus in CYC on critiquing and troubling foundational ideas in CYC and for a CYC approach that is critical, relational and social justice centered (de Finney et al., 2011; Loiselle, de Finney, Khanna & Corcoran, 2012; Pacini-Ketchabew, 2011; Pence & White, 2011; Skott-Myhre, 2007; White et al., 2017.). Familiar articulations of CYC praxis, as well as critical approaches to CYC will be further explored in this chapter.

In reviewing the CYC literature there has been a shift in how care is theorized about as CYC has evolved and understandings of care in the public sphere have shifted. The evolution of care in CYC is similar to the shifts demonstrated within ethics of care, from a liberal humanist understanding of care to a more political understanding of care. In this section I will attempt to trace the evolution of meanings of care in CYC mostly focusing on literature where practitioner-scholars are specifically exploring care and engaging with ethics of care.

Historicizing Care in CYC

CYC is generally thought to have emerged out of charitable, religious and corrective work and can trace its roots in North America back approximately one hundred and fifty years (Charles & Garfat, 2009). However, it was not until the 1970's that formal child and youth care education and training programs started. In the 1970's, the University of Victoria (UVIC) School of Child and Youth Care began offering a degree program focused on providing direct care to "at risk" and "vulnerable" children, youth and families (Pence, 1989). The formation of education programs such as CYC were a response to issues of care becoming more visible in the public sphere and the need for care outside of private and familial care (Pence, 1989).

The expansion and development of social services and professions such as CYC were strongly influenced by psychology and psychological understandings of human experience. This is evidenced in CYC with the taking up of psychological based theories of development, attachment and ecological systems and the emphasis on the self of the practitioner (Fewster, 1990). At this time, 'care' was not necessarily a topic of scholarly focus and critical analysis. Traditional notions of care as essentialized and practical were dominant and influenced how care was conceptualized in caring professions and who was doing the care work.

Practical care

In an effort to differentiate itself from other helping professions such as social work, CYC professed to approach care in an apolitical way focusing primarily on the one-on-one care relationship between worker-client, everyday caring interactions in a young peoples' life space and a utilitarian approach to care practices (Anglin, 1987). In

the earlier literature, Henry Maier stood out as a scholar-practitioner that theorized explicitly about care and care practices in many of his writings (1979; 1987; 1991). Maier strongly believed care to be a central aspect of CYC and believed that a focus on caring differentiated CYC from other helping professions. Maier (1979) developed a framework for individual one-on-one care in residential settings called the ‘core of care’ that was influenced by development, attachment and ecological theories. The seven components that constitute the core of care include: bodily comfort, differentiation, rhythmic interactions, predictability, dependability, personalized behaviour training and care for caregivers (Maier, 1979). Maier stressed that all of these components need to be working together to provide young people with a caring experience that could make them feel nurtured, worthwhile, fussed over and taken care of. He strongly advocated for a relational approach to caring and the importance of children feeling cared for and cared about as a key goal in CYC practice.

Maier strongly believed that good (developmentally appropriate) care would elicit good outcomes and that providing one-on-one caring relationships is the most integral part of CYC practice. In his writings Maier presents care and care practices and the theories that inform the core of care as practical, universal and politically neutral. Although the core of care is not explicitly referenced in any of the current literature, a lot of Maier’s (psychological, development, attachment) ideas and values about care continue to have a stronghold in CYC today. In a more recent CYC publication, *With Children and Youth* (2014), articles refer to developmental relational CYC practice (Phelan, 2014) and the purpose of CYC practice to be based on common-sense practical ideas about caring (Gharabaghi, 2014). These ideas bear some similarities to Maier’s

core of care framework in that the focus of care is the individual relationship and that the most effective interventions are practical and common sense. Lastly, I think it is worth noting that when researching the early literature in CYC the majority of the scholars contributing founding ideas and principles to the CYC literature are men.

Theorizing about care

Although much of the earlier literature continued to advance ideas about care in CYC, there is a lack of literature that explicitly theorizes about care until the early nineties when Frances Ricks published an article on caring and CYC practice that was inspired by emerging literature regarding a feminist ethics of care. Ricks was one of the first people in CYC to engage with feminist ethics of care literature and was one of the few women who were publishing scholarly CYC literature during this time. As mentioned above, the majority of contributors to CYC literature were men. Ricks (1992) identified that there was a significant gap in the CYC literature regarding care and believed that CYC needed more investigation into a theory of caring since caring is the foundation of CYC. She shared that her motivation for writing an article about care was to encourage and inspire CYC scholars to take up care, caring, and/or feminist ethic of care as a research topic in CYC.

Ricks surveyed CYC students and practitioners about care and how they defined care and discovered that there was limited agreement about what constitutes caring. Approximately half of the participants either described or understood caring in CYC to be about relationship and meeting the needs of clients in a holistic way. When asked to give examples of caring the majority of participants listed counselling, hearing and listening. Ricks shared that initially she was disappointed that the majority of students

and practitioners were not able to theorize about caring in a clear way but then after further analysis realized that although there was a lack of consensus there was important information about care and CYC within the answers to the survey.

Informed by the ethics of care literature and using information gathered in the research Ricks developed a framework for Caring Relationships within the Caring professions (1992). She identified that the caring relationship in caring professions is distinguished from other caring relationships by the presence of three specific factors: (1) the condition of need, (2) an attitude of concern, and (3) intentional involvement in intervention. She further distinguished it by noting that all three factors are present for both the caregiver and receiver and are interactive. Ricks (1992) defined caring as “an intentional intervening interaction initiated out of the care-giver’s and receiver’s perceptions that something/someone is unwell, unsafe, at risk, or in need; the interaction is embodied in shared/mutual attitudes and feeling of concern for each other”. (p.52)

Ricks’ framework and definition of caring do not seem to be taken up by others in CYC. After this article Ricks did not publish any more articles pertaining explicitly to care but she published numerous articles pertaining to ethics in CYC (1997, 2004, 2008,2010,2014). It could be that in CYC, literature that is focused on ethics and relationship are more widely accepted thus marginalizing deeper theorizing about care and/or care ethics. Despite this narrow focus, there are some scholars, aside from Ricks that are transgressing these limits, such as Smith (2006), Smith and Steckley (2011), and Newbury (2012) that explore more political ideas about care in the field.

Relational care. Mark Smith has contributed a variety of articles focusing on care, ethics of care and love. He has advocated strongly that care and love are at the heart of

CYC work (2006), and more specifically residential care (2011). Smith (2006) noted that since Frances Ricks' article in the early 1990's caring has remained largely under theorized in the CYC literature. Smith (2006) explores ethics of care as a framework for theorizing about care and re-thinking dominant assumptions about care. He highlights Tronto's four elements of care (attentiveness, responsibility, competence, responsiveness) as integral parts of CYC practice noting that these elements counter technical-professional care practices. He also takes up ethics of care ideas about 'caring about' and 'caring for' and articulates the difference between the two with 'caring about' being a more distant form of care and 'caring for' to be the face-to-face, everyday involvement with kids which makes CYC unique (Smith, 2006). Despite seeming to be aligned with ethics of care, Smith (2006) doesn't specifically propose ethics of care as a framework for CYC but instead suggests that a theory of care in CYC based on the biblical phrase "Act justly, love tenderly, and walk humbly" (p. 7).

In this theory of care, Smith proposes a framework that centers care and relationship in CYC and acknowledges the moral dimensions of the work. He advocates for a relationally based framework for CYC practice and disrupts professional ideas about the hierarchy of the helping relationship and proposes that we go into practice with the idea that the helping relationship is reciprocal. Smith challenges professional ethical models of practice that value professionalism as objective, rational and distant, he instead is saying that the complexities of CYC practice require instead a framework of care that is relational and emotionally connected. Smith encourages practitioners to understand that what may be "procedurally right might not be ethically right" (Smith, 2006, p. 11). His framework is grounded in the idea that love and care are embedded in CYC practice.

Smith is proposing that ethically we need to attend to the love that is part of the everyday caring practices instead of fearing and avoiding our feelings of closeness to the young people that we work with. Smith's framework also includes social justice aspects advocating for CYC practitioners to attend to social justice issues at not only an individual level but also wider social and political levels. However, although he states this, in this specific article, the social justice work that he describes is mostly at an individual level and is focused on relational aspects of social justice versus broader structural social justice concerns.

Along similar lines Steckley and Smith (2011) suggest ethics of care as a framework for residential care. They propose that ethics of care has the potential to reconceptualize residential care as a practical/moral endeavour challenging instrumental approaches to practice that often take precedence in residential care.

Next, I will explore Newbury's work, another scholar in CYC engaging with ethics of care.

Socially just care. Newbury (2010) is the only scholar engaging with second generation ethics of care that explicitly draws from the political nature of ethics of care and uses this to support her call for a more "socially just" (p.22) approach to CYC practice. Ethics of care conceptualizes care as political and is grounded in the belief that care and justice cannot be separated (Tronto cited in Newbury). Newbury strongly advocates for CYC practice to be recognized as political and for social justice to be an inherent part of practice. Newbury points out that in CYC, social justice often takes a secondary seat to the interpersonal caring relationship instead of sitting alongside it. Newbury argues that without justice care can perpetuate harmful practices and as

practitioners we can unwittingly collude with injustices. While Newbury is inspired by the politicized nature of ethics of care she does not propose ethics of care as a framework to guide CYC toward more socially just relational practice. Instead, Newbury recommends a response-based approach (Coates & Wade cited in Newbury) to care versus effects based practice. Response based practice views human behaviour as a response to conditions instead of as effects of conditions (Coates & Wade cited in Newbury). Understanding ‘problems’ that young people have from this perspective demands that practitioners attend to the context of peoples’ lives and move away from locating the problem within the client. Although Newbury proposes response-based practice instead of ethics of care, both are closely aligned with each other. Second generation feminist ethics of care is deeply attentive to context and responsiveness (Sevenhuijsen, 1998; Tronto, 1993).

Critical Approach to CYC. As I have demonstrated there is a shift in how care is being conceptualized in CYC. Approaches to CYC such as White’s (2007) conceptualization of praxis, “as ethical, self-aware, responsive and accountable action” (p. 226) have changed how CYC practice is conceptualized. Praxis highlights that there are diverse ways of knowing, doing and being that “always get expressed within specific historical, sociocultural, political and institutional contexts” (p.227). Caring ethically requires ongoing critical reflection that challenges taken for granted knowledge, calling attention to the social construction of knowledge and the acceptance of multiple ways of knowing. Since White’s (2007) praxis framework, a number of CYC scholars have extended or developed their own notion of praxis to that emphasizes the political aspects of CYC.

Saraceno (2012) is one of those scholars and she proposes the need to situate ourselves and helping professions/CYC socially and historically so that we can analyze and improve power relations and consider how to direct our energy to change. Saraceno maps out how CYC/helping professions in the Canadian context are situated and embedded within colonialism, whiteness, and white privilege, neoliberalism and construction of gender and how power is operating through these. She explores each of these discourses to demonstrate how they work to shape our worldview and determine what is considered 'normal.' By understanding how a dominant western worldview has shaped CYC/helping professions practice we can begin to see how we can move away from viewing problems as individualized to one that is more collective and politicized. Plus, as a white settler society and as white practitioners we need to consider how our everyday interactions warrant critical attention and work to decolonize our practices by deconstructing theories, values, and structures that shape how we practice.

This re-thinking of care is not without tensions, as some strands of CYC continue to focus on a socially just care but only within the individual care relationship (Gharabaghi, 2014; Smith, 2006) and other strands are moving beyond the individual care relationship and engaging with critical theories and concepts (i.e. neoliberalism, poststructural, colonialism, marxism) as a way to understand and practice CYC in a different way (de Finney et al., 2011; Loiselle et al., 2012; Saraceno, 2012; Skott-Myhre, 2007; White & Pence, 2011; White et al., 2017). This shift towards a more critical and political approach to CYC is not without tensions and some scholar-practitioners have voiced concern that prioritizing social justice and utilizing critical perspectives takes away from the direct care work that CYC is well known for (Gharabaghi, 2014; Phelan,

2014). Critical scholar-practitioners do not agree and instead see engagement with alternate critical frameworks as a way to understand and engage in the complexity of young peoples' lives and recognize and address structural inequities that are often made invisible when working within dominant euro western frameworks (Loiselle et al., 2012).

Scholars in both the relational and politicized strands of CYC do not necessarily take up the language of ethics of care, yet many of the ideas and theories that they are using run parallel to ethics of care theorizing. Meagher and Parton (2004) argue that the taking up of ethics of care framework could bridge the divide in social work between relational and critical, political strands of social work. Potentially, ethics of care could also 'bridge' the relational and politicized strands of CYC practice.

Social Work: Renewal with Ethics of Care

In social work and social care professions there has been interest in ethics of care as a framework for re-conceptualizing the social work profession in a way that centers care and relationship, recognizes the moral and political dimensions of caring and challenges the technical rational paradigm of professionalism (Campbell, 2015; Lloyd, 2006; Holland, 2010; Meagher & Parton, 2004; Parton, 2003). Meagher and Parton (2004) assert that engagement with ethics of care supports the project of centering care in social work and aligns with critical and postmodern perspectives. They claim "unless care is relocated at the center of debates, policies, and practices, what makes social work distinctive will be lost" (Meagher & Parton, 2004, p. 11). More recently Campbell (2015) argues that ethics of care offers a critical ethical framework for analyzing and developing professional practice that could transform the social care profession.

Absence of Care. Conversations about care and ethics of care are very limited within the social work literature. Traditionally social work emphasized the caring and relational aspects of its work but this emphasis did not lend itself to professionalization and critical strands of social work practice (Meagher & Parton, 2004). The absence of ethics of care and associated values and practices within a professional framework is also directly linked to moral boundaries that have contained care by feminizing and privatizing it (Tronto, 1993).

Meagher and Parton (2004) point out that discussions about care are absent from the social work literature as a result of critical social work theorists arguing that social work cannot call itself a 'caring' profession when social workers are complicit in the perpetuation and reproduction of oppressive conditions in practice (Healy cited in Meagher & Parton, 2004). Explicit conversations about care have been purged from the social work literature due to a critique from critical social work theorists that traditional ideas around care encompass a bureaucratic-professional managerial approach that is oppressive (Meagher & Parton, 2004). However, in discouraging engagement with care, critical social work theorists' may be doing a disservice to the profession since care is happening in social work and needs to be addressed in the social work literature.

Ethics of Care in Social Work. The majority of the literature in social work around the ethics of care is focused on ethic of care as a way to counter the ongoing pervasiveness of a bureaucratic-professional managerialist approach to social work practice (Campbell, 2015; Holland, 2010, Lloyd, 2006; Meagher & Parton, 2004). The bureaucratic- professional managerialist approach to care that is dominant in social services is grounded in masculine ideals and ways of being, doing, and thinking that are

culturally associated with masculinity such as objectivity and rationality (Meagher & Parton, 2004). Holland (2010) and Campbell (2015) both refer to professional models of practices as being oriented by the voice of justice or the ethic of justice. In practice, this approach emphasizes evidence based practice, administrative tasks, technical recording of information and outcomes over particularity, care, and relationship which can cause moral and ethical distress for social workers.

In a study by Meagher and Healy (cited in Meagher & Parton, 2004) social workers reported that they desired the time, space and support to work in ways that were caring, relational and situated but often felt as though managerial models of care limited their ability to respond in a relational way. Meagher and Healy identified that while social workers did not explicitly reference ethics of care when describing their ideal ways of working they believed that what social workers were saying encompassed many discourses of ethic of care.

Meagher and Parton (2004) propose that ethics of care framework for practice accounts for social workers desire to work relationally and for critical social works theorists' hopes to practice in a critical and politicized way. Relational based approaches are often critiqued and/or dismissed by scholars for not paying attention to macro level issues and social change beyond the individual (Meagher & Parton, 2004). However, an ethics of care framework is social justice orientated and "intent on motivating actions which effect change at the system level" (Campbell, 2015, p. 37).

In Holland's (2010) article she argues that policies and practices that guide work with children are dominantly influenced by the ethic of justice and traits associated with it such as autonomy, universality, and rights. She argues that as a result of ethic of justice

orientation, care for children is often based on standardised assessment, documentation of individual progress and outcomes with an emphasis on universal measures and individual rights. This model of care is often at the expense of relationship, caring and responsiveness to the complexity and messiness of young people's lives (Holland, 2010).

Further, the ethic of justice framework positions young people as dependent, vulnerable and 'cared for' with a lack of acknowledgement of the complexity of their networks for care and their shifting positions as care- receivers and care-givers. Findings from the young people in Holland's study indicated that when formal helping relationships are primarily based on ethic of justice oriented tasks, young people do not feel cared for. Holland contends that ethic of care framework needs to be re-asserted into policies and practices that guide work with children and young people to counterbalance tendencies towards universal measures and to re-prioritize the importance of the care relationship and all of its complexities. Holland does not believe that ethics of care needs to replace ethic of justice but to sit alongside of it.

More recently Campbell (2015) joins other scholars who have advocated for engagement with an ethic of care in social work and social care professions. She specifically identifies two tenets of ethic of care, contextual sensitivity and commitment to an interdependent self, to demonstrate how theorizing with ethic of care can re-shape the profession of social care. Campbell argues that justice based approaches to practice and ethical decision-making from an objective standpoint cannot account for the complexity, uncertainty, ambiguity and relational aspects of social care. She does not argue for an impartial standpoint but for a "position that recognizes how people are embedded within a web of ongoing relationships" (Campbell, 2015, p. 38). Ethics of care

resists impartial universal process/actions and instead is grounded in a contextual decisional making process that works to identify the particular caring needs for that specific context and individual. Benhabib (cited in Campbell, 2015, p. 40) explains that the process of contextual sensitivity embedded within ethics of care brings awareness to “the traditionally *unthought*, the *unseen* and the *unheard*.” Campbell believes that the adoption of ethics of care would not necessarily mean the dismantling of policies, rules and procedures that are currently in place but it would frame them in a different way; as useful guidelines instead of as the law.

Chapter Summary

In this chapter I have traced the evolution of feminist ethic of care from first to second generation ideas highlighting the movement in ethics of care from “the moral to the political realm, from personal to public relationships, from local to the global, from the feminine to feminist virtues and values, and from issues of gender to issues of power and oppression” (Kogge & Orme cited in Hankivsky, 2014, p. 250). I have traced this similar movement in the CYC literature as conceptualizations of care and CYC in some areas of CYC are undergoing a shift away from apolitical, universal, private and individually focused ways of caring towards a more critical, politicized version of caring. The literature review also revealed that in CYC there is an absence of theorizing and defining care in CYC, as well as a noted lack of engagement with both first and second generation ethics of care theorizing. I concluded this chapter with literature demonstrating how social work an allied profession has engaged with ethics of care framework as way to re-imagine caring practices in social work.

Chapter Three- Methodology

The aim of this thesis is to understand and extend how care is conceptualized in *Foundations of Child and Youth Care Practice*, an undergraduate Canadian Child and Youth Care textbook. The main research question is “How is care conceptualized in a *Foundations of Child and Youth Care* textbook?” The sub-question is “How is CYC conceptualized in the context of care within the textbook?” In this research, I will be using a feminist ethics of care lens to analyze how care is conceptualized in this foundational CYC textbook. The method that I have chosen to use for this analysis is Trace developed by Selma Sevenhuijsen (2004). Trace is a method that takes the feminist ethics of care as its main point of reference and is primarily used to analyze and evaluate policy documents that deal with care (Sevenhuijsen, 2004). In this chapter I will expand on my understandings of a feminist ethics of care as my primary theoretical orientation and detail the Trace method. I will conclude this chapter with a discussion about assessing the quality and trustworthiness of my qualitative study.

Feminist Ethics of Care

In the ethics of care literature, care theorists refer to ethics of care in a variety of ways. For example, some theorists refer to ethics of care as a ‘critical’ ethics of care (Robinson, 1999), or a ‘political’ ethics of care (Tronto, 1993/2013), or a ‘feminist’ ethics of care (Sevenhuijsen, 1998; Tronto, 2013), or a combination of both ‘critical and political’ ethics of care (Pease, Vreugdenhil & Stanford, 2018) or as ‘care ethics’ (Hankivsky, 2004). I believe that terms such as critical, political and feminist are being added to ethics of care to demonstrate a movement away from earlier conceptualizations

of ethics of care (Gilligan, Noddings) that were critiqued for being apolitical, feminine and non-critical (Mahon & Robinson, 2011, Tronto, 1993, Sevenhuijsen, 1998). Further, these terms help to identify ethics of care as a framework that works to disrupt, trouble and challenge familiar articulations of care. For this thesis, I will follow Sevenhuijsen (1998), who advocates for ethics of care to be recognized as a feminist ethics of care, as the following excerpt demonstrates.

[...], although it is quite possible to conceptualize the ethics of care without attaching the adjective ‘feminist’ to it, I still prefer to add this word wherever possible. In the first place it shows the source of my inspiration and aims: further reflection on the feminist attitude to care and ethics, and the decoding of the gender-load inherent in established moral and political philosophy. Both care and ethics are indeed so interwoven with gender that we cannot do without continuous reflection on feminist interpretations and feminist points of view. But I also include the adjective ‘feminist’ for the sake of historical accuracy. Feminist thinkers, after all, have, since the 1980s, most clearly drawn attention to an ethics of care and responsibility. In doing this, they had a political objective: to expose the sexism and gender-blindness in moral philosophy and to give space to the moral considerations of women and ‘feminine’ moral voices and considerations (p. 34-35).

Other care theorists such as Tronto (2013) and Mahon and Robinson (2011) also refer to a feminist ethics of care. Mahon and Robinson (2011) define a feminist ethics of care as a framework that “problematizes and challenges naturalized or essentialist

assumptions regarding women and caregiving. It also addresses the wider structural and normative reasons-...for the concentration of women in care work” (p.4).

My decision to follow Sevenhuijsen (1998) is based on drawing heavily from her theoretical understandings of a feminist ethics of care throughout this thesis and recognition that gender and ethics of care cannot be separated since they are embedded within each other. For instance, patriarchal relations around the sexual division of labour and biological assumptions about women’s ‘natural’ ability to care continue to construct ‘caring’ professions and contribute to the undervaluing and de-politicization of caring work (Orme, 2002; Sevenhuijsen, 1989; Tronto, 1993). Lastly, a feminist ethics of care is commensurable with my own values and alignment with feminism.

Defining Feminist Ethics of Care. Defining a feminist ethics of care is not simple since it is not defined by an abstract list of principles and there are varying understandings of ethics of care (Sevenhuijsen, 1998; Tronto, 1993).

However, there are certain tenets that characterize a feminist ethics of care including; a relational ontology, recognition of situatedness and contextuality, a highlighting of particularity in ethical decision-making, as well as a reconceptualization of traditional ideas about the public and private, a movement beyond personal relationships, and attentiveness to living justly in society (Hankivsky, 2004; Klaver et al., 2014; Tronto, 1993; Sevenhuijsen, 1998). Additionally, in defining feminist ethics of care it is important to include Tronto and Fisher’s definition of care that is well known and well referenced within the ethics of care literature. Tronto and Fisher (1993) propose that care is

a species of activity that includes everything we do to maintain, contain, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex life-sustaining web (p. 103).

This definition is grounded within a relational ontology, which is a key underpinning of a feminist ethics of care (Pease et al., 2018; Robinson, 2011; Sevenhuijsen, 1998/2003; Tronto, 1993/2013). A relational ontology recognizes the self as constituted through complex webs and relations with others (Sevenhuijsen, 1998; Robinson, 2011). Sevenhuijsen (2003) states the following:

the guiding principle of feminist ethics of care is that people need each other in order to lead good lives, and that they can only exist as individuals through and via caring relationships with others. On a daily basis everyone needs care and commitment in the course of their lives... (p.19).

This understanding of human nature is a key distinction between ethics of care and other moral and political theories that start with the notion of human beings as independent, autonomous, rational, equal and self sufficient (Sevenhuijsen, 1998/2003, Tronto, 1993). From the perspective of a relational ontology, humans are conceptualized as relational, vulnerable, interdependent and unequal (Pettersson, 2008; Sevenhuijsen 1998, Tronto, 1993). Vulnerability and dependence are accepted as a 'normal' part of the human condition instead of being viewed as a weakness or something that needs to be fixed (Sevenhuijsen, 2003).

A feminist ethics of care recognizes that we are not all the same. “We are not equally situated or empowered” (Hankivsky, 2004, p.6). People are not all starting from the same place and there are differences in regards to privilege and ability to access power, income and other resources (Sevenhuijsen, 1998). This recognition and understanding of difference makes a feminist ethics of care deeply concerned with context and recognizing that human differences arise from gender, class, race, ethnicity, sexuality, ability and geographic location (Hankivsky, 2004, p.2). A feminist ethics of care is attentive to the complexity and relational aspects of individuals’ lives with an emphasis on understanding the whole person and how people are shaped by “their contexts, including social, economic, political, historical, and geographic circumstance” (Hankivsky, 2004, p. 33). The conceptualization of human beings as relational disrupts neoliberal ideas/myths of sameness, equality and choice that currently guide western lives and instead brings to the forefront political questions about care, vulnerability, dependence, difference and social justice (Sevenhuijsen 1998/2004; Tronto, 1993/2013).

Feminist ethics of care is dedicated to the reconceptualization of the public/private split (Sevenhuijsen, 1998; Tronto, 1993/2013). The goal of ethics of care is not to end the idea of public and private lives but instead to “reconfigure in a dramatic way what counts as public and what counts as private” (Tronto, 2013, p.17). Historically (and now) care has been considered a private matter, however, as a result of care being an integral part of our everyday life and existence ethics of care theorists feel strongly that it needs to be part of the public conversation (Sevenhuijsen, 1998; Tronto, 1993/2013). Sevenhuijsen (1993) advocates for an ethics of care to be located within notions of citizenship. Situating care within citizenship helps to locate care within the public sphere

and brings focus to care as a citizenship responsibility/issue versus an individual responsibility (Sevenhuijsen, 1998). As society continues to change and moral boundaries around the private-public divide shift, there are more discussions, questions and decisions about care, morality and how to live life that need to be addressed in the public sphere (Sevenhuijsen, 1998; Tronto, 1993). The liberal framework currently in place locates these important moral discussions within the private sphere and views these as individual choice versus collective responsibility (Sevenhuijsen, 1998; Tronto, 1993).

Foundations of Child and Youth Care Textbook

The textbook that I choose for this analysis is the second edition of the *Foundations of Child and Youth Care* (2013) textbook written by Dr. Carol Stuart. This is an introductory text that introduces learners and future practitioners to the field of CYC. The text explores the nature of child and youth care and introduces learners to the theories, approaches and interventions that the field of CYC is grounded in. The text consists of twelve chapters and is primarily organized around the foundational principles of CYC, which include: self, professionalism, communication, relationships, human development, systems context, and interventions. The first five chapters of the text situate the field of CYC exploring the emergence of CYC as a profession and introduce learners to the core values of CYC. The last seven chapters are dedicated to each of the foundational principles. The table of contents is shown below.

Chapter 1 Defining Moments

Chapter 2 Historical Perspectives on Childhood and Professional
Caregiving

Chapter 3 The Learning Journey: Stages of Professional Development and

Transformative Learning

Chapter 4 Understanding the Milieu: The Influence of Place, Community, Culture, and Ideology

Chapter 5 An Introduction to Theory and the Domains of Child and Youth Care Practice

Chapter 6 The Self

Chapter 7 Professionalism and Professional Caring in the Social-Political Context

Chapter 8 Communication

Chapter 9 Relationships

Chapter 10 Critically Applied Human Development

Chapter 11 The Systems Context

Chapter 12 Approaches to Intervention

This text is important in that it introduces learners and future practitioners to the foundational principles of CYC, it is written by a well-respected CYC scholar-practitioner and it is widely used as an introductory text across Canada in a variety of post secondary child and youth care programs. An analysis of care in an introductory text such as this one is valuable in understanding how care is defined, understood and approached in CYC. This can be helpful in determining if the frameworks for understanding and making meaning regarding care in CYC are still relevant and representative of contemporary CYC praxis.

Method- Trace

For this analysis I have used Trace, a method developed by Selma Sevenhuijsen (2004) for policy analysis. Trace is informed by the work of feminist care theorists who are arguing for care to be de-privatized, de-gendered and further developed into a political concept (Sevenhuijsen, 2004). Trace applies ethics of care as its main point of reference and is primarily used to analyze and evaluate the normative frameworks of policy documents that deal with care (Sevenhuijsen, 2004). Trace is a critical method that “refuses to accept established modes of thinking and aims at establishing what is beyond and underneath policy texts...and it is creative and utopian, since its aim is to show how we can think and act differently (Sevenhuijsen, 2004, p. 42).

Trace has been developed based on the idea that policy documents can be analyzed as vehicles of normative paradigms. Sevenhuijsen (2004) defines a normative paradigm as “a configuration of knowledge which orders the description of social problems, in order to pave the way for regulation” (p. 15). Normative paradigms are powerful in that they contain modes of defining problems, and confer power upon certain ways of thinking, being, knowing and doing and exclude other ways; therefore, they are part of the production of hegemonic discourses (Sevenhuijsen, 2004). Trace uses ethic of care in a double sense for its analysis. First, an ethics of care framework is used as a lens, to trace normative frameworks and assist in reading the material in different ways (Sevenhuijsen, 2004). Second, the framework serves as a standard or yardstick in understanding how normative frameworks are positioned in regards to an ethics of care (Sevenhuijsen, 2004).

Text/Data Sample. Although Trace was developed to analyze policy documents, it can also be used to analyze other applicable texts that have a focus on care such as educational materials (Sevenhuijsen, 2004), which make Trace a good fit for this research. To assist in text selection, Sevenhuijsen has formulated criteria for choosing texts for analysis. Sevenhuijsen recommends that when choosing texts to analyze, it is important to focus on key texts, exemplary texts, and authoritative texts; furthermore, she urges choosing texts that fall into one or two of these categories. Key texts are texts that have been crucial in setting or influencing a discourse (Sevenhuijsen, 2004, p.20). Exemplary texts are texts that represent a mode of speaking that can be perceived in several other documents, but contain the clearest version of the policy discourse (Sevenhuijsen, 2004, p.20). Authoritative texts are texts that impose a dominant definition or mode of speaking on a field (Sevenhuijsen, 2004, p.20).

Foundations of Child and Youth Care Practice (2013) text meet the criteria as a key and authoritative text, making it a good choice for this analysis. A ‘foundational’ textbook is often recognized as presenting the foundational principles of the subject that the text is about and has a certain authority (Wachholz & Mullaly, 2001). Based on this understanding there is an assumption that the text *Foundations of Child and Youth Care Practice* provides readers with the foundational ideas that child and youth care practice is grounded in. Since foundational texts are often the first contact that students have with disciplines such as CYC it can be powerful in shaping and/or imposing a particular way of understanding the foundations of CYC (Wachholz & Mullaly, 2001).

Analysis

Trace is divided into four steps. Within each step, there are a series of questions and/or topics as a guideline for analyzing the chosen text (Sevenhuijsen, 2004). In this section I will provide an overview of *all* the steps of Trace, however, for this analysis I engaged more deeply with certain parts of the Trace method and more generally with other parts.

Step One: Tracing

In the first step, the main goal is to establish the normative frameworks that are at work in the text and to begin the process of analysis (Sevenhuijsen, 2004). To help in determining this, Sevenhuijsen has developed the following topics and questions.

Text production. The first stage of the method is to consider the processes of text production, which can assist in understanding “who is speaking to whom and with what authority and power relations” (Sevenhuijsen, 2004, p.24). When analyzing text production process I followed Sevenhuijsen recommendation of asking the following questions about the text: “Who are the authors of the text and under which responsibility is it produced? Who is actually addressed in the text, and who has to be convinced of what?” (Sevenhuijsen, 2004, p. 24).

What's the problem? The next stage is to consider how the social problem is constructed in the text and what is the proposed solution (Sevenhuijsen, 2004). This question is usually applied to policy documents that are focused on a specific social problem. I approached this step by considering what the problem is that the text is

attempting to address and how it is constructed. I then identified the solution that the text is proposing (Sevenhuijsen, 2004).

Leading Values. Trace works to identify the values that are included or excluded in the text. Sevenhuijsen (2004) recommends scanning for two different sets of values. The first set includes values such as autonomy, independence, choice, freedom, rights and duties, (self-)interest, equality, responsibility, justice, privacy protection, and public-private divisions (Sevenhuijsen, 2004, p.25). The second group contains values like solidarity, community, loyalty and commitment, trust, reciprocity, altruism, friendship and love (Sevenhuijsen, 2004, p.25). However, making an inventory of the values is only one part of this step, as it is important to understand how these values work in delivering the overall messages of the text (Sevenhuijsen, 2004). Questions that can be used to trace this include: “How are these values interpreted in the text? In which context do they figure? To which subject positions are they linked? How are they inter-related? What role are they meant to perform?”(Sevenhuijsen, 2004, p.25).

Human Nature. In this step the researcher traces how human nature is presented and reflected on through the lines of the text (Sevenhuijsen, 2004, p.26). How care is understood is linked to how human nature is constructed in the textbooks.

Care. Tracing how care is mentioned, defined, and explained in the text is an integral part of Trace analysis (Sevenhuijsen, 2004). This was a key step in understanding how care is conceptualized in *Foundations of Child and Youth Care* textbook. For this analysis I considered the following questions recommended by Sevenhuijsen: How is care conceptualized? How are effective ways of caring constructed? What discourses

construct ideas about care? Are there connections between care and human nature?
(Sevenhuijsen, 2004) Are there connections between certain values and care?

Gender. The goal in this stage is to establish how gender is implicated in care, caring arrangements, and value systems (Sevenhuijsen, 2004). In the analysis I considered the following questions that Sevenhuijsen suggests: How is gender constructed in care? How is gender explored in relation to caring? Is caring feminised? Who is viewed as responsible for caring?

Role of the state. In this step, the role of the state is analyzed; often texts contain notions about the role of the state and work to highlight specific values and discourses (Sevenhuijsen, 2004). Sevenhuijsen has developed the following questions to help reveal what may be hidden in texts, these are as follows: Do the textbooks espouse certain discourses as normal, such as certain ideas about families? What role does the text play in delivering ideas about caring? Who does this serve? Are ways of caring determined by state views or political views?

Rhetoric. In this stage, the researcher traces the “rhetorical characteristics of the text” (Sevenhuijsen, 2004, p. 30) to help see how the text may be inviting the reader to make certain assumptions and inferences. To assist in the analysis of this, Sevenhuijsen (2004) recommends looking for “typical sayings, or tropes” in the text and to determine the role they are performing (p.30). Another angle is to read the text for conspicuous dichotomies and metaphors and establish how they are working (Sevenhuijsen, 2004). Dichotomies often have “an explicit or implicit genderload” that can have multiple discursive effects (Sevenhuijsen, 2004). Lastly, Sevenhuijsen suggests scanning the text

for any type of dilemmas about the best course of action to take, and any “inconsistencies and/or contradictions in problem definitions, values and course of action” (p.32).

In my analysis, I specifically focused on text production; what is the problem; care; and gender from step one of the Trace method. However, when reading the texts I tried to give consideration to all the stages listed above.

Step Two: Evaluating

The goal of this step is to deepen the analysis through a series of questions, starting with determining the political philosophy(s) that underpin the text. Next Sevenhuijsen recommends analyzing what sources of knowledge are informing the text and whether alternative knowledge(s) are included or excluded. Sevenhuijsen (2004) then suggests analyzing how the text attends to power relations and evaluating how social class, gender and ethnicity intersect with structural axes of power and inequality. Finally, Sevenhuijsen (2004) recommends coming to an overall judgement on the text and the implications of the normative frameworks in addressing care. In this step I attend to all of the parts that Sevenhuijsen recommends with a focus on evaluating what alternative knowledge(s) are included and/or excluded in the text.

Step Three: Renewal with the Ethic of Care

In this part of the analysis, Sevenhuijsen recommends considering how a feminist ethics of care framework could help in renewing and revising the normative framework(s) at work in the text (Sevenhuijsen, 2004). This is accomplished by engaging with core ideas of an ethics of care framework in relation to the text and

exploring how a feminist ethics of care can help to open up new discursive space that will support thinking and acting differently in regards to care (Sevenhuijsen, 2004).

In this step Sevenhuijsen recommends introducing Tronto and Fisher's definition and phases of care as an alternative definition of care to work from and as a starting point for a more detailed discussion about caring. Secondly, Sevenhuijsen (2004) recommends drawing from feminist ethics of care's view of human nature to reflect on how a relational ontology may make a difference to the specific policy or text. Ethics of care also involves a specific set of values (attentiveness, responsibility, competence, responsiveness, trust) that are linked to each phase of care, which Sevenhuijsen also suggests using as way to renew ideas about care (Sevenhuijsen, 2004; Tronto, 1993). Finally Sevenhuijsen recommends analyzing whether a feminist ethics of care perspective can contribute toward "reformulating or solving dilemmas and inconsistencies in the framework of the report" (p.39).

In this step I introduce Tronto and Fisher's definition and phases of care and consider how a relational ontology may renew ideas of care and potentially attend to issues and gaps that emerged in the analysis.

Step Four: Concretizing

In this step, the goal is to shift the analysis from a more philosophical level to a more concrete level, and to compare the insights of step three with those of the first step (Sevenhuijsen, 2004, p. 40). Sevenhuijsen suggests working on a concrete formulation of how an ethic of care perspective can change the text in question. In this step, I considered how feminist ethics of care could change how care is conceptualized in praxis and how this can renew the work that we do with young people and their families.

Approach to Reading the Text

I began this analysis by first reading the text in its entirety. The textbook is 417 pages in length this includes appendices, glossary and references. I then read the entire text with the goal of annotating pages and sections that potentially answered the questions in the eight different stages of step one of the Trace method. I then developed a chart organized by the eight different stages and went back to sections that I had marked in the text and inserted evidence from the text into the chart for each stage. Then following Sevenhuijsen I started the process of developing a draft of each stage and did multiple focused readings of the text regarding each stage. Attending to each stage of the method provided me the opportunity to do layered readings of the text including textbook organization, textbook production strategies, main ideas of the text, ideas about care, and identification of normative frameworks.

At this point of the analysis I realized that undertaking all eight stages of the first step was not possible given time constraints and the scope of this research. I then focused my reading specifically on four stages (text production, what is the problem, care, gender) of step one and step two (alternative knowledge) and continued to develop working documents through continuous reading and analyzing.

Methodological Rationale

Through the process of analyzing the text using the Trace method, it became clear that the method is complex and involved. In the books, *Labyrinths of Care* (2003) and *Heart of the Matter* (2004), scholars applied the Trace method to a variety of European social policies. In these articles, scholars tended to choose one element of the Trace method to focus on. Based on the scope of my research and need to keep the task

manageable, I implemented similar methodological considerations and I focused my analysis on the steps of Trace that were most relevant to my research question: “how is care conceptualized in *Foundations of Child and Youth Care Practice* (2013) textbook and what emerged during the analysis. As a result of this I chose to focus more specifically on certain stages in step one (text production, what is the problem, care and gender) and in step two I focused on identifying whether alternate knowledge(s) were included or excluded in the text since these sections were a good fit with my research purpose. Further, in Sevenhuijsen’s description of Trace she notes:

It is important to note beforehand that it is not always possible to answer all these questions and also not to address them in the presented order.

Also it may occur that when studying the text, other relevant questions and concepts may present themselves that are not mentioned here. I usually adapt my questions to the topics and documents concerned and also invite those with whom I work with *Trace* to be creative and imaginative in this respect. In this sense *Trace* is a method that is under continuous construction! (p. 23-24).

My understanding of this excerpt from Sevenhuijsen is that she wants Trace to be used in a flexible and dynamic way, which is aligned with feminist ethics of care values around particularity in that the method is a guideline versus a one-size-fits-all approach and can be adapted to the research.

Trustworthiness

Validity is a qualitative research issue that repeatedly resurfaces and cannot be avoided or resolved (Lather, 1991, p. 674). What constitutes 'valid' research is a contested site, yet there is consensus that traditional practices of rigor and validity are not useful in qualitative research (Lather; 1991; Lenzo, 1995). Under the paradigm of positivism, rigor and validity are considered critical measures in 'proving' that knowledge production processes are objective, neutral and value free (Lenzo, 1995; Lichtman, 2013; Strega, 2005). Trace comes from the perspective that "knowledge production is never value free: we are always implied in discourses, where knowledge, power and value systems interact in complex ways" (Sevenhuijsen, 2004, p.16). By implication, this calls into question traditional standards of rigor and validity and demonstrates that they are not methodologically compatible making it difficult to take up concepts of rigor and validity since they are associated with ideas of objective truth and reality.

Although traditional measures of rigor may not be useful in qualitative research, it is not always clear how to ensure validity (Caelli, Ray & Mill, 2003; Lather, 1991; Lenzo, 1995; Lichtman, 2013). Due to the diversity of qualitative research methods, there are a range of strategies for establishing rigor; however, if the research is not being done through the lens of a known methodology or through a combination of methodologies and approaches it can be difficult to determine how the research will be evaluated (Caelli et al., 2003). For research where this is the case, Caelli et al., (2003) have identified four key areas that researchers need to address in order to ensure credibility. These are as follows: "a declaration of the researcher's position, congruence between the methodology

and method, a clear articulation of the researcher's approach to rigor, and an explanation of his or her analytic lens" (p.9). Sevenhuijsen also discusses similar criteria in the Trace method. It is my intention to use these four criteria as a standard to address credibility in my thesis.

Researcher reflexivity. Reflexivity is a methodological approach used in qualitative research that challenges traditional research practices by highlighting researcher participation and the 'effect' that this has on the research process (Pillow, 2003; Strega, 2005). This approach challenges the alleged neutrality and objectivity of other research/researchers and traditional standards of rigor and validity (Strega, 2005). Sevenhuijsen (2004) recommends striving for,

reflection and accountability on where we stand and where we want to go. Academic scholarship should be conscious and open to its own positionality and situatedness, and also be open to different perspectives on what counts as relevant knowledge and values with regard to specific issues. This accords, in fact, with some of the core values of the care ethic itself: attentiveness and responsibility, as well as the imperative to consider issues from different perspectives (p.17).

For the current analysis, I will bring a critical, thoughtful, reflexive stance that will consider how power and privilege are shaping the research process. I want to move beyond practices of reflexivity that only require the identification of my positions and subjectivities. I hope instead to engage in "uncomfortable reflexivity- a reflexivity that seeks to know while at the same time situates this knowing as tenuous" (Pillow, 2003, p. 188). My understanding of practicing an uncomfortable reflexivity requires the

questioning and interrogation of my perceptions, assumptions, and positionalities throughout the research and the acceptance that some things will be unresolved, “messy, confessional, and tentative” (Strega, 2015, p.10). However, while subjectivity needs to be attended to it cannot take center stage in the research (Pillow, 2003). I endeavour to be reflexive and to stay focused on the research question, social justice concerns and in challenging and critiquing the status quo.

Although I am bringing a reflexive stance to this research, it does not necessarily mean that my research will be more valid, since validity itself is “multiple, partial and endlessly deferred” (Lather, 1991, p. 675). Further, there are limits to reflexivity and our ability to step outside of the dominant worldview and what we know as ‘truth’ (Lather, 1991; Strega, 2005). This can be difficult and challenging work since I am embedded in certain discourses, knowledge and ways of viewing the world that I cannot stand completely outside of. Simultaneously, I am always changing as I am shaping and being shaped by the research and the world around me, which complicates the practice of self-reflexivity.

Chapter Summary

The research question guiding this research is how is care and CYC conceptualized in *Foundations of Child and Youth Care* textbook, an important text in CYC postsecondary education programs. In this chapter I have outlined the research methodology that is guiding this analysis. Feminist ethics of care is the primary theoretical orientation that I will be using as a lens to analyze, measure and understanding how care is conceptualized in the textbook. I will be utilizing Trace as my method for analyzing the text which is informed by a critical, feminist ethics of care and developed

by second generation care theorist, Selma Sevenhuijsen, a well known and respected care theorist that has produced ground breaking work in the realm of feminist ethics of care. I have detailed how I have approached reading the text and the Trace method and provided methodological rationale that supports the decision to focus on specific parts of the Trace method four stages (text production, what is the problem, care, gender) of step one tracing and step two (alternate knowledge), step three and four. I concluded this chapter with a discussion about trustworthiness and highlighted my commitment to be reflexive throughout this process. In the next chapter, I will present my findings and analysis that emerged from this research endeavour.

Chapter 4- Findings & Analysis

The question guiding this research is: how is care conceptualized in *Foundations of Child and Youth Care Practice* (2013) a Canadian CYC textbook. In this chapter, I present my findings using the Trace method (Sevenhuijsen, 2004). I have organized my findings based on the following questions: How does the text work? How is alternate knowledge(s) integrated into the text? What is the problem that care is a solution for? How is care conceptualized? Under each of these questions I have organized my findings into themes that emerged through the analysis, drawing on the theoretical contributions of feminist ethics of care theorists such as Joan Tronto (1995/2013) and Selma Sevenhuijsen (1998/2004) and other second generation theorists (Barnes, Brannelly, Ward & Ward, 2015; Hankivsky, 2004; Mahon & Robinson, 2011) who advocate for a feminist ethic of care.

How Does the Text Work?

Analyzing text production is one of the first steps of Trace. Often, texts are presented in a way that leads the reader to believe that the text is objective and value free (Sevenhuijsen, 2004). From an ethics of care perspective, knowledge production is not value free (Sevenhuijsen, 2004). This step helps to bring attention to the political nature of all knowledge production processes. Ethics of care approaches call for authors (and researchers) to acknowledge knowledge production processes, to be clear about positionality and to be open to different perspectives and what counts as relevant knowledge (Sevenhuijsen, 2004; Tronto, 1993). Sevenhuijsen recommends starting this

step by determining “who is speaking to whom and with what authority and power relations” (Sevenhuijsen, 2004, p.24).

In the sections that follow, I start by identifying the author of the text, the intended audience and the stated purpose of the text and then I demonstrate how the author of this text approached knowledge production.

Identifying the Author

Dr. Carol Stuart is the author of *Foundations of Child and Youth Care Second edition*. In the ‘about author’ section Stuart is identified as the Dean of Health and Human Services at Vancouver Island University and Adjunct Professor at University of Victoria and Ryerson University (p.xvii). This section notes that Stuart holds a MEd and PhD. Stuart has “35 years of experience in the child and youth care field” and her research interests include “professional practice standards; integrated service delivery; participatory and qualitative approaches to research” (p.xvii). Stuart has authored this text as well as the earlier edition. She has co-authored other books, and has served as managing editor of the journal, *Relational Child and Youth Care*.

The stated purpose of the second edition textbook is to provide an updated overview of CYC and its foundational concepts, with the intended audience being students in undergraduate programs. This is made explicit in the following quotes:

This book is intended to introduce the field of CYC to people who are interested in becoming skilled and knowledge practitioners (p.xi).

the second edition of this book aims to bridge the variety of approaches and definitions of child and youth care to the domains of practice grounded in the history of the field (p.xi).

Dr. Stuart's position as Dean and Adjunct professor, her education, academic achievements and professional practice experiences position her as a credible person to be writing this textbook and provide her with a certain amount of power and authority. This power and authority comes with significant responsibility in that Stuart has the power to make decisions about what discourses and ideas about CYC are included and excluded, which will be explored throughout this chapter.

Approach to Knowledge Production

In this section I analyze how Stuart approached the knowledge production of the textbook. Key knowledge production strategies that emerged in my analysis include the following: foundations of CYC, writing style, and transparency, which I will explore next.

“Foundations” of Child and Youth Care. The inclusion of the term “foundations” in the title of the textbook is a text production strategy in that the word “foundations” establishes a certain authority about the subject. A ‘foundational’ textbook is often recognized as presenting the foundational principles of the subject that the text is about and has a certain authority (Wachholz & Mullaly, 2001). The Merriman dictionary defines “foundation” as “the act of founding” and “a basis (such as a tenet, principle, or axiom) upon which something stands or is supported.” Based on these definitions the use of the term “foundation” in the title establishes that the text provides the foundation/core

of CYC from which everything else develops. In the following excerpts Stuart speaks to this being a foundational text.

This is a foundational text...I have tried to both describe foundational concepts and at the same time offer a critical lens on some of the concepts so that readers and instructors can help students engage in praxis, reflecting on the underlying assumptions of those concepts in their own ways of being in the world (p.xii).

In this quote Stuart states that she will “describe the foundational concepts and at the same time offer a critical lens on some of the concepts.” My analysis of this suggests that there may be an unspoken message that the “foundational” concepts are fixed and unchangeable and that there is the option to build or ‘add-on’ a critical lens but not at the sacrifice of the “foundation” of CYC.

Novice practitioners won’t be certain what the foundation (“inner stances”) of the profession are and may be depending on this book and others to tell them. The foundations of the profession must be critically examined, through a full exploration of the knowledge and theory presented here and engagement in this process of co-created consciousness (p.180).

In this quote, Stuart highlights the importance of ‘knowing’ the “foundation” and “inner stances” of CYC. The use of the term “inner stances” works to locate the knowing inside of individuals setting up the idea that the “inner stance” can be untouched by social forces and that it is personal to the individual practitioner. Stuart states “novice practitioners won’t be certain what the foundation (inner stances) of the profession are

and may depend on the text or others to tell them.” This is telling in that it provides some information about how Stuart thinks about how students learn. I would suggest that the text takes up a instrumental view of learning where information such as the “foundations” of CYC are “facts” that exist and are passively learned by students via being ‘taught’ by a source of authority such as a textbook or from a mature practitioner with more ‘expertise’ (Hinchey, 2010).

The implications of viewing learning in this way, is that it potentially creates the illusion of learning as a straightforward process that is not complicated by the greater context, there is a sense that the foundational principles can simply be ‘taught’ and then applied to practice (Hinchey, 2010). Apple and Christian-Smith (1991) challenge the idea of passive learning, they suggest that students “do not passively receive texts, but actually read them based on their own class, race, gender/sex, and religious experience” (p.14). White, Kouri and Pacini-Ketchabaw (2017) speak to the need to complicate CYC education in a way that moves away from familiar pedagogical ideas that valorize ideas about certainty and fixed knowledge.

Feminist ethics of care also disrupts ideas that knowledge is uncomplicated, and challenges ideas about the neutrality (Sevenhuijsen, 2004). Due to feminist ethics of care being deeply concerned with context there is a ethical responsibility in recognizing and understanding how things such as knowledge process are deeply embedded within context (Sevenhuijsen, 1998; Tronto, 1993). Feminist ethics of care encourages the openings of more discursive space where different ways of thinking about things such as the foundation of CYC and education can begin (Sevenhuijsen, 1998). The decision to name the text “Foundations” of Child and Youth care practice and to primarily focus on

the “foundations” potentially lessens the opportunity for the creation of more discursive space where the “foundation” of CYC could possibly be re-configured/re- imagined towards a more responsive, flexible and dynamic foundation (Sevenhuijsen, 1998/2004; White et al., 2017).

Writing style. Stuart’s approach to writing her text is relational, although different from a relational ontology that is endorsed by feminist ethics of care, which I will comment on further below. Her style of relational writing is demonstrated in a variety of ways throughout the textbook. In the ‘Acknowledgements’ section, Stuart comments that the production team “believed in the vision enough to keep the personal and relational examples of child and youth care as a field embedded in the text” (p.xv). In the beginning of the text, Stuart talks about the process of writing the book, and her attempt to integrate the stories, feedback and expertise from experts in the field as well as students:

There are numerous people who influenced my thinking over the last 5 years and others who read chapters in their areas of expertise and gave vital feedback (p.xv)

The voices of practitioners and students are quoted in the following sections alongside experts in the field (p.7).

Stuart’s relational style is also demonstrated by her decision as the author to be visible in the text. She often writes in a first person point of view, using ‘I’ to identify her own personal beliefs and ideas and to situate herself as a relational being. She includes personal reflections throughout the text to demonstrate her own process of becoming a mature child and youth care practitioner and to highlight important points she

wants readers to understand. For example, in chapter one '*Defining Moments*' Stuart shares her defining moment:

I spent most of my summers during adolescence and early adulthood working at summer camps. One of those camps had a transformational impact on my career choice and the rest of my life. I left university at the end of that summer and was hired by the agency to work as a child and youth care practitioner. That summer experience defined who I am as a practitioner, and as I learned more and developed my practice I revisited these stories and others from that summer to understand their importance (p. 2).

Stuart also includes other practitioners' personal stories and reflections, which aligns with the relational approach she has taken. Sevenhuijsen (1998) notes that policies and political decisions regarding care practices are often made by people far removed from actual care work, which makes it important and meaningful that Stuart creates space for carers/practitioners voices and stories to be a part of the text. This small excerpt is taken out of a bigger personal reflection from another practitioner that Stuart included in the text:

First, I realized that I needed to strengthen my self-confidence when it comes to my skills and abilities as a worker. In addition to that I needed to strengthen my self confidence about my personal and professional identity, so that regardless of who it is I am talking to, rather than fear disapproval, I should stand by who I am and what I believe (p.169).

Additionally, Stuart uses informal language in certain parts of the text, which is another element of her relational writing style and a strategy for engaging readers in a way that is more conversational. Her informal style is demonstrated with the following quote:

the novice practitioner must consciously be aware of and juggle the many influences on the relationship, sometimes “dropping the ball” and consciously picking it up again to inquire “How are we?” (p.214).

Stuart’s decision to situate her self in multiple contexts challenges ‘objective’ knowledge as the standard (Pillow, 2003; Strega, 2005). The inclusion of personal stories, reflections and informal language in the textbook disrupts public/private boundaries enacted in the liberal narrative and challenges ideas that only facts and neutral approaches count as legitimate knowledge (Sevenhuijsen, 2004; Tronto, 1993). However, similarly to first generation ethics of care theorists Stuart situates herself as relational but does not situate herself within a political context that takes into account how social, economic, systemic and cultural contexts have shaped who she is and her work as a CYC practitioner (Hankivsky, 2004; Mahon & Robinson, 2011).

It is important to note that Stuart’s version of ‘relational’ does not necessarily match with first or second generation ethics of care conceptualizations of a relational ontology that recognizes the self as constituted through complex webs and relations with others, as well as with systems, structures, social forces, and the environment, challenging the idea that individuals pre-exist relationship (Sevenhuijsen, 1998; Robinson, 2011). Instead, the ‘relational’ in the textbook appears to be based on the ability to have good interpersonal skills, a sense of good relations and an ability to

express oneself personally and in familiar ways. Although Stuart situates herself as 'relational' she appears to do so in the context of neoliberal, liberal humanist frameworks of understanding human nature that are very different from a relational ontology that underpins feminist ethics of care.

Transparency. Feminist ethics of care and the Trace method challenge ideas that texts are objective and value free (Sevenhuijsen, 2004). As part of the text production step, I analyzed how Stuart negotiated objectivity in the text. I found that Stuart made a concerted effort to be transparent about knowledge production processes, which aligns with feminist ethics of care values (Sevenhuijsen, 2004).

Throughout the text Stuart acknowledges that numerous forces have shaped the field of CYC. I think that she does this in an effort to demonstrate the non-neutrality of knowledge and to provide readers with an introductory understanding to how ideas and theories are not outside of context/history as the following quotes illustrate,

child and youth care [was] developed largely in modern European and North American societies and within a set of societal conditions that valued a distinct stage of life called childhood that included various ideologies, government structures, and jurisdictions, and numerous theoretical orientations (p.22).

This is further complicated by the idea that knowledge and knowing are contextual, social, and set within a particular cultural way of being. Modern, published knowledge about child development, for example, was

developed by Western European and North American scholars, and therefore has some inherent bias when applied to other social climates and cultures (p.112).

Skills, attitudes, and knowledge are not neutral; they reflect a particular context, culture, and language for a professional group (p.325).

Stuart notes these influences throughout but she does not explore the implications of this to CYC praxis, which may be as a result of this being an introductory text.

However, I think it is important to point out that Stuart includes this since it is often the practice to present textbooks as neutral and factually accurate (Christian & Apple, 1991; Wachholz & Mullaly, 2001). It is significant that Stuart introduces students to the idea that CYC is not neutral and/or outside of context and highlights that the profession is shaped by historical, cultural, and political events and “embodies certain knowledges and ideological positions” (Wachholz & Mullaly, 2001, p.54). I would suggest that these quotes demonstrate that Stuart is interested in disrupting ideas about neutrality and objectivity which aligns with a feminist ethics of care framework that values transparency regarding the subjective nature of knowledge production processes (Sevenhuijsen, 2004).

How is Alternate Knowledge(s) Integrated into the Text?

Step two of the Trace method asks the researcher to consider what sources and knowledge(s) are informing the text and how alternative knowledge(s) are included or excluded (Sevenhuijsen, 2004). Sevenhuijsen (2004) also recommends paying attention to how or if the text attends to power relations and issues of class, gender and ethnicity. This step of Trace is a good match for this analysis since part of Stuart’s decision to write

a second edition is in an effort to offer readers a broader understanding of the CYC field as the following quotes suggest:

the second edition of this book aims to bridge the variety of approaches and definitions of child and youth care to the domains of practice grounded in the history of the field (p.xi).

Readers will come to understand the original concepts of the field as it struggled to emerge as a distinct profession in the 1990s. They will also be introduced to critiques of these foundational ideas by scholars who challenge these traditions (p.xi)

Stuart also notes that she updated many parts of the text to include “new thinking in the field of child and youth care” (p.xiii) and to “incorporate a critical perspective on theories and research in human development” (p.xiii). These quotes demonstrate Stuart’s effort to include alternate ways of thinking about and doing CYC.

My analysis revealed that Stuart does not explicitly name or introduce readers to alternate, critical theories such as feminist, poststructural, anti-racist, queer, postmodern, Marxist, and de-colonizing perspectives, that are being taken up by some practitioner-scholars in CYC (Saraceno, 2012; Little, 2011; Loiselle et al., 2012; Pacini-Ketchabaw, 2011; Skott-Myhre, 2007). However, Stuart acknowledges that an “alternative practice focus [in CYC] is emerging that addresses the work of practitioners who focus on young people through the lenses of education, policy, or programming” (p.133).

Introduction to Critical Perspectives in CYC

In Chapter five Stuart introduces readers to alternate ways of working in CYC as this excerpt shows:

An alternative practice focus [in CYC] is emerging that addresses the work of practitioners who focus on young people through the lenses of education, policy, or programming. Through comprehensive and critically conscious perspectives...[they] ask a number of challenging and provocative questions” (Pence & White cited in Stuart, 2013) that expand the possibilities for intervention. Some of these possibilities are addressed in the domain of interventions. For these practitioners, young people are still at the heart of the work (emphasis added, p.113).

In the above excerpt, Stuart seems to be suggesting that an “alternative practice” focus cannot be applied to direct care work. She does this by specifically listing that an alternative practice focus occurs within the domains of “education, policy, and programming,” and that “some of the possibilities are addressed in the domain of interventions” which gives an unspoken message to readers that an “alternative” practice is not applicable to the other domains of CYC. This is a common reading of critical work in CYC. However, scholar-practitioners in CYC such as de Finney et al. (2011) and Loiselle et al. (2012) have addressed this misconception in the literature by demonstrating how critical concepts and theories, (such as poststructural, feminist, decolonial but not limited to) can be used in direct care work in CYC to help facilitate and engage young people in conversations and activities that help to deconstruct, unpack and make sense of the complex experiences such as poverty and racism, that young

people are negotiating on a daily basis. Loiselle et al., comment that “dominant Eurowestern psychological models, with their focus on relational, developmental, individualizing practice, are too apolitical, not critical enough, and therefore inadequate to address deep-seated structural inequities” (p.201). Other scholar-practitioners such as Little, 2011; Pacini-Ketchabaw, 2011; Skott-Myhre, 2007; Yoon, 2012 have also contested ideas that alternate frameworks/critical theories are not applicable to direct care practice in CYC.

However, the belief that critical work is not a fit with direct care work continues to work as a powerful discourse that dismisses working critically in CYC as not ‘real’ CYC work (Little, 2011; Loiselle et al., 2012). This reinforces the familiar academic/practitioner binary that exists in CYC “where certain contexts privilege practice over theory and vice versa” (Little, 2011, p.40). This binary works to keep separate the idea that direct care practice and social change work can be done simultaneously and hinders the potential for the reconceptualization of CYC praxis (de Finney et al., 2011; Little, 2011; Loiselle et al., 2012).

Stuart’s decision to add the sentence at the end of this excerpt that “young people are *still* at the heart of the work” is significant. I would suggest that the use of “still at the heart of the work” is Stuart’s effort to connect this perspective to the foundational ideas of CYC and to reinforce the idea that ‘real’ and/or ‘good’ CYC work occurs when children and youth at the center of the work, dismissing critical approaches to CYC that focus on social and political concerns (Loiselle et al., 2012; Little, 2011). Can social justice be at the center of good CYC work? de Finney et al., (2011) strongly believe that a more critical, and politicized approach to CYC has the potential to “open up alternative

possibilities of praxis” (de Finney, 2011, p.363). White et al. (2017) also echo this call, proposing “politically and socially engaged approach to child and youth care education” (p.53) and praxis. Feminist ethics of care does not view direct care and politicized care as being separate; rather all care is political. Maintaining, containing and repairing (Tronto & Fisher, 1993) the world occurs through the intersecting and complex webs of relations with others, as well as with systems, structures, social forces, and the environment (Sevenhuijsen, 1998; Robinson, 2011).

Representation of Critical Perspectives. Stuart includes critical contributions and critiques throughout the textbook; however, the way in which she does this, results in the critical contributions having a quality of being “added on” instead of integrated into the text and CYC. For example,

Care though is often assumed to be a value- neutral intervention when in fact it carries with it many ideas of what the other person should be or not be, or do or not do (Dean cited in Stuart), therefore practitioners ought to critically consider what caring means to them personally as well as to the young people they are working with (p.8).

In this excerpt Stuart includes an important contribution from Dean about the assumption that practices of care are often seen as value-free. Dean challenges this normative idea by pointing out that ‘care’ is not value-free and that instead it is embedded within dominant discourses that determine who and or what is normal, and who is in need of care as a result of this. Stuart responds to this by commenting that practitioners need to think critically about what caring means to them and the young

people that they are working with. This response erases the point that Dean is making that care is not value-free. It also puts the responsibility about thinking about care in a different way onto the practitioner versus the field of CYC, which is also demonstrative of individualist/neoliberal framework where responsibility is located with each individual practitioner to make the ‘right’ choice about how they want to practice CYC (Sugarman, 2015). Potentially, this section of the text could have been deepened by more explanation about what Dean is articulating and how CYC as a field can disrupt ideas about care being neutral and take responsibility for thinking and doing care in ways that make explicit that care is not value free.

The next example where Stuart includes critical ideas but does not put them to work in a deep way is in a section on love and caring in CYC, it reads as follows:

Love is demonstrated when we bring our own “self” forward as the child’s “self” is revealed to us. Similarly, Skott-Myhre and Skott- Myhre (2007) describe love as “the act of giving fully and completely of oneself without the worry that one would run out of oneself” (p.55) and advocate this form of political love, free from domination and expectation, as a core component of the work of child and youth practitioners (p.9).

In this excerpt Stuart fits in the quote from Skott-Myhre and Skott-Myhre in this section with the idea that their notion of political love is similar to the individualized love that she is referencing where love is a result of two people revealing their ‘selves’ to each other. However, when referencing Skott-Myhre and Skott-Myhre’s (2007) article where Stuart has taken this quote from, the love that they are proposing is not bound by western individualized understandings of love. Skott-Myhre and Skott-Myhre propose a

politicized notion of love that is inspired by a Marxist theoretical orientation. This love is not individual love, but a collective and politicized love that brings people together, inspires change and challenges disconnected ways of being and working. By choosing to include only one quote from Skott-Myhre and Skott-Myhre's article allows Stuart to match Skott-Myhre and Skott-Myhre's definition of love with the familiar neoliberal conceptions of love that are about giving up your 'self' for and/or to love. By doing this, Stuart attempts to use the critical ideas of Skott-Myhre and Skott-Myhre to support uncritical ideas about love that have dominated CYC. She adds their idea to mainstream CYC practice but doesn't reconfigure, disrupt or think critically about ideas of care and love. Including more of Skott-Myhre and Skott-Myhre's work on love in this section could have provided readers with more of an understanding about how they are conceptualizing love, which could have richened the discussion on love and potentially created the discursive space for future practitioners to consider how to bring a form of political love to CYC praxis.

I think that these examples demonstrate Stuart's effort to bring together critical perspectives with the foundations of CYC. In many ways this is a similar issue to the care and justice debate in ethics of care, where some care theorists want to meld concepts of care and justice together as the answer to the tensions of the care and justice debate (Tronto, 1993). By melding critical perspectives with the foundations of CYC, Stuart also tries to mediate the tensions between the two streams of CYC.

I perceive that although Stuart is willing to do this, she does not want to disrupt the foundations of CYC. This is demonstrated in the above examples where critical perspectives have been 'added-on' instead of integrated or used to transform. Stuart may

have run into the dilemma where the two perspectives are so incommensurable that they cannot be integrated. If this is the case, then it becomes clear that the foundation of CYC cannot be maintained as it is, which is difficult to conceive when so much effort has been put into establishing the foundational pillars and professionalization of CYC. However, CYC as a field needs to be further developed since the world is rapidly changing and the lives of all human beings become increasingly complicated due to globalization, increased uncertainty, growing inequality and other changes (White, 2015). Care work is already “replete with uncertainty, ambiguity, and unresolved- perhaps- irresolvable tensions” (Campbell, 2015, p.39). Sevenhuijsen (1998) recommends that ethics of care needs to be involved in conversations about what elements of an ethics of care need to be kept and which need to be replaced in order to open up new discursive spaces where new ways of thinking and judging about care can begin. Similarly White (2015), calls for the field of CYC to “re-evaluate our theoretical and practice frameworks to determine if they are useful and relevant for the times in which we are now living” (p.499).

What is the Problem Care is a Solution to?

Tracing how the problem is defined and what the proposed solution is, can help identify normative frameworks at work in the text (Sevenhuijsen, 2004). Normative frameworks define norms that determine things such as what it means, “to be a healthy child” and act as a measuring stick to determine what we view as “normal” (Sevenhuijsen, 2004). In this stage of the analysis Sevenhuijsen directs researchers to consider how the social problem is constructed in the text (Sevenhuijsen, 2004). I approached this step by considering who is positioned as being in need of a CYC intervention and what the ‘problem’ is that a CYC intervention is meant to be the solution

to. I have organized this section into three parts starting with determining who is identified in the textbook as being in need of an intervention, how the text makes sense of the problems that young people are facing and how CYC approaches the intervention.

Who is in Need of Intervention?

In the text, young people with ‘special needs’ are identified as the young people who are in need of professional intervention as the following excerpt demonstrates

All children are special, but some have needs that are beyond the ability of their parents or family caregiver to help them as they grow. The term “special needs” is most common in education, but is also used in child welfare, health and justice settings to identify young people who have problems related to physical, emotional, or mental health; unusual behaviours; or unusual or delayed development (p.75).

In this quote Stuart provides the information that “problems related to physical, emotional, or mental health; unusual behaviours; or unusual or delayed development” fall under the category of special needs. Stuart also describes the young people that CYC practitioners are working with as “vulnerable and in need of support” (p.74); “special needs and special circumstances” (p.74); “emotionally and behaviourally disturbed” (p.75); “mental health disorder” (p.77); “developmental delay” (p.115).

The use of terms such as “special needs,” and the identification of “unusual behaviour” and “unusual development” signal a normative framework at work. In CYC our understanding of who a ‘healthy’ or ‘normal’ child is intimately connected to neoliberalism and euro-western psychological theories of development (de Finney et al., 2011; Pacini-Ketchabaw, 2011; Saraceno, 2012; White, 2015). These terms construct

young people who deviate from the norm as the ones who are in need of a CYC intervention and erases young peoples resistance to these norms. This provides evidence that the textbook takes an individualized, decontextualized, psychological approach to understanding how young people and families come to be viewed as being in need of intervention.

Many of the above terms marginalize and stigmatize young people and construct the ‘problem’ as individual and outside of social, cultural and political contexts, hiding the conditions and structures that contribute to the various ‘problems’ that young people and families are coping with (Newbury, 2009; Sinclair, 2007). The use of these terms to describe who is in need of a CYC intervention in some ways contradict the dominant narrative about CYC in the text that Stuart has proposed where practitioners view problems through an ecological lens, are strength-based, and take a critical approach to understanding human development and norms.

Stuart seems to anticipate a potential critique from peers, colleagues and readers for the terminology that she uses in the text, since she includes a disclaimer in this section that reads:

Whenever words such as special, vulnerable, at risk, disadvantaged and so on, are used, they imply a dichotomy whereby there is a group of young people that are not special, vulnerable, disadvantaged, and that the first group aspire to lives and circumstances more like the second. I continue to use these terms because they are common in the field of practice, however, I will attempt to draw attention to the assumptions that underlie

some of the terminology. Readers may want to engage in reflective practice and inquire into these assumptions a little further (Stuart, p.74).

In this excerpt, Stuart acknowledges that the use of these terms is problematic in that it sets up a familiar binary of normal/not normal, at risk/not at risk and so on, but she does not attend to the power that these binaries have in shaping and how we determine who is in need of help and who is considered normal. Instead, Stuart only acknowledges the concern and continues to use the language and work in a way that is familiar, thus preserving the status quo. Neoliberal influences are also revealed in this quote with the suggestion at the end of the excerpt that “readers may want to engage in reflective practice and inquire into these assumptions a little further” emphasizing the personal responsibility of the individual practitioner to ‘make’ the choice (or not) to look further into what it means to use terms such as special, at risk and how they will negotiate this (Sugarman, 2015).

Although Stuart uses language that does not account for the broader context when describing who is in need of a CYC intervention, Stuart does make an effort to try to move away from locating the problem in the individual by introducing learners to Bronfenbrenner’s (1979) ecological model.

Making Sense of the Problem- Ecological Model

Bronfenbrenner’s (1979) ecological model is a foundational pillar of CYC practice. Stuart relies on the ecological model as a framework to help learners understand how different systems (micro, meso, exo, macro, chrono) shape young people’s development and “special needs.” The following excerpts demonstrate learner’s introduction to the ecological model.

Young people may experience many of the previously discussed special needs as a result of environmental and social circumstance (p.81)

The ecological framework is introduced as a way of understanding the circumstances of young people and families and examining the social determinants of health (p.81)

The contributions of social factors such as poverty, socioeconomic class, geography, and immigration as well as the impact of unalterable factors such as race, religion, gender, and disability, cannot be underestimated. These factors, which are often beyond the control of a young person, can have a detrimental effect on their developmental trajectory (p.75).

Introducing readers to the ecological model disrupts ideas that the problem is individual. By noting that young people and families 'problems' are a result of "environmental and social circumstance" and that factors such as "poverty, socioeconomic class" contribute to the creation of problems that young people and families experience is valuable. The ecological model allows for CYC to be able to attend to these systemic factors at a variety of levels. The textbook only offers the ecological model as a framework to support learners and future practitioners in understanding how the broader context contributes to the complexity of young peoples lives. The implication of this is that it is assumed that the ecological model will be a fit for understanding and making sense of *all* young people and families lives. A feminist ethics

of care would discourage the reliance on one way of understanding and attending to the complexity of peoples lives and instead would encourage the creation of space for acceptance of multiple ways of knowing and understanding (Sevenhuijsen, 1998; Tronto, 1993). The acceptance of multiple theories and frameworks into the core of CYC has been advocated for by scholar-practitioners in CYC (see de Finney et al., 2011; Loiselle et al., 2012; Newbury, 2011; Pacini-Ketchabaw, 2011; White, 2007) that also believe that in order to be socially and politically responsive to the complexity of young peoples lives we have to be open to many ways of working in CYC.

Stuart also includes a section on poverty as a primary social determinant of health, linking poverty to many of the problems and challenges that young people and families are dealing with, disrupting neoliberal ideas that locate the problem in the individual, as this evidence shows,

At the macrosystem level, young people who require assistance are more likely to be living in poverty (p.82).

Young people who grow up in poverty are at greater risk for health problems, disability, and death and they are more likely to drop out of school, have emotional and mental health problems, get in trouble with the law, and engage in risk-taking behaviour (p.83).

They are more likely to come from poor families, have parents with lower educational levels who experience greater unemployment, and are more likely to be members of racialized, visible minorities and other

marginalized groups of Canadian and American society who experience discrimination and social exclusion (p.83)

The acknowledgment of poverty as a contributing factor to young people's problems is important. In the last quote, Stuart links poverty to race and lack of education demonstrating that certain groups of people are more likely to experience poverty due to race and class which is a key point to highlight. However, the text does not explore the injustice of poverty (or other injustices) and the complex intersections with class, gender, race, ability and sexual orientation that create privilege for some and oppression for others (de Finney et al., 2011; White, 2015) any further or in more depth. Including the statements "at the macrosystem level, young people who require assistance are more likely to be living in poverty" and "[young people] are more likely to come from poor families" normalizes the idea that most young people and families CYC practitioners will be working with are poor and there is an unspoken message that poverty is something that you accept as a contributing factor and a constraint but the focus continues to be change at an individual level. The consequence of this message is that dominant discourses that individualize poverty are not disrupted, although it is clear that Stuart tried to do this.

A deeper political analysis of poverty may have provided learners with more of an understanding of how systems and structures of society create and maintain poverty and how CYC may be contributing to the maintenance of these systems and structures by intervening in peoples' lives. An important question that potentially needs to be attended to is why is poverty a reason for CYC intervention? And what does an individualistic intervention conceal from view? A feminist ethics of care demands that care is thought of

as a political act that is deeply implicated in existing structures of power and inequality (Tronto, 1993).

CYC Intervention

The text focuses on individualized interventions as the solution to the problems that young people and families are facing. My analysis showed that CYC interventions described in the textbook targeted personal individual micro level change even though Stuart often pointed out throughout the text that young peoples problems are created, shaped and maintained by a variety of contributing meso and macro-level factors. CYC interventions are primarily centered on the child and are focused on building individual capacity and increasing ability to function in the current environment and system even if the environment is oppressive and unjust. The following excerpts provide evidence of this focus.

our goal is to help them further develop competence and effectively draw on strengths that they have (p.11).

a school based practitioner would help Gino with his frustration and anger during school hours (p.74).

a child and youth care practitioner would work with his family at home to help them learn how to cope with parenting four children under the age of 8, and to help a child with a learning disability (p.74).

to work with the family, to encourage parenting skills, and prevent the child from being removed due to neglect or abuse (p.88).

the focus of the professional relationship is the work that you engage in with young people and families to assist them with challenges to their development and difficult life circumstances (p.119).

All of these interventions seem like good practical common sense CYC work.

Supporting people to develop skills to manage themselves differently and in more pro-social ways is not necessarily detrimental to young peoples lives. Often young people and families that I work with want to learn different ways to cope and manage in their lives. However, at the same time, vulnerability and dependence are viewed as something that needs to be fixed, versus a 'normal' human condition (Sevenhuijsen, 1998). The concern with the individualized focus is that it obscures historical, political, and social forces such as racism, patriarchy, capitalism, and neoliberalism as contributing or the reason for the problems that young people are dealing with (Sevenhuijsen, 2004; Tronto, 2013). It also perpetuates the neoliberal idea that individuals are solely responsible for their life circumstances as well as for changing their situation (Sinclair, 2007; Sugarman, 2015). The continued emphasis on individual intervention also may exacerbate young people and family's distress and problems when the intervention and individual change does not actually help and or change the circumstance (Sugarman, 2015).

This can lead to feelings of hopelessness and helplessness for both the young person, the family and the practitioner, perpetuating ideas of personal responsibility instead of collective responsibility (Sevenhuijsen, 1998). The continued

conceptualization of problems such as mental health as an individual problem prevents us from holding the larger system accountable (Sugarman, 2015).

In identifying the problem that the text is trying to address through individualized CYC interventions it is clear that normative paradigms such as neoliberalism and euro-western psychological frameworks are operating in the textbook and within CYC determining what we view as 'normal' (deFinney et al., 2011; Saraceno, 2012; Yoon, 2012). This constrains Stuart's ability to attend to some of the serious concerns that she addresses in the text such as the use of certain terms for describing young people's problems, the creation of familiar binaries about normal/abnormal and the significant role of macro level factors in the creation and maintenance of young people and families problems. I think it is clear that Stuart is concerned about these issues but familiar frameworks that CYC has utilized such as the ecological model cannot attend to the political and economic realities of today's world (White et al., 2017) and the impacts of this on young people and families everyday lives (deFinney et al., 2011; Loiselle et al., 2012). I think that Stuart finds CYC in a difficult situation where it is unclear how to negotiate these problems without letting go and or re-imagining the foundational concepts of CYC, which is why in the text, Stuart acknowledges problems but continues to work in ways that are familiar.

Tronto (1993) firmly believes that feminist ethics of care can account for gaps such as the one that Stuart has run into, where the current framework(s) cannot keep up with the changing assumptions about the world, diversity and social injustices. A feminist ethics of care disrupts ideas that problems are located within people and instead contextualizes 'problems' and/or distress that people are experiencing and acknowledge

the role of the social, historical, cultural and political in the creation and maintenance of these 'problems' (Hankivsky, 2004; Sevenhuijsen, 1998; Tronto, 1993). The contextualizing of distress creates the space for the possibility of understanding that peoples' problems may actually be a 'normal' response to oppressive environments and conditions (Newbury, 2011). A feminist ethics of care also acknowledges how easy it can be to slip into inattentiveness, and ignore the complexities of lived experience, injustices and oppression (Tronto, 1993). Potentially the text and CYC could be enriched by the addition of feminist ethics of care as a framework for thinking about normative assumptions and interventions in different ways. Next, I will present my findings regarding how care is conceptualized in the textbook.

How is Care Conceptualized?

In this step of the Trace method, Sevenhuijsen recommends tracing how care is mentioned, defined, and explained in the text (Sevenhuijsen, 2004) as a way to help identify how care is conceptualized. In this section, I specifically analyzed sections of the textbooks that explicitly discussed care. In the Stuart text, care is primarily discussed within the context of residential care, turning care into a site of practice as well as a way of relating to others.

CYC's history is rooted within residential care with residential settings being the primary setting where CYC practitioners worked (Charles & Garfat, 2009; Pence, 1989). However, over time CYC has diversified its practice beyond residential settings. The text does acknowledge this shift in CYC in Chapter 4 (Understanding the Milieu) but in chapter 9 (Relationships) where the role of caring in relational practice is explored caring

is discussed primarily from a residential care standpoint providing readers with only one way of conceptualizing caring within the CYC context.

I have organized this section into three main sections: Defining Care, A Caring Attitude, and Gender and Care. Within each of these sections, I include excerpts from the textbook to show how care is conceptualized.

Defining Care

My analysis suggests that Stuart's definitions of care tend to be vague and difficult to decipher. However, with a closer reading there are certain ideas that emerge from Stuart's definitions that provide some information about how Stuart is conceptualizing care. The following quotes show Stuart's attempt to define care in CYC.

Gharabaghi and Stuart (2013) describe caring as an active set of elements in the work of child and youth care practitioners. These elements are composed of both the individual practitioner and the life space or environment in which both child and practitioner are located (p.8)

a core characteristic of child and youth care is caring-physically, emotionally, symbolically; individually, relationally, and collectively (p.10).

When first reading these quotes, it appears as though care is an important part of CYC praxis and Stuart's description of care sounds promising. However, with a closer reading Stuart's ideas about care are vague. Stuart does not fully explain or explore what "an active set of elements" (p.214/5) are or how caring "physically, emotionally, symbolically; individually, relationally, and collectively" (p.10) translates into CYC

praxis. The vagueness suggests that there is an assumption that readers already ‘know’ what care is and how to do it. Similarly, Stuart’s framing of care, as a personal/private value of CYC practitioners is also ambiguous, as the following quotes show.

The child and youth care practitioner values caring for others as an essential component for emotional growth, social competence, and healthy development (p.214).

Children come to the space with histories of abuse, neglect, trauma and perhaps abandonment. In short, they need to be cared about. Practitioners bring the strength to care for young people and must value the act of caring (p.8).

I think it is clear that Stuart is espousing that CYC practitioners hold care as a value but it is unclear what this entails. What does it mean to hold care as a value? Is Stuart proposing that ‘valuing’ care is enough? Could Stuart be conflating valuing care and good care? Stuart’s decision to discuss care as a value in the context of it being a personal/private value of the CYC practitioner discourages ‘public’ exploration of the political elements of care and rules out the possibility of discussions about whether valuing care is enough and how power works through values (Sevenhuijsen, 1998; Tronto, 1993). I would suggest that similarly to first generation ethics of care theorists (Gilligan, 1982; Noddings, 1984) that Stuart may be conceptualizing care as a virtue. From a feminist ethics of care perspective, just doing and valuing care is not enough (Sevenhuijsen, 1998). Values and practices need to be located in time, space and social context (Mahon & Robinson, p.128). Sevenhuijsen (1998) argues that we need to “think

care, to make it visible as a cognitive, reflective, and moral practice” (p.32), which will reveal the political aspects of care.

Stuart’s vagueness around the concept of care aligns with findings in the literature review that demonstrated a lack of theorizing about care in CYC. The evidence suggests that potentially there is a taken for granted understanding of care that is based on notions of care as simple and something that is important but not as important as other things. This suggests that care is not viewed as an activity in its own right as it is in ethics of care (Sevenhuijsen, 1998;Tronto, 1993). Or it may be that there is an assumption that everyone knows what caring is and it does not require further exploration (Barnes, 2012).

Although Stuart’s definitions of care are vague the quotes do provide some ideas about how Stuart does conceptualize care, although these are not necessarily made explicit. Based on my analysis I make three claims about how the textbook conceptualizes care. I have organized these into three sub sections; care as a means to an end, care as meeting basic needs, and care as simple. Next, I will explore these and provide evidence from the text.

Care as a means to an end. Stuart identifies care as an “essential component for emotional growth, social competence, and healthy development” (p.214) and as a “core characteristic of CYC” (p.10). These quotes suggest that care in CYC is viewed as a means to an end versus an end in itself. In other words, care is not necessarily valued or viewed as important in its own right but is seen as useful in achieving the ‘end’ in CYC which Stuart states is “emotional growth, social competence and healthy development.”

Viewing care as a means to an end works to marginalize care and care practices, and keeps care private instead of public, as well as aligns with neoliberal/liberal

individualist/justice thinking that conceptualizes human beings as independent rather than as relational (Hankivsky, 2004; Mahon & Robinson, 2011). This way of thinking obscures the reality that we *all* need care to survive, and that dependency and vulnerability are part of human life (Sevenhuijsen, 1998; Tronto, 1993/2013). What if care was viewed as the ‘end’ in CYC? What if the ‘end’ is caring and connection? Or what would it be like to think about the ends and means as enmeshed? How would this change how we think about care, care practices and the purpose of our work in CYC?

Care is meeting basic needs. Stuart constructs care as meeting basic needs, as the following quotes illustrate

within the domain of relationships, caring involves the development of a safe and nurturing environment and the teaching of basic self-care skills to clients (p.214)

Caring *for* young people implies that their basic needs are met and they are healthy (emphasis in text, p.214).

These quotes show that Stuart’s conceptualization of care is shaped by ideas of “necessary care” (Sevenhuijsen, 1993; Tronto, 2013), where care is reduced to being only about the physical act of care, nurturing and supporting young people to meet their basic needs for food, shelter and personal care (Barnes et al, 2015). Conceptualizing care in this way simplifies CYC work. The text implies that meeting basic needs is a common sense solution that works to meet peoples care needs, taking up more of an instrumental understanding of care than an ethical understanding. Providing basic needs is important, however, from a feminist ethics of care perspective this is somewhat limiting in that

context is not taken into account and there is a failure to tackle the complex and political questions of which provisions are necessary under which specific circumstances (Sevenhuijsen, 1998, p.134).

Stuart does not talk about how to meet basic needs outside of a residential setting and the complexities of ‘caring’ for people who cannot access what they need to get their basic needs met and how to make sense of this injustice. Stuart’s focus on meeting basic needs as caring without contextualizing makes invisible the structures, systems and political processes that create conditions where people cannot access basic needs. It also reinforces neoliberal ideas about equality and the assumption that all individuals should be treated as equal under all circumstances, with the hope that equal treatment will achieve equality (Sevenhuijsen, 1998; Sugarman, 2015). However, this thinking inherently falls short because people are not all starting from the same place and there are differences between men and women in regards to privilege and their ability to access power, income and other resources (Sevenhuijsen, 1998). “Necessary care might be a fruitful concept if we can acknowledge the contextual and narrative character of peoples need for care” (Sevenhuijsen, 1993, p.134).

Care as simple. In the text, Stuart relies on very basic and simplified descriptions of caring activities. The following excerpt from the text illustrates this

attending to the inevitable bumps and bruises that are part of childhood is another aspect of caring. It may be easier for children and adolescents to ask for help with their physical bumps and bruises than the emotional bumps and bruises. Taking care of the physical expresses care and concern and may lead to an opportunity to learn more about emotional bruising. Of

course, sometimes physical bumps and bruises are a symptom of physical abuse or neglect, and gentle questioning about how they happened as well as offering a Band-Aid, bruise plaster, and sympathy are essential (p. 215).

Basic routines and structure are the fundamental backbone of caring in a residential care program. Children feel safe in a predictable routine, where meals occur at the same time everyday and bedtime accompanied by a snack and a story is expected (p.215).

Simple rituals of greeting and nicknames are predictable indicators of caring that recognize each child's uniqueness and the special relationship you have with them (p.215).

Stuart constructs care as common sense, utilitarian, easy and simple. She narrowly defines care activities in CYC to be about cooking, routines, predictability and nicknames/pet names. This particular instrumental view of caring activities also seems to suggest that care is only about certain isolated tasks. Although, I agree with Stuart that all of these activities can demonstrate care, I would suggest that these descriptions are too simplistic to fully capture the complicated, messy reality of CYC work, as well as care work in general (Sevenhuijsen, 1998). By framing care activities in this narrow way Stuart privileges a certain kind of care activity over others. Stuart does not acknowledge that this may not be all peoples experiences of caring, rendering other ways of caring invisible (Tronto, 1993). Further, caring is only described in the residential context leaving learners and future practitioners without a framework for understanding care in

other milieus and roles. This also reinforces ideas that knowing how to care is inherent and does not require skill, knowledge, theories and critical thinking (Pease et al., 2018; Sevenhuijsen, 1998).

A Caring Attitude

The textbook highlights those who choose to become a CYC practitioner and the motivations for doing so. My analysis suggests that the ability to care and care well as a CYC practitioner is understood in the textbook as being the result of an inherent characteristic and motivation. Stuart also links motivations to care to religion, and religious beliefs that we have a moral obligation to care for others. I have organized this section into the following themes to demonstrate my findings: essentializing care, motivations for care.

Essentializing care. In the textbook peoples' decision to be CYC practitioners is linked to an inherent and/or 'natural' desire and ability. This is demonstrated in the following excerpts:

many modern-day child and youth care practitioners still feel "called" to the work they do. They are passionate about, and devoted to, improving the lives of young people and families. They don't (initially) consider the earning potential in the decision to enter the field, and it is their passion and devotion to young people that sustains them in later years (p.7).

CYCW's have their primary credentials in their hearts- in addition to, or often instead of, credentials suitable for framing (p.8).

In these quotes, the CYC practitioner is constructed as a person who has a natural calling and ability to do the work. This is not necessarily an unusual characterization of CYC practitioners since a 'natural' ability to care and be in relationship is highly valued in CYC and is often attributed to the uniqueness of the CYC profession (Fewster, 2004; Gharabaghi, 2014; Little, 2011; Phelan, 2014). Practitioners with a naturalized ability are often viewed as inherently understanding the work, and having good common-sense understanding of how to support and help children (Gharabaghi, 2014; Skott-Myhre & Skott-Myhre, 2011). In recent CYC literature, Gharabaghi (2014) states the "best CYC practitioners he has ever met are the ones that have never been formally trained," (p.6) giving the implicit message of preference for CYC practitioners who are 'naturally good' at caring.

Tronto (2013) challenges the idea that care is something that some people do naturally. She agrees that some people may seem more caring but strongly believes that the practices of caring can be cultivated (p.8). The continued belief in CYC that the 'right' person for CYC is someone who is inherently caring reifies ideas that only certain people are able to care and potentially limits who chooses CYC as a profession, which is already demonstrated by CYC being a women dominated profession. Tronto (2013) cautions against only understanding care as a personal quality, since it limits how care is conceptualized and reinforces the public/private boundary. As long as care "remains an attitude and a kind of approach that is of the caregiver" (Tronto, 2013, p.48) care continues to be viewed as natural versus political. By highlighting the ability to care as 'natural' in CYC the text unwittingly reinforces an essentialized discourse in CYC and

makes invisible how power, economic, and political forces have worked to construct some people (women) as naturally caring (Tronto, 1993). The consequence of reinforcing this discourse is that the idea that care work does not require skill, knowledge, or theories is not challenged resulting in the continued de-valuing of care (Pease et al., 2018; Sevenhuijsen, 1998). Further, care continues to be viewed as simple, apolitical and innocent (Sevenhuijsen, 1998; Tronto, 1993).

The text also links being inherently caring with the ability to provide ‘good’ care, as the following evidence from the text suggest.

In short, caring in child and youth care practice means to be fully present, fully and completely, throughout the lifespan” (Gharabaghi & Stuart cited in Stuart, 2013, p.8)

Caring in child and youth care practice has been described as “unconditional care” (Brown & Thompson, cited in Stuart, 2013, p. 9).

Practitioners have an ethical identity that is in large part the reason that they entered child and youth care. The passion and commitment to “caring” and the sense of being “called” to the practice, which are characteristic of practitioners entering the field, are part of the “ethic of care” that underlies the historical development of the field (Stuart, 2013, p.170-171).

These excerpts include elements that are often commonly recognized as characteristic of ‘good’ care, such as the ability to be “fully present” when caring, as well as to provide “unconditional care” (Sevenhuijsen, 1998). These words create an idealized vision of the type of care that CYC practitioners are able to provide regardless of the conditions or contexts making the ethical and moral dimensions of care invisible (Sevenhuijsen, 1998). Such as how to we care in very difficult situations? What are the limits to our ability to care?

In my own practice, I want to be able to provide care in a fully present and unconditional way but in reality the care relationships that I am a part of are complicated, and the care that I am able to give is shaped and impacted by many contributing forces (such as my own experiences, social locations, poverty, systemic issues, professionalism, neoliberalism for example but not limited to) that impact the care relationship. By presenting CYC practitioners as inherently ethical and able to provide care in fully present and unconditional ways does not support future practitioners to prepare for the complicated reality of the care relationship and to think deeply about the moral and ethical dimensions of care (Barnes et al., 2015; Sevenhuijsen, 1998; Tronto, 1993).

Feminist ethics of care advocate for a more critical understanding of care that pays attention to *all* aspects of care, including the “shadow side” (Sevenhuijsen, 1993, p.13) or “dark side” (Hankivsky, 2015, p.145) of care, that takes into account “the existence of conflict, aggression and ambivalence and discord in feelings and experiences related to care” (Flax as cited in Sevenhuijsen, 1998, p.21). The textbook misses the opportunity to attend to the “dark side” of care, such as the inherent inequalities in the care relationship, power relations, paternalism, parochialism and societal injustices

(Hankivsky, 2015; Tronto, 1993; Sevenhuijsen, 1998), as a result of a focus on care as an inherent quality and attitude. CYC's continued focus on care as a natural trait and a motivation for helping people works to socialize readers of the text that the virtue of CYC lies in these values and/or personal characteristics.

Motivations for caring. In the text, Stuart also links practitioners' motivations for caring with religious beliefs and ideals. She finds parallels between contemporary motivations for caring with the idea of caring as a religious calling, as the following quotes show,

Members of religious orders cared for the children and believed it was their calling or their service to God to care for those less fortunate. Their reward was God's approval (p.7).

While this religious calling was part of the early work in orphanages and homes for abandoned children, such a singular vision of being called to the work of God is less applicable within the diversity of modern society. Instead, this more 'modern' calling often reflects an affinity for and commitment to young people... (p.7).

Stuart also includes a quote from Smith to demonstrate the relevance of religious values around care being a potential match for CYC. Stuart states that Smith (2006) also "refers to the idea of a religious calling or obligation into our practice" (p.9)

Linking motivations for care and religion is not surprising. Sevenhuijsen (1998) notes "care is often conceived in relationship to Christianity and responding to human suffering" (p.20). Linking a calling to CYC with a religious calling to helping others

conceptualizes the care relationship in a way that CYC practitioners are ‘saving’ ‘unfortunate’ or ‘abandoned’ children and fulfilling their own feelings of obligation and duty. By doing this Stuart conceives care “as a kind of motivation an existential account for self for its reason (or one reason) for being” (Tronto, 2013, p.48).

I would also suggest that the textbook romanticizes Christian values and the idea of a religious ‘calling’ and/or obligation to care, making invisible harm and unethical practices such as residential schools that are a product of a “religious calling” and ‘good’ intentions (Charles & Garfat; Tronto, 2013; Tuhiwai Smith, 1999). There is no guarantee that ‘good’ motivations and or the obligation to care will equal ‘good’ care (Sevenhuijsen, 1998).

Feminist ethics of care rejects ideas that care should be motivated by obligation due to the concept of obligation being based on liberal humanist and neoliberal conceptions of the self as separate and autonomous (Sevenhuijsen, 1998; Tronto, 1993). Obligation is also connected to rights based/justice frameworks and tends to be dictated by formal, legal and universal agreements. Feminist ethics of care embraces the idea of responsibility which has more flexibility and looks beyond what is formal and legal and instead considers the contextual and political elements of situations. What would it look like if CYC approached care from the ethical principle of responsibility instead of obligation? I think that if we are responsible versus obligated in CYC then we would have to more rigorously question our practices and pay more attention to the ‘dark side’ of care. Care in CYC cannot be separated from structural inequalities, whiteness, power, privilege, colonization and other things (de Finney et al.,2012; Saraceno, 2012; Pence & White, 2001). I would propose that the text is perpetuating the idea that practitioner’s

motivation for care and care are always innocent and good. Tronto (2013) cautions that it is important not to define all care as good care, “for to do so is to allow ourselves to be misled by the ways in which care can function discursively to obscure injustices” (p.24).

Gendered care

In the text there is a notable absence of discussion regarding care and gender. This is significant in that care and gender are deeply and intricately intertwined (Sevenhuijsen, 1998) and that caring professions such as CYC are highly gendered terrains (Lloyd, 2006; Pease et al, 2018). Stuart very briefly acknowledges the gendered nature of care in the text with the following quote, “historically, caring for young people was (and still is) done by families, mostly women, though this varies from culture to culture, and era to era” (p.7) but she does not follow up with this any further or trouble this statement and/or link it to CYC being a women dominated profession.

Potentially, Stuart had the opportunity to problematize this statement and argue against ideas that women are more caring than men, as well as to acknowledge the forces that have constructed women as naturally caring and responsible for care (Pease et al., 2018; Sevenhuijsen, 1998; Tronto, 1993). Sevenhuijsen (1998) does not believe that care and gender practices can be separated and that we must continually be deconstructing the gender load inherent in care. How does CYC do this? I would argue that the text does not do this work and instead reinforces essentialist ideas about care as demonstrated earlier in this section. Although Stuart does not explicitly link women and caring to who is a CYC practitioner she does not challenge this either. The text takes a gender-neutral stance. This is a disservice in that gender neutrality often works to hide how gender processes are operating and doesn't attend to the social differences between men and

women providing and receiving care (Sevenhuijsen, 1998). Feminist ethics of care contests essentialist assumptions about women and caring and takes into account the socialization that both women and men experience in regards to care and caring (Sevenhuijsen, 1998; Tronto, 1993/2013). The taking up of a framework such as feminist ethics of care in CYC has the potential to support CYC in challenging essentialist ideas about women and men in regards to care, as well as support a more rigorous interrogation of care and gender in CYC praxis and education.

Summary of Analysis

This analysis highlighted some key findings in regards to how care is conceptualized in the Foundations of Child and Youth Care textbook. Conceptualizations of care in the text are deeply influenced by normative frameworks such as neoliberalism and dominant conceptualizations of the self as individual, separate, and autonomous.

One of the main findings suggests that potentially there is a taken for granted understanding of care that is based on notions of care as apolitical, simple and practical. There is a tendency in the text to frame care positively, which is demonstrative of an underlying assumption that all care is good. The consequence of this is that the text does not attend deeply to the complicated realities of the care relationship.

Further, my analysis suggests that the ability to care and care well as a CYC practitioner is understood in the textbook as being the result of an inherent personal quality and motivation. This reinforces essentialist discourses about care in CYC. As well as perpetuates ideas that ‘good intentions’ or the ‘call to care’ translate into ethical caring practices.

The text makes a concerted effort to contextualize young people and families experiences and move away from individual blame by introducing learner and future practitioners to the ecological model and highlighting factors such as poverty, racism as contributing influences to the problems that young people and families are facing which is important. However, my analysis showed that even though the text links broader systemic and structural factors as creating and maintaining young people and families problems there was an absence of how to work in ways that moved beyond this acknowledgement. This may indicate that the normative frameworks and foundational principles of CYC cannot attend to the changing complexities of the world and the impact that this has on peoples' lives without collapsing in on itself.

Lastly, in this text Stuart attempts to meld together the foundations of CYC with critical perspectives stream of CYC, possibly with the intention of mediating tensions between the two streams of CYC. However, the analysis revealed that this was difficult to do without disrupting the foundation of CYC lending to a sense that critical perspectives were 'added-on' instead of integrated and that familiar articulations of CYC practice were privileged.

These findings suggest that CYC may need to continue to "re-evaluate our theoretical and practice frameworks to determine if they are useful and relevant for the times in which we are now living" (White, 2015, p.499). A feminist ethics of care can potentially account for the gaps that this research identified. In the next chapter, I will explore how frameworks of care in CYC can be renewed with engagement with a feminist ethics of care.

Chapter Five- Discussion

The literature review and findings demonstrate there is a significant lack of theorizing, defining and discussion about care in CYC confirming that care is a taken for granted and devalued concept. This is an important finding considering that care is the basis of CYC interventions and is a part of Child and Youth Care's professional and public identity. Considering that care is an integral part of CYC, it is surprising that CYC has had very limited engagement with both first and second-generation ethics of care literature. I argue that CYC has aligned itself with a neoliberal 'justice' based perspective of care (Gilligan, 1982). It is not entirely clear why there is an absence of discussion regarding care and a lack of engagement with feminist ethics of care.

However, I would suggest that it may be due to the gendered positions within CYC where most of the early contributors to the development of CYC were male, an overall lack of engagement in CYC with feminism in general (Little, 2011), a concern that ethics of care reinforced essentialist ideas about women (Sevenhuijsen, 1998), a movement away from politicized notions of care to differentiate CYC from social work (Anglin, 2001) and the professionalization process that often does not recognize care as important or a skill (Mattingly et al., 2002; Taggart, 2016).

The implications of an absence of discussion about care were revealed in my analysis in that overall the text conceptualizes care as apolitical, simple and instrumental. The view of human nature in the text is aligned with neoliberal conceptualizations of humans as isolated, independent, self sufficient and equal (Sevenhuijsen, 1998; Sugarman, 2015; Tronto, 1993). Discussions about care tend to be more focused on the caring agent (CYC practitioner) than caring activities, resulting in the continued practice

of naturalizing care (Tronto, 2013). In the text there was a tendency to always frame care positively and idealize care and the care relationship, effectively romanticizing care and reinforcing its place in the private sphere (Sevenhuijsen, 1998; Tronto, 1993). These discourses about care sustain the illusion of CYC as benevolent helping profession that is safe, neutral and outside of political processes.

Feminist ethics of care challenges and counters these narratives about care and instead calls for a model of care that is caring, just and responsive to the realities of lived experiences that are often complicated and messy (Holland, 2010). In this chapter, I will explore how feminist ethics of care has the potential to renew understandings and practices of care in CYC, focusing on two of the main tenets of feminist ethics of care; defining care and a relational ontology. I will then discuss implications for CYC education and research, followed by my own learning(s) and tensions that emerge when working with feminist ethics of care. I will finish with limitations of this study and concluding thoughts.

Renewal with Ethics of Care

In renewing normative ideas with feminist ethics of care Sevenhuijsen (2004) suggests introducing Tronto and Fisher's (1993) definition and conceptualization of care as a useful starting point for re-imagining how we would approach, understand and make meaning regarding care in CYC. Defining care is important in CYC because how care is defined influences the ways that we work in CYC. It is important to ensure that the way we are defining care is aligned with the values and the way we want to care in CYC.

Tronto and Fisher (1993) define care as

a species of activity that includes everything we do to maintain, contain, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex life-sustaining web (p. 103).

This definition could be useful in CYC in a variety of ways. This definition can act as a base to further define and theorize about care in CYC and to help develop a socio-political vision of care (Sevenhuijsen, 1998). It works to bring care to the forefront in CYC and for care to be recognized as an activity in its own right rather than just a means of achieving a certain outcomes (Sevenhuijsen, 1998; Tronto, 1993). Care as a practice counters the tendency to view care and the ability to care as 'natural' by moving the focus to the practice of care instead of the focus on care as an attitude and approach of the caregiver (Tronto, 2013).

The broadness of this definition allows for it to be applied to a wide range of care related situations human and non-human and encourages further specifications regarding care in particular contexts (Tronto, 2013). Tronto and Fisher's definition implicates all species, human and non-human in the practices of care illustrating how our survival is dependent on our ability to care for each other and our 'world,' disrupting ideas that care only occurs between humans (Pease et al., 2018). Defining care in this way invites care(ing) to be understood as happening in a multitude of ways with a shift towards thinking about care in a more collective than individual manner (Pease et al., 2018; Sevenhuijsen, 2004). Thinking with this definition will encourage a deeper, more critical analysis of care in CYC. For example, if CYC adopted this definition of care would it change how we think about and practice caring in CYC? What do we do in CYC to

‘maintain, continue and repair our world?’ What should be reasonably seen as the overall goals of caring in CYC and who should be a part of discussing and deciding this? (Sevenhuijsen, 2004).

Adoption of Tronto and Fisher’s (1993) definition supports an expanded understanding of care that shifts the focus and conceptualization of care as an activity that exists primarily in dyadic care relationship, such as the one-on-one relationship between CYC practitioner and client (Gilligan, 1982; Noddings, 1980). The focus on care as existing exclusively in the one-on-one relationship reinforces that the care relationship is private and obscures the political and contextual elements of the relationship (Sevenhuijsen, 1998; Tronto, 1993). CYC needs to expand its conceptualization of care and allow for different forms of care to be recognized as care(ing). Currently, in CYC, critical scholars (de Finney et al., 2011; Loiselle et al., 2012; Pacini-Ketchabew, 2011; Pence & White, 2011; Skott-Myhre; Yoon, 2012) are advocating for CYC to do exactly this, however, it has been met with some resistance (Gharabaghi, 2014; Loiselle et al., 2012; Magnuson, 2014). I think that this is understandable since critical theories, such as feminist ethics of care threaten the foundation of CYC, however, similarly to ethics of care’s evolution, CYC can withstand a re-imagining of the ways that we care.

Fisher and Tronto (1993) also propose the conceptualization of the caring process in terms of four phases with corresponding ethical principles. The first phase *caring about* requires recognition that someone or something is in need or has unmet caring needs. The ethical principle is attentiveness. The second phase *caring for* is the practice of initiating care and this is associated with the principle of responsibility. The third phase *taking care of* is the concrete work of care giving and the ethical value is

competence. The fourth phase, *care receiving* is the interactions that occur in the caring relationship to help to determine the quality of the care. Responsiveness is the principle associated with this phase. Tronto has also added a fifth phase *caring with* which attends to the collective responsibility that we have to care and the corresponding ethical principles of trust and solidarity.

This conceptualization of care complicates understandings of care and demands that all phases be considered in the caring process. It provides a framework for CYC to “analyze when and how caring is done, and to be able to make assessments about care” (Tronto, 2013, p.23). The textbook focused primarily on *caring about* and there was a significant absence of discussion around the other phases of caring, such as care receiving. The text did not include the perspective of care receivers, or discuss their perspective hypothetically. From the perspective of feminist ethics of care, more attention needs to be focused on the care receiver and how to interpret their needs and as well as in assessing the quality of care (Sevenhuijsen, 1998/2004; Tronto, 1993/2013). In the text, discussions about care and meeting needs were only from the perspective of CYC/CYC practitioner. If care is conceptualized as relational then it becomes clear that judgments about the quality of care cannot be accomplished from a singular perspective (Tronto, 2013).

The text does not attend to all the phases of care and accompanying ethical principles. I believe that this is due to reliance on traditional notions of care and the idea that that ‘good’ motivations for entering into CYC will equal ‘good’ ethical practice. For this same reason, the text did not attend to the complexities of the care relationship in navigating and negotiating how to meet and interpret care receivers needs. There is also

an absence of discussion on how to include care receivers in assessing the quality of care and how CYC can be responsive to feedback and input as an integral and ethical part of CYC praxis. The narrative of good motivations equal ethical practice conceals that we are always implicated and complicit in historical and continuous injustices and that this shapes CYC praxis and needs to be attended to (Macias, 2013; White, 2015). This was a significant gap in the text.

Thinking with and applying Tronto and Fisher's phases and accompanying ethical principles to care in CYC can help bring awareness to the areas of the caring process that CYC needs to be more attentive and responsive too. Engagement with attentiveness, responsibility, responsiveness, competence, and trust as important ethical values in CYC would inspire more politicized thinking about care (Sevenhuijsen, 1998; Tronto, 1993/2013). To care well requires recognition of all of the phases and elements of care (Tronto, 1993). Care is not a simple process it is difficult, complex and messy (Barnes, 2012; Sevenhuijsen, 1998; Tronto, 1993). The text obscured this by framing care as always positive and idealizing the care relationship and CYC practitioner. Attending to all the phases of care does not allow for the complexity of care to be made invisible. Tronto (2013) states that to become more caring and care well we need to become more attentive, responsible and responsive when making judgments about caring and this can be applied to CYC. This definition is firmly grounded in a relational ontology, which I will explore next.

Relational ontology

One of the most significant differences feminist ethics of care could offer CYC (and society in general) is its view of human nature. The textbook relies on neoliberal

understandings of human beings as independent, self sufficient, autonomous and equal. This conceptualization of individuals as independent and autonomous and as existing outside of context allows for problems to be located within the individual and to be understood as being the result of an inherent deficit or weakness and/or the inability to make good ‘choices.’ This conceptualization of human nature heavily influences the approaches and understandings of care in the text. This is demonstrated in the text with a focus on individual interventions with the end goal of increasing an individual’s ability to regulate their emotions, behaviour and to increase ability to be self sufficient, independent and make better choices, regardless of the context that they are situated in.

A feminist ethics of care’s relational ontology provides the opportunity for CYC to understand human beings as inherently relational, interdependent, vulnerable and unequal. Vulnerability and dependence are accepted as a ‘normal’ part of the human condition instead of being viewed as a weakness or something that needs to be fixed (Sevenhuijsen, 2003). A relational ontology recognizes the self as constituted through complex webs and relations with others, as well as with systems, structures, social forces, and the environment (Sevenhuijsen, 1998; Mahon & Robinson, 2011). This challenges the idea that we pre-exist relationships and instead posits that we come into being through and via relationship (Mahon & Robinson, 2011; Pease et al., 2018).

If CYC subscribed to a relational ontology it would change how we did the work in a multitude of ways. One of the changes would be in how we think about and approach the care relationship. Currently, we enter into the care relationship as two separate individuals, where one person is positioned as the caregiver (CYC practitioner) and one as the care receiver. Care is often viewed in a uni-directional way as something

that one person does to another (Sevenhuijsen, 1998). Entering from a relational feminist ethics of care perspective, neither individual is just the caregiver or just the care receiver (Tronto, 2013; Sevenhuijsen, 1998). The relationship works in a multi-directional way and care flows out of the relationship (Tronto, 2013). Thinking about the therapeutic relationship and care in this way disrupts ideas about professional and expert discourses and unsettles familiar ideas about distance between CYC practitioner/client. This can be unsettling since these discourses keep us separate and disconnected from our clients and their lived experiences. This separation allows for us to limit our responsibility and to not critically interrogate CYC's practices and role in the creation and maintenance of people's problems (Tronto, 2013). A relational ontology does not allow for care or the care relationship to be viewed as innocent and outside of context, power and politics regardless if it occurs privately or publicly (Mahon & Robinson, 2011; Sevenhuijsen, 2004). From the standpoint of a relational ontology we are all entangled with one another and there are no innocent or neutral positions in our work (Pease et al., 2018).

A relational ontology recognizes that individuals come into being via relationships and that who we are, our needs and realities are shaped, constituted and sustained by relationships with others and political, economic and social systems and structures (Mahon & Robinson, 2011; Sevenhuijsen, 2004; Tronto, 2013). This recognition of human nature recognizes and brings to the forefront that we are not all equal and that we are all very different highlighting the need for situated practice. This standpoint demands a re-thinking of how CYC interprets the source of the problem in our work with young people and families. If we believe that people are constituted and shaped by relationships than it makes it very difficult to individualize problems and

expect young people to be entirely responsible for change, which often occurs in contexts of CYC practice. It also interrupts the idea that universal, standardized theories and ways of working are helpful.

If CYC engaged with a relational ontology it would disrupt ideas that problems are located within people. A relational ontology calls for the contextualization of ‘problems’ and/or distress that people are experiencing and acknowledges the role of the social, historical, cultural and political in the creation and maintenance of these ‘problems’ (Hankivsky, 2004; Sevenhuijsen, 1998; Tronto, 1993). The contextualizing of distress creates the space for the possibility of understanding that peoples' problems may actually be a ‘normal’ response to oppressive environments and conditions (Newbury, 2011; Tronto, 2013). Feminist ethics of care insists on a relational, contextual ethical stance that takes seriously social, historical, political contexts and multiple subjectivities (Hankivsky, 2014; Sevenhuijsen, 2004).

Taking up a relational ontology in CYC has significant implications for practice. Understanding ‘problems’ as responses to injustices and oppression and making links to forces such as neoliberalism in shaping and creating certain ‘problems’ as well as advantaging some and disadvantaging others puts CYC in a difficult position because it seems clear that individualized interventions will not remedy the problem (deFinney et al., 2012; Newbury, 2011). Engagement with feminist ethics of care would make community/activist and/or macro level change work in CYC imperative since care is political and many of the ‘problems’ that people face are often rooted in living in a society that is not equitable (Reynolds, 2010; Sevenhuijsen, 2004; Tronto, 2013). This is also the conclusion that critical CYC scholar-practitioners have come to and this creates

tensions in CYC because this conceptualization of CYC does not fit with familiar articulations of CYC practice and intervention that is primarily based on individualized one-on-one care relationships and informed by neoliberal, euro-western thinking (deFinney et al., 2012; Loiselle et al, 2011; Saraceno, 2012; White et al., 2017). Feminist ethics of care raises questions for CYC about our caring practices and insists on particularity, relationship, care and attention to context to guide our work in CYC rather than standardized procedures and practices and universal theories that this specific textbook supported (Barnes, 2012; Sevenhuijsen, 2004; Tronto, 1993/2013). This has implications for CYC education and research requiring a re-imagining of how future practitioners can care, respond and work alongside young people and families.

CYC Education and Research

This research has implications for CYC education and research. How can CYC create more discursive space to challenge dominant neoliberal understandings of care and move towards a more political critical conceptualization of care in CYC? This is not an easy question. However, I think that what is clear is that more research and literature needs to explicitly take up care as a scholarly topic as Frances Ricks' recommended in the early 1990's when she identified that CYC was lacking in regards to theorizing and defining care.

Inclusion of feminist ethics of care into CYC curriculum would be a useful in regards to offering a definition and a concrete and practical framework for thinking about caring in different and more critical ways. Feminist ethics of care can also act as lens and as an evaluative tool and for analyzing care, identifying normative frameworks and challenging dominant discourses (Sevenhuijsen, 2004). Tenets of the feminist ethics of

care such as a relational ontology, recognition of situatedness and contextuality, a movement beyond personal relationships and the ethical principles (Hankivsky, 2004; Klaver et al., 2014; Tronto, 1993; Sevenhuijsen, 1998) could work as themes for learning with students and future practitioners. The goal of this would not be to ‘teach’ students the right way to care but to engage future practitioners in the process of thinking about care differently by increasing awareness of the contextuality of care, being attentive to the issues of power inherent in care, highlighting particularity, challenge depictions of care as only occurring in individual relationships and lastly by providing an alternate way of conceptualizing self and others that challenges neoliberal conceptualizations of the self that shape how we think about care.

Feminist ethics of care could also be useful in structuring a course centered on caring that attends to care’s evolution and how this shapes CYC praxis. This would help account for gaps in CYC where care is not sufficiently attended to and help in the process of moving care to a more focal point in CYC. A course centered on caring will help future practitioners develop an expanded conceptualization of care and potentially inspire increased analysis and research on care (Sevenhuijsen, 2004).

Engagement with feminist ethics of care in the classroom is not straightforward. Learning new theories and ways of thinking that are unfamiliar can be uncomfortable work when it challenges dominant narratives that we have come to believe as being ‘truth.’ I have struggled with this (and continue to do so) and I have witnessed my peers and students in classes when I was teaching assistant during graduate school, struggle to make sense of different ways of thinking as well as to translate critical frameworks such

as feminist ethics of care into everyday practice (which I will explore further later). There is a multitude of reasons for this challenge that are beyond the scope of this thesis.

However, one contributing factor that emerged out of this analysis is that there is a significant gap in CYC literature in regards to an introductory level textbook that introduces learners and future practitioners to working with critical frameworks in CYC. Although, there are many excellent articles and textbooks (de Finney et al., 2011; Little, 2011; Newbury, 2011; Pence & White, 2011; Pacini-Ketchabew & Skott-Myhre, 2016; Skott-Myhre, 2007²) in CYC but they tend to require a working knowledge of critical theories and CYC. There also seems to be gaps in how to put critical theories into everyday practice. I believe that an introductory level critical CYC text could be a helpful way of introducing learners to critical theories and working in critical ways. I imagine this text will run into some of the similar struggles that Stuart does in that it can be hard to do justice to all aspects of CYC and working critically in CYC but it would be of value and would provide learners a foundation for learning in more critical ways.

Engagement with critical theories in CYC also demands a paradigm shift in regards to education processes since the learning occurs in different, uncomfortable and unfamiliar ways (Campbell & Baikie, 2012; Macias, 2013; White et al., 2018). In CYC some programs such as Uvic CYC program, a shift towards more critical pedagogies is already occurring. Within the CYC literature there are a variety of articles that attends to this topic and the challenges of teaching critical theories within the context of dominant discourses, such as neoliberalism, capitalism and euro-western influences (Little, 2011;

² There are many other scholars that I have not mentioned who have made significant and important contributions to CYC and I have not been able to include all in this thesis.

Skott-Myhre & Skott-Myhre, 2011; White et al., 2017; Yoon, 2012). Feminist ethics of care supports the movement from a focus on certainty to uncertainty and supports practices towards more democratic, active and engaged CYC practitioner and citizen (Sevenhuijsen, 1998).

Personal Learning(s) with Feminist Ethics of Care

Engagement with feminist ethics of care has provided me with a framework for thinking about and approaching care differently in my counselling praxis. Working within the framework of feminist ethics of care has resulted in increased attentiveness to the importance and significance of care personally, professionally and how I am deeply connected and intertwined to the environment, others, things, and non-human species (Tronto, 1993). In my work with young people and parents I enter into the relationship with both an intellectual and embodied knowing of this connection and I think that this changes the work and makes collaborative ways of working integral. With this also comes an assumption that clients are caring for me, in different ways than I may be caring for them but that both of us flow through both subject positions of caregiver and receiver (Tronto, 2013) which disrupts professional, expert models of practice.

Feminist ethics of care also insists that I respect, pay attention and be responsive to interpreting the needs of the people that I am working with and the importance of being able to step away from my own ideas and expectations, as well as challenge workplace and institutional expectations to work in a way that meets the needs to the care-receiver (Sevenhuijsen, 1998; Tronto, 1993). Although this has always been important to me I have prioritized my own needs and interpretations of care, as well as the agency or institutions that I have worked for over what is the identified need of the

client. This is an abuse of power even if it is viewed as being in the best interest and/or care of the client. Feminist ethics of care calls for constant interrogation and deconstructing of the role of power in care (Sevenhuijsen, 1998; Tronto, 1993). Ethics of care encourages mutual engagement where the person receiving care has the opportunity to express who they are, what their needs are and for the difference in lived experiences to be taken into account (Tronto, 2013). These are some of the ways that feminist ethics of care informs my everyday practice.

One of the most significant changes that I have experienced as a result of writing this thesis and thinking with feminist ethics of care is my ideas about vulnerability, dependency and my own subjectivity. I experienced a significant amount of distress and struggle through the process of writing this thesis and it has been difficult to understand and make sense of this. However, in thinking with feminist ethics of care I have realized that how I tended to make sense of it was to think of it as a personal deficit and failure even though intellectually I realize that my struggle was influenced by many intersecting factors such as individualist discourses, gender, class, trauma, intergenerational issues and a fear of vulnerability. This highlighted to me the power of the discourse of the neoliberal self and the ethical need to challenge this understanding of human nature.

The process of writing my thesis also made me come face to face with my own vulnerability and dependency and this is uncomfortable. In order to complete this thesis I had to be more dependent on others than I wanted too and I often thought about it as a weakness. This experience provides me with information about how hard it is for the people that I work with (and myself) to step outside of this understanding of self and that disrupting these ideas takes time and space. It also brings to the forefront the need to be

even more gentle and caring for others and myself when we are face to face with vulnerability and dependency. Tronto (2013) recommends one of the first steps that citizens/CYC practitioners need to take in changing the way that we think about care is “for each person to admit human vulnerability” (p.146) and to normalize that we are all care receivers. This can be hard to do since seeing one’s self as vulnerable is not highly valued and I am well practiced at hiding my own vulnerability and have privileges in life that allow me to be able to do this (Tronto, 2013). However, through this process I have come to realize that my ability to write, my wisdom, ability to connect, feel connected and to care deeply is rooted in my own vulnerability. Neoliberal and individualistic discourses block us from accessing this part of our ‘selves.’ Via a relational ontology feminist ethics of care provides a way of knowing, doing and being (White, 2007) that disrupts deeply embedded ideas about vulnerability and dependency (Sevenhuijsen, 1998; Tronto, 1993). Engagement with feminist ethics of care has inspired me to think about my own discomfort with my own vulnerability and dependence and to make an effort to work on embracing and being more transparent about my vulnerabilities both personally and professionally.

Tensions

In conclusion, I want to comment that translating feminist ethics of care into my counselling praxis is difficult. I believe that it is important to be transparent about the challenges of working in critical ways in CYC and it is something that I often find is missing within the critical CYC literature. Working critically often feels elusive and it is often easier to work with the dominant neoliberal framework and to maintain versus challenge the status quo. Although I consider myself to be committed to working in

critically and in socially just ways in my CYC praxis, I also work in ways that maintain and sustain status quo. This is for a variety of reasons such as there are certain situations that my 'choice' is constrained, I feel emotionally exhausted and overwhelmed with the level of pain and suffering that I am working with each day and the injustices that are attached to this, clients often want to work in ways that are familiar to them, it is easier for me to work in comfortable ways and I sometimes get frozen in not knowing 'how to' work differently. Additionally, working with dominant ideas about professionalism and neutrality allow me to maintain 'distance' from my clients. These same reasons also inspire me to work in critical and political ways and motivate me too continue to work on changing my practice even if it is uncertain and imperfect.

One of the main tensions in working with feminist ethics of care that I experience is that I, my workplace and clients are deeply embedded within the dominant framework that is underscored by technical/instrumental perceptions of care, individualism, the neoliberal self and accompanying ideas about personal responsibility and choice (Sevenhuijsen, 2004; Sugarman, 2015; Tronto, 2013; White et al., 2017).

As a result of this I am not always able to work in the ways that I want to and sometimes it is not clear how to work differently. Tronto (1993) points out that our difficulty in thinking of care differently is due to our understanding of care being shaped by a society that puts great emphasis and value on the economy, universality, the masculine, rationality and individual pursuit versus pursuit of the collective good. However, in saying this I do not think that the challenges of working within the dominant framework override the importance of engaging with critical frameworks such as feminist ethics of care in CYC.

Limitations of this Analysis

The main limitation of this analysis is that only one CYC textbook was analyzed. This research only offers a partial view of how care and CYC is conceptualized in this specific text. Although conclusions and findings from this research potentially provide an understanding of how care is conceptualized in CYC it is not necessarily demonstrative of understanding of care in CYC due to the analysis being based on only one text. However, this text is a foundational text and is used widely in CYC undergraduate programs.

I found the Trace method to be challenging and it was difficult to implement all the steps. Sevenhuijsen recommends working in groups when using Trace since it requires a large breadth of background knowledge and about ethics of care, moral concepts, the problem that the text is addressing and so on. I think that the method was a limitation in that it was a lengthy process that often felt overwhelming.

The research process is not value free and the analysis is influenced by my own positions within discourses, knowledge and value systems (Sevenhuijsen, 2004; Strega, 2005). In the Trace method Sevenhuijsen (2004) recommends working groups as a way to include multiple perspectives and to help in regards to reflexivity and accountability in the research process. As a result of a thesis being mostly an individual endeavor I did not have a working group, although I did not write this thesis in isolation.

Sevenhuijsen (2004) cautions that when using Trace to be careful about over-interpretation and “seeing what one wants to see” (p.17). Upon reflection of the research process, I realized that I started the research with the assumption that the text would not measure up to a feminist ethics of care and I looked for evidence to substantiate this. The

consequence of this was that I originally I missed the overall value of the textbook and initially took too critical of a position. Sevenhuijsen (2004) warns against taking too critical of a position in that it is not always appropriate or productive. The implications of “seeing what I want to see” and taking up too critical of a position is that other things are missed. For example, in this textbook there are important and valuable ideas at a declarative level that need to be noted. Declarative level ideas bring awareness and often function to set the stage for further change and work (Sevenhuijsen, 2004).

Concluding Thoughts

This thesis supports a re-imagining of care in CYC. Feminist ethics of care offers CYC a critical framework for analyzing, bringing awareness and transforming how care is thought of and approached in CYC praxis. In analyzing the textbook it became clear that foundational ideas are unable to attend adequately to “the trends and shifts that current neoliberal, postmodern, and globalized conditions bring” (Pacini-Ketchabaw, 2011, p.21), which makes it imperative to expand and diversify CYC so that it is able to attend to these concerns. Feminist ethics of care has the ability to navigate, attend and be responsive to concerns about care, difference, and injustices that CYC’s foundational frameworks are unable to do. However, in proposing feminist ethics of care as a possible solution to CYC’s lack of theorizing care I want to be clear that I think it is one framework that could be of value. I believe that CYC could benefit from inviting and integrating multiple critical theories into the process of theorizing and defining care in CYC. Jones (2018) in her article about re-imagining care calls for the cultivation of “critical friends” that are outside of a profession as being vital to building new

understandings and practices of care (p. 30). Engagement with feminist ethics of care in CYC does exactly this.

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