

CYC-Online

e-journal of the International Child and Youth Care Network (CYC-Net)



**A Journal for those who live or work
with Children and Young People**

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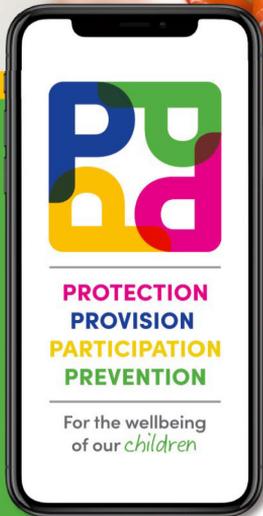
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Help us to see what you see, and share your reflections around the world.



Together, we can inform a growing global understanding of the necessary policies and practices for children's wellbeing during this COVID-19 pandemic, and for the future.

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The Changing Face of Residential Care in Australia

Simon Walsh

Where we've come from

For many decades in Australia, children who were abandoned, neglected or abused, were cared for in group care settings by church and other non-government organisations that responded to the need as they saw it. The prevailing understanding was that such children needed to be *rescued* and *rehabilitated*. State governments also operated a variety of institutions that focused on the containment of older young people who had offended or had behavioural problems, as well as those with intellectual disabilities.

From the late 1960s there was a marked shift away from the use of institutional care. Foster care increasingly became the care option of choice, and a new focus on keeping children with their families emerged with the development of family support services.

The 1970s and 1980s saw the emergence of smaller residential care settings such as Family Group Homes, managed by married couples. These were often located in campus-style settings, but also in the general community. In time, smaller group homes in the community, caring for 6-10 young people with rostered care staff, became the norm. In this period the children in care were understood to be *dependent* (the most common



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descriptor in use) while notions of *safety* and *'in need of protection'* came to the fore in the later 1900s.

CYC in Australia today

The child and youth care (CYC) landscape of the early 21st century sees an even stronger focus on prevention and family support, and foster care remains the placement option of choice. There are also some persistent challenges that have been around for decades, none more vexing than the high numbers of Aboriginal children that continue to be placed into out of home care.

In the mid-1990s around 2,600 children in care were Aboriginal or Torres Strait Islander (ATSI), making up 20 per cent of the total. Today there are nearly 47,000 children in care at any given point, 18,000 (38%) of whom are ATSI. This is despite ATSI children comprising fewer than 6 per cent of the total child population. Aboriginal children are placed into care at a rate that is 11 times that of non-Aboriginal children and a staggering 54 per cent of them were in care as of June 2019. Currently, only around 6 percent of all children in care are in residential care and it is unclear how many of these are from the ATSI communities.

With respect to residential care more broadly, there have been significant changes in the economics of service provision, the ways we understand the young people and their needs, and in the relationship between governmental funding bodies and the service providers.

The economics of residential care

From an estimated 28,000 children and young people in child welfare institutional care in the late 1960s, there are approximately 2,700 in smaller group homes today – a drop of around 90 per cent. None of the old-style



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institutions exist and very few of the campus-style arrangements remain. Although four young people per home is considered to be a national norm, the needs of these young people and the complexities that arise with placing them together mean that a significant number are in 3 and 2 client settings, and a small number are in placements where they are the lone resident with a care team of youth workers.

The diminishing resource of residential care has become a very expensive one, given the now total reliance on rostered, youth worker teams with specialist management and low carer-resident ratios. Annual costs for four client units run to around \$1.2 million per annum, and it is not unusual these days to hear about ‘million dollar’ young people with particularly complex needs that require extraordinary levels of staffing.

Residential care is no longer the domain of well-meaning charities; it could not continue to operate with the partial and episodic subsidies of the past. Today, it has become a fully government-funded enterprise, mostly provided through competitive grant mechanisms, with all the benefits and challenges that these entail.

How we understand the young people and their needs

The young people referred to residential care today tend to present with significant behavioural challenges, and sometimes mental health and developmental needs. These young people are not considered to be so much dependent and in need of care or even protection – they are generally considered to need therapeutic support or treatment. The focus has shifted to one in which there is an effort to understand and respond to the developmental histories and specific needs of these young people. This requires a much more specialised assessment, support and intervention focus as well as highly credentialled staff teams.



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The theoretical frameworks for understanding the needs of the young people have evolved along with other service changes. Early care initiatives were essentially atheoretical, focusing on basic survival needs and practical skills. Service providers were also influenced by the prevailing behavioural, social learning and psychodynamic theories circulating in the broader community. Although attachment theory with its focus on parental love and care emerged in the 1950s, it was in subsequent decades that it assumed a prominent position of influence in child welfare practice, providing theoretical support for the shift from institutional towards family-like care settings.

In more recent years, the trauma framework has emerged strongly as the dominant theoretical framework in CYC as well as most other human services (although attachment perspectives still maintain support). Based largely on a burgeoning literature that documents the neurological and developmental impacts of exposure to early adversity, this perspective is a particularly germane one given that traumatic exposure is the defining experience of so many young people in care. While these young people are often referred to as having *high and complex needs*, the term 'traumatised child or young person' is also used.

The terminology used by the government funding agencies has changed to reflect these realities. In the state of New South Wales, for example, all funded residential care is now referred to as Intensive Therapeutic Care, and in Queensland, all funded residential care must conform with a therapeutic 'stage' model of treatment called *Hope and Healing*.



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Challenges for residential providers today

Although there have been many positive changes for both service providers and the young people themselves over the past decades, significant challenges remain.

Whereas the older charities providers could chart their own courses, for better or for worse, current services are more constrained by imposed contractual conditions than they have ever been. As in the past, these conditions specify the nature and the numbers of young people to be served as well as reporting requirements. However, increasingly these contracts also specify the ways the young people are to be cared for, the size of co-tenanted groups, the theoretical models to be employed, the training programs to be used, the staffing models, the specific qualifications required of staff members, and the intervention outcomes that are expected. In other words, the contracts seek to specify and control all key aspects of service delivery.

The referral pathways into residential care have long been controlled by government agencies, but now it appears that the very nature of the services themselves is being brought under this control. This presents significant challenges to services with proud histories of innovation, of commitment to well-thought-out service values and principles, and records of successful service delivery.

The move to a contracting system, along with the increasingly onerous requirements imposed by regulatory and accreditation bodies, has resulted in a rapid increase in paperwork, compliance and reporting – significant human resources that might otherwise be focused on care and support must now be diverted to meeting these purely administrative demands.



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Another outcome of the changes to residential care are that such care tends to be provided by smaller, sometimes profit-motivated organisations, rather than the larger church and charity organisations of the past. These may be more 'agile' in response to changing demands, but they tend to be less reliable in the longer-term and less able to ensure stability given the vicissitudes of the contracting environment. The result is that many have disappeared as quickly as they emerged.

The care itself tends to be for a much shorter period as young people are frequently moved between various providers and care types and there is a rapid turnover over direct care workers. In all states it is government policy to move young people on from residential care as quickly as possible, preferably to family members or a less restrictive form of care. In parts of Australia, part-time and casual workers outnumber full-time workers and services rely on commercial staffing companies to meet their daily needs. Clearly there can be little consistency, stability and clarity of mission in such circumstances.

Are the young people in residential care better off than they were decades ago?

There are certainly some glaring issues with the current state of residential provision. Young people in the current forms of residential care can still be exposed to peers who harm them as has been made clear in a number of recent official reports; their shorter placements mean that this is can be just another waystation in a life of turbulence and change; and with the rapid turnover of staff there is little time for the young people to learn to trust and connect with the adults who care for them., In other words, they may be deprived of the most important means of positive change and growth.



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On the other hand, there is certainly reason to believe that many are indeed better supported than in the past. They are not exposed to the pervasive abuse and neglect that was rampant in many older-style institutions. There are genuine efforts to prevent unnecessary placements away from families and to maintain relational continuity where placements are necessary. There is an awareness that such young people continue to be vulnerable and meaningful efforts are made to prevent them from being harmed. There are better training and certification options for workers than in the past; and efforts are made to provide good assessments of each young person and to address their social, emotional and educational needs.

Despite the many challenges we face, our residential care system is better-resourced and supported than many others throughout the world. Through the changes and setbacks, the tensions with funding and oversight bodies, and existential uncertainties that attend the three-year funding cycle, we maintain a commitment to continue providing high quality supports and services for these most vulnerable young people.

SIMON WALSH is CEO of Allambi Care in Australia (<https://www.allambicare.org.au/>) and member of the CYC-Net Board of Governors.



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Writing for *CYC-Online*

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

In general:

- Submissions should be as close as possible to 2 500 words
- The style of a paper is up to the author
- We prefer APA formatting for referencing
- We are willing to help first-time authors to get published
- We accept previously published papers as long as copyright permission is assured
- We are open to alternative presentations such as poems, artwork, photography, etc.

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Epidemic Positives

Jack Phelan

There have been some unexpected positives that are emerging during our lockdown experiences. Many CYC practitioners, because of distancing restrictions and other considerations, have relied quite heavily on electronic communication strategies to stay in touch with young people and families in their programs.

Connection and communication with many of the youth and family members in our programs can be challenging, because people who have experienced significant abuse and neglect are understandably reluctant to create closeness with adults, especially professional helpers. The factors necessary for good connection are safety and trust, both in short supply. During these times of separation and distancing we are using more electronic messages and it seems to be creating some good results. Many CYC practitioners are finding that young people are more inclined to connect electronically, mainly because it is less personal and therefore safer. This safety dynamic, which enables more contact and response from young people, provides greater access and connection than had been possible before.

We must be careful to remember that safety is only part of the equation needed for influential connection. It can be too easy for workers to assume that just having safety will change everything, but the need for trust is also a big consideration. While impersonal electronic contact is safer, it is also a difficult medium to create trust and connection, so workers must emphasize trust building in these electronic interactions.



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I am hoping to hear about and see more information about how people have created ways to build trust during these arms-length connections, since much of our knowledge will be built through the direct experiences of front-line practitioners.

Caring behavior will still be needed, but will look different than the intimate life-space possibilities which are more typical. Abstract images and creative supports, both timed well and skillfully delivered, may be the medium to create a message of trustworthy helping efforts. The temptation to rely on the safety inherent in the electronic methodology instead of emphasizing personal warmth and concern that are integral to trust, can make this new opportunity seem too mechanical and impersonal to our young people and families and may very quickly become just as resisted as our previous efforts.

How can workers build trust and caring while relying on this impersonal communication? What are useful ways to overcome the inherent distancing created by electronic messaging? Can emojis and clever shorthand create trust and a feeling of concern?

Perhaps a combination of safe communication and physical contact and caring interactions will prove to be successful. Trust and feeling cared about are not easy feelings to evoke in many of the people we help, so lived experiences of building those feelings will require life-space contact that is purposeful and focused on trust building. Electronic messaging has made it quite easy and relatively comfortable to maintain contact with others, but it will not be enough for our purposes.



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The Worst Interview Ever

Kiaras Gharabaghi

This pandemic, coupled with the incessant noise of the US election, is bringing out the cynic in me. If an elected leader can bastardize basic concepts of human dignity, then surely I, as a child and youth care practitioner, can take liberty with the conventions of the job interview. So lately I have been fantasizing about applying for a child and youth care position with a service provider that is terrible. I don't have a particular service provider in mind; there are plenty of terrible ones around, so take your pick. But this is how I imagine the interview going. The setting is a residential care provider. The person interviewing me is Mr. Chuck Bubba Notsobright. So here we go.

Chuck Bubba: Well hello there Ken; I am just going to call you Ken because your name is not pronounceable. Is that ok with you? Can I get you something to drink?

Ken: Well howdy Mr. Bubba Notsobright. Actually that would be great. I'll have a decaf latte, two sweeteners, no aspartame, one milk and a couple of shots of non-dairy – preferably almond – creamer. If you happen to have some organic honey from local bees around, I'll take a half teaspoon. If it's not too much trouble.

Chuck Bubba: Here is your coffee, black you said Ken?



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Ken!: No, actually I didn't.

Chuck Bubba: Whatever. So, tell me what made you apply to work here?

Ken!: Desperation, really. The local laundromat wasn't hiring right now, but I feel I have transferable skills, so here I am.

Chuck Bubba: How would you describe your approach to working with kids?

Ken!: Well, that depends. Do the rooms have locks on them? That would make it a lot easier. I don't really like kids, but I can pretend ok. I think we can't spoil them, you know? Just say No, if you know what I mean. I think I borrowed that phrase from one of Trump's wives! Or maybe a porno I recently watched. Whatever, the point is that you gotta have a relationship with kids where they understand who's boss. Sort of like you are the boss – that's what I want to emulate.

Silence....

Ken!: I am so sorry, Mr. Notsobright, I meant to say *copy*, not emulate. That's probably not even a word.

Chuck Bubba: In this place, we value good behaviour and we want to reward it. How would you do that?

Ken!: You know, reward is just another word for not dishing out punishment. So, I would just tell the kids that their good behaviour means



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they won't get punished today – well, maybe not for the whole day, but at least not right now. That's a good reward, don't you think?

Chuck Bubba: I am trying to figure out if you've ever worked with kids. Your answers are a little strange, you know.

Ken!: Of course I have worked with kids. I spent two years working in a sweatshop producing crap for Walmart, and I worked exclusively with kids. By the way, I noticed your beautiful hat; I gather you like Walmart then? They have great deals on guns and ammo...

Chuck Bubba: Do you like guns?

Ken!: So much that one day I'll get in trouble for it! Ha, sometimes liking guns is a good thing in this business, ain't it?

Chuck Bubba: You know we do psychological testing here before we hire people. Have you ever been tested?

Ken!: Yeah, a few times, but it usually turns out to be minor and it goes away with some cream. A tip amongst friends – you can get that cream for much cheaper from the local veterinarian!

Chuck Bubba: I meant psychological testing! Have you ever undergone psychological testing?

Ken!: I remember the Judge saying something about that, but if by psychological testing you mean looking at that image of a butterfly and



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telling some old dude what I saw, then yes, I have done that. And all I could see was a damn butterfly. I definitely did not see a swarm of icky bugs consuming what remained of a child's torso. Definitely didn't see that.

Chuck Bubba: Ok, ok, you seem to be one of a kind. Let me ask you this: How do you resolve conflict?

Ken!: You know, I used to think that the point of solving conflict is for the stronger side to get the weaker side to obey. But that's just brutal, so now I go with what Trump said: there are good people on both sides. So if one kid is smashing in the head of another kid, let's not jump to conclusions.

Chuck Bubba: Now you're talking, buddy. But tell me, what would you do if you saw a kid smashing in the head of another one?



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Ken!: Depends who is doing the smashing. I have my favourites, you know. We all do.

Chuck Bubba: We sure do! Now a really tough question. Sometimes we have a lice outbreak here. How you gonna handle that?

Ken!: Oh c'mon! What's a few lice? If I get them, not a problem. In fact, I probably already have them. You can't worry too much about these kinds of things. They come for a while, and then they go away. They're just little things anyways. You can't stop the program for a few little critters, can you now?

Chuck Bubba: Well hot damn'it, buddy, now you're talking sweet to me! I got some crazy health authorities around telling me to do something about the lice. I am doing plenty. I'm asking you about it. Isn't that enough already?

Ken!: I feel you my friend. Some people are just so sensitive about this kind of stuff. Anyways, you've pretty much grilled me to death here! I didn't have to answer so many questions even when I applied to work at the dump. And that's a serious job, for crying out loud. So how about I ask you some questions?

Chuck Bubba: Fire away boy! Just kidding, if you're packing, keep it where it is.

Ken!: I'm packing alright! It's my God-given right. But tell me Bossman, what's in the fridge around here? I wanna know what I'll be eating!



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Chuck Bubba: The food is for the kids. You keep your paws off it.

Ken!: Alright, alright. But you not gonna notice some chicken going missing, are you. Also, where are the laundry machines; occasionally I like to clean up, you know.

Chuck Bubba: This isn't your home, buddy. But if it's urgent, it's down past the lockdown room.

Ken!: I'm gonna like working here Bossman.

Chuck Bubba: Welcome to the team! You can start right now.

Ken!: Awesome, thanks Bossman. You've made this place great again! But I'm not feeling so good right now. What's your sick day policy?

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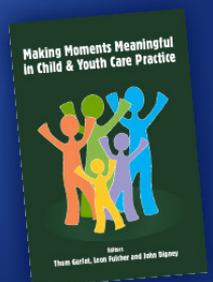
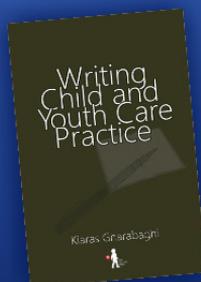
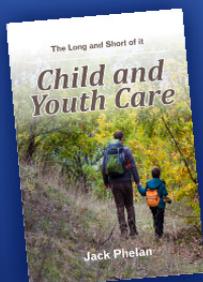
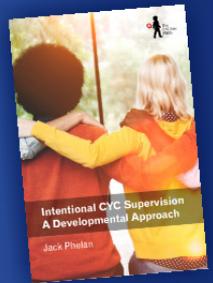
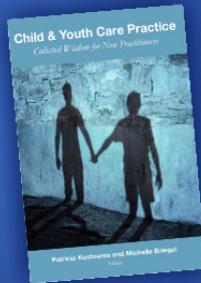
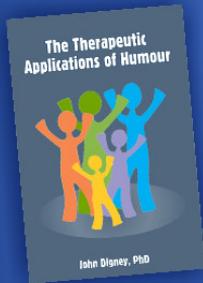
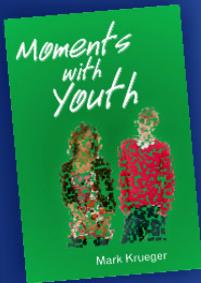
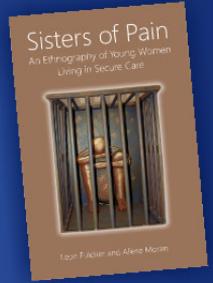
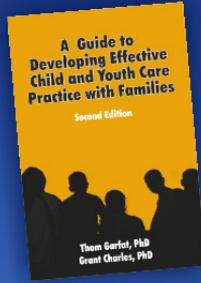
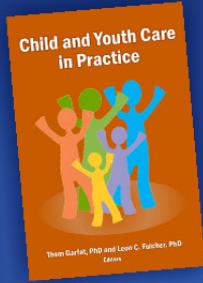
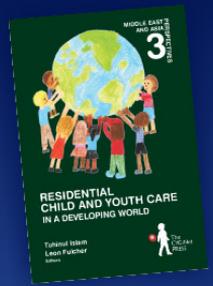
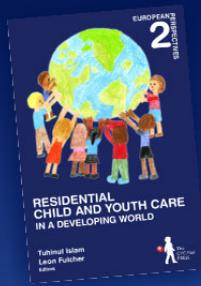
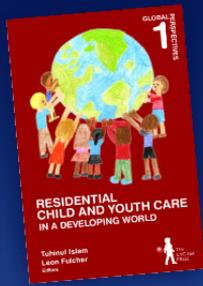
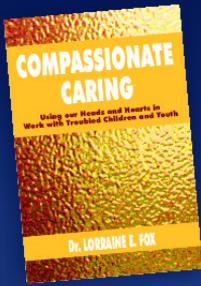


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Ready or Not: Youth Aging Out of Care

Eva Nardella Wiseman

Abstract

This review examines literature pertaining to youth leaving the care of various child welfare systems in North America, as well as around the world. The literature review will discuss the following areas: (a) risk factors and protective factors associated with leaving care; (b) youths' perspectives on leaving care; (c) positive and negative outcomes for these youth; (d) a review of after care services; and (e) connections to the field of child and youth care.

The transition to adult life is tough for many youth, and this is particularly true for youth who age out of care. Children and youth who are in care have been placed in living situations outside of their natural family because the child has been deemed *in need of protection*. Once a child under the protection of the system reaches the legal age of adulthood the system no longer has any obligations. This literature review examined existing research on youth who are aging out of the child welfare system to determine what influences this transition. The transition is one which most youth in care face on their own (Courtney & Dworsky, 2006).

In 2004, in Ontario, there were over 19,000 children in care. This represents an increase of 65% since 1998. In the United States, over 21,000



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youth transition into adulthood from foster care on a yearly basis (Pecora, Kessler, O'Brian, White, Williams, Hiripi, White, & Herrick, 2006). The transition from being in care usually occurs once a youth is 16 or 18 years of age, though many youth are offered after care services, often up to the age of 21. The youth who “age out” of care are wards of the state, which means that in Ontario they are a “Permanent” or “Crown” Ward. A child becomes a permanent ward when their natural parents surrender all existing rights and responsibilities to the local child welfare authority. These children and youth are placed in foster homes, group homes, or residential treatment centres (Tweddle, 2005). Pecora et al. (2006a) offer a more specific list of the living situations that former foster youth, youth leaving care, and youth ‘aging out’ of the system have experienced:

- Initial shelter care
- Foster care
- Kinship care
- Treatment foster care
- Group homes
- Residential treatment
- Independent living placements
- Adoptions
- Juvenile justice placements once youth is under child welfare agency supervision (not as an initial placement) (p. 1446)

Youth “leaving care” have moved out of one of the above living situations (many have endured many different placements) under the supervision of a child welfare agency. The term “age out” is used when a youth is at the age at which the child welfare agency is no longer legally



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obligated to care for the youth. This age varies depending on the agency and location (English, Morreale, & Larsen, 2003) though in most jurisdictions it is now the legal age of “adulthood” (18, 19 or 21 years). These terms are commonly used in the literature to describe the issues youth in care experience as they leave and are no longer eligible to receive services.

Methodology

In order to review literature on this topic, the following databases were searched: PsycINFO, ProQuest, Scholars Portal, Elsevier Science Direct, Sage Full-text Collections, and Academic Search Premier using the keywords: ‘youth in care,’ ‘youth leaving care,’ ‘foster youth,’ and ‘leaving care.’ Google scholar and Google search were also used to find literature that could not be found through the databases, such as reports published by welfare agencies. Most of the literature included in this review is from 2003-2007, and all literature was published after 1989. Only articles referring to youth leaving care because of aging out of the system were reviewed. While the primary focus was Canadian and American literature, there is a small portion of material that had been published outside of North America, which was relevant. The discussion of this literature review is organized around the following main ideas: youths perspectives, protective factors, risk factors, supportive outcomes for these youth, negative outcomes, after care services, implications for practice, and connections to the child and youth care field.

Youths’ perspectives on leaving care

Tweddle (2005) found that Canadian youth aging out of care identified crucial needs such as the need for ongoing supportive relationships, peer support, independent living training, and greater access to financial



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support, and support in gaining access to education, employment, and training programs. Daining and DePanfils (2007) found that youth desired help with managing their money as well as in areas of housing. Life skills training includes teaching tangible, everyday living skills, such as getting and keeping a job, applying for college, opening a bank account, etc. Intangible skills are also of importance and include social skills, making decisions, communicating, etc. Youth spoke primarily about tangible skills. Intangible skills are much harder to measure than tangible ones and are less likely to be reported by youth. (Propp, Ortega, & NewHeart, 2003; Schiff, 2006).

Youth from the Pape Adolescent Resource Centre in Toronto described being 'cut off' from care at 18 or 19 and being unprepared and unready for the transition (Tweddle, 2005). In two different studies involving focus groups youth who have left care in Ontario have identified:

- A need for a street outreach service that is part of CAS. Many youth on the street were in care, more support is needed to help bridge the gap from life in a placement to independence.
- There needs to be a service like PARC everywhere in the province. This service would allow youth to make use of it and contribute to it with no cut off age.
- There should be an info line/warning line that youth in care can call when rights are violated, a line for youth in and from care with mental health issues.
- There should be a training program available for youth in care. Teaching life skills to youth much younger than 15 years of age, perhaps taught by older youth in care who would like to contribute.
- Lower caseloads for social workers.



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- ID clinic for youth in care.
- Youth In Care should have a Child and Youth Worker assigned to them in addition to their social worker.
- Training programs for workers about what resources are available for youth both inside and outside the agency. e.g. some of us have been told about services that do not exist or have not been told about services that do not exist.
- ECM for youth who have entered into an extended care and maintenance agreement, health and dental care should be required.
- Steady friends and mentors.
- Information package for youth leaving care outlining details on financial entitlement and available services. (Ontario Children's Aid Societies, 2006, p.8; Tweddle, 2005, p. 24)

Freundlich, Avery, Gerstenzang, and Munson, (2006b) interviewed young adults about their experiences in care as they relate to transitioning out of the welfare system. One of the interviewees stated:

A lot of people have this misconception like, Oh, they're too old, they're gonna age out, they don't need really need [permanency] and stuff like that. Although most [youth] say they don't want it, ask [them] when they get older, [and they say] "You know, I wish I had somebody for me" (p. 365).

Youth leaving care say they need lasting supportive relationships with people they find significant, and not just when the transition takes place, but afterwards as well (Tweedle, 2005).

There is a link between what youth said they need and what the research says is of importance. The significance of the needs identified by youth formerly in care is discussed in further detail below in relation to the



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positive outcomes that youth who are provided with these supports experience.

Programs to Support Positive Outcomes

This section describes the results of programs in mentoring, education and life skills training designed to provide youth with an increased chance of success for the transition out of care.

Support and mentoring

“Counting on others is not only normal, but it also provides the context for healthy growth and development” (Propp et al., 2003, p. 263). Youth in care need reinforcement to be able to realize that leaning on others in times of need is not something to be ashamed of. With all the emphasis placed on doing things on one’s own, there should also be a strong focus to ensure that youth understand when to ask for help when it is appropriate. Additionally, maintaining connections for support is an area in which youth should be skilled (Propp et al., 2003).

Ongoing mentor relationships can be maintained through formal programs or informal extended family support. In Canada, The National Youth in Care Network has been instrumental in voicing the concerns of youth who have recently left care. They are focused on “breaking this cycle of poverty, exclusion and dysfunction to create a better future for Canadian society” (National Youth in Care Network, 2007). Groups such as The National Youth in Care Network are key to providing advocacy and emotional peer support (Mendes, 2005). In a Midwest study done in the United States, it was found that many young adults had ongoing relationships with members of their natural family, such as grandparents (Courtney & Dworsky, 2006).



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Mentoring can take many forms, such as one-to-one mentoring, group mentoring, team mentoring, and peer mentoring (Osterling & Hines, 2006). Osterling & Hines focused partially on one-to-one mentoring in their research. Findings included: “mentors can buffer youth from poor outcomes by (1) providing a supportive and trusting relationship, (2) serving as a role model, and (3) assisting youth in acquiring independent living skills” (p. 243). “When the mentoring relationship does persist, youth in foster care may be particularly likely to benefit from these relationships ...after 12 months of participation in a mentoring programme, foster youth exhibited improved social skills, improved ability to trust adults, improvements in pro-social support and self-esteem enhancement compared with non-foster youth” (p.244). There are many more positive benefits to serve the youth, some of which include an increase in self-concept, increase in educational attainment, decrease in use of drugs and alcohol, decrease of violent behaviour, and improved relationships with parental figures.

Independent living skills training

Independent living skills training has a positive impact on success (Children’s Advocate ,2007; Farruggia, 2006; Montgomery, Donkoh and Underhill, 2006; and Propp, et.al.,2003), Clare (2006) comments that practical success is subject to an individual’s ability to attain basic life skills in order to meet the demands of work, school, home, and the community. According to Clare (2006), these are all areas in which youth leaving care need to develop skill areas in order to be successful on their own.

Montgomery, Donkoh and Underhill (2006) describe independent living programs, in which youth take part in social skills training, personal development, and independent living training, all when living in a



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supervised living space in which their skills can be practiced. Topics may vary from program-to-program, but overall can include learning about anything from budgeting to getting help with legal matters. These services also give the option for youth to continue services after leaving care. There is insufficient data to confirm the long-term success of these programs, although the data that was available found, “statistically significant protective effects” (Montgomery, Donkoh and Underhill, 2006, p. 1443).

Education

Many youth leave care with a substantial lack of education. Youth who stay in care past the age of majority are more likely to graduate high school and also more likely to go on to higher education (Courtney & Dworsky, 2006; Montgomery, Donkoh and Underhill, 2006). Since many youth in care don't graduate before 18, being in care for a longer period of time allows them the opportunity to be able to make up for the educational shortfalls they may have encountered because of their history. Some youth are making their way to becoming college graduates and others have been sustaining long term employment and living quarters (Courtney & Dworsky, 2006). Youth with mentors close to their age who have completed secondary school and have gone on to higher education can prove to be very influential towards future educational attainment for the youth they mentor (Osterling & Hines, 2006).

Protective factors

When youth leave care, the protective factors associated with resilience can facilitate greater likelihood of success. Individual factors typically associated with resilience include: intelligence, social skills, self-esteem, locus of control, empathy, faith and hope. Family factors correlated with



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resilience among children are: supportive, affective ties in [foster] family, positive expectations of the child, a democratic parenting style, parent's mental health and connections with the extended family network. Environmental factors include ties with "prosocial" adults and attending an institution that offers support for competencies, determination and a sense of meaning. (Drapeau, Saint-Jacques, Lepine, Begin, and Bernard, 2007, p. 979)

Drapeau et al. (2007) discuss how to assist youth leaving care by providing opportunities for youth to develop protective factors to assist with the transition. This includes ties with adults, for example a foster parent, a volunteer, or a child and youth worker for a substantial amount of time. McCubbin, O'Brien, and Pecora (2007a) incorporated four protective factors in their interview questions to former youth in care to gauge the development of relationships. These questions included:

- Did the child/youth feel loved when they were in foster care?
- Did the child/youth feel the foster parents were helpful to them?
- Did they have a close relationship with an adult for the greater part of their childhood?
- Did the child/youth utilize various mental health services such as counseling when in foster care?

These youth were also asked questions in relation to education, such as whether they had used tutoring, took part in independent living group/workshops, or enrolled in special education or gifted education programs. Anctil et al (2007a) found that a positive placement history, which includes high foster care placement stability and low number of failed reunifications, as well as having a wide range of preparation for



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independent living and steady resources significantly lowered the chances that youth would experience negative outcomes. One must also consider related risk factors for this population, as discussed in the following section.

Risk factors

“Risk factors are variables that may predict alumni [youth who have left care] outcomes” (Pecora et al. 2006a, p. 1467). Being in care is a risk factor for a variety of poor outcomes that youth in transition experience (Jahnukainen, 2007).

A substantial body of evidence suggests that young people leaving public care systems are at increased risk for low educational attainment, unemployment, homelessness, physical and mental health difficulties, dependency on public assistance, and involvement with the criminal justice system. (Montgomery, Donkoh and Underhill, 2006, p. 1435.)

Anttil et al. (2007b) also found these youth had lower earnings, and a higher rate of homelessness than the general population. In addition, it has been observed when a youth leaves care at a younger age, for example at the age of 18 instead of 21 the risk of these less desirable outcomes is higher. The consequence of these outcomes is poor well-being and low self-sufficiency during young adulthood (Farruggia, 2006). Overall, the transition out of care is more difficult for young women than young men; consequently these young women should be allowed an even greater time to prepare (Schiff, 2006).

Negative outcomes

Youth making the transition from group care facilities to the community generally perform poorly (Jahnukainen, 2006). These poor outcomes can include: reliance on social assistance, poor educational



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attainment, poor social support systems, involvement with drugs and the justice system, and early parenthood (Farruggia, 2006; Jahnukainen, 2007; Osterling & Hines, 2006). According to Farruggia (2006), “foster care youth often lack the financial backing, extensive social networks, and support services needed in a complex, rapidly changing society” (p. 2).

Income support

Studies repeatedly find that youth who have transitioned out of care are more likely to require income support. Cook (1991) found that two and a half to four years after youth aged out of care, only 17% were entirely self-supporting (meaning not receiving any form of social assistance). Hollander et al. (2007) states that all the former foster youth in the study had a higher rate of dependency assistance in comparison to the general public. Hollander et al. (2007) also found that all former foster youth in their study were more likely (than the general public) to be dependent on social assistance. Many of the youth leaving care were not able to sustain proper living arrangements without the help of government assistance. Courtney and Dworsky (2006) found that almost one half of the female participants, and just about one fourth of the male participants have received some form of government benefit since leaving. “These forms of assistance included: Food Stamps; public housing/rental assistance; Temporary Assistance to Needy Families; Special Supplemental Nutrition Program for Women, Infants and Children; Supplemental Security Income; general assistance payments; emergency assistance payments; and Cuban/Haitian or Indian assistance payments” (Courtney and Dworsky, 2006, p. 214). It is not surprising then that these young adults that were no longer in care were more likely to receive one or more of the above mentioned benefits than the youth that were still in care (Courtney & Dworsky, 2006).



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In many cases, the literature outlines that social supports for these youth often ends abruptly (Courtney & Dworsky, 2006). This means that youth are not able to return for support if they cannot find a place to live, or afford food to feed themselves. They must find other means to connect with these resources (Raychaba, 1989). Pecora et al. (2006b) found that former youth in care are five times more likely to receive public assistance than the general population. The National Youth in Care Network (2007) found this group in Canada often reports receiving social assistance in order to get by because not even 30% of them graduate high school, hence they are underemployed. The connection between educational outcomes and income level is complicated for youth leaving care.

Education

A large number of youth leaving care move toward the transition of independent living with substantial educational deficits (Courtney & Dworsky, 2006; Osterling & Hines, 2006; Pecora et al., 2006a). The literature consistently finds that youth formerly in care are less likely to complete high school, or go on to post-secondary education (Hollander et al., 2007). In a cross-state comparison in the United States, Hollander et al. (2007) found that the youth in Illinois had generally obtained a higher level of education than those in Wisconsin and Iowa, who had left care at the age of 18, as compared to 21 in Illinois.

In the United States, only one third of the 19-year-old youth who had been in care, graduated from high school. Three fifths of the general population are high school graduates or equivalent, whereas only two fifths of the youth in foster care had graduated high school (Courtney & Dworsky, 2006). Poor educational outcomes are strongly correlated to high rates of



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unemployment for these youth, leading to the need for income support. Specific employment outcomes are discussed in the next section.

Employment

Employment for youth who have left care tends to be in low paying jobs that are held for shorter periods of time in comparison to the same age youth who had not been in care, and 47% of youth no longer in care are unemployed (Courtney and Dworsky, 2006).

What is particularly striking about the employment of these young adults is just how little they earned during the past year: Of the study participants who reported any income from employment during the past year, more than three quarters earned less than \$5,000, and 90% earned less than \$10,000. (Courtney et al., 2006, p. 213)

Pecora et al. (2006) also found that youth who had left foster care were 15% less qualified for employment compared to the national average. Education, employment, and income or the need for income support are closely linked together but youth who have left care struggle with several other issues related specifically to the reasons for being in care.

Social supports

Most youth who are leaving care to transition into independent living have experienced maltreatment during their lives and do not have the ongoing support and guidance of their natural parents (Osterling & Hines, 2006). Social supports can come in various forms that hold importance for these youth and can include emotional, informational, guidance, social interactions and can lead to tangible and intangible skill formation (Courtney and Dworsky, 2006). Courtney and Dworsky (2006) state that youth who leave care often have no family to go to for emotional support.



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Yet, “despite the fact that the young adults in our study had been removed from the care of their parents, most reported being close to one or more members of their family of origin” (p, 212). The youth in this study said the closest relationships that they tended to have with their natural families were with their siblings and grandparents.

Youth who have had multiple placements have not had the opportunity to make and keep supportive friends. This can also be a result of the general inability to trust people, which stems from abuse and exploitation. Youth from a child welfare background are typically alone and isolated (Raychaba, 1989).

Positive peer support is associated with well-being, and youth with positive peers and foster parents are seen as having buffering effects on these youth (Farruggia, 2006). Therefore, it seems clear as to why these relationships would serve as protective factors in the lives of these youth. Farruggia also states: “Parents, peers, and VIPs appear to be of great importance, and often undervalued, to the post-transition success of older foster care youth” (p. 23). Unfortunately, many of these youth are not getting the support that is said to be so important. In their study, Freundlich, et al. (2006b) found that youth age out of care with restricted or even no links to dedicated and caring adults who could help prepare youth for the transition.

Drug abuse and legal system involvement

The literature repeatedly found that youth from care had a higher rate of involvement with drugs and the legal system than the national population (Cook 1991; Courtney & Dworsky, 2006). Cook (1991) found that 25% of youth had involvement with the legal system, and 50% had used illegal drugs suggesting that drug abuse and criminal involvement are



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often correlated. Furthermore, alcohol and substance abuse were more widespread among males studied in the Midwest of the United States and nearly 30% of males had spent at least one night in jail compared to less than 11% of females (Courtney & Dworsky, 2006).

Jahnukainen (2007) found that Finnish youth who had left residential treatment to transition into adulthood were not productive because of drug addictions. Youth made multiple attempts to receive treatment but had failed. This same study found that the youth with criminal involvement were all males and had been continuously involved with the legal system.

Housing

Obtaining and maintaining housing when leaving care is an obstacle for youth aging out of care. Once housing is found additional difficulties can include maintaining the home and following basic rules, and knowing their rights in regards to obtaining housing. Many youth do not know how to maintain a home, therefore landlords may feel the youth is unsuited to take care of the space they rent (Anctil et al, 2007b). Lack of transitional housing for youth leaving care has implications for other outcomes such as income and employment. Research indicates youth who have left care are at a greater risk of becoming homeless (Collins, 2004; Courtney & Dworsky, 2006; Leathers, 2006). Ten percent of female youth and fourteen percent of male youth who have left foster care said they have experienced homelessness at one point or another after leaving care (Collins, 2004).

Mental health

High rates of depression are an ongoing theme found in the literature on youth transitioning from care (Anctil et. al, 2007a; Courtney & Dworsky 2006; Daining & DePanfilis, 2007; Mendes, 2005; & Pecora et al., 2006b).



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Courtney & Dworsky (2006) found that one third of the young adults interviewed lived with depression, dysthymia, and post-traumatic stress disorder. Females were more likely to suffer from major depression and post-traumatic stress disorder than males.

Courtney and Dworsky (2006) found that more than one fifth of youth (20.6%) who had formally been in care had been involved in psychological or emotional counselling, which is twice as high as the general population of youth (9.2%). Similarly, 7.5% of former youth in care had gone to substance abuse counselling, compared to 3% of the general population of youth.

Early parenthood

Having children at a young age is more common among youth leaving care (Courtney & Dworsky, 2006; Mendes, 2005). It is especially common for females who have been abused to have children, and these parents often have child welfare involvement for their own children (Mendes, 2005). Daining & DePanfilis, (2007) found that 59% of young adults sampled with child welfare involvement had at least one child. Moreover, Martin (2005), who conducted a study on youth transitioning from care, found that 50% of her female participants were parents. Courtney and Dworsky (2006) also found that almost half of their female participants had been pregnant by the age of 19. Youth who stayed in care longer have a lower rate of pregnancies. Since it is difficult to provide children with a stable home when one is struggling with homelessness and unemployment, youth leaving care are more likely than the national population to have a child who is not living with them (Courtney & Dworsky, 2006).



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After care services

After care services are those that the youth receive once they have left care and as they transition into self-sufficiency (Daining & DePanfilis, 2007). After care services are available to many youth, once they age out of care. In Ontario, Extended Care and Maintenance (ECM) agreements are offered to youth at age 18 but terminate at the age of 21. Provinces vary and may sever services as young as 18 while New Brunswick youth can be supported up to 23 years of age (Tweddle, 2005).

I wasn't prepared. They gave me that \$500 check but you know that goes but so far. I left, I had my driver's license ... But I wasn't really prepared. And I think they should have an after-care type of thing, because ... you shouldn't leave an agency without having a job, without having a place to live. And basically, they knew I really had nowhere to go. (Freundlich and Avery 2006a, p. 515)

The need for after care services as evidenced by this youth's statement is evident. Youth report that they have felt a lack of preparation for leaving care and a lack of after care services (Children's Advocate, 2007) and feel unequipped and ill prepared for leaving, even by the age of 21 (Ontario Children's Aid Societies, 2006). Freundlich & Avery (2006a) recommended that youth should continue to have contact with the agency. The results indicated that "the first 12 months post-discharge are critical ones for youth aging out of care and that the likelihood of homelessness and other negative outcomes increase for youth without adult supports" (p. 517). Youth may receive support in the form of help with attaining education, employment, budgeting, health/ hygienic, housing support, and development services (Courtney & Dworsky, 2006).

The examined literature consistently finds that the longer youth stay in care, the lower the risk becomes for the negative outcomes described



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above (Courtney & Dworsky, 2006; Raychaba, 1989). “Youth leaving care at 16 tend to be more at risk with regard to eventually becoming homeless since they are generally rebellious, acting-out, angry, and usually suffering from acute emotional disturbance and upset” (Raychaba, 1989, p. 63). Children’s Advocate (2007) recommends the maximum age for Extended Care and Maintenance should be extended to 25 years from 21 in Manitoba. This would allow for higher educational attainment and youth would therefore be more desirable in the workforce and less dependent on income support.

Stein (2006b) says most youth stay at home until their late twenties, which makes them much older than the youth aged 16 to 18, who are leaving care. When youth in care leave, there is no “going back home,” whereas other youth may be able to transition back and forth, into and out of their home, until they are steady on their own. This can even stretch into their thirties for young adults that have a family to fall back on. Youth who have left care do not get the option of returning once they age out.

Summary of Recommendations from Research

Fewer changes in placement are a protective factor for youth who age out (Pecora et al., 2006): Tweddle, 2005). Pecora et. al., (2006a) concluded that having fewer changes in placement leads to youth building and expanding their social support networks. Consequently, this contributes to youth gaining employment, as well as having proper support if financial problems arise.

Educational routes important factors for these youth. Foster parents and various people involved with youth in care can encourage and educate youth with respect to why a high school diploma is actually more valuable than a GED. “School personnel would also benefit from more training



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about the challenges that youth in foster care face, and ways they can advocate for these youth" (Pecora et al., 2006a, p. 1476). Youth who complete high school have better outcomes in regards to living successful lives after leaving care (Pecora et al., 2006a). Young adults that completed a high school diploma, instead of just a GED, did proportionately better at obtaining employment and earning higher wages.

Most authors are recommending that foster care services be extended until the age of 21 (from 18), and independent living services up until the age of 25 (from 21) Pecora et al. (2006a). Extended care and maintenance agreements (Tweddle, 2005) are thought to be of benefit up to the age of 25 to allow for educational completion.

Life skills training is often recommended as essential for youth who are transitioning out of care (Nollan, Wolf, Ansell, Burns, Barr, Copeland, & Paddock, 2000; Pecora et al. 2003; & Schiff, 2006). Pecora (2006) found that youth with wide-ranging life skills were less likely to be homeless, being able to build up and keep valuable resources, as well as being able to compete for adequate employment. The Casey National Alumni Study (2003) also identified the importance of life skills for this population.

It may be that having concrete resources such as a driver's license, \$250 in cash, and dishes and utensils results in more financial stability, allowing alumni to pursue their education goals. A more plausible explanation is that these variables described youth who had received many different opportunities to develop skills for independent living, and had positive relationships with foster parents, agency staff, and other adults, as well as concrete resources. (Pecora et al., 2006a, p. 1477)

Propp et al. (2003) found that skills-based on hands-on activities need to take place in groups and foster home settings. They say that the best way to learn hands on skills is for youth to live in a semi-independent setting,



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which provides the opportunity to learn with support and assistance, when needed by the youth. Semi-independent settings allow for steady learning, instead of that which is much more accelerated in other in care settings (Freundlich, 2006b; Propp et al., 2003).

Connections to child and youth care practice

When working with youth aging out of care, we must reevaluate methods being practiced by being aware of the trends for this group. “Redefining the concept of independent living by moving away from self-sufficiency to interdependence calls for restructuring of caseworkers’ philosophy and programming for youth aging out of care” (Propp et al., 2003, p. 262). The emphasis much shift to learning and tangible skills but, just as importantly, intangible skills are required.

Child and youth care work involves relationships as a fundamental part of working with youth. The research in regard to youth leaving care has ongoing references to the importance of relationships. Freundlich & Avery (2006a) emphasizes that “any approach that establishes a significant connection with an adult who can be supportive after leaving care ...” (p. 518) is essential and service should not be abruptly cut off based on the youth’s age.

Emphasis needs to be placed on assisting these youth early in the process of leaving care since there is often no involvement with workers once they have aged out of care and been discharged (English, Morreale, & Larsen, 2003). Individuals in the child and youth care field, who may be working as transition workers or youth support workers involved with youth transitioning out of care, need to be aware of the risk factors for this group in order to help them reach their full potential. The need for supportive relationships with trusting adults was often noted in the



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literature, and this is a wonderful opportunity to assist youth and gain their trust. We can assist this group in areas such as attaining a proper education and gaining meaningful employment. When offering our support, we show them that there are people out there that have the knowledge to be able to help them, as well as a genuine caring for their well-being and their future. The Casey Family Programs in Seattle encourage the youth they work with to build healthy relationships, not only with their foster parents and adults in their life, but also with staff (Pecora, Williams, Kessler, Hiripi, O'Brien, Emerson, Herrick, & Torres, 2006b).

Youth have said they felt unprepared when they were leaving foster care.

They [the staff] never discussed [how to prepare for the transition from care], while I was in there. They didn't give me time to think it out. They told me the day before it was time for me to be discharged. Once I turned 18, that's when they all threw the pressure at me. Like, 'well, you're going to have to do this and you got to do that and you got to' ... OK, I understand that, but the whole time I was up here, you didn't train me for any of this. So you expect me to just go out there and just get everything in one shot. But it's not like that. It takes time. (Freundlich & Avery, 2006a, p. 515)

Staff working with this population need to better prepare youth for the transition out of care, and it needs to begin to happen much sooner because youth have expressed concern that they are not prepared in advance for the transition. In order to best prepare these youth, trust needs to be established between the youth and the people working towards this goal with them (Freundlich et al., 2006b).



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The Covid 4P Log

Are you passionate about the wellbeing of all our children?

Help us to see what you see, and share your reflections around the world.



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The COVID 4P Log is a smartphone app that collects the anonymous views and experiences of practitioners and policymakers who are working to support children's wellbeing in the light of COVID-19.

Join policymakers and practitioners from many parts of the world, working to support children's wellbeing. Contribute to a study to help us to better understand the ways practitioners and policymakers responding in new, innovative, and in some cases, unprecedented ways.

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Log your 2-minute response to one short question every day, for 8 weeks.

The questions are practice and policy-focused, and based on the '4P' human rights framework of protecting children, providing for their unique needs, enabling their participation in decisions that affect them, and preventing harm.

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Conclusion

The literature indicates that youth leaving care are facing tough obstacles in comparison to youth of the same age who have not come from a child welfare background, and only a small number of youth leaving care demonstrate that they are on their way to leading successful lives (Courtney & Dworsky, 2006). Furthermore, all of the literature, discusses extending the age limit for state care well beyond the current age of 18 or 21.

This population is frequently overlooked and requires assistance in order to function as self-serving and successful adults in our society. These youth deserve a chance like any other youth and, with the help of committed child and youth care professionals aware of what life may hold for them as adults, we can make a successful transition to adulthood a reality for them.

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Considering Child Welfare Lived Experience Privilege

Shannon Cherry and Wolfgang Vachon

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

Introduction

In this paper, we explore notions of child welfare lived experience as a privilege, asking, is there privilege attached to child welfare lived experience? We draw on a research project we are both part of called *Tuning into Child and Youth Care: An Arts-Based Audio-Drama Inquiry with Child and Youth Care Practitioners who have lived in Residential Care*, as well as outcomes for young people involved in the child welfare system.

The "privilege" of lived experience

Are there privileges granted to child and youth care practitioners from care? This is a question I (Shannon) have thought about a lot. While writing



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this series, I was brought back to a graduate class discussion not too long ago. I had recently disclosed my child welfare lived experience to the class after a presentation I had done, in which I asked how and what lived experience does to theory and practice in CYC. It was exciting to hear a room full of graduate-level CYCPs consider and discuss this idea. As we conferred how some job applications consider lived experience an asset, a classmate suggested that some types of lived experiences were in and of themselves a privilege. Promptly, our professor shut the conversation down. It was an uncharted segue in our conversation, potentially controversial and perhaps triggering others in the room (including those who may have diverse lived experiences they have chosen not to disclose). Although I found it a relevant and provocative question, it was perhaps not the safest conversation to have in a classroom of students who barely knew each other.

This experience has stayed with me, leaving me to ponder if my (and perhaps others') lived experience provide privilege. On the surface, the quick answer is yes, but I think privilege is the wrong word. My chosen paths in life have led me into a direction where my experiences in the child welfare system have become an asset to what I do. These experiences have opened up doors for me that might otherwise have been shut. However, these assets were not birthrights, and I had to navigate the world in such a way as to reveal and take advantage of minimal opportunities.

I imagine that as a cis-gendered, heterosexual, able-bodied, white woman, the paths that led me to where I currently am were easier to navigate than Black, Indigenous, Persons of Colour, members of the LGBTQA2+ community or someone with a disability who comes from care. Thinking about the people we both know who are CYCPs from care, and who enters the care system, observationally, this seems to hold true.



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However, like so much else related to this area, there is no empirical data that we are aware of to answer this question. While I (Shannon) walk this earth with many privileges, being from care is not one of them. Understanding what privilege is, reveals the trouble with calling child welfare lived experience a privilege. The Oxford English Dictionary provides a definition:

2. a. A right, advantage, or immunity granted to or enjoyed by an individual, corporation of individuals, etc., beyond the usual rights or advantages of others; spec. (a) an exemption from a normal duty, liability, etc.; (b) enjoyment of some benefit (as wealth, education, standard of living, etc.) above the average or that deemed usual or necessary for a particular group (in plural sometimes contrasted with rights). (REF)

To suggest that entering the child welfare system is somehow an advantage over those who do not enter such systems is difficult to reconcile. Several people Wolfgang spoke to as part of an inquiry with CYCPs who have residential placement experience (called *Tuning into CYC*) addressed the notion of privilege. One participant, "Charlotte," speaking about her time in the child welfare system, said it *"really wasn't a positive one, um. Really really didn't create any sense of privilege for myself, um. If anything, it is representative of all the things that I couldn't have, in my opinion."* she goes on to say:

I wanted to add, like, a lot of people who work in the helping profession who don't have those experiences, as a youth in



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care but work with youth in care in some capacity, are almost like um pushing this, 'your lived experience is so valuable'. Um, 'like I wish I had that lived experience', or I even heard social workers say like, um 'I wish I had the privilege of accessing the post majority services you do, like I would put my kids in care so they could access them.' So, it's almost like, they kind of see it as being special or like getting a bonus in in life.

The perception of privilege by others seems to be acontextual, meaning they see support at that moment (such as for education) without understanding the full experiences of and outcomes for people with placement experience. While the child welfare experiences of those who participated in *Tuning into CYC* varied from positive to difficult, the people who participated were not representative of the broader child welfare community. All of them had an education past high school which ranged from currently enrolled students to having earned a PhD. This is not the norm for young people who enter the child welfare system. In Manitoba, a province in Canada, a 2015 report put the high school graduation rate for those with residential placement experience at 33.4%, compared to a provincial average of 89.3% (Brownell et al. 2015). In Ontario, fewer than 5% of former young people from care 19 years or older went to post-secondary school in 2016 (Miller, 2017). It is about 6% in Scotland (Connelly, 2018) and in the USA 3%-10.8% of those with a foster care history graduate with a Bachelor's degree, compared to the national average of 32.5% (National Working Group on Foster Care and Education, 2018). There are numerous other negative data points regarding people in or who have transitioned out of the child welfare system. These include high levels of homelessness



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(Feng et al. 2020); "a positive diagnosis for one or more current mental and behavioral health disorders" (Courtney and Charles, 2015, p. 4); high rates of suicidal ideation, substance and alcohol abuse (Courtney and Charles, 2015), among other outcomes. None of these indicate privilege, advantage, or benefit.

While recent changes in provincial policies in Canada have opened up funding opportunities for people with histories of child welfare experience (the "post majority services" mentioned above)¹ what people had to experience in order to gain access to the funds are not seen as a privilege. For example, another participant in *Tuning into CYC*, "Charlie," a First Nations woman, reflected on the notion of benefits of being in residential placement:

... it [child welfare placement], on an individual level, allowed me these other opportunities, but I want to be clear that the cost is unacceptable. It's unacceptable. And that's the option offered to young Indigenous people that if you want to survive. You have to like, abandon your community and your culture. And that's, like, the only choice that we're given. Yet, it's the worst violence. It's not a success. And I think you know, you could look at me and say what a success story, but it's not. It's, you know, it's, it's pulling yourself with, through your teeth and your spirit. Um, in a situation that should never, should never happen. Like, I should never have had to experience these things.

¹ For a complete list of post-secondary support across Canada see <https://youthincare.ca/resources/>



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Similar to other groups where accommodations are made to ameliorate barriers they face (such as racialized people, people with disabilities, and other minoritized populations) recognizing the violence inflicted and trying to find ways to reduce the ongoing effects of that violence, people with a history of child welfare lived experience are not experiencing privilege as much as seeking access. The fact that support is perceived as privilege indicates how institutions and structures frame care, not as a collective responsibility but instead as a "special right" granted to a few who are "exceptional" and thus deemed worthy or meritorious. Further, care is frequently presented as limited (limited resources, limited funding, limited personnel), resulting in choices made by individual CYCPs, organizations, and young people "if you want to survive. You have to like, abandon your community and your culture".

Does the experience of child welfare placement lead to academic or employment opportunities? For some yes, however, part of the reason it does is because so few people from care finish high school, enter post-secondary, complete a diploma or degree, and enter the CYC workforce. And, as we discussed in article two, more and more agencies seek out people with "lived experiences" to work in their organizations. For better, and for worse.



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Conclusion

Currently, there are revealing, necessary, and transformative discussions on power and privilege happening in CYC and across the globe. We are taught, encouraged, and sometimes pushed to consider our social locations and the impacts our inherent privileges allow us in our everyday lives. Some of us in positions of power now consciously and frequently ask ourselves what it means to not have certain privileges, how we are implicated, and how we may address these inequities. Child and Youth Care Practitioners from care are educated or in the process of becoming educated and therefore do experience certain privilege as acquired with higher learning (and hopefully) a successful career. And although we recognize that in certain contexts child welfare lived experience proves to be an asset, we do not perceive it as a privilege to have care experience.

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WOLFGANG VACHON has been working with children and youth for close to three decades including those who are street involved, LGBTQ+, survivors of trauma, minoritized, living in detention, and other forms of state care. A significant part of his practice focuses on using arts which has led to developing dozens of plays, and other arts-based projects. Wolfgang teaches Child and Youth Care at Humber College, and is currently completing his PhD in CYC at the University of Victoria. Wolfgang is a host of CYC Podcast: Discussions on Child and Youth Care (www.cycpodcast.org).



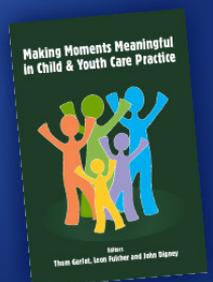
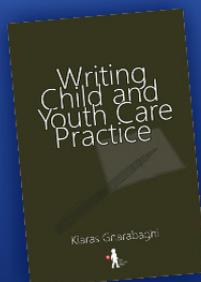
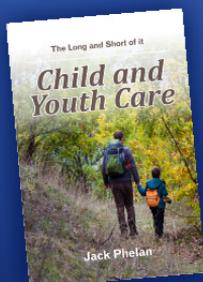
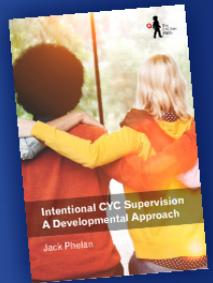
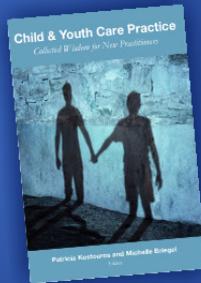
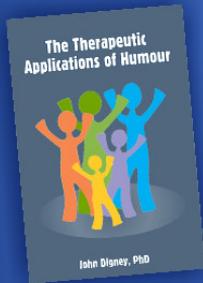
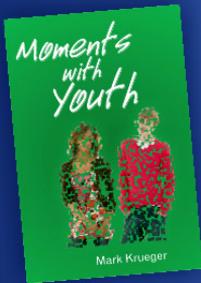
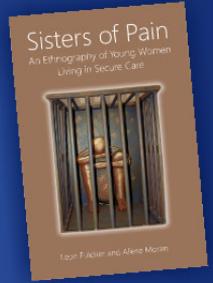
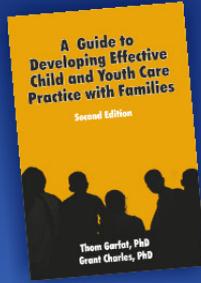
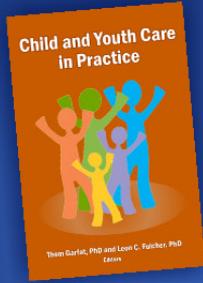
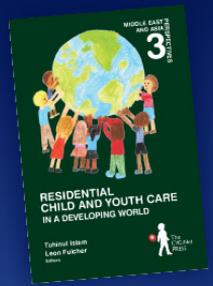
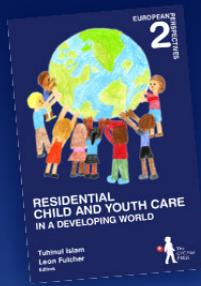
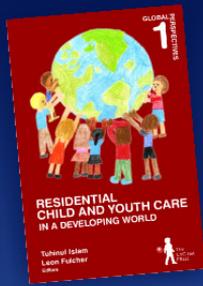
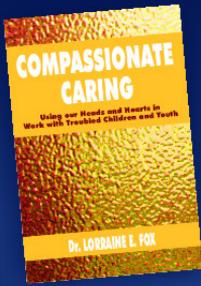
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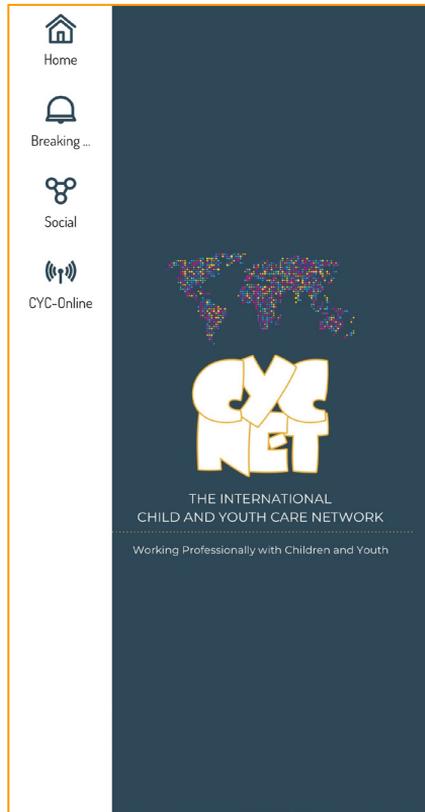
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And What About the Violence

Hans Skott-Myhre

*We shouldn't just deplore the violence, deplore the lawlessness.
We should pass the laws that remedy what people riot about*
– Bobby Kennedy

There are a few things we don't like to talk about in CYC because we really don't like to acknowledge that what goes on in our programs and institutions is not so terribly different than what goes on in the broader society in which we are embedded. Pretty much all the brutality, large and small, that goes on in families and communities, goes on in the day to day interactions of CYC workers and young people, as well as between young people themselves. We have a certain mythology that we can create and control our institutions and programs so that they are “safe” and immune from the abuse and neglect of the outside world. To that end, we work quite hard to be sure that when violence of any kind enters or threatens to enter our “safe” space, it is radically excluded as soon as possible.

Sometimes this happens at intake or even before, at the point of referral. We simply exclude those young people whose world is saturated with violence, particularly if they initiated it or participated in it. Of course, this leaves a significant portion of certain groups of young people unable to access our services.



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I can't count the number of times, I have heard the refrain, "we can't be all things to all people." And so we deny "unsafe" young people services and refer them back to the street or into more "secure" modes of "treatment." And we tell ourselves that this is for the benefit of the young people we do accept into our programs. After all, don't they deserve a "safe" and "healthy" environment in which to grow, absent those young people with a perceived propensity for violence. We make the case that rigorous screening will allow us to do truly relational work with young people who may be rude, but not violent. Leave the chaos and brutality of poverty, disenfranchisement, and marginalization outside our doors.

But safety is often in the eye of the beholder. When we create programs with zero tolerance for violence of any kind, are we putting on blinders to the actuality of the world in which young people live. In refusing to seriously engage violence by radically excluding it, are we also giving the message that violence can be shut out. We can close the doors and leave it on the outside or throw it back into the streets where it belongs. Our spaces are sanitized and safe. Of course, when you leave our safe spaces, you will be returned to a world in which violence is an every-day occurrence and where it is not so easy to close the door.

In this way, perhaps our refusal to acknowledge the reality of the violence just outside our doors, is a powerful assertion of privilege. Our moral repudiation of violence is possible because we have the limited institutional authority to disallow its occurrence within our sight. We can sidestep the lived reality of the young people in our care by providing a discourse in which violence is both unnatural and unnecessary. As workers inside the bounded spaces of residential programs, group homes, emergency shelters and so on, we can say no, not here. Off the street we



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can argue from within our safe space for alternative behavior for those in our care. All the while the violence continues just outside our door.

Of course, street outreach workers have a different set of relations. In their world violence cannot be excluded. Of course, they can refuse to provide services to anyone who won't abide by the rules set forth by the institutions ostensibly designed to serve them. Those young people involved in violence of one kind or another can be ignored as ostracized. In my experience, however, that's not really how it works when a worker builds relationships on the street. The world out there requires a broader set of skills that includes a realistic acknowledgement that violence is a part of daily life that must be managed and can't simply be ignored or sanctimoniously condemned. The truth is we lose young people out there all the time. There is a dangerous world that is often elided when we describe the field of encounter that is relational CYC.

One way in which we do acknowledge violence is in its aftermath. We have begun to take on the emotional and psychological toll of violence in our work with "trauma." Indeed, the acknowledgement of the aftereffects of violence have begun to take on a central role in how we work with young people in our current relational approaches. To heal the wound once it has been inflicted and to create a space for such healing gives us a certain balm against the harsh realities that produced and continues to produce the wounds in the first place.

In a sense, our programs might be seen as triage units just outside the battlefield. Dealing with the effects of the war, but not directly in the line of fire. Without a doubt this is a necessary and important function. In another sense however, to work solely in this way actually inducts us into the machinery of warfare itself. We clean up the messes and try to remedy the



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harms without ever making a dent in the machinery that is killing our young people every day.

It is, however, not an either/or situation. Should we provide triage? Of course we should. But I would argue there are several problems if that is all we do. The first of these is the way in which our triage of trauma is so distinctly focused on the individual. We know from our experience that the forms of violence that lead to the traumas that we see on a daily basis are commonplace and endemic. I use [endemic](#) to mean “(of a disease or condition) regularly found among particular people or in a certain area” or “In epidemiology, an infection is said to be endemic in a population when that infection is constantly maintained at a baseline level in a geographic area without external inputs.” Violence and its effects are sustained and maintained in certain areas and certain groups of young people as a baseline condition of life. We can treat the individual sufferer, but unless we address the underlying social infection, the plague will continue to proliferate.

For me, this raises the question of our responsibility to actively intervene in the social conditions that continue to bring violence to the doorsteps of our CYC programs and institutions. The causes of violence are not mysterious. We know the kind of environment that is rife with all of the conditions for violence to proliferate and become endemic. I was reminded of this when I read a book review by [Khalil Gibran Muhammad](#) of Elliott Currie’s new book *A Peculiar Indifference: The Neglected Toll of Violence on Black America*. Muhammad recounts how Currie’s book makes the case that the kinds of escalating violence we have seen directed against the Black community in the United States this past summer (whether by policeman or through Black on Black assaults and murders) are rooted in the same set of social conditions. The “extraordinary level of violence against Black lives ... is a consequence of the nation’s refusal to address the ‘long standing structural



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roots of violence.” Such violence, Mohammad argues, is centered in white domination. He asserts that, whether white America wants to admit or not, “They consider Black people both the deserving victims and the dangerous vectors of violence who bear the burden and blame for much of the nation’s exceptional record of death and destruction.” The ongoing history of structural racism as applied through political and financial disenfranchisement and neglect produces deep reservoirs of frustration, rage, and hopelessness. Of course, we know that if we saw this level of rage and despair in a white suburban child we be very concerned about the possibilities for harm to self or others. And yet when this same of set of circumstances is raised to the level of entire population of people, it somehow is rationalized away as an unfortunate and tragic aspect of life in the Black community. We are somehow ill equipped to see beyond the individual young person to the set of circumstances that the colonial legacy of White supremacy has created and continues to create. Indeed, this phenomenon is not isolated in the U.S. but can be found in communities of color around the world. Violence is neither random nor surprising. It is a structural effect of willful ignorance and hypocrisy on behalf of the dominant White power structure which includes all of us who have been identified as White. We are responsible for the conditions that breed this kind of violence and we have the resources and the political ability to change those conditions. We simply haven’t done it.

For those of us in CYC, I think we need to answer the question as to whether we have fully engaged the neglected toll of violence on our field. I remember having a conversation with Charles Waldegrave about his work on [Just Therapy](#) with the Family Centre in New Zealand. The Family Centre was originally founded to do family therapy with a population of Maori and Pakeha (White) families struggling with poverty, marginalization, and



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disenfranchisement. I was working in a multi-service youth agency struggling to do work under somewhat similar conditions in the U.S. So, I invited Charles and his colleague Kiwi Tamasase to come and talk with my staff to see what we could learn about working in a more just and equitable practice.

During those conversations Charles asked me why we were still doing family therapy. I answered that I thought we were doing some good in assisting young people and their families to reconcile and get along better. Charles then asked me if I thought what we were doing was substantively improving the family's standard of living or chances of actually succeeding in the broader society? I didn't have an answer because I hadn't really thought about it. Like most of us I had been thoroughly inducted into the psychological framework that individualizes suffering and see the task as remediating the immediate suffering brought to the door. Charles told me that they had stopped doing therapy of any sort because they felt that it was simply papering over the actualities of structural disenfranchisement and oppression that were impacting the families they were seeing. Instead, they had begun to organize the families into advocacy groups that could begin to impact the structural inequities that lay underneath the "symptoms of family dysfunction" they brought to the agency.



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This reminded me of another similar project Steve Madigan organized with women struggling with disordered eating. In that project, instead of addressing the disordered eating as a individualized pathology, Madigan had the women, as a group, investigate the role the media played in reinforcing distorted body images. The project became the [Anti-anorexia League](#) through which political mobilization and collective resistance became the practices for dealing with disordered eating rather than individual behavior management. In other words, it was a structural intervention into misogynistic practices and discourses.

Regrettably, one of the inheritances we have perpetuated in our adoption of psychological ideas has been the idea of individualized pathology. When we treat violence or trauma as though it is located within the individual we perpetuated the obfuscation of structural forms of racism, misogyny, homophobia, transphobia, settler logic, and so on. It is not sufficient to deal relationally with each child as if the world of relationship could be extracted from its historical and social context. As though we could imagine that our work with that young person is exempt from our own complicity in the structural inequities that shape their world. It is not accidental that most of the young people we see are poor and yet how much of what we do actually engages their poverty? Perhaps we try to get them employment, but do the kind of jobs we are able to find for them break the cycle of structural economic inequity? In my experience we have very little success on this score.

If we are to take the safety of our young people seriously, then we need to address the neglected toll of violence, poverty, and structural white supremacy that continues to bring young people to our door day after day. CYC needs to engage with young people in assisting them to advocate for serious structural change. We need to abandon any sense that we are



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politically neutral. We can't afford it, and neither can the young people we engage in our work. The stakes are high because the war is escalating, and the violence is increasing. We are losing the very young people whose lives could change the world. As Bobby Kennedy said in the opening epigraph it is time to remedy what people riot about. For CYC it is well past time. We see the damage. We need to be a bigger part of the solution.

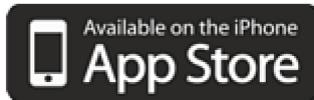
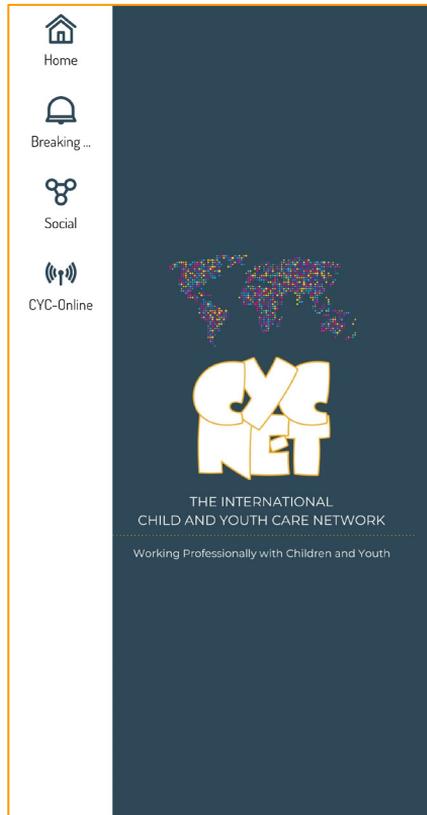
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Blank Slate

Garth Goodwin

Heathrow is ...empty. This Facebook post by Jennifer Brooker recently immediately stood right out for me. Who flies now? Well, Jennifer does, of course, as she has done for years completing her education and then applying her skills for child and youth care literally across the globe. If anyone represented globalization to me, it had to be Jennifer. A regional flight within the United Kingdom allowed her to return to the skies since lockdown, if only for a short hop. Heathrow, specifically, The Queen's Terminal was designed to look empty with vast spaces, soaring ceilings and openness to the outside. The goal may have been to give those using the building a sense of space allowing them to forget the thousands who passed through each day. I had just learned that our little, twelve gate regional airport was financially threatened as it processes a mere 56 travelers a day where it routinely did 13,000. Yet another marker in a decline that has progressed almost at warp speed since last March, a decline which continues, ever more irreversible as many jobs simply will not come back such as the support crews for the Jumbo Jets; the 747 and the A380, both planes which are leaving the skies, never to return for passengers. This goes beyond models of planes to include culture, lifestyle and ways of living. As Canadian Thanksgiving closes in the future forecast is grim, no change in status, continue Covid-19 protocols. Our Royal Ballet has cancelled the Nutcracker and season, our Royal Manitoba Theatre Centre has cancelled its season, malls have cancelled Halloween and Broadway has cancelled its winter season through to May 2021. Everyone now knows what it is like to be a kid who hears no at every turn. Stifling. Families have



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been told not to gather for the holiday feasts. This column then, becomes more a meditation, an exercise in imagination lest it be factual in any way or fake news. At this stage, we simply do not know, have begun to accept yet must wonder if our civilization will ever return beyond the essential.

Sounds grim and it is grim yet hope persists. Our local National Hockey League team just signed a young adult for four years for twelve million dollars for a sport that now has no audience, just cardboard cutouts of people in the stands. Perhaps sports stars know something ballet dancers and actors do not. What is known is that thousands continue to work as they do the essential work of moving things along, feeding and cleaning up afterwards. Attending to the health and wellness of children and youth at risk continues to be viewed as essential. In fact, several jurisdictions have made mental health part of their pandemic response, expanding services for young people. Child and youth care treatment is now part of the status quo. The issue going forward would be a concern for the core values surviving and thriving.

The obvious and immediate one would be the globalization of the profession. Canadian academics and frequent keynotes such as Thom Garfat, Jack Phelan, Jim Anglin, and Kiaras Gharabaghi have spent a significant amount of their careers building connections to international nations in Europe, Africa and Australia. Thom with Leon Fulcher hosted two “Clan Gatherings” as they were called, international working groups brought together simply for that reason. The World CYC Conference movement emerged out of these with the initial four being hosted in St. John’s, Vienna, Ventura and Durban before being interrupted by the global lockdown. As with most things the more recent accomplishments recede and disappear first. This goes beyond the airlines and actual travel. I just had my first visitor, a family in law and friend from another province of



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several decades; since March and the lockdown. What was different was the level of restraint applied, quite naturally, but still performed: the elbow bumping, the masks at first and always proper distancing. Hand sanitizer on a cabinet right in the high traffic area to be used as needed. Everything was comfortable enough until we went to visit family at a senior's complex and saw the posted, standard cautions. Technically, the person was breaking the 14-day quarantine standard as the four-province itinerary would be complete and the person would be home within 14 days. As jurisdictions struggle with the interplay between opening and dealing with subsequent waves of Covid-19 we collectively are just beginning to deal with the implications of lockdown. Home isolation and set routines for shopping minimize our worlds brutally although we do not realize this extent until we break the routine.

That covers the world external to the profession. However, there are emerging social forces that threaten the diverse and philia or friendship based unconditional acceptance of all races, orientations, ethnicities and histories of those who practice child and youth care. Traditionally, it was religious organizations who practiced charity and the care of others. Many have come to practice through such organizations now in decline or by the prospect of acceptance for who they simply were. The continued social convention of superficiality defining standards in fashion, body type, beauty and appearance is powerful. The elephant in the room for this writer is the emergence and persistent influence of the so called far right. When an in-law with such leanings told me, I should be appreciative of people like himself: self-employed, tax paying; he contributed to the governments that paid for me to care, I was stunned. Certainly, there have been right wing influences in child and youth care such the tough love movement or enforced cross country survival/life programs in the past but



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in this period the political accomplishments threaten the balance of society itself. It has just been learned that 545 young people cannot be reunited with their parents as in their lust to meet the Presidential dictates of Trump tracking data was not recorded. Many of those parents were deported back to the countries that were hostile towards them and attempts to find them have come up empty. To have a profession and life spaces that focus the unconditional acceptance of all the people involved, both staff and youth at risk in such an intense holistic manner is remarkable and essential, perhaps even more so in such a world.



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The child and youth care system has high ideals tracing back to its charitable roots but also an ongoing need for funding as the therapeutic era saw funds go to the owner/operators at the expense of developing the profession. Care systems appear to be entering what may be argued will be a professional era with employees with degrees in child and youth care, more assertive oversight by responsible government's, and a growing commitment to fund raising to realize capital growth. The complexity of the care system demands a robust relational dialogue around issues conducted in a conference format to attempt to capture the diversity of the field. While we have incredible ways to communicate with image, sound and several participants there remains agreement that face to face contact remains preferred. Flights are increasing. A million passenger's per day was realized last week. This is far off the usual mark of several millions but indicative of the value of travel. At the same time second and third waves of Covid-19 continue to decimate millions around the world. As the usual date for the Dublin Unity conference approaches Ireland, Manitoba and most jurisdictions are at their highest restrictions. Forecasters still proclaim a year to several years before pre virus routines can return. So, the suspension of normalcy for this blank state of being will continue without the benefit of relating in person.

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



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Postcard from Leon Fulcher

Te Wai Pounamu – New Zealand's South Island

Kia Ora Kotou Katoa and Warm Greetings everyone! As the Covid-19 Pandemic surges forward across the US and Western Europe, we here in New Zealand have remained sheltered behind closed borders and have elected Jacinda Ardern to lead a Labour Government seeking to rebuild our economy through state investment in infrastructure and primary produce continuing to supply the world's food market in selected places. Like other New Zealanders, we set off to explore local! Our destination was New Zealand's South Island region known as the Marlborough Sounds

The 3-hour journey across Cook's Strait between capital city Wellington and Picton – once a major nautical challenge - is now the regular sailing bridge for New Zealand railroad, heavy goods vehicles,



The Interislander Ferry took us from Wellington across Cook's Strait to Picton



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personal and recreational vehicles including campervans, boat trailers and mountain bikes.

With the Auckland Region moving out of Level 4 Lockdown after the last community outbreak of the Covid-19 virus, and with border controls still carefully regulated, any New Zealanders who could were on the move to 'get away' and 'experience or re-experience local'.

The remote D'Urville Island has always fascinated and so finally we planned our visit via French Pass



Picton Harbour is the Gateway to Te Wai Pounamu – South Island



French Pass between Te Wai Pounamu and D'Urville Island at top of South Island



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Special maritime places prone to shipwrecks during early exploration saw early initiatives to maintain lighthouses and establish safe passage markers. At French Pass - named after early explorers who named D'Urville Island - safe passage is no more than fifty metres wide. The rest of French Pass is an unpassable reef during low tide. Many have tried over the reef at high tide. and failed

Moving inward to the inner Sounds that make up the Marlborough Sounds, one comes to Keneperu Sound where - as a family we used to come each New Zealand Summer and camped with our small boat for most of January. It was fun to return to old places and memories.

An ideal location for relaxing and restorative holiday time is something I came to appreciate more than ever after emigrating to New Zealand. To the extent that families can carve out family



**Keneperu Sound in the South Island
Marlborough Sounds**



**Punga Cove on the Keneperu Sound, Top of the
South Island**



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time is a gateway to re-creation of ways of being together and doing things together.

After watching dolphins surfacing on one side of the InterIslander, we watched these young people adventuring off across Queen Charlotte Sound in



Youths Kayaking in Queen Charlotte Sound during School Spring Holiday Break

Kayaks. Winds in Queen Charlotte Sound make sailing and kayaking at time very challenging. On a calm day, it is magic!

Export of New Zealand Primary Industries, like fruit, wine, vegetables, meat and fish have remained high demand commodities in Asia, North America and Europe. It makes such a difference when a country has the capacity to feed its peoples and also market commodities abroad.

As we re-entered Wellington Harbour on our return journey, the city offered one of its rare days of



Container shipping into Wellington Harbour and around New Zealand stayed busy

beauty. Once the southerly storms blow through, it is beautiful in the capital city.

Our return home from our 'visit local' holiday break was on the penultimate day of the long national Labour Day weekend. We were reminded yet again of the dangers associated with heavy traffic, speeding, unknown roads and road surprises lead to traffic accidents and now the highest road toll of 6 road deaths in New Zealand for the past decade. Last year by comparison, Labour Day Weekend had only one road death. Never underestimate the value of travelling locally and getting to know the special places that don't require airline travel. It is amazing the people one meets and the opportunity moments that one encounters along the way.



Tugboat leaving Wellington Harbour on a beautiful day



2+ hours wait on the Highway at Putorino for a Labour Day Weekend Road Crash



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Information

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Columnists

Kiaras Gharabaghi, Jack Phelan, Hans Skott-Myhre, Leon Fulcher, Doug Magnuson, Tara Collins, Garth Goodwin

Writing for CYC-Online

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In general:

- Submissions should be no longer than 2500 words
- The style of a paper is up to the author
- We prefer APA formatting for referencing
- We are willing to work with first-time authors to help them get published
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