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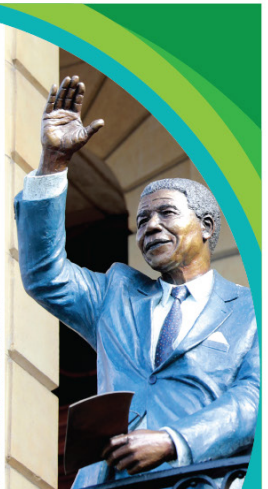
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Aboriginal children and young people in Australian out-of-home care

Simon Walsh

In Australia, there has long been an overrepresentation of Aboriginal (including Torres Strait Islander) children and young people in out-of-home care. Currently these children account for 42% of the total number of children in out-of-home care, despite comprising only 5% of the Australian child population, and their risk of placement into care is 10 times that of non-Aboriginal children (SNAICC, 2022). This overrepresentation has been an issue of serious concern nationally and for all state and territory governments that have increasingly focused on reducing entries into care and increasing exits from care into kinship and community.

There has also been a growing concern about the large number of Aboriginal children being cared for by non-Aboriginal carers and/or by non-Aboriginal agencies – this is despite the fact that there has long been an acceptance of the *self-determination* principle for Aboriginal people and communities, as well as the *Aboriginal Child Care Principle* which

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prioritises the care of Aboriginal children with family and kin or with other Aboriginal carers.

The persistent overrepresentation of Aboriginal children and young people in out-of-home care and their continuing placement with non-aboriginal carers and organisations, has been consistently raised by advocacy organisations. In response, service providers have worked hard to build their cultural awareness along with their policies and practices in order to provide the most culturally appropriate support possible for Indigenous children. A focus on reconciliation, respect, and learning from this amazing culture have made our services stronger and smarter. There has been a concurrent commitment to recruit more Aboriginal carers and staff and this has brought much value to organisations and the children in their care.

In New South Wales (NSW, the state with the largest in-care population) the government recently announced a goal to have all Aboriginal children and young people in out-of-home care transition to the care of Aboriginal Community Controlled Organisations (ACCOs). This includes a commitment to support the development of the Aboriginal care sector and to ensure that Aboriginal children receive culturally appropriate care and case management throughout their care journey.

Organisations that are not Aboriginal-controlled are required to develop transition plans in partnership with ACCOs to facilitate this transition of children and their carers. Increased resourcing has been promised for Aboriginal providers to accommodate such transfers.

As the CEO of a non-Aboriginal organisation operating in New South Wales, I can confirm that this goal is welcomed and supported by providers

across the State. There is broad agreement that Aboriginal children are best cared for by their communities, by their kin, and, where possible, on Country.

We welcome and support the policy and funding initiatives to develop the capacity of ACCOs to provide stable, culturally-appropriate care as well as specialist family support to prevent care placements where possible and to facilitate restorations after placement. At the same time we have committed to ensuring that our continuing transitional services to Aboriginal children and families are as culturally appropriate and safe as possible, which includes cultural training and orientation for all staff members, the recruiting of Aboriginal staff members at all levels of the organisation, and working closely with local Aboriginal organisations.

Working in partnership with ACCOs through this transitional process we believe that together we can achieve positive, lifelong results for our Aboriginal children and young people and their families.

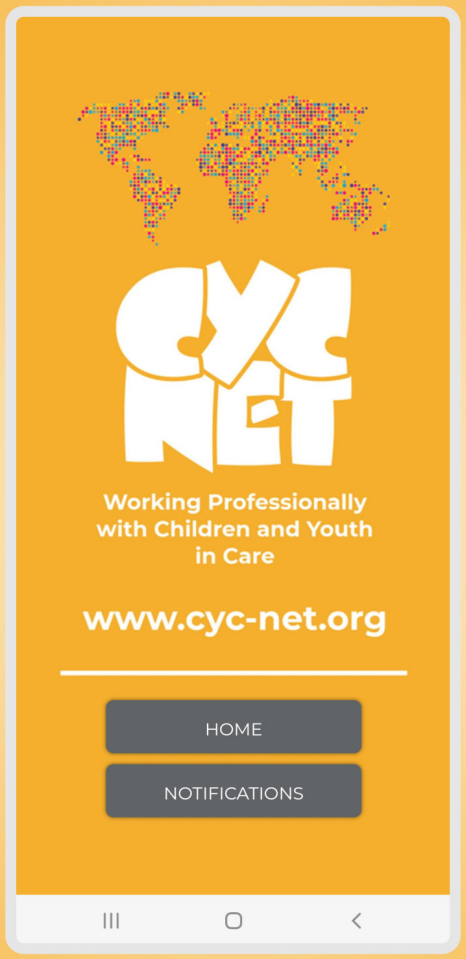
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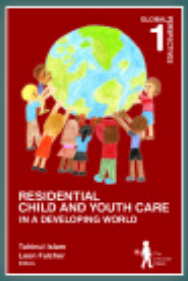
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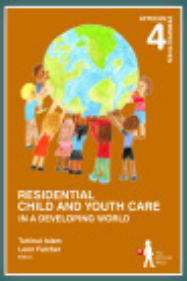
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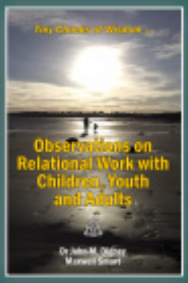




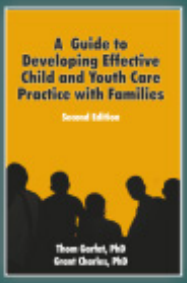




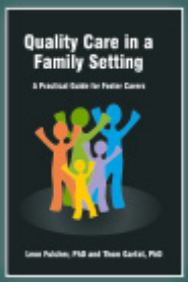






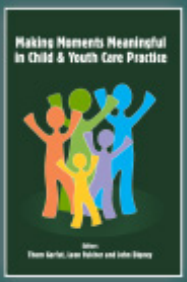




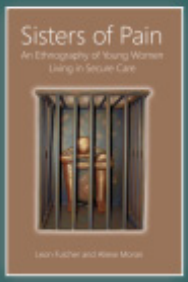






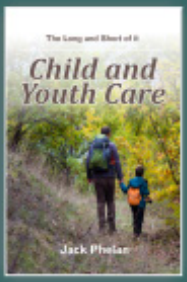












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What Shall I do with Myself?

Kiaras Gharabaghi

Although it is probably not a new trend, I have been noticing it more and more since the COVID-19 pandemic entered its "are we still in a pandemic?" phase. Many young people I talk to simply don't know what do with themselves. All the previously legitimate and relatively structured pathways to securing a stable and meaningful adult life seem less desirable, less obvious, and often, just uninspiring. Many young people are no longer sure that post-secondary education is the right path for them – "what would I do with a sociology degree?", they ask. More than ever, I hear slightly more expressions of interest in technology and science-focused programs, but especially for young people emerging out of social service systems like child welfare and youth criminal justice, these kinds of programs seem somewhat out of reach, with barriers to entry (which usually include excellent high school grades and completion of high school math and science courses) just too great to seriously consider these. Young people seem less interested in professional programs like social work or child and youth care than before as well. They seem to have little confidence that these professions are positioned in helpful ways, and I often hear what to me at least is a disturbing disinterest in community service of any kind.

At the same time, professional careers in the trades also seem uninspiring, despite the fact that the trades, at least in the global North, are

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in very high demand and frankly are likely to secure a better income than most office or academic jobs. One young person recently told me that his hesitation for entering the trades is based on his desire to "avoid going to work every day in a truck and having to listen to co-workers talk crap all day long". Racialized young people understand many trades environments are replete with racist talk and general ignorance of issues of equity and inclusion. These aren't welcoming environments for many. Some young people have expressed worries about the high levels of alcohol and drug consumption that are often prevalent in trades circles (I am not entirely sure if this is true, but it is definitely a perception).

I have also come across quite a few young people who feel that something will come their way eventually. These young people aren't particularly worried about their futures, often work in minimum wage or unskilled jobs that allow them to get by, and live life on a day-to-day basis. Of course, these also tend to be young people with safety nets, be that parents who live nearby and who would welcome them back into their homes, or other relationships that could be activated to at least secure housing and food. For young people without such safety net, things are considerably more precarious, and there seems to be awareness that at some point, steps will have to be taken to secure a steady income.

Perhaps the most worrisome group of young people consists of persons who don't know what to do with themselves and who dread being forced to choose something to such a degree that they have become paralyzed, unable to move in any direction. Many young people in this group are quickly finding themselves socially isolated, economically dependent, and

emotionally exhausted. They either are already or are simply waiting for homelessness, mental health challenges, and ultimately a life of despair.

I suppose there is nothing new about young people not knowing what to do. I do think, however, that the underlying condition of not knowing what to do has shifted somewhat, and this impacts how we are with young people as child and youth care practitioners. For decades, not knowing what to do was first and foremost about really not having enough information about the possibilities of what they could be doing. And it was about instrumental and logistical issues they needed help with, such as housing, employment, education, family relationships, and so on. Of course, these issues and the need for assistance in these areas still exist. But more than that, today we encounter young people who lack inspiration to imagine themselves engaged socially, economically and emotionally in a rapidly changing world. Our usual line up of housing options (ranging from the basement apartment to supported or staffed housing), the employment market in which we try to help them navigate, and the education options we suggest seem less connected to their lived reality. Even the family relationships we offer to help repair seem less relevant, less of interest, and less inspiring than before. In short, the world as it is is not the world in which they see themselves living meaningful lives.

That's quite a dilemma for us. We have not really developed approaches to child and youth care practice that put aside instrumental forms of change measured based on material outcomes and to focus instead on constructing worlds that inspire. In fact, many of the young people I have referenced above are themselves child and youth care practitioners or child and youth care students. They *are* the uninspired ones, which makes

it hard for them to engage with other young people who are similarly uninspired. What knowledge or information would they be drawing on? What is the goal of their work with young people when all that is apparent to them are the processes, the institutions, the futures that they themselves find banal and irrelevant?

I don't want to be alarmist; but there is something adrift in our societies that is not being engaged or addressed. When not knowing what to do with oneself becomes the norm, we can either pretend that this is just a phase that will pass, or we can step back and ask some hard questions about why this world we have built is not offering answers to young people searching for meaning and fulfillment. Who did we build this world for?

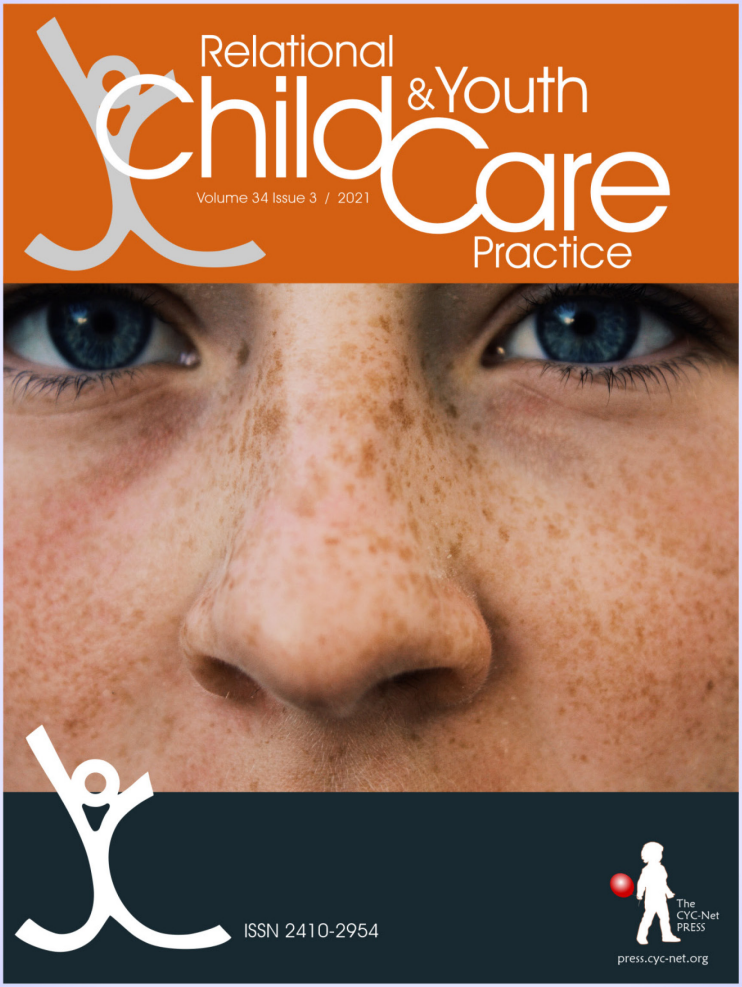
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Technically Skilled Yet Witless: Research about Foster Care

Doug Magnuson

There is a knack to producing research that has a grain of truth, appeals to prevailing opinions about a topic, and may have a glossy sheen, yet is false and even harmful. Such is the state of much research about foster care and what is taught about foster care in social work and child and youth care programs. Everyone "knows" that foster care is bad, that youth removed from their homes and placed in foster care are doomed, and that youth always do better in their families. The "research" confirms it. "Research says" is the phrase used even by those who otherwise do not believe in research. A couple generations ago foster care was the shiny new object proposed to solve the problem of "bad" group care that was harming children unnecessarily. Today "keep the children in the family" is the shiny new object, and again we are doing so without assessing whether it is actually a good idea for any particular child. Twenty years from now researchers will be "proving" that families are bad for kids (at least some kids), and there will be a new shiny object. Consultants, therapists, and university professors will get rich telling eager and

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desperate audiences what to do and inviting young people harmed by their parents to tell sad tales.

In 2008-2009, I was seconded to the Ministry of Children, Youth, and Families in British Columbia, and I could not convince anyone to study what seemed to work, nor was anyone willing to talk about the foster youth who were doing well. Instead, it seemed that the Ministry preferred to describe the sad tales of children, even if it were true only of some of their clients. The same was true of the Representative's Office, which then never described anything or anybody who was doing good work.

A core flaw of these absolutist claims is that the premise of the argument is always simplistic, concrete, and superficial. I have in front of me a research article, published in 2021, that demonstrates this on every page, beginning with the choice of foster care as a predictive variable. Foster care is measured as yes/no, even though we know that there are numerous types of foster care: short-term to long-term, family-based to intensive, professionally trained and para-professional. The age at which youth enter foster care varies from infancy to just short of adulthood, so the "treatment" length varies. The amount of contact between youth and biological parents varies from zero to as much as possible. Additionally, we know that the quality of foster care varies widely, and we know that the intensity of problems that youth bring with them into foster care has sharply increased from the early days. Researchers can "control" for these and/or incorporate them into the measurement of foster care, if they know about them. These studies usually use administrative data, so they do not ask youth if their foster care experience was good or poor.

If they do not know, they ought to, and if they do know, they usually ignore it. In this article, the researchers compare foster youth to a "matched-group sample" using something called propensity scores. They matched youth on family income, ethnicity, and gender. They did not match the groups on any variable that might be relevant to foster care: abuse, especially. Propensity scores is a fancy method, but it is no better than picking kids out of a hat, if what they are using to measure the propensity of youth to be similar to another group is fallacious, as in this article in which what is compared are gender, ethnicity, and socioeconomic status—not abuse or neglect. I know you will be shocked to learn that the researchers found that being in foster care was more likely to produce adults who committed crimes, became pregnant young, dropped out of school, and so on, since they are comparing youth who were abused to youth who were not abused.

A second flaw is assuming that there is a cause and that the only possible causes are what we know about right now. The work of figuring out the chain of events or the mechanisms that lead from foster care to adult troubles has not been done. Even worse, the size of the effects in this study and in many studies are small and account for a minuscule portion of the connection. This is a high degree of technical competence and, at the same time, witlessness.

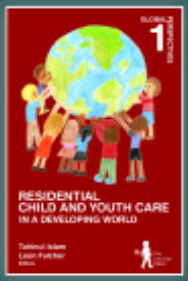
There are some technically easy ways to fix this. Obviously, fix the measurement problem with foster care or drop foster care from the equation and measure the concrete influences on peoples' lives. It will take some skill, effort, and testing of measurement instruments. Second, instead of measuring the problems of foster youth, measure success. This is

more than focusing on strengths. It is using the same methods, but it turns a study inside out so that you notice different things. In this case, it might help them notice that the majority of youth in foster care do succeed, even if it is challenging; by the way, so do most youth who experience trauma, racism, poverty, and abuse. We could then devote attention to improving the quality of care for those who struggle the most. Additionally, we would be less inclined to slander those foster care parents who are doing good work, and before them front-line practitioners in group care, and maybe we can do better than to slander the future practitioners in whichever model of youth care is the next victim of researchers' laziness.

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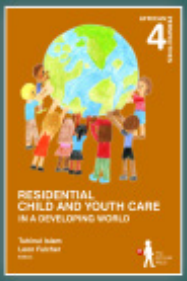






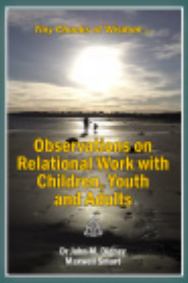




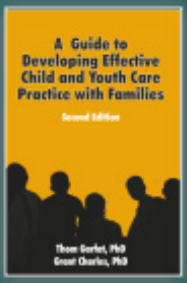




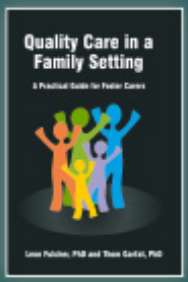






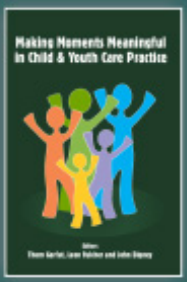




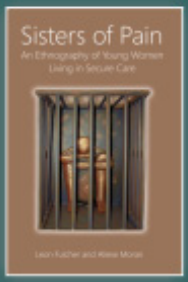






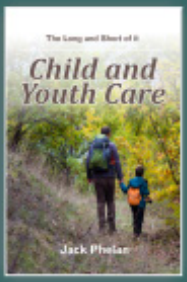












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Burnout and Care of the Self

Hans Skott-Myhre

Every so often something really gets under my skin. Generally, I resist the impulse to either pontificate or preach (well, that's not entirely true). But when I do, I generally make an effort to follow up with a more reasoned and thought out response. This column is that response.

The other day I found myself responding to a question from a student about the inevitability of burn out. Apparently, the students in my child and youth care class had the impression from others in the field that if you do direct service work you will burn out. You can put it off by engaging in self-care, but sooner or later it will get to you. They asked me if I ever experienced burn out as a child and youth care worker. I told them that I had not and then went on to explain that I found the work energizing and exciting from beginning to end. I used strong rhetoric to denounce the idea of burnout as an inevitability and was equally forceful in expressing how dubious I feel about self-care as a remedy for burnout. In fact, I may have been a little over the top, but this is not the first time I have fielded this question and it always triggers a strong reaction on my part.

I find the question of inevitable burnout problematic at several different levels. In the first place, the question implies that the young people, their families and communities that we engage in our work are somehow toxic to our own well-being. It is as though continued exposure to them and

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their lives will gradually erode our own emotional and psychological well-being. I find this offensive.

We are not so terribly different than the young people we encounter. I have not found us (CYC workers) to be in any way more emotionally healthy than anyone we meet while doing this work. As human beings we all share the same kinds of hardships and struggles to varying degrees. For some of us, those struggles might appear to be mitigated by economic circumstances, or the lottery of where we happen to be born or raised. But, when we take a closer look, all of us struggle and all of us suffer. I am not suggesting that the circumstances of a life lived in abject poverty, subject to the vicissitudes of racism, sexism, homophobia and other forms of violence can be dismissed. I am saying that living under those conditions does not make one more or less toxic than someone who has lived a more privileged life.

Of course, one might well argue that it is not the people who are toxic to be around, but the chaos and trauma of their lives. The argument here is that we, as workers, experience what has been called bystander trauma. To be immersed in the lived relations of disenfranchised and marginalized young people is just too much to bear. CYC workers will inevitably experience some level of PTSD from entering the world of abuse and neglect in which young people live. The worker enters this world from the outside and then leaves it to go back to a healthier life free of such trauma. The residual effects of having been exposed to bystander trauma must be remediated once the sanctuary of the worker's home and community have been reached.

Inherent in this account is the idea that the world of the worker and that of the young people are radically distinct. It seems to me that this distinction is built on two faulty assumptions. The first is developmental and is premised on the idea that workers are adults whose lived experience is no longer the same as that of the child or adolescent. Young people have issues and struggles that adults no longer have. In this account, the CYC worker has moved into a life of stability, free of trauma because they have learned the skills necessary to negotiate life successfully. Their lives are free of the chaos they encounter at work.

The second is contextual. For anyone who has known CYC workers, the idea that their lives are free of chaos is simply ridiculous. Given the low wages, long hours, and age proximity of most workers, their life away from work is seldom the kind of space that is a respite from the world they encounter at work. Most of the CYC workers I have known are often motivated to do this work specifically because their lived experience resonates with the work they do. They have a history of struggle that is very closely aligned with the young people they encounter in their work.

When we think of the work in this way, we often seem to assume that what we went through is firmly in the past and we have moved on in ways that allow us more objectivity in our work with young people. What I think we may miss here is that many of us are still working through that past in our current lives. When I worked in the field, I knew colleagues struggling with abusive relationships, loneliness, drug and alcohol abuse/addiction, complex and difficult family relations, issue with their own children or siblings, depression, anxiety, grief, struggles with homophobia, racism, misogyny (some of that in the workplace), homelessness, economic

challenges, health care issues, and the rest of human suffering. In my experience, this does not make us less effective as CYC workers, In fact, some of the most troubled workers were some of the best workers I have ever known.

Let me be clear, not all troubled workers were great. For some, their personal troubles affected their abilities in ways that led them to leave the field, or act in ways that were quite problematic. That said, I have never observed a correlation between what our society considers a stable emotionally/psychologically regulated lifestyle and being more effective in building relationships with young people and their families or communities. I certainly never noticed that such workers had lower rates of burnout.

But what is burnout exactly? The term is used generically to refer to a wide range of dysphoric reactions to the workplace. For those of us interested in working relationally, we might define it as an inability to connect or engage with our co-workers and the young people in our work. In this sense, we could think of it as a kind of alienation in the Marxist sense of the word. Marx argues that one the key features of the workplace, is the growing sense of alienation from one's own labor. Put simply, as workers, we increasingly lose control over both how we perform our work and also access to the products of what we do.

In terms of CYC work, our labor is establishing authentic relationships with young people, their families, and communities. To the degree we are given the space to learn and grow our capacities for such work, then our labor belongs to us. We get to decide how best to do our work in collaboration with our co-workers and young people, while feeling that our

contribution is valued and respected. In this scenario, the living labor of relational work is shared collectively by all of those engaged in the work.

On the other hand, when our labor is controlled by institutional forces whose agenda is either the ongoing existence of the agency or the financial interests of outside funders, our labor is taken from us and turned to other purposes. When this happens, our own sense of what constitutes good relational practice can be constrained or even denied by the regulatory mechanisms of the institution. This is alienation in the Marxist sense and can play a powerful role in a disconnect between feeling connected to one's own labor and a sense of satisfaction in the work one does. The loss of a living connection premised in collective creativity about how to work together with co-workers and young people can provoke deep antagonisms and resentments.

Not surprisingly, the deeper and more profound the alienation, the more chance there is that there will be a climate of anger and despair within the institution. I would suggest, that in any given social configuration, those with the least to lose will act out the repressed outrage and resentment of those who dare not speak for fear of losing their position in the power structure.

In CYC institutions, the group with the least to lose are the young people. They are already profoundly alienated from the institutions which, in many if not most cases, have failed them repeatedly. They are also a faultless barometer of the emotional temperature of the institution in which they are embedded. They know when things are not working and the adults are at odds with one another. They know because it has been a survival mechanism to know.

When the CYC staff are blunted in their ability to express their own growing alienation and antagonism towards their bosses, the expression of that anger and despair is increasingly likely to be expressed by the young people. When we see programs with high levels of violence and despair among the young people, we might want to turn our attention towards the relations between workers and their bosses. How powerful are the top-down dictates about what a worker can do or not do. How strong is the implied imperative that a worker's primary job is crowd control. How much voice do CYC workers have in how the program is run and how individual decisions are made about young people. If the answers are that CYC workers are just cogs in a machinery of discipline and control, then we can predict a program in which violence and trauma will be a regular feature of the work and increasing levels of alienation will quite likely lead to burnout and disaffection.

I would argue that when we focus on the individual worker in their interactions with young people as the site of burnout we are missing the key element in what creates the conditions of alienation and despair. Without a doubt, trauma plays a key role, but the trauma experienced by workers is a subset of the ongoing traumatic experiences of young people subjected to a society that consistently erases their needs and the needs of their families and communities. What occurs to workers and young people in institutions of discipline and control is simply an extension of the logic that robs large segments of society of their labor and leaves them emptied of their purpose and the drive to express all that they are and can become.

This is why I don't believe that any amount of yoga, exercise, meditation, good diet, or quality time with friends and family will reduce burnout. Mind

you, I think all these things are worthwhile. However, at best they increase our ability to tolerate the intolerable. They create a space outside the work, and perhaps even inside of us, that seems safer and more secure from the predation of the workplace. This is not a bad thing, but it will not change the world or the places where we work. That requires something else that we cannot do by ourselves.

If we really want to decrease burnout, we need to collectively insist on building new kinds of institutions where our labor belongs to us; to all of us. I said that I never burnt out when I was working in the field. I think this was because I always sought common purpose with like-minded colleagues who were working towards just and equitable practices. Some of these colleagues I found in the workplace, while others I met at conferences or through their writings. Some of my allies were adults, but quite a number were young people. In any case, we supported one another in understanding that the struggle to maintain control over our labor was key to sustain the field as a site of life affirming work. We certainly didn't always win, but the spirit of comradery got me through some pretty tough times.

I also attribute the fact that I didn't burnout to the energy I got from working in relationship with the young people I encountered. I somehow never found their pain and suffering overwhelming, Perhaps, that was because I was more taken with who they were as people, rather than what they were as exemplars of trauma. I certainly did not deny their pain and suffering, I simply saw them as more than that. I wanted to get to know them in all of their complexity, in the same way I would hope others would want to know me. At the end of each day, I went home with more energy rather than less, because truly relational work is nurturing. It is a mutuality

of care between co-workers and young people who come to trust each other to be there. When that works it is magic and the best kind of self-care.

So why did I leave the field if I wasn't burned out? After 25 years in the work, I realized that we were losing the fight. Alienation, despair, and cynicism were rapidly closing the options for establishing networks of living relations within most institutions that worked with young people. Control and discipline were more and more becoming the impetus for the work, driven by shrinking funding and the capitalist imperative of the bottom line. For me this meant it was time to rethink the project and to work to develop new strategies. And so I retired into academia to take the space to rethink the project and to refine our analysis of the system that was robbing us of ourselves. But that is a column for another day. Or perhaps, it is all the columns I have written here so far. Or both. In either case, the work now belongs to the next generation, and it is to them I hope to pass the baton. Burn out is not inevitable and effective self-care is always made up of collective action that affirms the politics of struggling together to retain control of who we are and what we do.

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The first two years out of residential care in South Africa: A critical period for care-leaving services

Adrian van Breda

Abstract

Little is known about the details of the journey out of care towards independence. Longitudinal research in South Africa finds that residential care-leaving outcomes do not improve significantly between one and two years out of care. This suggests that the outcomes achieved during the first 12 months set a pathway that extends to at least two years, and implies that child welfare services need to provide intensive support to care-leavers during the transition out of the care system.

Keywords

Leaving care; out of home care; transitional outcomes; longitudinal research; youth transitions

Introduction

The transition out of adolescence and towards independent living is particularly challenging for young people aging out of care. While many youth continue to enjoy the extended support of family, care-leavers

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typically have little family support, leading some to refer to this transition as “compressed and accelerated” (Stein, 2008, p. 39). Evidence from the UK (National Audit Office, 2015), USA (Courtney & Dworsky, 2006) and Australia (Mendes, Johnson, & Moslehuddin, 2011) is consistent in showing that care-leavers have poor transitional outcomes – they may be accelerated, but they are not effective.

In South Africa, independent living outcomes of young people transitioning out of residential care appear to be similarly disappointing. One year out of care, approximately a third of care-leavers are NEET (not in employment, education or training) and more than three quarters earn less than the minimum wage (Dickens, 2016). While these findings are not dissimilar from those of the population of South African youth, they do not correspond to the ‘better life’ that child welfare staff aspire to for the children in their care. The question thus arises whether the outcomes seen at one year out of care improve over time.

My colleagues and I had anticipated, based on our practice experience and research, that care- leavers might experience a slow start in achieving independent living outcomes, with initially poor accommodation and substance abuse (for example), but that these would probably pick up from the second year out of care. We expected that the shock of the transition out of care and the lack of support networks and aftercare services would disrupt the transition out of care initially, but that care-leavers would find their feet after a short while and begin to establish themselves in independent living.

Care-leaving research in South Africa is still in its infancy (Van Breda & Dickens, 2016). Prior to 2012, there were no more than two research outputs

per year, dating back to 2003, prior to which there appears to have been no research on care-leaving. Since 2012, however, research on care- leavers in South Africa has rapidly increased, reaching 19 outputs over 2015/6. With one exception, all of the research has focused on young people leaving residential care. However, other than the study reported in this article, there has been no longitudinal research that tracks the journey of young people out of care and towards independence. There have been a handful of studies of care-leavers a few years after leaving care, but these are cross-sectional studies, unable to show changes in independent living outcomes over time.

This article thus examines the shifts in transitional or independent living outcomes of a sample of residential care-leavers over their first and second years out of care. The article draws on data from a larger longitudinal study on care-leaving called *Growth Beyond the Town*, which is being conducted among youth exiting the residential care of Girls and Boys Town South Africa (GBT). The article aims to describe the changes, or lack of changes, in a range of independent living outcomes from one to two years out of care, with the expectation that we will see an inclining pattern of independence over time.

Leaving care in the South African context

In South Africa, children come into the care system (i.e. foster care, which includes kinship care, or residential care) through the Children's Court (RSA, 2005). This requires a social work investigation and report, recommending to the Magistrate of the Children's Court that a child be found in need of care and protection. The Children's Act (RSA, 2005)

champions children remaining in the family context, with foster care as the preferred form of alternative care, and residential care as a last resort and only when in the best interests of the child. Over 21,000 children lived in residential care in 2011/2012 (Jamieson, 2017). For the most part, children leave care at the end of their 18th year.

There is, in South Africa, very little in the way of aftercare services, and the Children's Act is almost silent on services to care-leavers (Van Breda & Dickens, 2016). Consequently, young people leaving care typically exit with little or no aftercare support, frequently into contexts of severe deprivation: youth unemployment in South Africa exceeds 50% (ibid.). Young people therefore have to make the transition to independence very rapidly and be particularly resourceful to avoid the unemployment and poverty trap.

While the term 'independent living' continues to be used as a shorthand for 'young adult life after leaving care', the lack of formal social welfare services and networks and the preponderance of indigenous informal family-, kin- and community-based resources mean young people actually transition into 'interdependent living' (Tanur, 2012). It is the young person's ability to network with a variety of people and social systems, which range from enduring relationships to complete strangers, that appears to enable them to make the transition towards young adulthood more successfully, and which forms a foundation of resilience for South African care-leavers (Van Breda, 2015).

Longitudinal research on care-leaving

Very few longitudinal studies have been conducted on care-leavers globally, where the same cohort is measured on the same transitional

outcomes on more than one occasion after leaving care (Jones, 2011). Most longitudinal studies on care-leaving report two points of data collection – just before transitioning out of care and at some point after leaving care (e.g. Dinisman, 2016). Only four published studies with two or more data points after leaving care could be located, viz. Cashmore and Paxman, Jones, McMillen, and Courtney. Three of these studies are located in the USA and one in Australia; no longitudinal studies on care-leaving have been conducted in South Africa, or elsewhere in Africa.

Cashmore and Paxman (2007) studied a group of 45 young people transitioning out of residential and foster care in New South Wales, Australia, in 1992/3. They interviewed the care-leavers just before leaving care, three months after leaving care and again at 12 months and 4-5 years out of care. Their report showed changes in several independent living outcomes over time. For example, three months out of care, 26% of participants were living independently or sharing accommodation, compared with 42% at 12 months and 76% at 4-5 years – a steady increase over time. During their first year out of care, participants changed accommodation on average 3.3 times. About a quarter of participants left care without completing their education and did not complete any qualification over the following 4-5 years. The focus of their report, however, was not so much on tracking changes in independent living outcomes over time. Rather, they focused on comparing care-leavers with age-equivalent cohorts of non-cared-for young people, on describing their outcomes at 4-5 years out of care (Cashmore, Paxman, & Townsend, 2007) and on identifying factors that predict better transitional outcomes (Cashmore et al., 2007). In addition, their data is now almost 20 years old.

Jones (2011) conducted a longitudinal study of care-leavers transitioning out of a 'residential education' programme in the USA between 2001 and 2004. Of the initial 42 participants, 16 participated in follow-up interviews at one, two and three years out of care. Most of the other 26 participants were lost to follow up due to moving. Data were analysed on a case-by-case basis, rather than as an aggregate group, enabling close observation of each young person's care-leaving journey over time.

McMillen and colleagues conducted a longitudinal study with 325 young people transitioning out of foster and residential care in Missouri, USA, between 2001 and 2003, interviewing them three- monthly from the month they turned 17 until age 19. They found that a little over half the participants had disengaged from care by the age of 19 (McCoy, McMillen, & Spitznagel, 2008).

Youth who left care younger (soon after turning 17) were more likely to return to live with family, while those who left after 18 tended to move directly to independent living. The percentage of youth utilising mental health services dropped precipitously at the point of leaving care and care status was the strongest predictor of continued service use (McMillen & Raghavan, 2009). The researchers found that care-leavers who had a stable mentor over the course of the interviews had lower stress and were less likely to be in conflict with the law by age 19 (Munson & McMillen, 2009). Further analysis of the data reveals that the first year out of care, regardless of the age of disengagement, is a vulnerable year for increased substance use (Narendorf & McMillen, 2010), and that remaining in care longer may protect against substance use.

Courtney's Midwest Study in the USA is the largest and longest longitudinal study of care-leaving to date, with 736 youth in foster and residential care first interviewed at age 17 between 2002 and 2003, and followed up at 19, 21, 23/24 and 26 years (Courtney et al., 2011). While all participants were in care at age 17, almost half (53%) had disengaged from care by age 19, and by age 21 all had been disengaged. Looking at the final dataset, the research finds a sharp increase in employment from 32-41% at ages 17 and 19 to 49-54% at ages 21 to 26. Among men, arrests peaked slightly at 43% at age 21 and decreased thereafter to 38% at age 26, while incarcerations peaked at 43-44% at ages 21 and 23/24 and decreased to 40% by age 26. NEET rates were lowest at age 17 while still in care (4-5%), increased sharply by age 19 (32-34%), and continued to increase over time to 38% among women and 51% among men by age 26. This study is now generating nuanced research into care-leaving pathways, for example, Lee, Courtney, Harachi, and Tajima (2015) show how criminal involvement in adolescence decreases the likelihood of attaining a high school diploma by age 19, which subsequently reduces employment and increases criminal activity by age 21.

The *Growth Beyond the Town* study is distinct from these four studies in a number of ways. First, it specifically focuses on young people transitioning out of residential care (like Jones' study), rather than foster care more inclusively defined (the other three studies). This distinction is important, because foster care is frequently intended as a relationship that lasts a lifetime, thus with a less clearly demarcated disengagement than residential care. The GBT participants therefore had to leave care earlier than those in some of the longitudinal studies reported here. Second, as

with the studies by Cashmore and Paxman and Jones, this study enrolled participants at the point of disengaging from care, rather than at a particular age, as with McMillen's and Courtney's studies, making it less about age and more deliberately about leaving the care system. Third, the focus of this study is solely on examining changes in care-leaving outcomes between one and two years out of care, rather than on comparisons with age-equivalent samples or even making observations about the state of care-leavers at one or two years post care. In this way, the current study may make a significant contribution not only to understanding care-leaving in South Africa, but also to understanding care-leaving pathways internationally.

Methodology

The data for this article was drawn from the dataset of a larger ongoing study on care-leaving in South Africa, called *Growth Beyond the Town*. This is a mixed methods, longitudinal, rolling cohort study of young people transitioning out of Girls and Boys Town South Africa's (GBT) residential children's homes. The larger study aims to describe care-leavers' journey towards independent living over time and to identify resilience processes that facilitate more 'successful' transitioning towards young adulthood. All young people disengaging from GBT at age 16 and above are invited to participate in the study. Participants are recruited in the year of disengagement and participate in a baseline interview shortly before leaving care. Annually thereafter they are invited to participate in a follow-up interview. At disengagement, they complete a resilience assessment and a semi- structured interview that focuses on their preparation and

readiness for leaving care. Their social worker also completes a questionnaire about their care history. At the annual follow-up interviews, they participate in an unstructured interview focused on their care-leaving narrative since the last interview and complete a structured interview and self-administered questionnaire on independent living outcomes. This article uses just the quantitative assessment of independent living outcomes, collected at one and two years out of care.

Fifty-eight young people enrolled between the study's inception in 2012 and the end of 2014. Of these, 35 participated in both one- and two-year interviews between 2013 and 2016, representing a 60% retention rate. The 23 care-leavers who dropped out of the study did so because they could not be traced (n=15), withdrew from the study (n=4), were readmitted into care (n=3) or died (n=1).

Eleven of these dropped out during the first year out of care and a further 12 during the second year out of care. No demographic differences (race, gender, disability, care facility, home province, age at first care placement, number of care placements, age at disengagement or educational attainment) were found between the 35 care-leavers who completed the one- and two-year interviews and the 23 who did not, suggesting that this sample is representative of the population from which it was drawn.

Participants were assessed using a structured interview schedule and self-administered scale, designed for this study, which assess eight outcomes measured dichotomously (i.e. each participant is scored as either meeting or not meeting the outcome criteria) and 11 on a continuous scale (i.e. each participant obtains a score that can range from zero to 100). These

cover the independent living outcomes widely used in care-leaving studies, viz. accommodation, employment, education, finances, substance use, crime, health, well-being, relationships with family, friends and lovers, and NEET. Some of these constructs are measured as both dichotomous and continuous variables (e.g. finances), while some are measured as only dichotomous (e.g. education for employment) or continuous (e.g. health) variables.

The domains were selected based on a review of the outcomes addressed in international care- leaving studies (Dickens, 2016). The items for each domain were constructed through benchmarking against these international studies, together with South African national surveys, including the Census, conducted by Statistics South Africa. In addition, the team that designed the items drew on their prior research on care-leavers in South Africa as well as their experience working in the child and youth care sector. Table 1 provides the type and definitions of the variables.

Interviews were conducted face to face, except in rare instances when a participant was in a remote rural area, when the interview was conducted telephonically. Fieldworkers completed the structured interview schedule, while the participants completed the self-administered scale. All data was captured in a Microsoft Access database that is used to manage the data for the entire study. For the purposes of this article, one- and two-year outcome data for the identified sample was merged and exported to SPSS v24 for analysis.

Table 1. Definitions of Outcome Variables

Title	Type	Definition
Accommodation	Continuous	The extent to which care-leavers live independently (or with a partner) in self-funded, formal housing, with no moves or periods of homelessness since their last interview.
Paid Employment	Continuous	The extent to which working care-leavers have stable employment, with reasonable working hours and perform well in their jobs.
Studying	Continuous	The extent to which studying care-leavers persist in, commit to and perform well in their studies.
Financial Security	Continuous	The extent to which care-leavers are financially independent, with a well-paying job, their own bank account, sufficient savings and no 'bad' debt.
Drugs & Alcohol *	Continuous	The extent to which care-leavers used cigarettes, alcohol, cannabis and hard drugs over the past 2-4 weeks.
Crime *	Continuous	The extent to which care-leavers engaged in vandalism, theft and violence and have had trouble with the law since their last interview.
Physical health	Continuous	The extent to which care-leavers feel healthy (e.g. good energy, mobility, sleep and absence of pain), so that they can function in daily life.

Psychological health	Continuous	The extent to which care-leavers experience well-being (e.g. good body image, self-esteem, concentration, meaning in life and absence of negative emotions), so that they can function in daily life.
Family relationships	Continuous	Relationships with family members are experienced as caring and supportive.
Friend relationships	Continuous	Relationships with friends are experienced as pro-social, caring and supportive.
Love relationships	Continuous	A romantic relationship that is experienced as intimate and characterised by mutual understanding.
Self-supporting Accommodation	Dichotomous	The percentage of care-leavers who are paying for, or own, their own accommodation, or receive accommodation in exchange for work
Education for Employment	Dichotomous	The percentage of care-leavers who have completed, or are busy with, secondary education or a trade qualification.
NEET *	Dichotomous	The percentage of care-leavers who are not working, studying, or in training
Reliable Employment	Dichotomous	The percentage of employed care-leavers who have maintained a reliable work record
Diligent Education	Dichotomous	The percentage of studying care-leavers who attend class and have not failed their modules during the past year

Liveable income	Dichotomous	The percentage of care-leavers earning above R1600 per month through employment and with no short term loans (other than from the bank, friends or family) *Note: minimum wage for domestic workers for 2015 = R2000/month*
Drug & Alcohol 'Free'	Dichotomous	The percentage of care-leavers who, during the past 2-4 weeks, avoided binge drinking more than once a week, who used dagga no more than twice a week, and who did not use hard drugs
Crime 'Free'	Dichotomous	The percentage of care-leavers who avoided any serious crime or trouble with the law during the past year

* These outcomes are negatively scored – a high score indicates negative outcomes.

Because of the small sample size and the non-normal distribution of data, non-parametric statistics were used for the analysis (Pett, 2016). While non-parametric statistics have less power to detect differences or relationships in the data, a benefit of this is to strengthen the confidence we can have in significant results. Because of the small sample size and the exploratory nature of the study, two- tailed significance was set at the more permissive level of $p < .05$.

For continuous variables, the Wilcoxon signed-rank test was used to compare paired differences between one- and two-year outcomes (Corder & Foreman, 2009). The effect size of the resultant z score was calculated for each test. For the dichotomous variables (2x2 contingency tables), McNemar's chi-square test was used because the same participants were

measured twice on a dichotomous variable (Elliott & Woodward, 2016). McNemar is concerned to determine whether a significant number of individuals change their outcome status from time one to time two, e.g. a decrease in NEET rates. Because the numbers of participants who changed status were low (i.e. less than 25 in all tests), McNemar's binomial distribution was used to generate an exact *p* statistic.

Ethical approval for the study was provided by the Faculty of Humanities Academic Research Ethics Committee of the University of Johannesburg on 20 September 2012. GBT, as legal guardian, provided consent for the study to take place and for the participation of each young person. Participants were provided with information about the study and signed a consent form at each interview. In addition, parental consent was obtained for those under 18, since in South Africa the parenting role of parents is encouraged even when children have been removed from their care. The consent form clarified the limits of confidentiality (e.g. in the case of disclosed abuse or intent to harm someone else). Each interview incorporated an assessment of the participant's need for a counselling referral and GBT professionals were on standby. Participants were provided with a snack and drink during the interview (which takes about two hours) and a R100 ($7.50) compensation for their time. Every interview incorporated an unstructured narrative interview, which provided participants with an opportunity to reflect on their past year of life experience – the vast majority of participants rated this highly, as a unique opportunity to take stock of their journey to date. All data was anonymized before analysis.

Results

The sample was predominantly male (33 of 35 participants), due to GBT taking girls into their programme only recently. The majority of participants were African (n=19), seven mixed-race, six white, and three Indian. All the participants were South African citizens, and all but one came from the three provinces where GBT sites are located (Gauteng, Western Cape and KwaZulu-Natal).

Participants ranged in age from 16 to 21 at the time of leaving care, with the majority (n=33) aged 17-19. None of the participants was disabled. Almost half the participants (n=15) had had no previous placements before GBT and a third (n=12) had had one; the remaining eight participants had had two to four previous placements. The majority of the participants had come into GBT's care at ages 14-16 (n=27) and spent more than two years at GBT (n=27). Most of the young people had been in care due to behavioural problems (e.g. substance abuse, aggression, truancy, and theft); smaller numbers were in care due to neglect or abuse (n=6), previous placement breakdown (n=5), or being orphaned or abandoned (n=3).

Table 2 presents the results of the Wilcoxon signed-rank test, to indicate which of the continuous outcome variables differed significantly over the two interviews. In addition to the *z* score, the significance (*p*), sample size (number of matched participants) and the effect size (*r*) are provided. Lastly, the median outcome scores at one and two years are provided to enable a visual inspection of the results, although the Wilcoxon signed-rank test makes use of the mean ranks for its analysis.

Table 2. Wilcoxon signed-rank test for changes in continuous outcomes

Continuous Outcome Variables	***z***	***p***	***n***	***r***	**Mdn 1-year**	**Mdn 2-year**
Accommodation	-.359	.720	35	-0.06	61.9	61.9
Paid Employment	-.360	.719	9	-0.12	70.6	70.6
Studying	-.368	.713	6	-0.15	76.7	76.7
Financial Security	-1.002	.316	35	-0.17	60.0	53.3
Drugs & Alcohol *	-.228	.820	35	-0.04	8.8	5.9
Crime *	-2.002	.045	35	-0.34	.0	.0
Health	-.640	.522	35	-0.11	82.1	78.6
Well-being	-1.182	.237	35	-0.20	75.0	75.0
Family Relationships	-.343	.731	35	-0.06	80.0	75.0
Friends Relationships	-1.104	.269	35	-0.19	75.0	70.8
Lover Relationships	-.843	.399	10	-0.27	87.5	92.5

* These outcomes are negatively scored – a high score indicates negative outcomes.

Only Crime changed statistically significantly (z = -2.0, n = 35, p < .05), with ranked scores increasing for 11 participants, decreasing for six and tying for 18. This indicates an *increase* over time in the extent to which care-leavers engaged in vandalism, theft and violence and had had trouble with the law since their last interview. However, it possible that this result emerged by chance. With significance set at .05, there is a 5% chance of a spurious statistically significant result. Nineteen statistical tests were conducted, suggesting it is likely that one significant result could occur by chance. Considering this, and given that the p statistic is barely less than .05, it is likely that this deterioration in the crime score is not significant.

A visual examination of the median scores at one and two years reveals only very small changes between the two times. Four scores deteriorated slightly, two improved slightly and five stayed the same. This confirms the results of the Wilcoxon tests, that there are no meaningful changes in the continuous independent living outcome variables between one and two years.

Table 3 presents the results of McNemar's chi-square test, to indicate which of the dichotomous outcome variables differed significantly over the two interviews. The number (and percentage) of participants meeting the criteria at each time are also presented.

Table 3. McNemar's chi-square test for changes in dichotomous outcomes

Dichotomous Outcome Variables	***p***	***n***	**One year**	**Two years**
Self-supporting Accommodation	.388	35		18 (51%)
Education for Employment	1.000	35		19 (54%)
NEET *	.344	35		9 (26%)
Reliable Employment	**	9		6 (67%)
Diligent Education	**	5		1 (20%)
Liveable income	1.000	35	7 (20%)	7 (20%)
Drug & Alcohol 'Free'	1.000	35	One year	30 (86%)
Crime 'Free'	.508	35	14 (40%)	24 (69%)
			19 (54%)	
			13 (37%)	
			5 (56%)	
			2 (40%)	

* This outcome is negatively scored – a high score indicates negative outcomes.

** Too few participants were employed or studying at both one and two years to run the chi-square tests on these outcomes.

While there are some observed changes in the dichotomous variables over time, none of them reached statistical significance. In the case of NEET, for example, there is an improvement in the NEET rate from 37% at one year to 26% at two years. This represents a change of four individuals moving from NEET to not-NEET, which was insufficient to reach statistical significance. A visual inspection of the frequencies shows improvements of no more than four participants for any outcome, accounting for a change in about one tenth of the participants. Improvements were noted in three of the measures, deterioration in three and no change in two.

Limitations

A primary limitation of this study is the small sample size, which restricts the power of the statistical analysis. For this reason, a visual inspection of the data was also undertaken, which appears to confirm the statistical findings. The small sample size also limits the kinds of statistical analyses that can be performed on the data, which in turn limits the kinds of research questions that can be answered.

Due to studying the whole population and given the reasonable retention rate of 60% and the absence of demographic differences between those who continued in the study and those who dropped out, the data can be regarded as representative of GBT care-leavers. Nevertheless, the findings cannot be generalised with confidence beyond GBT, because the sample represents only GBT care-leavers. Given that care-leavers from different organizations in South Africa transition into the same socioeconomic contexts, however, it can be argued that these results might be similar for care-leavers from other organisations. While some

organisations provide more expansive after- care services than GBT, it appears that very few of these are substantial programmes, which may result in more similarities than differences across programmes in South Africa.

The study is further limited by the predominance of male participants. The Midwest study in the USA (Courtney et al., 2011) shows quite marked gender differences, with males evidencing generally poorer outcomes than females. If this holds true in South Africa, and there is as yet no data to investigate gender differences in care-leaving outcomes in South Africa, this suggests that these South African results may be more negative than they would be if the sample had a better gender balance.

Discussion

The results did not support our hunch, viz. that there would be a steady, even if not statistically significant, improvement in outcomes between one- and two-years out of care. There were no statistically significant improvements. A visual analysis of the data suggested a fairly even spread of very slight improvements and deteriorations, equally balanced by no changes at all. There is, in short, no evidence to support the view that the outcomes of this sample of care-leavers improve, even marginally, over the first two years out of care.

This absence of improvements has, however, important implications for understanding the care- leaving journey of these participants. It suggests that the degree of independent living achieved by youth one year out of care (whether positive or negative) appears likely to remain unchanged at two years out of care. Only a small proportion of participants evidenced

changes (both improvements and deteriorations) in independent living outcomes between one and two years out of care, and when aggregated, the changes were largely cancelled out. The majority of participants showed stable outcomes over the first two years out of care.

This implies a critical window of opportunity to set a care-leaver on a positive path towards young adulthood around the time of transitioning out of care. If, by the end of the first year out of care, a care-leaver has, for example, enrolled in education or started work, the chances are s/he will continue in education or work a year later. Conversely, if s/he finds him/herself NEET or in conflict with the law by the end of their first year out of care, the chances are s/he will continue to be NEET or in conflict with the law a year later. The first year out of care appears to set a course for the first two years out of care, and potentially beyond.

Some similar evidence is generated by the other longitudinal studies. For example, Cashmore et al. (2007) found that almost all Australian care-leavers who left care with a completed secondary education continued their education later, while only half of those who left care without completing secondary education continued their education later. McMillen and Raghavan's (2009) research shows a dramatic drop in mental health service use over the period of one month before to one month after disengagement, but fairly stable service use both before and especially after disengagement. The Midwest study data (Courtney et al., 2011) suggests that age 21 is the year at which the path is fairly set, as outcomes vary considerably from 17 to 19 to 21 years, but after that the changes are comparatively small. The interpretation of the Midwest data is complicated, however, because the data points are linked to age, not years out of care.

Nevertheless, there are hints in these international longitudinal studies that confirm that future pathways are, to some extent, established by initial pathways.

Recommendations and conclusion

Further longitudinal research on care-leaving is required, not only in South Africa but elsewhere in the world too. Many researchers have stated this, and for good reason. We need greater insight into the detail of the pathway out of care. In particular, we need to see where the critical moments are for intervention. This data, small and limited as it is, suggests that the critical moment is in the transition out of care, from shortly before leaving care to shortly thereafter. It is at this point that there is the greatest opportunity to structure the young person's care-leaving arrangements. If the path over the first two years is established in the first months after leaving care, it is vital that child welfare service providers ensure that young people leave care on the best foot possible, so that they are on the path towards better transitional outcomes.

This has important implications for child welfare practice. Preparation of young people for leaving care is a subject that has been well documented (Freundlich & Avery, 2006) and is widely recognised as a critical requirement. A care-leaving plan, formulated collaboratively with the young person, needs to specify education, employment and accommodation for at least the first year out of care. Sulimani-Aidan (2015) has shown that the future expectations of care-leavers at the time of leaving care predict better post-care outcomes in terms of accommodation, economics and education. Thus, preparation for care-

leaving is a crucial task, and needs to be detailed and specific. For example, a plan for a young person to take up employment should include visits to the place of employment and meetings with the employer *prior* to the young person's disengagement from care.

Moreover, care-leavers need aftercare support during the first several months of being out of care to actualise their plan. Merely having a care-leaving plan is insufficient – the participants in the GBT study all had a care-leaving plan at the time of disengagement. But the absence of policy and funding for aftercare services means these plans may fall into disuse soon after leaving care. If left to do it alone, many young people may be unable to translate the plan into reality, setting them on a pathway to negative transitional outcomes. Services during the critical period of the first several months out of care thus appear to be particularly important.

This study suggests that the transitional phase is crucial for care-leavers and that practitioners who provide intensified services to care-leavers to establish positive transitional outcomes soon after leaving care may be setting them up for better independent living outcomes in the years to come.

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Relational Supervision: A Preventative Tool for Practitioner Burnout

Erin Brands-Saliba

Abstract

There is little empirical research on the effects of burnout as it is experienced by child and youth care (CYC) practitioners; however, it is evident that they are distinctly at risk of becoming burnt out without adequate resources in place. There are myriad consequences for CYC practitioners who experience burnout, and it is thus necessary to emphasize potential solutions to mitigate burnout onset. This paper will discuss the importance of supportive relational supervision as an essential protective factor to practitioner burnout, while drawing on the applicability of relational CYC practice to the supervisory relationship. Indeed, this paper seeks to reframe the supervisory relationship as a preventative tool, while also accentuating the need for supervision to be a force for improving quality of care to practitioners that transcends into quality of care provided to young people.

Keywords

supervision, burnout, vicarious trauma, relational practice

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Burnout is often a topic of discussion in the field of CYC due to the nature of the work being conducted by practitioners (Barford & Whelton, 2010; Savicki, 2002; Stuart, 2009). The role of a CYC practitioner is nuanced given that they work with some of the most vulnerable populations of young people, who are disproportionately affected by trauma, where they must navigate numerous responsibilities in order to ensure the safety and wellbeing of those they serve (Barford & Whelton, 2010). Such responsibilities include fostering therapeutic relationships, working within the young person's life space, assisting with life skills and daily living needs, managing behaviour, transporting young people to and from appointments, and facilitating crisis intervention (Krueger, 1991; Krueger, 2007). CYC practitioners are in an ideal position to be one of the most significant helpers and healers in a young person's life (Garfat, Freeman, Gharabaghi & Fulcher, 2018).While they are often situated in a high risk and high needs environment, there is a discrepancy between the service provided and the supports and compensation available to ensure a positive and stable work environment, while also recognizing the significant work they do (Barford & Whelton, 2010; Cavaliere, 2004; Krueger, 2007; Savicki, 2002; Seti, 2007).

In addition to various structural and systemic workplace stressors, CYC practitioners are at a greater risk of experiencing vicarious trauma and compassion fatigue given that they spend a substantial amount of time within the life space of the young people they serve (Barford & Whelton, 2010; Sprang, Craig & Clark, 2011). As aforementioned, the populations served by CYC practitioners are likely to have experienced adverse traumatic events in their lives, and may disclose such traumatic narratives

and imagery in conversations with practitioners for whom they have a strong relationship (Sprang et al., 2011). To be exposed to this for an extensive period of time can impact the psychological wellbeing of the practitioner when adaptive coping mechanisms and self-care are not maintained (Cohen & Collens, 2013; Sprang et al., 2011). Both vicarious trauma and compassion fatigue are discussed in various studies related to burnout, demonstrating the interconnectedness of such phenomena to the onset of burnout among helping professionals (Cohen & Collens, 2013; Devilly, Wright, & Varker, 2009; Geoffrion, Morselli & Guay, 2016; Sprang et al., 2011).

There is little empirical research on the effects of burnout as it is experienced by CYC practitioners; however, it is evident that they are distinctly at risk of becoming burnt out without adequate resources in place. Existing literature defines burnout as a psychological syndrome that is characterized by emotional and mental exhaustion, depersonalization, and a reduced sense of personal accomplishment as a result of factors such as work overload, lack of workplace support, and role ambiguity and conflict (Barford & Whelton, 2010; Devilly, et al., 2009; Kahill, 1988; Maslach, 1996; Maslach et al., 2001; Sprang et al., 2011). Emotional and mental exhaustion as described by Maslach and colleagues (2001) is central to burnout onset and is a response to feeling depleted by one's work. Cynicism and detachment surrounding those with whom one works encompasses depersonalization as posited by the same researchers. Evaluations of personal accomplishment then becomes negatively affected by the former two factors, leading to the potential for one to perceive oneself as incompetent or ineffective in their practice (Maslach et al., 2001).

Such feelings may become a self-fulfilling prophecy, internalized as part of the practitioner's identity, which is cause for concern in terms of service delivery effectiveness (Geoffrion et al., 2016; Stuart, 2009). In essence, without such supports in place, one can presume that burnout may transcend beyond the supervisory relationship, and into the relationships formed with young people, diminishing the therapeutic value of the co-created space, while also placing vulnerable children and youth at risk of being re-traumatized due to a decline in quality of care.

Mitigating Burnout within the Supervisory Relationship

Supportive relational supervision is an essential protective factor to practitioner burnout given that much of the literature emphasizes this as an important facet in CYC work (Chen & Scannapieco, 2010; Garfat, Fulcher & Freeman, 2016; Lizano & Mor Barak, 2015; Michael, 2005; Radey & Stanley, 2018; Stuart, 2009). Garfat and colleagues (2016) developed an approach to supervision that is innovative and parallels much of the praxis involved when working with young people. The Daily Life Events Approach to supervision echoes the same tenets and characteristics as relational child and youth care practice yet transfers its application to the supervisory relationship (Garfat et al., 2016). It involves working with practitioners in the moment and creating a space conducive to effective practice and increased job satisfaction through the process of meaning making. When supervisors adhere to this model, they demonstrate to those with whom they supervise that they matter (Charles & Garfat, 2016). Through being, interpreting, and doing, just like practitioners with young people, supervisors can foster connectedness within the workplace, and within this

lies effectiveness in service delivery and quality of care (Garfat et al., 2016; Stuart, 2009).

Most importantly, this improvement trickles into the professional identities of practitioners, whereby their own evaluations of self-efficacy will become more positive, reducing the likelihood of experiencing burnout (Chen & Scannapieco, 2010; Geoffrion et al., 2015). Studies have demonstrated that the absence of positive supervisory relationships exacerbates feelings of emotional exhaustion, a principal indicator of burnout onset, further substantiating the importance of relational supervision (Boyas, Wind & Kang, 2011; Radey & Stanley, 2018). What is more, vicarious trauma and compassion fatigue is mitigated when supervisors provide a space for practitioners to parse through the emotional toll of their work, improving their personal wellbeing (Radey & Stanley, 2018). When practitioners receive supports that address their mental health in this context, they will exhibit better practice skills, leading to better service provided to young people (Little, Baker, & Jinks, 2018; Stuart, 2009).

It is evident that the supervisory relationship is one that can help or hinder the workplace environment, and with supportive and relational supervision, the risk of becoming burnt out is moderated. Existing literature has demonstrated that using approaches that are congruent to CYC praxis within the supervisory context is effective in improving job satisfaction and overall wellbeing (Chen & Scannapieco, 2010; Garfat, Fulcher & Freeman, 2016; Lizano & Mor Barak, 2015; Radey & Stanley, 2018; Stuart, 2009). This model of supervision should not be limited solely to the supervisor-practitioner relationship, rather it should be a cyclical process facilitated when supervisors receive supervision. If a supervisor is burnt out,

it is expected that they would not be able to provide adequate supervision to practitioners, and it is therefore integral for supervisors to also feel supported when they receive supervision (McCrae, Scannapieco, & Obermann, 2015). Young people are central to the field of CYC, and to ensure quality of care, there must be quality of care provided within every level of the workplace. Indeed, this may seem like an idealistic way to view supervision, but it is certainly a valuable preventative tool for burnout within this profession. Ultimately, there must be supports in place for practitioners and supervisors alike to ensure young people can achieve positive outcomes.

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Postcard from Leon Fulcher

From New Zealand, reflecting on 2022/23 Climate Changes

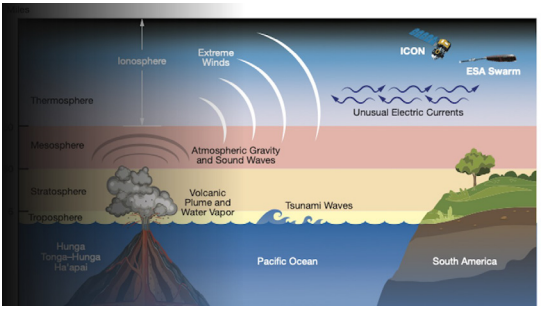
Kia Ora Koutou Katoa and warm greetings from New Zealand where Summer still eludes most of the North Island. It's got me thinking about what has made for the wettest January in New Zealand history! And similar challenges in Eastern Australia and the California coastland. It's had me thinking about what may be causing all the rain around the Pacific Rim, and what influence the volcano that erupted in the Tongan Islands a year ago might have had on our weather.



Tonga's Hunga-Tonga-Hunga-Ha'apai volcano erupted on 15 January 2022

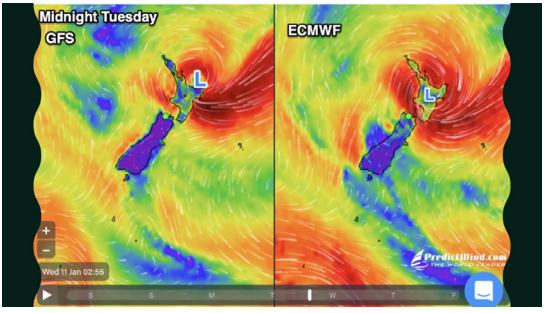
Tonga's *Hunga-Tonga-Hunga-Ha'a*pai volcano erupted on 15 January 2022, the largest recorded since the Krakatoa eruption in 1883. It triggered tsunami waves of up to 15m striking the west coast of other islands in the Tonga group, and ashfall covered an area of at least five square kilometres. The eruption sent shockwaves around the world. In addition to triggering widespread tsunami waves, the underwater eruption in the South Pacific

also blasted an enormous plume of water vapor into the Earth's stratosphere – enough to fill more than 58,000 Olympic-size swimming pools, and temporarily affect Earth's global temperature. Three weather satellites observed the eruption from geostationary orbit, at roughly 22,000 miles above the earth's surface.



The Tonga volcano was tracked by 3 satellites

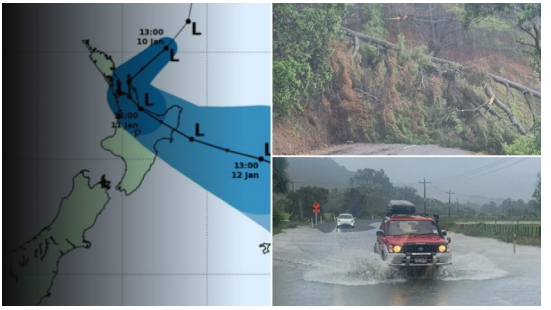
The northern coastline of New Zealand's North Island has been hammered with torrential rain. At the same time, Eastern Australia has been hit by severe rainfall and deadly flash floods, prompting the Prime Minister to call the conditions a "weather



Path of Cyclone Hale showing its impact along the north coast of North Island

bomb". At the same time, Southern California has been hammered with heavy rain and flooding.

In the Atlantic Ocean, big weather events are called Hurricanes. In the Pacific, these events are called Cyclones and they are a big deal. Cyclone Hale helped drive torrential rain from around the Equator, supported by the Tongan volcano shaping our weather and climate changes today!



Cyclone Hale brought heavy rain, flooding and road slips or washouts

Cyclone Hale hit New Zealand's North Island coastal areas with dramatic impact. Beachside towns have become isolated, and holiday parks emptied as campers packed up early and returned home. The month of January has received more rain than any other January in history.

Flooding brought major challenges to New Zealand's East Coast as the side effects of



With the flooding also came forestry waste or 'slash' washed down the rivers

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forestry and inadequately disposed timber waste washed down from the hills cleared of planted pine trees. Shipping containers, boats and all matter of rubbish washed down towards the sea. As I write, we learn of a 12-year-old's death after being hit with a log whilst playing at the seaside.



Forestry debris washed down by the floods brought whole shipping containers

Flooding events all around the Pacific Rim continue to require the rescue or attempts to rescue persons and family members, along with farm animals, pets, and belongings. Those working in the child and youth care field in these places have found program planning a challenge during continuous foul weather. '*It Ain't Easy*' when camping and outdoor activities aren't available!



Flooding changes peoples' lives in Eastern Australia and Southern California

Some ask what opportunity moments might child and youth care workers turn to when faced with continuous rain and risks of flooding? How do we engage with young people around managing their own personal and family adaptations to continuing rain and flooding risks? Staying in touch with family members becomes even more important during these times.

While screen-time may be tempting, what opportunity moments might be available through sharing time making a jigsaw puzzle? What rainy-day opportunities are found with different one-to-one, foursome and small group activities? New Zealand offers surf lifesaving activities!



Adaptability of children in Jakarta engaged in flood-related play and activities



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