

Diversity in Practice: A Critical Exploration of Residential
Care Practice with Minoritized Children & Youth

by

Mackenzie Dean
B.A., Ryerson University, 2007

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Abstract

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Research shows that in Canada, there is an overrepresentation of minoritized/marginalized children and youth living in residential care settings. These youth face structural barriers such as poverty, racialization, and gendered and sexual discrimination (among others) which result in their exclusion from mainstream notions of wellbeing and success, and their positioning as requiring professional help (Lavergn, Dufour, Trocme, & Larrivee, 2008). Literature on the topic of residential care demonstrates however that interventions facilitated in residential programs often fail to implicate social inequities as contributing factors to the need for professional involvement, or address these factors in the therapeutic context. Instead, interventions tend to focus on socio-psychological and behavioural functioning, with a desire to assist young people in “catching up” to a dominant standard of living that is taken for granted as “normal” and beneficial for them (Harley, Jolivette, McCormick, & Tice, 2002). It is unclear how these tensions are reconciled by CYC practitioners. By critically analyzing the discourses that inform “diversity” in CYC practice, this exploratory study investigates how practitioners who work in residential settings conceptualize and negotiate these contradictory representations and expectations of youth in care. The study is grounded in a transtheoretical framework drawn from feminist/post structural (Butler, 1990; Davies, 2000; Fendler, 2001; Foucault, 1977;1979), Indigenous and post-colonial (McIntosh, 1998; Tuhiwai Smith, 1999) and queer theories (Sedgwick, 1990; Marinucci, 2010) to position diversity within an intersectional analysis (Burman, 2003; 2004; Chantler, 2004; 2005). The study contributes to current understandings within the field of CYC about methods of care in relation to children/youth of diverse and/or marginalized backgrounds in residential care settings.

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I am also indebted to the young people whose lives I have shared in throughout my career as a CYC practitioner. They have inspired the realizations I have had about the need to attend to diversity in practice. It is my successes and failures with those youth, and the experiences that we had together, that have brought me to the place from which I completed this thesis.

Chapter 1

Professionals in the medical and rehabilitative fields know what they do; frequently they know why they do what they do; but what they don't know is what what they do does. In its function, the power to punish is not essentially different from that of curing or educating.

(Foucault, 2001 p.153)

Introduction

I focused my research on the salient topics in CYC of diversity and residential care, interviewing practitioners about their work with minoritized young people to explore issues of diversity in practice. This chapter provides context for the study. My intent is to orient readers to the key concepts and theoretical underpinnings that informed the study, and to clarify the terminology and theoretical framework that situates the perspective from which I write. I also share my personal experiences as a CYC practitioner, working in residential care settings, as reference points from which I positioned the study. As we strive to improve the services that we provide for children, youth and families, it is these personal experiences that highlight for me the importance of awareness- beyond the self- and how essential a commitment to ethical and reflexive practice is. It is the dedication to these aspects of CYC practice that were, and continue to be, the driving force in my work and it is for these reasons that diversity and minoritization have become the concentration of my efforts to make a contribution to the field of CYC.

Overview of the Study and its Importance

Girls Night was part of the mandatory programming at the group home. I knocked on her door to tell her it was about to start. She stood in the doorway – her shaved head, boyish appearance, and sad eyes. I could sense her discomfort as she anticipated my words. I struggled to find a way to explain to her why this was important and why pedicures, popcorn, and boy talk would be good for her.

(A personal reflection on residential care practice)

Statistics show that minoritized¹ children and youth, including those who are LGBTQ2S², non-gender conforming Aboriginal, have [dis]abilities or special needs, have poor/low socio economic status (SES) and/or minority/immigrant/ refugee status are overrepresented as clients within the child welfare and residential care systems (Lavergn, Dufour, Trocmé & Larrivée, 2008). While this evidence suggests that residential care settings and the CYC practitioners who staff them provide services for some of the most diverse and disadvantaged young people of the “in care” population, this study was motivated by the lack of information that exists about how, or if, a focus on marginalization and its consequences has been incorporated within the therapeutic context of residential care. Within the scope of an MA-level study, my aim for the project is to deconstruct definitions of diversity in practice and the practice methods that emerge from within them as a result, with the goal of making visible both the strengths of the CYC approach as well as the blind spots that have yet to be addressed. To date there has been little work done examining what diversity and social justice mean to CYC

¹ Minoritized groups are positioned as outsiders to dominant norms and consequently seen to fall short of the standards of the dominant group. When difference is the basis for exclusion, a social context is created where certain groups are privileged and others subjugated or minoritized (i.e., seen as “less than” or “other”) based on their positioning in a normative social hierarchy (Harley, Jolivette, McCormick, & Tice, 2002). These exclusions produce drastically unequal outcomes for certain groups of children, youth, and families.

² LGBTQ2S= Lesbian, Gay, Bi, Trans, Queer, Two-Spirit

practitioners as we carry out our everyday work through the dominant lenses of practice that influence the field.

My positioning of this study is guided by an awareness that issues related to marginalization and its effects are significant structural contributors to the need for professional intervention (Blackstock, 2011) in the lives of the young people that become the focus of CYC practice (Newbury, 2009). My study is decisively rooted in the belief that it is crucial for CYC practitioners to be aware of and unpack the social realities that surround their work to ensure that the interventions that they facilitate with young people in residential care settings are ethical and effective in their therapeutic potential. An understanding of the social contexts that shape CYC practice provides important insight into the experiences of the young people and families that come to be known as *clients* in residential care settings, and also into the practices that CYC practitioners employ in the work that we do.

The study investigated how practitioners conceptualize their work with minoritized youth and will suggest future directions and theoretical possibilities from which strategies for critical practice in regards to diversity, cultural competence and advocacy in residential settings can be drawn. The main research question of the study is: How do CYC practitioners conceptualize and negotiate their understanding of diversity and their work with minoritized youth in residential care settings and what discourses inform these practices?

My personal experience.

My practice approaches have continually changed and shifted throughout my career. My conceptualizations of this study and the positions from which it was created

and executed are reflective of my lived experiences as a CYC practitioner working in residential care settings. I have experienced directly the tensions that I sought to explore in this study. I imagine them to be impacting other practitioners as well, and see them as an area requiring the attention of the field as a whole.

Working in residential care settings early in my career, I was often frustrated at the lack of positive impact that the system of care that I was a part of seemed to be having on the young people that I worked with. The changes that I witnessed alongside youth and their families repeatedly seemed to miss something important and be limited in their ability to support long term health and wellbeing. Specifically, the interventions I conducted as a residential care worker were extremely limited in their capacity to effect change into the very conditions that resulted in young people coming into care. Watching kids enter and exit the system of residential care, for example, I often felt that they left in a worse spot than they were in when they were admitted because of some of the things that they were exposed to while being in care. This combined with the fact that often nothing significant changed (e.g. financial circumstances) for the families I worked with while their child was *in care* left much therapeutic work undone in my opinion.

I discuss these experiences of care and marginalization in detail throughout this thesis as reference points from which CYC practice in residential care settings can be deconstructed and critiqued. It is not my intention to deny or distract from the powerful and positive potential of residential based interventions. In many cases things did get better and the intervention was helpful. In other cases however, the changes that the people experienced as a result of their involvement with the child welfare system were

too often short term and inadequate to address the complexities of their lived realities and the forces of minoritization.

The social skills, emotional regulation, routines, and anger management tools that I had taught the kids, and the parenting, budgeting, and conflict resolution I had focused on with the parents for example, were mostly helpful and children/youth did seem to benefit from them. The fun and positive life experiences the staff and kids (and sometimes families) had together seemed to also have a very positive impact. All of these interventions however did not appear to be sufficient to solve the larger problems that the families I worked with were facing. Those skills and experiences and the modifications they facilitated unquestionably did not address the lived realities of social exclusion, poverty, racialization, sexism, trans and homophobia and other forms of marginalization that were a part of the everyday experiences of these families. As a researcher, I became passionately inquisitive about how other practitioners made sense of these issues and about how the foundational knowledge of the CYC field is interpreted and applied to practice in residential care settings.

My experiences in the last group home that I worked in firmly asserted for me that dominant approaches to the provision of residential care were in need of further reflection and theorization around diversity and social justice. Despite our staff team engaging in what I believed (and still believe in many respects) to be quality CYC practice, transformative and lasting changes were not happening for the kids in that program as a result of our interventions. I know for certain that my own skills as a practitioner did not seem to address the deeply embedded structural issues that needed to be changed in their lives. I attribute this, largely, to the limitations that exist in discourses

of CYC practice that promote superficial-symptom based interventions and understandings of diversity that fail to address the systemic inequalities through which *symptoms* emerge.

The program was a quality program by all the standards that I had learned to measure quality against. It was clean and well structured, it had an experienced and qualified staff team, we prioritized and respected the kids, and we facilitated a lot of positive and fun experiences. We worked hard to ensure that the kids were treated with respect and accommodated in other related settings, such as school and recreational programs. We believed that things like nice furniture, timely repairs, positive experiences, relationships and quality food were important to the program, and we did our best to make sure that they were a reality in the home and in other spaces that served our youth. Promoting quality and consistency of this sort for the young people in our care was the advocacy part of my CYC role as I understood it at the time, since funding limitations often made it difficult to do so.

I blamed *the system* a lot during that period in my career, but I never fully considered the broader influences at play. The impacts of social inequality, neocolonial³ values, Euro-western dominance and neoliberal⁴ politics on *myself* and/or the work that I

³ As my colleagues and I have previously defined, “Neocolonialism is closely linked to neoliberalism and refers to both ongoing and new forms of colonialism. In countries that remain actively colonial, such as Canada and the United States, it is inaccurate to think of colonialism as having occurred in the past. As Indigenous activist Bobby Sykes famously asked, “Post-colonialism? What? Have they left?” The progress of Canadian society continues to rely on the subjugation and relocation of entire Indigenous societies, which sustain a system of chronic poverty, social exclusion, and political and cultural disenfranchisement. Far from being resolved, these problems are worsening over time” (de Finney, Dean, Loiselle & Saraceno, 2011, p. 363).

⁴ And, “Neoliberalism is the dominant ideology shaping our social, economic, and political systems under globalization. Based on free market values and the supremacy of globalized corporations, it enshrines values of competition, privatization, individual responsibility, surveillance, and managerialism (Phoenix, 2004). Neoliberalism is posited on the notion that everybody has equal opportunities to succeed” (de Finney et al., p. 363).

did were, for the most part, not on my radar as they pertained to me, the way I practiced, or the role I held in a system of care. I did think about social inequity in the lives of my clients often, and how, for example, poverty was the number one reason why families struggled. My team and I talked regularly about how “the cycle continues”- believing that when families are poor, they cannot focus on attachment and parenting and/or they never learned how to do it themselves- so on it goes. We could consider each child holistically by implicating, to an extent, social injustices like poverty in our assessments of clients’ situations, but we also assumed that these social inequalities were just “natural” and that we could *do* very little about them. That after all was our purpose as we understood it- to do *something*, so our attention and efforts were directed towards things we felt we could change. Conceptualizing diversity and inequity this way allowed us to make sense of our work because they allowed us to intervene in the ways we knew how. And we did what we believed we were supposed to do- not without issues- things were not always smooth or idealistic, but they were responsive to the clients’ needs as we understood them to be. I never talked with kids or families about the assumptions upon which the concept of needs is based though, nor why these things known as needs or problems existed for them within the larger social and political context. I never questioned why people like myself had become a part of their daily lives.

The result of this was that despite the intention to remain strength based and to promote transformation, the way we worked was, unintentionally, based in a normative, pathology-centered framework which has the goal of reducing risk and reproducing the status quo. The interventions provided by my team and I were therefore, in many ways, situational and reactive in an attempt to help catch people up to a socially acceptable

standard of living, at which point they would be deemed as no longer being in need of care. This approach, I recognize now, is based on an assumption that I, and the system I work within, hold the knowledge about living a healthy life, and they- the clients- need that knowledge so that they can change for the better. But what is a healthy life and what are the barriers to achieving one? These are the questions I began to ask myself.

I started to realize that while I was saying that I was working for social change by being a part of a social service delivery, I was actually changing very little in a system of social inequality. I began to question key concepts of CYC theory and practice such as *resilience, life space, development, relational interventions* and the *self* – how they fit into my work, and how I would work to integrate all of these concepts in my practice and reconcile the problems I saw. Upon returning to school to complete my BA, I started writing about and exploring issues of practice in an attempt to figure this out.

While my experience is only that- mine- how the realities of social inequity and care provision are understood by CYC practitioners in their work with minoritized young people remains largely unknown, and likely, differs significantly across Canadian practice contexts. There is a growing body of literature⁵ that identifies, names, and explores the problematics that exist when CYC practice (and that of other fields of intervention) fails to implicate and take action against social injustice. Recognizing that interventions in residential settings, as I experienced them and others have articulated, work to address and reduce the negative impacts of risk factors in the lives of their clients, contributing to conversations about CYC theory and practice in this area is my hope for the potential of this study.

⁵ See Newbury, 2010; Skott-Mhyre, 2006;2007; de Finney, Loiselle & Dean, 2010; de Finney, Dean, Loiselle & Saraceno, 2011; & White, 2007 for examples.

Exploring diversity and cultural competence.

As I will discuss further in the next chapter, conceptualizations of diversity and cultural competence are increasingly discussed in CYC theory and practice in an attempt to ensure that practitioners are working sensitively with diverse populations and experiences. As a result, it is how practitioners interpret and translate these complex concepts in their work with minoritized children and youth that became the primary line of inquiry for this study. Drawing on interviews with residential care practitioners, this exploratory qualitative study critically examines the discourses that shape participant understandings of diversity, cultural competence and minoritization and the practices of care in which they engage as a result.

A critical consideration of residential care.

While I define residential care and explain its connection to the field of CYC and this project in the next section, it is important here to provide some broader context as to why I have chosen residential settings as sites for investigation. Historically, residential care settings and their related interventions have, mutually, positioned themselves and become positioned, as necessary, neutral, and helpful services through which disadvantaged (read: abnormal) young people can live and/or be rehabilitated into functioning members of society. This discursive positioning creates and maintains the lenses through which CYC practitioners position their work and conceptualize their interventions. While research on residential care services and the discursive context of “normalization” in which they are provided exists, this is an area of practice that has been minimally examined from a critical perspective in the field of CYC. As a result, the

notion of “care” in the literature about these settings is habitually assumed to be neutral (despite the fact that services provided in these settings is often non-voluntary). Similarly, dichotomous words often associated with the clients and services of residential care like *normal- abnormal*, *healthy- unhealthy*, and *appropriate -inappropriate* also do not get examined for their underlying assumptions about the social contexts that surround CYC practice or for the hierarchies of normativity that they maintain. Thus dominant conceptualizations of “care”, the rationale of said care, and its intentions limit and discourage the possibility to interrogate the aims, methods, and outcomes of residential services in a critical way. As a result, the social forces that impact both the purpose and function of these settings are often unexamined, and their effects remain excluded from dialogues of therapeutic intervention.

The statistics of over representation of certain groups of young people in care seem to suggest that it is the constant comparison to normalized and seemingly neutral ideals of health, wellbeing, successful development and care that have positioned minoritized subjects as being in need of intervention in the first place. We have, however, done little to investigate this from within the systems that care for these children (Blackstock, 2011; Lavergne et al., 2008). By failing to implicate the political and social realities that have positioned recipients of care at a disadvantage in the social hierarchy, limits are placed on the possibilities for what transformative and effective residential care interventions might look like.

Following inquiries formulated by myself and others in the field (Corcoran, 2012; de Finney, Loisel & Dean, 2010; 2011; Loisel, 2011; Newbury, 2010; Skott-Mhyre, 2006; 2007; 2008; White, 2007) as well as those from related disciplines outside of CYC

(Blackstock, 2011; Burman, 2003; Chantler, 2005; Harley et al., 2002; Khana, 2011; Lavergne et al., 2008; Weis & Fine, 2004), questions about residential care practice that prove necessary and effective include: “What exactly is a functioning member of society?” and, “who do the assumptions upon which definitions of normal or functioning are based tend to benefit?” These lines of analysis seek to evaluate and inform current residential treatment approaches in their capacity to contribute to social justice by engaging directly with the lived social realities of our work and those we provide services for.

Using a transtheoretical framework that draws on feminist post structural (Butler, 1990; Burman, 2003;2004; Davies, 2000; Fendler, 2001), Foucauldian analysis (Foucault, 1977;1979), Indigenous, anti-racist and post-colonial (McIntosh, 1998; Tuhiwai Smith, 1999) and gender and queer theories (Sedgwick, 1990; Marinucci, 2010) to position diversity within an intersectional analysis (Burman, 2003; Chantler, 2004;2005), described further in the next section, I explore the complexities of diversity and marginalization.

Situating the Study: Key Concepts and their Relevance

Processes of minoritization: Minoritized subjects and identities⁶.

Central to my analysis of diversity in practice is the concept of minoritization.

Minoritization refers to the social and political process of subjectivities and identities

⁶ I use the terms ‘subjectivity’ and ‘identity’ interchangeably throughout this text purposefully, understanding how the two may be interpreted differently. The word ‘subjectivity’, rooted in the sociological perspective, is used to make visible the social forces that shape the lived experiences of an individual or group based on their positioning within the social hierarchy. ‘Identity’ on the other hand, is a term historically used to describe the more rigidly defined and essentialist categorical identifiers, conceptualized through the psychological perspective, that an individual embodies or resembles. I have chosen to reformulate this notion of identity, however, through the subjective lens. This rethinking of the term allows us to regard the identity of an individual or group as being made through the social forces that surround it (See also Weis & Fine, 2004 p.xviii).

being made as irrevocably outside the norm (de Finney, Loisel & Dean, 2011). I am using this concept, both coupled with and in contrast to that of “diversity”, to convey the effects of social relations of power in producing hierarchical subject positions for young people. The two concepts are compared in the table below:

Diversity	Minoritization
<ul style="list-style-type: none"> • Multicultural focus • Positive/Celebratory • Liberalist notions of individuality, tolerance, acceptance, & respect • Competency based • Assumptions of equality 	<ul style="list-style-type: none"> • Focus on power dynamics of privilege and marginalization • Politically based • Critically examines constructions of the “Other” • Critique of normative social hierarchy

Table 1

Minoritization stands in contrast to adjectives such as *minority*, *marginal* and *at risk* because of its focus on the *process* of categorization and exclusion of the Other, based on differences of race, gender, sexuality, ethnicity, culture or ability (among others). Exposing these processes is an essential aspect of my analysis of the discourses that influence and shape CYC practice and the experiences of practitioners and clients.

Pereira (2008) explains that in processes of Othering the “dominant group uses recognition to control and discipline minority groups” (p.349). Residential care settings can be seen as mediums through which this control is enforced when the appropriation of neoliberal values upon which they operate is considered. As a consequence, minoritized groups find themselves compared to, and often falling short of, the standards of the dominant status quo while being cared for in these settings (de Finney, et al., 2011). When one considers the social and political environment in this way, minoritized youth “do not occupy the position of minority by virtue of some inherent property (eg. of their body shape, behaviour, culture or religion), but acquire this position as an outcome of a

socio-historical process (Chantler & Smailes, 2004, p. 34) and are deemed to be in need of professional care as a result (Blackstock, 2011; de Finney et al., 2011). In the field of CYC, such a reformulation of how we view minority subjectivities within a diversity lens is helpful to make visible the macro- and chrono⁷-level influences that impact our work. It is, after all, these systemic influences that dictate the societal standards against which families and their children and/or youth in care are constantly judged.

Thinking about social inequality in this way has many important implications for CYC theory and practice. Because many children and youth who are the focus of CYC practice are minoritized into problematic subject positions of Otherness, it is necessary to seek perspectives outside of the traditional, narrowly focused Euro-western-centric theories of concepts such as rehabilitation and child development to inform us about diversity work. Useful perspectives here draw direct attention to social relations of power whereas the more traditional approaches tend to distract from power dynamics, rendering an analysis of these forces impossible.

The field of Child and Youth Care.

Setting the stage.

CYC is a diverse and interdisciplinary field that is committed to a philosophy of joining with people through relationships and within their life space as a means of achieving therapeutic goals.⁸ To this end, CYC practitioners work to understand the

⁷ Refers to the work of Urie Bronfenbrenner who developed the “Ecological Systems Theory” (1979) which conceptualizes human development as a process influenced by several environmental systems, and it identifies five environmental systems that an individual interacts with. The *macro* and *chrono* levels are the outermost levels representing the larger cultural, economic and socio-political contexts that influence a child’s development.

⁸ Because of the diverse nature of the field, including the vast array of practice settings and training paradigms that exist, it is difficult to provide a concrete definition that does all CYC experiences and expressions justice. Nonetheless, there are a set of foundational domains that include common knowledge, values and approaches that are acknowledged as specific to the field of CYC and which distinguish it

presenting problems from the child's perspective, and work relationally to promote optimal health and wellbeing for the child (Stuart & Carty, 2006) within a systems perspective (Mattingly & Stuart, 2002; Stuart, 2009). Some who write from within the field of CYC have also promoted that a focus on social justice is an ethical obligation of practice and that it is central to the development of effective therapeutic relationships and contexts of care (de Finney et al., 2011; Newbury, 2009; Skott-Mhyre, 2008; White, 2007). Traditionally, the CYC approach draws from the strengths of various modernist theoretical perspectives of psychology, sociology, medicine, and education to provide a framework for practice that is based upon multiple disciplines and approaches to working with people. These theoretical perspectives include (but are not necessarily limited to): developmental theory, an ecological/systems perspective, and theories of attachment and resilience (Gharabaghi, 2009). As a result of this eclectic and purposeful blending of theory, the CYC approach is positioned well to continuously evolve and incorporate new knowledge and thinking into its lens of practice.

The key concepts of *relational work*, *life space*, *resilience*, *development*, *client centered* and *holistic/systems perspective* that emerge from the theoretical foundations described above and are so commonly used in the field are, as mentioned previously, of great interest to this study. In my analysis I work to unpack and reflect upon some of these foundational concepts as they are understood and applied by the research participants in order to explore a) the relationship these concepts have with processes of minoritization, health, and wellbeing and b) how these concepts are shaped by and situated within broader neoliberal, neocolonial, and capitalist socio-cultural, political, and

historically from other fields such as social work and psychology. Therefore, despite the field's inherent fluidity, it is to these foundational attributes that my study speaks.

economic contexts. Within my analysis, I address the abilities and limitations of the theoretical bases that inform the CYC approach to provide a critical analysis of the social and political world that surrounds our practice.

Articulating the foundation: A discourse of practice competence.

The profession of CYC is competency based and has been developed as such to support consistency in the skills and knowledge that formally trained practitioners possess. Trained⁹ CYC practitioners are expected to demonstrate a common level of competence in regards to the foundational domains of practice.¹⁰ Efforts to professionalize CYC practice and ensure high quality care have contributed to the standardization of a common knowledge base and set of approaches and practices characteristic of CYC. The foundational competencies of CYC are acknowledged in such texts as the North American Certification Project's (NACP) (Mattingly & Stuart, 2002) competency document and are also present within provincial association and curriculum documents. These documents, which will be discussed in more depth in the next chapter, seek to provide a coherent framework for CYC practice, research and training in North American contexts and define the discourse of CYC theory and practice. While these domains of practice may differ across contexts (since the professionalization and standardization of CYC practice is ongoing), they often reflect a similar set of core competencies and standards of practice that have been agreed upon within the field.

The training of practitioners within the common framework of competency that these works have created lends itself well to the research design and analysis I have

⁹ Completed a diploma or degree program in Child and Youth Work/Care.

¹⁰This study articulates a definition of CYC based on how these key foundational pieces of knowledge, values, and attitudes become entrenched in literature, practice models and training approaches. Through this process, the foundational pillars of the field become the discourses through which practice methods are theorized, translated and applied.

undertaken in this study because of the focus on understanding how these practice standards are translated and applied by CYC practitioners in their work with minoritized youth. I focus solely on the Ontario context to zero in on the provincially common understandings that I am most familiar with- those of the foundational domains of CYC knowledge as articulated through the standardized vocational outcomes created by the Ontario Ministry of Colleges and Universities¹¹. I also understand that despite these common educational outcomes that exist for Ontario CYC training programs, the foundational knowledge base of CYC may be explained, taught and interpreted in different ways throughout the CYC programs across the province. The multiplicity that exists in terms of how CYC discourses are taken up, reformulated, resisted, contested, and/or amplified by practitioners in their work with the minoritized youth in their care is apparent within my analysis, allowing for the problematization of formulaic approaches to practice, and emphasizing the need to explore more critical and emergent understandings of complex issues such as diversity and social justice.

Residential Care.

The CYC approach to working with children, youth, and families was first theorized and practiced in residential care settings.¹² The term “residential care” relates to settings where children/youth live on a regular or part time basis and where the primary intervention or “treatment” is the milieu itself (Burns, 2006). For the purposes of this study I have chosen to include the following settings in my definition of residential care: group homes, treatment homes or institutions, and juvenile justice/custody programs. These programs may exist as a part of a small organization or agency or be nested within

¹¹ <http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/humserv/echildyt.html>.

¹² See Maier (1967), Trieschman, Whittaker & Brendtro (1969), and Anglin (2002).

a larger institutional context. Young people from the most difficult of circumstances are often residents in these settings due to the presumed therapeutic value of the setting to provide care that a) mediates the impacts of abuse and/or neglect in family systems, b) manages, treats, and/or corrects anti-social behavior, substance use or mental illness, c) suits the special physical and/or mental needs of children/youth with [dis]abilities, or d) serves as a suitable option for youth to be segregated from society as a punishment for convicted criminal acts (Anglin, 2002; Burns, 2006). As mentioned earlier, services provided in these settings are often non-voluntary and therefore clients and their families are mandated to receive this state care.

These settings have historically been the primary site in which CYC practice occurred, though presently the number of residential programs that operate within in the Canadian context continues to decline as efforts to deinstitutionalize care and find less expensive methods of treatment persist within systems of child welfare and children's mental health. Similarly, with the diverse employment opportunities now available to CYC practitioners, fewer and fewer residential programs are staffed by CYC trained individuals. Residential settings continue to be, however, a focus of CYC training and practice within the Ontario context (as well as in other provincial contexts), and also a significant employer of CYC practitioners.

Dominant conceptualizations of residential care articulate the goal of these programs to make a positive therapeutic impact on the lives of the young people they service. Because of the intensive twenty four hour/day care that these programs typically provide, they have a strong influence on the life spaces of young people. Residential programs are staffed around the clock, typically by staff who rotate shifts to provide care

for the children and/or youth that live there. Approaches to care which prioritize building therapeutic relationships with youth, advocate for their health and wellbeing, and create safe spaces and experiences for youth to learn, grow and heal are all seen as strengths of CYC interventions that contribute to positive outcomes for youth who live in residential care settings. These CYC practices which are client centered and focused in the individual circumstances of youth and families are standards of best practice in the field.

Though often conceptualized positively, as I just have done, residential care is not always carried out so idealistically. Reflecting on how practitioners work within the interventions they facilitate to incorporate an understanding of diversity and social justice, for me, is an important part of ensuring that our interventions are delivered in an ethical manner because of the assumptions upon which the need for intervention is based in the first place. It is essential to acknowledge here that many youth come into care as a result of forced legal apprehensions that place them in these highly controlled, institutional facilities which, despite our best efforts, do not resemble a “home” nor provide them with ideal developmental experiences. This is a traumatic reality for the young “client” that is justified through a framework that fails to implicate the Euro-western, liberalist and normative values upon which it is based and which it justifies the need for *care*. Instead of justification through which a “blind spot” is created, a reflection on this reality is warranted, as I have undertaken in this study.

If employed without a thorough understanding of the overarching systemic issues, the therapeutic value of *best practices* is lessened significantly, as social inequities remain unaddressed. Burman (2004) points out that approaches that focus on social inclusion (through initiatives of behaviour modification and social skills training for

example) “tend to overlook a critical appraisal of precisely what it is those designated ‘excluded’ are to be included *into*...By such means our social account of the helping relationship tends to return to an individualist one, and our focus on difference threatens to become pathologizing again” (p.294). The major influence of these care settings means that while they have the potential to have a therapeutic value, they also have the potential to negatively impact their clients by affirming the pathologizing gaze from which many marginalized young people have been assessed and deemed to be in need of professional intervention. This occurs when residential interventions focus primarily on the “maladaptive” behaviours exhibited by the client. This is often the case in residential care where interventions run the risk of being designed to help clients (and sometimes their families) adjust their behaviours to fit and/or assimilate into dominant norms such as self-regulation and social conformity.

Though testing the therapeutic value of specific interventions is not in the scope of this study, exploring the discursive foundations of diversity in comparison to the intentions of residential care practices is. For example, how the inter-generational trauma and poverty from residential schools is coded as “neglect” in current child protection discourses is explored in my analysis. Of interest to me was how within these discourses the social realities that underpin the client’s “problem” behavior remain hidden and thus unaddressed, highlighting these practices as acts of social regulation or control rather than therapeutic interventions (Chantler, 2005). Such an approach to practice not only fails to achieve the full potential of therapeutic goals, but also runs the risk of doing further harm to the young people in our care.

The final reason for this study's focus on residential care settings is that the system of residential care is currently under researched, especially from a critical perspective (Corcoran, 2012). Young people living in care often lack natural advocates to demand ongoing reflection and accountability from the welfare system and its care providers. Under the influences of capitalism and neoliberal/neocolonial states, young citizens in these systems continue to have increasingly limited access to protection of their rights to ethical/accountable systems of care. Reduced care budgets and privatization/corporatization of care facilities are some of the realities that contribute to these growing infringements on the rights of children and youth. The impact of this has historically attracted more attention only in light of a tragic occurrence such as the abuse or death of a young person within a care agreement and/or facility.¹³ Currently, efforts to increase accountability, achieve positive outcomes, and reduce recidivism as well as costs within these settings have increased the priority of issues regarding practice standards in residential care facilities. This study explores residential CYC practice in a critical way to reflect on future possibilities for this highly complex and difficult system of care.

The tensions in this practice area are evident and raise important ethical and conceptual questions for practice within residential care settings. What is quality care? Who decides what is socially appropriate and/or in the best interest of a young person? When is social control in line with quality care? What are the consequences of taking for granted what is constructed as "normal" and desirable social behaviour? What interventions are appropriate? Therapeutic? Considering these questions, from my

¹³ see examples such as "Voices from Within" Finlay & Snow, 1998; the Gove Inquiry http://www.qp.gov.bc.ca/gove/vol1_02.htm.

perspective, contributes to a necessary (re)thinking of residential care practice methods as well as to a (re)commitment to providing quality care in these settings.

Intersectionality: A Theoretical Framework.

Diversity, as conceptualized through the discourses of difference that influence CYC practice, is problematic in nature because of the socio-political processes of Othering upon which it is based. I address this in depth in Chapter 2, but here point it out to demonstrate the necessity of a layered analytical framework that exposes the processes and power dynamics through which subjects are deemed to be diverse, are minoritized, and/or are deemed in need of professional care in order to analytically engage with the complexities of residential care. I have undertaken such an analysis to critically examine the covert influences of neutralized and seemingly value-free conceptualizations of “diversity” on everyday CYC practice, and how these conceptualizations create and maintain the blind spots that I refer to in this study that allow for the continued implementation of practices that are colonizing and discriminatory.

As I will explain further in the following chapters, theoretical frameworks that have traditionally informed practice in the social services ignore or provide a limited analysis of social power relations, which is an analysis I have argued is crucial to a critical unpacking of diversity and cultural competence. This tends to distract attention from the multiplicity and complexity of the discursive and material practices in which all social interactions are embedded, especially those pertinent to conversations of diversity and minoritization. It also serves to affirm the pathologizing gaze where the onus for socially unacceptable behaviour is placed primarily on the individual or group with the

“presenting problem” instead of on the socio-political processes which create and maintain such issues. Even when the social context of an individual is implicated through a predictable CYC ecological systems analysis for example, it is done through the dominant lens of neoliberalism and therefore rarely to the degree that responsibility is placed on individuals and their immediate relationships. The failure of this conventionally employed analysis to adequately address issues of social injustice within their examination of behaviour and circumstances are therefore severely limited in the treatment approaches that they present. This is because they are firmly rooted within discourses that assume children, youth, and families to be independent, rational, self-made subjects who are capable of changing their life circumstances through their own efforts, provided that they are supported by good service delivery such as life skills training and emotional management. These discourses of care that reinforce the basic premise of neoliberal ideology leave little room for other possibilities for treatment because of their conceptualizations of subjects as *clients*.

Critical theories such as feminism, critical race theory and queer theory have addressed some of these shortcomings by introducing analyses of gender, patriarchy, heteronormativity and racialization. However, they have also proven to be somewhat limited in their applicability to the complex and interrelated political and social forces that shape social service interventions and the concepts, like diversity, that they embrace. Alternatively, theories of intersectionality are based on the understanding that “all oppressions are not congruent, but they are *differently* structured and so must intersect in complex embodiments” (Sedgwick, 1990, p. 33). A key purpose of intersectionality as a theoretical framework “is to attend to the multiple positions of marginalization and/or

privilege simultaneously, thereby avoiding the pitfalls of viewing oppression and disadvantage as located in a single dimension” (Chantler, 2005 p. 245). As such, an intersectional analytical framework provides a comprehensive and flexible examination of minoritization and the intricacy of its lived reality, and have therefore shaped the lens through which my study has emerged and has been carried out.

Using an intersectional framework, I have acknowledged the complexity of links between minoritization and being *in care*. I work to examine the sophistication and complications of these links directly with hopes of opening up space for ongoing and reflexive practice discussions. Specifically, intersectionality proved effective for this study as a theoretical framework because it lent a critical focus to an analysis of *diversity in practice* that allowed for the peeling back of the layers of complexity and requiring that links be examined between subjectivity and social relations of power. This is important to me as I feel that in CYC practice the analysis of marginalization often stops at a realization that certain groups are more likely to be in care than others, therefore failing to examine the involvedness of how social relations of power translate into lived realities and the need for the interventions that we provide.

Another important consideration for my use of this overlapping, transtheoretical framework is because intersectionality is a concept in which all identities, discourses, social systems and processes are implicated, not just those which are minoritized (Burman, 2003). An intersectional analysis focuses on both privilege and minoritization and the ways in which they intersect and/or compound each other while being mutually materially and discursively constituted. This framework, therefore, allowed me to effectively address the research questions that emerged from within it, since it permits an

exploration of dominance and its historical, emergent, and intersubjective relationship with subordination for both practitioners and clients alike.

This study is also grounded within an intersectional framework to promote transference from research and theory to practice and action because it steers clear of making easy distinctions among these concepts, as they reflect colonial and gendered dichotomies that are themselves legacies of the colonial project -a dominant separation between the rational, masculinist work of knowledge production and theory-building, and the applied work of “caring” that has been historically relegated to the feminine (de Finney, 2012- personal communication). Intersectionality lends itself well to the notion of “praxis” which stresses the importance of ethical, self-aware, responsive and accountable action (White, 2007). Further, intersectionality is well matched to the historical foundations of CYC as it parallels and builds upon the systems theories that are familiar to the field and the foundations upon which it is built.

By exploring not only how systems shape children, youth, families, and workers and conceptualize them as distinct, an intersectional analysis also interrogates how the systems themselves are shaped and maintained- not taking them and the dynamics of power within them to be natural or true aspects of human experiences. In doing this, the gendered, sexualized, abilized, and racialized assumptions upon which these systems are based are unpacked and exposed as possible avenues of therapeutic intervention. The critical lens of this framework therefore provides a heightened awareness of the importance of self-reflection and critical thinking within a systems analysis. In such an analysis, structural inequalities and processes of minoritization cannot be distracted from or glossed over within conceptualizations of diversity and/or the macro level influences

present in our work. This critical focus and its importance to CYC practice is something that I believe the field has struggled to articulate and consistently apply in models of both practice and training/supervision despite the great potential for theoretical and practical possibilities that it holds.

Critical discourse analysis as an influence.

Following Davies (2000), my intent was to make the language of “diversity in practice” and the social codes that it communicates “not just visible as an object, but as an active force shaping bodies, shaping desire, and shaping perception...to be able to catch language in the act of shaping subjectivities” (p. 142). To do this, I have borrowed from the principles of critical discourse methodologies within my analysis to interpret the narratives of practitioners, seeking to explore the socio-political images and assumptions behind their use of language (Matus & Infante, 2011). I explain how this methodology has influenced my work further in Chapter 3.

What this Meant for Me: My Motivations Recapped

Having considered the practice issues and concepts that I have articulated thus far from my situated grounding in the field of CYC as a practitioner, graduate researcher and activist, I arrived at the question: “What does the fact that systems of care are firmly situated in a context of social inequity, neoliberalism, neocolonialism, and Euro-western-centric dominance mean for me as a practitioner?” and variations such as: “What about as a white practitioner? A queer/able/working class practitioner?” As I began graduate school I returned more intentionally to the ongoing task of looking at myself and my practice. I began to realize the limitations, restraints, impositions, practice failures, insensitivities, and ignorance that the dominant perspective of care brought to my

practice. The statistics of overrepresentation for certain groups of people, and the limited abilities of my efforts and those of my old teams to do anything about them came into focus. Something about my work and my process clicked at this point and I began to interrogate many of the things that I had taken for granted about CYC practice and my role as a practitioner. Things like “resilience”, “self-awareness”, “normal child development”, “care”, “ethics”, and “diversity” became available to me for debate and I could question their place in my experiences just as I questioned all of the realities that they had created and/or maintained. In the table below I juxtapose traditional notions of self-awareness with the reflexivity warranted through a critical/intersectional analysis:

Traditional Understandings of Self-Awareness	Intersectional Self-Analysis
<ul style="list-style-type: none"> • Individualized examinations of bias through dominant discursive lens • Focus mainly on acceptance of cultural diversity • Promote equality through individual acceptance/tolerance of difference • Analysis often removed from historical/ systemic dynamics of power 	<ul style="list-style-type: none"> • Politicized examination of difference through critical lens • Critiques constructions of diversity & difference • Examines dynamics of power & privilege • Implicates systemic processes of othering as a barrier to equality • Focus on simultaneous positioning of privileged & minoritized status

Table 2

My practice has been enriched significantly as a result of pursuing a critical analysis. I have come to see the significant benefits for both myself and the young people and families that I work with of using the critical/politicized approach to my work that openly questions these things within the therapeutic process. I presently see this approach as inseparable from my personal/professional ethical framework. Exploring why such an analysis was missing was a goal of mine that really gave life to my research questions for

this project. I hope my optimism for change and the potential I see for reconsideration in practice and in our social and political climate is captured in the work that I am presenting in the following chapters.

Chapter 2- Literature Review

Diversity in Practice: A Preliminary Review of Relevant Literature

In this chapter I briefly review literature regarding diversity and cultural competence in the social services that inform both the need for and my conceptualization of this study. While CYC literature is limited in this area, it does exist and has been prioritized within this review to highlight the understandings of CYC as a professional entity in regards to diversity in practice. Topics relevant to my study have been written about more extensively in the fields of Social Work, Education and Counselling, and select works that have been generated within these disciplines have also been included in this review to broaden the understandings of my study in terms of what knowledge exists around diversity, cultural competence, and minoritization in the human service fields.¹⁴ This was particularly important given the multidisciplinary nature of the CYC field, which draws on the practices and theorization of other academic disciplines.

My examination of diversity-based literature was completed through a critical perspective that seeks to complicate and problematize notions of diversity and difference, and their resulting constructions of the “Other”, within the dominant neoliberal/neocolonial lens. In order to position my study usefully within an intersectional framework, the background literature considered here was analyzed not only for what information has been written, but also what information is missing- what

¹⁴Most of the literature reviewed (found by using keyword searches of “diversity”, “cultural competence”, “minority”, “minoritization” and “marginalization” in the social research databases of Academic Search Premiere and Proquest) focused on race and ethnicity as the primary axes of diversity and difference, and therefore as the primary focus of “cultural competence”. This is noteworthy because while I hope to broaden this understanding of diversity, the fact that the literature that informs diversity in practice is limited mostly to racial and cultural differences presents concerns for other marginalized groups.

perspectives have been silenced or reformulated within the dominant discourses that shape how we speak and write about difference (Morris, 2010). Recognizing the dominant methods of knowledge production and translation is extremely important here as I begin to a) unpack the ways in which discourses of diversity in social services were created and b) identify the lenses through which certain conceptualizations of diversity are commonly valued while others discarded or minimized. Focusing on the discursive practices of diversity, the use of language and its inherent limitations and/or possibilities was a primary focus of this review in order to clearly identify how the discourses of practice are taken up and/or resisted by practitioners in the field of CYC. By considering the use and intentions of the language used to convey the diversity lens to practitioners, as well as the assumptions upon which such language is based given the time period and context (social and political) in which the discourses emerged, the task of this review was to identify and critically reflect on current discourses of *diversity in practice*. Further examination and theorization of the ideas represented in this preliminary review are present in the analysis section of this thesis, informed and directed by the responses of participants and the intersectional framework of the study.

The Complexity of Diversity and its Historical Realities

The importance of providing services to diverse populations continues to grow as patterns of globalization, immigration, and human rights initiatives influence and shape the social contexts in which we practice and work with difference. It is important for this review (and my attempts to unpack and articulate the diversity lens I am exploring) to begin by contextualizing and tracking the emergence of diversity as a concept which is increasingly familiar to all human service fields in North America. How diversity is

defined, despite its familiarity, is different across contexts and individuals and the assumptions upon which these varying definitions are based are rarely examined. The term diversity is most often associated with notions of culture, including racial, ethnic, linguistic and/or religious differences. It increasingly encompasses other areas of difference such as sexuality, gender, class, and ability within certain contexts. Diversity therefore is an elusive term, left to be interpreted by practitioners within the limiting confines of the dominant discourses of multiculturalism (which I define momentarily) and cultural sensitivity in which it is situated. Histories of colonization with their legacies of asserting what is normal and placing difference with the Other (Robinson, 1999; 2004) are repeatedly silenced in these dominant discourses, making any attention to the tensions of identity politics, let alone colonial violence, an act of *troublemaking* (Simpson et al., 2011). Instead, the lens of multiculturalism portrays western contexts as lands of ‘equal opportunity’ where simplistic ideas of cultural difference are to be celebrated and embraced, and power relations are rendered invisible and incontestable. These erasures are concerning, especially when one considers how these ideas regulate the thoughts and actions undertaken by social service practitioners and professional entities in regards to diversity.

Kirova (2008) explains that the mainstream emergence of the concept of diversity began in the 1980’s as social systems in North America began to realize the unique cultural differences, needs, and practices of an increasingly diverse population. Focusing on difference as a comparison to North American norms, discussion about the strengths and capacities of those deemed to be diverse remains largely absent from the literature written in this period of theorization. Instead, difference became discursively shaped here

from a deficit perspective, where individuals labeled as *different* existed only in comparison to unquestioned ideals of *normal*. The silencing of other perspectives of *normal* speaks loudly to the power of the Euro-western neoliberal and capitalist agendas through which these dialogues about diversity and difference were shaped. Here, the categorization of the Other is so essential to the structuring of the social hierarchy and is necessary for the dominant ideological political and economic systems to succeed. I explore this in more detail later in this chapter and then again in my analysis.

In Canada, policies of multiculturalism were adopted in response to the growing diversity of the country which was constructed through the Anglo-nationalist lens as being mainly made up of French and English speaking groups at that time. It is important to note here the promotion of a cultural mosaic approach to diversity at this time completely disregarded the fact that millions of First Peoples had been previously killed and/or moved in the colonization process. Existing outside of *multicultural policy*, Aboriginals continue to be governed under the *Indian Act*. This act represents a distinct and intentional process of racialization/colonization that differs significantly from the more positive intentions of multiculturalism that focus on (supposed) goals of inclusion and equality.¹⁵ Though distinctly different, I focus on power dynamics that privilege Euro-western identities above other cultural and ethnic groups as similarities between the Indian Act and multicultural policy.

Fitzgerald, Mullavey-O'Byrne, & Clemson (1997) explain that discussions of multiculturalism defined differences as separate and essential categories in order to classify, organize, and describe them in an effort to figure out how to integrate and best

¹⁵ See di Tomasso (2012).

respond to the varying values and needs of groups categorized as diverse. Thus the very notion of multiculturalism was racialized from its inception, focused as it was on the management of racialized migrants (Rattansi, 2011). The foundations for positioning of all non-white/western/Christian/English speaking/hetero/able/male as the “Other” was laid during this time. Therefore, as Rattansi stresses, the object of the diversity gaze was solidified because of the colonial histories upon which constructions of diversity were based. The racialization of non-white people within the Canadian context became a product of the multicultural agenda, with some scholars and activists claiming that it was also a motivating factor for the adoption of multicultural policy (Matus & Infante, 2001).

All resulting conceptualizations of diversity in practice, as the literature illustrates, attempted to reach assimilative goals for diverse individuals. While rejecting the significance of power within how these goals were carried out, these goals continue to be the focus of the discursive practices of dominant notions of diversity in the human service fields (Simpson et al., 2011). The primary intention of early diversity-related initiatives in the social services was to teach service providers how to promote the cultural assimilation of diverse individuals into North American society (Kirova, 2008). This perspective was underwritten by the ethnocentric belief that the assimilation of ethnically-diverse Others was in the best interest of both the dominant “host” society as well as ethno-cultural minorities. According to this diversity framework, the overrepresentation of minority groups as recipients of social intervention was attributed at this time to their cultural differences (Bohaker & Iacovetta, 2009). Again, the systemic factors underlying the social, political, and economic exclusion of non-dominant groups

as they are integrated into the host society are largely absent from these conceptualizations of diversity based interventions.

In the Canadian context, assimilation is not readily admitted as an intention of multiculturalism, yet ideals of assimilation must be acknowledged in contrast to claims of *integration*. Notions of integration and cultural coexistence are put forth in Canadian multicultural policy, depicting that a “cultural mosaic” exists here in contrast to the “melting pot” approach of the US that more forcefully asserts assimilation into the dominant culture. Simpson et. al (2011) explain the function of Canadian multicultural policy:

The multicultural narrative claims that Canada as a nation, and through institutional policies and programs is substantively supportive of the co-existence of various racial and ethnic groups; that this co-existence has been for the most part accomplished; and that the range of racial-ethnic and immigrant groups in Canada are largely satisfied with, benefit from, and are invested in this commitment to multiculturalism (p.288).

Creating a major theoretical *blind spot* in regards to how diversity came to represent the Other, a focus on diversity and the achievement of “cultural competence” was what resulted from the realities of growing cultural pluralism of this time and the adoption of multicultural policy (Brach & Fraser, 2000; Pedersen & Leong, 1997). Cultural competence became the mainstream method within this lens. The goal of the cultural competence discourse was on equipping professionals in the social services to develop *cultural sensitivity* to deal with diversity, though the increasing consequences of scientific and socio-political practices that oppressed individuals and groups positioned as inferior remained unaddressed. Critical scholars and activists have argued that social services have a responsibility to make visible the abuses of power and the lasting negative impacts of ethnocentric and colonial policies.

Omitting consideration of historical truths and the perspectives of those labeled as “Other” through the Canadian multicultural agenda originating in the 1980’s, other initiatives such as settlement and translation programs and culturally specific interventions attempted to make mainstream social services and their neoliberal intentions more accessible to ethnic-minority groups. As the immigration of non-European and non-White groups intensified in North America, diversity discourses and multicultural policies became an important tool to *manage* diversity and to ensure the internalization of dominant norms and values.

In the second focus of diversity work apparent in the literature reviewed, practitioners and service providers began to practice and write about meeting the needs of culturally diverse individuals in ways that were sensitive and respectful of their own context (Kirova, 2008). The recognition of context and sensitivity within the diversity lens reached beyond culturally specific practices during the late 1980’s. Diversity became a term that expanded at this time to represent additional labels of Otherness such as ability and sexuality. The expanding discourse of diversity thus came to include a growing ideological commitment to meeting the needs of diverse individuals, a commitment often bolstered by new diversity policies within social service agencies and organizations. As feminist scholars Kemp & Brandwein (2010) explain, these initiatives were framed under a diversity discourse that went beyond the need to manage diversity and instead focused on the human and civic rights of marginalized groups. Various advocacy-based initiatives emerged around a human rights framework, including examples such as support networks for people (and by people) living with mental illness, which pursued goals of deinstitutionalization and community care. There was also a

growth of ethno-specific social services at this time, when more diverse communities began to develop their own services (ie not simply more established ethno-cultural groups such as Polish-Canadians, Italian-Canadians, Jewish-Canadians, etc.) but new immigrant groups as well as First Nations peoples. Services emerged which were rooted within, to some degree, the cultural perspectives of these groups.

Though an increasing consideration of human rights during this time must be acknowledged, this focus also supported the earlier goal of diversity initiatives: assimilation. The proliferation of culturally and diversity-sensitive social services increased the capacity of dominant systems of care to effectively connect with the Other in order to promote their integration into mainstream society (Kirova, 2008). Many minority individuals and groups therefore took up the goals of assimilation for themselves, becoming *model minorities* who demonstrated gratefulness for their admittance into Canadian citizenship and culture by working hard to achieve the *western dream*. The complexity and duality of this desire for and of minority groups to assimilate makes it nearly impossible to disentangle current conceptualizations of diversity from their historical embodiments. Discourses of assimilation, diversity management, human rights, and social integration into the mainstream continue to dominate contemporary debates about diversity and cultural competency, particularly as these concepts have changed in the social service fields. These are the historical paths that I track as I explore the data presented in the analysis chapters to follow.

Diversity in CYC

CYC conceptualizations of diversity in practice have traditionally been informed by the dominant discourses of difference described above which embrace the equalizing

lens of multiculturalism, and prioritize the need to be culturally respectful in professional interactions with coworkers and clients. While it is beneficial that respectful interactions became a priority of practice, it is problematic that *respectful* approaches fail to acknowledge institutional and systemic power relations in an effort to make it easier to work with and accept difference. Problematizing such conceptualizations of practice is important in the field of CYC and specifically in areas of practice such as residential care where therapeutic interventions are often focused on individuals and their behaviours, with the goal of rehabilitation into dominant norms of acceptable behavior. The sensitivity in regards to diversities as discussed in the literature becomes a strategic means of distraction from the social injustices and complex power relations that shape individuals and their behaviours.

The reviewed literature does demonstrate that a criticism of western/Eurocentric therapies as a whole has been that they are too focused on the internal worlds of the clients, failing to emphasize the relationship between the internal/individual experience of the client, and external social/political realities (Chantler, 2005; Pilgrim, 1997; Proctor, 2002; Totton, 2000). For example, the suicidal ideation of a queer youth is pathologized as a mental health concern, yet the social contexts responsible for the privileging of heteronormative practices that position sexual diversities as abnormal are not implicated. In this case, “talk of difference is not about all differences, but about those that, within dominant discourses, are marked with other kinds of ‘d’s, as deviant or deficient” (Burman, 2004 p. 295). Newbury (2009) argues that clients who are minoritized within these processes of differentiation and pathologization may suffer further if practitioners do not include a critical analysis of power dynamics as a part of

the therapeutic approach. In situations where power and minoritization are not discussed in the intervention, messages that the minoritized experience is the responsibility of the oppressed client are reinforced and the therapeutic benefit of the interaction is lost and harm, in fact, imposed (Chantler, 2005).

So how do CYC practitioners interpret diversity? I now turn to an examination of how practitioners of CYC and other helping professions are taught to make sense of concepts like “diversity” and “cultural competence” while navigating complex practice situations and contexts. I parallel a discussion of minoritization here as well to shed light on a topic that remains under-explored from a CYC perspective, and set the stage for the analysis presented in Chapters 4, 5, & 6. This analysis situates the findings of this project in relation to how the institutionalized discourses of CYC practice relative to diversity are translated and applied by CYC practitioners working in residential care.

Little has been written about processes of minoritization from a CYC perspective. CYC literature on diversity to date has focused primarily on curriculum and training of CYC practitioners and how unquestioned understandings of ‘diversity’ and ‘cultural competence’ can be taught and achieved through training activities¹⁶. Though the work to date has been important to the evolution of thinking and practice in regards to diversity in the field, theoretical gaps remain as I will outline here.

Training & competence: A focus on Ontario.

The vocational standards set out by the Ontario Ministry of Colleges and Universities for Child and Youth Worker programs¹⁷ outlines the outcomes for a graduate of an Ontario CYC diploma or undergraduate degree program. These standards imply

¹⁶ See Ball (2008) Hoskins (2003), Delano (2005) & Morris (2010).

¹⁷ <http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/humserv/echildyt.html>

that the focus of CYC training should be to ensure graduated CYC practitioners are able to work therapeutically to increase the resilience and wellbeing of their clients. The preamble to these vocational outcomes states:

Child and youth workers are specialists in facilitating change in children and youths who are experiencing a range of social, emotional, or behavioural challenges in their lives. Children and youths respond to the impact of change, stress, loss, poverty, violence, abuse and neglect with a range of emotions and behaviours including confusion, anger, withdrawal, aggression, hopelessness, violence, and suicide. Many of the children or youths experience multiple challenges or have been diagnosed as having multiple problems. Additionally, increasing numbers of these youths are young offenders who are in custody and/or receiving some therapeutic* intervention. Understanding the individual and unique nature of his/her response is therefore an important first task. Child and youth workers (CYW's) are a valuable resource to children, youths, and their families in this process. They specifically commit themselves to understanding and interacting in therapeutic relationships with these children, youths, and families to promote and facilitate positive change (Ontario Ministry of Colleges and Universities, 2011).

The document continues to summarize the overall outcomes of post-secondary programs that train CYW/CYC practitioners:

The graduate has reliably demonstrated the ability to

- develop and maintain therapeutic relationships.
- foster and utilize therapeutic environments¹⁸ of a residential and non-residential nature which respect culture and which promote well-being and facilitate positive change for children, youths, and their families.
- design and implement strategies which promote client advocacy and community education to enhance psycho-social development in children, youths, and their families.
- employ effective intervention strategies in the areas of therapeutic programming, individual counseling*, and group work which comply with the treatment aims for the client.
- collaborate with other service providers and form professional relationships in order to enhance the quality of service for children, youths, and their families.
- perform ongoing self-assessment and utilize self-care strategies to enhance professional competence.

¹⁸The term “environment” is defined in the document glossary as follows: **Environment** the cultural, economic, physical, emotional, social, spiritual, and/or psycho-social contexts in which a person lives and functions.

- identify and use professional development resources and activities which promote professional growth.
- communicate effectively in oral, written, nonverbal, and electronic forms to enhance the quality of service.

In this list of eight desired educational outcomes, mention of a diversity-related focus appears in the second outcome, which describes the practitioner's ability to foster and utilize therapeutic environments that *respect culture*. In the following section of the document, the cultural needs of individuals and groups are mentioned in relation to competencies around practices of assessment:

- Assess, in collaboration with relevant others, the cultural, developmental, and social needs of individuals and groups in the context of their current environments
- Plan and implement selected strategies to foster and utilize therapeutic environments
- Evaluate the results of implemented strategies and make necessary adaptations which facilitate positive change
- Utilize therapeutic environments to maximize learning and growth for children and youths
- Apply therapeutic principles and theories to a variety of situations and surroundings to create therapeutic environments

The standards do acknowledge culture throughout by asserting that culture should be respected within the therapeutic relationship and environment, however a structure for how this is to be done or what such respect looks like in practice is missing, as is a framework for examining the assumptions upon which notions of culture and difference are based. Just as mainstream diversity frameworks tend to espouse an overly celebratory stance on difference, simplistic understandings of culture obscure important discussions about discrimination, inequity, and exclusion, focusing instead on essentialized notions of ethnic, linguistic and religious identity. As I explain in further detail later in this chapter, such a framework assumes that cultures are uniform, static, ahistorical sets of values and behaviors that can be neatly studied and engaged in therapeutic interventions in order to

ensure successful assessments and interventions. This approach does not take into account the complexity and fluidity of cultural values and perspectives, and other systemic factors that impact cultural experiences, such as the historical discrimination experienced by some groups and not others. Also missing from this definition is mention of diversities that exist outside of, or in addition to “culture”, creating a potential curriculum gap surrounding the competence of practitioners to work with, question and advocate alongside other forms of diversity. The risks of this gap are significant given the complex and intersectional nature of the diversities represented in the statistics of overrepresentation of minoritized youth in care, and will be discussed in the next section.

A more historical, socio-cultural view of diversity is also present within the Ontario CYC vocational outcome document in the forms of a set of ‘General Education Standards’, which apply to all general education courses offered by the Ontario Colleges and Universities, including those offered within CYC programs. These education standards assert that general education courses offered at any of the accredited colleges or universities must include the promotion of a general understanding of social issues and civic responsibilities. For example, the document addresses “Cultural Understanding” in the following way:

Cultural Understanding

Learning opportunities will encourage the student to] understand the cultural, social, ethnic, and linguistic diversity of Canada and the world

Broad Objectives

- develop an understanding of cultural identity by linking personal history to broader cultural study

- develop an understanding of the diversity of cultures and subcultures represented in Canadian society and of their interactions within the Canadian society
- develop intercultural understanding through reasoned reflection on various cultures' responses to universal human issues

And “Social Understanding” as follows:

Social Understanding

Learning opportunities will encourage the student to] understand relationships among individuals and society

Broad Objectives

- develop informed understanding of social organization and institutions and of ongoing issues in relationships between individuals, groups, and societies
- develop informed understanding of social trends, social change, and social problems and of implications for social and personal response
- develop informed understanding of contemporary social problems and issues

While the idea of diversity and difference is addressed in these standards by the reference to culture, the outcomes are articulated in a general way which is inadequate for the intended analysis given the realities of minoritization that are faced by many children, youth and families who are the recipients of CYC interventions.

Understandably, the authors of the Ontario CYC vocational outcomes made an intentional effort to avoid rigidity in defining prescriptions for learning and teaching in academic institutions. However, it seems insufficient to not call for a critical analysis of the social world in standards which dictate the design of programs that train individuals to intervene in social issues. Because the training of CYC practitioners in regards to diversity, as put forth by these standards, is left in many ways up to the translation of diversity competencies by programs and instructors, there is a presumed lack of consistency in assuring a thorough analysis of power and privilege. It is therefore unclear, and unlikely in many ways due to the influential power of dominant discursive framings

of diversity, if an analysis that questions the validation of concept of diversity itself is completed by all CYC trained practitioners.

The larger perspective of CYC.

How the competence-based outcomes of diversity frame CYC practice is not only based on the problematic conceptualizations of diversity as outlined above, it is also largely dependent on the interpretation of the practitioner and/or the professor/instructor/institution who provides them training. Processes of minoritization, and how the lived realities of service recipients are shaped by the exclusion from mainstream notions of wellbeing and success that are their result, would not be the focus of these standards as interpreted by many practitioners as a result of the dominant discourses of diversity and practice competence that I have already mapped out.

Gaps also exist in the Ontario context between what the provincial curriculum standards are for CYC programs and what the field of CYC in North America has articulated as core competencies around advocacy, social justice and diversity in practice. Though missing as a focus in the Ontario CYC vocational outcomes, the North American Certification Project (NACP) competency document (Mattingly & Stuart, 2002), which also has influence on CYC practice in the Ontario context, does bring diversity to the forefront of its standards of practice within a competence based model. In a section titled “Cultural and Human Diversity” this document declares that:

Professional practitioners actively promote respect for cultural and human diversity. The Professional Practitioner seeks self-understanding and has the ability to access and evaluate information related to cultural and human diversity. Current and relevant knowledge is integrated in developing respectful and effective relationships and developmental practice methods. Knowledge and skills are employed in planning, implementing and evaluating respectful programs and services, and workplaces (p. 10).

In this conceptualization of cultural and human diversity, a professional practitioner is expected to hold both self-understanding and the ability to evaluate information related to diversity, in order to develop “respectful” developmental practice methods and relationships. There is again no mention of historical or systemic issues, nor are practitioners expected to advocate for social justice: The onus remains on the practitioner to develop self-awareness and access skills or competencies that will enable respectful engagement with diversity, in the context of a developmental and relational model of practice. This idea of “cultural competence” is a model of practice that reinforces discourses of multiculturalism and the inherent notions of cultural sensitivity and respect that are mobilized within it.

The concept of “cultural competence” is strongly contested by critical scholars in the human services because of the fundamental contradictions with critical practice that it presents.¹⁹ Using cultural competence as a framework for ensuring socially just practice is problematic, according to Johnson and Munch (2006; 2009), because of the way it asserts that a competent practitioner can *know* about cultures and how cultural influences impact the lives of their clients, and that clients themselves can themselves *know* and be able to articulate their culture in a cohesive/linear manner. Such an approach assumes that *competence* in the form of a checklist of skills and foundational knowledge can in fact be achieved. While other areas of practice may lend themselves well to a model of competence in terms of training and practice, diversity emerges as an area where the complexity of its lived reality is difficult to pin down within such a formulaic approach to practice. Delano (2005) argues that human service fields must dismiss the belief that

¹⁹ See Johnson & Munch, 2006, 2009 for a focus on Social Work.

cultural competence can (or should) simply be achieved through individualized therapeutic interventions but rather that it should be understood as an unachievable goal to be consistently pursued and unpacked for its role in perpetuating processes of minoritization.

I discuss possibilities for reformulations of competence in this area of CYC practice in the next section. Scholars and practitioners alike have begun to theorize about what socially just practice in CYC might look like and to what level advocacy and social justice should be the focus of our interventions.²⁰ Hoskins (2003), for example, outlines the difficulty in designing a training curriculum which steers clear of providing a *cultural toolkit*, pointing out that formulaic approaches foster cultural generalizations and support a misguided belief that certain practices can be matched to certain cultural groups, disregarding the problematics of who is categorized as the Other in the first place.

One of the difficulties of avoiding the toolkit approach, Jeffery (2005) states, is that students yearn for a set of practical skills to help them deal with the discomfort they face in practice situations where they are confronted directly with issues of difference and minoritization. Seeking to address this, educators look for ways to soothe this discomfort in an attempt to build competence and confidence in practitioners. The links between this desire to placate discomfort and the privileging of whiteness within the diversity lens are explored in detail in the analysis chapters of this thesis.

I have argued elsewhere (de Finney, et al., 2011) that agendas of sensitivity and respect are insufficient in terms of their ability to work with diversity in a critical, therapeutic way, in part because the lack of safety that exists for certain groups and

²⁰ See de Finney, Loiselle & Dean (2011), de Finney, Dean, Loiselle & Saraceno (2011), Newbury (2010), Gharabagi (2010) and Gharabagi & Kruger (2010).

intersections of identity as they are excluded from the dominant diversity lens. This is a major concern for groups such as the LGBTQ2S community, who are over represented in the “in care” population and also face higher than average rates of suicide, self-harm, and substance abuse (CAMH, 2003). The culture of “don’t ask, don’t tell” is perpetuated by the lack of sensitivity and systemic silencing put forth by such conceptualizations of practice. Other missing aspects of diversity from the Ontario CYC competence model documents are class, gender and [dis]ability, among others, meaning that the lived realities of people who are Othered on these bases may also not be prioritized by all CYC practitioners.

A focus on self-awareness & reflection.

I now turn to an exploration of the focus on self-awareness that is foundational to the diversity competencies articulated above. Self-awareness and reflection has become a focus of developing cultural competence in the field of CYC and in other human service fields. Both Delano (2005) and Hoskins (2003) articulate the importance of self-reflection and critical thinking in how diversity and cultural sensitivity/competence are conceptualized in the field of CYC. Recognizing the value of individualism within the neoliberal agenda, it makes sense that individuals are expected to be accountable for their position in regards to diversity.

Self-reflection in regards to the diversity lens within CYC practice seems to be, again, informed primarily by discourses of cultural sensitivity which have proven to be inadequate in naming and tackling of structural and historical social injustice. In the field of Education, emphasis has been placed on the examination of white privilege and other forms of dominant privilege as the basis for self-awareness in order to recognize the

discursive influences that shape the seemingly neutral position of the individual as positioned through discourses of neoliberalism.²¹ While an analysis of white privilege can enhance processes of self-reflection, the interpretations of to what depth this analysis goes, and to what information it attends within dominant conceptualizations of diversity remains unclear.

Writing from a Social Work perspective, Jeffery (2005) critiques entirely the approach of self-reflection and awareness by pointing out that while the self-reflective process is important, such knowledge runs the risk of reproducing the even more skilled, effective and masterful self-aware social worker, who in turn requires a client to practice “on”. Such interactions, Jeffery suggests, replicate the imbalanced power dynamic upon which the subjectivity of the *good helper* is predicated, and upon which it relies to validate itself. While I will discuss the intersubjective relationship between helper and client in the next section, it is important to acknowledge here that a critical examination is warranted to deconstruct the approaches that have been taken, to date, to theorize and implement diversity in practice within training and certification efforts in the field of CYC.

The Client/Helper Dynamic

Making visible the inherent power imbalance within the client/helper relationship is an important step as this work proceeds. Scholars writing from critical perspectives have demonstrated the common trend of CYC and other social service practitioners to take for granted their role and the intentions of the system of care in which their services are situated as they attempt to validate the work that they do. The need to authenticate

²¹ See Abrams & Gibson (2007).

and defend the work that CYC practitioners do only distracts us further from consistently implicating the services we provide within the need for them to exist. Freire (1970) contributed significantly to a movement of critical reflection on dominant protocols of social services by problematizing the fact that many western notions of educating and helping are based on the premise that disadvantaged individuals need to be, or can be, empowered and that their resilience to adversity can (or should) be increased to an unquestioned standard of health and wellbeing. Freire's analysis of class struggle under capitalism can be extended to understand the gaps in present day social services under neoliberalism.

Present day social service providers need to justify their actions through these discourses of disadvantage and empowerment to secure program funding and adequate staffing rations. In an attempt to work with and through the consequences of social inequity, these service providers must first reinforce the social hierarchy by positioning their clients as being disadvantaged and "in need" of intervention (Dean, Harpe, Lee, Loiselle & Mallet, 2008). These issues leave practitioners in a difficult spot as they attempt to navigate the social and political contexts in which their work is situated. I undertake an exploration of this polarized understanding of clients and professionals as a significant focus of my analysis.

Jeffery (2005) explains that Social Work's foundations in whiteness are hard to challenge because the discourses which inform practice serve to legitimize all activities that assist others [read: those labeled as deviant to deficient] to achieve a more normal or socially acceptable [read: White] status. She reminds us that we can only create highly skilled and aware helpers if there are clients who have been positioned as being in need

of being helped. Though liberalist notions of helping have been constructed as well intentioned functions of society that have the potential to assist the clients and their families in accessing alternate subject positions (which allow them to more easily navigate the dominant social context), a deeper understanding of this context should, these authors suggest, be sought by service providers so as to foster alternatives to problematic liberal ideologies.

A Focus on Social Justice: Current Understandings and Future Directions

An increasing number of CYC writers are focusing on issues of social justice, the inequalities that face the young people who tend to be the focus of our interventions as well as on the implications that these have for practice (See Hans Skott-Myhre, 2005; 2007; 2008; Kathy Skott-Myhre, 2007; Kruger, 2007; Newbury, 2009 & Gharabaghi, 2009, de Finney et al., 2011; White, 2007). Much of this literature focuses on the need for CYC researchers, educators and practitioners to make visible the seemingly value-free nature of how the fields of CYC and other helping professions have generated knowledge and practice (Newbury, 2009). Garabaghi (2009) explains that while CYC practice cannot be removed from the value-laden reality in which it exists, it can become transparent in that practitioners can more actively explore and challenge power relations and inequalities within their therapeutic roles and activities.

One useful concept in debates about socially just policy and practice is that of “Cultural Safety”. Cultural safety as an act of decolonization is gaining relevance in the Canadian healthcare and social service contexts, and has much to contribute to fields like CYC. Developed in the 1980’s in New Zealand in response to the Maori peoples’ dissatisfaction with nursing care, Cultural Safety moves beyond traditional models of

cultural sensitivity to analyze the impacts of power imbalances, institutional discrimination and colonization on systems of care (NAHO, 2006). Cultural safety asserts politically that safe practices are defined by those who are recipients of care, not by those in the positions of providing care or training practitioners (Browne, Varcoe, Smye, Reimer-Kirkham, Lynham & Wong 2009). Cultural safety is built upon a foundation which suggests that by making visible within the training, supervision and policies of a helping profession and the history and systemic inequities of the social context in which practice occurs, practitioners will be better prepared to provide culturally safe care. Similarly, recipients of care will be better able to navigate and respond to situations where they feel unjustly treated within those systems, including when social injustices are ignored or glossed over within the therapeutic context.

CYC and the recent works of its critical researchers and scholars seems well positioned to further explore Cultural Safety as a perspective for teaching critical thinking and socially just practices, both of which are areas which have been noted as difficult to translate into training programs (Ball, 2008; Hoskins, 2003). In 2001, Leon Fulcher began writing about Cultural Safety and the necessary inclusion of an analysis of cultural (including social and political) context within child welfare interventions mandated by policies like “duty to report”. Fulcher (2001) proposes that cultural safety may enhance a useful approach to cultural competence within workers, and improve the quality of services offered in a variety of settings. Fulcher (2001) also advocates that services that are culturally safe support active family participation in the care and control of children while empowering family decision making and promoting practices and methods to increase cultural safety. Fulcher continued in 2002 and 2003 to articulate the importance

of Cultural Safety in the everyday helper-client relationship in discussing the “Rituals of Encounter” that permeate our everyday routines of working with children and families. I relate to these ideas throughout this thesis as I explore how CYC practitioners explain diversity in practice and how they respond to difference and social injustice within the context of their work with youth in residential settings.

Initial Perceptions

From this brief review of the literature, one can see that there is similar thinking about diversity and cultural competence across the closely related fields of Child and youth care, Social Work, and Education. Most of the literature about diversity focuses on goals and practices of sensitivity to culture specifically, though more recent works do bring an analysis of gender, sexuality, (dis)ability and social class to diversity discussions in an effort to broaden how the term diversity is commonly interpreted. The authors reviewed demonstrate a need for the helping professions to move beyond traditional ideals of cultural competence that embrace cultural sensitivity and focus on self-reflection, to a place of critical evaluation of not just ourselves but of our practices and the philosophies, assumptions, and beliefs upon which they are based. An analysis of diversity that pays more than lip service to social justice, working to reformulate and decolonize practice frameworks while persistently questioning practice standards and activities, has not yet been put forth consistently in the field of CYC.

Bringing awareness to how CYC practitioners working in residential settings are accessing ideas about diversity in practice and translating them in their work with youth was the goal of this study, in an effort to mobilize a critical and reflective research process regarding this topic area. Given the common gaps I have noted within CYC

theory and literature in regards to these issues, as well as those that exist in the other fields explored, my analysis in Chapters 4, 5 & 6 problematizes how dominant conceptualizations of practice are lived out in residential care settings, and explores future possibilities for politicized, social justice-centered praxis.

Chapter 3- Methodology

My methodology was comprised of a critical, exploratory qualitative study of minoritization in residential care practice, drawn from individual interviews with CYC practitioners, and grounded in a critical transtheoretical framework. To effectively address the complexity of my research questions, I used a transtheoretical/intersectional approach to methodology that incorporated components of auto-ethnography, critical discourse analysis, and narrative inquiry. This transtheoretical approach enabled me to devise a methodology that integrated practitioners' narratives of practice with my own ethnographic experiences in and knowledge of the field, while critically analyzing the discursive formations that underlie residential care practice and training as they shape and are shaped by intersecting processes of minoritization. This methodology mirrored the goals of my research, the purpose of the study, as well as my theoretical commitments as a researcher and practitioner.

Conceptual & Analytical Framework

I conceptualized this study within a qualitative, interpretive methodology, using semi-structured, in-depth individual interviews with six CYC practitioners who worked in residential care settings. This exploratory methodological approach, although partial and imperfect (as all research is), has allowed me to complete what I believe to be a thorough, critical, layered, and useful exploration of the concept of "diversity" in residential CYC practice. My goal here was not to provide evidence or "proof" of an idea or phenomenon regarding the topic of diversity- the scope of my study was much too small for any such claim, nor was this a priority for me as a critical researcher. Instead,

my aim was to reflect on and create space for conversations about diversity, since I believe it to be a topic that too often goes unquestioned in CYC. The uncontested notions of diversity that are so prevalent in dominant conversations of CYC theory and practice are problematic, as I have pointed out in the previous chapters, given that the majority of helping professions exist in many ways to assist minoritized populations in dealing with minoritization and its impacts within neoliberal/neocolonial contexts (de Finney et al., 2011).

I have collected and analyzed data for this study based on these beliefs about practice and diversity, however I also acknowledge and believe that there are spaces in practice where dominant discourses are disrupted and their limitations challenged, opening up sites for possibility where mainstream ideas of diversity and difference can be reimagined. I have made every attempt in my design of and follow through of this study to challenge my assumptions about diversity in practice, and to engage with possibility and contradiction. I see that discussion as one of the desired outcomes of my work here. With that outcome in mind, the goal of my qualitative exploratory study was to problematize the dominant, unequal and often taken for granted power structures that distract from the realities of social inequity as they inform conceptualizations of diversity in practice. When colonial legacies privilege certain groups by positioning others to experience a variety of social disadvantages (as I have pointed out that they do), I think it is important to practice reflexivity rigorously in relation to both theoretical and practical applications of *care*. I have made the effort here to participate reflexively in the discussions of diversity that are ongoing in my field by conducting a study with the intentions of “shaking things up” a little.

Since it is *my field*- CYC is the profession in which I have learned, practiced, and taught- I must make here an important point about my location within the research and my potentials and limitations to be reflexive. I acknowledge fully that as I conceptualized and carried out my study, I was of course doing so from within the system that I sought to examine. Methodologically, this meant that my commitment to a critical/interpretative paradigm was hugely influenced by my experiences as a student and practitioner in the field of CYC- including those which demonstrated for me the limitations of the mainstream diversity lens. Through the evolving, overlapping layers of insider status I hold as a CYC student, practitioner, and graduate researcher, I hold both a valuable familiarity with my research site, and biased assumptions about it. Being a graduate student- not currently practicing in residential care settings- I also experience a certain distance from the topics of practice that were the sites of my investigation. I do not however pretend to be neutral or fail to question my authority as a researcher who is telling a story about the study that I conducted. I realize that I am both aware and biased, or “blind”, simultaneously; holding both positive and problematic perspectives as my work unfolds. This reality is something that I discuss within my analysis, but also wanted to highlight here as I explain the intentionally selected methodologies that shaped my work.

The final disclaimer that I want to make before moving on and mapping my methodological framework is one about labels. Coming from an emergent critical perspective, I struggled initially to make any methodological *moves* regarding the topic of diversity. I felt it difficult to ask practitioners about their work with minoritized youth, because I saw such an act as reifying polarized understandings of *us/them*, *client/helper*,

normal/Other that I knew were problematic. This left me stuck, and at times silenced my exploration of minoritization. Discussing minoritization from the theoretical perspective that I am committed to often includes awkward, messy, and complex experiences. This scared me as an individual and researcher who is white, educated, employed: first, because I had learned that the discomfort of these discussions meant that they were associated with things like rudeness and ignorance, and second, I had often been able to avoid such discomfort due to the unfair privilege I am afforded through my whiteness. Bringing power relations to the forefront of analysis- relations which remain *behind the scenes* in many dialogues about diversity and difference within the social and political (past and present) contexts in which I had grown up and been educated- was extremely uncomfortable at first, and still presents very powerful and telling moments of tension, silencing and contradiction, not only theoretically, but in terms of my deeply personal relationship with issues of practice in the field. This reiterates for me the need for an exploratory, fluid, critical methodological approach that directly engages with the messiness of such tensions rather than providing definitive answers.

To move forward I decided to use the labels directly, and to be ok with designing a research project that did so because I believe that it is through those labels that identities positioned as the Other are read, interpreted, experienced, and consequenced politically and economically (Weis & Fine, 2004). So much of our work as CYC practitioners, and the experiences of the young people that we work with, are influenced (heavily) by the power of these labels. This is what made this research so important to me, and what informed my decision to move forward with definitions and terminology of minority and minoritization that relied upon an exemplification of certain identities as the

“Other”. The existence of these categories and their impact, I realized, is undeniable since, as Tuhiwai Smith (1999) confirms, “Historically and presently, the “Other” has a name, a face, and a particular identity without a doubt” (p. 2).

Labels and categories exist in our social and political worlds that reduce identities and differences to essentialist qualities -obscuring multiplicity, intersections, and experiences that shape them. Using them here in my study, I of course do not wish to replicate or enforce the power of these labels. Instead, I use them with a full awareness of their implications to simultaneously make visible and trouble their existence and their impact on residential CYC practice. I have chosen to follow the work of Weis & Fine (2004) and:

With theoretical ambivalence and political commitment embrace these categories of identity as social, porous, flexible, and yet profoundly political ways of organizing the world. By doing so we (I) seek to understand how individuals make sense of, resist, embrace, and embody social categories, and, as dramatically, how they situate “others”, at times even essentializing and reifying “other” categories in relation to themselves (p. xviii).

My analysis prioritizes consistent reflection upon the issues that are presented through this methodological choice, but I want to ensure here as an introduction to the methods that I have used, that readers understand that my decision to use identity categories and labels in my study was an intentional one to permit a rigorous critical analysis of how diversity and minoritization are conceptualized, understood, and acted upon in CYC practice.

A recap of the issue.

Despite the apparent urgency demonstrated by statistics of minoritized youth in care, I pointed out in the previous chapters that current conceptualizations of diversity did not emerge within the field of CYC (or other helping professions) to combat the

consequences of minoritization. Instead, diversity emerged from within political movements that shifted towards multicultural policy and practice in response to the globalization of political, social, and economic contexts (Simpson et al., 2011). Consequently, “diversity” was inserted into the knowledge and practice of CYC in an attempt to make working with diversity easier and respecting difference and being *inclusive* were the well-intended priorities here. These discourses of diversity also serve to increase the capacity of helping professions to buffer the effects of social and political inequity while maintaining the status quo. This reinforces the various dichotomies of *us and them* that are so prevalent in the imperial/globalized social context as well as in the helping context.

While this is a significant problem on its own because inherent goals of diversity work to placate minoritized individuals and groups labeled as diverse in a way that supports their assimilation into the neoliberal agenda, further complicating the issue is the fact that within this system of care the very notion of care is assumed to be a neutral intervention and is therefore also similarly rarely examined. The verb *to care* is of course anything but neutral when notions of normal, health, and wellness are so dominated by conceptualizations of the Other and what *not* to be (Tuhwai Smith, 1999). Care as a concept is deeply embedded within the *us and them* power structure- plainly illustrated as those who can care, and those who need care. Residential care settings therefore operate as microcosms of the ideologies, practices, and policies that guide social services for those children, youth, and families most often characterized as *at risk* (de Finney et al., 2011), making them an important choice as a research site for this study.

My methodological focus.

Within a normative and normalizing context of care, and its presumed neutrality, those who are the holders of power are rarely the focus of inquiry. Newbury (2009) describes that the false impartiality of *care* results in the gaze of our research and practice being all too often cast away from ourselves, therefore distracting from the power relations inherent in practice that serve to create and maintain minoritizing notions of the Other and their need for assistance. Shifting the subject of inquiry was my intention for this study- to direct the energy of investigation and exploration inwards- towards a discourse of practice- as an act of (research as) resistance against dominant and unquestioned practices that perpetuate and reproduce the problematic “us/them” dynamics. Newbury (2009) explains the rationale for this methodological intent: “In shifting the subject of study/change from those we wish to help to those who do the helping, I suspect we can move a little closer to effecting positive change in the lives of children and youth” (p.27).

Grounded in a critical/intersectional/transtheoretical orientation, my study interrogates the dominant systems of power which create and maintain the social injustices through which certain individuals and groups are marginalized (Powers, 2007). The inquiry examines the views of CYC practitioners about their work with minoritized children and/or youth in residential care settings so as to better understand how practitioners conceptualize, take up, and or resist the dominant system of care within their practice with minoritized children and/or youth. Study participants were asked to reflect on their CYC training and residential care practice to provide insight into the inner workings of diversity in practice within their workplaces. The main research question of

the study was: How do CYC practitioners conceptualize and/or experience their work with minoritized youth in residential care settings? The focus was on exploring both foundational/dominant and contested/marginalized understandings of practice and making visible how these practice standards are translated and applied by CYC practitioners in their work with minoritized youth.

I facilitated the interviews by questions such as: “What is diversity?, What reasons do children and youth come into care?, How do minoritized youth in care experience barriers to dominant notions of health and wellbeing than those assumed to be non-minoritized do?, Who defines health and wellbeing?”, and “What are the goals and outcomes of CYC interventions in residential settings?” Largely informed by critical discursive methodologies explained in Chapter 1, my approach to this research was based on the idea that there are important links between the language/rhetoric of practice and the ability of practitioners to work in a socially just manner.

When discussing the helping traditions of psychology, Billings (2001) emphasizes the methodological inferences of this when stating: “The distinctively human forms of thinking or deliberation—such as thinking about what to do next, about other people’s characters, about morality, injustice, and so on—are constituted within social life and within language. Important methodological implications follow from this position” (p.293). Important methodological implications indeed followed from this for me as I conceptualized this study. I felt it important to interview practitioners about how they took up and/or resisted discourses of practice. My research methodology stems from the belief that the front line practitioners can both embrace and disrupt, actively practice

among and against widely accepted notions of diversity in practice. There is much to be learned from making this space of practice visible and therefore open for discussion.

The emerging critical literature from within CYC²² became the background for this study that allowed me to prioritize power relations within my research design, making visible through a discursive analysis if and how CYC practice is at risk of reproducing the inequalities that helping professions are intended to address.

Highlighting stories of resistance and possibility that exist in practice, where practitioners work through systemic inequities to engage youth in a transformative way, was also a priority of this study. This allows models of resistance in practice to hold an equal voice to that which my criticisms of their dominant counterparts have.

Sampling/Participants

Participants were recruited and selected based on their potential to answer/address the research questions being posed. The ability of participants to answer/address the research questions was determined based on the following criteria: Participants were CYC practitioners who have either a diploma or degree in Child and Youth Work/Care from an Ontario College or university program and who had been working full time in a residential care setting for a minimum of one year. Participants self-selected into the study by responding to the recruitment call as explained in the next section. Participants of the study included those who a) first to responded to the call for participants, and b) were determined by the researcher to fit all of the participant criteria. Due to the limited number of practitioners who responded to the recruitment call and met the criteria for

²² See Corcoran (2012), de Finney et. al (2010; 2011), Gharabaghi (2009), Loisel (2011), Newbury (2009), Skott-Mhyre (2008), White (2007) for examples.

participation, all of those who responded and were eligible became participants and were interviewed.

This population (CYC trained practitioners in Ontario) was of interest for this study not only because of the goal to examine CYC practice and perceptions with those who hold (some) power within the caring relationship, but also because of the CYC-specific training that they have received and because of their professional practice (residential care) in relation to the topic. In addition to meeting the basic criteria stated above, the study participants were also over the age of 18, and as much as possible were selected for their representation of the diversity that exists within the field in terms of race/ethnicity, age, sexuality, class, ability and gender. This was of course limited by the small number of participants who agreed to participate, however those who participated did self-identify with a variety of the above categories. Characteristically, the field employs mostly people who identify as female, and as expected, more participants who identified as female took part in the study than those who identified as men or an alternative gender identity. In terms of race, ethnicity, age, sexuality, ability, and class, the participant group was composed as follows: There were 6 participants in total, who were all asked to self-identify demographics that they felt were important to locating the social position from which they were speaking. 1 self-identified as male, 4 self-identified as female, 1 self-identified as gender neutral (and is referred to by using the pronoun “they” throughout the study as per their request); 4 participants self-identified as queer or lesbian, 2 participants self-identified as straight, 3 participants self-identified as being of European descent, 1 participant self-identified as being of Jamaican descent, and 2 participants self-identified as being of mixed ethnic background. Participant ages ranged

from 25-37, and the length of time each had been practicing in the field of CYC ranged from 4 to 14 years. All participants reported that they considered themselves physically and mentally able, 2 participants stated that they had learning difficulties as children.

Recruitment.

Purposive recruitment was done through two methods: 1) An invitation to participate in the study was given to eligible participants who were known to the researcher (encouraging them to pass along to their communities of practice), and 2) The invitation to participate was sent to members of the Frontline Partners With Youth Network (FPYN) list serve (the FPYN list serve is open for the public to advertise practice related information and events). “Snowball” sampling played a small role in the recruitment process as some participants shared their interest and invitation to participate with their colleagues. Once aware of the study, interested participants contacted the researcher to provide their contact information.

The recruitment process occurred as follows:

1. Letters/posters (containing project details, required qualifications of participants, researcher contacts and other important information) were emailed to or posted for potential participants to view.
2. Practitioners contacted the researcher to express their interest in being a participant.
3. The researcher described the study using the email script and verified that the interested practitioner met the criteria for participation in the study.
4. The researcher sent the interested participant the required consent forms.
5. The researcher followed up with participants to ensure the consent forms had been received and to answer any questions.
6. Once consent forms were returned to the researcher, times were set up/finalized for interviews to occur.
7. The interviews began.
8. I met with each participant for one interview in person, and followed up for clarification with four of the participants via telephone or email one additional time each.

Data Collection Tools/Methods

Data for this study was collected through individual, semi-structured interviews with 6 CYC practitioners who hold a CYW/CYC diploma and/or degree and who had been working within a residential care setting for a minimum of one year full time. Interviews, as Kirby, Greaves and Reid (2006) describe, “are a special form of interaction between people, the purpose of which is to elicit information by asking questions” (p. 133). Interviews were selected as the sole data collection tool because of their suitability for inquiring, in depth, about a person’s perceptions of their world and descriptions of and/or explanations for what is happening around them (Jackson, 2003). In this case, it is the perceptions, layered descriptions, and explanations of CYC practice with minoritized children and/or youth that were sought and analyzed.

I developed and followed a semi-structured interview guide that used four orienting themes to explore participants’ knowledge and perspectives: Personal Experience, Education & Training, Helping Philosophy, and Practice. Questions related to these themes were posed to participants in a flexible order and I probed the areas of questioning in different ways depending on how the conversation unfolded within each interview. Each interview addressed (in some way) each of the question areas described below. The interviews began by me providing the following definitions of “Minoritized Identities” and “Minoritization”:

Definition of Minoritized/Minoritization:

Minoritized identities are those which are excluded, oppressed and/or discriminated against based on their dissimilarities to the dominant culture. Differences may be based on race, gender, sexuality, ethnicity, culture, ability or be combination of these socially constructed categories upon which individuals are classified within our society.

Participants were then asked variations of the following questions:

1. How do you relate to, on a personal level, the definitions provided at the beginning of the session? What are your thoughts about these definitions? How do these definitions fit for you? Would you add or change anything?
2. Where does your understanding of the terms minoritization and diversity come from? What informs your understandings of ‘diversity in practice’?
3. Can you think of an example from your practice that illustrates that notion of “diversity” or “minoritization”?
4. How do these ideas relate to or fit within the CYC notion of “diversity in practice”?
5. What are the main goals of your job as a CYC practitioner working in a residential setting? What kind of change are you hoping to affect?
6. Do the approaches/interventions that you facilitate with “minoritized” young people differ from those you use with other kids? If yes, how?
7. What are the stories/backgrounds of the young people you work with in residential care settings? How does being part of a minoritized group impact the kids that you work with? How do these kids compare with other kids in your care?
8. Are there additional challenges faced by marginalized young people in your care? If yes, what are they? What do you do to assist these young people in overcoming the challenges that you just described?
9. What are some examples of a time that you struggled working with diversity in your practice?
10. How was “diversity” and an understanding of racism, classism, homophobia, etc. reflected in your CYC training? (Diploma or degree program) What are the strengths and challenges of CYC training in regards to these issues?
11. How is this understanding reflected, or not reflected in the structure of your workplace?
12. What do you know to be the outcomes of residential care?
13. How do you relate the strengths or shortcomings of CYC practice to the realities of these outcomes? What do the outcomes say about what we do?

Following on these questions, I also asked participants if they had anything else that they would like to contribute, add or clarify in regards to the interview and/or questions posed.

The following questions were posed to some participants as follow up probes to certain conversations that emerged from the initial lines of questioning:

1. How do you define ‘Diversity’ as it pertains to CYC practice?
2. Why is this concept present within the scope of CYC practice?
3. Do you talk to the kids in your care about difference? How do you do it?

Research Site

The overarching research site is that of the shared and foundational knowledge that exists in the field of CYC which shapes the practice gaze as well as the subjects (practitioners and clients) within it through its discursive activities. I have explained CYC as a site for research in Chapter 2. In the practical sense, the research site included the physical locations in which the research took place. Interviews were conducted in a variety of locations based on the needs, convenience and comfort of the participants. Locations for the interviews included: 1) a classroom or office at Ryerson University (350 Victoria Street, Toronto, ON), 2) at the home residence of a participant, or 3) over the telephone (researcher in private office, participant at home). Interviews lasted between 1-2 hours. Participants were offered snacks after the interviews as a thank you for participating.

Data Analysis

I transcribed the six recorded interviews to ensure that I could focus on the discursive practices that emerged from within the data. The data were analyzed through the intersectional theoretical framework, presented in Chapter 1; the framework through which the study was designed and conceptualized. The orienting themes of inquiry that shaped the questions asked in the study (Personal Experience, Education & Training, Helping Philosophy, and Practice) served as a starting point for the analysis. From these initial points of reference, I coded the interviews using a layered thematic analysis in order to explore and make visible the complex power relations of diversity and difference and how they emerged through the voices of the participants and the discursive representations that they communicated. I searched for discursive representations of the

dominant lens of diversity in practice as articulated in Chapter 2 (ie/ the positioning of diversity with the Other, the privileging of whiteness, silencing of alternative perspectives, etc.), and also for instances of resistance and creative possibility. Gee (1999) states that analyzing discursive representations this way allows for an analysis of how systemic relationships of power are internalized and acted upon by individuals.

NVIVO qualitative analysis software was used to assist in the organization and coding of the data. Relationships identified through my initial assessment of the data were also explored using the NVIVO software to identify where subthemes were co-occurring and where they were not so as to explore the complexity and overlapping nature of the data in each theme. This assisted me in maintaining a sense of critical congruence as I continually complicated and problematized how the themes were positioned within the analysis.

Based on an adaptation of the methods for social justice oriented research outlined by Weis and Fine (2004), the analytical process I facilitated took place over three cycles of analysis as follows:

1. *Full Compositional Analysis*: The first cycle of analysis involved a thorough overall reading of my data to identify and categorize initial themes and subthemes. The interviews were read and interpreted as a whole so that I was able to gain an overall sense of what they contained as well as the historical, social and cultural perspective in which they were situated. This step served to locate the study and the data as a complex “functioning system” (de Finney, 2008) that exists within an overarching context and has come to be over a period of time. I paid close attention in this phase to the overall themes

and discursive formations in participants' views of minoritization, and sought to make visible dominant discourses in relation to the initial/orienting themes of the study.

2. *Fracturing and Counter Analysis*- The focus of this phase of analysis was to “interrupt the sense of coherence established by the first [analytical] step” (de Finney, 2008). I began this phase by dissecting the inner workings of the research site (discourses of CYC practice) across intersections of race, class, gender and sexuality (among others) in an attempt to break apart the complex power relations that surround processes of minoritization and the related discursive formations that position individuals as in need of professional (residential care) intervention. A focus of this phase was identifying power relations and structures in the data, and carefully considering what gaps exist and the ways in which other discourses may have been minimized or silenced. My counter analysis here further destabilized the initial fractures identified by juxtaposing the preliminary analysis with other analytical possibilities to make visible the multiple stories and interpretations that could be told about the data. This counter analysis explored tensions, silences, and contradictions, including those that exist in the historical and theoretical contexts of the research site and participants. Another focus at this stage of analysis was to situate my own researcher/practitioner reflexivity in the same framework of power relations and discursive practices.

3. *Revealing Sites for Possibility*- In the final cycle of my analysis, I focused on sites of resistance, openings for transformation, possibility and change within the data. Weis and Fine (2004) emphasize the ethical commitment that is present for critical researchers to mobilize their inquiry and analysis in order to speak back to the social inequalities that critical research methodologies are designed to disrupt. In this final analytical turn, I

committed to exploring productive possibility and examples of disruptive engagements that might help re-conceptualize and expand current notions of diversity and minoritization in CYC.

Ethical Considerations

The study was approved by the Human Research Ethics Board (HREB) at the University of Victoria and followed all guidelines outlined by HREB in regards to conducting ethical research with human participants. An executive summary of the study and its results will be provided to participants as a way of respecting their efforts and contributions in the completion of the study. Finally, while generalizations may be drawn from the findings, I do not claim that the study provides definitive, conclusive answers to the questions posed; rather, my analytical process and discussion of findings aim to disrupt foreclosed definitions of CYC practice and suggests possibilities for expanding and deepening engagement with issues of diversity and minoritization. Ideas for more fully investigating the research topic and question will be included in the discussion area of the final write up.

Limitations

A significant limitation of this study, beyond the small sample size and specific geographic focus, is the reality that much of what goes on in the creation, implementation and maintenance of residential care programs remains out of the hands of CYC professionals. Programs continue to employ untrained staff; program structures and policies are often based on trends in psychology and/or psychiatry, and the standards that regulate them come from a bureaucratic system of government regulation that is largely removed from the realities that exist in this system of care. Further adding to this

limitation is the fact that, as I have previously mentioned, great diversity exists in the training and practice of CYC practitioners within the Ontario context. While thematic similarities have been demonstrated in Ontario CYW/CYC training programs (Stuart, Carty & Dean, 2006), the content and depth of the learning achieved by practitioners remains different across training contexts. I took this into account as I completed the analysis and remind readers of this limitation in the concluding chapter.

Another point I wish to make note of here is that the data analyzed was presented by practitioners about their own practice. Seeking these subjective accounts was an intentional goal of the study as I believe that the narratives of practitioners convey the discursive influences that shape their work and that it is these influences that I wished to examine. Also, participants were given a definition of minoritization at the beginning of each interview. The pros of doing this, to draw direct attention to dynamics of power in relation to diversity to be able to understand how participants made sense of, related to, and/or contested them, outweighed the cons for this study. However, using a common definition of this sort also created a limitation in the study, as the participants may have been influenced by the definition as it communicated loudly the critical lens through which the study was conceptualized.

Chapter 4- Analysis & Findings

In this chapter, I present key findings from the first cycle of data analysis conducted with Weis and Fine's (2004) compositional data analysis method. To recap, this phase of analysis involved a thorough overall reading of my data to identify and categorize initial themes and subthemes. This step served to locate the study and the data as a functioning system that exists within a historically-produced socio-cultural, political and economic context. The following figure illustrates the overall findings of the study.

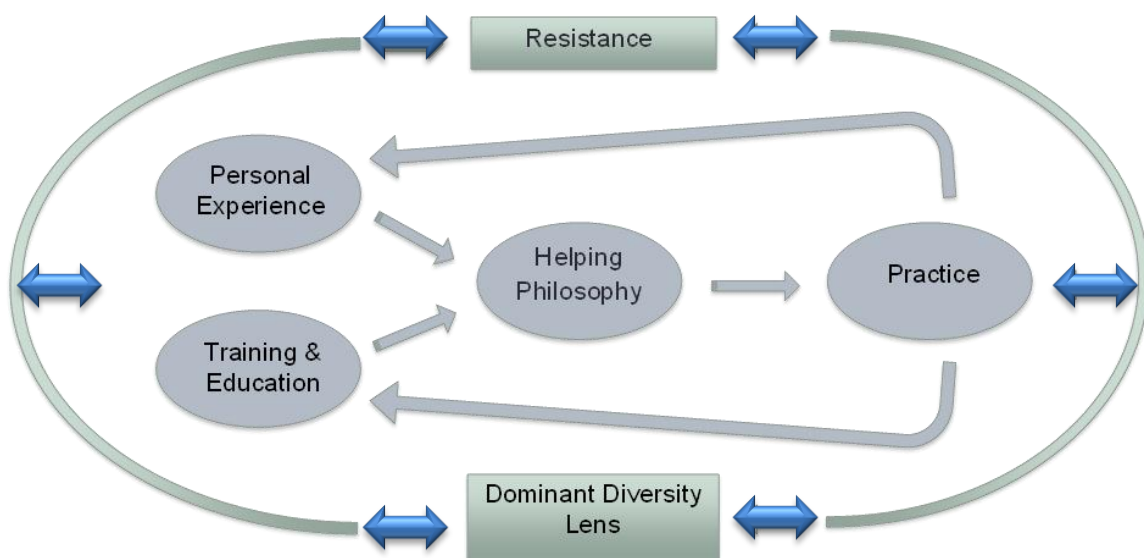


Figure 1

Contextualizing the Themes in a Historical, Socio-Cultural, Political, & Economic Space

In this phase of analysis I worked to locate the orienting themes of personal experience, helping philosophies, education & training, and practice within a larger systemic context. I paid close attention in this phase to the overall themes in participants' views of diversity and minoritization, and sought to make visible the dominant discourses

operating in relation to the themes. Using the orienting themes as starting points, the following sections explore the subthemes that I drew from the data in relation to the historical, social, political, and economic contexts that influence how diversity and residential care are conceptualized.

Personal Experience.

Two main themes emerged from within this initial line of inquiry. They are:

1. *Lived experience & comfort level*- This included participant responses that articulated personal/family experiences of diversity, as well as personal experiences of minoritization.

And,

2. *The self- A pillar of CYC practice*- This included participant responses that articulated, understandings of self-awareness, as well as ethical commitments to equality/neutrality.

Lived experience & comfort level.

Personal experiences and family value systems around diversity and difference were strong themes that participants saw as instrumental in shaping their work with diversity. For example, P6 discusses the impact that experiences such as travel had on her acceptance level in the following quote, “Yeah it [personal experience] really is [important]. So like for me, I traveled a lot, so I am able to connect with some things even though I am white, so my travel helps me that way.” Specifically, participants identified the strongest influence as coming from family values (within their family of origin), their experiences with diversity in the communities where they grew up and/or have lived and worked in (presently or otherwise), personal experiences of minoritization

(or not), and travel. These experiences were valued for their impact on shaping what was presented in the data as a universal commitment to “respect” diversity. This value is illustrated in the following passages from P3 and P2:

Umm...well I feel like my dad was always really good at, he always made it a priority to tell us that you shouldn't treat people differently no matter like, who they are, the colour of their skin, their mental ability or how much money they have or, you know he was always sort of a driving force for that sort of thing.

And,

Experience is a big one- the more experience you have working with a group or a kid, no one is the same, each case is different. The more experience that you have working with the millions of differences that you, that there are, that is what makes you a more competent worker.

Instances like this in the data show that personal experiences are seen by participants to be an influence that has contributed to their own understanding of diversity and minoritization. These understandings exist both within and beyond the common conceptualizations of diversity, difference, and marginalization described in the literature. This raises two important points related to how participants experience diversity in their everyday lives: First, personal and educational experiences have the potential to strongly impact the way we think about and practice in regards to diversity, and second, the value placed upon personal and educational experiences as key to achieving a useful understanding of diversity in practice is very high. I discuss the discursive influences on these ideas in the summary of the historical, socio-cultural, economic, and political location of this theme to follow.

Recognizing the influence of the *equality for all* lens put forth by multiculturalism in the Canadian context, and the value placed upon individual experiences within this discourse, my understanding of the data and its tone also shifted often as I read the

transcripts within this theme. Particularly this shift occurred as I read passages where participants related themselves to the concept of minoritization upon which the study is based. While the communication of diversity *ideals* within the neoliberal/neocolonial context are strongly representative of understandings that place diversity with the Other, I also find myself questioning how participants seem to relate to or contest that understanding as it pertains to their personal lives. For instance, in the following example, P4 relates her struggle with the normative social expectations of gender and sexuality:

Um I guess being gay myself, always wondering what the neighbours think, you know- that you are not status quo. You always know you are different because yeah, there is just that comparison to what most people are. And you aren't that. I guess it is a definite advantage for a CYW to be grouped in that way, and to have to deal with that because you know what it is like to be different and to have people judge you before they know you.

Stories like P4's are both difficult and refreshing to interpret because of their complicated layers of conformity or resistance to dominant ideals. This participant [P4] described her social and political values as progressive and accepting, while simultaneously relating multiple experiences of being Othered.

I explore this multiplicity in the fracturing analysis of this thesis in chapter 5, but here, while I acknowledge the multiplicity that exists, I focus on the humanistic and essentialized representations of multiculturalism and liberalism are the dominant discursive lenses that shape the understandings of personal experiences and positions as articulated by participants. For instance, all participants expressed being "comfortable" with difference: They used words like "equal", "fair", "inclusive" and "same" to describe their comfort level in regards to diversity and difference. Matus & Infante (2011) relate the use of these democratically attractive terms within the discourse of diversity to a

reaffirmation of the multicultural agenda that mobilizes a-political strategies. These strategies put forth a false sense of equality as a means of rendering diversity incontestable. This, in turn, also renders discrimination incontestable in a political manner since the politics of diversity claim to be neutral.

And yet, in many instances in the data, the convenient discourses of political correctness and acceptance of difference were troubled by the participants' affective discomfort/shame/guilt underlying encounters with *difference*. P5 described feeling awkward or uncomfortable as he learned to practice through the diversity lens:

Sometimes it can be awkward, like I feel bad if I don't know something and then I feel stupid like at first I didn't know that Muslim kids didn't eat gelatin, and then I bought a whole shitload of yogurt that had gelatin in it and we had like all Muslim kids pretty much so it was a waste and I felt like an idiot.

Here we see that while participants take up the discursive practices of the multicultural lens that require a peaceful tolerance and/or acceptance of diversity, they also experience the tangible discomfort of lived reality, where *knowing* about diversity is, of course, not always easily achieved. P5 described a struggle with not knowing how to deal with race and racism because of the powerful discourse of color-blindness and liberal morality.

Instead he adopted strategies of avoidance, silence, and over-compensation:

I don't know [why I avoided talking about diversity at first]. I didn't want to be racist I think. Yeah I was uncomfortable. I had never really experienced diversity like this, like in the city, I didn't grow up here, so I just kind of pretended that it wasn't there or didn't matter. Like I *over* treated everyone as equal (laughs) and probably ended up looking like a dumb racist. Horrible!

This awareness of self and the acknowledgement that we live and work in contexts where diversity is not as easily experienced as it presumed to be through the multicultural lens, for me, holds a great deal of potential. In terms of CYC training and practice, these experiences present opportunities to *do* diversity differently- bringing a critical approach

to the way that we conceptualize, learn and practice in regards to difference. As I explore further in my final chapter, this includes unpacking dominant ideals of diversity, and requiring that these ideals are challenged by practitioners before they are able to promote a false sense of security.

Also important to note here is that participants, while acknowledging awkward situations where they felt they “didn’t know” enough about diversity, also referred to examples of discrimination such as racism and homophobia as “a thing of the past.” Here, participants suggested that they saw the current Canadian social and political context as progressive, as moving toward systemic equality: Therefore, they saw processes of minoritization as removed from impacting their daily experiences. In the following example, P6 defines racism in two problematic ways: First, as occurring only in the past, and second, as very narrow in its scope (ie, as situated only in the very explicit and violent actions of slavery):

Um, well historically, but for example you can’t deny the racism in history towards black people, and the reality of slavery, but now that isn’t an issue so much in the everyday, I don’t think because people are aware of how wrong it is to be racist, so it isn’t as present as it used to be. But then again, I am not black, so I don’t know.

A narrow, past-focused definition of racism ignores the multiple socio-cultural, economic, political and systemic forms of racism that permeate everyday life. Instead, the pervasiveness of racial hierarchies in contemporary colonized spaces such as Canada are explained away with the comforting whitening assertion that people are “now aware of how wrong it is.” The power and privilege of whiteness, which I discuss at length in the fracturing phase of analysis presented in Chapter 5, is further reinstated through the comment: “but then again, I’m not Black so I don’t know.” This positioning reasserts the

problematic notion that racism only impacts racialized Others, when in fact it also serves to position whiteness as the unmarked, innocent center. In other words, a white practitioner can afford not to *know* precisely because of the power that whiteness offers in the context of racial hierarchies. In turn, the white privilege of *not knowing* places responsibility on racialized Others, who have to *prove* that racism still exists, in effect reproducing racialized relations of power. This distancing of social and political injustice communicates the values and desires of Canadian multiculturalism and its inherent privileging of whiteness that maintains the status quo. The claim that processes of minoritization do not happen in present day [Canadian] socio-political contexts suggests that there has been an acceptance of currently occurring social injustices by participants in a way that naturalizes social constructions of the Other and silences all possibilities of alternative worlds and selves (Weis & Fine, 2004; Matus & Infante, 2011).

Most participants aligned at some point in their interview with this view that processes of minoritization were a thing of the past, despite relating multiple experiences of being personally Othered or seeing others being Othered. Locating the responsibility for and control of racism as both a historical event, and as something committed by *individuals* versus *systems* present day, structural processes of minoritization are distracted from (Stuart, 2012-personal communication). By failing to acknowledge the structural and systemic inequities of diversity that remain rooted in colonial, racialized, heteronormative, ableist, sexist structures of power and privilege, *blind spots* are therefore created in CYC practice. The presence of these blind spots infer that processes of minoritization have little to do with the contexts in which CYC practice is undertaken, nor with why the need for care exists in the first place.

The 'self' as a pillar of CYC practice.

Priorities of self-awareness (defined as knowing your biases), educating yourself about difference, and remaining committed to learning and growth as a practitioner, were all ideas communicated by participants. This was expected given the emphasis on the *self* in CYC for ensuring critical/self-aware practice. P5 stated:

Yeah we did talk about it [in CYC school]. How to make sure you are self-aware and not bias so that you can work without or with diversity I mean. So you can anticipate difference and be inclusive and welcoming to all kinds of kids. Like we talked about residential schools and how that makes the cycle continue for First Nations kids cause their parents and grandparents went through that and now that trauma makes it hard for them to parent and keep employment and all that. So we talked about how society brushes all natives into one group and stereotypes them as lazy or addicts or all the other stuff you hear. So we talked about how to address that and educate people about where injustices made those situations the way that they are. That is the one I really remember because I hadn't even heard of residential schools before that and I think I would have been- I don't think I would have been able to understand things about working with Native kids as well if I didn't know that... It really pinpointed for me how important the context is.

Stuart (2009) explains that CYC practitioners understand that their practice is shaped by the personal experiences and understanding of self that they have. Stuart also articulates the common notion in CYC theory and practice that the "self" is the therapeutic tool through which healing relationships are facilitated with young people and their families, and therefore that self-awareness and reflection are essential components of CYC practice. CYC education has embraced this commitment to the *self*, in my understanding, with the hopes of ensuring ethical and fair practice that is carried out by practitioners who have spent time and energy exploring their personal experiences and biases in order to minimize or remove their influence from practice should that influence be deemed harmful or unproductive. In the quote above for example, P5 shares an analysis of self and the role of a practitioner in relation to the importance of knowing about the inter-

generational effects of residential schools on children, youth and families. P5 relates the personal impact of dominant erasures of historical injustices committed towards Indigenous peoples in Canada.

The idea that effective practitioners should be impartial and/or neutral in their relational practice was a prevalent theme across many of the participants' stories. Many talked about an ethical commitment to impartiality in how practitioners should present themselves to others. They also emphasized that the ability to adopt a neutral stance is a skill that comes naturally to those who choose to enter the field of CYC. P4 takes up the privileging of neutrality as she explains her experience of the typical exploration of bias through processes of self-reflection

Well some of the courses, and I guess that being a child and youth worker, you are pretty much an open person anyways so your bias tends to be on the back burner I guess. I mean that's just ethically who seems to be working in this field. And some of the courses too. Some of them were related to that I think.

And,

I think it is natural, well for me personally I think it is natural, but then um the other thing is that through the degree program and even the diploma program it, you, it sort of makes you take a look at yourself and what your biases are and gets you to start to get ready to be ethical in your practice, and to look at what those are and what they mean.

I wish to highlight the naturalization of impartiality within the *self* here because it has profound impacts on the depth to which self-awareness can actually be achieved. When acceptance of diversity and the multicultural agenda is internalized in this way, as it is meant to be through this discourse of difference, there are huge limitations placed on the ability of practitioners to implicate things like whiteness, Euro-western dominance, racism, colonialism, and/or heteronormativity in their analysis of the self (Lugones, 2007; Matus & Infante, 2010). Through this practice lens, such an essentialized view of

acceptance and neutrality is not only validated, but privileged, because it bolsters neoliberal/neocolonial values of self-determination, individuality, equality, intervention, charity, and assimilation. This discursively influences thinking in favor of dominant political agendas (Garrett, 2010; Simpson, James, & Mack, 2011). I discussed the impacts this thinking has on conceptualizations of practice and on client/helper dynamic in Chapter 2, and expand on these points later in this chapter.

The specific acts of practice and care are similarly neutralized through this notion of the self and removed from an analysis of socio-political inequity. Several participants emphasized that care is, as they perceive it, a value-free act as demonstrated in the following passages shared by P6:

I think it [practice] is accepting and supportive because it has to be. You can't discriminate and that protects kids. You just can't discriminate and if you do you would be fired. Which is good because those kids have enough on their plates so staff have to be ethical and respectful no matter what. Because it is therapeutic. And it is your job.

And,

So I really think it is important to connect kids to outside resources then. Like the 519, we use that center a lot because we get gay youth here, but no one who works here is gay, so we connect the youth with a program or counsellor that is just specifically able to connect with them about gay issues. To make sure that part of their life is a positive thing and not ignored.

Here, the subjectivity (and self) of the helper is validated by an understanding that it is the responsibility of the practitioner to be accepting and to connect young people to information and resources that are supportive of the diverse identities that they embody or relate to. How this responsibility is taken up, however, depends largely on the awareness of self that the practitioner holds in relation to the socio-political processes that shape their life and the work that they do (Lugones, 2007). For example,

responsibility, of practice with a gay or queer-identified youth is articulated by P6 as being as simple as making a referral to a GLBTQ2S serving agency. While this is seen as a respectful and acceptable practice in the support of diverse individuals within mainstream conceptualizations of diversity, it also contains the possibility that practitioners absolve themselves from considering their own position in relation to the lived reality of the client as it pertains to social and political inequity. This is discussed in detail in the next level of analysis.

Theme summary.

In addition to the ideologies of care and helping articulated in Chapter 2, discourses of multiculturalism influenced how the personal experiences of participants impact the work that they do. I have elaborated on multiculturalism in the Canadian context in Chapter 2, but will revisit main points here as they relate to the data of this theme. Multiculturalism, and the resulting discourses of diversity that emerge from the assumptions and policy upon which it is based, is intended to unite identities in a codified way to neutralize issues of power and politics (Garrett, 2010; Kivel, 1996; Matus & Infante, 2011). This is evident in the participant responses that contributed to this theme of analysis. Simpson, James & Mack (2011) state that, “The myth of multiculturalism claims that racial equity and harmony exists in Canada, and that Canada consistently supports a high quality of life for everyone, be one white or settler, Indigenous, or a visible minority” (p. 287). This belief system is systemically taught and so rigorously upheld and asserted that most individuals who align themselves with its values are unable to see it for the construction that it is or the assumptions upon which it is based (Simpson et al., 2011). Multiculturalism draws attention directly to differences within the ‘cultural

mosaic’, while simultaneously suggesting that difference ‘does not matter’ because there is equal opportunity for everyone.

The authority of this dominant understanding of difference within the Canadian context was demonstrated by all of the participants as they conceptualized diversity in regards to their personal experiences and conceptualizations of their *selves*. Across not just this theme, but all orienting themes of this study (personal experience; education & training, helping philosophy, and practice), the agenda of multiculturalism was reflected so strongly that even in acknowledgements of minoritization and/or social injustice, white, Euro-western privilege and the effects of ongoing colonization were never named. Instead, the ideals of multiculturalism, such as equality and diversity, were communicated by participants as the ethical backbone to good diversity work. As P6 and P4 articulated:

And the equality. I think that it is just a general value of people of people who work in the social services to treat people equally. It would be hard to find a mission statement that didn’t say something about equality these days I would imagine. So we talk a lot about diversity and equality and that sort of thing because it is a reality and a priority.

And,

Well I think that you should respect each individual for who they are and what they bring and what they can do, and I expect that from all people. Everyone is so unique, so I take that approach. It doesn’t mean that because someone is white and of typical IQ that they have more to contribute than someone who is like of a, has a difference from that sort of “normal” way”.

While tensions about acceptance as a moral compass in diversity existed in the data as well, it is important here to acknowledge the power and control that the problematic notion of multiculturalism have over the personal experiences of the participants and the conceptualizations of diversity in CYC practice that they hold.

The privileging of whiteness and erasure of difference in these discourses sets the tone for many participant responses within the theme of personal experience. How practitioners learn about self-awareness in relation to their personal experiences and diversity is key here, in that the neoliberal/neocolonial lens is often not acknowledged or made visible as the importance of self and the presence and/or risk of bias in practice are explored through the multicultural lens. Matus & Infante (2011) summarize the problems of this approach when they state:

At least, there are two problematic figures with these kinds of assumptions. First, this notion of essentialism reinforces the imagination of correspondence between ‘identities’ and meanings, practices, and experiences lived by people. Second, by insisting on differences among groups, and not problematizing the idea of ‘normalcy’ against which these differences are constructed, the notion of ‘normal’ is naturalized (p. 293).

The fact that conceptualizations of the *self* in CYC fail to complicate or question what is seen to be “normal” is, assumingly, partially because when the dominant lens is recognized for its capacity to distract from historical, social, and political inequity, the foundations upon which practice competency in this area are based dissolve theoretically. Practitioners thus have limited access to language that can describe diversity, difference, and/or minoritization outside of the dominant lens in relation to their self-awareness and personal experiences. This means that when the reality that it is the lens itself through which certain subjectivities are at risk of bias in the first place, and through which the work of helping professions becomes both mandatory and validated, is acknowledged-practitioners feel helpless.

When the lens of diversity itself becomes problematized in this way, it seems practice enters an area of discomfort that is consistently avoided despite an awareness of the problems that the lens presents. This dynamic where helping professions and practice

are validated echoes the themes identified by the scholarly work that I reviewed in Chapter 2 which explored and critiqued acts of caring in a professional context along lines of race, gender, sexuality, ability, etc. I will revisit these critiques as I continue to explore this theme in the data in the fracturing phase of analysis presented in Chapter 5.

Training & Education.

Two main themes emerged from within this line of inquiry as follows:

1. *CYC education*- This included participant responses that articulated that diversity was inconsistently addressed (for justified and unjustified reasons) and that as a result, participants felt that they did not get “quite enough” from their education to prepare them for their practice in regards to diversity.

And,

2. *Agency training*- This included participant responses that articulated that they felt training activities in regards to diversity were often something that they felt disconnected from. They also felt that training initiatives were often reactive and insufficient to meet the needs of practice.

CYC education.

Participants consistently expressed that diversity was not a specific theme addressed in their educational experiences in the field of CYC, but rather that it had a more varying presence that ran throughout certain aspects of their coursework. Self-awareness was seen as something that was addressed in CYC educational programs (thus the pillar of practice reference in the theme above), and participants articulated the link between self-awareness, the identification of personal bias, and doing good diversity work. Diversity itself was described as more of a subject that presented itself at times,

and was absent at others within the learning process. Diversity was often conceptualized by participants as something that is “added on” for consideration after core learning and/or competencies were mastered. This was expressed consistently by participants when asked to describe what diversity training participants felt that they had received within their CYC education. P3 responded as follows:

[Diversity came up] in some, but definitely not in all. I mean like all classes it wouldn't be appropriate, necessarily, or needed I guess to talk about those sorts of things. Like health that I said before. Health is kinda health, right? Same as counselling. Yeah like counselling doesn't really change for example, once you know the theory you use and then you apply it just how it is supposed to be used. Or how your program uses it, that sort of thing. And health, well that is like meds and stuff, it doesn't change, it is just the medical model, learning about the body and disease and treatment. And how to be well, make healthy choices so you can teach the kids about that. Those classes we didn't talk about diversity cause it doesn't really apply I guess. But others we did because like family work and understanding families, that is where things change. But child development, things don't change with that, it is more how the family can support it healthily. You know?

Rogoff (2003) explains that the attachment of practitioners to one dimensional explanations of things like child development must be seen as simply a “current agreement on what seems to be a useful way to understand things”, but should always be open to revision. We can see here that the possibility for critique is severely limited in the participant quote above where topics such as counselling and health are thought to be acultural/universal, not mediated in any way by historical or structural issues such as discrimination, racism, gendered or sexualized violence. Research demonstrates however all of these issues to have concrete and profound effects on health, access to health care, mental health, community wellness, child development outcomes, employment and education rates, etc., as well as on how people respond to counseling and therapeutic relationships (Chantler, 2005; Kivel, 1996; Lugones, 2007; Reynolds, 2010). In the next

section I unpack this problematic *blind spot* that exists as Euro-western perspectives are believed as truths, silencing other understandings of these concepts that are so central to CYC practice. Here, I want to acknowledge simply that the blind spot exists in these positivistic, one truth conceptualizations of both *normal* and *practice*.

Courses like family work and case planning were those that these participants saw diversity having more of a valid space. All participants agreed that diversity was most discussed in relation to these areas of practice and felt that this was to teach them about being respectful and inclusive of difference. That said, participants who had more exposure to diversity based learning within their CYC education expressed that the learning they experienced in school around history and contextual contributors to issues like poverty was extremely helpful in informing their formulations of diversity in their practice as a whole. The example from the data that I used in the previous section about residential schools demonstrates this well. These participants also acknowledged that working with diversity *on the floor* as frontline practitioners was far more complicated than it was presented to be in the classroom. P1 said, “How things are on paper look, and how they are in real life, like diversity things are extremely ideal in the classroom, and then on paper at work they are a little less idealistic, and then on the floor they are totally way below that.”

Participants felt that their learning could have better prepared them for the complexity of diversity work, and that education could combat the lack of knowledge and understanding that they either experienced themselves, or believed their co-workers to experience on a regular basis. Tools for working with diversity and having the opportunity to learn about different cultural practices were things that participants stated

would have been helpful to have experienced in their CYC education. The difficulties and problematics with the *cultural toolkit* approach to equipping practitioners to work with diversity is something that I discussed in Chapter 2 and revisit in the next phase of analysis. P4 communicated an understanding that diversity is very complex and stated that they would have liked more support in their training for those times where things are not easy:

As a CYW I may not know all about different cultures, religions, and not that I am saying they should teach all of that, but definitely, especially living in _____ - like this stuff is so complicated, and it isn't positive all the time. So they talk about equality, which is awesome and everyone should be equal, but what about when they aren't? There needs to be some awareness about this. And even about cultures in general- like where you learn some of the complexities, just so you don't walk in blind sort of thing.

Possibilities for CYC curriculum and training in regards to diversity and social justice provide the framework through which I will draw conclusions about this research in the final chapters.

Agency training.

Within this theme most participants stated that diversity training within their agency was not a significant focus. One participant put forth her perception that the agency support that she did receive on the topic of diversity (which came in the form of a pamphlet) was more of an effort to prevent human rights violations from a legal perspective than it was to increase the capacity of staff to provide quality care to their clients. Another participant felt that in her work with adolescents with special needs, the only focus of training within her agency was around diversity in regards to ability, and had little to do with other forms of difference. Other participants said that there was a

“diversity committee” in their agency who planned for the inclusivity of the programs and brought or passed along resources to the staff to help them in their practice.

Claiming that field experience was where they learned the most about diversity in practice, and identifying the lessons that they learned were sometimes learned the *hard way* (ie/ acting in a culturally insensitive way towards a client or feeling uncomfortable not knowing about certain practices or experiences of individuals deemed diverse), participants articulated that even if they were satisfied with the way their agency approached diversity, they would appreciate more learning and/or support in this area. Bringing in speakers who specialized in working with certain populations to work with staff teams was identified as being something that would be supportive of staff development around diversity work.

Theme summary.

Dominant, Euro-western discourses of multiculturalism, developmental psychology, health and medicine, CYC practice, and education all had influence over the data within these themes. In the privileging of euro-western perspectives within these discourses, the focus of CYC education and training in regards to diversity became largely about a) creating sensitivity around certain areas of diversity to prevent practitioners from offending or unfairly treating clients, b) protecting practitioners and agencies from litigation for discriminatory actions, and c) contributing to the maintenance of a hierarchical divide between demographic groups where processes of minoritization are distracted from and the realities of euro-western, neoliberal, and capitalist agendas are perpetuated. Within these discursive conceptualizations of practice, diversity remains something that is owned by the Other, and therefore detached from the

normalized euro-western world view in regards to health, wellbeing, and the need for intervention and/or care (de Finney et al., 2011; Garrett, 2010; Loiselle, 2011; Matus & Infante, 2011; Morris, 2010; Skott-Myhre, 2008). With diversity as an appendix to these falsely identified *truths* about life, experiences of minoritization and exclusion are regularly silenced as there is little space for their voice within dominant modes of education and training of CYC practitioners. The presence of dominant voices and their silencing nature is clearly represented in the following passages from P2:

Yeah they [goals of care] make sense. They are pretty general like I said, just the basics of getting a kid back home or on their own with the life skills and support they need to just live life as normal as they can... Yes it is because the consistency and higher expectations is what helps them to make changes for themselves. So equality and consistency is key to this change because it sees them all as equal in terms of what they can do and what they can become.

Following Foucault's (1977) analysis of the intentional functions of the state to discipline subjects into conformity with political agendas, it is important to recognize here the purpose of institutions, educational institutions in particular, within the neoliberal context to promote and teach the politics of becoming a civilized, self-regulating, and consuming subject- all of which are essential to the maintenance of current political and economic systems (Matus & Infante, 2011; Simpson et al., 2011; Skott-Mhyre, 2008). Given the complexity of diversity that I have presented throughout this study, an unpacking of these assumptions about the world and the relevance of diversity (and advocacy) work in CYC training becomes necessary. I take this on in the next level of analysis, using examples from the data to illustrate and dissect both the inherent complexity and blatant force of the neoliberal agenda as presented within this theme.

Helping Philosophies.

Three main themes, each with related subthemes attached to them, emerged within this line of inquiry as follows:

1. *A mosaic of diversity*- This theme included participant responses that articulated subthemes that defined diversity, referring to celebrations of culture and difference as well as commitments to equality & neutrality as pillars of multiculturalism.
2. *The need for professional intervention*- This included participant responses that articulated subthemes that illustrate perceptions that it is minoritization in combination with other factors that bring young people into care. Participants also explained their understandings of clients' experiences of minoritization.
3. *The goals of the CYC intervention*- This included participant responses that articulated subthemes describing relationship building, creating safety, and working to help young people overcome adversity and navigate their worlds as important parts of the CYC approach.

A mosaic of diversity.

Finding out how participants defined diversity was a preliminary focus of the inquiry in this theme so that the influence of dominant constructions of diversity could be considered as practitioners articulated their helping philosophies. Throughout this line of inquiry diversity was discussed in a general and positive manner that was removed in many ways from the realities of social injustice, and from the roles of the work of helping professionals. Diversity was defined by participants as mainly ethnic in origin, as a protective factor to be respected by institutions that provide care, and as something to be

embraced in the pursuit of equality. Diversity was, therefore, seen by participants as something that could be recognized for its contrast to the “norm” in some sort of visible way. This whitening focus of the diversity lens in practice is important to note here, as it positions white as *normal* and difference as *cultural*. Problematic as that is, it is further troubled by the silencing of other differences that such a lens permits. The views held by participants about diversity both reaffirm the problematic essentialism of diversity that I have already pointed out, and imagine that difference is something that is neatly contained in those spaces and/or identities deemed to be diverse (Matus & Infante, 2011; Morris, 2010).

Celebrations of food and holidays from diverse ethnic backgrounds were articulated by participants as the main method of incorporating diversity into the programs that they worked within, which participants believed sent a message of acceptance and respect for diversity. Non-cultural diversities, such as sexual identity, did not emerge in the natural responses of participants to questions about “What is diversity?”, even from participants who identified as being a part of these groups. Instead participants acknowledged (when probed directly about these forms of diversity), that these forms of difference were less likely to be celebrated in the same [consistently positive and present] way as cultural diversities, but that there was policies and resources in place to protect the equal treatment of sexually, ability, etc. diverse clients. Illustrating the lack of acknowledgement of political processes of Othering within how diversity is commonly defined, P6 explained that she did not think that within her experiences of practice the various identities that I referred to in my definition of minoritization were marginalized:

Yes I have it here. It makes sense I guess, I think, or, well I am not sure that I believe or agree with the fact that all of those identities are oppressed, maybe they used to be, but...I guess they are, but like not at my experience. Maybe in other places, but like at my work and stuff we treat everyone equally and kind of see past those things. Not everywhere is like that I guess though, so yeah I see where those things make sense like that.

Similarly, all participants positioned themselves as neutral and respectful of diversity in their own experiences, though many, like P1, critiqued other staff or agencies that they felt were not so self-aware or accepting with regards to diversity in their workplaces.

The staff didn't agree with the trans thing at all. They thought it was the cause of all of his problems, like if he wasn't [transgendered], he wouldn't be so messed up. I was like, hello, maybe the consistent negative and abusive reactions he gets for being a trans guy are the cause of his problems.

Again, I interpreted this critique in the data, and others like it of co-workers and agencies, to represent a discrepancy between how ideals of diversity in practice are idolized at the institutional/systemic level while they are actually experienced in a very different way by individual subjects. This inconsistency seemed difficult for participants to fully recognize or feel equipped to challenge. I return to these spaces in the data in both Chapters 5 & 6 where I explore the limitations placed on understandings of diversity and minoritization through the dominant discursive lens of difference, as well as possibilities for creating spaces where diversity is unpacked and language accessed for the naming of minoritization and its implications for practice.

The need for professional intervention.

Here participants answered questions about the need for the services of intervention and care that they provide as practitioners, and they articulated their beliefs about why children come into the care of the residential system. The idea of diversity had little presence in the data surrounding this line of inquiry, unless probed during the

interview. Participants identified that there was no set formula that they saw for a kid coming into care, but that family breakdown and poverty were the two main reasons why children and/or youth would need to come into care. P3 explained:

The kids are just different I guess. Some have more issues, a harder time. Some families are worse, some behaviours or diagnosis are worse. It's just harder for some kids based on how they cope, what support they have sort of thing. It's hard to say why, it's like not always the same reason. Two similar kids could turn out totally different, even like siblings right? Lots of stuff contributes. Family has a lot to do with it.

P5 put forth an analysis specific to the impacts of poverty and stated:

Yeah poverty sucks, I mean it isn't too often you see a rich kid right? Not that they aren't fucked up, they totally are and you see it sometimes, but they don't end up living at _____ and seeing my gorgeous face every day. Poverty sucks and being in care sucks, double whammy which is too bad because it's like, how do you ever change that?

Here again social inequity is something that is normalized, rendering things like poverty and social service involvement as incontestable and hopeless in many ways in terms of therapeutic potential. While some participants did acknowledge that things like racism, heteronormativity, sexism, ablism, etc. had a negative impact on some of their client's experiences (past and present), the dominant message conveyed by participants was that these things were only contributing factors- secondary to the realities of family disengagement and poverty. P1 said:

Um, I think that some people may just make negative choices, even though they are not minoritized. A negative choice is like something unhealthy or wrong, like being a criminal, or using drugs, or staying out all night. Um...well some people just have the inability to properly parent their children, or positively parent their children.

This was a clear example of how the neoliberal context shapes dominant views about both poverty and family breakdowns as individualized failures and/or "poor choices".

Participants frequently did not connect poverty to the realities of discrimination and social injustice that exist and contribute to family breakdowns in the exclusively classed society in which we live and work. Even when probed in regards to the potential of this relationship, there was an answer that acknowledged discrimination as having some influence, but ended in the responsibility being placed on the negative choices of individuals and families. This, Simpson et. al (2011) say, is a predictable discursive practice of liberalism that works to promote the values of individualism and distract from the flaws of the collective. I discuss this further in the summary of this theme.

A final point to make here is in regards to the understandings that participants had in regards to their clients' experiences of minoritization. Being in care and living in a group home were seen by many participants to be significant minoritizing factors that existed in addition to other aspects of their identities for which they may experience marginalization. P5 stated:

Yeah it is, you can tell because they are so embarrassed to be "in a group home", like they don't always want people to know, cause for sure it is not the best thing to say. And jobs and stuff, it is always hard for them to get them if they don't have a cell phone because as soon as they call the house either on the kids line they just get ridiculous so much of the time or busy signals, I don't know how anyone gets through on that line, or on the staff line we answer the phone like "hello _____ House, _____ speaking" so they will often ask what that is and then you know that counts against them for most things. They think they are delinquents or whatever and then its, no job for you. Yeah right, it is embarrassing. I wouldn't want to be in one, and I feel bad for them, like they get supervised all the time, that isn't normal, staff around- they are 16 and 17 years old with no really independence. Can you imagine being a teenager and never being home alone ever? Sucks man.

The recognition of the stigma associated with being in care that participants expressed communicates loudly to me about the desire of CYC practitioners to speak back to social injustice and the provisions of inadequate approaches to "care" that are provided for

young people who are unable, justifiably or not, to reside with their families of origin. This desire is a focus of my analysis of possibilities presented in Chapter 6.

The goals of the CYC intervention.

Here participants articulated their main hopes and goals for the interventions that they facilitated with children and youth. Relationship building, safety, and adjustment of behaviours to socially acceptable norms were the primary foci here, as expected, based on the theoretical nature (developmental psychology, ecological/systems theories, etc.) and humanist positioning of traditional CYC practice. *Safety* was seen as the most important by participants, with some articulating that safety was their only goal in some cases. When asked to define safety, participants did so by stating that clients would be protected from abuse (from others and self-inflicted) and able to abstain from partaking in dangerous behaviours such as drug use, prostitution, and other criminal activities. I take on an exploration of the relationship (perceived and/or real) between minoritized and/or “in care” youth and criminalization and/or “risky” behaviour in the next level of analysis.

The commitment to relational based intervention as an ethical endeavor was what participants saw as both setting them apart from other fields (such as social work, probation, and teaching), and as being somewhat rebellious against the stigmas and exclusions that their clients faced in these other systems. Making space for kids to “be themselves” in an un-judged manner was key for all participants, and was articulated as a step in keeping kids safe (or encouraging them to keep themselves safe), increasing their self-esteem, preparing them to work on goals of behavioural change, and to addressing

the realities of discrimination that they may face. P3 explained the therapeutic space she wanted to create for youth, saying:

To make space for that kid to just be themselves, and to work to take down some of the barriers that exist between people, for their differences. They don't have to be real this way we see each other as so different. Experiences help us see that I guess. And to depersonalize the sort of, discrimination stuff for them. It's not about them, it's about the way the world has made some things out to be and the issues that people have. And beliefs too. It helps to see that I think.

It is in these spaces where I interpret the benefits of a critical analysis of power, difference, minoritization, etc. to be both the most present and used by participants, and the most useful for them and the larger community of Canadian CYC practitioners. The relational focus of CYC practice, I believe, does have the prospect and desire to subvert the realities of instances where young people are Othered. The rejection of humanistic, and the supposed value free, nature of difference as constructed through the dominant lens of diversity is something that participants seemed to take up passionately and I believe that this is what the notion of *life space* can be reformulated to mean through the critical lens. I explore this form of resistance and work already being done by scholars in the field²³ to explore and expand traditional/myopic conceptualizations of the life space further in Chapter 6.

Theme summary.

CYC, as I have described in Chapter 2, is a competence based profession that is based on a value of connecting with young people and their families and using the relationship as a therapeutic tool to promote optimal health, wellbeing, and development. A value of CYC practice is that therapeutic work is done in the life space of the clients which translates to a commitment to “meeting kids where they are at” and using

²³ See Stuart & Gharabaghi (2011).

relational engagement as a healing method. Along these lines, CYC has been positioned theoretically by CYC scholars and practitioners as providing strength based and individualized approaches to practice that prioritize building resilience on a case by case basis, and prioritize the *self* of the practitioner as the overarching gateway through which quality practice is formulated. These defining features of practice are what make up the competencies of practice.

All of these aspects of the CYC helping philosophy must be located within the context in which they exist (Moore, 2011). The value placed on things like competence, for example, are highly reflective of the production/consumption focus of the neoliberal agenda (de Finney et al., 2011; Matus & Infante, 2011). With the competence model as the overarching guide of CYC training, all of the core concepts of CYC practice such as *resilience*, *life space*, *individualized*, and *strength-based* are also formulated through this agenda, yet rarely are these concepts recognized as such. I perceive this to be a slippery slope in terms of the potentials and pitfalls of CYC practice to adequately address social injustice. Because the CYC approach and the identities of CYC practitioners are both validated by society, and seen as being somewhat *radical* or rebellious in nature by practitioners, the political side of practice remains firmly rooted in a non-critical, non-radical center position that, as I stated in Chapter 2, runs the risk of reaffirming the pathologizing gaze that are a consequence of continued social injustice (Corcoran, 2012; Garnnett, 2010; Mitchel & Moore, 2008; Moore, 2011). This context of practice and its discursive meanings is very important to the examination of power and minoritization that I undertake in the next phase of analysis and is therefore articulated here.

Illustrating this tension between CYC practitioners as agents of social control vs agents of social change is the ongoing debate in CYC as a field about the inclusion of advocacy and social justice as a priority in conceptualizations of practice. There is a current divide in the field around this issue, with some scholars and practitioners claiming that social justice is a vital and inseparable component of ethical practice and others suggesting that such a focus distracts from the therapeutic potential of the relational values of the field.²⁴ With this in mind, it is understandable that within the data there is not a consistent inclusion of advocacy and social justice as practitioners articulate their helping philosophies.

Many participants do not link diversity with minoritization, nor with a focus on social justice as they explain their views about why kids come into care and what the goals of CYC interventions are. Without a critical analysis of power in how these things are conceptualized, a focus on social injustices is easily distracted from and therefore not implicated as a causal factor for the pain and suffering of clients that has led to their being in need of care in the first place (de Finney et al., 2011; Moore, 2011). I see this debate as a fundamental influence on the gaps I have identified in regards to CYC practice.

Practice.

My approach & that of the agency I work for.

This was a central theme related to practice. It included participant responses that articulated what they personally felt were important parts of working with diversity both on the floor and in overarching policy. Participants also shared their struggles with

²⁴ Referring to the discussion on CYC online (spring, 2011) where the usefulness of critical/post-modern ideologies in theory and practice of CYC were debated in relation to a conference being held at the University of Victoria which had a focus on critical, post-modern, post-colonial, and post-structural perspectives.

diversity, as well as their understandings of advocacy in relation to CYC practice. Here participants were asked about their approach to working with diversity and minoritized clients, and their responses articulated key aspects of practice that they felt were important for working with diverse individuals and populations. Being respectful and open, being informed about diverse needs in pre-intake and case planning activities, and connecting kids to outside resources that support their diverse identities were all identified as essential pieces of good diversity practice. Agency policy was also highlighted for its importance in relation to diversity work, and participants identified policy standards as a protective factor in their workplaces that demanded equality for all and therefore assisted in ensuring that non inclusive individuals and/or practices could be held accountable. Ministry policy was also acknowledged for setting standards of programming where culture based programming and case planning are mandatory components of residential care.

That said, most participants articulated struggling while working with diversity at some point in their careers as CYC practitioners, sometimes on an individual level, and other times at an agency level where they felt that their workplace was not living up to the policies set to protect ideals of equality and fairness. Participants described bumping up against discrimination and/or inequality at times in their work with youth, and described their perceptions of advocacy and resistance that they participated in as a result. P1 described their involvement in advocacy for a transgendered youth who they felt was being discriminated against in the program that she worked in as follows, “Um working through that experience was very difficult because I was attempting to advocate for the youth and basically was put in- I found myself in the same position as the youth, um

yeah. It was not easy.” I want to point out the discursive restrictions placed on what the term *advocacy* means through the dominant neoliberal lenses of practice. The participant clearly identifies that in her efforts to confront discrimination she felt a sense of powerlessness that she equated to resembling closely the experience of the youth that she was advocating for. While these spaces of relational engagement- where a CYC practitioner aligns with a young person to support them- are where I believe meaningful youth work occurs, Skott-Mhyre (2008) reminds us that these spaces lay so buried beneath the dominant culture that they are often difficult and/or painful in some ways to access.

Theme summary.

Burns (2003) explains that residential programs and the staff who work in them create and maintain a therapeutic milieu (including the cultural and social contexts that the program is shaped by) that has healing in nature with the goal of restoring or facilitating positive developmental outcomes for children and/or youth. This goal both compliments and is complemented by the domains of CYC practice that have the same aims in mind. Based on the notion of *positive developmental outcomes* and their conceptualization through the dominant Euro-western lens, residential facilities therefore have a function which can be compared to that of detention facilities, hospitals/ institutions, and other *rehabilitative* institutional spaces. In these spaces restoration and/or conformation to acceptable societal norms of behaviour, health and wellbeing is the intention, and therefore such institutions function as a microcosm of society where neoliberal agendas are prioritized and the objective is rehabilitation to the status quo of

the self-regulated, conforming, productive, and consuming citizen subject (de Finney, et al., 2011).

The idea of diversity is left with very little room to influence the agenda here, even when subscribing to the dominant understandings of diversity that exist within the neoliberal context (Kivel, 1996; Morris, 2010; Walia, 2012). Conceptualizations of diversity that would implicate the processes of minoritization that are inherent in a context dominated by Euro-western perspectives therefore seem all but impossible within these settings. Acknowledging the seemingly natural alignment of residential CYC practice within the intentions of the dominant system is an important consideration that I must reassert as I move forward with my analysis within this theme because of the blind spots that unquestioned ideals of normal create for CYC practice. Checking these blind spots is my goal, as I have stated previously, for the next phases of analysis where I deconstruct the dominant discourses of practice and explore other possibilities and understandings of *doing* residential care through a reformulation of diversity work.

Revisiting the dominant presence of the discursive workings of multiculturalism as a primary influence over conceptualizations of diversity in CYC practice is the final task in this section of analysis before moving on to the next analytical phase. The ideals of equality, acceptance, and fairness for all are clearly present in the data as participants take up the values set out by this agenda. P1 takes on this responsibility and says, “Well it is my job to make sure that everyone respects it in the home. Like to promote acceptance and equality, not just in the program but in life in general.” While I interpret the intentions of this lens in practice to be positive, there is a limited analysis of the power dynamics that support and maintain the unrealistic goals of equality through a discursive

positioning that removes many aspects of practice from the historical and political realities of social injustice (Kivel, 1996).

There is a strong relationship between this and colonial discourses of charity and helping; where subjects are offered or mandated to receive services that are intended to assist them in achieving the societal standard to which equality and normalcy are measured (Lugones, 2007). Harley et. al (2002) explain that such approaches “result in a problem saturated way of knowing and representing persons who are judged to be on the margins of society, thus ignoring their complexity, strengths, and dreams” (p. 219). Here, there is too often a lack of consideration of the ideological assumptions upon which those who are the recipients of our practice have been deemed in need of care.

Along with the strong representation of the neoliberal agenda in participant responses about their practices, responses also illustrated how participants experience contradictions in their everyday practice; where everyone is equal, but it still may not work out all that nicely despite the neatly packaged goals of residential policy and practice in regards to diversity. The intricate workings of this relationship warrant an ongoing intersectional analysis. This approach highlights the intricacies that are present in an exploration of not only diversity in practice, and also in regards to pursuits, and limitations, of advocacy and social justice within therapeutic activities.

Overall summary of this analytical phase

The complexity and interconnectedness of the themes and subthemes as I interpreted and drew them out in this phase of analysis became evident immediately. There was significant overlap in the way the data conveyed discourses and the subject positions that exist within them, illuminating the complexities of diversity in residential

CYC practice. The normalized production of the self-regulating, polite, peaceful, productive, and consumer driven liberal subject was a strong discursive function that ran throughout the data and across themes and discursive embodiments. White, middle class, heterosexual and able identities were naturalized in these spaces, while positioning other identities as diverse within all thematic areas. This seemed mostly unapparent to participants, based on the responses that they provided. The positioning as subjects who are deemed to be diverse an/or who are minoritized as being in need of professional intervention, as pointed out in Chapter 2, is highly problematic and supports inadequate conceptualizations of care.

Participants often, as anticipated, both reified and subverted dominant narratives simultaneously in response to questions about their personal experiences, education & training, helping philosophies, and practice. An awareness of these tensions seemed, however, lived yet unarticulated (specifically) in the data. The dominant discourses that could be identified and/or implicated in the shaping of the participant responses reflected those identified within the preliminary review of literature for this study: Multiculturalism, neoliberalism (and its privileging of values such as individualism and self-determination), CYC practice, developmental psychology, education, and the pathologization of those deemed in need of professional intervention. In this phase of analysis I briefly explored each of these in this section, focusing on how they both influence the daily events in residential care, and are influenced by these events- particularly as articulated/ experienced by the CYC practitioners accounts represented in the data. Exploring the data further along lines of race, class, gender, sexuality, and ability is the focus of where I take this analysis next.

Chapter 5- Fracturing & Counter Analysis

From Difference to Power

Once named, the world in its turn reappears to the namers as a problem and requires of them a new naming (Freire, 1970 p. 88).

The forces that shape the discursive and practical limitations and possibilities experienced by participants are the focus of this chapter's analytical turn towards fractures, tensions, and uncovering how relations of power shape silences and gaps in the data. In the previous chapter, I attended to four primary themes in participants' accounts of residential care practice: Personal experience; education & training; helping philosophies, and practice. Here, I unpack these four themes to disturb the sense of coherence established in my initial analysis. I begin this phase by dissecting the inner workings of the research site (discourses of diversity in CYC practice) across intersections of race, class, gender, sexuality and social class (among others) in an attempt to untangle the complex power relations that shape processes of minoritization and the positioning of individuals as in need of professional intervention. To do this, I interpreted the data through fracturing lines of analysis focused on four themes: 1) White is right: tools for constructing the Other, 2) the value of individuality and the myth of agency, 3) care as a forceful act, and 4) CYC education, critical thinking, and capitalism.

I identified and used these themes as fractures to unpack the positions available to the CYC practitioner in relation to diversity work. These positions include (but are not limited to) things like the *good* diversity worker, the *professional*, the *developmental*

expert, and the *advocate*. As Robinson & Diaz-Jones (2006) point out, “As contradictory subjects we are constantly negotiating power relations in our everyday lives, shifting contextually according to how we read and negotiate our daily interactions with others” (p. 34). An individual therefore emerges through these processes of social interaction, not as a relatively fixed end product, but as one who is constructed and reconstructed through the various discursive practices in which he or she participates (Davies, 2000). A focus of this phase was not only identifying the gaps and tensions that exist as participants articulated this constant shifting in the way they think about and practice diversity, but to carefully consider gaps and silences as the discursive activities that render the complexities of power invisible. My intention here was to explore these spaces in the data, including those that exist in the historical and theoretical contexts that shape not just the words of the participants, but also myself as the researcher, the research site, and participants themselves. Doing this permitted the complexities of diversity in practice to be acknowledged and unpacked.

I also realize that my critical lens does not mean that I am always able to interpret social contexts outside of the power of the dominant discourses available to me. As Davies (2000) explains, even once a person has taken up a position, the same person may experience a different version of their situations and interpretations based on the fact that at any one time they are in multiple positions. My experience and thinking exists always within these complex relations of power, and I experience the blind spots that I refer to and critique on a regular basis as a result of my being simultaneously positioned both within and outside of discursive privilege. It is from this space of being both implicated

and responsible for action at the same time (Kivel, 1996) that I write about the complexities of diversity in practice.

Identifying the tensions and silences in the data is key to making visible the need for a more comprehensive, politicized analysis of structural inequities facing minoritized young people in care. However, it is also important to put these erasures in context so as not to assign lack or blame onto individual practitioners, or to unilaterally dismiss residential care programs. Rather, the gaps identified are indicative of systemic yet incredibly layered and complex erasures of critical perspectives in dominant CYC discourses and practices as well as in residential care systems. Making these erasures visible across systems is exactly the purpose of the fracturing analysis presented in this chapter. The intersectional lens I outlined in Chapter 1 provides me with tools to highlight fractures in the data along intersecting social formations of race, gender, sexuality, class and ability (among others) and to explore them at both systemic and individual levels (Scheibelhofer & Marotta, 2011). This lens, drawn from my personal experiences and views as a queer practitioner/activist/researcher, shaped my desire to conduct this study in a way that it can hopefully be meaningful across communities of research and practice, and model how to engage in a critical, intersectional analysis of dominant discourses to silence and/or amplify minoritized voices.

I identified four salient “sites of struggle” in the data that shape the participants’ experiences and perspectives. The first one I will discuss is the prevalence of whiteness and dominant multicultural discourses in determining perceptions of, and practice with, the Other. I then focus on instances in the data where participants prioritized the value of individuality and simultaneously witnessed and were limited by the restrictions that

dominant discourses place on the agency of individuals. Next, I explored the notions participants shared of care as a forceful act to disrupt the discursive neutrality that care is so often afforded in discussions of CYC practice. I conclude by exploring the links between what participants saw as inadequacies in their educational and training experiences and the limitations placed on critical thought and action in education settings within the current neo-liberal context (Moore, 2008).

White is Right: Multiculturalism as a Tool for Constructing the Other

Rogoff (2003) explains, “Habitual relations between people become expected, *institutionalized* rules and approaches that people come to regard as external to their functioning” (p. 85). In the current Canadian context of Euro-centered, neoliberal, global capitalism, there is an unrelenting colonial privileging of White identities and Eurocentric world views that have become institutionalized in this way. The normalization of certain truths is part of the colonial system which suggested that White, western values were superior to those of other people and therefore should be considered normal and desired by all individuals (Lugones, 2007; McIntosh, 1988). As many critical pedagogues point out, we are socialized through this colonial lens (Green et al., 2007; Kivel, 2002; Robinson, 1999; 2004). The naturalization of whiteness serves to privilege all aspects of identity associated with Whiteness such as Christianity, heterosexuality, masculinity, liberal democracy, and capital-based economic structures. As a result, individuals and groups who do not fit within this rigid definition of normativity are positioned as being diverse and are “charted and judged in terms of conformity and deviation to be coded and compared, ranked and measured” (Rose, 1990, p. 437).

Alternatively, as Robinson & Diaz Jones (2006) state:

Those who position themselves in this [dominant] discourse will share in the privilege, advantage and power that are culturally sanctioned through the dominant cultures support for this 'truth'. Those who locate themselves outside of this truth will frequently experience inequities, diminished power and little or no support from the dominant culture for their perspective (p. 35).

The notion of privilege itself illustrates well the idealism that the white identity has come to hold, as the idea of privilege automatically suggests that it is something that other people should want to have (Kivel, 1996; McIntosh, 1988).

The very foundation of colonization past and present can be traced to the labeling and categorizing of identities in a hierarchy of dominance and subordination, with those of white European descent occupying spaces of power within the hierarchy (Tuhiwai Smith, 2002). The arranging of subjectivities within this framework of power distribution and the resulting rules of social interaction are necessary for colonial dominance because they immediately position non-European/non-White identities as inferior and therefore as subjects that are presumed to benefit from colonial rule (Lugones, 2007). Because of our history of colonization and adherence to British and French imperialism, discourses of white dominance permeate all aspects of the Canadian social order. For CYC practitioners, this means that the foundations and knowledge base of our field are taken for granted as common and acceptable everyday practices of therapeutic social interaction while they also perpetuate the momentum of racism and colonization because of the assumptions upon which they are based (Green, Sonn & Matsebula, 2007; Robinson, 1999; 2004). The erasure of an analysis of power in conceptualizations of practice was evident in the data as participants shared with me their thoughts and definitions of things like normalness, equality, diversity, and practice.

Defining normal.

Because the individuals and families that come to be known as clients are often deemed to require professional intervention simply for the reason that they may not fit the dominant notions of what is seen as normal or socially acceptable, it must be recognized that the labeling of individuals and groups as deviant or deficient, and therefore as in need of our services, contributes to and maintains processes of minoritization (Shoveller & Johnson, 2006). The standards of diversity in practice that are promoted by dominant discourses of multiculturalism, developmental psychology, and ecological systems perspectives are problematic in this sense because they promote the western ideals of human development, health, and wellbeing as being “normal,” while silencing other perspectives labeled as “diverse.” Practitioners therefore take the legitimacy of the theories and principles upon which their practice is based for granted, failing to question the constant comparison to heteronormative whiteness that exists in the therapeutic realm (Woodward, 1997).

The professional lingo of participants as they discuss their work- often using words such as “appropriate”, “normal”, “success” and “healthy” in descriptions of what best practice looks like- illustrates this well. Even the word “family” as used in the data is read by participants through the white lens, followed by an image of the nuclear family known as traditional as the ideal setting for child rearing to which all other familial arrangements are compared (Lugones, 2007). Each of these words assumes that there is a common understanding about what they mean (Woodward, 1997), yet they all hold various meanings that are dependent on one’s worldview.

Participants' frequent emphasis on *good* practice show that dominant discourses of practice fail to unpack the possibilities and limitations of the words that are used to describe CYC and residential care for the ways that they privilege whiteness. Ideals of what is good practice are therefore based on a predefined conclusion of what constitutes right and wrong, normal or different, assigning those values to subjects within the practice setting (Woodward, 1997). One participant demonstrated how white privilege shapes the goals of residential care as rehabilitation to unquestioned norms, yet fails to implicate it as an influence:

As I see them, well- I think the goals of residential care are to try to connect with the kids and do whatever you can to help them get out of the group home – to move back home or out on their own. Group homes aren't the best places, not ideal anyways, but at least they try to break the cycle. You want to help them get back to normal – no trouble at school, no behaviours that get them in trouble, healthy coping strategies – you know, so that they can make it on their own. Higher expectations of life in a better way than they had. And what they can do or be.

In this reflection, P6 describes the goals of therapeutic intervention as rooted in a process of normalization that seeks to engage young people in “break[ing] the cycle,” “get[ting] back to normal” and avoiding “trouble.” These codes of normativity that show up in the data are embedded within discursive practices of multiculturalism. Much about the way practice is articulated is based upon assumptions and beliefs about whiteness that are rarely made visible or discernible from the good intentions and widely accepted notion of equality for all that this lens promotes. CYC practice can be seen as symbolic of these intentions because in some ways it replicates the colonial idea that human relations require a hierarchical structure in which someone is in charge of controlling others (Green et al. 2007; Rogoff, 2003). Continued unpacking of discourses of multiculturalism and equality to expose social and political power relations that institutionalize white

dominance is necessary here to complete a thorough analysis of diversity as it relates specifically to the everyday experiences of [CYC] practice (Robinson & Diaz Jones, 2006).

Equality as a minoritizing force.

P6 articulates the presence of equality based outcomes that are present in the field, shaped largely by discourses of practice and multiculturalism:

And the equality- I think that is just a general value of people who work in social services to treat people equally. It would be hard to find a mission statement that didn't say something about equality these days I would imagine. So in school we talked a lot about diversity and equality and that sort of thing cause it is a reality and a priority.

Here, P6 emphasizes that equality is “a general value” and that it is “a reality and priority” for “people who work in social services to treat people equally”. There is an assumed desire to work towards equality and fairness for all within the helping professions. P6 expresses this with ease, relying on the consistency of such a value in the mission statements across organizations.

The loaded nature of the words equality and diversity in conceptualizations of practice remains unaddressed when standards of impartiality are formalized in this way. A focus on multiculturalism and equality serves to flatten the complexity of diversity, failing to implicate colonization and white privilege in the analysis of diversity, distracting from intersections of difference, and excluding other diverse identities that are not culturally based (Burman, 2003). This flattening also excludes diversities that exist within minoritized groups, promoting one dimensional understandings of culture and difference (Hoskins, 2003; Morris, 2010). Under multicultural discourses, equality is performed by practitioners as incontestable and achievable reality (Kivel, 1996). Instead,

methods of cultural sensitivity –deemed impartial and morally good- infiltrate therapeutic contexts; they serve to lessen discomfort about diversity for the dominant group, but end up also working to distract from power relations and the true complexity of social injustices and their place in practice.

Even when acknowledged, socially unjust realities are seen by some participants as having only a historical, not a present, place in shaping the need for a protection of equality and human rights. P6 illustrates this assumption:

Yeah I would say for gender anyways. Racism is a little different. I think that depends more on where you live, but historically, it has definitely shaped things. We don't find racism is an issue in our program though, not often... Mostly it is poverty [that creates disadvantage for families] like I said earlier.

This positive mindset about diversity positions minoritization as a mere historical blemish (Lugones, 2007). Rather than acknowledging the reality that statistics show that there are growing inequities in Canada based on race specifically, P6 emphasizes that “racism isn't really an issue”. Such a positioning disregards completely the fact that poverty is a reality based largely on economic exclusion based on racialized, gendered, etc. comparisons to taken for granted White norms. The data excerpts above show how a minoritizing neoliberal/neocolonial agenda is reinforced and validated, suggesting that disadvantaged people and populations are a natural occurrence, and that they should forget the past, “pull up their boot straps”, and move forward towards a pursuit of western ideals of health and happiness (Bishop, 1994). This has huge implications for practice conceptualizations. The data consistently illustrates the silencing and denial that are perpetuated as diversity is packaged, sold, and taken up as a positive aspect of society.

Pathologizing difference.

CYC practitioners, as members of therapeutic teams, “have the power to override, undermine, and reduce the experiences and knowledge of their clients to a constellation of symptoms and pathologies” (Harley, 2002, p. 219) through the constant comparison to unquestioned assumptions of what is normal. The White lens of practice supports this, as diverse ways of being in the world are automatically associated with being different, deviant, or deficient (Burman, 2004). This creates binaries of identity such as normal/diverse, White/Ethnic, neutral/cultural, etc. that limit the identity development of children as well as the interactions they have with each other (Helms, 2003).

The constraints produced by the language of professional assessments were certainly evident in the data. Several participants, for example, articulated their trust in and reliance upon “assessment tools” and “intake packages” to give them the information about their clients that they considered important to provide individualized quality care.

P1 explained their awareness of how this is problematic:

One other thing is that I think the original intake- like assessments at that first part have such an influence over plan of cares and goals. So you might be a really grassroots person working from the ground up with a kid, but you might be basing much of your approach on the info you are presented with, like in a report sort of.

Although some participants have worked to challenge their own constructions of diversity in order to work with it differently in their practice, the White/Eurocentric frameworks through which practice are constituted, assessments completed, and therapeutic goals set, remain forceful in their shaping of the contexts and interactions of care. P4 illustrates how these processes of assessment become so internalized in practitioners that the power of professional practice to *create* both the interventions and *problems* that validate their work goes unrecognized:

Yeah for some reason or another, hands down, it is that [parents are unable to continue parenting]. They are unable to care for that child. Whether there are mental health issues and they can't care for the kid, or their could be divorce where, like money issues or behaviour or whatever the reason, maybe the family has issues and doesn't know how or can't properly take care of the child, or there is abuse and stress that just stops them from parenting properly.

Harley et. al (2002) assert that even with personal efforts to explore these issues, many practitioners continue to engage in uncritical practice as a result of the contextual influences in which their practice is based (Harley et al. 2002). Participants like P6 then describe their work in a way that justifies "helping people who need it." Assessing *need* in this way affects the young people in their care negatively by not recognizing the potential that our work has to perpetuate discrimination and social injustice.

Managing diversity and coping with injustice.

The strength-based approach of CYC practice can be problematized in relation to diversity for its inherent orientation to the positive as a method of managing difference. For example, while participants articulated the practices of cultural celebration and acceptance of diversity, they also admitted that certain diversities were not as easily or comfortably included in the work of their agencies. As P5 noted,

Uh well religion is kind of like culture with the holidays and stuff and then also it is seen as a priority if a kid has certain religious beliefs or whatever, that is a good thing for like plan of cares or treatment planning if the youth is invested in that or thinks that it is important, we help them get there and stay connected and let them out of programming if they need to attend. So yeah, it is like the same as we deal with culture like food and holidays. Sexuality is different. We get gay kids now and then, and we talk about it before like where they will sleep and how to make sure they are safe from the other kids from bullying and them just being like mean and stuff about it.

This approach serves to locate diversities in a hierarchical arrangement based on their dissimilarity to the perceived neutrality of Whiteness. This suggests that doing good diversity work is about including cultural acknowledgement and respect –in other words,

promoting superficial and tokenistic celebratory responses to difference. Further problematic is the fact that this approach requires the existence of a diverse Other to celebrate in the first place, and also demands that young people are able to know and articulate a tidy formulated identity that can then be *respected*. Questions emerge for me about this approach such as, “what if a young person doesn’t know their culture/language/religion?” and “what if the LGBTQ2S young person is not *out*?” Do celebration and respect still matter in these situations? How do we care for the subjectivities of young people who, for whatever reason, do not *know* what to celebrate or respect?

In the quote above, P5 illustrates the increased discomfort around the inclusivity of certain diversities because of their presumed associations with risk (of bullying, violence, etc.). This is where an intersectional analysis becomes so important to unpack the asymmetries between the lived reality of practice and the discourses that shape it. In reality, historical, political, cultural, and economic contexts continue to position certain diversities as precarious and/or undesirable even though, in theory, they are “protected” in discourses of equality and human rights. Problems are also presented when diversities that exist outside of culture are erased through the attachment to culture within this approach to competence. Such an omission contributes significantly to the encouragement of practices that are inadequate at working with a multiplicity of diversities and therefore runs the risk of further marginalizing other individuals and groups. This distracts immensely from an analysis of the intersecting processes of minoritization that impact the reasons why youth from these groups come into care.

Interventions in residential settings were often described by participants that seemed to attempt to deal with the consequences of minoritization and social injustice,

yet were removed from locating inequality in conceptualizations of the *problem* or the *treatment* in their attempts to manage difference. P5 illustrates this erasure in his description of the therapeutic goals of the CYC intervention:

Well, the relationship is the biggest CYC thing that you hear about I guess. That's our shtick or whatever. And we like try to always, or do always put the child and family at the center and look at the positives and strengths that they have, resiliency and strength to get where they are, finding strength where it seems there is none is something I remember from my teachers in college.

Well intentioned as this strength-based approach that P5 describes is, it also allows social inequities to remain outside of the practice gaze, and therefore removed from the possibility of reflection and/or action.

Further troubling about the influence of white and dominant notions of equality and acceptance within residential CYC practice is that such notions strongly reassert a model of practice that divides practitioners from clients in an *us/them* dynamic.

Supporting the critique that I explored in Chapter 2, I feel it is important here to examine the implications that this binary has for diversity in everyday practice contexts. When a divide such as *us/them* is present, the default of practice becomes that it is something that is done *to* rather than done *with* clients. When clients are viewed in this way, questions are not posed about why certain individuals need to have an intervention done to them, nor why their identity has been aligned with a perception of risk that is such an intervention of safety is justified (Chantler, 2005). This permits erasure of the societal (and even family and community) contexts as important contributors to health and healing. The participants' interviews provide telling examples of how the intervention is seen as the key to achieving a standard of health and wellbeing where anyone outside of

the us/them dynamic is removed and interventions focused only on individuals who can have something done *to* them in the residential context.

The ease of reinforcing the us/them dynamic in practice is significant and comfortable for those whom the dynamic privileges (Chantler, 2005). Awareness of the faults of this approach is also present in the data. P2 observed that the staff in her agency were from a predominantly homogeneous social demographic and that therefore it was difficult to analyze the quality of the care they provided to diverse individuals:

And who is a part of it [the diversity committee]? All white straight females. Diversity might not be on their radar if they aren't careful, you know? They don't get it. Or they avoid it like I see in my team. And it is hard to even have a diversity committee when your whole team agency wide is almost exclusively white straight females.

When unchallenged, dynamics such as this serve to silence non-dominant notions of care and healing that could provide alternative possibilities for practice.

The Value of Individuality and the Myth of Agency

Another salient theme in participants' descriptions of diversity in practice was a focus on individualized, neoliberal notions of agency. Many of the participants described a focus on individual understandings of concepts such as development, diversity, capacity, change, behaviour, and responsibility. Neoliberal ideology influences heavily the ways in which practitioners take responsibility themselves for how they practice in regards to diversity. The participants often stressed the importance of acceptance, tolerance, and flexibility as an ethical CYC practitioner *doing* diversity work. They emphasized that demonstrating these values and/or competencies was the responsibility of individuals as opposed to the responsibility of the systems in which they work. P4 discussed how a responsibility to be *culturally-competent* is personalized:

Yeah you educate yourself. It is your job I think. To learn about it and implement it. Like “oh here is something new” and you put it in the back of your head so that later on when it comes around in your career you are like “oh I know about that”. I mean, what else can you do really?

On the one hand, P4’s observation shows a positive sense of personal accountability and commitment to learning and implementing strategies to work with diverse clients. Here P4 stresses that self-awareness and continued education are part of a practitioner’s job. On the other hand, in this individual competencies-based approach, self-regulation is commonly understood in terms of the contradictory humanist discourses of individuality, of choice and consequences, of autonomy and responsibility (Davies & Laws 2000). Here, subjects take up the position they are offered within neoliberal discourses as free and democratic, individuals who have the right to choose what their thoughts and actions will be.

The limitations placed on these notions of freedom and choice, however, are often distracted from by the comfort of privilege that they offer. In other words, if someone believes they are free, they are not likely to search for boundaries to that freedom, nor resist the boundaries that they do come across. It is, as Gill (2008) states, “difficult to overestimate the extent to which discourses of choice, agency, and empowerment have become central to neoliberalism” (p. 436). The valuing of individualism and self-regulation in this context therefore promote an idea that individuals are completely responsible for their own actions, and are mostly free from state interference as long as they make the right choices (Fine & Ruglis, 2009; Foucault, 1977; Garrett, 2010; Weis & Fine, 2004). This ideology shapes the responses of participants not only as they describe their own constructions of diversity in practice, but also as they construct the views they hold about their clients.

Burman (2004) states that as a result of minoritized youth being labeled as deviant or deficient for their differences (which are often rooted in issues of class, race, sexuality, gender, etc), the helping professions are able to justify intentions to deal with social inequalities through the empowerment of marginalized people. As a result, social services, such as those provided in residential care facilities, that are embedded in liberalist ideas of self-regulation and individual responsibility, intervene in an attempt to assist those labeled as clients in taking personal responsibility for fitting into what society accepts as normal, thus acting as productive citizen subjects (Harley et.al, 2002). Similar ideas of agency and self-determination held influence in my data in regards to how personal responsibility shapes notions of treatment goals and rehabilitation. P1 demonstrates that treatment goals are firmly rooted in the valuing of the individual, self-regulating subject:

Yeah, like I am not really worried about like, trying to set up like uh, sustainable...I'm not even really trying to focus on helping the kid climb the steps on the ladder, I am more just.... it's really hard to do in residential care, so it is more about just trying to help them get things straight in their head.

The thinking suggests that if a young person (or family) can “get things straight in their head” they will be able to change their behaviour in a way that will contribute to their achieving more easily dominant expectations of health and wellbeing. Here, individuals become solely responsible for their own rehabilitation, making it necessary for them to internalize (desire and perform) dominant discourses of the neoliberal subject in order to achieve any sort of success. Success therefore means that individuals must be proactive in redressing systemic inequities and correcting their behaviour accordingly as they manage their lives. What remains hidden in this equation are the forces of neoliberal capitalism that view subjects as freely choosing agents who are “required to bear the full

responsibility for their life biography no matter how severe the constraints upon their action” (Gill, 2008 p. 436). In the next section, I focus primarily on how colonial and neoliberal structures limit such activities while simultaneously positioning them as conceivable (Gill, 2008).

Individuality & the myth of agency for the ‘self’.

The concept of the “self” is central to discourses of CYC practice. It makes sense then that participants, in line with their field, refer to their personal experiences as foundational in the development of their views about diversity in practice. How practitioners view their agency in the acceptance or rejection of diversity reifies the liberalist value of “personal choice.” P2 demonstrated this in a quote I referenced above when she stated that “it’s your job” to be accepting and respectful. The concept of agency in regards to diversity is strongly embedded in discourses of neoliberalism where behaviours of thinking and choosing are seen as essential aspects of the human and democratic experience (Davies, 1999). Here, the distraction from a critical/ intellectual analysis of dominant socio-political relations of power is committed through the “revitalization of universal values (namely diversity and individualism) as neutral norms from where to compromise people’s actions and practices, reproduce popular ideas about peaceful relations and tolerance” (Matus & Infante, 2011, p. 297). This neoliberal agenda conceptualizes diversity in relation to personal experience as something that is a) naturally in contradiction to some previously defined and unchallenged norm (ie. white, male, hetro, etc.) and b) therefore something to be experienced and accepted or rejected based on an individual’s choice to value democratic ideals of peaceful relations.

A tension created by this version of the self-aware/self-regulated practitioner as constructed through discourses of multiculturalism and human rights is around the privileged values of equality and acceptance. All participants discussed in their interviews their position as being accepting of and fair to all. This was often described as an ethical commitment, as P6 recalls, echoing P2's earlier statements:

I think it [practice] is accepting and supportive because it has to be. You can't discriminate and that protects kids. You just can't discriminate and if you do you would be fired. Which is so good because those kids have enough on their plates so staff have to be ethical and respectful no matter what. Because it is therapeutic. And it is your job.

I interpreted participant responses related to this theme to suggest that practitioners believe that they choose to do good diversity work, making them good democratic subjects, and that this choice is often based on the knowledge and understanding that has been acquired through their personal experiences with the dominant constructions of diversity.

However, most participants also described times when they were uncomfortable with a situation where they did not understand the experience or context of a diverse individual. The lack of training and agency that participants experienced in these situations was evident in numerous interviews. P1 describes the discomfort they perceived in her coworkers as a result of her position as someone who identifies as gender queer:

Ok, so um...being in a job or social setting, I have been discriminated against based on my sexuality. And gender too I guess- I don't really dress to my "role"- people are uncomfortable about that a lot and I feel it. Or appearance in general.

In taking up dominant discourses, an action or reaction such as the one demonstrated by P1's coworkers is not always a conscious choice. Individuals who align themselves with

these discourses are afforded the privileges inherent in the roles of the neutral expert, the ethical child care worker, and the nurturing and social justice-minded caregiver. Davies et. al (2001) explain that “the dual nature of subjection is so readily (mis)understood in the binary structure of Western languages as necessarily either submission or mastery, but not both.” This is the struggle that CYC faces as a profession as the dominant discourses of diversity and difference suggest that a CYC practitioner is either accepting of diversity or not. This leaves little room for critical self-reflection, as the individual is forced to choose between only two polar opposites rather than an exploration of the true complexity and tensions of diversity work.

The systemic flattening of diversity through the discourse of multiculturalism therefore prevails as subjects are constructed as either diverse or not, professionals as competent/moral, or biased/incompetent. Relationships and histories of power in regards to Otherness are reduced in these constructions to undetectable naturalized forces (Lugones, 2007). These powerful messages normalize and restrict practices of self-reflection and personal responsibility within a neoliberal and colonial framework, which means that there are aspects of the “self” that do not seem to warrant examination (Robinson, 1999).

That said, in some instances, participants described discomfort with this view of the altruistic and individualized notions of personal acceptance and being good with diversity. For example, P3 explained:

Yeah again, coming from _____, a predominantly white, middle class town, I'd say you know, it would be easy for me to say that everyone does a great job here at being inclusive, but the reality here is that here it is not really an issue.

The multiplicity that exists here is key to my further analysis as this participant recognizes that in a mostly homogeneous population, issues of minoritization may just remain hidden, while also justifying the taken-to-be-normal dominance of that demographic by suggesting that minoritization “is not really an issue.” Across several interviews, it seems that participants critiqued the false notion of equality, but the critique was mediated in many ways from achieving a political analysis that would enable articulations of self-perception outside of the dominant discursive practices of diversity. This demonstrates the contradictory ideals of self-regulation and individuality, always paralleling choice with consequences and autonomy with responsibility (Laws & Davies, 2000, as cited in Davies et al., 2001).

While all participants communicated the value of agency in the acceptance and fair treatment of diverse individuals, some participants (both those who did not relate to the definitions of diversity or minoritization on a personal level and those who did) seemed more invested in this idea of personal experiences of minoritization as essential to being *good* at diversity, or credible to address difference in practice. An example of this from P3 follows:

That is a tough one I would have to think about more. Because it is a different answer depending on the situation. And who am I to bring things up? Like I said, I am not black, so I feel like I can't talk about the black experience with any credibility with a youth. Or I am not gay, same thing... Relationships work better with common ground I think. That is why certain kids and certain staff just really work. Which is good because then diverse kids connect with diverse staff, and it just works. Yeah. I think it is good that way.

The unquestioned entitlement that many professionals may have in discussing other issues (behaviour, culture, medication, mental health, substance use, experiences, abuse, [dis]abilities, immigration, etc.) is often seen as good professional practice. Yet when it

comes to diversity, there is such a sense of discomfort and fear that people defer to reductive ideas about “diversity-matching” to maintain their own distance/comfort with silence and avoidance.

The colonial foundations of silence are powerful, where individuals reinforce boundaries between diverse groups, despite their personal experiences, based on a discomfort of “not knowing” and a privileging of remaining at a distance from the Other. As Burman (2003) states, “Refusing the ‘expert’ position in this case [of diversity] is not progressive (or helpful, or therapeutic). It works in paradoxically exclusionary ways. It even functions to rationalize or sanction these exclusions, by those in dominant positions failing to take responsibility for the knowledge deficits” (p. 303). These ideals, which allow for self-analysis to be done without acknowledgement of the effects of the dominant culture on how we see the world, fail to capture that self-analysis must be done in order to truly understand the views that we hold and how they have been shaped by the experiences that we have had (Sue & Sue, 1999).

Similarly, while practitioners rely in some ways on their interactions with diverse individuals to teach them about being accepting, or to inform their ability to *treat* the Other, they are able to negate their own identities and associated privilege. For example, a few participants talked about travel and experience with other cultures as a benefit to their diversity work, but failed to acknowledge the extreme Euro-western privilege of travel itself. Within this system of privilege, participants take up an understanding of the Other that does not address how certain subjectivities have been constructed as “diverse” based on stereotypes, myths, and constant comparisons to a falsely normalized Euro-western identity (Matus & Infante, 2011).

When an analysis of power is included, the repercussions of this type of exclusivity and the resulting silences become apparent in several participants' descriptions of tokenism and essentialism. In one example, P2 explained how she is regularly called upon to work with certain minoritized identities in a residential care home because of her personal experience as a member of a minority group:

Yeah but it is also people taking risks. People taking risks instead of saying "oh you deal with this particular [gay] youth [because you are gay]", so ok "I want to deal with this youth, how do I best respond?" Knowing that I am Polish, and it is a Polish youth- they could, but don't. But gay kids, they always do [ask me to deal with it].

This participant views narratives of respect and acceptance as motivators for the exploitation of her personal experience as a lesbian woman. She realizes how other staff want to support youth to connect with a staff member who is accepting and who can relate to their experiences; however, P2 also skillfully illustrates the other side of this situation where she is pigeon-holed as the knowledge holder about a certain label or subjectivity. In positioning her as the expert of gay knowledge, the agency and other members of the staff team are absolved of responsibility for being fully prepared to engage in therapeutic work with identities that do not reflect their own experiences. As P2 further explains:

Yeah, and what I think too is that um amongst the team just uh, "I don't know, I don't understand, so I am just going to avoid it" and for me it's like "if you don't understand you need to make yourself understand." You have to put yourself out there to learn more about it. Like you can't just avoid because "I'm not a lesbian so I don't know", it's your job to know.

The accountability of team members to similar issues was also discussed by the same participant who stated that while kids were often called out on acts of being non-inclusive or discriminatory, it was harder for team members to blow the whistle on their fellow

coworkers. She explained the common use of humour to navigate or minimize the discomfort of these situations:

P2: Yeah, and I think that within our team, um, we are pretty open with each other that way. And it almost, it doesn't come across as an issue, it is more presented in a joking manner

Me: Yeah- does that distract from it really being an issue do you think? That use of humour?

P2: Yeah totally, but then- at least it is out, we talk about it, and then move forward, but it is frustrating to know that the discomfort exists in my team and we don't really deal with it seriously.

The consequences of challenging dominant discourses with co-workers and supervisors seem to create a sense of self-doubt in participants, and this lack of confidence encourages the practitioner to comply with a more comfortable state of practice, one which is affirmed in the dominant discursive functions. When participants talk about resisting and then conforming, it highlights how “the achievement of autonomy, then, is based on an illusion of separateness from a system from which one can never float free” (Davies, et al., 2001 p. 179).

The problematic nature of tokenism of the Other as being responsible for educating the masses regarding the experiences and values of *their people* is evident here and represents how not only minoritized staff are expected to provide this sort of education or care, but how minoritized youth and/or families are often seen as responsible for making sure services and staff teams are aware of and prepared to “deal with” their diversity (personal communication with de Finney, 2010). The value and myth of agency and individuality on systems of care are where I turn next to explore this complexity as it is lived out in treatment settings.

Before moving on, however, it is important to highlight here the desire that all of the participants expressed for further training to help them deal with the intricacies and discomforts of diversity in practice. The notion of training as it is implied here suggests that despite taking up individualist values which promote the responsibility of the practitioner to be able to incorporate an equitable approach to diversity within their practice lens, participants feel that they need more “tools” to be able to effectively do this. Diversity is seen here as something that people can own, or learn to manage, and then apply to others; this reductive approach makes sense in the context of neoliberalism (Burman, 2003; Matus & Infante, 2011). Self-determined practitioners may seek experiences and training to help them do better or more comfortable work with diversity (Hoskins, 2003). Much possibility exists here as I believe that training can create a path to doing diversity work differently. I discuss this in depth in the final chapter.

Individuality & the myth of agency in treatment settings.

The notion of “breaking the cycle” as an individual’s choice was a powerful line of analysis throughout the interviews. The problems with this thinking in practice is that marginalized groups are, as a result, more often treated with bio-medical approaches and other coercive interventions designed to change behaviour rather than therapies that help them to explore issues of marginalization (Burman, 2001; Chantler, 2005). The traumas of social injustice are pathologized and located within individual bodies, suggesting that personal responsibility be taken and treatment applied. As P6 shows, the cost of this “cycle breaking” is left to the individual, to be encouraged and supported by the practitioner:

Well they know it. Even if they don’t see their parents as bad, they see I think that things didn’t work well at home, I mean they are in care right? So I don’t

think we bring it up much cause it is painful for them. But sometimes you get a moment where you can talk about it cause a youth needs comforting, or they are angry about it or feel let down. So you kind of help them to accept what went wrong for their parents and not be as mad, and then help them feel empowered to do things differently no matter what their experiences are. 'Cause they are in care getting help and maybe their parents didn't have that help, so they can change. You want to help them not blame their parents if they didn't have bad intentions. Like to see the cycle. Not of abuse maybe, cause that just isn't right, but of parenting and sometimes of abuse I guess. Because the parents just didn't have healthier ways to cope or parent, but now the youth can develop those ways and their parents can get help too to be better parents. So you talk about it that way. Or I do at least.

Discourses of empowerment penetrate the practice lens here as practitioners grasp to take action against the seemingly unchangeable injustices that shape their work (Garrett, 2010). Empowerment allows individuals to be held responsible for coping with structural inequities, while also suggesting that power is something that can be given to disadvantaged individuals and/or groups based on their positive experience of receiving “support” from an intervention of some sort.

The act of being “empowered,” as Fine & Ruglis (2009) describe it, is actually one of conformity to social norms and taking on a neoliberal subject position that dictates things like health, wellbeing, and success. Burman (2003) agrees and links the concepts of empowerment and “giving voice” to paternalistic and colonial frameworks which assume a “power-over” relationship to be natural. Here, young people in care are required to internalize social injustices and believe that they are personally responsible for correcting any “mistakes” that may result through their minoritized position (Fine & Ruglis, 2009).

To permit this idea of personal responsibility for success, practitioners in helping professions are encouraged to actively participate in promoting personal responsibility. This can only be done if certain aspects of the current social order (including social

injustice and inequality) are neutralized and therefore seen as inaccessible within the scope of treatment. P5 demonstrates this stance about the realities of poverty:

Poverty is the main reason kids come into care, I think – which means that kids who are more likely to be poor are the ones we end up working with. I see a lot of Black kids, Aboriginal kids, kids with single moms. Disadvantaged kids, that's who ends up in group homes – their parents can't care for them right? So they need to be there.

Experiences such as poverty, even in their being noted as having a profound impact of the social experiences of individuals, are again positioned as being unchallengeable. Placing the consequences of poverty, for example, with individuals by deeming them as naturally disadvantaged (or “not working hard enough”) reinforces the prevalence of treatment approaches that mistakenly presume that any person can “pull up their bootstraps and make something of themselves.” In reality, the exclusion of certain groups from possibilities of privilege is a consequence of continued colonial policies that serve to maintain an inequitable distribution of wealth and resources (Simpson et al., 2011; St. Denis, 2011).

As a result, interventions designed to help young people in residential care settings focus on strengthening their capacity to prioritize liberalist notions of their selves, and on empowering young people to conform to, rather than resist minoritizing systemic realities. P4 demonstrates this as it relates to the encouragement of self-esteem in her clients:

Yeah self-esteem is the biggest protective factor I think. It's like the make or break of a person's life. If you feel strong, you will make it. So an LD [learning disabled] kid, like can't read and is in high school. We look at all the things that they can do, and talk with them about that so that they don't get so down on themselves, and then if they do get down on themselves they stop trying and act out or whatever, so if they feel good about themselves they then they keep trying and maybe are more willing to learn to read and stuff, and try other things rather than decide that they can't do them.

Here, the therapeutic intervention becomes solely about increasing the capacity of individuals to overcome the barriers that they face rather than on addressing the existence of the barriers themselves along with the continued negative impact that they have on clients.

Despite this representation of and/or connection to the awareness that processes of minoritization construct subjects as *damaged*, overall the participant responses reveal what Aboriginal activist Cindy Blackstock often refers to as “band-aid” solutions that support the internalization of both Whiteness and social inequity for minoritized individuals and groups. How service delivery is articulated within these models of practice is where I turn next as I explore how participants described care as a forceful act.

Care as a Forceful Act

Considering the impacts and expectations of the self-regulating, good citizen subject as defined in the neoliberal context, the notion of care must be questioned in terms of the intentions of interventions carried out within its scope. After all, it is through the discursive activities of care that “neoliberal rhetoric about personal responsibility for their negative outcomes” are achieved. (Fine & Ruglis, 2009 p. 25) As Rose (1990) states:

The development of institutions and techniques that required the co-ordination of large numbers of persons in an economic manner and sought to eliminate certain habits, propensities, and morals and to inculcate others thus made visible the difference between those who did or did not, could or could not, would or would not learn the lessons of the institution. These institutions acted as observing and recording machines, machines for the registration of human difference (p. 133).

Few CYC practitioners, I assume, would describe “care” as a forceful act. CYC practice is often conceptualized as predominantly beneficial and inherently good. CYC

values and ideologies typically foster relational, respectful practice rather than overt control of children/youth. The data showed that participants consistently aligned themselves with these values. An ethical commitment to “do no harm” exists in the field, and was also embraced by participants. Yet as I discussed above, what many interventions in residential care contexts strive to do is have children who have been labeled as damaged or deficient learn to control themselves in accordance with the values that are deemed appropriate within the dominant social discourses of neoliberalism (Snow, 2009). As such, care becomes an act where dominant values are regularly and often forcefully placed on children, youth and families as a means of social control.

One of the main problems with this, is that it is through the institutional contexts of care (and arguably education, which are regularly an “in house” aspect of residential settings), the young people who reside there are “learning their perceived worth within the social hierarchy” (Fine & Ruglis, 2009 p. 23). As a result, young people both internalize and resist the position to which they are assigned through these contexts within the confines of the discursive possibilities that shape ideas of care. Participants expressed their struggles both directly and indirectly with the complexities of ethical practice, their roles as professionals in a context of social injustice, and the limitations of relational interventions.

Presumptions of risk.

As Walkerdine (1989, as cited in Davies, 2000) points out, when an individual or group takes up certain discursive practices, those practices in turn create the objects of their gaze, and replicate the *condition* that the gaze believes to be true in regards to the subjects that it effects. Participants in this study “actively shaped, contested, and

sometimes amplified dominant discourses” (de Finney, 2010 p. 482) of risk in relation to how they explained their work and the need for residential care. P3 demonstrates how assumptions of risk amplify agendas of care:

Yeah, [all kids in care are at risk] but like some situations are more risky, like that kid, the gay guys were unhealthy, like giving the kid psychedelic drugs, and needles and shit, I guess like you tend to hear more negative things about certain groups so you worry more, like gay men and drugs, the use seems to be higher, less support, all that contributes. So it is the same, but different in some ways.

Here, levels of risk are hierarchical depending on the identity (in this case, gay sexuality) of the client. While this may be warranted due to how processes of minoritization exclude individuals and groups from access to health services and resources, P3 stated the following when asked where understandings of risk come from:

I don't know it [risk] just happens that way I think. Like gay men and drugs seem more likely to go together. Risky sex, that sort of thing. It just happens more in some groups. Yeah it wouldn't be any different with cultural difference though, I don't think my interventions would change with a Native kid, or an Italian kid. But there are more issues for kids from those groups sometimes. That whole risk thing. But mostly I just do case by case cause every situation is different and risk is everywhere with the kids we see, just at different levels.

P3 understands that there are increased barriers for certain individuals and groups, but struggles to access a politicized analysis that would explain why such barriers exist. As a result, she returns to the equalizing approach set out by the dominant, neoliberal diversity lens that prescribes that practitioners should prioritize equality by treating everyone as individuals, and focusing on the taken-to-be neutral category of “risk.” This approach consequently distracts practitioners and systems of care from considering risk as a systemic issue, and therefore diverts attention away from possibilities of politicized interventions.

Chantler (2005) asserts that, “given the wealth of evidence about the elitism of therapies, it is urgent that we develop a sustained and critical view of how and who we practice therapy with, the contexts in which therapy takes place, and the ways in which it is organized” (p. 240). Tice (1998) concurs and explains that, “Too often there is a lack of critical reflection about the interests and inequalities that exist in the client/counsellor relationship, the ideological presuppositions of the profession and its theories, class and racial differences, and expert power” (as cited in Harley et al. 2002 p. 219).

Some of the participants’ reflections reiterated that power dynamics in the client/helper relationship result in a presumption of risk that becomes required in order for the helper to have a client to practice on. Risk is therefore conjointly established by practitioners, clients, and the contexts (and assessments) that shape their interactions. P6 describes how an expectation of risk is present for some individuals and groups:

Like single moms are poor more often, which yes of course gender plays a role and discrimination against women allows for that. Race is the same. Never mind, yeah it has a connection. From history. But you don’t really think of that in the day to day. Because to change it you just have to live for now, no matter what you have a history of. You must move forward and make a good life for yourself. I think.

This participant demonstrates resistance to the systemic injustices that place young people from single mother and/or racialized families in care, while at the same time anticipating the existence of inequality and resulting risk for this group. However, the extent to which an analysis of social inequality was followed, and its findings implicated in the provision of residential CYC practice, was consistently limited not just here but across all of the interviews. For instance, the idea that young people should be encouraged to simply “move forward and make a good life” privileges the self-determined subject without equipping young people with tools and skills to make sense

of their history and of social inequities. The fact that single moms and racialized groups are more likely to have a child in care is normalized through risk discourses and as a result, practitioners like P6 are able to benefit from their position of privilege that enables them to be able to “not think of that in the day to day.”

The complexities of how these identities might intersect and/or co-exist is also distracted from when such a reality is presumed natural. For instance, the simultaneous processes of colonial activities which place women as subordinate and also create and maintain systems of racial inferiority (Lugones, 2007; Oyewumi, 1997) remain hidden as participants take for granted the minoritized position of certain clients in their care. Throughout the participant interviews, the power of normative ideas and their silencing/obscuring effect was evident. Many of the interviews showed the consistent absence of a layered analysis of power in these situations of care, and/or lack of language available to articulate an analysis of power. This silence was noticeable in both participants’ reflections about the theories that inform their work, as well as the purpose and outcomes of practice. Though I recognize it is often unintentional, these limitations result in dominant social and political narratives going unnoticed and uncontested in participants’ critiques of social context and their connection to notions of risk. Instead, participants often described helping practices of “care” as impartial, inherently good, and as removed from the problematic social and political structures the participants themselves recognized as negatively impacting the lives of clients both in and outside of the therapeutic milieu.

Thus, the strength of the dominant discourses of diversity and multiculturalism and related notions of the good, accepting, and/or tolerant residential care worker are

enhanced due to the number of attractive subject positions that they provide (Davies, 2000) to prevent, protect, and/or intervene in situations of perceived risk. Of course, this is not a uniform narrative: Complexities and contradictions arose in the data, which I explore further in the next chapter. Yet many participants, as P6 did above, reified the expectation that certain young people are in need of care in certain circumstances such as “when their parents can’t care for them.” All but one participant articulated that certain groups were more likely to be in care than others- mainly Aboriginal and Black youth, though the data shows that this reality had been accepted to some extent by the participants and therefore removed again from being presented as a) a consequence of minoritization and the exclusionary practices that produce negative outcomes for minoritized groups, and b) a preconceived notion about who a “client” is.

Evidence of an overly-individualized perspective highlights two important findings of this study: First, that the same problems outlined in the preliminary literature review regarding the construction of the client as a risky or damaged body are reflected in the experiences of the study participants, and second, that there is much unexplored potential for resistance to problematic/dominant understandings of helping in how CYC practitioners conceptualize their relational goals of intervention. Davies (2000) reminds us that it is processes of resistance that will finally allow us to question the power of the dominant discourses that suggest that such structures are truths to be unquestioned in the provision of quality social services.

Do no harm.

With the objective of doing no harm as a commitment outlined in the CYC code of ethics (Mattingly, 1995), acting in the best interest of children/youth is a priority that was demonstrated by participants. As P1 explained:

Well the main goal would be to connect. And with their families -to connect. And to promote healthy choices in their lives. To help them get an education. And those are all the things that would be in like an agency statement- a mission statement. But on an everyday level I think that we are just trying to help kids develop the skills they need to function as best as possible. Within the social norms- no conflict in their lives, going to school, getting along with their parents and not doing things that are illegal I guess. Just being a teenager, but one who doesn't have the issues that they came in with, or who knows how to cope better with them at least.

Yet the consistent connection between minoritized populations, the care of child welfare systems, and negative outcomes persists. The question then becomes: Why? Despite the intentions of CYC practice in residential care settings to “do no harm,” national and provincial studies clearly show that minoritized young people consistently face significantly increased chances of social exclusion such as discrimination, homelessness, addiction, barriers to education and employment, and mental health difficulties (Snow, 2009). Young people in care are often identified as one of the most vulnerable groups in society (Mendes, 2005), suggesting that interventions of *care* are either themselves harmful, or at the very least are ill equipped to promote the resilience needed to manage the complexity of their lives and the contexts in which they exist.

The focus on rehabilitation versus healing and action may provide useful insight as to why youth in care are consistently stigmatized and excluded from mainstream notions of health and wellbeing, even after leaving systems of professional care. Passages

from the data, such as the following from P6, demonstrate the rehabilitative desire of the participants' interventions to "break the cycle" by becoming "normal":

As I see them, well- I think the goals of residential care are to try to connect with the kids and do whatever you can to help them get out of the group home – to move back home or out on their own. Group homes aren't the best places, not ideal anyways, but at least they try to break the cycle. You want to help them get back to normal – no trouble at school, no behaviours that get them in trouble, healthy coping strategies – you know, so that they can make it on their own. Higher expectations of life in a better way than they had. And what they can do or be (P6).

When a child fails to benefit from an intervention or comply with socially desired norms articulated by P6, "we see this as one not achieving the rational-humanist self- the self who would automatically make good choices. Not to be seen in control of the self involves the irrational- and the irrational is read as disturbance" (Davies, 2000 p.154). In this case, CYC as a field has much room to grow in our thinking about the effects of dominant discourses of care, and our responsibility to challenge the claims to truth that they contain as practitioners attempt to "do no harm."

Young (1990) identifies two forms of oppression (although I prefer the term minoritization to oppression), that which is systemic and that which is systematic. Both forms can be related to and have influence over residential care settings and the potential harm they may effect. Systemic oppression, as Snow (2006) describes, "is the mechanism whereby structural oppression [i.e. The privileging of unquestioned norms regarding behaviour, health, and success] is reproduced in institutional structures" (p. 4). The tasks of everyday life in a residential care setting therefore hold the potential to oppress or minoritize young people (Smith, 1990). Systematic oppression, on the other hand, occurs through processes of cultural imperialism and violence where "dominant customs, conventions, standards, and norms of a society obliterate those of one group and mark

that group as the *other*” (Riggins, 1997 as cited in Snow, 2009, p. 4). These mutually enforced and overlapping forms of minoritization occur as *harms done* when they are forced upon individuals in supposedly neutral and therapeutic environments. Exploring the foundations through which practitioners learn to participate (actively or passively) in the reproduction of such harms is the focus of the next section.

CYC Education, Critical Thinking, & Capitalism

Children have been made the object of study and an industry has been created around this activity through governmentality (Foucault, 1991). CYC practitioners are educated within this industry and as Fendler (2001) states, “the educated subject is one who freely disciplines the innermost aspects of the self to comply with the developmental objectives of society in order to be educated” (p.127). Within the neoliberal context, dominant discourses of diversity, as Matus & Infante (2011) describe them, serve to “naturalize difference in educational policies and curriculum... teachers and students [therefore] become actors in the discursive reproduction of value-free meanings about differences sustained by the market’s imperatives” (p. 294). As a result, CYC practitioners are trained to practice through a lens that contributes to minoritization and the reproduction of the status quo as they learn both the theoretical foundations of CYC as well as their practical applications. In educational settings that exist within contexts of neoliberal capitalism, it can be argued that there is little space left for critical thought around the constructions of difference (Garrett, 2010; Matus & Infante, 2011).

Support for this argument existed in the data. Given the positioning of CYC within the dominant discursive systems outlined in the first phase of analysis, the findings presented in this chapter reiterate an omitted analysis of historical power (colonialism,

imperialism, Euro-western-centrism, etc.) within the curricular, teaching, and learning activities in the field of CYC. Diversity-focused practice standards such as those proposed by the NACP are discriminatory when they promote the caring of children in environments that claim neutrality in regards to diversity, a false objectivity which in fact reasserts the dominance of Western culture and neoliberal ideals (Twine, 1997). Here again, a focus on being sensitive to diversity becomes the intent of CYC training activities, which in turn perpetuates the limitations of essentialized, color-blind, uncritical diversity frameworks that I have already pointed to. P6 describes how she learned to incorporate sensitivity into her practice:

[We learned] just how we have to be sensitive to differences in our work because people are coming from so many experiences. So we have to make sure not to offend people, with food and holidays and medications even. You need to know about that stuff. And with sexuality too, there are some things that you want to know and be sensitive to because kids get bullied about that stuff and are maybe more likely to hurt themselves or run away as a result, so you want to be careful and let them know that they are accepted and will be treated fairly in the program. Or in whatever program you work. Learning disabilities are the same thing, you make charts and stuff to help kids see things visually so that they can keep up with routines the same as everyone else. Accommodations is what it is often about. Making the program fit the kids and understanding their needs.

A focus on *sensitivity* allows for maintenance of comfort in interpersonal interaction rather than on transforming structural inequities, or working towards advocacy and social change. The silence created as discourses of sensitivity are enacted maintains the comfort of the status quo by reducing social justice work to an issue of understanding and knowledge about how to work with *Others*. Commenting on CYC curriculum, P1 draws the same conclusion:

Um, I think that school promoted diversity in some aspects, so there was a class in sexuality, um but there was never anything on ethnicity- not really spoken about, or anything, there was some things about people who struggled and live below the poverty line, but there was never anything about how those people are like to end

up there, or the why poverty exists I guess. Like poverty is a reality right? So we talked about it as a risk sort of thing. A big risk isn't it?

Responses about education and training were interpreted to mean that participants were not encouraged or expected in their educational and training activities to think critically about diversity and difference within their practice. This is consistent with the findings of critical scholars in other fields and geographical locations.²⁵ In the following section, I discuss the impacts of these limitations on the participants' practice.

Learned powerlessness.

The participants' descriptions of the frequent omission of critical content in their CYC training show the seductiveness of denial, particularly when denial in curriculum is then translated into organizational policies and everyday practice and tasks. The philosophies of practice that participants describe focus on a dehistoricized, color-blind approach that obscures the inner workings of power relations and privilege. The invisibility of these power dynamics within CYC training experiences both comes from and reasserts a prevailing acceptance of social inequality as a natural phenomenon that cannot be challenged from within the helping professions, if at all (Garrett, 2010). One important finding in this regard is that, according to participants' accounts, there is a lack of specificity and context in how diversity is taught. Complex issues and theories dealing with sexuality, gender, race, (dis)ability, social class, among others –all of which come out of highly debated historical struggles that are not necessarily easily aligned or complementary- are conflated together under the banner of “diversity.” Their complexities are ignored in favor of a homogenous, value-focused sensitivity framework.

²⁵ See Garrett (2010); Matus & Infante (2011); Simpson, James & Mack (2011); St. Denis (2011); & Weis & Fine (2004) for examples.

This framework glosses over incredibly complex and layered historical issues and debates among the different areas of diversity and among minoritized populations. As a result, it seems that participants are at times overwhelmed by the vastness of diversity-related debates, knowledge, and theories because they lack exposure to their nuances and opportunities for more thorough, comprehensive, critical conversations about identity politics. Therefore, out of fear or discomfort- feelings frequently described by participants- they revert to the sensitivity position that promotes indifference through neutralization of the power dynamics at play. As a result, practitioners see their work and its philosophical roots as limited in their potential to affect change; instead, they focus their efforts on building dominant, and often uncritical, understandings of inclusive therapeutic environments.

The perceived powerlessness of practitioners and clients alike to change, challenge, or resist these circumstances was a common theme throughout the data. This illustrates again the need for an intersectional analysis, and builds on my point above, that practitioners need more information about not only the specific debates/theories of the different aspects of minoritization, but also about the complexities of how not all aspects/stories can be easily compared or measured; each operates differently, with different effects and outcomes. Intersectionality provides a valuable analysis of how power relations shift, intersect, are mutually shaped, and cannot be understood in isolation, since they are simultaneously political and deeply personal. As Bishop (1994) states, “understanding of power relationships is rare in our society. The political/economic/ideological system that keeps power in a few hands has been very

successful in developing methods of child rearing and education to ensure that North Americans do not understand power and how it works” (p.94).

As an example, participants spoke openly about a general lack of focus on working with LGBTQ2S identities in their education and training experiences. This lack of training contributed to the powerlessness and discomfort they expressed in relation to working with non-(exclusively) heterosexual and gender non-conforming young people. I interpreted this sense of inadequacy from participants to also be a contributing factor to the minoritization LGBTQ2S youth in care that I pointed out in previous chapters. This highlights the limitations of diversity frameworks that privilege culture and ethnicity and excludes other axes of difference. P3 reflects on these limitations as she experiences them where she works:

Yeah I think culture is really comfortable. It's fun, and there is lots of learning, and it's not really a taboo subject, where some people are maybe uncomfortable with, you know gay youth, they wouldn't outright discriminate against them, but it isn't as easy to deal with or include in programming. For some people.

P4 provides further insight into the constraints of celebratory culture-centered diversity frameworks and the resulting powerlessness that participants experienced:

I mean the focus [of diversity training] is on culture and religion because people are so sensitive to those things so that is what is talked about the most. The racism is what is being addressed I guess, in terms of teaching about differences in race and colour to encourage acceptance. But no, I don't think that other differences are included that way. Homophobia like isn't prevented like that. It is there, but it isn't talked about like that, like anything positive about the gay culture isn't really focused on, just the fact that people shouldn't be homophobic. Which makes it hard.

Though diversity is often put forth as an inclusive term, P3 and P4's assertions that “culture is more comfortable” and that there is pervasive silencing and denial about issues related to sexual discrimination, heteronormativity and homophobia, underscore

that some diversities are more equal than others²⁶, meaning that sensitivity to difference is not given to all identities equally. The omission of diversity-specific vocational outcomes for CYC curriculum that I pointed out in Chapter 2 can be associated with this assignment of hierarchical ranks to various diversities and the resulting unfair treatment of certain identities.

This finding is supported by the work of Garrett (2010) and Matus & Infante (2011) who explain that despite the self-awareness and/or sensitivity training that a practitioner might have, the neoliberal agenda often prevails in regards to how people are taught to work with diversity. By focusing on aspects of sensitivity that promote a celebration of food, language and the cultural mosaic, diversity initiatives abound, but there is no substance from which the realities of minoritization can be explored.

By moving to a more critical analysis about processes of minoritization in the facilitation and mentorship of the self-aware, justice-minded advocate as helper, I would argue that practitioners would be better equipped to not only identify their value systems and biases, but also to analyze the context in which they exist. This would enable practitioners to feel they could take action to dismantle prejudice and discrimination (personally and politically), and open up critical spaces for therapeutic work to be done on both front line and systemic levels. This would create possibility for action against the social ills that shape both educational and practice contexts. I discuss this further in the next chapter.

As much as the study findings overwhelmingly emphasize the power of the status quo in shaping diversity-related work, there were also instances in the conversations

²⁶ Playing on the reference to George Orwell's *Animal Farm* which my colleagues and I referred to in a previous publication.

where participants disrupted narratives of normativity. At times, they highlighted possibilities to subvert dominant assumptions and bring advocacy and social justice on par with relational engagement in the field of CYC. Robinson & Diaz Jones (2006) explain that “a major premise from which we operate in relation to doing social justice education is that educators/workers need to be willing to do the same difficult and reflexive work around *change* in terms of how they view the world, as they are attempting to undertake with the children and families with whom they work” (p. 25). The data shows that in accepting social injustice as a fixed reality, participants became creative in resisting systemic practices that they knew to be unfair and in creating space for subjectivities that fall outside societal norms. These disruptive practices are the focus of the next chapter, where sites for resistance and change are examined.

Critical thinking and the neoliberal self.

The discussion outlined in the previous section points to another important finding of this study related to the strengths and limitations of a self-awareness and competency framework for practice. A frequent theme across the interviews was that working towards self-awareness was a prioritized experience; participants felt that this focus was of great importance in regards to learning about working with diverse populations. For instance, P5 described the importance of knowing his biases so as to develop a neutral approach to diversities:

Yeah we did talk about it. How to make sure you are self-aware and not biased so that you can work without or with diversity I mean. So you can anticipate difference and be inclusive and welcoming to all kinds of kids. Like we talk about residential schools and how that makes the cycle continue for First Nations kids cause their parents and grandparents went through that and now that trauma makes it hard for them to parent and keep employment and all that, so we talked about how society then brushes all Natives in to one group and stereotypes them as lazy or addicts or all the other stuff you hear. So we talked about how to

address that and educate people about where injustices made those situations the way they are. That is the one I really remember because I hadn't even heard of residential schools before that and I think I would have been...I don't think I would have been able to understand things about working with Native kids as well if I didn't know that I don't think.

P5 describes how he learned about a historical reality, and as a result was able to put the behaviours of families and their present day lived realities in context. Much possibility exists here in terms of using history to provide the contextual information that participants seemed to desire from their CYC education. This learning would encourage practitioners to critically engage with the socio-political forces that shape their work, hopefully allowing them to feel more confident and/or empowered to take action against it in their practice.

While the potential of P5's words was significant, this excerpt also demonstrates the possible double-edged sword of self-awareness as essential to diversity work. For P5, his examination of self included and was supported by information he received about colonialism and the forceful confinement and abuse of Aboriginal peoples in residential schools. This information seemed to allow him to ground his self-analysis within a certain context and examine not just his own bias, but the way in which bias and prejudice are institutionalized and rendered invisible in our day to day lives. P5 further described the impact that this erasure had on his practice early in his career, coming to a large city after growing up in a town where the demographic was mostly homogeneous:

Yeah just time. I am comfortable now. Plus there wasn't really any tools [to work with such difference], I didn't know how to do it. I knew some stuff from school but I felt like I shouldn't bring it up. I just wish I had have known some of that stuff.

We see here that the education/training experiences of this participant left him feeling ill equipped to comfortably address the complexities of diversity that he experienced at that point in his career. P4 explained a similar experience:

That stuff [teaching about diversity] was more like, these are the facts sort of thing. Pretty concrete. Yeah like I think it was more like, having to be aware of the differences in the children and youth, and how others perceive that and how they may personalize that. Like how it is reflected on them, and how they might feel about it.

Like P4, other participants described how their experiences in practice and/or in their personal lives, over time, are what provided them with useful insight into their place within the diversity work that they did. P2 demonstrated an awareness of how relying on these experiences is a reactive approach:

So now, it is just a process of learning each time through new experiences ...It's just educating ourselves as a case by case basis. Which I don't think is a very proactive way to go about things.

P2 expressed that more pre-emptive thought would be helpful, which I connect to the possibility that if such thought was systemically encouraged, practitioners may feel better equipped to work with diversity in practice. This confirms the argument of Jeffery (2005) that I included in the preliminary review of literature, who suggests that when an analysis of minoritization is not directly implicated in practice or training contexts, practitioners run the risk of completing activities of self-reflection that are completely removed from relationships of power and privilege at systemic levels.

CYC authors have begun to explore the potential of reformulating both the self and the life space through a more critical, politicized lens.²⁷ These authors speak to the obligation of practitioners to not only locate themselves in the historical, political, social,

²⁷ See Garabaghi (2010); Newbury (2010); Stuart (2009); Stuart & Garabaghi (2011) & White (2007) for examples.

and economic contexts of their work, but to also locate their clients and the field of CYC within these intricate systems of power relations. In doing this, critical questions such as “Who defines self-awareness in this context and what does it mean for those who are recipients of CYC interventions?” and “Who is made more comfortable by practices of sensitivity- minoritized people or those who occupy more privileged positions in the social hierarchy?” can be more easily identified and addressed to worthwhile ends.

In this regard, notions of relational ethics and praxis in CYC need to be rethought. Concepts such as White’s (2007) notion of “praxis” critique the traditional goal-oriented approach to training CYC practitioners, where skills and self-awareness are something to be gained. Instead, White argues for a more contextually rich view of practice as achieved through processes of continuing reflection and engagement that take place in regards to the historical, social, political, and economic contexts in which practice exists. Praxis as a concept for CYC therefore has much to offer in terms of taking self-awareness to a deeper, more critical level as practitioners are trained to work in the field. Certainly, in this study, a majority of participants seemed eager to learn from and apply approaches to working with diversity that would promote a focus on the systemic realities that shape their work.

Overall Summary of this Analytical Phase

The analytical trajectories of this phase of analysis have enabled me to make visible the limitations expressed by participants in terms of their ability to articulate their experiences, values, and beliefs outside of the language that was available to them in the dominant discourses of practice, multiculturalism, neoliberalism, and capitalism. These limitations highlight the reasons why the intersectional, discursive approach I have taken

with this research is both warranted and necessary, because it makes visible the blind spots that I have referred to throughout this thesis as literally that - spaces of practice that remain invisible through the dominant lens.

Critical questions for practitioners that arise out of this phase of analysis include: Why are residential interventions done the way they are? How can practitioners strive to be more reflexive and aware of the blind spots that dominant discourses creates as discourses provide uncontested stimuli for carrying out our daily routines and validating the work that we do? Participants seemed to be seeking more exploration of this, as they described limitations that they had experienced and/or discomforts that they felt in their work. Consideration of how race, gender, sexuality, ability, and ethnicity are constructed and/or minoritized through this lens makes it clear that diversity is an area of CYC practice that is in need of further reflection and theorization through a critical lens.

In the first phase of analysis presented in Chapter 4, I pointed out the ease of access to and readiness with which participants took up dominant discourses, both in the experiences that they shared, as well as in the way that they shared them with me. I also highlighted the seeming shortage of language available to participants to contest normative conceptualizations of diversity and practice as they attempted to share with me their more nuanced understandings of the interconnected, complex, and reciprocal relationships between dominant discursive practices and the realities of social injustice that shaped their practice. In this chapter, I problematized and critically examined those dominant discursive activities along lines of difference as axes of minoritization. In the final chapter, I explore sites of resistance and possibility that exist in the data to highlight

what I believe to be a promising positioning of CYC practitioners to embrace and work from a transformation focused social justice framework.

Chapter 6- Revealing Sites for Possibility

Concluding with Momentum

The State is a condition, a certain relationship between human beings, a mode of behaviour; we destroy it by contracting other relationships.

(Gustav Landauer)

Weis and Fine (2004) emphasize the importance of an ethical commitment on the part of critical researchers, to mobilize their inquiries to speak back to the social inequalities that critical research methodologies are designed to disrupt. In the final cycle of my analysis, I focused on sites of resistance, change and possibility in the data. Many such sites existed as participants shared their perspectives with me, demonstrating that critical practice is something that participants value as important aspects of their work, despite the fact that resistance is never one dimensional or easy. I present the findings in this phase through three analytical themes which are: 1) An Acute Awareness of Social Injustice, 2) Making Space for Alternate Subjectivities, and 3) Seeking More. I use these three themes to mobilize the possibilities put forth by participants to counter, reconfigure, speak back to, and produce other possibilities to address the problematic structures of power and dominance that shape CYC practice as I have pointed out in the previous chapters.

I conclude my thesis with the energy of change and possibility that underscores many of the study's key findings. I propose a discussion of the broad potential of critical/social justice oriented practice for practitioners, young people, families, communities, and society as a whole, followed by recommendations for practice and future research.

An Acute Awareness of Social Injustice

People can define themselves only in terms of the administrative arrangements to which they are exposed.

(Morris, 1996, p.127)

Recognizing minoritization and disadvantage.

Countering the consistent limitations of dominant narratives of diversity and practice, the participants were in agreement that systemic inequalities shape the practice contexts in which residential care settings operate and the individuals and groups who participate within these contexts. While, as I have stated in the previous chapters, an analysis of how these injustices are societal arrangements that create and maintain processes of minoritization was not always present as participants discussed their practice with me, participants reflected often about how things like poverty and living in a group home created risks and disadvantages for the health, wellbeing, and success of young people that they worked with. In the following quote, P1 points out factors of inequality that place young people at risk of being in care, but also considers that these are not the only explanations for a young person being involved with the child welfare system:

Um...I think that well, sort of obvious- I think most CYW's would say that being minoritized definitely contributes to why kids come into care. Um,...yeah, I think that it's mostly oppression. Like kids who are struggling, and parents- families who are struggling because of like mental health, or living in poverty, or race, addiction, learning disabilities are a big one. Um, but I don't think that it is the only reason... I think that your social group would be different if you are a part of a minority group. Um, I mean it depends- a minoritized identity- it can affect you on any given day, in any given way depending on who you are around, where you are, what team you are with, what you are doing. It just like, comes up. Um.Yeah.

Another participant shared a similar analysis, identifying the impacts of the current economy on families' capacity to cope with the challenges, financial and otherwise, of raising children. The analysis that these examples represent demonstrates an important

foundation for critical practice, in that as Paulo Friere (1970) famously said, “once named, the world in its turn reappears to the namers as a problem and requires of them a new naming” (p. 88).

Naming the monocultural and neoliberal approach to diversity and inclusion holds great potential here. Through naming and prioritizing this awareness, CYC practitioners can understand and articulate how individuals and groups are minoritized when the people with the most power dictate ideals of normalcy, health, wellbeing, and success that influence CYC practice (Harley, et al., 2002; Kivel, 1996; McIntosh, 1988;1990; Robinson, 1999). As I have made clear throughout this thesis, inclusion of diverse realities in dominant, non-critical counselling and helping approaches exists only within the limitations of the normative lens through which both “practice” and “diversity” are constructed (Harley et al., 2002). I have already made clear my perspective that counselling approaches that have expectations of homogeneous norms for individuals in an increasingly globalized world is both illogical and unethical. As such, here I acknowledge that creative opportunities exist to deconstruct colonial and structuralist ways of understanding and working in social services, and to reconstruct practice through a framework of social justice.

By considering diversity within such a framework, we can question the Euro-western-centric “one view” perspective that dictates exactly who and what is diverse in the first place. We can thus unpack the assumptions and power differentials upon which our current systems are based, and unsettle their role in the maintenance of social injustice and the need for social interventions (Kivel, 1996; Simpson et al., 2011; Wise & Fine, 2004). Dismantling these assumptions is what Robinson (1999) suggests is crucial

to treating clients ethically and holistically. D'Andrea & Daniels (1995) argue that this approach is both just and necessary for helping professions to remain relevant and/or useful within an increasingly diverse society. From a therapeutic perspective, many CYC researchers and practitioners, myself included, are writing about, using, experiencing, and witnessing the benefits of practice approaches that are rooted in frameworks of political action, resistance, and social justice.²⁸ Many of these individuals believe firmly that care and treatment cannot be ethically or effectively provided without a commitment to building awareness around social injustices and employing “response-based” practices to therapeutically address minoritization (Newbury, 2010).

An additional space of resistance existed in the data as participants expanded the above analysis of risk and inequality and articulated how minoritizing constructs of power and privilege impact the contexts in which they practice, as well as the individuals and groups within them. P1 shared with me a situation from their practice where a transgendered youth was being treated unfairly in the program that they worked in:

We had a transgender youth in one of our group homes, and that individual was isolated to their own bedroom, whereas everyone else in the home shared a room with someone who was the same sex as them. The staff didn't really support that youth in the same way [as they did other youth]. That youth was often bullied by staff and other youth ... The staff didn't agree with the trans thing at all. They thought it was the cause of all of his problems, like if he wasn't [transgendered], he wouldn't be so messed up. I was like, hello, maybe the consistent negative and abusive reactions he gets for being a trans guy are the cause of his problems.

P1 critiques the unjust treatment of this youth, and connects processes of minoritization to the ongoing inequality that the youth experiences. Displaying a similar level of awareness about the minoritizing practices of hegemonic understandings of “normal” that

²⁸ See de Finney (2007; 2010), de Finney et. al (2010;2011), Gharabaghi (2009), Loiselle (2011), Loiselle et al., (in press), Newbury (2009), Khanna (2011), etc. for examples.

dominate care contexts, the following dialogue with P6 ensued when I asked her about how dominant discourses of race, gender, sexuality, etc. influence the youth she works with:

- Me: How do you understand in your work how those macro level influences, like patriarchy and heteronormativity and racism- how do you understand the impact of all of those on the situations that the youth face? And the experiences that they have had?
- P6: Yeah, well they shape things right? Like everything. They are like laws, but not written so with that kid, violence against women and how society accepts and perpetuates that, that shaped him to act that way. And it shaped how his dad treated his mom, and then how he learned to treat other women. And also how the girls reacted to it. Cause some of them didn't even see it as a problem, which is where the real safety issue was, because some of them responded to it like it was a positive thing, almost like flirting so it was super dysfunctional and that is where we had to step in.

Similarly, P5 presents his perspective the concept of minoritization: “Well all of it [makes sense]- the process of how people are seen and made to be something. How they are made to be like, disadvantaged, it isn't just how they are or whatever. Cause it isn't. Though it ends up being.” Here P5 demonstrates an acute awareness of how on how clients are subjectified into the labels and/or identities that are placed upon them as they are compared to identities that have been constructed as *normal*. These participants communicate an awareness of how minoritization is a complex process where inequalities of power relationships become individualized, internalized, embodied, reproduced, and institutionalized simultaneously, thus maintaining structures of social injustice for minoritized subjects (Chantler, 2005).

An understanding of how minoritized individuals and groups are more often monitored and/or intrusively regulated based on their comparison to dominant constructions of “normal” is also present in the data, as participants reflect on the

increased likelihood of certain individuals and/or groups being involved with the child welfare system. P5 communicates this understanding in the following example about police involvement as an increased possibility for single parents because of the barriers that they face in terms of supervision and access to child care:

Well divorce or separation that is often it like I said about single moms, and dads too. So then the stress of that and they work all the time or don't at all and then parenting is just hard cause of the support isn't there and the stress of money. It impacts like that, and then if a parent can't cope or their kids get in trouble or someone calls the cops cause of a fight, then boom, CAS is involved and lots of the time it ends up where the situation has gotten to a point that it is hard to resolve if the kid is in the home cause it is just too far gone.

The awareness of the hyper surveillance of minoritized individuals and groups that participants articulate here resembles that of the panoptical gaze as Foucault (1977) conceptualized it, where the consistent monitoring and forceful regulation of subjects results in the internalization of surveillance and therefore conformity to self-regulation. P1 describes how constructions of the minoritized *Other* not only impact how young people come into care, but also how the care they receive continues to operate on notions of who is the most “at risk” when stating, “A white kid often presents as more workable to many people I think, sadly. There aren't those added layers.”

I interpreted these observations that participants shared to represent the potential of “awareness as a tool” for resistance for practitioners and clients alike. The understanding that participants had about how dimensions of diversity and minoritization shape and contribute to the potential oppression of young people in systems of residential care, because of the monitoring practices and expectations of possibilities of success or failure that they prescribe, provides practitioners with counter narratives to the constructions of clients as pathologies, dysfunctions, and/or abnormalities in relation to

an unquestioned state of “normal”. As Freire (1970) stated, “As long as the oppressed remain unaware of the causes of their condition, they fatalistically “accept” their exploitation. Further, they are apt to react in a passive and alienated manner when confronted with the necessity to struggle for their freedom and self-affirmation” (p.64). Theorizing about the overrepresentation of certain populations in systems of care and criminal justice through a critical lens equips practitioners to speak back to minoritizing practices and engage radically with youth within these contexts. Labeling imbalances of power and continuously recognizing their impact on therapeutic interactions and systems of care acknowledges that discrimination and injustice are contributing factors to the assumed need for the care and/or confinement of an individual. In this respect, Freire (1998) described the level of social consciousness needed to combat social inequality: “We cannot leave behind our critical consciousness. It must always be at hand, especially at critical moments. The power that rules the world has yet another advantage on us. It requires that we be permanently alert, with a kind of epistemological consciousness” (p. 124).

The comforts of privilege.

In terms of who might be in a position to monitor others in such a way, participants articulated an understanding of the comforts that privileged identities are afforded as a result of the dynamics of power that support them. In the following dialogue, P1 describes how privilege maintains itself:

P1: Like it doesn't matter how much training you give people, it seems that it doesn't give them, always the ability to empathize with a certain, like experience. People who are minoritized.

Me: And why do you think that is?

P1: Um, because people have ideas ingrained, stuck, and they don't change because they are comfortable. Perhaps because they are a part of the social norm, so they are pretty comfortable.

The dynamics of privilege and the comforts afforded to certain identities and subjectivities within the social hierarchy in terms of their race, ethnicity, gender, sexuality, ability, etc. impact everyone on a consistent basis. The notion of privilege and how it is supported to reproduce itself requires that those who benefit from it act upon the assumption that privileged conditions of daily life are neutral, normal, and universally available to everyone (McIntosh, 1988). Awareness of how privilege operates was demonstrated in the data, particularly by those who related on a personal level to experiences of minoritization. These individuals discussed the privileged state of the majority, as they viewed it from somewhat of an *outsider* perspective, with all of the complexity and contradiction notions of insider/outsider imply. For instance, participants who were identified with the minority were asked to work with clients who share their diversities, and that this is one of the many ways that the comfort of the status quo remains unchallenged and therefore reproduces itself in this way. P2 recalls such an experience:

Um I work in a team with one male, and the rest are female...I think that mostly an assumption is made that everything is ok, everyone is equal and it isn't really talked about. Um, like for example, me being a lesbian within a team with two lesbians where the rest are straight, white, and a youth comes in who is lesbian- the team automatically turns to myself or my other co-worker to kind of deal with that kid, or manage that situation.

The essentialization of the *Other* as the token expert who is asked to address issues of diversity in practice contributes to the maintenance of unequal distributions of power and privilege. Such approaches protect those who benefit from their resemblance or closeness to the status quo by allowing them to avoid the discomforts of challenging dominant

narratives in their practice (Chantler, 2005; McIntosh, 1988; Robinson, 1999). The role of privilege in processes of minoritization remains undisrupted and therefore uncontested, allowing it to reproduce within supposedly therapeutic spaces with disregard for the potential harms it may cause (Chantler, 2005). By actively taking on this evaluation of tokenism in regards to their own experiences as practitioners who belong to a minority group, some of the participants open up possibilities for challenging the minoritization of individuals within contexts of care and contest the protection of privilege at the cost of ethical treatment of minoritized identities. P2 explained this possibility further in terms of putting it into action and how she is able to use her experience to hold her team members accountable: “Yeah, and what I think too is that um amongst the team just uh, “I don’t know, I don’t understand, so I am just going to avoid it” and for me it’s like “if you don’t understand you need to make yourself understand”. You have to put yourself out there to learn more about it. It’s your job to know.”

Other participants also demonstrate a reflection of self that emphasizes an awareness of personal privilege as important to their practice. As P3 explained:

Like it isn’t an issue for me because I don’t think anything differently of a black person, my family, I grew up in a family where it was like, people have differences and so then because it is not an issue for me, I don’t bring it up, but for the youth, it may be an issue for them, like not feeling comfortable around white people, or whatever- which is understandable and maybe that sort of stuff could be acknowledged more, more than glossed over or just kind of avoided.

Self-awareness such as this presents what I consider to be significant possibilities for conceptual parallels to be drawn between traditional CYC theory and more critical approaches to practice. The “self” has long been an important aspect in CYC theory and practice. Though varying degrees exist as to how the self is implicated in the systems of care in which we participate, questions such as “what are my ethics, beliefs, and values?”

and “how do they relate to my actions, thoughts, feelings, and practice?” illustrate a common framework for facilitating self-awareness in CYC training programs (Stuart, 2009). Based on the responses of participants, I believe that profound possibilities exist for incorporating critical approaches to practice within the CYC lens through a rethinking or revisiting our conceptualizations of the self. Through a critical lens, things like “ethics”, “beliefs”, and “values” are unpacked to examine the assumptions and processes of minoritization upon which they are so often based. The *actions, feelings, and practices* that are a result of these value systems are therefore also called into question, which requires critical engagement with ideas such as *caring, treatment, and best interest* (de Finney et al., 2011). Using critical discourses to define and explore the self would, in my opinion, permit practitioners to more confidently address the complexities and discomfort that often surround diversity in practice (Kivel, 1996; Reynolds, 2010).

Residential care specifically.

Resistance to hegemonic and flattened understandings of diversity showed up in some instances in the data particularly as certain participants talked about the limitations of the diversity lens in terms of how exclusive it can be, within the contexts of residential care, to differences outside of culture. Acknowledgement that gay kids have a harder time being accepted in group homes was an example that several participants highlighted. Participants also embrace these spaces of resistance and potential as they conceptualized and communicated residential care in our discussions, critiquing in some ways the processes of minoritization that impact the care context both externally and from within these settings. All participants stated, in some way, that living in a group home was itself

minoritizing. A powerful example of this came as P5 discussed problems that occur in group care because of the culture that is often created in the house:

Yeah and then they [youth/residents] are all together, so that makes things worse 'cause you have them all just feeding off each others' issues and you get relationships and friendships that just make you shiver cause you know that there is too many problems and they aren't going to be able to be a good influence on one another or to focus on their own issues 'cause they just get wrapped up in the whole thing and the house stuff. It's like a bad neighbourhood inside a house sometimes (laughs), no but seriously it is. The detention centres are the same, they just all meet up in there and then once they get out they run into each other in group homes or foster homes and get back into trouble so often, it's like, how can they not? Too much temptation reminding them of that way of life.

P5's observation levels a valid and important critique of an approach to residential care that places many disadvantaged young people together while expecting that positive outcomes are possible. I also want to highlight here the complexity of how this awareness and resistance is so often mediated through dominant discourses. While this "caveat" is applied to all of the data, I choose this quote specifically to make this point. In the above quote, there is both what could be interpreted, as I have done, a critique of inadequate approaches to care, as well as what could be understood as a minoritizing construction of the Other, as group home youth are assumed to fit a certain stereotypical description of being *troubled* and/or a *bad influence*. Participants concurrently, and consistently, take up and resist these narratives in spaces where possibility exists and at the same time is reduced as they articulate their practice. P6 demonstrates again how these contradictions exist in describing the "cycle" she notices as family patterns are repeated by the young people that she works with in a residential context:

Just bad examples again. Like I said, no one taught them how to parent, so then they don't know and things get out of hand. Like you know how so many kids we take care of end up being parents young, and then you are kids of like- well you know how that will go pretty much cause they will parent the same way they were

parented unless they learn other ways. Cause we all learn how to parent that way right? From our parents. That is why programs for young moms and stuff are so important. I often think I would love to do that kind of work. To really break the cycle by teaching kids to have better expectations of themselves and their kids. Even if their experiences have been bad so far, they can change it.

Here, though the participant acknowledges how contexts of disadvantage influence the access to power and privilege that a family might have, her critique is filtered through dominant discourses of practice that keep constructs of *normal* and *healthy* from being interrogated, and also suggest that practitioners know *the right way*, while individuals are responsible for making their lives *better*. The critique of systemic inequality that many participants conveyed as a natural stance of CYC practitioners again, presents much possibility in terms of how CYC practice is conceptualized and taken up by those who work in the field, yet is completely dependent on what lens is being used. Unless it is informed by a critical analysis of political, social, and economic relationships of power and privilege, such a lens reproduces liberal notions of individualized moral responsibility. As I have demonstrated in previous chapters, CYC practice involves constant negotiations of resistance and conformation. The potential as I see it here is to prioritize acts of resistance as sites for hope and possibility, protecting them from being mediated and/or depoliticized through the dominant discourses that shape CYC practice (Reynolds, 2010; Skott-Myhre, 2008). I discuss possibilities to address this through CYC educational programs in the last section of this analytical phase. First, recognizing the disconnect present in the data between practice and a consistent examination of power and possibility for change, in the following section I highlight a key factor about CYC practice that I believe holds substantial potential for critical practice and a fluid and emergent approach to diversity.

Making Space for Alternate Subjectivities

The commitment of CYC practitioners as put forth by the participants of this study to make space for young people to exist as *themselves* was strong. All Participants enacted this commitment by seeking to theorize the inhibiting contexts that shape the experiences of the young people in their care (Davies, 1999). Participants consistently spoke of prioritizing the creation of a therapeutic relationship and milieu where young people could experience freedom from the judgments, barriers, and disadvantages that certain labels and life circumstances present. This notion of creating space for alternate subjectivities as an important part of CYC practice presents many possibilities for traditional notions of “diversity in practice” to be [re]conceptualized through an intersectional lens, rather than as a predefined, static, and supplementary aspect of practice. Many academics contributing to the field of CYC explain diversity in this way and critique constructions of difference that essentialize or simplify diversity and distract from its inherent relationship with the social, political, and economic context in which it exists.²⁹ There are two areas of practice that participants highlighted in regards to how they spoke about the creation of these “spaces” of comfort, freedom, and acceptance. The two areas are 1) the creation of therapeutic goals, and 2) the confrontation of discrimination.

Therapeutic goals.

A desire to create space for youth to exist outside the limits of their labels, pathologies, and their resulting expectations or prescriptions for behaviour was consistently present in the data as participants discussed the need to allow young people

²⁹See de Finney (2012), de Finney et. al (2010, 2011), etc. etc. White (2007) for examples.

to “be themselves” while in their care. Contesting the discursive limitations placed on young people in care, P1 explains how they conceptualize their goals for intervention:

To make space for that kid to just be themselves, and to work to take down some of the barriers that exist between people, for their differences. They don't have to be real this way we see each other as so different. Experiences help us see that I guess. And to depersonalize the sort of, discrimination stuff for them. It's not about them, it's about the way the world has made some things out to be and the issues that people have. And beliefs too. It helps to see that I think.

Following a similar articulation of their therapeutic approach, P6 discusses the space created for gay youth that are cared for in her agency:

We don't talk too much about that here, but we provide them emotional support and the right to be who they are in the program. Many gay kids do well in our program cause they can actually be themselves without the disapproval of their parents. It's like they live on their own so they are finally able to be themselves. Those kids are mostly so easy to have here because they follow the rules and are just so glad to be free and allowed to see their boyfriend or whatever.

To create this space, P4 described how she employs the CYC approach of “meeting kids where they are at” when she spoke about how she builds a therapeutic plan when a minoritized young person comes into her care. P4 communicates the importance of being responsive to the needs of a young person and their experiences of difference versus addressing diversity on your terms as a professional:

I mean your approach might be different, like it depends on who the kid is and what they need, but it isn't based on difference, but more on how the kid presents—their past experiences, what they have dealt with, where they come from, their culture, how they interact within their culture, like eye contact, personal boundaries, all that. So you take all that into account, and may approach people differently but it isn't based on their difference initially.

P4 continues to elaborate on these ideas as she shares about her process of assessing “where kids are at” as they enter a care setting:

Me: What about how we assess “where they present initially.” How do we determine their strengths and needs. Do we compare to something? Is there a standard that we use to judge this sort of thing?

P4: Yeah there is, I mean as individual as you make each case, it's like you don't even really notice that you of course do have a picture of what a normal kid, or childhood, or family or school behaviour or whatever, you do have an idea of what things look like normally, developmentally and all that. But you realize how each kid experiences that differently and might like, show that differently to the parts of their life. One isn't worse than the other in my mind though, like the normal or the different. They are just different. And that's why it is important to have those individualized plans of care, to plan their goals around their abilities and potential, not around unrealistic expectations.

Me: Ok. So you think of those standards of "normal" when you do these plans and then adapt or change them based on how you see the kid?

P4: Yeah, you don't really think about the normal I guess, that is just like the background stuff from school and whatever, but you think about how to make the kid successful at their goals based on where they are at. You make goals that fit the person like.

These spaces in the data represent resistance and possibility as participants describe their subversions of dominant discursive influences on their practice in their making space for young people, and themselves, to "do things differently" by using what is commonly described as a "client-centered" approach. Dominant constructions of the "client centered" approach risk reifying notions of individualism within the treatment context, where personal struggle and/or pathologies are located within individuals rather than as embedded within a larger socio-political context. Newbury (2011) explains, however, that interventions should be both responsive to individuals, *and* hold larger systems accountable to those individuals who are deemed in need of professional care. This addresses the risk of placing too much emphasis on individualism versus collective and contextual analyses within therapeutic contexts. P6 spoke about her commitment to a client centered/response based philosophy, stating the importance of "making the program fit the kids, not the kids fit the program, and understanding their needs." The potential in quotes such as this, as I have interpreted it, is that there is a relational

commitment and a desire to depersonalize the pain of harsh experiences, including that of being Othered, by creating a milieu of acceptance and hope.

Critical approaches to counselling, care, and/or therapy embrace this task of creating hope and strength by recognizing the power of individuals and groups as they continually resist and survive through experiences of violence and oppression. Wade (1997) explains that resistance is, “Any mental or behavioral act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance.” (p. 25).

Similarly, Skott-Myhre (2008) draws on the work of Deleuze & Guattari (1987) and proposes that “lines of flight” exist when youth work is radicalized and/or politicized. Skott-Myhre also asserts that through a critical, politicized, and post-modern approach our work can “become flexible enough to break free from the mutating elements of control” that too often limit the potential of therapeutic engagement (p. 128). This is where common notions of “client centered” practice could be reworked in CYC theory and practice to incorporate and prioritize critical perspectives that connect systemic pain and suffering to a socio-political meta-narrative, therefore allowing for said pain to be located contextually/systemically, within an intentionally individualized response.

Another form of resistance that existed in the data is that where the dynamics of power and realities of social injustice are brought to the forefront of the helping relationship and the interventions which are facilitated within it. P6 explains the therapeutic potential that exists in the goal she has for her interventions to create space

for young people to explore and unpack the blaming of themselves and their families that they might engage in:

Even if they don't see their parents as bad, they see I think that things didn't work well at home, I mean they are in care right? So I don't think we bring it up much cause it is painful for them. But sometimes you get a moment where you can talk about it cause a youth needs comforting, or they are angry about it or feel let down. So you kind of help them to accept what went wrong for their parents and not be as mad, and then help them feel empowered to do things differently no matter what their experiences are. Cause they are in care getting help and maybe their parents didn't have that help, so they can change. You want to help them not blame their parents if they didn't have bad intentions.

Here, not only are alternative spaces opened up for young people to understand and accept themselves, but also spaces where political, social, and economic contexts are implicated in the shaping of their families' lives and the need for their being "in care".

Though in constant tension with other perspectives in the field, many CYC practitioners assert that critical approaches to practice are both ethical and essential. These practitioners/scholars believe that politicized practice is vital to the decolonization, health, and wellbeing of minoritized peoples, as well as to the ethical positioning of the helping relationship.

Skott-Myhre (2008) speaks to how the creative force of youth too often "becomes subject to the definitions of psychological development and emotional health within the taxonomic descriptions of adolescence, with its focus on deviance and pathology, risk and resilience." (p. 13). Challenging these limitations, the data shows potential for CYC practice to focus upon acts of individuality and resistance, viewing clients not as passive or pathological, but as actively engaged in resisting them and generating multiple "becomings" of new and alternate possibilities (Deleuze and Guattari, 1987) outside of dominant discursive frameworks. Eve Tuck (2009) argues that, "It is our work as

educational researchers and practitioners, and especially as community members, to envision alternative theories of change, especially those that rely on desire and complexity rather than damage” (p. 422). Connecting to a need to resist these formations of what youth in care “are”, taking up the intricacy of how both youth and practitioners are positioned and position them/ourselves within and in contradiction to the discursive subject positions available to them is movement towards new ways of viewing behaviour, movement away from pathologizing, individualizing, and further isolating ways of viewing young people (Loiselle, de Finney, Khanna & Corcoran, in press).

Confronting discrimination.

A critical understanding of minoritization not only informs the helping philosophies and theories of change that participants used to conceptualize aspects of their practice, but also shapes spaces in their practice where they directly confront discrimination and process things like racism, homophobia, and various forms of bullying with the young people in their care. A strong example of this possibility is demonstrated as P5 discussed how he dealt with racial slurs being used amongst the youth:

We often have issues with the “N” word, some kids call each other that and are ok with it, but we have decided it shouldn’t be used because it is a derogatory term, so in house meeting we talk about the roots of the word, and why we feel it isn’t respectful for them to call each other that cause it was based on a racist idea of someone being less than someone else, so we talk about it and just try to get them to see it, and also we talk about when people use it with each other then other people might use it who they don’t feel comfortable having...like if a White kid calls a Black kid that then there is usually a big fight, so getting them to see that the like context of the word is just too negative or risky that we don’t want it used in the program at all.

In the same way, P4 emphasizes the need to process youths’ experiences of discrimination with them so to help them to externalize such judgments rather than take them personally:

I think it is very therapeutic [to talk about discrimination and minoritization with young people], like we expect kids to take responsibility for all sorts of stuff- their behaviour, their belongings, their actions, but some things, like being left out, or discrimination, those are like external things. Kids should be aware of that sort of thing and not take responsibility for it. Unless they are the ones [discriminating], then they should be aware to really know what they are doing and where it comes from, and like how that kind of hate separates people... The kids I work with, they already have so much going on, trying to figure out who they are going to be with pressures from parents and friends and school and everything, and emotions and hormones. So they need to process when things are like that [discriminatory], because it is like one more thing on top of everything. And it is one more thing that is very, it is difficult to figure out.

These examples show the layers of tension and complexity inherent in any discussion about diversity and discrimination. On the one hand, in this example, structural inequities are still positioned as something *external, one more thing* to add on to the “pressures from parents, friends, school, emotions, hormones.” In reality, structural inequities constitute pervasive social forces that are not external to systems such as family, school, institutional care, and the body, but actually intimately shape discourses associated with what constitutes a family, a school, and bio-physiological and psychological norms that impact the way young people live structural effects in their everyday lives. It is thus impossible to neatly extricate “discrimination” from the intersecting, mutually-formed social forces that permeate young people’s lives.

On the other hand, the examples reveal many sites of possibility: When resistance is taken up by practitioners, their therapeutic work becomes about engaging in a critique of discrimination and inequality with young people. These moments provide important insights into where possibility exists to expand such practices as CYC practice is theorized and executed on a daily basis.

A focus on decolonizing practices has taken hold in many of the helping professions, which is influencing the way that practice is being [re]defined and

[re]visioned. Among others, Newbury (2009) argues, for example, that if instances of bullying and discrimination (systemic, personal, or otherwise) are handled in ways that distract from the socio-political realities in which they are situated, further harm will be inflicted on clients as they struggle to make sense of social injustices within themselves. Narrative approaches address this by processing issues such as those described by the participants above through a philosophy that “the individual is not the problem, the problem is the problem.” Both Kivel (1996) and Reynolds (2010a; 2010b) articulate the position of helpers as allies in the face of oppressive and discriminatory realities, suggesting that coming alongside in support of resistance provides opportunities to engage with clients in a socially just manner that promotes transformative processes for healing. This notion of being an “ally” to young people and families fits well with the CYC approach that participants seemed to take up where they are committed to working in the life spaces of their clients to co-create hope and possibility for resilience and change. Though ally work must be based on a framework that holds practitioners accountable to exploring and unpacking notions of self-awareness and helping through a critical lens, much possibility exists here.

Seeking More

From systems of care.

Although critical understandings of working in solidarity, in partnership, and as allies for change hold fruitful possibility, it is also clear that individualized interventions are not sufficient in challenging systemic inequities. Based on their awareness of social injustices and commitment to the CYC principles of “making space” for young people to be accepted and respected, participants expressed their opinions and hopes that the

systems of care they are a part should be accountable to the needs of minoritized young people and their families. Two main themes emerged around this notion of accountability: The first was accountability within teams as day to day events unfold, and the second was accountability at the policy level to ensure that residential care settings approach diversity in practice in an ethical and informed manner. I draw primarily on the work of Hans Skott-Myhre (2008) and his theoretical conceptualizations of “radical youth work” here to explore these spaces in regards to their transformative opportunities in terms of challenging dominant notions of health and wellbeing and the therapeutic relationship.

Skott-Myhre (2008) speaks positively and hopefully to the risks involved in creating “flights” of youth work that transcend dominant understandings of the helping relationship. He formulates risk as resistance and as response to the limitations of dominance placed on practice, stating that possibility exists for youth workers to engage with youth and youth subculture to “reclaim our lives at the material and political level” (p.133). In the following exchange, P2 shared with me her perspectives on the need for her team members to take risks and approach diversity as *possibility* even in spaces of uncertainty or discomfort:

Me: How do you think those people can reflect on things in the way that you do? Like when you meet a kid, you say you reflect on what it might be like for them because you can relate to them on a certain level, how do other people ensure that that reflection occurs?

P2: I don't think that, I can say that some people it is just a lack of understanding and knowledge,

Me: So training would help with that?

P2: Yeah but it is also people taking risks. People taking risks instead of saying “oh you deal with this particular youth”, so ok “I want to deal with this youth,

how do I best respond?" Forget about being gay, knowing that I am Polish, and it is a Polish youth- they could...

Me: Use you are a resource, but still deal with it themselves?

P2: Yeah. But I just don't find that happens much. Yeah.

As Kivel (1996) points out, being a strong ally to minoritized people means not avoiding acknowledging discomfort and "not knowing", nor do you call on individuals to speak or act for *their* people. In regards to the situation above where the participant felt that she was too often asked to provide support to youth with whom she was assumed to *share* a minoritized experience, there are a number of ethical, personal, and professional issues that can present themselves to the minoritized practitioner (Tuhiwai Smith, 1999). These situations require an accountability of systems and those who staff them to interrogate the social constructions of difference that create and maintain discomfort, discrimination, and processes of Othering. Opportunity exists in the data to pursue this accountability as participants like P2 challenge its absence. In the following excerpt, P2 continues her discussion of proactive approaches to "doing" diversity in practice versus just claiming to be an inclusive setting based on the treatment of everyone as equal. She explained the need she perceives for accountability in case planning for minoritized youth:

Well [you need to know what is] important from the kid's perspective, so like ask the girl what she prefers around language and stuff and why. So that we make it important cause it is important to her, or them or whatever. Um, I think also that what we could do a better job of is bringing it to staff meeting as a priority and discussing it as a team, where maybe some person does a bit of research on the Chippewa band, and um, what their specific beliefs are, what their um, like learn more about those specific things. Like we had a resident call her "six nations" and it didn't go over very well, but it could have been a mistake made by anyone when no one is clear, right? So getting a better understanding of the cultural differences is important... There is a lot of fear as it stands now. It's just fear of change. It's just educating ourselves as a case by cases basis. Which I don't think is a very proactive way to go about things.

Robinson (1999) describes that often fear of being perceived as ignorant stands in the way of counselors and helping professionals working in an ethical manner. She further points out how if unchallenged, this fear and avoidance interferes with the support that the counsellor can offer the client, as issues that “require the counsellor’s awareness and leadership” remain unaddressed (p. 18). Principles of Cultural Safety (Ball, 2005) have much to offer as a framework for accountability of large systems of social care (and the people who staff them) to the minority people that they serve. Cultural Safety can be described as “an outcome of interactions where individuals and groups experience their identity and way of being as having been respected or, at least not challenged or harmed” (<http://www.ecdip.org/docs/pdf/Cultural%20Safety%20Poster.pdf>). While always limited/mediated by overarching colonial political policies³⁰, decolonizing practices such as those of Cultural Safety call for centering world views that have meaning to people who are typically marginalized from knowledge production/mobilization (Tuhiwai Smith, 1999). Participants expressed the desire to proactively provide spaces of care that are “safe” in the way that safety is conceptualized through models of cultural safety. This desire is highly supported by models of decolonizing practice as outlined and utilized by many critical researchers and practitioners. These people as individuals and as a collective stress the importance of challenging assumptions and pushing beyond the limitations of traditional frameworks of inclusivity to implicate the role of power and privilege in the social injustices that shape practice contexts and the individuals who co-exist within them.

³⁰ While decolonizing practices can be useful and productive in making treatment spaces more “safe” and prioritizing the self-determination of clients, it must also be acknowledged that the safety of the intervention does not continue/translate to safety in everyday life for many minoritized peoples due to the pervasive colonial policies that shape their identities and experiences in society.

P1 bridges the idea of team accountability to that of the need for policy to protect and ensure ethical practice in regards to diversity: “Yeah- I think that agency policy has such a lot to do with it. You can have a good team that is open to “outside the box”, but if you don’t you need policies to ensure sensitivity.” This demonstrates that P1 has an awareness that not all individuals working in a residential setting will have the same approach to practice, and recognizes a need for systemic accountability to ensure that the rights of minoritized young people are protected. P4 also discussed policy, touching on the importance of policies that prioritize “diversity” in the delivery of residential services:

P4: Uhhh, well I just know for uh, especially for, like there is a policy for residential care, administratively that is laid out by the ministry. For all kids in care. Like every Wednesday is a culture night, and we do that. So you make the food, you listen to music, you learn a bit about the place. You have pictures, or maybe a kid in the house is from that culture and they bring their experiences to everyone else to teach them something.

Me: Ok.

P4: And you know, that planning is the policy. To make sure we incorporate all cultures. I think it is essential. And so much learning. For staff too. Cause again, like in the schools, that’s not offered to teach about the different cultures and practices, so it’s positive for both the residents and the program to have that happen in the homes.

Me: Ok. Anything else?

P4: No I think just being inclusive of culture in planning is pretty much the priority.

Though constructed through the dominant lens of diversity that problematically prioritizes cultural celebration as a primary path to inclusivity and acceptance, P4 highlights the importance of policy in the provision of residential care because of how it has the power to mandate a level of accountability for programs and staff. P4 goes on to

discuss this when asked about the inclusion of other forms of diversity, outside of culture, within the programming that the diversity policies mandate:

Me: Ok. What about other forms of diversity other than culture- are they included or left out of those sorts of theme/culture sharing nights?

P4: Ummm....

Me: Like Pride for example, or some of other differences that are a little more difficult to talk about like class differences, or ability differences. Are those brought into program in the same ways?

P4: Ya not really. I mean the focus is on culture and religion because people are so sensitive to those things so that is what is talked about the most. The racism is what is being addressed I guess, in terms of teaching about differences in race and colour to encourage acceptance. But no, I don't think that other differences are included that way. Homophobia like isn't prevented like that. It is there, but it isn't talked about like that, like anything positive about the gay culture isn't really focused on, just the fact that people shouldn't be homophobic.

Here P4 expresses the limitations of current policy to be inclusive of diversities that are not as easily celebrated by the mainstream, offering an awareness that holds much potential in terms of how things could be done differently in regards to diversity in practice at the policy level. Policy that supported the complex, multi-dimensional approaches to diversity- approaches that are always changing and never perfect rather than "right or wrong" would prove useful in supporting the levels of how "diversity in practice" is experienced and acted on.

Contemporary Canadian discourses of child welfare instruct us to calculate risk and determine where interventions are needed (Stoneman, 2011). Dominant, neoliberal discourses of diversity, multiculturalism have been included within this perspective, but the limitations for exploring the relationships between diversity and risk often remain hidden in these conceptualizations of practice. When participants contest these ideas, they open up opportunities to rethink how the language and policies that shape our work serve

to include or exclude aspects of diversity, especially those which have not been constructed as positive or celebratory through the lens of multiculturalism. This would require a restructuring take place towards a socially just policy framework that makes explicit the goals to critically engage with diversity and minoritization within the therapeutic milieu. Considering this possibility, the questions of “what is CYC practice” and “what might it become?” arise. Is it possible to create and maintain an approach where we implicate ourselves fully in the tangled process of decolonizing child and youth care work? (Loiselle et al., in press). What might a framework such as this offer in terms of our potential to retheorize and reengage with how we can come together differently, critically, hopefully, productively, to subvert exclusionary notions of what constitutes “diversity”, “care”, and “helping”? (Loiselle et al., in press). I turn now to the possibilities that CYC education include for answering these questions.

From CYC education.

True dialogue cannot exist unless dialoguers engage in critical thinking- thinking which discerns an invisible solidarity between the world and the people and admits of no dichotomy between them – thinking which perceives reality as a process, as transformation rather than as a static entity- thinking which does not separate itself from action, but constantly immerses itself in temporality without fear of the risks involved.

(Freire, 1970, p. 92).

While I have critiqued the constraints of traditional approaches to education in regards to diversity in the helping professions, much possibility exists here for CYC training programs to prioritize the kind of critical thinking that Freire described. Participants in this study demonstrated a strong desire for a deeper and more contextual analysis that calls into question the assumptions upon which their work is based to help them make sense of and respond to the social and political realities that surround their practice

(Pence & White, 2011). Participants stressed that education and training provided the perfect opportunities for this to occur. P1 shared their experience of learning about diversity through the dominant lens and the absence of the broader contextual analysis that they were seeking:

Um, I think that school promoted diversity in some aspects, so there was a class in sexuality, um but there was never anything on ethnicity or race- not really spoken about, or anything, there was some things about people who struggled and live below the poverty line, but there was never anything about how those people are likely to end up there, or the why poverty exists I guess. Like poverty is a reality right? So we talked about it as a risk sort of thing. A big risk isn't it?

This quote demonstrates well the disconnect that I have previously outlined in terms of how diversity is “packaged and sold” as a coherent, one-dimensional package, as something that exists outside of complex relations of power, privilege, and minoritization. When a disconnect such as this exists, the discomfort that surrounds diversity and difference is maintained as power dynamics are rendered invisible, and efforts to disrupt these limitations are curtailed. P5 recalled the journey he took from discomfort to action:

Yeah just time. I am comfortable now. Plus there wasn't really any tools, I didn't know how to do it. I knew some stuff from school but I felt like I shouldn't bring it up. I just wish I had have known some of that stuff... Yeah well learning about it was tricky because I was afraid to ask kind of [early in my career], and then I assumed, and then like the yogurt thing happened [bought yogurt with gelatin in it which the Muslim residents couldn't eat]. Plus I was, yeah I was just shy about some stuff I think. I was young too. I wouldn't be so shy now or avoiding things, like asking about the girls' Burqua, I do that now and I kind of know some stuff about family values and that and I can just clarify but I am not so ignorant I guess. Cause everything is different, like each case, so you can't assume that one Muslim family is the same as another or one Caribbean kid is the same as the next. There is diversity there too, so I know some people get confused by that too and then people can get mad or whatever, and of course 'cause it is basically a stereotype all over again even when you try to not do that. We get the kids to tell us a lot so we can learn. And other staff who come in, they are good tools too, but I find a lot out on my own from the internet and books and stuff and then I kind of

fact check with the kids (laughs). It is a good system when I need to know about things. Respectful I think. Better that I don't avoid it anymore.

When CYC programs fail to facilitate a process of sitting with and moving through discomfort around diversity and difference, practitioners end up struggling, as P5 demonstrates, with feeling like they “should not bring it up,” feeling “afraid” or “shy,” and “avoiding things.” Further, practitioners are left to develop/take initiative to teach themselves (or not) and approach to understanding and handling these complexities. As I have pointed out in other chapters, a common approach is avoidance- most often unintentional- through the taking up of dominant discourses and participating in these frameworks of interaction that maintain and perpetuate the status quo. In the attempts that many participants undertook to resist this, however, they consistently expressed that they felt that their CYC education could have better prepared them to embark on this journey of *doing* diversity in practice. Specifically, a focus on self-awareness, social justice, as well as the promotion of history and world politics as necessary CYC knowledge were the areas participants identified as things they either benefited from in their education, or topics they wished would have been present as they were trained to work in the field. The following excerpt depicts this, as P4 explains what she believes would have been a more helpful and proactive approach taken in her CYC training program:

Me: In your schooling, do or did people talk about racism and homophobia, or the perceptions people have about disability, like are these things talked about directly or is it something that is avoided? How have you experienced this?

P4: Um, I don't think that it is talked about enough. I don't think that it's enough. Because more of what I have done has been around disabilities, physical and psychological disabilities- that has been more of a focus of my training in terms of how to deal with that but through classes, through school- those things have come up but there hasn't been something on homophobia, or on racism, especially since now everything is so multicultural- I don't think that it is talked about enough.

Me: Yeah. What do you think about how diversity is conceptualized for us through this multicultural lens? What are your thoughts on that? Cause you are right, racism is often not mentioned at all in these discussions.

P4: Well I think it is very positive. But as a child and youth worker, I may not know all about different cultures, religions, and not that I am saying that they should teach all of that, but definitely, especially living in Toronto- like this stuff is so complicated, and it isn't positive all the time. So they talk about equality, which is awesome and everyone should be equal, but what about when they aren't? There needs to be some more awareness about this. And even about cultures in general- like where you learn some of the complexities, just so you don't walk in blind sort of thing.

Me: Yeah- you think that that would help?

P4: Yeah, well it would at least provide some background- general stuff. Not a course on Judaism, and another one on each other religion, but a course that touches on all sorts of major cultural and world views. And religions, and practices. Yeah.

Me: Just difference- to provide people with some context?

P4: Yeah. Because we don't live in a common context. Things here used to be all white and Christian values and stuff, but it isn't that way anymore- not in a place like here in Toronto.

Here P4 presents her desire to be trained to work with diversity “when it isn't positive all the time” so that CYC workers are not “walking in blind.” P4's words can be interpreted as a critique of “cultural competence” as a model of practice because of how it reinforces discourses of multiculturalism and the inherent notions of cultural sensitivity and respect that are mobilized within it. P1 similarly explains how diversity in practice is conceptualized as a fixed standard rather than a fluid and ongoing process in training settings: “There is no like ‘let's embrace diversity’, it is more like ‘this is what diversity is and let's function with this awareness’.” A reformulation of diversity competence as emergent and always shifting, as Delano (2005) suggests, stands in contrast to the

superficial way in which multiculturalism and diversity-related training are often understood in CYC.

Tuhiwai Smith (1999) critiques the ways in which educational settings promote harmful and reductionist constructions of the Other that participants are challenging here, stating that “the organization of school knowledge, the hidden curriculum and the representation of difference in texts and school practices all contain discourses which have serious implications for indigenous students, as well as for other minority groups” (p. 11). P5 shared the positive impact that a critical exploration of the histories and contexts of Aboriginal peoples in Canada- beyond the stereotypical accounts too often found (if at all) in common school based resources- had on his practice:

P5: That [learning about residential schools, etc.] really pinpointed for me how important the context is, and how you gotta understand how a kid’s life gets shaped by so much. Like you can see how patterns come up, and there is no blame that can be placed really on one kid, or one parent or both parents. The stories are often, of so all many of the kids, so many, they are so complicated and it is just like- no wonder! Like they never really had a chance to not be troubled, or in trouble cause the pain of them and their family just is too much stress and not enough positive protective things.

Me: Ok I see, so learning about the history of how Aboriginal people have been treated systemically really highlighted the importance for you of thinking systemically about your work and the families that you work with?

P5: Yes it did.

Me: Ok- so these sorts of discussion were a big part of your CYC training would you say?

P5: Um yes. Well it was there and I remember them. I don’t know about a big part, but it was there and it was something I took away. For sure.

Participants perceived education to be a means for addressing issues of diversity and minoritization. Whether recalling past educational experiences as beneficial, or wishing that they had learning opportunities that facilitated awareness around issues of difference,

participants expressed that they believed that systems of education/training are where change can happen that would improve the skills and abilities of practitioners to work with diversity. Drawing on the work of White (2011) regarding a rethinking of ethics in CYC theory and practice, we must recognize and begin to unpack how the “intellectual traditions and available vocabularies shape our understandings of children, youth, families, and practice” (p. 47). White theorizes how CYC practice might be reconstructed through the possibilities that P5 describes above, where “we think more critically and deeply about professional interventions, such that we attend to individual wellbeing and social justice concerns” simultaneously in the pursuit of useful and ethical practice (p. 47). Other CYC authors such as Corcoran (2011) Pacini-Ketchabaw (2011), Skott-Myhre (2008), de Finney et. al (2011), and Loiselle (2011), and Loiselle et. al (in press) reiterate the need for such a reconceptualization towards the political and justice oriented possibilities of CYC theory in practice. Though there is some disagreement in the field of CYC as to whether or not critical and politicized practice has a place in our therapeutic work, it is vital that an increased systemic awareness and/or knowledge of critical approaches be considered as an essential aspect of practice. Increasing the tools that practitioners have to do this seems from the data to be something that participants felt had much value.

Conclusion: Recommendations Based on the Findings

Decolonization is the process whereby we create the conditions in which we want to live and the social relations we wish to have.

(Walia, 2012, p.4)

I want to begin by pointing out that I firmly believe in the relational approach of CYC, as a field that is committed to the health, wellbeing, and care of children, youth,

and families. The mission of our work as I have understood it thus far in my career is to join with young people and families within their life space to assist them in coping with and/or overcoming the struggles that they are experiencing. But how is this respectfully and ethically interpreted through the diversity lens as it pertains to minoritized young people? The findings of this study demonstrate the impossibility of easy answers by constantly complicating how exactly assistance/care can or should be delivered.

On one hand, findings show that practitioners are shaped by a desire to view all young people equally and “help” them to adjust their behaviors to live, love, and grow with ease in their worlds. Participants want to assist young people and families in navigating societal norms so that they are more easily able to manage their surroundings and experiences. They shared their desire to connect with young people, despite their diverse identities, to help them (and their families) more easily traverse the contexts and relationships in which they live.

On the other hand, the participants acknowledge the structural inequalities that maintain processes of minoritization, and realize how these imbalances contribute to the rigid, pathologizing frameworks of practice that suggest young people/families in care have done something *wrong*. Participants understand that this is problematic and should be a focus for change. CYC practice emerges out of the tension between dominant discourses about diversity and practice which are believed to promote the equality, health and safety of young people, and resisting those dominant sources of power which create idealized norms that label and marginalize our clients. Our work includes both of these roles, and achieving an informed balance is what seems to be important.

It is my hope that the work I have presented in this thesis contributes to discussions about the theory and practice of CYC in residential care settings that disrupt dominant and minoritizing perspectives of *risk, care, diversity, and normal* that so heavily influence our work and the young people who are recipients of our care. Despite the appeal of containment and avoidance, there is much to gain from laying bare the inner workings of our own entanglements with power in practice. In reflecting on her critical graduate work with minoritized girls, Loiselle (2011) observed that, "such ruptures revealed and demanded me to notice my own complicity in, reproduction of, and resistances to dominant structural forces in the multiple moments of theorizing, writing about, and working with [young people] to affect change" (p. 154). I too experience a certain freedom in the accountability and resistance that is demanded of me as certain forces that have shaped my practice (and continue to do so) are exposed. The goal of my work as presented in this thesis was certainly not to provide prescriptive or absolute conclusions about the complexities of "diversity in practice", but rather to illuminate and generate discussion about the often conflicting or contradictory theoretical perspectives that shape the everyday practices of CYC in residential care settings. That said, I do wish to conclude by summarizing here some of the practical recommendations that I have for future directions and possibility based on my interpretations of the data:

An Acute Awareness of Social Injustice.

- Recognizing the often covert nature in which social relations of power infiltrate our everyday lives, drawing direct attention to inequality and social injustice is particularly important for a field that remains very practical in its application. The possibilities present in the data under this theme call for a much-needed critical

analysis and advocacy framework that would enable practitioners and the field of CYC, as a professional entity, to address the impacts of social inequality and processes of minoritization within their therapeutic scope of practice. By proactively exploring and unsettling power relations in this way within CYC theoretical frameworks, it becomes possible to reflect on our practice interventions that are ethically embedded in a pursuit towards social justice. Theoretical possibilities and strategies for critical practice in regards to diversity, cultural competence and advocacy in residential settings can be drawn from the several possibilities that I have outlined throughout this thesis. To counter processes of minoritization in practice, ethics of resistance can provide a foundation for many critical approaches to care and counselling. These approaches work by having counselors and clients engage therapeutically to understand the processes and impacts of minoritization, noticing and building upon acts and possibilities for resistance (Richardson & Reynolds, 2012; Reynolds, 2010). These possibilities should become a part of everyday dialogues of theory and practice pertaining to CYC. In many settings, this is already happening. There are, however, also many spaces where critical dialogues are not occurring and this should be addressed in both formal and informal avenues of information sharing within the field to address this gap.

- As information and critique become more available in the field of CYC, notions of social justice solidarity should be explored and integrated into how CYC is theorized, practiced, and embraced as an identity by practitioners. Coming together and taking a stand against things that infringe on the rights of young

people offers a productive opportunity for which the field of CYC is ideally positioned. This does not mean that practitioners must give up autonomy in regards to their practice; it simply means establishing a collective resistance to social, economic, and political ideologies and actions that harm young people and contribute to processes of minoritization. It means holding our social and political contexts accountable to young people's rights and dignity, and pointing out the gaps in the rhetoric of Canada as a "rights respecting" nation (Moore & Mitchell, 2011). This collective alignment would provide a foundation from which practitioners could counter the sense of uncertainty that limits their ability to productively critique and expand the too-often unquestioned ideologies of CYC and related notions of "care." Continued explorations of how a politicized, collective CYC identity can be supported are important.

Making Space for Alternate Subjectivities.

- Participants communicated loudly and clearly that they believed in the possibilities of "multiple truths," and that infinite potential exists in multiplicity for CYC practice and practitioners. Through this lens, each encounter that occurs in residential settings has the potential to be expanded and explored by everyone involved in it (Gharabaghi, Kruger & Skott-Mhyre, 2011). Exploring strength and resilience where it may seem that there are none is already something that many practitioners and academics in the field of CYC are committed to. Fostering the critical analysis upon which these attempts to "make space" are based is something that can again be taken up and explored in both formal and casual conversations about CYC theory and practice.

- Though not specifically addressed in the scope of this study, possibilities for practice and therapeutic interventions that are based on notions of engagement and action with young people to promote transformation and healing exist and are well theorized both within the field of CYC as well as in the various disciplines that inform CYC. Participatory and collaborative research methodologies and practice approaches provide diverse examples of how engagement can be prioritized in research agendas and practice methods. For instance, initiatives that use participatory, creative and child/youth-friendly methods (ie, popular theatre, photovoice, rights based initiatives, etc.) help subvert the traditional expert/client dichotomy. Engaging with young people directly to interrogate the social contexts that impact them opens up possibility for practical applications of critical approaches in CYC. Child and youth-engaged approaches would contribute greatly to the possibility of reformulating modernist notions of research and practice in CYC that are both minoritizing and not based on the principles of engagement that are foundational to the field. As an example of how this could be put into practice, using a PAR methodology to explore with young people in care how conceptualizations of “diversity in practice” impact them would be a worthwhile application, given that young people are often ignored in child welfare and residential care research (Corcoran, 2012).. It is important that the usefulness of critical theories to create space for alternate stories of young people and their journeys not be discarded or seen as a threat to traditional formulations of practice.

Seeking More.

- Some participants communicated a desire, though often mediated by dominant conceptualizations of practice, for systemic accountability to young people for the outcomes that are facilitated while a child or youth is “in care.” I believe that this desire is best addressed through taking action and addressing the concurrent plea for education and training opportunities that participants shared. Believing this would provide them with a deepened and more contextual analysis of diversity and minoritization, there is much potential here as participants communicated that they felt that education and training opportunities would/could enhance their ability to respond to the strengths and needs of their clients. The education and training of CYC practitioners is where a foundation for critical thinking and analysis is supported and maintained. Engaging students in learning to feel comfortable interrogating the very systems to which they have chosen to direct their career energy is something that I believe is extremely important, given the power of dominant discourses to silence such critiques. Considering ways in which critical theories can be integrated more consistently and comfortably within theoretical frameworks of CYC is central to ensuring that practitioners a) learn to act upon and be confident in the analyses of social injustice that they have, and b) continuously look for multiplicity when they experience situations where assumptions are made (by themselves or others) and acted upon as single truths that do not honour the systems thinking that is central to the practice of CYC.

Final Thoughts

To close I want to say thank you (so very much) to the participants who shared their time and experiences with me and provided me with the opportunity to highlight the layers and possibilities of your practice in regards to diversity that they so beautifully made visible. The perspectives that you shared about your work within systems of residential care provided such a *real* and valid foundation from which I could complete this study. I am so grateful for your participation. With that, I look forward to releasing this piece of work into the world and engaging in any discussions that it stimulates.

References

- Abrams, L. S., & Gibson, P. (2007). Reframing multicultural education: Teaching white privilege in the social work curriculum. *Journal of Social Work Education, 43*(1), 147-160.
- Anglin, J. (2002). *Pain, Normality and the Struggle for Congruence: Reinterpreting Residential Care for Children and Youth*. Binghamton, NY: The Hawthorne Press Inc.
- Ball, J. (2008). Cultural safety with children, families, and communities. Early childhood development intercultural partnerships. University of Victoria.
<http://www.ecdip.org/culturalsafety/>
- Billings, (2001). *Crossing Over to Canaan: The Journey of New Teachers in Diverse Classrooms*. John Wiley, New York. ISBN: 0787950017.
- Blackstock, C. (2011). The Emergence of the Breath of Life Theory. *Journal of Social Work Values & Ethics, 8*(1), 13-28.
- Bohaker, E. & Iacovetta, F. (2009). Making Aboriginal People ‘Immigrants Too’: A Comparison of Citizenship Programs for Newcomers and Indigenous Peoples in Postwar Canada, 1940s–1960s. *Canadian Historical Review, 90*(3), 427-462.
- Brach, C., & Fraser, I. (2000). Can cultural competency reduce racial and ethnic health disparities: A review and conceptual model. *Medical Care Research and Review, 57*(1), 181-217.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.
- Browne, Varcoe, Smye, Reimer-Kirkham, Lynham & Wong (2009). Cultural Safety and the Challenges of Translating Critically Oriented Knowledge in Practice. *Nursing Philosophy, 10*(3), 167-179.
- Burman, E. (1994). *Deconstructing Developmental Psychology*. London: Routledge.
- Burman, E. (2001). Beyond the baby and the bathwater: Postdualistic developmental psychologies for diverse childhoods. *European Early Childhood Education Research Journal, 9*(1), 5-22.
- Burman, E. (2003). From difference to intersectionality: Challenges and resources. *European Journal of Psychotherapy, Counselling & Health, 6*(4), 293-308.

- Burns, M. (2006). *Healing Spaces: The Therapeutic Milieu in Child Care and Youth Work*. Child Care Press. Toronto.
- Butler, J. (1990). *Gender trouble. Feminism and the subversion of identity*. New York: Routledge.
- Centre for Addiction and Mental Health (CAMH). (2003). *Challenges & Choices: Finding Mental Health Services in Ontario*.
http://www.camh.ca/en/hospital/visiting_camh/rights_and_policies/Pages/Challenges_and_Choices.aspx
- Chantler, K. (2004). 'English and "Community Languages" in Early Years Establishments', *International Journal of Equity and Innovation in Early Childhood*, 2(1), 2-18.
- Chantler, K. (2005). From disconnection to connection: 'Race', gender and the politics of therapy. *British Journal of Guidance & Counselling*, 33(2), 239-256.
- Chantler, K., Smailes, S. (2004). Working with Differences: Issues for research and counselling. *Counselling & Psychotherapy Research*, 4(2), 34-39.
- Child Welfare League of Canada. (2003). Children in Care in Canada: A summary of current issues and trends with recommendations for future research. Available at: http://www.nationalchildrensalliance.com/nca/pubs/2003/Children_in_Care_March_2003.pdf
- Corcoran, R. (2012). Rethinking "Foster Child" and the Culture of Care: A Rhizomatic Inquiry into the Multiple Becomings of Foster Care Alumni. Unpublished Master's thesis, University of Victoria. Victoria, BC.
- D'Andrea, M., & Daniels, J. (1995). Respectful counseling: A practical framework for diversity counseling. A paper presented at the annual meeting of the American Counseling Association. Denver, CO.
- Davies, B. (2000). *A body of writing: 1990-1999*. Rowman & Littlefield Publishers Inc. Oxford, England.
- Davies, B., & Laws, C. (2000). Poststructuralist theory in practice: Working with "behaviorally disturbed" children. In B. Davies (Ed.), *A body of writing: 1990-1999* (pp. 145-164). Walnut Creek: AltaMira Press.
- Davies, B., Dormer, S., Gannon, S., Laws, C., & Rocco, S. (2001). Becoming Schoolgirls; the ambivalent process of subjectification. *Gender and Education*, 13(2), pg. 167-192.

- de Finney, S. (2008). *"It's about us!": Racialized minority girls' transformative engagement in feminist participatory action research*. Unpublished Doctor of Philosophy dissertation, University of Victoria, Victoria, BC.
- de Finney, S. (2010). "We just don't know each other": Racialised girls negotiate mediated multiculturalism in a less diverse Canadian city. *Journal of Intercultural Studies*, 31(5), 471-487.
- de Finney, S., Dean, M., Loiselle, E. & Saraceno, J. (2011). All children are equal but some are more equal than others: Minoritization, structural inequities, and social justice praxis in residential care. *International Journal of Child, Youth & Family*, 2(3/4), 361-384.
- de Finney, S., Loiselle, E., & Dean, M. (2011). Bottom of the food chain: The minoritization of girls in child and youth care. In A. Pence, & J. White (Eds.), *Child and youth care: Critical perspectives on pedagogy, practice and policy* (pp. 70-94). Vancouver, BC: UBC Press.
- Dean, M., Harpe, M., Lee, C., & Mallett, A. (2008). "Making the familiar strange." Deconstructing developmental psychology in child and youth care. *Relational Child & Youth Care Practice*, 21(3), 43-56.
- Delano, F. (2005). Beyond cultural diversity: Moving along the road to delivering culturally competent services to children and families. CYC online. <http://www.cyc-net.org/cyc-online/cyc01-0705-delano.html>
- Deleuze G., Guattari F. (1987). *A Thousand Plateaus: Capitalism and Schizophrenia*. Minneapolis, MN: University of Minnesota Press.
- Fairclough, N. (2003). *Analysing Discourse: Textual Analysis for Social Research*. London: Routledge.
- Fendler, L. (2001). Educating flexible souls. In K. Jultqvist, & G. Dahlberg (Eds.), *Governing the child in the new millennium* (pp. 119-142). New York, NY: Routledge.
- Fine, M. And Ruglis, J. (2009). Circuits and consequences of dispossession: The racialized realignment of the public sphere for U.S. youth. *Transforming Anthropology*, 17(1): 20-33
- Fitzgerald, M. H., Mullavey-O'Byrne, C., & Clemson, L. (1997). Cultural issues from practice. *Australian Occupation Therapy Journal*, 44, 1-21.
- Foucault, M. (1977). *Discipline and punish: the birth of the prison*. (A. Sheridan, Trans.) (2nd ed.). New York, NY: Vintage Books.

- Foucault, M. (1978). *The history of sexuality: An introduction* (R. Hurley Trans.). New York, NY: Vintage Books
- Foucault, M. (1991). Governmentality. In G Burchell, C. Gordon, & P. Miller (Eds.). *The Foucault effects: Studies in governmentality* (pp.87-104). London: Simon & Schuster.
- Foucault, M., 1979. *The History of Sexuality*. Volume 1. An Introduction, London: Penguin Books.
- Freire, P. (1970). *Pedagogy of the Oppressed*. New York: Continuum International Publishing Group.
- Freire, P. (1998). *Pedagogy of freedom: Ethics, democracy, and civic courage*. Lanham, MD: Rowman and Littlefield Publishers, Inc
- Fulcher, L. (2001). Cultural Safety: Lessons from Maori Wisdom. *Reclaiming Children and Youth*, 10(3), 153-57.
- Garrett, P. (2010). Examining the 'Conservative Revolution': Neoliberalism and Social Work Education. *Social Work Education*, 29(4), 340-355.
- Gee, J. (1999). *Discourse analysis: Theory & method*. London: Routledge.
- Gharabaghi, K. (2009). Social justice unpacked: A response to newbury. *Relational Child & Youth Care Practice*, 22(4), 29-32.
- Gharabaghi, K. (2010). *Professional Issues in Child and Youth Care Practice*. London: Routledge Press.
- Gharabaghi, K., & Groskleg, R. (2010). A social pedagogy approach to residential care: Balancing education and placement in the development of an innovative child welfare residential program in Ontario, Canada. *Child Welfare*, 89(2), 97-114.
- Gharabaghi, K., Skott-Myhre, H., & Krueger, M. (2011). Continuing the El Salto Discussions: Thoughts about Modern, Postmodern, and Phenomenological Child and Youth Care Praxis. *Relational Child & Youth Care Practice*, 24(4), 49.
- Garabaghi, K. & Stuart, C. (2011). *Right Here, Right Now: Exploring Life-Space Interventions for Children and Youth, First Edition*. Pearson Education Canada. Toronto.
- Gill, R. (2008). Culture and Subjectivity in Neoliberal and Postfeminist Times. *Subjectivity: International Journal Of Critical Psychology*, 25(1), 432-445.

- Gillborn, D. (2006). Critical race theory and education: Racism and anti-racism in educational theory and praxis. *Discourse: Studies in the Cultural Politics of Education*, 27(1), 11-32.
- Green, M.J., Sonn, C.C. & Mastebula, J. (2007). Reviewing whiteness: Theory, research, and possibilities. *South African Journal of Psychology*, 37(3). pg. 389-419.
- Harley, D.A., Jolivette, K., McCormick, K., & Tice, K. (2002). Race, Class, and Gender: A Constellation of Possibilities with Implications for Counselling. *Journal of Multicultural Counseling and Development*. 30, 216-238.
- Helms, J.E. (2003). Racial identity in the social environment. In P.B. Pedersen & J.C. Carey (Eds.) *Multicultural Counseling in Schools: A Practical Handbook* (pp. 44-58). Boston, MA: Allyn and Bacon.
- Hoskins, M. L. (1999). Worlds apart and lives together: Developing cultural attunement. *Child & Youth Care Forum*, 28(2), 73-85.
- Hoskins, M. L. (2003). What unites us, what divides us? A multicultural agenda within child and youth care. *Child & Youth Care Forum*, 32(6), 319-336.
- Jeffery, D. (2005). 'What good is ant racist social work if you can't master it?': Exploring a paradox in anti racist social work education. *Race, Ethnicity & Education*, 8(4), 409-425.
- Johnson, Y. M., & Munch, S. (2006). *Towards a meaningful conceptualization of cultural competence*. Paper presented at the 3rd International Conference on Mental Health and Social Work, Hong Kong.
- Johnson, Y. M., & Munch, S. (2009). Fundamental contradictions in cultural competence. *Social Work (Special Issue on Racial and Ethnic Minorities)*, 54(3), 220-231.
- Jultqvist, K. & Dahlberg, G., eds. (2001). *Educating Flexible Souls*. Lynne Fendler. *Governing the Child in the New Millennium*. pg. 119-142. Routledge.
- Kemp, S. P. & Brandwein, R. (2010). Feminisms and Social Work in the United States: An Intertwined History. *Journal of Women and Social Work*, 25(4), 341-364.
- Khanna, N. (2011). Decolonizing youth participatory action research practices: A case study of a girl-centered, anti-racist, feminist PAR with Indigenous and racialized girls in Victoria, BC. Unpublished Master's thesis, University of Victoria, Victoria, BC.

- Kirby, S.L., Greaves, L., & Reid, C. (2006). *Experience, Research, Social Change: Methods Beyond the Mainstream*. Broadview Press. Toronto, ON.
- Kirova, A. (2008). Critical and emerging discourses in multicultural education literature: A review. *Canadian Ethnic Studies Special Issue: Multiculturalism Discourses in Canada*, 40 (1), 102-124.
- Kivel, P. (1996). *Let's Talk. Uprooting racism: how white people can work for racial justice*. Gabriola Island, BC, Canada: New Society Publishers.
- Lavergne, C., Dufour, S., Trocmé, N., & Larrivée, M. (2008). Visible Minority, Aboriginal, and Caucasian Children Investigated by Canadian Protective Services. *Child Welfare*, 87(2), 59-76.
- Landauer, G. (1910/2005). "Weak Statesmen, Weaker People," *Der Sozialist*. Excerpted in in *Anarchism: A Documentary History of Libertarian Ideas — Volume One: From Anarchy to Anarchism (300CE-1939)*, ed. Robert Graham. Montreal : Black Rose Books.
- Loiselle, E. (2011). Resistance as desire: Reconfiguring the "at-risk girl" through critical, girl-centred participatory action research. Unpublished Master's thesis, University of Victoria, Victoria, BC.
- Loiselle, E., de Finney, S., Khanna, N., Corcoran, R. (2012). "We need to talk about it!" Doing CYC as Politicized, Decolonizing Praxis. *Journal of Child and Youth Services*, in press.
- Lugones, M. (2007). Heterosexualism and the Colonial /Modern Gender System. *Hypatia*, 22(1), 186-209.
- Maier, H. (1967). Institutional Care of Deprived Children. *Studies: An Irish Quarterly Review*, 56(221), 17-27.
- Marinucci, M. (2010). *Feminism is Queer: The Intimate Connection Between Queer and Feminist Theory*. Zed books: New York
- Mattingly, M & Stuart, C. (2002). North American Certification Project (NACP): Competencies for Professional Child and Youth Work Practitioners. *Journal of Child and Youth Care Work*, 17, 16-49.
- Matus, C., & Infante, M. (2011). Undoing Diversity: Knowledge and Neoliberal Discourses in Colleges of Education. *Discourse: Studies In The Cultural Politics Of Education*, 32(3), 293-307.

- McIntosh, P (1988). White privilege and male privilege: a personal account of coming to see correspondences through work in women's studies. Wellesley MA 02181, Wellesley College Centre for Research on Women. Working Paper No 189.
- McIntosh, P (1990). "White Privilege: Unpacking the Invisible Knapsack." *Independent School Winter*: 31-36.
- McIntosh, P. (1998). White privilege: Unpacking the invisible knapsack. *Race, class, and gender in the United States: An integrated study*, 4, 165–169.
- Mendes, P. (2005). Graduating from the child welfare system: a case study of the leaving care debate in Victoria, Australia. *Journal Of Social Work*, 5(2), 155-171.
- Mitchell, R. C., & Moore, S. A. (2008). Introduction: Power, pedagogy and praxis-Towards common ground. In S. A. Moore & R. C. Mitchell (Eds.), *Power, pedagogy and praxis: Social justice in the globalized classroom* (pp. 1–18). Boston, Rotterdam and Taipei: Sense Publications.
- Mitchell, R. C., & Moore, S. A. (2008). Introduction: Power, pedagogy and praxis-Towards common ground. In S. A. Moore & R. C. Mitchell (Eds.), *Power, pedagogy and praxis: Social justice in the globalized classroom* (pp. 1–18). Boston, Rotterdam and Taipei: Sense Publications.
- Moore, S. A. (2008). Social justice and education in a world fit for children? In J. A. Kentel & A. Short (Eds.), *Totems and taboos, risk and relevance in research on teachers and teaching* (pp. 17–29). Boston, Rotterdam and Taipei: Sense Publications.
- Moore, S. (2011). Preface: Social Justice in Child, Youth and Family Studies. *International Journal of Child, Youth and Family Studies*, 3 & 4, 353-360.
- Morss, J. (1996). Post-structuralism and the Deconstruction of Development. *Growing Critical Alternatives to Developmental Psychology*. pg. 123-147. Routledge.
- Morris, J. (2010). In-between, Across, and Within Difference: An Examination of "Cultural Competence". *International Journal of Child, Youth, & Family Studies*, 1, (3/4), 315-325.
- National Aboriginal Health Organizations. (2006). *Fact Sheet: Cultural Safety*. Retrieved from: www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf
- Newbury, J. (2010). Contextualizing child and youth care: Striving for socially just practice. *Relational Child and Youth Care Practice*, 22(4), 20–34.

- Ontario Ministry of Colleges and Universities for Child and Youth Worker programs (<http://www.edu.gov.on.ca/eng/general/college/progstan/humserv/echildyt.html#vocational1>, 2010)
- Pacini-Ketchabaw, V. (2011). Rethinking developmental theories in child and youth care. In A. Pence & J. White (Eds.), *Child and youth care: Critical perspectives on pedagogy, practice, and policy* (pp. 19-32). Vancouver, BC: UBC Press.
- Pedersen, P., & Leong, F. (1997). Counseling in an international context. *The Counseling Psychologist*, 25(1), 117-122.
- Pence, A., & White, J. (Eds.). (2011). *Child and youth care: Critical perspectives on pedagogy, practice, and policy*. Vancouver: UBC Press.
- Pereira, A. (2008). Does Multiculturalism Recognise or 'Minoritise' Minorities?. *Studies in Ethnicity and Nationalism*, 8(2), 349-356.
- Powers, J. M. (2007). The relevance of critical race theory to educational theory and practice. *Journal of Philosophy of Education*, 41(1), 151-166.
- Proctor, G. (2002). *The dynamics of power in counselling and psychotherapy: Ethics, politics and practice*. Ross-on-Wye, UK: PCCS Books
- Rattansi, A. (2011). *Multiculturalism: A Very Short Introduction*. Oxford University Press.
- Reynolds, V. (2010). *Fluid and Imperfect Ally Positioning: some gifts of queer theory*. Context. October 2010, Association for Family and Systemic Therapy, UK, 13-17.
- Richardson, C., & Reynolds, V. (2012). "Here we are amazingly alive": Holding ourselves together with an ethic of social justice in community work. *International Journal of Child, Youth and Family Studies* 1, 1-19.
- Riggins, S. (1997). The rhetoric of othering. In S. Riggins (Ed.), *The language and politics of exclusion: Others in the discourse* (pp.1-30). California: Sage.
- Robinson, T.L. (1999). The Intersection of Dominant Discourses Across Race, Gender, and Other Identities. *Journal of Counselling and Development*, 77, 73-79.
- Robinson, T.L. (2004). The Convergence of Race, Ethnicity, and Gender, 2nd Edition- Ch. 1- Multiple Identities: Defined. pg. 1-21. Pearson/Merrill Prentice Hall.
- Robinson, K., & Diaz-Jones, C. (2006). Doing feminist poststructuralist theory with early childhood educators. *Diversity and Difference in Early Childhood Education*. pg. 24-43. Open University Press.

- Rogoff, B. (2003). *The Cultural Nature of Human Development*. Oxford University Press. New-York, USA.
- Rose, N. (1990). *Governing the Soul: Technologies of Human Subjectivity*. Routledge, New York.
- Scheibelhofer, P., Marotta, V. (2011). Introduction. Intersectionality: Legacies and Controversies. <http://www.tandf.co.uk/journals/pdf/spissue/cjis-vsi-intersectionality.pdf>
- Sedgwick, E. (1990). *Epistemology of the closet*. Berkeley: University of California Press.
- Shoveller, J. A., & Johnson, J. L. (2006). Risky groups, risky behaviour, and risky persons: Dominating discourses on youth sexual health. *Critical Public Health*, 16(1), 47-60.
- Simpson, J. S., James, C. E., & Mack, J. (2011). Multiculturalism, Colonialism, and Racialization: Conceptual Starting Points. *Review Of Education, Pedagogy & Cultural Studies*, 33(4), 285-305.
- Smith, D. (1990). *The conceptual practices of power: A feminist sociology of knowledge* (2 ed). Toronto: University of Toronto Press.
- Snow, K., & Finlay, J. (1998). *Voices from within: Youth in care in Ontario speak out*. Toronto: Office of Child and Family Service Advocacy.
- Snow, K. (2006). Vulnerable Citizens: the oppression of children in care. *The Journal of Child and Youth Care Work*, 21, 94-105.
- Snow, K. (2009). The case for enhanced educational supports for children in public care: An integrative literature review of the educational pathway of children in care. *Vulnerable Children & Youth Studies*, 4(4), 300-311.
- Skott-Myhre, H. A. (2005). Captured by capital: Youth work and the loss of revolutionary potential. *Child & Youth Care Forum*, 34(2), 141-157.
- Skott-Myhre, H. (2006). Radical youth work: Becoming visible. *Child & Youth Care Forum*, 35(3), 219-229.
- Skott-Myhre, H. (2007). *Youth and subculture as creative force: Creating new spaces for radical youth work*. Toronto: University of Toronto Press.
- Skott-Myhre, H., & Skott-Myhre, K. (2007). Radical youth work: Love and community. *Relational Child & Youth Care Practice*, 20(3), 48-57.

- Skott-Myhre, H. A., Raby, R., & Nikolaou, J. (2008). Towards a delivery system of services for rural homeless youth: A literature review and case study. *Child & Youth Care Forum*, 37(2), 87-102.
- Spivak, G. (1996). *The Spivak Reader*. New York; London: Routledge
- St. Denis, V. (2011). Silencing Aboriginal Curricular Content and Perspectives through Multiculturalism: "There Are Other Children Here". *Review Of Education, Pedagogy & Cultural Studies*, 33(4), 306-317.
- Stoneman, L. (2011). "Is Prevention Inherently Good? A Deconstructionist Approach to Prevention Literature, Policy and Practice Western Criminology Review 12(2), 21-34.
- Stuart, C., & Carty, W. (2006). *The Role of Competence in Outcomes for Children and Youth: An Approach for Mental Health*. Toronto: Ryerson University.
- Stuart, C., Carty, W. & Dean, M. (2007). The role of competence in outcomes for children and youth: An approach for mental health. *Relational Child and Youth Care Practice*, 20(1), 47–56.
- Stuart, C. (2009). *Foundations of Child and Youth Care*. Dubuque, IA: Kendall Hunt.
- Sue, D.W. & Sue D. (1999). Characteristics of the Culturally Competent Mental Health Professional. *Counselling the Culturally Different*. (pg. 224-231). John Wiley & Sons.
- Tolman, D., & Brydon-Miller, M. (2001). *From subjects to subjectives: a handbook of interpretive and participatory methods*. New York: New York University Press.
- Totton, N. (2000). *Psychotherapy and Politics*. London: Sage.
- Trieschman, A., Whittaker, J., & Brendtro, L. (1969). *The other 23 hours*. Chicago, IL: Aldine.
- Tuck, E. (2009). Suspending Damage: A Letter to Communities. http://dss.ucsd.edu/~rfrank/class_web/ES-114A/Week%204/TuckHEdR79-3.pdf
- Tuhiwai-Smith, L. (1999). *Decolonizing methodologies: Research and Indigenous Peoples*. Zed. Books: London.
- Twine, F.W. (1997). Borwn-skinned white girls. R. Frankenburg (ed). *Displacing Whiteness: Essays in Social and Cultural Criticism*. (pg. 214-243). Duke University Press.

- Van Leeuwen T. (2008). *Discourse and Practice: New Tools for Critical Discourse Analysis*. New York: Oxford University Press.
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-39.
- Walia, H. (2012). Decolonizing together.
<http://briarpatchmagazine.com/articles/view/decolonizing-together>
- Weis, L., & Fine, M. (2004). *Working method: Research and social justice*. New York: Routledge.
- White, J. (2007). Knowing, doing and being in context: A praxis-oriented approach to child and youth care. *Child & Youth Care Forum*, 36(5), 225-244.
- White, J. (2011). Re-stor(y)ing professional ethics in child and youth care: Towards more contextualized, reflexive and generative practices. In A. Pence & J. White (Eds.) *Child and youth care: Critical perspectives on pedagogy, practice and policy* (pp. 33-51). Vancouver, BC: UBC Press.
- Woodward, K. (1997). *Identity and Difference-Ch. 1 Concepts of Identity and Difference*. pg. 8-61. Sage Publishers.
- Young, I. (1990). *Justice and the politics of difference* (Vol. 1). New Jersey: Princeton University Press.