

**EXPLORING THE EXPERIENCES OF CURRENT AND FORMER CHILD AND  
YOUTH CARE WORKERS IN THERAPEUTIC RESIDENTIAL CARE  
PROGRAMS**

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## **DEDICATION**

This project is dedicated to all residential child and youth care workers, both past and present. Thank you for caring.

## **ABSTRACT**

Turnover among child and youth care workers (CYCWs) has been a consistent problem for therapeutic residential care (TRC) programs. Previous studies show this turnover may be linked to the many challenges residential CYCWs encounter such as client violence, the demands of the role, low wages, burnout, etc. Such studies are primarily quantitative and only surveyed current residential CYCWs. In the present study, both current and former residential CYCWs participated in semi-structured interviews. An evolved grounded theory approach was utilized to uncover a better understanding the experiences of residential CYCWs and explore the factors associated with their decisions to remain in or leave this role. Analysis of the ten participants' interviews yielded seven major themes nested in the core social process category: caring. These results formed a theoretical model for understanding the experiences of residential CYCWs.

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## **LIST OF ABBREVIATIONS**

CYCW	Child and Youth Care Worker
TRC	Therapeutic Residential Care

## CHAPTER 1: INTRODUCTION

Child and youth care work is considered one of the most difficult careers in the human service industry (Krueger, 2007). The frontline professionals who do this challenging work in Alberta are known as *child and youth care workers* (CYCWs). Child and youth care workers work with children and youth and are responsible for their day-to-day needs (Barford & Whelton, 2010). Among other things, CYCWs must form relationships with the youth, collaborate with other professionals involved in the youths' care, and provide a safe and structured environment (Krueger, 2007). Child and youth care workers may work in a variety of settings including schools, community resource centers, and therapeutic residential care. *Therapeutic residential care* (TRC) is the current term which encompasses programs that were formerly referred to as "residential treatment centers," "congregated care," or "residential care" (Whittaker et al., 2016). Therapeutic residential care offers treatment services to high-risk youth who present with complex emotional and behavioural needs that cannot be met in less intensive environments (Children's Services, 2022; Whittaker et al., 2016).

CYCWs face numerous challenges in their role. In many jurisdictions, there is no standard for education and training to ensure that CYCWs are prepared for the stresses and rigors of this job. The severity of youths' problems can create difficult interactions for CYCWs (Baker et al., 2008; Steinlin et al., 2017). Child and youth care workers are also often targeted by the youth they work with and are subjected to a range of clients' externalizing behaviours, including verbal threats and physical violence. Most CYCWs enter the role with an understanding that they will be working with high-risk youth; however, they may not be prepared to cope with the consequences of this work on their own. Therapeutic residential care agencies are often under resourced and understaffed, leading to a lack of mentorship, training, and supervision of

residential CYCWs. Insufficient supervision and support on the job leave unqualified and highly stressed CYCWs to problem solve during crisis situations (Byrne & Sias, 2010). Without support and resources to cope with the unique challenges of TRC, CYCWs' experiences can lead to symptoms of post-traumatic stress, secondary traumatic stress, and burnout (Steinlin et al., 2017). Long hours and inadequate wages make enduring the aforementioned challenges unappealing and many residential CYCWs elect to leave the field.

Previous research indicates that the above noted challenges contribute to high rates of turnover among CYCWs in TRC programs (Baker et al., 2008; Steinlin et al., 2017). However, these studies have not qualitatively explored the experiences of CYCWs that lead to turnover, nor have they used former CYCWs in their samples. Using a phenomenological qualitative approach, the present study explores the experiences of both current and former residential CYCWs with the aim of better understanding the factors that contributed to their decisions to remain in this role or leave the field. This study was guided by the following overarching research questions which provided the framework for the semi-structured interviews (see Appendix A):

- 1) What drew current and former residential child and youth care workers to this position?
- 2) What factors assisted or hindered their role as a residential child and youth care worker?
- 3) What roles and responsibilities were the residential child and youth care workers hired to perform? How did this compare to the actual day-to-day roles and responsibilities?
- 4) What were the factors and decisions associated with leaving or staying in the residential CYCW position?

In addition to existing literature, my research questions were informed by my own experiences as a residential CYCW. My time working in a TRC program inspired me to pursue this area of

research in the first place. In the next section, I discuss my experiences and examine how they may have influenced the research process.

## **Reflexivity**

Researcher reflexivity is critical in qualitative research to provide the reader with a deeper understanding of the work and increase the credibility of the research (Dodgson, 2019). Reflexivity is the examination of one's own knowledge, beliefs, and assumptions and awareness of how they may have influenced the research process. Merriam and Tisdell (2016) state that before conducting a phenomenological interview, the researcher must reflect on their own experience with the phenomenon being studied to be aware of their prejudices, viewpoints, and assumptions. In this section, I discuss my personal connection to this research in order for the reader to understand the lens through which I conceptualized the study and interpreted its findings.

My interest in learning about the experiences of current and former CYCWs stems from my own experience in this role. Prior to starting my graduate education, I was employed as a CYCW in a campus based TRC program in southern Alberta for two years. When I was hired for this position, I had an undergraduate degree in psychology. I had previously worked with youth as a hockey coach and volunteer mentor but had no experience working with high-risk populations. I started the job and was trained by senior staff members. There were a number of formal trainings which I was required to complete within the first six months of my employment, including medication management, suicide awareness, and Therapeutic Crisis Intervention (TCI). TCI is a crisis prevention and intervention system used in many residential youth care organizations in Canada and the United States (Holden et al., 2020). In addition to planning, supervising, and documenting the youths' daily activities, preventing and managing crisis was

one of the key responsibilities of my role as a CYCW. Consequently, during my tenure in TRC, I intervened in many types of crises such as verbal and physical fights between youth, self-harming behaviours, and substance-use overdoses. Often, staff were targets when youth were in crisis. I was subject to frequent verbal abuse from the young people in my care and sometimes was on the receiving end of client violence (e.g., punching, shoving, biting, and head-butting). More than once, I experienced burnout; however, I felt too guilty to call-in sick or take a personal day because I knew it would leave my team even more short staffed than we already were. There were times where I dreaded going in to work and I contemplated quitting on a more than one occasion. But I did not.

Despite the challenges of the job, I loved the work that I was doing. I got to see youth grow and overcome hardships in their lives. I experienced pure joy watching a youth's eyes light up when we attended his first NHL game. I chaperoned camping trips, celebrated birthdays, and enjoyed countless movie nights. My experiences, both good and bad, gave me invaluable knowledge and skills that I will carry with me into my career as a psychologist. I resigned from my position as a CYCW after two years to pursue my graduate degree, leaving the agency on good terms.

My firsthand experience as a CYCW has given me a deep understanding of the challenges and hardships these workers encounter. However, I also recognize the importance of this profession and the TRC programs in which CYCWs work. I have witnessed the significant impact they can have on the youth they serve. It is my hope that this research helps agencies recruit, train, and retain a qualified and steady workforce of CYCWs in TRC programs in order to provide the best possible care to high-risk youth.

## **Overview of the Thesis**

This introductory chapter introduced the reader to the CYCW role and the challenging work they do in TRC programs. Additionally, I shared an honest overview of my personal experiences in this field to equip the reader with an understanding of my pre-existing perspectives. Chapter 2 contains a literature review which begins with a more extensive overview of the CYCW role and TRC programs. This overview includes a description of the youth who reside in TRC programs and examines the literature on the many challenges that residential CYCWs face in their work. The chapter concludes by outlining how existing research and the gaps in existing research led to the formulation and purpose of the present study. Chapter 3 details the methods of this study, including study design, participant recruitment, instruments, procedures, and data analysis. Chapter 4 focuses on the results of the study using participants' own words to illustrate the major themes that emerged from the interviews. Lastly, Chapter 5 discusses the findings within the context of the four research questions that guided the study. This discussion includes key takeaways and implications for CYCWs and TRC agencies. The final chapter concludes with reviews of the study's limitations and possible directions for future research.



## CHAPTER 2: Literature Review

The focus of this chapter is to describe the role of child and youth care workers who are employed in therapeutic residential care programs. It is imperative to contextualize this profession to understand the unique challenges that CYCWs encounter. Although CYCWs are employed in programs around the globe, this paper primarily draws from Canadian and American literature to reflect the role and experiences of the southern-Alberta study sample more accurately. This chapter includes discussions of the CYCW role, the TRC programs in which they may work, and the youth served in such programs. The challenges of working in TRC programs, such as the severity of youth problems, insufficient compensation, and burnout, are also addressed. The chapter concludes by outlining the purpose of the present study and introducing the overarching research questions.

### Child and Youth Care Workers

Child and youth care workers (CYCWs) “strive to improve the physical, emotional, intellectual, and social development of vulnerable children, youth, and families” (Government of Alberta, 2022). Child and youth care workers might be known by different titles in different agencies, provinces, and countries. Some other titles include *childcare professional*, *community support worker*, *youth care worker*, and *youth and family counsellor* (Government of Alberta, 2022). Although CYCWs often work closely with social workers (sometimes referred to as *caseworkers* or *child welfare workers*), these are distinct positions. Child and youth care workers are frontline professionals who work with children and youth and are responsible for their day-to-day needs (Barford & Whelton, 2010). They might be employed by the provincial or state government, school boards, private agencies such as residential treatment programs and group homes, or in community resources such as emergency shelters and after-school programs.

Qualification standards for CYCWs vary across regions. In Alberta, child and youth care work is not a regulated profession so employers set their own education and training requirements (Government of Alberta, 2022). Typically, Alberta employers require at least 1-year of post-secondary education, preferably in child and youth care or a related field in the social or human services (Government of Alberta, 2022). Child and youth care workers should be knowledgeable of the developmental, educational, emotional, social, and recreational needs of youth and families and previous experience working with youth is considered an asset (Government of Alberta, 2022). Child and youth care workers' capabilities are imperative to ensure the safety, development, and success of the vulnerable individuals with whom they work. Therefore, it is important that workers have acquired the knowledge and skills required to work in this challenging role (Mattingly, 1995). However, some agencies hire individuals without related post-secondary training or previous experience because they need to fill frequent staff vacancies that are caused by high turnover (Moses, 2000). Training new and often inexperienced hires usually becomes the responsibility of more experienced or "senior" CYCWs. Unfortunately, senior CYCWs have several other responsibilities that take priority over training new hires. This means that new CYCWs may not receive proper training which can lead to poor decision making and negatively impact the quality of care they provide to youth. Furthermore, this can create a cycle of CYCWs without adequate training becoming senior CYCWs who are responsible for training new hires. To put this in perspective using a personal example, I became a "senior staff" in my program and was tasked with training new hires after working as a CYCW for only four months.

In addition to calling for education and training standards for CYCWs, existing literature stresses the importance of ongoing professional development to provide CYCWs the opportunity

to learn more about developmental, educational, emotional, social, and recreational needs of youth and families. Many agencies offer such professional development opportunities; however, caring for the youth in programs takes priority. Because programs are understaffed, CYCWs often cannot attend trainings. Alternatively, staff may attend professional development opportunities on their days off instead of tending to their own personal wellness needs.

Adequate and ongoing education and training are critical for CYCWs to carry out their demanding role. Duties of CYCWs vary depending on the context in which they work but often include forming relationships with youth, overseeing daily routines, teaching, working with parents and families, communicating with social workers, and striving to provide a safe and predictable environment for the youth (Krueger, 2007). The Alberta Learning Information Service provides a detailed career profile for CYCWs in Alberta (Government of Alberta, 2022). The profile indicates that CYCWs may implement coordinated treatment interventions, organize social and recreational opportunities, and serve as a resource for youth and families. Child and youth care work is embedded in crisis-rich environments (Frost & Parton, 2009). This means that CYCWs may be required to manage aggressive, destructive, or self-injurious behaviours. Managing crisis involves utilizing emotional first aid and coregulation strategies as well as physically restraining young people if necessary (Holden et al., 2020). Child and youth care workers typically work alongside social workers, teachers and other professionals, integrating the efforts of these specialized professionals for the benefit of the child or family whom they support. Child and youth care work can be physically, mentally, and emotionally draining and is considered one of the most difficult careers in the human service industry (Government of Alberta, 2022; Krueger, 2002). This is especially true of CYCWs who work in therapeutic residential care settings.

## **Therapeutic Residential Care**

Therapeutic residential care involves the planned use of a purposefully constructed, multidimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioural needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources.

(Whittaker et al., 2014, p. 24)

Therapeutic residential care (TRC) is the current term for what were previously known as “residential treatment centers,” “congregated care,” or “residential care” (Whittaker et al., 2016, p. 94). This term encompasses a variety of residential program types including group homes, youth shelters, campus-based programs, and secure facilities. Services offered in TRC programs vary based on the philosophies and practices of the program, including their purpose, intensity, and duration of stay (Whittaker et al., 2016). The content and structure of services offered in a particular TRC program is determined by the agency that operates that program (Baker et al., 2008).

TRC offers high intensity treatment services to youth who present with multiple, complex needs that cannot be met in family homes, kinship care, or foster placements (Children’s Services, 2022; Whittaker et al., 2016). The majority of youth in TRC in Alberta are under the guardianship of the provincial government which would be akin to a “ward of the state” in the United States (Children’s Services, 2022). Youth may have been apprehended by Children’s Services for their own protection due to abuse or neglect or could have been surrendered to government care by the parents or guardian. Alberta’s Children’s Services releases quarterly statistics on the number of children and youth receiving child intervention services (Children’s

Services, 2022). In the June 2022 report, there were 9,635 youth receiving child intervention services. Of these youth, 7,837 (81%) were receiving out-of-home care. While the majority of youth in out-of-home care were in caregiver placements such as kinship or foster care, 849 youth lived in “facility placements” which are analogous to therapeutic residential care. These 849 youth resided in four types of therapeutic residential care settings: community group care (620), campus-based care (156), personalized community care (55), and other facility-based placements (18).

Community group care placements are most often group homes for youth who require moderate support and supervision from staff. Campus-based care is designed for youth who require higher levels of staff involvement to meet their emotional and behavioural needs. Typically, community-based programs utilize community schools while campus-based programs provide school programs on the campus (Whittaker et al., 2016). Both community and campus-based care programs are clustered by age and program type. In Alberta, programs are typically divided into adolescent (12-17) and Under 12 programs. Personalized community care are individualized placements developed for youth with specialized needs that prevent them from being successful in a group setting. Lastly, “other facility-based placements” refers to programs such as Secure Services and Protection of Sexually Exploited Children Act facilities, both of which are locked placements used to stabilize and reduce danger for youth who pose risk to themselves or others. Locked facilities require the parent or guardian obtain a court order to place a youth there. The parent or guardian must provide sufficient evidence to the court that the youth poses a significant risk to themselves or others.

There has been ongoing debate as to the need and effectiveness of TRC. Many countries, including Canada, sought to significantly limit the use of residential treatment for youth

(Whittaker et al., 2016). Researchers, policy makers, and care providers have raised concerns such as limited family involvement for youth in TRC, rising costs of such programs, severing ties from positive role models, and risk of deviancy training (Ryan et al., 2008; Whittaker et al., 2016). Deviancy training refers to the idea that youth who are placed in residential treatment will be surrounded by likeminded peers who exchange and encourage each other's deviant behaviours. While this phenomenon has been observed, researchers have urged the field to move away from the notion that deviancy training is an inevitable consequence of group placements (Weiss et al., 2005). Huefner and colleagues (2014) argue that a well-designed and properly monitored program can counteract the potential consequences of certain peer interactions. The emotional and behavioural needs of some youth go beyond the scope caregiver placements and therapeutic residential care is necessary for the safety and development of such youth.

Therapeutic residential care provides supervision and treatment to youth whose emotional and behavioural symptoms are too acute for outpatient care (Smith & Colletta, 2019). For these youth, breakdowns in the family home are often followed by a series of breakdowns in kinship and foster-care placements before landing in TRC. As such, TRC is often viewed as a last resort for these youth (Barford & Whelton, 2010; Ryan et al., 2008). Traditionally, child welfare systems attempt to place youth in the least restrictive environment possible; if that placement is insufficient to meet the youth's needs, they move up the continuum of care into a more secure setting (Ryan et al., 2008). Although this is the current placement pattern, Whittaker and colleagues (2014) contend that youth with complex needs should not have to fail their way into TRC; they argue that when indicated, the more intensive environment that TRC provides should be the placement of choice.

### ***The Therapeutic Milieu***

In their seminal book *The Other 23 Hours*, Trieschman, Whittaker, and Bendtro (1969) described the *milieu* as the group living situation for children with emotional problems who must live away from home and experience frequent crises. The milieu is the events, processes, and interactions that exist in residential group settings. Although some may view the milieu as a time-filler between counselling sessions, Trieschman and his colleagues think of the milieu as the therapeutic tool that has the most impact on a child. Accordingly, many TRC programs aim to create a therapeutic milieu, meaning they use daily events, processes, and interactions as therapeutic and educational tools. Child and youth care workers are responsible for the planning and implementation of the therapeutic milieu. This includes many of the typical caregiver responsibilities such as preparing meals, accompanying youth to appointments, and reminding youth to brush their teeth.

Residential CYCWs are tasked with establishing and enforcing rules and routines, planning programming and activities, and managing both baseline behaviour and crises. As noted by Trieschman and his colleagues, this requires significant communication among the staff team and between staff and supervisors. However, supervisors are often not readily available to provide in-the-moment direction and supervision, leaving CYCWs responsible for making split-second decisions. When a crisis occurs, CYCWs must make various judgement calls to manage the situation. Should they intervene or give the youth space? Should they take a stern or nurturing approach? Should police services be called? These decisions can weigh heavily on CYCWs as crises may have serious outcomes such as hospitalization or criminal charges. For CYCWs who lack sufficient training and experience, this responsibility can be problematic

because they are not equipped with the knowledge and skills to safely manage the situation or to cope with the fallout.

Following a crisis, residential CYCWs will often discuss what happened with the youth involved. This discussion is viewed as an opportunity for the youth to learn and grow. Child and youth care workers must then document everything that occurred before, during and after the crisis in an incident report. The incident report also includes a description of the decisions the CYCW made and interventions they used. The incident report is then shared with and reviewed by program supervisors, clinicians, the youth's parent or guardian, and others who are part of the case team. Ideally, supervisors review the incident report then debrief the crisis with the staff involved. Similar to how the discussion with youth is viewed as an opportunity for growth, the staff debrief is a chance for the staff to reflect on their decisions, consider alternative interventions, and learn from mistakes that they made. The debrief is also an opportunity for the supervisor to evaluate how the crisis impacted the staff physically, mentally and emotionally and provide necessary support. Unfortunately, these debriefs are not given priority over other aspects of the job and time is often not set aside to have these important conversations.

### **Youth in Therapeutic Residential Care**

Youth in TRC programs are considered high-risk and are usually between the ages of 12 and 18 years (Eenshuistra et al., 2020). Although there are some placements for youth under 12 years in Alberta (see Hull Services, Wood's Homes, and Family Connections Inc.), these younger youth are more likely to be served in a caregiver placement such as the family home, kinship care, or foster care. The previous section explored TRC from the CYCWs' lens. This section will discuss the characteristics and presenting concerns that are common among youth in TRC programs.



High-risk youth may be admitted to TRC if less restrictive, caregiver-based living arrangements such as the family home, kinship care, or foster care cannot effectively meet their emotional or behavioural needs (Baker et al., 2008). While not all high-risk youth are placed in TRC, all youth who are in TRC are considered high-risk in some capacity. Frankford (2007) provided a detailed characterization of high-risk youth:

High-risk youth are vulnerable to multiple and intersecting problems, including emotional and behavioural disorders, substance abuse, violent and risk-taking behaviours, and poor connection to and performance in school. High-risk youth are more likely to live in vulnerable families and in communities that are inadequately supportive, contain high rates of conflict, and expose youth to high-risk activities. (p. 594)

Youth in TRC often have a history of traumatic experiences which may include exposure to child abuse, domestic violence, physical and emotional neglect, and sexual abuse (Steinlin et al., 2017). Coinciding with this trauma and neglect, high-risk youth may lack positive supports from family and friends and struggle with feelings of abandonment, fear, and resentment (Frensch & Cameron, 2002). These experiences contribute to difficulties with emotional regulation and attachment issues as well as a wide range of behavioural and psychological disorders (Steinlin et al., 2017). Common diagnoses among high-risk youth are attention deficit hyperactive disorder (ADHD), oppositional defiant disorder, conduct disorder, attachment disorders, suicidality, depression, anxiety, substance use disorder, and fetal alcohol spectrum disorder (FASD). These underlying issues may manifest into a variety of presenting concerns including self-harm, sexually intrusive behaviours, verbal and physical aggression, running away, and drug and alcohol dependency (Ryan et al., 2008; Savicki, 2002). Consequently, high-risk youth are frequently deemed to pose a risk to themselves or others. They may have

previously been placed in a juvenile detention center, psychiatric hospital, or other secured facility because of, or to prevent, particularly high-risk behaviours such as excessive drug use, drug overdose, violence towards others, significant suicidal gestures or attempts, or sexually exploiting oneself (Dale et al., 2007). Youth in TRC are often on psychotropic medication to mediate their symptoms (Ryan et al., 2008). Antidepressants, anti-anxiety medication, stimulants to offset ADHD, mood stabilizers, and antipsychotics are the types of medications commonly used to treat the mental health diagnoses and presenting concerns of high-risk youth (Mayo Clinic Staff, 2019).

### **Challenges of Child and Youth Care Workers in Therapeutic Residential Care**

CYCWs face numerous challenges, particularly those working in therapeutic residential care programs. The complexity of this role and the emotional and physical toll it takes on workers cannot be overlooked. Remaining in this position requires tremendous commitment, knowledge, and skill (Krueger, 2007). These direct care workers “fail, struggle, get up, and try again” (Krueger, 2007, p. 235). But how many times can they fail before they start to think the benefits of this job are not worth the hardship? This section will explore the challenges that CYCWs face in TRC programs, how these challenges may contribute to high rates of staff turnover, and the problems that arise from turnover.

#### ***Preparedness: Education and Training***

Education and training should equip CYCWs with the knowledge and skills required to effectively care for high-risk youth. However, research suggests that many individuals enter this position unprepared for the challenges they will encounter. Applicants for child and youth care roles likely do not fully appreciate the level of emotional complexity involved in working with youth who present with serious emotional or behavioural problems (Baker et al., 2008). The

occupation of child and youth care work is unregulated in many jurisdictions, as is the case in Alberta (Government of Alberta, 2022); therefore, there is no standard for education and training to ensure that the individuals hired to this position are equipped to handle the job. The minimum education requirements in unregulated jurisdictions are determined by the agency. For example, a survey of New York state CYCWs found that a high school diploma was the minimum education requirement of approximately 75% of agencies (Baker et al., 2008). In Alberta, agencies normally require at least one year of post-secondary education (Government of Alberta, 2022). In 2002, Krueger recommended more training programs and educational programs be developed to prepare individuals for child and youth care roles. There are several post-secondary diploma and degree programs in child and youth care in Alberta (Government of Alberta, 2022); nonetheless, agencies still struggle to retain a competent workforce.

Like the inconsistencies in the education of CYCWs, there is also a lack of consistent protocols for staff training in therapeutic residential treatment (Whittaker et al., 2014). While the government may provide guidelines or recommendations for staff training, individual agencies typically determine their own training requirements for new staff. Many residential CYCWs begin their employment with little or no training in working with high-risk youth (Coll et al., 2018; Colton & Roberts, 2007). One challenge new residential CYCWs may encounter is working “on the floor” with clients before receiving any formal training. Learning on the job is not uncommon in TRC, and such learning is not necessarily bad. In fact, Krueger (2007) explains that workers will probably learn more from the clients and other staff on their team than they will from anyone or anything else. Kreuger elaborates that the staff who mentor new employees will greatly influence the new staff’s attitude about the work. Whether existing workers are enthusiastic, self-aware, and committed; or frustrated, closed-off, and apathetic, the new workers

will follow suit. Furthermore, the staff responsible for training new hires are already stressed and overburdened. Not only must they supervise the youth on the floor, facilitate programming, manage crisis, ensure proper documentation, and complete administrative duties, these CYCWs must also find time to teach new staff how to do each of these things. Notwithstanding the incomparable value of learning on the floor, doing so without sufficient prior knowledge and training could lead to new staff feeling as though they have been thrown into the deep end (Krueger, 2007).

Hiring staff who lack the relevant educational background and not providing them with sufficient training prior to working with clients are both causes and consequences of high rates of turnover among residential CYCWs. As staff resign from their posts, teams are left short-staffed and agencies try to hire new staff as quickly as possible, sometimes at the expense of finding a candidate with a related educational background or previous experience. Consequently, these rushed hires are placed into a “sink-or-swim” paradigm that perpetuates the cycle of turnover.

### ***Work Environment: The Reality of Therapeutic Residential Care***

No matter how motivated or well-intentioned the residential CYCWs are, many view their position as temporary due to the conditions of employment (Moses, 2000). The work environment of TRC poses many challenges to CYCWs. These challenges include the severity of the youths’ problems, youth resistance to treatment, post-traumatic stress, secondary traumatic stress, burnout, and high rates of staff turnover.

**Severity of Youth Problems and Resistance to Change.** The severity and variability of youths’ problems present significant barriers to providing effective treatment in TRC (Baker et al., 2008). The emotional and behavioural needs of the high-risk youth who reside in TRC can manifest in difficult interactions between residential CYCWs and youth (Steinlin et al., 2017). It

can be perplexing to some to understand why youth continue their provocative and oppositional behaviour when they are placed in the stable, structured, and nurturing environment of TRC. Youth continue their high-risk and provocative behaviours because this environment is unfamiliar and uncomfortable compared to the unpredictable, volatile, and traumatic environments to which they are accustomed (Ryan et al., 2008). Accordingly, youth fight this discomfort by resisting treatment from CYCWs (Ryan et al., 2008). Youth can be provocative in their words and actions to draw staff into conflict cycles (Baker et al., 2008). The Conflict Cycle Paradigm (Long et al., 2001), is used in many child and youth care settings to understand how CYCWs' responses to inappropriate youth behaviours can reinforce a youth's resistance to change. According to this paradigm, when a stressful incident occurs, it triggers a troubled youth's irrational thoughts which in turn produce negative feelings (Long et al., 2001). These feelings drive a youth's inappropriate behaviours (Long et al., 2001). If a CYCW is incited by the youth's inappropriate behaviour and responds in kind, this negative adult reaction increases the youth's level of stress and closes the loop of the conflict cycle (Long et al., 2001). The CYCW's negative response reinforces the youth's irrational thoughts and beliefs, and the youth is not motivated to change their thinking and behaviour (Long et al., 2001). If the way in which the CYCW responds to youth behaviour determines the youth's motivation to change, it stands to reason that a positive adult response will foster change. However, additional challenges that CYCWs encounter make it difficult to avoid the conflict cycle, as will be explored in subsequent sections.

**Threats to Safety as “Part of the Job.”** As previously described, youth are admitted to TRC due to significant emotional and behavioural problems. Additionally, the previous section explained how youths' problems do not immediately disappear when they enter TRC programs.

Youth in TRC may exhibit internalizing behaviours such as depression, self-harm, substance use, and suicidality or externalizing behaviours such as property damage, fire-setting, verbal threats, physical assault, physical aggression, and sexually intrusive behaviour (Ryan et al., 2008; Steinlin et al., 2017). Residential CYCWs have the responsibility of managing clients' behaviours to mitigate risk and ensure client safety. Because residential CYCWs spend such a great amount of time in the life space of high-risk youth, they are often witness to or victims of client behaviours (Smith et al., 2021). For example, CYCWs might observe a physical fight between two or more youth in a program. In such circumstances, CYCWs are expected to intervene and deescalate the situation, which may put their own physical safety at risk. Additionally, CYCWs are often the target of client violence. Studies have shown that CYCWs consistently experience some type of client violence (Ringstad, 2005; Smith et al., 2021; Steinlin et al., 2017). This violence can range in severity from verbal threats to life-ending assaults. Verbal threats towards CYCWs are very common and include everything from a vague "or else" to threats of bodily harm or death (i.e., "I'm going to kill you"). Although most threats are empty words, most CYCWs will be the victim of one or more physical assaults at the hands of the youth they work with (Steinlin et al., 2017).

Fatalities are a rare yet very real consequence of client violence towards CYCWs. Within the past 20 years, there are four documented cases in Alberta of workers being killed on the job by a young person in their care. Lynn King, executive director of the Alberta College of Social Workers, said that these tragedies tell us that the current policies and practices that guide the safety and training of residential CYCWs are not sufficient to protect workers in this vulnerable profession (Smith, 2019). When individuals working in the child welfare sector perceive an unsafe workplace, they have lower levels of organizational commitment (Kim & Hopkins, 2015).

This could influence residential CYCWs' decisions to leave the field, contributing to the high rate of turnover.

### ***Post-Traumatic Stress and Secondary Traumatic Stress***

Residential CYCWs often encounter difficult interactions with clients including aggression, violations of personal boundaries, and client violence. Additionally, residential CYCWs frequently hear and read about the firsthand trauma experiences of the youth they work with. Both direct and secondary experiences of trauma can have a significant impact on CYCWs, leading to symptoms consistent with post-traumatic stress and secondary traumatic stress. Post-traumatic stress is a common response to a trauma and may include elevated heart rate, shaky hands, sweating, and feelings of nervousness or fear (Bender, 2013). Individuals experiencing post-traumatic stress might avoid or feel nervous of situations that remind them of the stressful event. Secondary traumatic stress refers to symptoms that mimic post-traumatic stress that occur among helping professionals as the result of exposure to the traumatic experiences of others (Figley, 1995). Similarly, CYCWs may also experience vicarious traumatization, which refers to harmful changes in a helping professional's view of themselves, others, and the world as the result of repeated exposure to clients' trauma (Baird & Kracen, 2006).

Steinlin and colleagues (2017) conducted a study that examined the prevalence of stress symptoms among residential CYCWs. Specifically, they looked at symptoms of post-traumatic stress following a physical assault or threatening situation and symptoms of secondary traumatic stress after hearing or reading about at least one traumatic event in the life of a child or adolescent they work with. Eighty-three percent of participants reported experiencing a physical assault or threatening situation at work that could have resulted in injury or death. Of the 83%, 49% reported feeling helpless, afraid, and shocked immediately after the incident and 18%

reported experiencing one or more of these symptoms for longer than four weeks following the incident. When investigating secondary traumatic stress, Steinlin and colleagues found that 73% of participants had heard or read about at least one traumatic event in the life of a youth in their care. Of that 73%, 69% reported feeling helpless, afraid, or shocked directly after reading or hearing about the traumatic event and 13% reported having one or more symptoms for longer than four weeks.

As reported by Steinlin and colleagues (2017), the prevalence of stress symptoms among residential CYCWs is significant. Their study also reported different personal and organizational factors that mitigate these symptoms. Sense of coherence – that is, the view that the world/environment is comprehensible, manageable, and meaningful – was associated with fewer symptoms of post-traumatic stress and secondary traumatic stress. Steinlin and colleagues explained that development of stress symptoms is at least partially determined by whether a stressful situation seems manageable and comprehensible. Additionally, enjoyment of work was associated with lower levels of post-traumatic stress. Steinlin and colleagues also found that communication and support within the work team and the reliability of clear organizational structures, procedures, and resources were associated with fewer symptoms of secondary traumatic stress. They concluded that their findings support the assumption that “creating a safe place for staff members is just as important as creating a safe place for the children and adolescents” (Steinlin et al., 2017, p. 171).

### ***Burnout***

The concept of burnout first appeared in the literature on human service fields in the early 1970s, describing emotional overload, mental exhaustion, and “jaded” or cynical reactions to clients (Freudenberger, 1974). Burnout is often characterized by emotional exhaustion, cynicism,



depersonalization, distancing, and reduced self-efficacy (Berger et al., 2012). Steinlin and colleagues (2017) found that approximately 20% of CYCWs surveyed in residential care facilities in Scotland reported significant signs of burnout in both work-related matters and different life domains.

Barford and Whelton (2010) conducted a study to understand burnout in CYCWs. They examined the major factors that predict burnout in CYCWs using the Maslach Burnout Inventory, which measures the emotional exhaustion, depersonalization, and personal accomplishment dimensions of burnout (Barford & Whelton, 2010; Maslach et al., 2001). Barford and Whelton found that although CYCWs showed high levels of emotional exhaustion, they also displayed low levels of depersonalization and high levels of personal accomplishment, meaning they were emotionally exhausted but remained engaged and felt pride and accomplishment in their work. Higher levels of emotional exhaustion among CYCWs are not surprising due to the challenging nature of the work they do (Savicki, 2002). According to Barford and Whelton (2010), emotional exhaustion is regarded as the most important of the three burnout dimensions. Employees who experienced a high degree of work pressure, a poor understanding of their roles and expectations, and who felt the least commitment to their jobs experienced the highest amount of emotional exhaustion (Barford & Whelton, 2010). Thus, emotional exhaustion is primarily predicted by work environment variables. Barford and Whelton (2010) hypothesize that overall burnout among CYCWs could be reduced by improving the working conditions.

Previous literature found burnout to be higher among young professionals, including CYCWs (Brewer & Shapard, 2004; Savicki, 2002; Schwartz et al., 2007). Barford and Whelton (2010) found that younger employees scored significantly higher on the depersonalization scale

but experienced similar levels of emotional exhaustion and personal accomplishment when compared to their older coworkers. In other words, younger employees were the most cynical about the youth in their care and tended to emotionally distance themselves from the youth more than their older colleagues. Barford and Whelton suggested a few possible explanations for these findings. First, they theorized that younger CYCWs are more likely to use the job as a steppingstone in their careers and therefore do not want to become emotionally attached to the youth in their care. Additionally, they suggested that younger CYCWs may enter the profession with high hopes and quickly become disenfranchised when the job fails to meet their expectations.

Burnout among CYCWs can be the result of the unique makeup of the employee as well as the challenges inherent to child and youth care work. Burnout can impact worker morale and effectiveness and lead to, among other things, a reduction in service quality, absenteeism, and a disruption in interpersonal relations (Maslach et al., 2001; Savicki, 2002). These outcomes are particularly detrimental in the field of child and youth care work because the youth already struggle with emotional and attachment issues. These youth depend on the adults who care for them to provide a stable and reliable environment. However, doing so is an immense challenge and not always possible when the staff are suffering from burnout (Steinlin et al., 2017). Burnout has also been linked to turnover among employees (Maslach et al., 2001). Barford and Whelton (2010) state that, “child and youth care workers are especially susceptible to burnout as the inherent challenges of working within the life-space of high-risk children and youth creates difficulties in attracting and retaining qualified employees,” (p. 271).

### *Incongruence Between Compensation and the Demands of the Role*

Despite the challenges that residential CYCWs encounter from their clients and work environment, this occupation is significantly overlooked with regard to funding and recognition (for example, Baker et al., 2008; Colton & Roberts, 2007; Krueger, 2007). In 2014, Whittaker and colleagues wrote that it had been over 40 years since the government or a private foundation had provided money to develop model therapeutic residential care programs. Baker and colleagues (2008) conducted a qualitative study on therapeutic residential care facilities in New York state. One agency responded:

There has been a concerted effort to increase mental health services to a population of youngsters who present with greater and more complex health treatment needs. Thus far, reimbursement rates and policies have not kept up with the identified need for services, (Baker et al., 2008, p. 351)

Not only do agencies lack funding to develop, test, refine, and research model therapeutic residential care programs, they are also restricted in funding for staff salaries, training, and services necessary to treat high-risk youth (Baker et al., 2008).

In Alberta, therapeutic residential care programs are primarily funded by the provincial government. The agencies that run these programs have contracts with government departments to provide services to Alberta's highest risk youth. Most programs are funded through Children's Services; however, some programs that serve youth who have acute mental health diagnosis (such as severe suicidality) are funded by Alberta Health Services.

**Compensation for Child and Youth Care Workers.** The discrepancy between the type of work that residential CYCWs provide and the compensation they receive is commonly cited as an obstacle in need of remediation (e.g., Krueger, 2002, 2007; Savicki, 2002). Researchers

have called for increased salaries and benefits for residential CYCWs that adequately reflect the valuable work they do (Cavaliere, 2004 as cited in Krueger, 2007). Nonetheless, the devaluation of CYCWs is consistent with a societal pattern of devaluing caring roles which are traditionally filled by women (Cancian & Oliker, 2000). This pattern stems from the patriarchal belief that caring, “is an instinctive ability of women that does not require skill and training,” and consequently, “it seems reasonable to require little training of (female) caregivers such as child care workers and to pay them low wages and give them little respect,” (Cancian & Oliker, 2000, p. 9). Child and youth care work is a profession that faces the same misinformed belief that this role does not require skill and training; therefore, CYCWs receive low wages and little respect. In Alberta, the average starting wage for a CYCW is \$21.05 per hour (Government of Alberta, 2022). For reference, as of 2022, Alberta’s minimum wage is \$15 per hour. Considering the previously explored challenges of residential child and youth care work – for example, severity of youth behaviours, threats to safety, trauma, and burnout – this may not be perceived as sufficient compensation to qualified and experienced individuals who would excel in this role.

**Support and Value.** In addition to financial compensation, CYCWs require practical and emotional support to effectively complete their work. Supervision, adequate staffing, and quality leadership to guide CYCWs are imperative to the success of therapeutic residential care programs (Leineweber et al., 2014 as cited in Steinlin et al., 2017). Coll and colleagues (2018) reported that frontline staff in TRC programs receive limited supervision. This lack of support and feedback for residential CYCWs, especially those who are new to the job, is stressful (Coll et al., 2018). Staff’s participation in the organization is key to effective staff development. Participation and, by extension, professional development are fueled when workers feel heard and valued (Krueger, 2007). Staff may experience job satisfaction on an individual level due to

making a contribution to better the lives of the youth they work with, but they do not have the support, nor are they valued enough to provide effective service (Coll et al., 2018).

The 2020 Alberta budget outlined the government's strategies to improve retention of frontline employees and targeted recruitment in youth care settings. These strategies included ensuring that employees are prepared for practice through appropriate training, a renewed commitment to employee engagement, and a focus on staff wellness (Alberta Treasury Board, 2020). The budget states that this will result in consistency in the supports to vulnerable children, youth and families. The budget does not indicate any additional funds will be allocated to Children's Services to increase residential CYCWs' salaries, hire more staff to increase the staff to client ratio, or fund additional training and professional development initiatives.

### **High Turnover Among Child and Youth Care Workers**

Staff turnover is a challenge that permeates all child welfare settings. Recruiting, training, and retaining a competent workforce in such settings can be difficult and has been a problem for several decades (Baker et al., 2008; Coll et al., 2018). Most research has focused on social workers and child protection workers rather than residential CYCWs (Baker et al., 2008). Compared to other social services disciplines, TRC programs report higher rates of employee attrition (Colton & Roberts, 2007). In a 2008 survey of New York state agencies, Baker and colleagues found that over 80% of agencies surveyed reported that staff turnover is a problem. In 2021, Smith and colleagues reported that high turnover continues to be an ongoing problem. Their study focused on one agency and found that 20% of child and youth care worker positions remained unfilled and the average tenure of a youth care worker was only 3-6 months.

High staff turnover among residential CYCWs is a problem because it creates instability and lack of experience and education among staff in therapeutic residential care facilities

(Barford & Whelton, 2010). High turnover leads agencies to hire and promote inexperienced staff which negatively impacts the quality of care provided to the youth (Smith et al., 2021). Turnover can also exacerbate youths' problems by reinforcing a sense of abandonment and worthlessness in youth who have already been abused and abandoned several times throughout their lives (Krueger, 2007).

Researchers who have begun to explore the factors contributing to high turnover in this population attribute the phenomenon to multiple influences: insufficient training and supervision (Connor et al., 2003; Savicki, 2002), increasingly severe and complex cases among the youth (Connor et al., 2003), demanding work conditions (Krueger, 2007; Savicki, 2002), too much paperwork (Connor et al., 2003), difficult work life balance (Colton & Roberts, 2007), burnout (Barford & Whelton, 2010; Colton & Roberts, 2007), low wages (Colton & Roberts, 2007; Krueger, 2007; Savicki, 2002), and lack of professional respect and support from policy makers and the general public (Colton & Roberts, 2007; Savicki, 2002).

By researchers identifying each of the aforementioned factors, governments and therapeutic residential care agencies are presented with numerous opportunities to increase the retention of residential CYCWs. However, the lack of funding prevents such agencies from implementing strategies to effect the necessary changes.

### ***Recommendations to Reduce Turnover and Improve Quality of Care***

Few therapeutic residential care agencies surveyed by Baker and colleagues report being very satisfied with the services and care they offer (Baker et al., 2008). Suggestions for improvement include having more qualified staff, providing more staff training, and reducing turnover (Baker et al., 2008). Some researchers, such as Kreuger, have identified characteristics and features related to longevity, commitment, satisfaction, and competence among residential

CYCWs which include training and education, teamwork, career opportunities, and working conditions (1997). Anglin (2002) also suggests that residential CYCWs need help to deal with the emotional difficulties of child and youth care. Just as passengers on an airplane are instructed to put on their own oxygen mask before assisting another person, residential CYCWs must be cared for so they in turn can care for high-risk children.

### **Purpose of Present Study**

Research on residential CYCWs is limited. There are a few studies that have started to investigate the position and its challenges. Most of the literature in this area reports that high turnover among residential CYCWs is a consistent issue but there is a continued lack of understanding about the factors that influence workers' decisions to stay or leave residential child and youth care work (Colton & Roberts, 2007). Many of the studies referenced in this literature review identified the sole use of surveys and quantitative methods as a limitation of their research because they were not able to dig deep into the experiences of residential CYCWs (for example, Barford & Whelton, 2010; Steinlin et al., 2017). Additionally, individuals who have left their residential CYCW positions have not been included in previous studies.

The present study aimed to investigate what drew current and former residential CYCWs to the field of TRC and to develop a better understanding of the experiences that contributed to their decision to leave or stay in their agency and the field. This study was guided by the following overarching research questions:

- 1) What drew current and former residential child and youth care workers to this position?
- 2) What factors assisted or hindered their role as a residential child and youth care worker?
- 3) What roles and responsibilities were the residential child and youth care workers hired to perform? How did this compare to the actual day-to-day roles and responsibilities?

- 4) What were the factors and decisions associated with leaving or staying in the residential CYCW position?

The next chapter outlines the methods and procedures that were utilized to uncover possible answers to these questions.



## CHAPTER 3: Methods

### Study Design

A qualitative design was selected for this study because I believed it important to describe, understand, and interpret CYCWs' experiences so that residential care agencies can recruit and train qualified individuals and create a sustainable workforce to provide the best possible care to high-risk youth. The goal of most qualitative research traditions is to understand how individuals construct reality, in other words, to understand their experiences (Gall et al., 2007). The experiences of residential CYCWs have not been thoroughly investigated in previous research.

Grounded theory is a structured yet flexible methodology that is appropriate when little is known about a certain phenomenon (Chun Tie et al., 2019). The goal of grounded theory research is to use the collected data to develop a theory or explanation of the phenomenon being studied and is a useful approach in research areas with substantial gaps (Chun Tie et al., 2019; Schreiber & Stern, 2001). There are three main approaches to grounded theory research: traditional, evolved, and constructivist (Chun Tie et al., 2019; Singh & Estefan, 2018). Prior to beginning the research, it is important for the researcher to reflect on their own experience with the phenomenon being studied to be aware of their prejudices, viewpoints, and assumptions (Merriam & Tisdell, 2016) and to select the most appropriate grounded theory approach (Chun Tie et al., 2019)

As discussed in the first chapter, I was formerly employed as a child and youth care worker in a therapeutic residential care program. I worked in this role for two years and experienced the hardships of this frontline work. I left this position to pursue graduate studies, as was my plan before becoming a residential CYCW. Because of my lived experience, I have

developed a personal perspective or theory as to why the phenomenon in question exists. I hypothesized that residential CYCWs leave positions in therapeutic residential care because they feel unprepared and unsupported to cope with the challenges of the job, such as client violence towards workers, and ultimately experience burnout. Because I was aware of these personal viewpoints and hypotheses, I was able to better self-monitor and seek supervision to prevent my viewpoint from influencing the viewpoint of participants during the interviews.

As previously stated, there are three main approaches to grounded theory research: traditional, evolved, and constructivist (Chun Tie et al., 2019; Singh & Estefan, 2018). Because of my pre-existing familiarity with the field of residential child and youth care work and my existing hypotheses, Glaser's traditional grounded theory was not an appropriate approach to adopt. Traditional grounded theory asks researchers to commence their research with as few predetermined thoughts as possible (Glaser, 1978; Mills et al., 2006). Although both evolved grounded theory and constructivist grounded theory recognize or acknowledge that the data may be filtered through the researcher's potential biases, I elected to use evolved grounded theory because this approach maintains that while biases are unavoidable, steps can be taken to minimize their influence on participants and the data (Singh & Estefan, 2018; Strauss & Corbin, 1998). I sought to limit the impact of my biases and experiences on the responses from participants. Nonetheless, I recognize that complete objectivity was impossible due to my intimate knowledge of the role, which informed, for example, the questions chose to ask participants. Evolved grounded theory also informed my approach to analyzing the study data, as I will describe later in this chapter.

## Participants

When designing this study, I planned to interview ten participants: five current and five former CYCWs from TRC programs in southern Alberta, Canada. I developed strict inclusion and exclusion criteria to define and distinguish the *current* and *former* groups; however, discussions with my supervisory committee prior to and during recruitment led me to also interview participants who did not neatly fit into one of the two groups. I ended the study having interviewed ten participants: three current residential CYCWs, four former residential CYCWs, and three individuals who blurred the lines between these two groups. Additional information about these three participants is provided in the Amendments to Criteria subsection below. Modifying the inclusion criteria to allow these three individuals to participate in the study added to the diversity of the sample and richness of the data.

Respondent-driven sampling was used to recruit a diverse sample of residential CYCWs from southern Alberta (Heckathorn, 1997). Recruitment began by contacting a small group of CYCWs and supervisors at TRC programs and asking them to forward a Letter of Invitation (see Appendix B) to current and former coworkers who met the criteria outlined below. This letter provided an overview of the study and explained what prospective participants could expect. Prospective participants who were interested in the study were invited to contact me to complete a brief screening over the phone to ensure eligibility criteria are met before setting up a time for the interview. Interviewees were asked to help recruit additional participants. Please see Appendix D for a diagram of the planned recruitment procedures. I intended to steer these seed participants to refer individuals who are part of certain demographics to ensure diversity within the sample (Heckathorn, 1997); however, only one referral contacted me and participated in the study.

### ***Inclusion Criteria***

To meet study criteria, participants had to be 18 years of age or older and a current or former CYCW in a TRC program in southern Alberta. Former CYCW participants must have worked at their program for a minimum of six months to ensure that they had enough experience on the job to speak about in the interview. They must also have left their position within the previous three years in order for their experiences to reflect recent policies, procedures, and practices of the agency. Current CYCW participants needed to currently be employed as a residential CYCW and have worked at their agency for a minimum of two years.

### ***Exclusion Criteria***

Individuals with whom I had a close personal relationship were not eligible to participate in the study to limit bias during the interviews. Participants in the former CYCW group could no longer be employed in a TRC program. Individuals whose employment was terminated by their employer were not eligible for the study because their responses might have been influenced by their desire for retribution for being fired.

### ***Amendments to Criteria***

During participant recruitment, I was completing the screening questionnaire over the phone with Sara (pseudonym) who shared that she worked as a residential CYCW for approximately four years and had recently been promoted to a team leader position within the same program. Based on my inclusion and exclusion criteria, Sara did not fit into either the current or former participant category. Nevertheless, I believed that her experience in both frontline and supervisory roles was valuable information to include in this study. Similarly, during my interview with Chris, he clarified that he previously worked in a residential program but currently worked as a school based CYCW on a TRC campus. Although Chris fell into the

grey area between the current and former participant categories, I again believed his unique experiences were valuable to this research. In both cases, I sought and was granted approval from my supervisor to admit these individuals to the study. In fact, my supervisor encouraged me to seek additional participants in similar circumstances. I found one additional participant, Jeremy, who like Sara had previous experience as a frontline residential CYCW and was currently employed as a team leader for a TRC program. Interview data from Sara, Jeremy, and Chris was included in the data analysis and contributed to the resulting themes.

### **Consent and Confidentiality**

Participant consent was obtained prior to commencing the demographic survey and interview. Study participants were be reminded that their participation is voluntary, and they could choose to withdraw from the study at any time without any consequences or any explanation. Furthermore, should participants choose to withdraw from the study, their data would immediately be deleted or destroyed using a digital or physical shredder. No participants withdrew from the study.

Several steps were taken to protect participant anonymity and confidentiality. Participants were informed that I would only breach participant confidentiality if any information related to child abuse or neglect was divulged during the interview, as I am required by law to report this. All participant data were coded, and each participant was assigned a number to organize the various pieces of data. While the audio from the interviews was digitally recorded, these recordings were destroyed at the completion of the study. I transcribed all audio files and any identifiers such as participant and program names were assigned pseudonyms to ensure the participants and locations cannot be matched in the dissemination of the research findings. Participants could request a copy of the transcript and/or a summary of their responses at the

time of the interview. No participants requested their transcript or a summary of their responses. Only myself and my supervisor had access to these raw data, which were stored on a secure cloud-based data storage platform. All paper data was kept in a locked cabinet and disposed of according to FOIPP regulations (i.e., paper shredded).

### **Instruments and Materials**

Participants were first asked a brief series of demographic questions. Next, I used a semi-structured qualitative interview to provide participants the opportunity to describe their experience in their own terms (Gall et al., 2007). A summary of the interview is provided below, and the complete Interview Guide can be found in Appendix A. The interviews took approximately one hour to complete, based on the depth and detail provided in participants' responses.

#### ***Demographics***

The structured portion of the interview asked participants a series of questions to gather demographic data including age, gender identity, ethnicity, and academic program studied. Additional structured questions were designed to get a detailed description of the TRC program where the participants worked, for example, type of placement (community vs. campus-based), age range of youth served, presenting concerns of youth, and duration of employment.

#### ***Semi-Structured Interview***

The semi-structured portion of the interview included a series of questions that were supplemented by probes and follow up questions. Some questions, possible probes, and follow up questions are provided as examples (see Appendix A). During the interviews, I used these prepared probes or created new probes based on previous participant responses (Gall et al.,

2007). Topics are presented in a certain order in the interview guide; however, they were explored in any order based on the natural flow of the conversation.

Interviews were digitally recorded and later transcribed (see Procedures). In addition to recordings and transcriptions of the interviews, study materials included field notes and memos that I created during and immediately following the interviews.

## **Procedures**

Recruitment commenced by contacting a small group of CYCWs and supervisors at TRC programs and asking them to forward a Letter of Invitation (see Appendix B) to current and former coworkers who met the study criteria. Interested individuals contacted me and completed a short screening over the phone before scheduling a time for the interview. Due to the COVID-19 virus, all interviews took place over Zoom. The day before the interview, I sent participants an email reminder of the appointment as well as an electronic copy of the Participant Consent Form (Appendix C). Prior to starting the interviews, I verbally reviewed the consent form with each participant to ensure they understood the purpose, risks, and benefits of study participation. Seven participants signed and returned an electronic copy of the consent form. Three participants provided verbal consent. Participants then completed the interview.

At the conclusion of the interview, participants were given time to ask questions and provide feedback on the interview and study. Additionally, each participant was provided a list of counselling and mental health resources that are available to them as some of the topics explored during the interview could be emotionally distressing.

## **Pilot Study**

Before initiating this study, I conducted a pilot study using 3 pilot participants to test and amend the above procedures as indicated. To maximize the number of participants in the actual

study, I chose to interview three friends who were current or former CYCWs in TRC programs. I used the interview data from the pilot study to practice transcribing and coding the interviews. Codes that emerged from pilot study were not used to inform the analysis in the actual study; however, it is possible that the pilot study unintentionally biased my analysis of the actual participants' interviews. Potential bias from the pilot study was minimal because I only practiced *open coding*, the first phase of the analysis (see Analysis section below). Although codes in the pilot study may have lead me to use similar codes to label the data in the actual study, I did not group the pilot codes into themes or categories, thus minimizing potential bias in the actual analysis. Pilot participants were asked to assist with recruiting.

## **Analysis**

As previously mentioned, grounded theory research is not a linear process but rather a recursive or iterative one (Chun Tie et al., 2019). According to Gall and colleagues (2007), qualitative analysis involves identifying and comparing themes from individual participants and synthesizing these findings throughout the sample. Specifically, data analysis for grounded theory research utilizes constant comparative analysis for coding and category development (Chun Tie et al., 2019). Coding is the process of examining segments of data and identifying concepts and patterns (Chun Tie et al., 2019). All three grounded theory approaches contain three coding phases. In evolved grounded theory, these phases are labelled open, axial, and selective coding (Chun Tie et al., 2019; Strauss & Corbin, 1998):

- 1) Open: The data is broken into segments. The researcher examines a new segment to be coded and determines if the segment fits into an existing code or if it requires a new one. Important words or phrases are identified and labelled. The researcher looks for similarities, differences, and early emerging patterns in the data.



- 2) Axial: The researcher examines the codes for similarities and groups them into larger concepts. Concepts are then reviewed, some absorbed into categories and the properties of each category are redefined. Diagramming may aid in organizing the categories. At this stage, a central or core category begins to emerge.
- 3) Selective: The core category and various sub-categories are refined until a comprehensive model or theory emerges. Selective coding is key to ensure the theoretical explanations are grounded in the data.

### *Analyzing Interview Data*

The present study utilized the constant comparative method to analyze the data. During each interview, I kept field notes of observations and insights. To prevent confusion, the bracketing technique was used to distinguish direct observations from reflections on those observations. Bracketing simply means that the researcher's comments are placed in typographic brackets to distinguish them from observational notes (Neuman, 2014). After each subsequent interview, I created a brief memo that highlighted insights, emerging themes, and information to be mindful of in future interviews. Merriam and Tisdell (2016) recommend the researcher transcribe their own interviews to generate insights about the data. While transcribing the interviews, I highlighted quotes that seemed noteworthy.

During a preliminary analysis of each interview, I tagged the data with codes which represented recurring topics that emerged in the interviews. These codes were used to separate the data into smaller segments for more in-depth analysis. Data within each segment as well as across segments was examined to identify overarching themes. Throughout the data analysis process, codes were added, dropped, or altered as I became more familiar with and knowledgeable about the data.

Once data collection and the preliminary analysis of all interviews was complete, I continued to re-code parts of the data set as needed to appropriately label, organize, and interpret the findings (Neuman, 2014). In evolved grounded theory, Strauss and Corbin (1998) encourage the use of diagramming throughout the coding process. I created numerous mind maps and outlines of the themes which I shared with my supervisor and a few classmates. Discussing the themes with others helped me identify patterns and connections in the data. Furthermore, consulting with my supervisor and classmates allowed me to elicit feedback as to whether codes I assigned to particular statements or the patterns I identified as themes were also apparent to individuals who did not have experience working in this role. This helped to minimize bias of my previous experience on the analysis and interpretation of the findings.

Although grounded theory uses the terms *codes*, *concepts*, and *categories* to describe the hierarchy of topics found during the coding process, my supervisor and I used the terms *themes* and *subthemes* in our discussions during data analysis. I elected to use continue using the terms themes and subthemes instead of the term concepts in my write up of the results. I made this choice because I define the term theme as a concept shared across a domain. I believed that this term better captured the essence of the shared or common experiences that participants described in the interviews. While primarily semantics, explaining this decision will help the reader follow the results presented in the next chapter. The next chapter details the seven major themes that emerged from this study. The seven major themes comprise two related categories, which together form the core category and basis for the theoretical model.

## **Chapter IV: Results**

This study explored the experiences of current and former child and youth care workers in TRC settings. The interviews varied in duration depending on the length of the participants' answers and the number of clarifying or follow-up questions that I asked in response. Following each interview, I transcribed the recording and highlighted quotes and responses that I thought were interesting and should revisit later during more in-depth analysis. I printed each transcript and coded each one individually using highlighters and short descriptive phrases. Later, I grouped and regrouped the codes using multiple iterations of mind maps until the themes and categories that emerged accurately captured the insights and experiences shared during the interviews. Although the participants differed in their lived experiences as residential CYCWs, the themes presented in this chapter reflect the common threads that were discussed repeatedly among multiple, and in some cases all, participants. The first section of this chapter includes a detailed participant profile for each of the ten study participants. Much of the remainder of the chapter examines the seven major themes that emerged from the study. Lastly, I explain how the categorization of the seven major themes forms the basis for a theoretical model of the experiences of residential CYCWs.

### **Participants**

Ten individuals participated in this study. Key demographic characteristics of participants are presented in Table 1. I elected to use the term "White" in this thesis for participants who self-identified as White or Caucasian during the interview to adhere to the American Psychological Association's guidelines for biased-free language. During participant recruitment, I discovered that not all residential child and youth care workers fit neatly into the "current" or "former" categories that I had defined in the inclusion and exclusion criteria. For example, one participant

worked in therapeutic residential care for 2 years before transitioning into a school-based child and youth care position on a therapeutic residential care campus, sometimes picking up shifts in residential programs over holidays and school breaks. Two other participants worked in frontline roles before transitioning into positions as team leaders in therapeutic residential care programs. When I came across individuals with these differing experiences during recruitment, I was hesitant to disqualify them from participation because their diverse career pathways within the role could offer unique perspectives and insights into the experiences of CYCWs in TRC programs. Consequently, in consultation with my supervisor, I included these participants and noted each participants' unique circumstances to provide context to the perspectives that they shared. Such unique circumstances and other demographic and descriptive information is noted in the participant profiles.

**Table 1**

*Demographic Characteristics of Participants*

Participant Pseudonym	Gender	Ethnicity	Current Age	Age When Hired as CYCW	Years Worked in TRC	Residential CYCW Status
Hilary	Female	White	46	42	1	Former
Gwen	Female	White	25	23	2	Former
Claire	Female	White	28	22	3.5	Former
Cece	Female	East Asian	29	25	3	Former
Pam	Female	White	28	26	2	Current
Aaron	Male	White	42	38	3.5	Current

Wanda	Female	White	37	22	15	Current
Sara <sup>a</sup>	Female	White	24	19	4	Supervisor
Jeremy <sup>a</sup>	Male	White	39	22	19	Supervisor
Chris <sup>b</sup>	Male	White	34	26	2	School

<sup>a</sup> Sara and Jeremy worked in frontline roles before transitioning to their current team leader/supervisor positions.

<sup>b</sup> Chris worked in therapeutic residential care for 2 years before transitioning into a school-based child and youth care position on a therapeutic residential care campus. Chris sometimes picks up shifts in residential programs over holidays and school breaks.

### **Hilary**

At the time of data collection, Hilary was a 46-year-old single mom who identified as a White female. Hilary completed a practicum in therapeutic residential care as part of her diploma in human services. Following her practicum, Hilary worked at the same campus-based program starting at age 42. Hilary stated that she worked with youth ages 10-17 who presented with aggression, ADHD, addiction, running away, and child welfare concerns. Hilary continued working in residential care for approximately 14 months before resigning from her position. Compared to other participants, Hilary’s responses were more critical of the government systems and agencies that oversee therapeutic residential care programs.

### **Gwen**

At the time of data collection, Gwen was 25 years old and identified as a White female. Gwen started as a CYCW after completing her bachelor’s degree in physical education and outdoor leadership. She worked at a community based residential program for youth ages 6-12.

She stated the youth were referred due to family circumstances, behaviours associated with diagnoses like FASD or ADHD, and sexual behaviours. Gwen resigned from her position after 2 years. At the time of the interview, she was not ready to return to the position because she was still “recovering [from the job];” however, Gwen said she may consider returning to TRC in the future as she left on a positive note and felt that she was skilled at the job.

### *Claire*

At the time of data collection, Claire was 28 years old and identified as a White Female. Prior to working in TRC, Claire obtained her bachelor’s degree in psychology. Claire worked for two programs at two different agencies. First, Claire worked for approximately 6 months in a community-based group home for youth ages 8-17. Claire stated that she left the role because she did not agree with the agency’s approach, and she wanted to work in a program more focused on therapeutic programming and support for the youth. Claire then worked for 3 years in a campus based TRC program for youth ages 10-17. According to Claire, the youths’ presenting concerns included depression, anxiety, self-harm, suicidal ideation, obsessive-compulsive behaviour, substance use, parent-child relationship issues, truancy, and child welfare concerns. Claire resigned from her position to pursue her graduate studies. Claire said she was interested in working within the field of TRC in the future but in a “higher capacity” rather than a frontline CYCW position.

### *Cece*

At the time of data collection, Cece was 29 years old and identified as East Asian female. Cece had a bachelor’s degree in psychology. She worked in a campus-based TRC program for youth ages 11-17 who presented with a diverse range of difficulties including intellectual and learning disabilities, conduct disorder, substance abuse, and trauma. Cece resigned from this

position after 3 years, citing the systemic issues and lack of support from management as her primary motives for leaving the role.

***Pam***

At the time of data collection, Pam was 28 years old and identified as a White female. She had a bachelor's degree in social work. Pam worked in a community based TRC program for youth ages 6-12 for 2 years. Pam described the program as a transitional program for youth whose behaviours are "not as severe" and may include outbursts and aggression due to not knowing how to utilize their coping skills or properly express their emotions. Prior to working in the residential program, Pam worked in a community outreach program for the same agency, providing a variety of programs and services to street entrenched youth. Pam planned to return to community outreach because her passion for this work more closely aligns with that population. Additionally, at the time of our interview, Pam was expecting her third child and stated that the shift work was difficult to balance with having a young family.

***Aaron***

Aaron was 42 years old at the time of data collection and identified as a White male. Aaron completed his diploma in child and youth care studies by attending evening school. Aaron completed a practicum in a campus based TRC program before being hired full-time by that same program. At the time of his interview, Aaron had worked in two different programs on the same campus for the previous 3.5 years. Both programs served youth ages 12-17 who presented with a variety of emotional and behavioural issues including violence, aggression, substance use, running away, and street entrenchment. Aaron discussed how his age and his previous struggle with substance use influenced his experience as a CYCW in a TRC program.

### ***Wanda***

At the time of data collection, Wanda was 37 years old and identified as a White female. Wanda completed a practicum for her diploma in child and youth care at a TRC program in eastern Canada. Wanda then worked as a residential CYCW for the same agency for approximately 9 years before she moved to southern Alberta. Since coming to Alberta, Wanda has worked in both community and campus-based programs. Throughout her career, Wanda has worked with kids ages 6-17 presenting with a variety of concerns mostly stemming from complex trauma histories. Wanda described seeing a lot of physical and emotional acting out which included things like defiance, violence, and substance use. At the time of this interview, Wanda had spent the past 8 months on maternity leave following the birth of her first child. Wanda stated that she does not know what her return to work will look like as she needs to prioritize her child. Wanda also discussed how being pregnant while working in this position shifted her priorities and approach to the job.

### ***Sara***

Sara was 24 years old at the time of data collection and identified as a White female. Sara completed a practicum in a community based TRC for her bachelor's degree program in child studies. Sara left school prior to obtaining her degree to start working full time in the field. Sara worked as a frontline CYCW in a community based TRC program for youth ages 6-12. According to Sara, youth who were referred to the program often had history of trauma, abuse, and neglect. The youth presented with various social, emotional, and behavioural issues such as impulsivity, aggression, self-harm, suicidal ideation, social skills issues, and processing grief and loss. After working frontline for 4 years, Sara was promoted to a Team Lead position in the same



TRC program. At the time of the interview, Sara had been working in the Team Lead position for approximately 2 months.

Frontline residential CYCWs, who progressed to team leaders in TRC programs, were a demographic that I had not considered during study formulation. Prior to admitting Sara as a study participant, I consulted with my supervisor to discuss the benefits of including or excluding her as a participant. We believed that Sara's perspective would contribute to the breadth of experiences in the study. My supervisor advised that I look for a second participant in this sub-category to interview in the study.

### ***Jeremy***

At the time of data collection, Jeremy was 39 years old and identified as a White male. Jeremy completed a practicum in a TRC program before working as a CYCW in a youth shelter for 15 years. After his lengthy tenure at the youth shelter, Jeremy worked in a campus based TRC program for males ages 12-17 who present with sexually intrusive behaviours. Jeremy was a frontline CYCW in the campus-based program for 2 years before securing a Team Lead position for a campus-based program located on a different campus for youth with complex mental health. Jeremy shared how his many years of experience working in the frontline role helped him to become a better leader to support and guide the CYCWs he now supervised. Jeremy's commentary on his own experiences as well as the role of the CYCW in TRC programs overflowed with positivity and passion for the field.

### ***Chris***

Chris was 34 years old at the time of data collection and identified as a White male. Chris obtained a Bachelor's degree in behavioural science. Chris worked in two different campus-based TRC programs within one agency for 2 years before transitioning to a school-based

position where he has worked for the past 2 years. During his time in TRC programs, Chris worked with youth ages 6-18 presenting with difficulty with emotion regulation due to trauma, diagnoses like autism spectrum disorder (ASD) and fetal disruptions, oppositional behaviours, learning disabilities, social skills issues, drug addiction, and street entrenchment. Rather than working within the residential programs on the campus, at the time of his interview, Chris provided emotional and behavioural support in a specialized school on that same TRC campus. Chris sometimes picked up extra shifts in the TRC programs during holidays and school breaks to supplement his income. Chris cited the difficulties of balancing shift work with having a young family as the primary reason he switched to the school-based position and similarly did not see himself returning to a TRC program full-time.

Chris was another participant who did not fit neatly into one of the two categories. Chris' responses to the screening questions suggested that he still worked full time in as a CYCW in a TRC program. During the interview, however, Chris clarified that he works in the school program on a TRC campus. Based on Chris' interview, he uniquely could be within both the current and former categories. On the one hand, he chose to work in the school environment rather than the TRC programs most of the time, but he still worked closely with those programs as the school was on a TRC campus, and he continued to pick up shifts in the TRC programs when the schools were on break. Despite not clearly fitting into one of my preestablished categories, I elected to include Chris in the study because I thought his unique circumstances could provide insight into how the challenges CYCWs face within residential programs compare to other CYCW roles.

## Themes

During data analysis, I had the challenging task of taking dozens of codes from the interviews and trying to organize them in a way that captured and connected the key insights that participants shared. I created several iterations of mind maps that grouped codes into themes based on topic or the research question they addressed, each time falling short of ‘the bigger picture’ and identifying the meaning behind what the participants were saying. During one conversation with my supervisor, we discussed how many of the participant’s statements about what drew them to the residential CYCW role boiled down their desire to help others who may be struggling. We labelled this concept as “caring.” As I revisited other themes, I noticed caring emerging in other areas. For example, many of the rewards and challenges of the job resulted from the actions and emotions that arose from participants caring for the youth. Furthermore, I identified that caring for the youth is prioritized in TRC programs. Consequently, residential CYCWs are often left feeling unsupported and undervalued. Child and Youth Care Workers spend their days dedicated to caring for the youth in their programs yet they themselves do not feel cared for. Thus, I identified “caring” as the core category from which I restructured and regrouped the codes and themes together until I was left with seven major themes (see Figure 1).

**Figure 1**

*Organization of the Seven Major Themes*

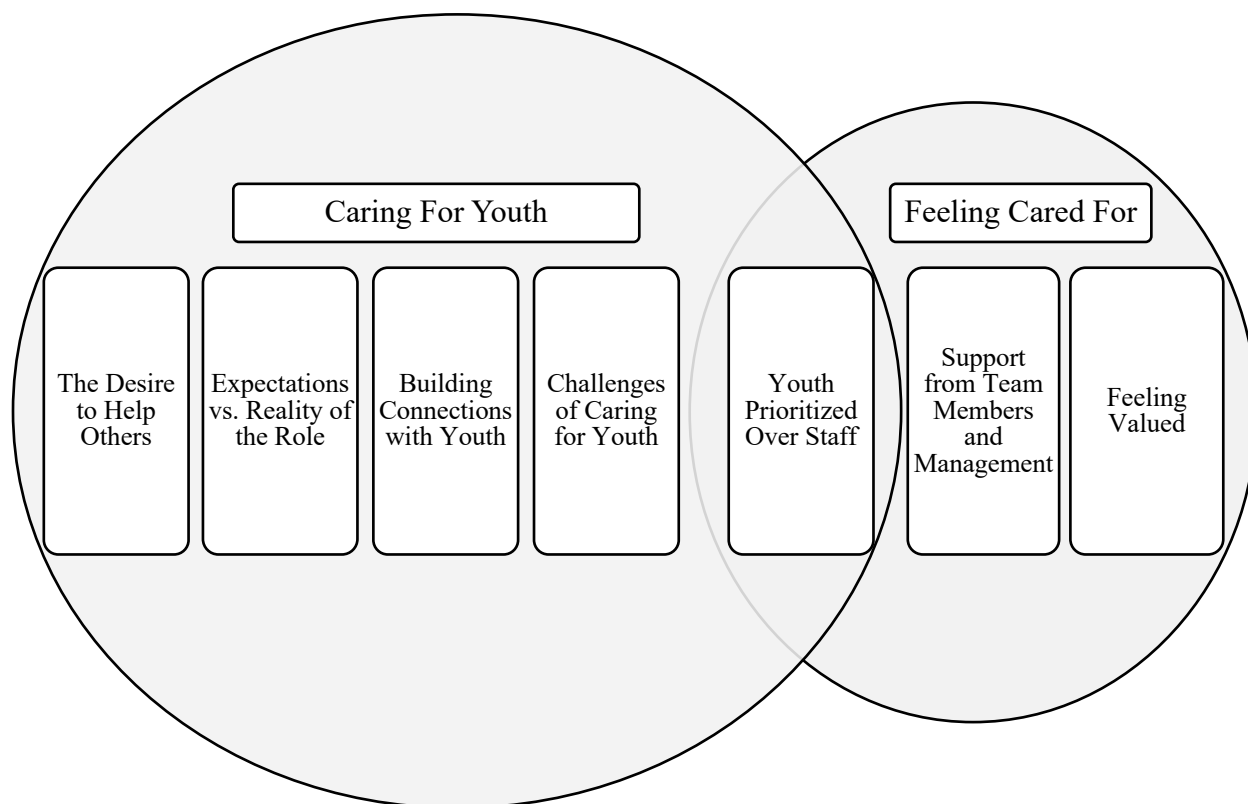


Figure 1 depicts both the categorization of the major themes and the relationship between the categories. When I had my final seven themes, I realized that six of the themes fit into one of two categories: “caring for youth” and “feeling cared for.” The seventh theme, Youth Prioritized over Staff, captures the relationship between these two categories: caring for youth takes priority over residential CYCWs feeling cared for.

The next part of this chapter is broken into seven sections, each dedicated to one of the seven major themes (see Figure 1). First, I will present the four themes within the caring for youth category. Each major theme in this category is comprised of two or three subthemes that will be outlined at the start of the section. Next, I will explore the relationship between the two

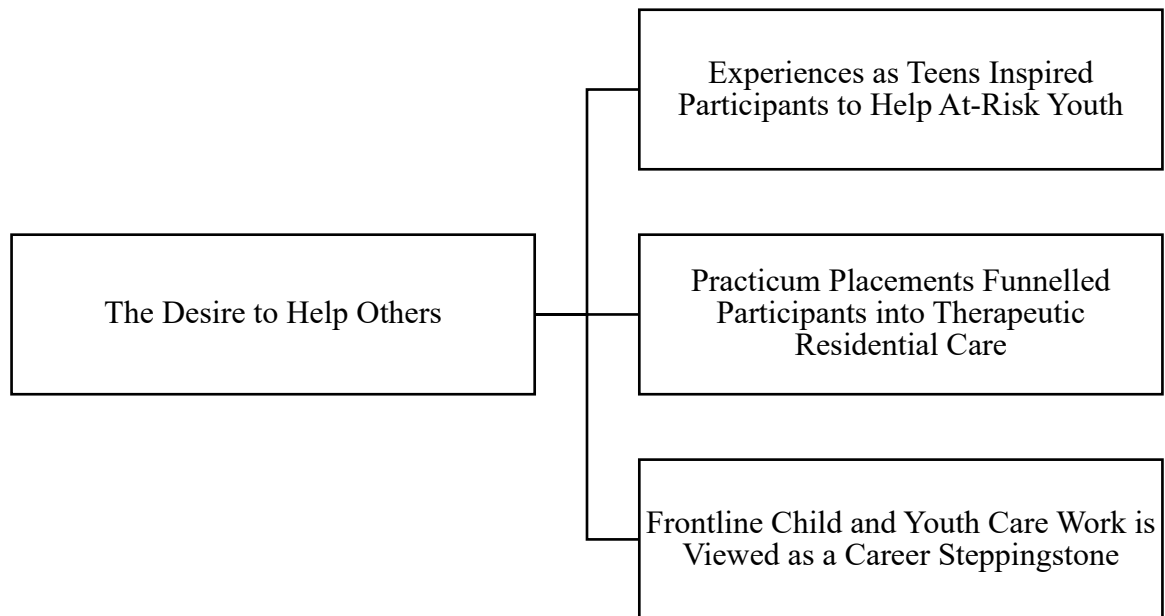
categories through the theme Youth Prioritized over Staff. In the final two sections, I will share the two themes in the feeling cared for category. Due to the volume of themes and subthemes as well as the intricate connections between them, I have anticipated that the reader could get lost in the data. Therefore, in the introduction to each theme, I have provided a figure (such as Figure 2) to help the reader by keeping the information as organized as possible.

***The Desire to Help Others***

When I asked participants to share what drew them to the residential CYCW role, their responses usually contained a combination of personal, educational, and professional experiences and rationales. Although each participant shared a unique constellation of experiences that brought them to this role, participants repeatedly discussed three subthemes (see Figure 2).

**Figure 2**

*The Desire to Help Others*



In this section, I will share participant's comments and perspectives in each of these three subthemes. Collectively, these subthemes illustrate that a desire to help others is what draws individuals to the residential CYCW role.

**Experiences as Teens Inspired Participants to Help At-Risk Youth.** Most participants spoke about a person or personal experience from their past that sparked a desire to help high-risk youth. Six participants specifically noted experiences from their own teen years that put them on the path to residential child and youth care work.

Sara, Claire, and Wanda each said that personal experiences from their own teen years inspired them to want to be “that person” that they either had or wish that they had as a youth. Sara shared that she struggled with her mental health as a teenager and got through that challenging time due to the support of a teacher. She reflected, “as I started feeling like maybe there was some hope for things to be different and that this person had been there for me through that, I thought, ‘Wow, I really want to be that person for somebody else.’” On the other hand, Claire and Wanda wanted to help youth who are struggling because they did not have the support that they each wished they had as teens. Claire said, “As a teenager myself with mental health issues, I felt I could relate a lot to them, and I wanted to be able to give back and help other kids in ways that I wish that I was helped.” Similarly, Wanda shared, “my choice to work with teens was really wanting to be the person that I needed and never had as a teenager.”

Chris, Pam, and Aaron wanted to use their own experiences to help high-risk youth. Chris shared that growing up with foster siblings and seeing the struggles they encountered helped to steer him onto this path. Pam shared how her struggles as a teen led her to want to help others in similar situations:

I was drawn to young adults struggling with different kinds of issues because I myself had a child when I was 16. So that exposed me to different resources and social services and things out there to help young mums. And then I think from there I just wanted to get into the helping field in general.

Similarly, Aaron wanted to use the knowledge and perspective he gained from his battle with substance use to connect with youth and help them learn from his mistakes:

I considered the idea that maybe the challenges that I went through as a youth were for the good of other people. I reframed it and decided that I would go back to school so that I could work with kids that were having the challenges that I was having as a young kid and try to keep them off the path that I was on because I learned that there's a way better way to do it.

As I was interviewing participants and reviewing the transcripts, it became evident that participants' personal experiences, particularly salient experiences from their own teen years, sparked a desire to help struggling youth. This desire eventually led to their employment as residential CYCWs; however, they first needed to complete their post-secondary education. The next sub-theme will [explore] how about half of participants were funneled into the residential CYCW position during their studies.

#### **Practicum Placements Funneled Participants into Therapeutic Residential Care.**

Inspired to help others by their personal experiences, almost all participants completed a post-secondary degree or diploma in a helping or caring program of study such as social work, psychology, or child and youth care. Five participants completed a practicum placement as part of their studies. All five participants completed their practicums in child and youth care, four in

TRC programs and one in a school-based program. Participants spoke about how their practicums guided them into employment in TRC programs.

Jeremy, Hilary, Aaron, and Wanda were practicum students in TRC programs while Sara did her practicum in a school-based setting. Jeremy spoke passionately about how he “fell in love with [the agency]” during his practicum and knew that it was the place he wanted to work because he “aligned with the mission of the agency.” On the other hand, Sara completed her practicum as a CYCW in a school-based setting, which she discovered was not a perfect fit for her:

Prior to coming into residential care, I had done a practicum in a school setting. What I figured out about myself from being in the school setting was that it was hard to get to know the kids in the way that I wanted to because there was always this focus on getting them back into the school day.

Realizing that she enjoyed the CYCW role but wanting to connect with youth more than was achievable in a school-based setting, Sara subsequently sought employment in a TRC program.

Practicum experiences gave five of the participants a glimpse into the role of the residential CYCW and guided them into paid positions, often with the same program or agency that they worked with during their practicum. In the discussion chapter, I will discuss opportunities for agencies to better leverage their practicum programs to attract, train, and retain residential CYCWs. Continuing with results, the next section reviews the third and final sub-theme that residential child and youth care is often viewed as a career steppingstone to higher paying and more prestigious positions in the helping field.

**Residential Child and Youth Care Work is Viewed as a Career Steppingstone.** Many participants noted that residential CYCW was their first job in the helping field after finishing



their degree or diploma. Some participants discussed how the job is sometimes viewed as a steppingstone to becoming a higher paid or more valued and respected helping professional such as a social worker or psychologist.

The five participants who completed practicum placements in child and youth care programs were hired as residential CYCWs after finishing their practicums. Other participants, including those whose education was not directly related to the position, were also hired straight out of school. Gwen, for example, said, “I had just graduated from an outdoor degree, and I thought that would be really unique opportunity to get to work with kids and ideally get them outside.” She also shared that she saw residential child and youth care as an opportunity to get into the youth care field, “I had never had experience working in childcare before, so I thought that this would be a great intro and I could get my feet in the door.”

Claire and Cece both aspired to get graduate degrees in psychology when they were working as residential CYCWs. Claire, who recently finished her graduate program, said, “now that I'm done school, I wouldn't go back to frontline work. I would want to go back in a higher capacity, like in a clinical position or therapeutic position.”

Similar to Claire and Cece, Chris entered the position viewing it as a career steppingstone to becoming a therapist or social worker. However, Chris “ended up stopping here instead of proceeding on to something more.” He explained, “I decided this is what I'd like to do most, it's a lot more hands on and interactive. I feel like it's very impactful.” Chris transitioned from a TRC program to a school-based position where he continues his frontline work as a CYCW. Chris’ rationale for this transition will be discussed in Theme 7.

Like Chris, Jeremy does not view frontline work as a career steppingstone. Jeremy worked 15 years as a CYCW in a youth shelter before transitioning to a campus based TRC

program where he worked an additional 2 years on the frontline. “I am absolutely so impassioned about frontline work because that's where actual work gets done.” After 17 years in frontline, Jeremy stepped into a team leader position but says, “I think that's as far as I'll ever go. I'll never go up the management chain because what I'm hoping to do is pass on all the stuff I've ever experienced/learned to the front line because it is the most important role by far.”

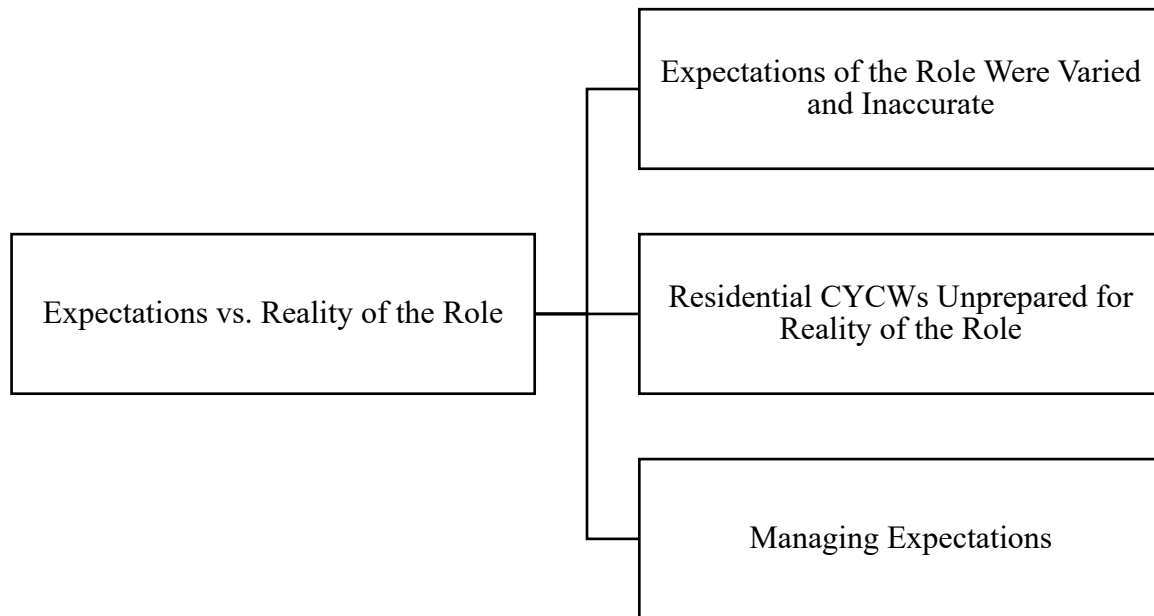
**Section Summary.** This section outlined the three most salient areas participants shared regarding what drew them to the residential CYCW role. The theme that unites these areas, the desire to help youth, captures the essence of what draws people to work as a CYCW in TRC, and, in some cases, what motivates them to remain in this role.

### ***Expectations vs. Reality of the Role***

While reviewing the transcripts, one code that I found myself using repeatedly was “expectation vs. reality.” In multiple contexts, participants discussed what they thought the job was going to be like and compared it to their actual experiences. While grouping the codes into larger themes, I noticed that many of these “expectation vs. reality” codes highlighted the realities and challenges of caring for the youth. In this section, I will share participants’ varying expectations of the residential CYCW role, their lived experiences, and their advice to program leaders and agencies to better educate potential residential CYCWs about the role and manage their expectations. These topics will be organized into the three subthemes outlined in Figure 3.

### Figure 3

#### *Expectations vs. Reality of the Role*



**Expectations of the Role Were Varied and Inaccurate.** Participants' general expectations of the residential CYCW role varied from not having any idea what the job entailed to having been warned about the physical and emotional challenges of the job. Claire reported that she did not have any expectations going into the role, "I think I came out of school, and I didn't really know that was a thing that you could do until I was referred to that agency... so, I don't know if I really thought anything about it." Jeremy and Aaron did not know much about the role before they started their practicum experiences. Jeremy stated, "when I first got hired into the job, I don't think I really had a huge idea what I was getting into." Aaron similarly did not have any expectations or preconceptions of the role other than that "it would probably be difficult."

Cece too said that she had "no idea" what to expect when she read the job description and went in to interview for the role; however, she left the interview with a much better

understanding of the position. “I knew what risks I was [going to] be in by the time the interview was done.” She explained, “for our interview, an hour and a half goes into simply the program coordinator reading you all types of risks that you are potentially exposed to [laughs], so that was a pretty intense experience, going through that interview.” After the interview, Cece said she started the job anticipating that “it was going to be just crisis all the time, which, yes and no. But definitely I was expecting explosion all day every day.”

Whereas Cece was informed about the multiple risks of the position by the program coordinator, Gwen reported that she was warned about the job by multiple people she knew:

I was actually warned a couple times from some people before beginning the job. Just people would often say, ‘Oh be careful,’ or, ‘It’s a really emotional job.’ And some people would mention some scary stories of their experience of being physically hurt or exposed that way, so I was warned of that. I think that maybe my expectation was I thought maybe I’d be running into fire when I started.

On the other hand, a few participants shared some of the optimistic expectations they had about the job, often joking about or commenting on their own naivety. Hilary, for example, talked about how she believed “it would be more therapeutic based.” Similarly, Sara spoke about how she and other residential CYCWs start the position with unrealistic expectations:

I think that a lot of people don't realize, and I certainly didn't, coming into group care, that it's not sunshine and rainbows all the time. It's not all powerful, life changing moments. There is crisis that sometimes people can't manage. I've watched so many staff walk away because they were traumatized. A lot of people left. They got hit by kids, spat on too many times, somebody got a concussion that I worked with, and you know there's real danger in what we do.

While Sara held a preconception of “sunshine and rainbows,” Aaron shared that he overestimated his own knowledge and readiness for the role:

I think probably the biggest preconception that I had before I went in was that I understood everything, and I was kind of prepared and ready for it. When you get to the arena, you're like, “Woah, this is actually like, not...it's heavier.” I guess probably that I thought I was really going to be ready and that I really understood what everybody's challenges were going to be based on my own. Like, if I knew what my challenges were, I probably naively thought that that's kind of what I'd be dealing with. But then I realized that it's way more complex than anything I had thought. Most of the situations are way more challenging than anything I dealt with as youth.

**Residential CYCWs Unprepared for Reality of the Role.** Whether participants started their time in TRC having “no idea” what to expect, expecting constant crisis, or anticipating “sunshine and rainbows,” they consistently reported that they were not prepared for the reality of the CYCW role. For example, Jeremy said, “Let's be honest, what it is isn't necessarily what we know going in or what we think it's going to be.” When commenting on the aspects of the job that they were not expecting, participants spoke about things like the severity of youth behaviour and the complexity of youths' presentations as well as the volume of tasks that they needed to complete each day. Gwen recalled, “it was very exhausting and taxing in terms of the amount of roles I had to play in that position.” To best illustrate the reality of the residential CYCW role, I have shared three participants' descriptions of a ‘typical’ day in a TRC program.

***Sara:***

I mean there's always just so much that comes up. I think my experience as a frontline staff has been that you just have to be really adaptable and organized because tasks come

at you left, right and centre and you get knocked down by them. So, while you're single staffed because nobody could pick up the shift to be your second person, you're dealing with four kids, trying to make sure they all get their medication before they walk out the door, and you have a phone call and now there is an urgent situation coming up. And so, you still have to be supervising all the kids, making sure they're getting through their routines and that what's going on for you as a staff isn't disrupting their day, but you also have to manage that. And then once they get off to school, or wherever they're going, you have to pick up all the fallouts. You have paperwork and you have documentation to do, you have phone calls to return, reports to do, and your day is just constantly full. And you know, hopefully you get a chance to sweep the floors and make sure the bathroom is clean.

***Hilary:***

We started our shift off with a shift change. So, the shift before us, whether it was night or morning, whenever we came on, would let us know how the youth were feeling through the day. On a typical Monday to Friday, the youth would hopefully attend school. During that time, we support down at the school with the youth if need be or, if they didn't attend, [we would] be up with them at the [program]. We were in charge of... making the meals and keeping the cottage and stuff clean. They later got a chef. We would do group sessions, which we would try and help the kids to attend. They, more times than not, would refuse.

Then we would do activities with the kids, sometimes on campus, so when it was warm like basketball, a couple of the youth had bikes, so they'd ride bikes, we'd go for walks. And then, sometimes we'd do stuff off campus, so, especially on the weekends,

usually swimming, movies, those kind of things. If the youth needed, if they had clothing allowance, we'd take them shopping. At times, some of the youth would go to get groceries with staff. We'd do therapeutic rides [in the car]. We'd follow them if they were running. We take case notes which were entered into the database. Sometimes we'd just pretty well hang out with them, watch movies, watch them play games, if they're drawing. We played a lot of Catan and a lot of Uno.

Where I was, there was several [programs], so trying to prevent the [programs] from all getting together and causing issues. We did start to have an Indigenous liaison worker, a gentleman who did a lot of smudges and stuff like that. If the kids had appointments ever, or if they had court, we'd take them to court. Picking the kids up, if they called us after they ran. Stuff like that.

***Chris:***

It kind of depended on the day and the shift I'm working. There will be like getting kids up, getting them off to school. Sometimes you need to go to school with them to make sure that you're supporting them and that they are engaged in their class. We've done food preparation, we answer phones, connect with caseworkers. There's a ton of paperwork and reporting. Then kids come in from lunch, they eat, they go back to school. I've cleaned rooms, cleaned programs, all of which got harder with COVID because there were a lot more health requirements for cleaning. Getting everybody in, cooking dinner, running groups ranging from like self reflection and self evaluation and emotional regulation to relationships to therapeutic response. Making bedtime routines, making sure everybody settles in. I've done some toy maintenance by gluing things together. I've done program maintenance by putting hooks on walls.

It's basically like parenting with the added you're not the actual parent, so you need to tell their guardians what's going on. Depending on the group of kids, it's chill and that's like the basics of the day. Or it's not, and you have to deal with escalations, whether that's through restraint if it's a physical escalation, like violence, or following, reporting if a kid is running away, waking kids up every 15 minutes if they've been using an illicit substance. I've walked into liquor stores and told [the store clerks] that these kids are minors, and they probably should not be selling the alcohol. I've yelled at corner store clerks willing to sell children cigarettes, like a responsible adult should.

There are so many different experiences 'cause every day is different. I mean you can walk in, and everybody is in a good mood and it's a fantastic day and everybody is really receptive and like you feel like it's been a good day and kids get that idea of like, 'this is what normal could be like.' Right and then, there are days where you walk in and everybody yelling and screaming at each other and getting into arguments over sticks, I've had kids literally shoving each other over a stick when there's like three more on the ground beside them that are identical to the one in their hands. And so, it gets a little bit frustrating, it is definitely draining, emotionally and physically.

Comments from participants about the differences between their expectations and the real challenges they faced as well as the above descriptions from Sara, Hilary, and Chris emphasize that many residential CYCWs start this job with an uninformed understanding of the job. The last sub-theme in this section discusses the importance of managing expectations for both current and future residential CYCWs.

**Managing Expectations.** The first two sub-themes established a discrepancy between residential CYCWs' expectations of the position and their actual experiences. Many participants



connected this discrepancy to the high turnover rate of residential CYCWs. Pam said, “they go into the job not knowing how tolling it can be on your body... people go into it expecting something else, and then when they figure out how difficult the job is, they don't want to do it anymore.” The third sub-theme is that current and future residential CYCWs need to manage their expectations, so they are prepared to manage the difficult reality of caring for high-risk youth.

Participants, particularly those who have remained in the field for several years, talked about how they had to adjust their expectations after starting as residential CYCWs. Aaron provided examples of how he learned to manage his expectations of himself and the youth to find fulfillment and reward in the job. He said,

I have learned to accept that in the 12 hours that I'm there, I really can only do what I can do. I've learned that the most important thing is to make sure that I'm following the high risk plans associated to that youth, and if I'm dealing with those particular youth in the way that their crisis and their situations need to be dealt with accordingly, so that they're safe and all of these things, as long as I'm doing that, I've learned that I can lay my head down and feel pretty good at night.

When it came to managing his expectations of the youth, Aaron learned to focus on the little victories rather than the challenging behaviours and setbacks. Celebrating the little things and managing one's expectations of the youth was discussed by other participants and will be examined further in Theme 3.

Aaron provided an example of residential CYCWs learning to manage their expectations once they were in the role. When asked what changes could be made to reduce turnover in the field, eight participants suggested that agency and program leaders need to be honest and open

with potential new hires regarding the realities of the job. They emphasized the importance of people knowing what they are getting into and managing their expectations of the job.

Although no amount of training or honest conversation can fully prepare a residential CYCW for every behaviour or circumstance they may encounter, participants repeatedly underscored the need for new residential CYCWs to learn “the good, the bad, and the ugly” aspects of this work before they sign on to do it. Sara noted that to some extent, “you don’t know and can’t be prepared for this until you do it.” Nevertheless, she also shared, “I found it incredibly helpful when I was in university to have professors that were very blunt and open about the experiences you're going to have.” Hilary thought that agencies need to be “honest with the staff” and tell them “This is hard. And you have to be passionate. You are going to see things. The kids are going to push you.” Likewise, Chris said that we need “more transparency of how this work actually is, to people who have somehow glamorized it, before jumping into it. It might prevent people from joining the work that we do but it would be less people running away from it.” Wanda simply stated, “they need to know what they're walking into so that they're not blinded.”

**Section Summary.** All ten participants spoke about being unprepared for certain aspects of the residential CYCW role. Participants also consistently advocated for program leaders to inform future residential CYCWs about the reality of the job, so they are prepared and have realistic expectations of the residential CYCW role. Managing expectations will be discussed again in the next section which focuses on the rewarding aspects of the job.

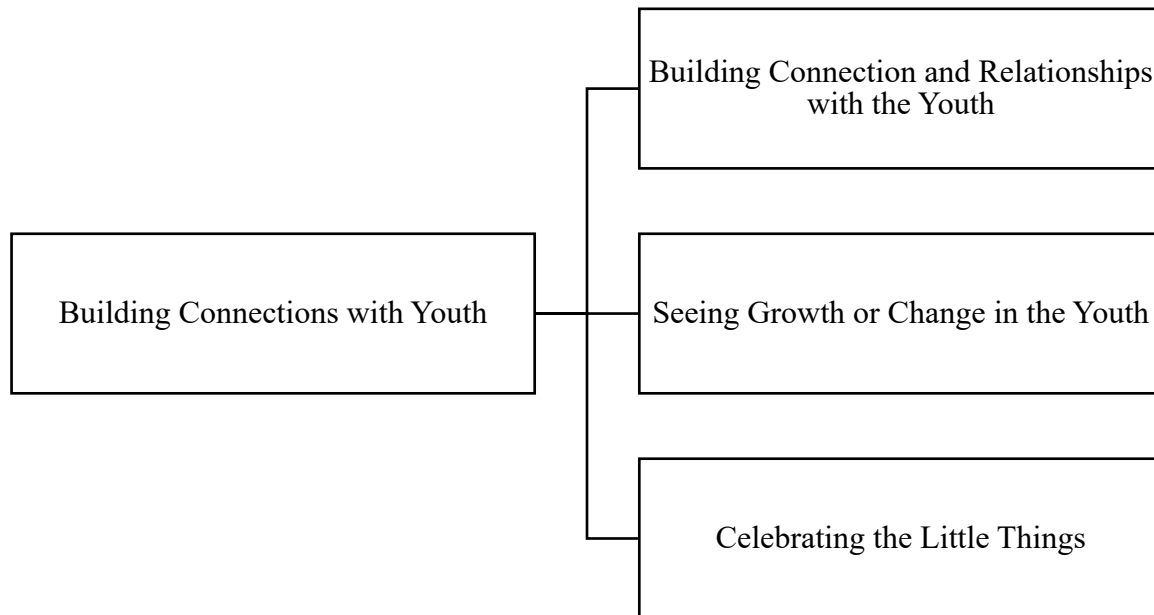
### ***Building Connections with Youth***

When talking to current and former residential CYCWs, the conversations often trend towards the negative aspects of the job. I know this from personal experience, as gatherings with

friends and colleagues would typically turn into an opportunity for us to vent to each other about the challenges we were experiencing in our different programs. Consequently, I thought it was imperative to ask participants to share what aspects of the job they found to be the most rewarding to better understand some of the reasons CYCWs might choose to continue working in TRC programs for an extended period. The responses centred on making a difference in the youths' lives by forming connections and relationships with them, seeing growth or change in the youth, and celebrating the little things (see Figure 4).

**Figure 4**

*Building Connections with Youth*



**Building Connection and Relationships with the Youth.** All ten participants articulated that forming connections and building relationships with the youth were some of the most rewarding parts of working in TRC. Gwen shared, “you just get to bond with these kids and make such close relationships that again, I also felt really lucky that I got to be a really positive

mentor in their life.” Similarly, Chris stated that the most rewarding experiences were “building the relationships because that’s usually what it’s all about. The positive relationships that you can build with kids who have never experienced a positive relationship in their life.” Gwen and Chris both mentioned being a “positive” person or relationship in these youths’ lives. Filling this role was particularly impactful because, as Chris said, some of these youth “have never experienced a positive relationship in their life.”

Aaron provided an example of how he modeled being a positive adult for the youth he worked with: “a lot of our kids have never experienced childhood. They’ve never had anybody to cook for them and make them breakfast and do these things. So, I like doing that, it’s fun.” Forming a positive connection and building a trusting relationship does not happen overnight and requires a lot of time and energy on the part of the residential CYCW. Sara shared, “it starts out a lot with us giving,” but continued to say, “over the course of working with them, they start to form a relationship and you start to see some give and take.” The reward for Sara came from seeing everything she put in to building that connection and relationship was worth it. “I think that is the most rewarding thing: watching that relationship develop and realizing when the child is invested in it too.”

**Seeing Growth or Change in the Youth.** Another trend among participants regarding the rewards of the job was seeing growth or change in the youth during their time together. Seven participants shared stories or reflections that are captured by this theme. Cece stated that she was rewarded by “little things that remind you how far these kids have come. And in the time they have stayed in the program, how much they grew, how much they have learned.”

Similarly, Wanda reflected:

I've been able to see the changes in the kids and the youth because of the programming and the goals that the team has set and holding the children accountable and teaching them life skills. There are so many things and when you see such positivity, you can't help but be proud because you know you were a part of something really great. So, I guess that's the reward, when you're able to be a part of that.

Aaron and Jeremy shared that it is rewarding for residential CYCWs to see their efforts pay off as youth change. Aaron highlighted that although these changes can take a long time, they are still rewarding to see:

Just watching the little developmental changes over time that happen. Watching kids that come in with particular problems, maybe with A, B & C as challenges and then within 6 or 8 months watching them not have maybe one or two of those challenges anymore.

Like Aaron, Jeremy acknowledged that change takes time, "We're planting seeds and, hopefully, cultivating a little bit, and watering a little bit. And hopefully, down the line, it will stick. Celebrate every single win. Don't give up hope."

Chris certainly celebrated every win, from toilet training a youth to seeing youth move on from the program and be successful. Speaking of the latter, Chris shared a story about recently running into one of his former youth, "he's now bigger than me, he's heavier than me, but he's the same goofy guy. So, like giving him a hug, it was nice to see him actually in school and doing what he needed to do. It was fantastic."

Chris, Jeremy, and Aaron collectively highlight how sometimes residential CYCWs may not see drastic or life-altering growth or change in the youth before the youth move on from their care. Hilary provided some insight to help current and future residential CYCWs navigate

feelings of frustration or futility that may arise from not seeing a significant return on their investment of time and energy:

Give yourself credit every time you're able to help. Take the small things. Playing UNO with a kid if he's happy to sit there. Or, if they invite you to watch a movie, take that and think, 'You know, I'm making a difference.' Even though it's just sitting with the kid and watching a movie, that's a difference to that kid at that time. Take those little victories.

Hilary's insights serve as a reminder of the importance of noticing small changes in the youth and segues into the final subtheme which is that residential CYCWs must learn to celebrate the little things.

**Celebrating the Little Things.** The previous theme introduced the idea that participants' expectations of the role did not align with their actual experience. This concept also arose when talking about the rewards of the job. For example, Sara starting the job thinking she would have a profound impact on the youth. She expected to "kind of change their worldview and be that one saving person," but noted that, "ultimately, that doesn't typically end up being what happens." Aaron similarly started out with high expectations of the change he would be able to create in the youth. He shared that after a conversation with one of the clinicians, he started to manage his expectations:

I started learning how to find little, smaller things, incremental wins or like Silver Linings, I guess, based on what that kid's challenges was. So, one might be able to go to school for the day, but the other one won't. Doesn't mean that that kid didn't have a huge win that morning and so celebrating that, I've learned, will actually motivate them to do a lot more.

Like Aaron, Jeremy also highlighted the importance of managing expectations. “Celebrate the small successes. You may never have a kid come back to you and say, “You did great. Thank you so much.” You’re not going to get that, you very rarely will get that.”

Because residential CYCWs often do not see big change, learning to celebrate these small victories helps them to see the difference they are making in the youths’ lives. Most participants provided examples of the little wins that they celebrated. Hilary spoke about the little moments of connection, “It was little moments, like the littlest thing... sitting down at the table at dinner or lunch and having one of the kids just talking to you and being real and being open. That was the best part.” Similarly, Gwen spoke about the moments that she felt lucky to be part of:

These children are so young, so there’s going to be these big moments they have in their life that I felt very lucky to be a part of, like learning to ride a bike or taking them to lessons, whether that would be swimming, or camp. And even something as simple as like dropping them off at school in the morning or grabbing them from school and they would just get really excited to see me.

While Gwen and Hilary provided examples of the moments that they celebrated, Pam and Claire celebrated the small victories or achievements. Pam, for instance, said she celebrated “little things, like if a kid goes a week without a certain behavior, or meets the individual goals that we set for them. So, if they graduate say their safety goal or whatever.” Claire provided an example of a youth whose small victories added up to a big achievement: “we got a kid to agree to go to school every day if we promised him that we would buy him a pair of Nikes that he wanted and then he was successful and graduated high school two years later.

**Section Summary.** As challenging as the residential CYCW role may be, many participants found that it is also a highly rewarding position. Building relationships and forming

connections with the youth benefits both the youth and the residential CYCWs working with them. Building connection may be so impactful and rewarding because it helps to bring about growth and change in the youth. Although seeing the youth grow during their time in TRC programs was rewarding, participants reported that they had to focus on the small victories. Participants had to learn to manage their expectations of themselves and the youth to recognize and appreciate that their hard work was in fact making a difference.

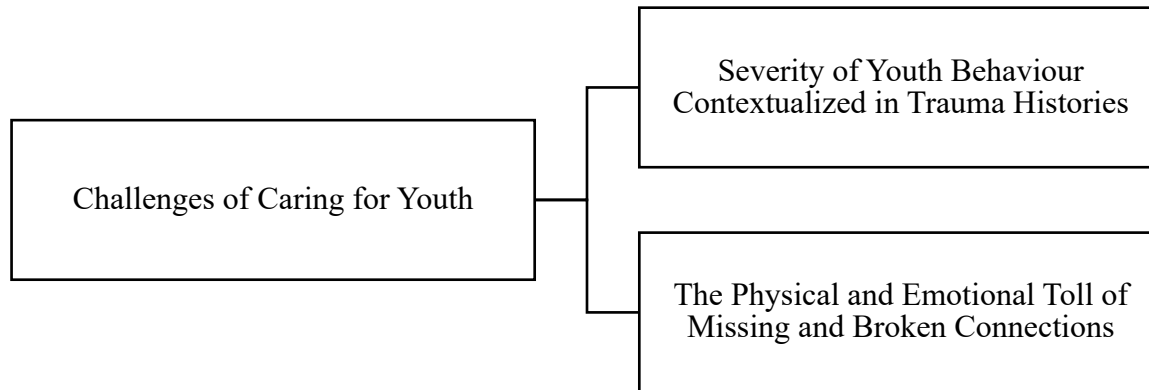
### ***Challenges of Caring for Youth***

In the previous section, I explored how connection between the youth and residential CYCWs is one of the most rewarding parts of the job. Correspondingly, participants shared that the biggest challenges of caring for the youth occurred when that connection was missing or broken, as outlined in Figure 5. Participants shared that dealing with the severity of youth behaviour was difficult. Many participants contextualized youth behaviour in their trauma, which made forming connections with residential CYCWs even more challenging. In this section, I will present participants' perspectives on managing the severity of youth behaviour and share their reflections on the physical and emotional toll youth behaviour and restraining youth can have on both the youth and the residential CYCWs .



**Figure 5**

*Challenges of Caring for Youth*



**Severity of Youth Behaviour Contextualized in Trauma Histories.** All ten participants spoke about the severity of youth behaviour at some point during their interview. Wanda described the different types of behaviour they might see, “we see a lot of physical acting out behavior, emotional acting out behavior, straight up defiance.” Hilary provided some specific examples of these behaviours, “aggression, a lot of dangerous tendencies like addiction tendencies, a lot of breaking [laws] and crime, and running away.” Additionally, Chris noted, “there have been kids where it's street entrenchment, so practicing homelessness skills or drug addiction.” Pam shared that she found the violence the most challenging to manage, “I think the most challenging was just we've had a couple pretty violent kids, so just trying to manage that so that they're safe, and staff are safe, and program is safe.”

Sara talked about how her expectations of youth behaviour fell short of what she experienced:

I didn't realize the extent of different behaviors that I would see and different trauma responses and experiences and the severity of it. So, I definitely thought going into it that it would be easier emotionally [and] physically than it was. And when I saw my first crisis, it was a big slap in the face of what I had thought might be the worst that could happen and the things that happen on a regular basis far exceeded what I thought the worst would be.

In this quote, Sara provides yet another example of the expectations versus reality concept that I introduced in a previous theme. Sara mentioned that she was not expecting the “extent of different behaviours” and the “different trauma responses.” In her interview, Sara also noted, “a lot of the reason that our kids come into care, very broadly speaking, is trauma.” Sara was not alone in connecting youth’s behaviour to their previous experiences of trauma.

Hilary provides an excellent example of how participants contextualized youth behaviour within their trauma experiences, “the behavioral issues... of course, there's going to be emotional outbursts, I mean most of the children and kids were extremely traumatized.” Likewise, Wanda explained, “a lot of the behaviors are because a lot of these kids have really complex trauma histories and mental health issues so there's lots that affects those acting out behaviors.” Chris noted, “there's a wide variety of trauma and trauma re-enactment.” Chris’ comment suggests that youth’s behaviour is really them re-enacting their traumatic experiences.

Wanda and Aaron, meanwhile, noted that trauma impacts the brain and consequently youth behaviour. Wanda shared, “There are a lot of kids and there are a lot of youth that go into crisis and their brain literally just taps out, and they don't remember a lot of what's happened. It's pretty regular.” Aaron said that understanding the connection between trauma, the brain, and behaviour is helpful in his role and credits using a “trauma informed lens”:

I've learned how to see things through a trauma informed lens so that I understand trauma a bit more. And so that's really, really helped...just understanding youth and their developing brain and the different stages that they'll go through, understanding substance use, understanding how it affects the brain, how it affects kids in different stages of their life.

The seven participants who contextualized youth behaviour in trauma suggest that trauma informed care is becoming more prevalent in TRC programs and among CYCWs. Gwen and Aaron shared similar observations regarding youth behaviour in the evening. These examples demonstrate their trauma informed thinking. Gwen noted that many of her youth struggle to transition into bed and exhibit more acting out behaviours around bedtime. She explained that this trend “makes sense because children are having to go to bed in their own thoughts,” and, “that's often when memories can sink in.” Aaron also found night shifts more “unstable,” explaining, “I found that it was probably contributing to maybe the youths’ experiences that they may have had during those times. Night times are particularly hard for all of our kids.”

**The Physical and Emotional Toll of Missing and Broken Connections.** The severity of youth behaviour sometimes requires physical intervention from residential CYCWs to ensure safety. Participants shared that restraining youth was one of the most challenging aspects of their job. Gwen pointed out, “this is the nature of the job, those kids’ experiences, they're in a lot of distress. There is a decent amount of restraining having to be done.” In the previous theme, I discussed how participants building relationships with youth was so rewarding because it can be difficult for youth who have significant trauma histories to form connections with others. Gwen’s comment is a reminder that the youths’ trauma or “distress” and consequent absence of

connection is often at the root of their behaviour. Hilary shared that she believed that restraining youth created further trauma for youth:

It was hard because, when the kids were being emotional and behavioral, and having outbursts that were violent, I always believed, and I always brought it up to my team lead, by restraining them or doing something like that, I do believe we were traumatizing them further and we weren't actually addressing the trauma.

Whereas Gwen's statement spoke to lack of connection leading to a physical restraint, Hilary's comment points to physical restraints damaging any connection that had been established. Hilary explained the impact a restraint can have on the youth-CYCW relationship:

It's really hard to have to go hands on with a youth and then the next minute be like, 'Hey bud, do you want to get some popcorn and watch a movie?' and have them trust you again... And when you are going hands on with traumatized children, you are giving them more trauma and you are expecting them then to turn around the next day and be like, 'Oh, I'm glad you're back here to help me. Can we go get a slushy?'

When trust and relationships between youth and residential CYCWs are missing or broken, youth may turn to each other for connection. Wanda noted, "when a lot of youth are looking for the love and belonging that they haven't ever had, they really try to find it within each other," which leads them to "develop an 'us versus them' mentality."

Like the youth, participants shared that residential CYCWs are also deeply impacted by client violence and having to restrain youth. Client violence can take a physical toll on the frontline workers who are often the target of said violence. Moreover, restraining youth contains physical challenges for staff as explained by Chris, "there have been days where, because of safety, we have ended up in restraints three or four times in the day, and each one about half an

hour long, so that's already like 1/6 of my day has been spent kneeling on the ground holding a screaming child.”

While a few participants noted the physical charge of client violence and restraints, all ten participants shared something about the emotional toll of these more challenging aspects of their role. Regarding client violence, Sara said, “it got to a point where it really, really felt like they were intentionally trying to hurt us.” Sara also said, “even though I know that was a trauma response..., I still feel like I was specifically targeted for who I was,” which indicates that sometimes it was difficult to maintain the trauma-informed lens. Similarly, Jeremy talked about the challenge of moving past client violence within a short timeframe, “I've been hit by a kid and then a couple hours later was playing a board game with them, and I have to rectify that. You know what I mean? I have to deal with that piece.” Like Jeremy, Aaron struggled to cope with being subjected to client violence. Furthermore, Aaron noted how challenging it was to see colleagues, particularly female co-workers, experience client violence:

I've been assaulted in the field. You know, I've watched coworkers be assaulted in the field. It was particularly hard for me, it still is hard for me, but I've learned to compartmentalize when it's happening a little bit more. But it was very hard for me to watch my female colleagues get assaulted. That was extremely hard for me to cope with in the early stages of when I got into the field. That was hard. From a moral standpoint, that wasn't something that I believed in and so when I saw people going to that level that affected me in the beginning.

The previous examples looked at the emotional challenges of client violence. Gwen and Chris also provided commentary on the emotional toll of restraining a youth. Gwen shared:

I think one of the most difficult things was restraining children. I know that it was... in TCI when you learn about restraining, it is really important, and I do support that it is important as well. But there's something to be said about having the experience of going through it as a human being and witnessing that. That would probably be on my top list of difficult experiences.

Gwen noted that although she understands the logic and rationale for physical interventions like restraints, actually witnessing or performing the restraint is emotionally very difficult. Likewise, Chris said, “It’s emotionally draining, and then coming to work the next day, that was hard 'cause you feel very defeated in situations like that.”

**Section Summary.** One of the biggest challenges of caring for high-risk youth is the severity of their behaviour. Although youth behaviour is one of the most challenging aspects of the job, participants consistently contextualized the youths’ behaviour in their trauma. The childhood abuse and neglect that many of the youth in TRC programs experienced contributed to their difficulty in building connections with people and the severity of their acting-out behaviour. The youths’ behaviour and resulting actions from residential CYCWs to manage those behaviours takes a significant physical and emotional toll on both residential CYCWs and the youth themselves.

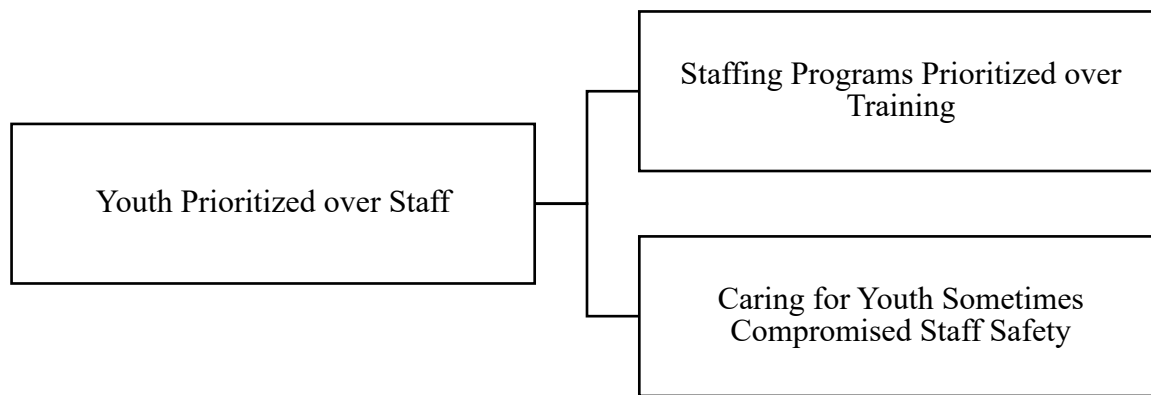
### ***Youth Prioritized over Staff***

The first four major themes shared participants’ experiences and opinions regarding caring for youth. It was evident during the participants’ interviews that caring for the youth was their number one priority. It also became clear that physically caring for youth, specifically having residential CYCWs in programs to supervise the youth, was the top priority for the

agencies and managers. In this section, I will share two subthemes that exemplify how agencies prioritized physically caring for the youth over caring for the staff (see Figure 6).

**Figure 6**

*Youth Prioritized Over Staff*



**Staffing Programs Prioritized over Training.** Eight participants spoke about how they received minimal training before they started working with youth. According to Gwen, “It was actually very, very limited training right from the get-go. I was put on the floor the day I started.” Including Gwen, seven participants reported that they worked on the floor with youth on their first day. Sara said that she was at least six months into the job when she received Therapeutic Crisis Intervention training:

I found [it] very stressful in that time before I got the training because I was thinking, ‘oh if I knew how to do this’ and ‘if I had this training, I would have been exposed to this and know more about what to do in these situations.’

Receiving key training several months into the job was common among participants. Learning the role from more senior staff members was also common. Chris, for example, said that a lot of the job “was learned from staff who came before me.” In theory, receiving guidance and mentorship from more experienced peers sounds great. However, Cece pointed out a flaw in this system:

In practice, by the time I was four months into the job, I was one of the more senior staff on almost every night due to the program having gone through huge turnover. I was still in-training until well past [when] I was training other staff.

Aaron provided a hypothesis as to why agencies were not fully training new residential CYCWs before they worked with the youth:

I did get the trainings, but I did not get them right away and I feel it was because there was such a lack of workers in that field that they needed people in there right away. They couldn't probably afford to have people sitting back in a classroom.

Wanda shared Aaron’s perspective:

The thing with residential is they want you to be trained, but they don't really want to give you the time to be trained. So, it's always an issue, being off floor or leaving for the majority of the shift. It's unfortunate, but that's the reality of it.

Wanda and Aaron’s statements reflect their belief that agencies prioritized having enough staff working on the floor over ensuring the staff were properly trained and equipped to handle the demands of the job. While all participants shared similar experiences of minimal initial training, some for those still in the field noted that their agency had implemented a new training protocol for new hires. Sara said that she collaborated with her supervisor to “create a training and on-boarding manual for our team so that when new people come in, we have a set of things



that we're looking for and how we go about teaching new people things.” Chris’ agency also has a new training system for new hires:

Now the organization does like a month-long introduction to like the organization as a whole, making sure people are fully trained before they even hit the floor. And then after that month, it's learning the programs’ ins and outs and little nuances because each program has different clientele.

Jeremy, now a team leader, spoke about the benefits of his staff being fully trained before they work with youth:

I think the piece that is better is they have a bit more foundation than they used to. Now that foundation is in some ways theoretical still, but it's just they talk the same language that I would talk. We all understand the same concepts. It's like going from psychology or child youth care and then stepping in [to this role], yes, you have some competency, you have some foundation to it, but if I start speaking 3 pillars to you or TCI or ARC, you might not know that. Whereas now, that foundation is there, so we almost speak the same language. Now, how do we take that and actually use it? And that's somewhat of what my job entails now is let's take that theoretical and how do we actually use it in the context of working with kids.

The recent evolution of training protocols for new hires indicates that agencies are taking steps to ensure that residential CYCWs are equipped with the knowledge and skills they need to be successful in this role. Creating opportunities for residential CYCWs to receive additional training or obtain certifications relative to their position could be the next step. Claire shared that offering additional trainings “can be a good way to retain staff and show that you're investing in their careers and in their future.” Based on comments from the participants, many agencies offer

such trainings; however, CYCWs are often unable to attend because they are needed in program to care for the youth.

**Caring for Youth Sometimes Compromised Staff Safety.** Residential CYCWs' role contains several safety risks. While agencies have policies and procedures in place to minimize these risks, many participants shared that these measures were insufficient in prioritizing staff safety. They felt that their safety was put at risk by management's decisions to admit some dangerous and volatile youth whose needs could not be safely met in a TRC setting.

Chris insightfully noted that as a residential CYCW, "safety is always a thing." Previous themes have already highlighted the client violence that residential CYCWs experience. Over half of participants shared stories of injuries that they, or colleagues, sustained from client violence. For example, Cece stated, "I've personally had kitchen tables thrown at me, I've personally had knives snatched out of my hand by an escalated child, I personally had a severe enough injury to take multiple months off." Risk to safety tragically extends beyond injury. Hilary shared, "a worker in another program was killed by a client completely due to the fact that the organization didn't provide her with what she needed to take care of that youth."

In addition to the persistent risks of client aggression and violence towards staff, residential CYCWs face risks when with youth run away from and return to programs. Even when youth run away from programs, residential CYCWs have a duty of care to those youth. Therefore, depending on the age and presentation of the youth, a CYCW may be required to follow that youth. Chris provided of an example of how he has followed youth downtown and stated, "you don't necessarily feel safe downtown with the people these kids usually run with." Chris' concerns are warranted considering many of the teens in TRC struggle with substance use and some have gang affiliations.

Even in circumstances where staff are unable to follow youth when they run from program, they encounter safety risks upon the youth's return to program. As Aaron noted, "we have limited search abilities with our youth, they can get things into our programs." Based on my own experience, I interpret the "things" to which Aaron is referring are contraband items that youth buy, steal, or trade for when they run away from programs. I have experienced youth sneaking in alcohol, drugs, cough syrup, hunting knives, bear spray, and even shotgun shells. These items pose significant risks to staff, the other youth, as well as themselves.

Wanda discussed staff safety numerous times throughout her interview. In one instance, she shared that the agency admitted youth who posed significant risk to staff safety:

Decisions were made by management to bring in youth that actually were turned down from other agencies because of the degree of unsafety that they had shown... we ended up with a very volatile client [and] because we were single staffed in the evening and overnight, the level of safety just wasn't cutting it.

Clair said that programs "should probably have some boundaries and restrictions around who you're going to let into programs and what your staff are going to have to put up with," referencing that the needs of some youth cannot safely be met in a TRC program.

Following a series of incidents which put staff at serious risk, Wanda shared that management elected to prioritize staff safety by pausing new admissions to the program. This reduced the number of kids in program and ensured the youth who were there were in an appropriate placement. Wanda said:

It was actually really good because we were able to do daily programming with them. We were able to set attainable goals with them. We were able to begin to plant the seeds of

what their future was going to look like. We did some really good work. It was just really sad that it took so much bullshit to get to that point.

Increasing the staff-to-youth ratio sounds like an ideal solution to effectively work with youth in a safe manner. Unfortunately, programs and agencies' ability to do so is limited by funding.

Wanda shared, "they need to get to a point where safety is more important than funding."

Unfortunately, programs that safely staff programs risk running out of money and being forced to shut down. Sara, who recently switched into a team leader role, noted, "we can't safely staff the program with the money that we get for the contracts. So, we prioritize safety over the money we get, but then we're constantly running a deficit." Without an increase in funding, programs must make the difficult choice between a safe work environment for staff and providing a placement to youth in need.

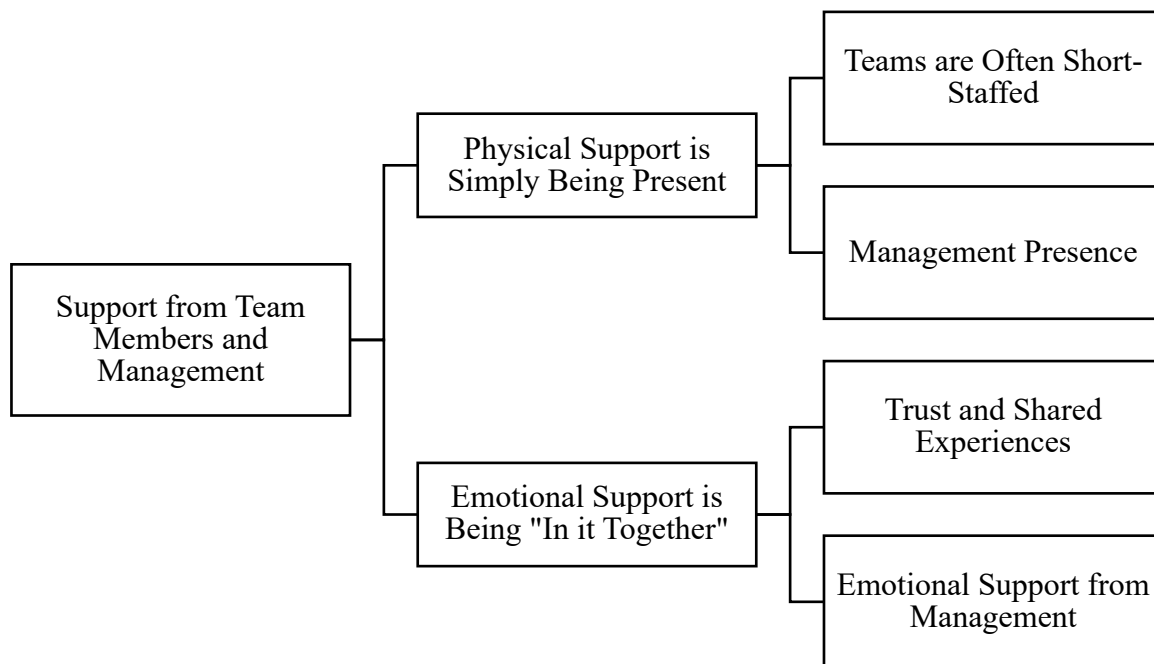
**Section Summary.** This theme explored the relationship between the two categories of themes: caring for youth and feeling cared for. Specifically, this section illustrated how TRC programs' prioritizing caring for the youth is often at residential CYCWs' expense. Agencies' efforts to ensure programs have enough staff on the floor historically has meant those staff are not properly trained before high-risk youth are under their care. Although many programs have recently implemented new training programs for new hires, caring for the youth still impedes ongoing training and professional development for existing staff. Additionally, the nature of the role and limited funding means that programs are chronically understaffed and residential CYCWs are consequently forced into situations that compromise their own safety. The next two sections present the two themes that emerged regarding residential CYCWs feeling cared for.

### *Support from Team Members and Management*

During the interviews, many participants noted the importance of feeling supported by both their fellow residential CYCWs and their superiors. Participants often referred to the other residential CYCWs in their respective programs as their “team members” or their “team.” The term “management” was commonly used to describe anyone in a position of power within the program or agency, including team leaders/supervisors, program managers/coordinators, and agency directors. Feeling unsupported by their team and/or management was the most common reason participants shared for leaving or considering leaving the role. Early in my data analysis, I noticed that participants’ comments about support could be clustered into either physical support or emotional support. In this section, I present the emotional and physical clusters as primary subthemes, each containing two key secondary subthemes (see Figure 7).

**Figure 7**

*Support from Team Members and Management*



**Physical Support is Simply Being Present.** All ten participants discussed the importance of having physical support from their team members and management. Many participants described physical support as simply “being present.” For example, Wanda reflected, “feeling unsupported, it usually comes from a lack of being present from the team leader and the manager and I suppose from team members as well.” Simply put, participants felt physically supported when their team members and managers showed up. However, when their teams were short staffed or when they did not have managerial presence in the programs, they felt unsupported.

***Teams are Often Short-Staffed.*** Participants felt physically unsupported by their team when they were short staffed. Running a TRC program is challenging at the best of times and over half of the participants shared that their job is made even more difficult because they are frequently short staffed. For example, Claire said, “some of the more challenging situations were being understaffed,” and Aaron shared, “being short staffed, being out-numbered, it's really hard.” Cece spoke about how the program she worked in was, “always short staffed” and “just running with the bare minimum.” She also commented on her resulting frustration, “You know, reading these books that the programs’ theory is based on, and knowing that that's what we would love to do, but there just isn't physically enough human beings in this building to make that happen.”

Although their programs were often short-staffed, some participants spoke about the additional physical support that was available in campus based TRC programs. Claire noted, “there was other people next door in the other program, so you could call on other people for support if you really needed to.” Similarly, Hilary said that there was a comradery among the

frontline staff on campus, “I think that honestly the frontline workers came together and worked together a lot all across the campus. Even if we are assigned to certain [programs], I never felt that I couldn't count on someone.” Proximity to other programs and knowing that physical support was there if they needed it was comforting to participants who worked in campus based programs.

Some participants commented on why programs run with “the bare minimum” and are often short-staffed. Hilary shared that high turnover makes it difficult to keep a program fully staffed. In Hilary’s perspective, residential CYCWs leave their positions faster than managers can hire and train new staff to fill the vacancies. Sara stated that funding also contributes to this problem: “I can fully staff my program with the contracts that we have, but the second somebody gets sick, I am hooped as a supervisor trying to find coverage and stick within a budget.”

Funding limits the number of residential CYCWs that programs can employ. Many agencies have casual or relief staff to provide coverage for vacations and sick days. Although casual and relief staff may provide physical support, participants shared that they do not offer the same emotional support as their program team members (see Emotional Support subtheme).

Consequently, team members who are on their days off may be offered overtime shifts or programs will operate short-staffed. According to participants, working with casual/relief staff, working overtime shifts, and working short-staffed can contribute to burnout. Evidently, programs operating with the “bare minimum” is not working. As reasoned by Sara, overcoming these challenges relies on increased funding: “I think being able to hire more staff would help people with the burnout because there'd be more people to delegate the work to. The workload could be spread across more people.

*Management Presence.* Like how participants felt supported by their teams when they had enough staff working, participants felt supported by management when they were present in the programs. Some participants said that their team leader or supervisor would work frontline alongside them when the team was short staffed. For example, Sara stated, “I worked lots of shifts with [my supervisor] where she was on the floor with me because there was nobody to cover the shift, so she was doing it.” Even if programs were not necessarily short staffed, participants noted the positive impact managerial presence had upon both youth and staff. Aaron shared:

Having management that are present helps a lot. There's been different times I've seen where there are different levels of presence from upper line management and that helps a lot because it helps regulate our kids more... the frontline workers can be seen in a different light, and there's a lot of weight that can be pulled with having just the presence of upper line management and clinical support around with you.

As a former residential CYCW and current team leader of a residential CYCW program, Jeremy recalled how having team leaders “out there with you, knowing what you are doing” inspired his current approach to leading a team:

My own personal style leadership is if you are into that, I'm going to be right beside you. If you're running after a kid, I may be right beside you, helping you stop that kid from running into traffic. I might be the one that's coordinating all the pieces outside alongside you. My personal type of leadership is being there in the trenches, leading from the front so to speak... I think that's what we need, that's what a leader should do, a leader should support their team to support the milieu to support those kids.



Participants noted that physical support from management was inconsistent. While Sara and Jeremy spoke above about their former team leaders working the floor with them and inspiring them to be present leaders, other participants shared that they did not experience physical support from management. For example, Chris said, “if you don't feel like the management is helping, you feel very ‘us versus them.’ They get to sit in their ivory towers and we're all here pushing.” Participants reported feeling this way when managers were not present in the programs, such as when they were attending meetings or during evenings and weekends when there was very limited managerial presence. Aaron highlighted this point:

You didn't have the same type of support systems that would be in place during the day times. So, if you're working on a campus, it's a busy atmosphere and there's a lot going on during the day. If you have crisis during the daytime, there's a lot of other people that you can reach out to for support during those events. But when you're in night shifts, a lot of daytime staff obviously went home by that time, so if you're having to deal with a lot of those situations, you're having to take them on with yourself and maybe just one other co-worker.

Cece also discussed the difference in support available on campus during the day compared to the evenings and weekends. She reported that her agency made “some efforts to provide more support on shifts that are lacking,” describing how management “staggered their schedules so that they can provide a weekend support.” Unfortunately, Cece shared that most of these attempts did not last and managers usually reverted to their regular schedules after a couple of months.

**Emotional Support is Being “In it Together.”** Having colleagues and supervisors present was a significant factor in feeling supported; however, participants’ comments revealed

that mere presence was not always sufficient to feel supported in the residential CYCW role. Participants felt emotionally supported when they felt like they were “in it together.” They shared that trust and having shared experiences were key to cultivating this feeling. Additionally, discussing and debriefing experiences made participants feel “in it together” with management and emotionally supported by management.

***Trust and Shared Experiences.*** Feeling emotionally supported can be captured by a commonly repeated phrase from the interviews, that participants felt like they were “in it together.” For example, Jeremy said:

I felt, and maybe it's the team I had over when I was on that campus, that we were all in it together. The outside pressure of the crisis that came kind of forced us to put [aside] a lot of the annoyances we may have in our day-to-day lives and get out there because we knew if something was going sideways, if people did not get out there and help and support each other in that, someone is going to get hurt. Kids are going to get hurt. Staff are going to get hurt. That's the reality of it.

It was evident that trust was critical to feeling emotionally supported. Participants shared that they needed to trust their colleagues and supervisors to feel like they were in it together. Sara said, “sometimes we would go through really hard things together and so I needed to know that this person has my back and I've got theirs.” Chris, on the other hand, gave an example of how lack of trust among a team makes residential CYCWs feel unsupported:

[Team members] make plans that don't make sense, or they undermine you. I have had people use secret ways to keep kids calm without sharing it with the rest of the team. It definitely does not help with feeling supported when those sorts of things happen.

Aaron, similarly, shared how it is difficult to work with new or covering staff members because there is no trust: “It's almost like getting another kid that day. It doesn't help a lot where you get the support, but you have to watch them to make sure that they're not going to do something.”

Claire noted that it is also imperative that staff trust their program leaders:

Sometimes management isn't properly trained or they don't actually have the qualifications for [the job] which I think caused a number of my coworkers to leave 'cause they felt like their managers weren't doing their job or they weren't being supportive enough or they didn't know what they were doing, so they didn't want to follow them and trust them.

Trust is key to residential CYCWs feeling emotionally supported and in it together. Participants also commented on how shared experiences could help build trust and promote feeling in it together. Multiple participants noted that shared experiences helped them to feel closer to and more comfortable with their colleagues. Gwen said, “I never really felt alone in hard times because everyone else has also gone through the same thing.” Similarly, Sara said:

I think there's a camaraderie and shared experience of people who can say, ‘you know, maybe I didn't go through what you just went through and maybe I'm not experiencing that same struggle, but you know what? This job is hard, and I do understand that.’

Claire also spoke about shared experiences bringing her team together, “The team was definitely the most supportive part of [the job]. You joke about trauma bonding, but it is kind of a thing. If you go through a hard experience together, you at least have something to talk about now.”

Going through adversity can bring a team closer together. In a job faced with so many challenges, it is no wonder that many participants reported their teams becoming so close.

*Emotional Support from Management.* Communication and debriefing with program leaders helped participants feel emotionally supported by management. Aaron shared that he always finds talking about things helpful when “things pile up too much.” He said, “every time that I have gotten to that point, I go and let management, or someone know, and just talk about the situation that I'm dealing with. I always feel better and that feeling always goes away.” Wanda shared a similar sentiment, that she felt supported when she felt heard, and vice versa: “Sometimes the support actually just looks like having somebody really hear you when you need to be heard but feeling unsupported obviously comes from the lip service that a lot of management have developed.” Wanda suggested that some management go through the motions of communicating or debriefing with their staff, but for the residential CYCWs to feel emotionally supported, they need to hear and internalize what the staff say and respond with appropriate words and actions.

Some participants spoke about how supervision is supposed to be an opportunity to feel heard and talk things through with your program leader. Claire said that her current agency has policies around staff having supervision every two weeks. She noted, “I feel like they're trying to build and support there. Whether that happens every time or not is debatable...” Similarly, Pam noted that supervision and debriefing are good in theory but don't always happen in practice:

I think a lot of team leaders and management just need to be more mindful of making availability. I know a lot of the time they just get super busy and then they don't get around to debriefing or having supervision or whatever needs to be done.

Whereas supervision is usually scheduled and more routine, debriefing occurs when there was an incident. Debriefing provides residential CYCWs the opportunity to reflect on the crisis or incident and receive feedback and emotional support following what are often physically and

emotionally draining events. Gwen found debriefing helpful and was glad for that opportunity to check in with her supervisor, which made her feel supported. Claire on the other hand wished debriefing was prioritized more:

There was only sometimes support and like debriefing for that kind of thing. I found like oftentimes it was like “Oh well, we deal with this everyday so like get over it.” Where it's like, ‘well no, that impacted me and I want to be able to talk about it,’ but there sometimes wasn't that room to do so, so that was frustrating.

Communicating and debriefing with management was discussed as one of the mechanisms that could make participants feel most supported; however, most participants felt that managers did not prioritize creating the time and space for these conversations to occur.

**Section Summary.** Participants discussed the importance of residential CYCWs receiving support from team members and managers at great length. When analyzing the codes, I noticed that participants’ statements relating to support could be grouped into physical or emotional support. Although participants reported the value of experiencing physical support from team members and managers, they noted that this form of support is often missing. Teams frequently operate short staffed due to funding and budget constraints. Similarly, participants shared that managers often do not provide physical support in programs due to their need to attend meetings, complete administrative tasks, and their schedules precluding them from working evenings and weekends. Managers not physically supporting in programs trickles into their capacity to provide emotional support to frontline CYCWs. Participants reported that they felt supported by managers who were able to provide supervision and debrief incidents; however, participants reported that they most commonly did not receive this emotional support. Participants felt most supported by their team members who they trusted to have their back. They

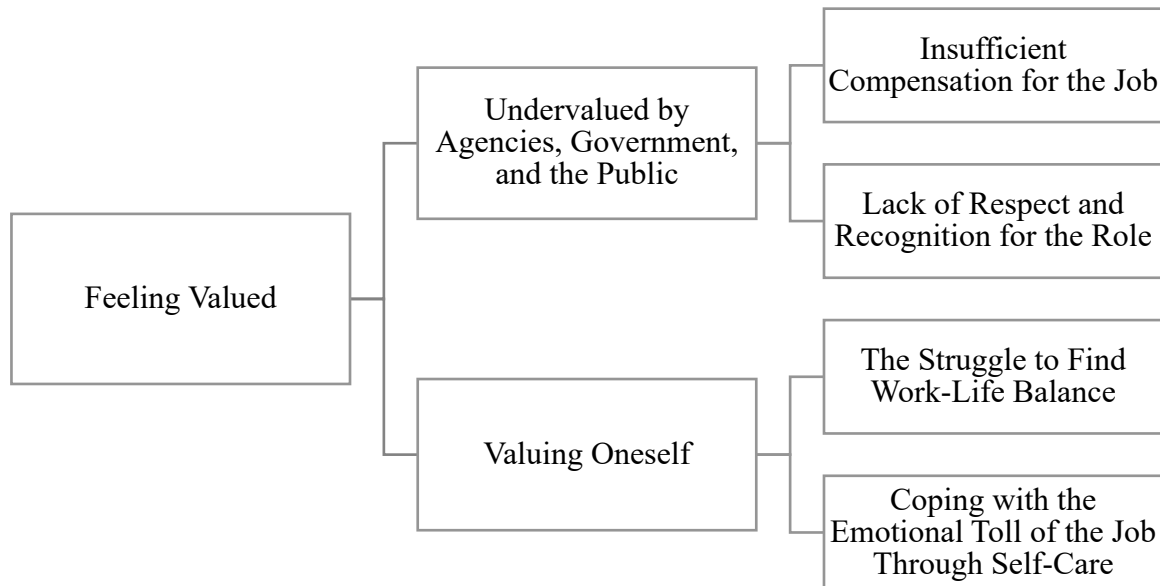
noted that working in TRC, residential CYCWs have shared experiences which lead them feel like they were “in it together.”

### ***Feeling Valued***

During my analysis of preliminary themes, I noticed that several early themes had an underlying meaning relating to value. For example, participants noted that things like their safety not being prioritized made them feel like they were not valued by their programs and agencies. Through several iterations of mind maps, I discovered two distinct, yet connected, categories of subthemes related to value (see Figure 8). Participants shared that they felt undervalued by the insufficient compensation they received and the lack of respect and recognition for the residential CYCW role. Accordingly, participants stressed the importance of residential CYCWs valuing themselves by establishing a healthy work-life balance and practicing self-care to cope with the emotional toll of this job.

**Figure 8**

*Feeling Valued*



**Undervalued by Agencies, Governments, and the Public.** Many participants expressed that they did not feel valued by others in their role as a residential CYCW. In Themes 5 and 6, I shared participants' views on how residential CYCWs' well-being is not prioritized and how they often felt unsupported. Both areas contributed to participants' sense of value. However, to avoid redundancy, this section outlines two additional subthemes that emerged as to why residential CYCWs felt undervalued by their agencies, governments, and the general public. Mostly, participants' comments relating to feeling undervalued centred on the inadequacy of their pay. However, a few participants also noted that the residential CYCW role is largely unrecognized. These participants expressed gratitude for this research study because it made them feel recognized, heard, and valued.

*Insufficient Compensation for the Job.* Insufficient financial compensation was named by seven out of ten participants as one of the primary reasons for turnover in the field. Nonetheless, a few participants noted that residential CYCWs are not in it for the money. Wanda said, “I didn't work with one person that was like, ‘I'm just here for the paycheck, and I don't care what happens with these kids.’” Similarly, Aaron noted, “I know that most people are not going in there for money. Most frontline workers are not chasing money, they are not.” You may recall from the literature review that the average starting wage for a CYCW is \$21.05 per hour. Although residential CYCWs are not in it for the money, they do want to be fairly compensated for the job that they do.

Many participants articulated that the compensation is not sufficient for the demands of the role. Gwen, for example, shared, “I think that the that the position doesn't pay enough for the responsibilities that you have and the role that you play in helping shape these children's lives.” Claire expanded on this idea:

You get paid such crap to do such a high stress job, especially the shift work positions. Like you're stressing your body out and like taking years off your life for \$20.00 an hour, like that's ridiculous ... you're having to pull kids out of traffic, grab razor blades out of their hand, and get punched in the face for \$20.00 an hour, that's ridiculous.

Participants said that fair compensation for the risks and challenges that come with the job may help reduce turnover among residential CYCWs. They suggested that agencies incentivize working in riskier and more challenging programs. Cece proposed offering “danger pay” to more experienced workers to incentivize working in more difficult programs. Similarly, Aaron said:



There is no incentive plan to be in higher risk situations. How are you going to keep people in a higher risk situation when they can look over the fence and go, 'No, I'm going to go to that program over there and get paid the same amount of money that I'm making here.' So incentivizing people in riskier situations, I think, would be a good start because there's no difference between high risk and risk. It's just youth with mental health issues. This is what you get paid.

Recognizing that programs are limited by the funding they receive from the government, a few participants suggested other forms of compensation for residential CYCWs. For example, Gwen wished that her health benefits covered more therapy, "It was only short-term therapy I could get with our benefits. And it felt like with the experiences I was having, it would be great to have somewhat of a stable therapeutic support while in the job. Likewise, Claire said:

It would be nice if there was an adjustment of the benefits plan to account for things like more mental health. Like, it's nice that you have 600 bucks of therapy a year. That's three sessions... great. What am I going to do with that? Or like pay for a gym membership.

For me, that would be nice to work on my work life balance and my physical health. Participants' consistent comments about the insufficient compensation residential CYCWs receive reflect the underlying theme that they do not feel valued in their role. As Aaron said, "start with making people feel like they're being compensated for the risks that they have to be put into...show them that they are valued by giving them more."

***Lack of Respect and Recognition for the Role.*** Although comments about compensation were more prevalent among participants, a second interesting subtheme also reflected the major theme that residential CYCWs desire to feel valued in their role. Namely, a few participants shared that the residential CYCW role itself is not widely recognized in society. Additionally,

approximately half of participants concluded their interviews by thanking me for pursuing this research because it shines a light on a profession that is often overlooked.

Some participants shared that they felt the residential CYCW role did not get the respect and recognition it deserved. For example, Gwen shared, “I don't think that this job is highly recognized. In my experience, people either didn't know what job I had or what it meant or what my day looked like.” Gwen’s perspective was shared by other participants, some of whom were themselves ignorant to the residential CYCW role prior to working as one (see Theme 2). Gwen also posited that better financial compensation for the role would bring about increased respect and recognition for the job: “I think that being compensated fairly would... maybe increase the respect that the role has. So having that could impact being seen more in a professional way.”

The lack of respect and recognition for the residential CYCWs’ role was also evident in the expressions of gratitude that I received from over half of the participants at the conclusion of their interviews. In some cases, I had already ended the recordings when participants thanked me for pursuing this research; however, other participants’ comments were recorded. Aaron spoke about how the interview was a unique opportunity to talk about the role with someone who he does not work with: “it is nice to kind of just talk about the things that we go through. We don't have a lot of opportunity to do that unless it's with our colleagues, you know?” Claire hoped that this research will inform the general public about the residential CYCW role and increase public interest in supporting residential CYCWs. She said, “I hope that this kind of research becomes more common place and people take it seriously because if you're expecting me to take care of your kid, you should be taking care of me.”

**Valuing Oneself.** Acknowledging that they often felt unsupported or undervalued by others, participants emphasized the importance of valuing themselves. Claire perfectly captured

this idea when she said, “you can't take care of other people if you're not taking care of yourself.” Two primary sub-themes emerged from participants’ comments about valuing themselves. First, participants spoke of the difficulties in creating work-life balance in this role. Second, participants shared how current and future residential CYCWs need to prioritize self-care to cope with the emotional toll of the job.

***The Struggle to Find Work-Life Balance.*** Most participants spoke about how it is challenging to find balance between their work and personal lives. Participants shared that shift work can negatively impact their well-being, specifically when they are not able to fully rest and recover between their shifts. A sub-group of participants also identified that shift work in TRC programs is not conducive to raising young kids. Additionally, participants repeatedly mentioned boundaries, specifically discussing how it is important, yet challenging, to establish healthy boundaries to separate their work and home lives.

***Shift Work.*** All participants worked shift work for at least part of their time as a residential CYCW. Among participants, there was great variety in the lengths and rotations of shifts. Interestingly, participants were not all in agreement as to what type of schedule provided them the best work-life balance. For example, some participants did not like working the 11.5-hour shifts in a four on/four off rotation. Gwen shared that working long hours did not give her enough time off in between shifts. She said, “you're just having to go to bed and then try to get as much sleep as you can and then wake up and get ready to go to work, I feel like there's not enough time to recharge.” On the other hand, Jeremy actually prefers the four on/four off rotation to a more traditional work schedule:

I actually think the four on/four off has the best weight balance. When you're at work, yeah, you're working long hours and you might be there even longer than the hours you

are scheduled, but when you're done, you're done for a while. And I found that for me personally, it was easier to manage. It was better inherent work-life balance and I think shift work, to me, works better. I've done the 9-5. I do not like it. It doesn't work for my family. It doesn't work for me, feeling like I'm getting enough recharge to come back in.

Although participants had different perspectives on which schedule provided them the best work-life balance, one subgroup of participants were in agreement that shift work in general was not conducive to their lifestyle. Wanda, Pam, and Chris are all parents of young children and each made it clear that their role as a parent trumps their residential CYCW role. Chris said, “I tend to value my time at home a lot more” and, “having a young family now, I want to be at home and not just that every half week parent.” After the birth of his first child, Chris switched from a residential program to the school program so that his schedule provided the work-life balance that his family needed. Wanda and Pam similarly shared that shift work is not favourable when raising a young family and both expressed plans to move into other roles that offer hours more compatible with their lifestyle.

*Boundaries.* Several participants spoke about the critical yet challenging task of separating their work and home lives. They discussed establishing and maintaining boundaries to prevent these two areas of their lives from negatively impacting each other. For example, Claire learned to stop responding to work texts and calls when she was not on shift and shared that she started to say “no” when she was asked to work overtime. She said, “being able to set those boundaries was important.”

Saying “no” and prioritizing oneself was a noted challenge for several participants. Hilary felt like she was letting her colleagues down when she said “no”: “Unfortunately, programs are always going to be understaffed. At some point, you have to say to yourself, ‘No,

I'm not coming in on my day off. No, I'm not working a 14-hour shift.” Similarly, Pam generalized that residential CYCWs struggle to advocate for themselves and ask for time off when they need it, “they almost feel guilty if they're like, ‘Hey, I need a mental health day’ ... and then they just end up getting burnt out and can't do it anymore.”

The above paragraph shared examples of physical boundaries that participants set to prioritize their own well-being. Participants also spoke about establishing emotional boundaries between their work and home lives. Chris shared that he struggled with emotional boundaries when he first started in this role but currently, “the amount of stress doesn’t bother me too much.” He went on to state, “It's definitely taken time and energy to learn ‘this is my shit, this is work shit’ and [how to] separate the two.” Whereas Chris was able to set boundaries between his work and home lives, other participants were not as successful. Gwen shared her struggle:

As much as I tried to set great boundaries and do a lot of mindfulness practices to not take too much stuff home, to not take things personally, and to note that whatever is going on with the kids, it's not about me... it was really hard to not take home. At the end of the day, I have to bring myself to the job. I am a human, I'm going to bring that human element. And so, I took [the job] home with me all the time.

Gwen went on to describe what taking the job home looked like:

I don't feel like I'm a huge crier and I felt like I became really emotional. And it was impeding on my sleep, my appetite, and so I felt stress and burnout regularly. I would be, honestly, fearful to go to work. I was fearful of just how demanding I was assuming it was going to be every day.

Gwen's struggle to not take the work home was shared by many participants who recounted the emotional toll of the job and stressed the importance of self-care. These concepts comprise the next final subtheme of this section.

***Coping with the Emotional Toll of the Job Through Self-Care.*** All ten participants spoke at varying lengths about the importance of taking care of yourself as a residential CYCW. They noted that the stress of the job can become overwhelming and take a toll if you are not equipped to handle it. This subtheme first shares participants' comments about the emotional toll of the job before exploring their shared belief that self-care is critical to cope with such high demands.

*Emotional Toll of the Job.* When describing the emotional toll of the job, participants commonly talked about compassion fatigue, burnout, and stress. All of these were reported as very real consequences of the job that most people are unprepared for when they start as residential CYCWs. Both the routine duties and the intense situations that residential CYCWs experience can carry emotional weight. Claire said, "it gets physically and mentally and emotionally draining to do that kind of work for that long" and, "just overall stress of the work can be very challenging for people, whether that's compassion fatigue or burnout or you get punched in the face or in the gut by kid one too many times."

Some participants spoke about the most intense situations that they witnessed or experienced during their time as a residential CYCW. Claire, who worked in a program for youth experiencing severe mental health like suicidality, talked about having to interrupt suicide attempts and pull kids out of traffic. Aaron said, "I've seen kids overdose. We've had kids pass away, so yeah, it's really, really hard." Participants noted that experiences like those shared by

Claire and Aaron stick with you and can be difficult to come to terms with, especially the first time you experience them.

*Self-Care.* Both the day-to-day struggles and the acute traumas that individuals experienced in this role highlighted the importance of residential CYCWs having the support and resources to cope in healthy ways. Unfortunately, as discussed previous themes, adequate support and resources are not always available to residential CYCWs. Perhaps, this explains why all ten participants stressed the importance of residential CYCWs practicing self-care.

In many current societal contexts, “self-care” is a buzzword that conjures images of a candle-lit bubble bath. However, among participants, self-care was regarded as more than the stereotypical bubble bath. As Sara described, self-care is hard work:

Self-care is not all just beautiful bubble baths with a glass of wine and your favorite book. Sometimes it is therapy and going deep down into why is this a trigger for me? Self-care is figuring out different things about yourself and doing work on yourself to become a better person. That it is hard. If your self-care here and there is a bubble bath with a glass of wine, that’s great, I love it. But that bubble bath is not going to get you through your life in this job.

Some participants spoke about their own self-care practices that helped them cope with the emotional demands of the role. Pam, for example, shared that she did a lot of self-care on her days off, “I spend a lot of time outdoors, I go for walks with my kids.” She also noted that “self-awareness inside and outside work” helps her to recognize when she needs to take extra time for herself. In the previous subtheme on boundaries, some participants shared that they felt guilty for taking sick or personal days; however, Pam identified that sometimes she must put herself first and said, “if I need a day off, I’m not afraid to ask for it.” Several participants also talked about

self-care when asked to provide advice to someone starting out in the residential CYCW role. For example, Gwen said, “having a really strong self-care practice, that’s #1 top priority so that you can be there for the kids to the best of your ability, and also take care of yourself and hopefully not burnout as soon.” Pam and Gwen’s comments reflect that residential CYCWs need to value themselves and prioritize their own well-being to be the best they can be for the youth they work with.

Some participants also called on program leaders to prioritize and promote self-care among their staff and new hires. Claire said, “I know there [are] endless trainings on self-care and all that stuff. But before hiring, just really explaining how important self-care is in the job...there’s a lot of resources and stuff available, I think maybe just promote those resources more.” Sara shared a similar perspective from her role as a team leader:

Self-care is really big. And that looks different for different people. But one thing I really look for in people is do you know how to take care of yourself. Because if I have a staff coming through the door that has no idea what self-care is or doesn’t practice it, I think that they probably won’t last very long.

Sara’s comment reflects that self-care is essential to longevity in the residential CYCW role. She demonstrates the subtheme that residential CYCWs need to value themselves through self-care in order to cope with the emotional toll of this job.

**Section Summary.** This section presented the key subthemes that demonstrate the importance of residential CYCWs feeling valued in their role. Participants reported feeling undervalued by others due to the insufficient compensation and lack of respect and recognition they receive for the challenging role they perform by caring for high risk youth in TRC programs. Because they did not feel valued by others, participants stressed that residential



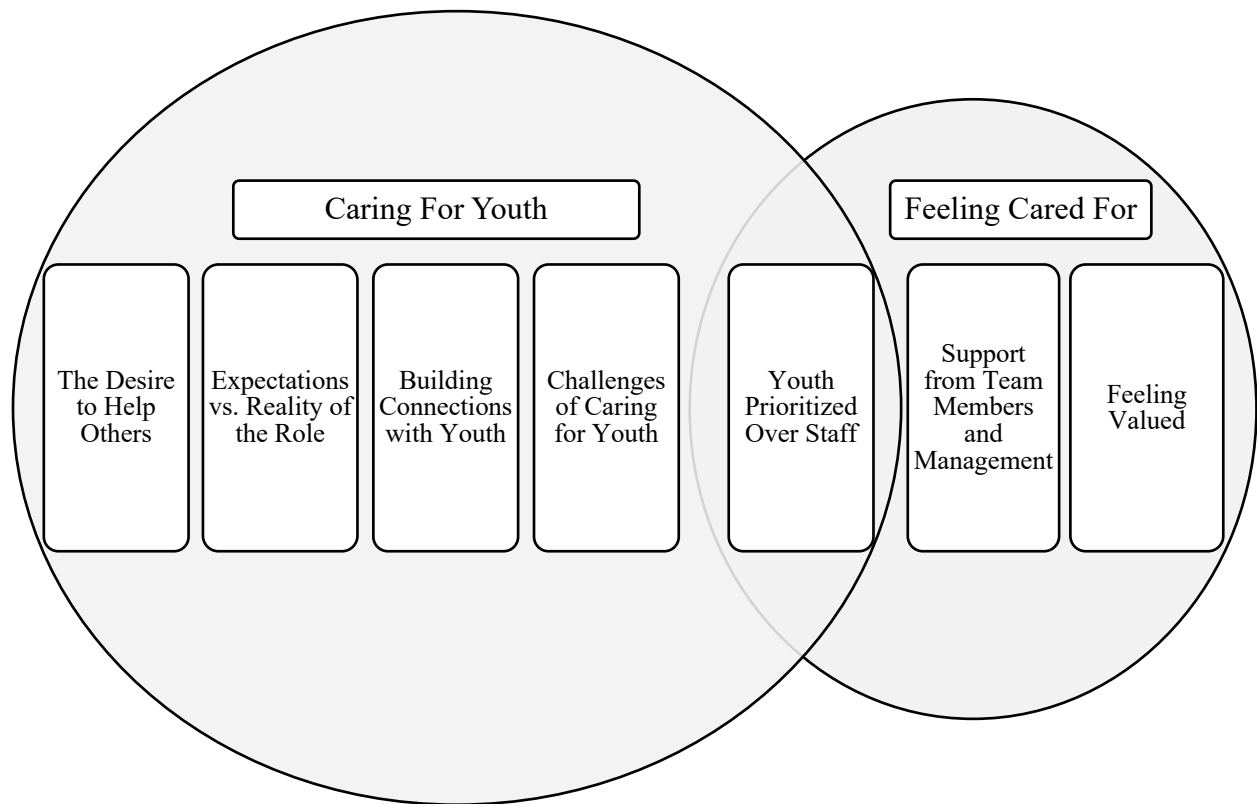
CYCWs need to learn to value themselves, by creating work-life balance and practicing self-care, or risk burnout from the physical and emotional demands of the job.

### **Caring: A Theoretical Model of the Residential CYCW Experience**

In the introduction to the themes, I noted that caring had emerged as the core category from the analysis. The organizational chart below was originally created to guide the reader through the themes (see Figure 1), but it also illustrates the theoretical model that emerged from this grounded theory study (Figure 9).

#### **Figure 9**

*Caring - A Theoretical Model for the Residential CYCW Experience*



This theoretical model provides a framework for understanding the residential CYCW experience. Caring provided the core category around which this model is built. During my analysis, I realized that the themes could be broken into either caring for the youth or feeling cared for. After reading this chapter, the reader should be equipped with an understanding of each theme and appreciate the relationship between the two categories represented by the spheres in Figure 9. Caring for the youth takes precedence over residential CYCWs feeling cared for.

This theoretical framework shares certain features with Nodding's (1984) ethic of care framework. A key assumption of Nodding's ethic of care is the reciprocal relationship between the "one caring" and the "cared for." Both the one caring and the cared for individuals have responsibilities in establishing the caring relationship. The one caring individual must be engrossed in the cared for person, committed to the cared for person, and have a motivational shift in interest from the self to the cared for person (Nodding, 1984). According to the ethic of care, the cared for individual needs to be both receptive and responsive to the efforts of the one caring for the caring relationship to be established. The characteristics of the one caring individual are consistent with the caring framework that emerged from the present study to describe the experiences of residential CYCWs. Furthermore, low levels of youth receptivity and responsiveness to the residential CYCWs efforts, or, in other words, the lack of reciprocity in the caring relationship, may be contributing to the high turnover in this role.

### **Chapter Summary**

In this chapter, I presented the findings of the present study. I began by providing the reader with information about the ten participants to give context to the perspectives they shared during the interviews. The remainder of the chapter detailed the results of the thematic analysis. I illustrated each of the seven major themes and multiple subthemes using quotes and descriptions

from the ten participants' interviews. Finally, I reframed the results as the theoretical framework that emerged from this grounded theory study.

## **Chapter 5: Discussion**

The purpose of this study was to explore the experiences of current and former residential CYCWs using a qualitative approach. During my time as a residential CYCW, I noticed a problematically high rate of turnover among my colleagues. When I started this study, my goal was to learn about the aspects of the residential CYCW role that may be contributing to high turnover. While reviewing the existing literature in this area, I observed that their predominantly quantitative methodology did not capture the essence of the residential CYCW role. I elected to use a qualitative approach to give a voice to this population and learn about the nuances of their role that may have been overlooked in previous research. After reviewing interview transcripts and refining codes and themes, a theoretical model emerged, comprised of seven major themes and numerous subthemes. This model captures the essence of the residential CYCW role and shines a light on the many factors that contribute to high turnover within this position. I begin this chapter by revisiting the research questions that guided this study. I answer each question using the themes and sub-themes that were presented in the previous chapter. Next, I reflect on the results and provide recommendations for residential CYCWs and TRC programs. I critique the strengths and limitations of this study before concluding with my recommendations for future research in this field.

### **Revisiting the Research Questions**

This study explored the experiences of current and former residential CYCWs to better understand the nuances of the role that may be contributing to high rates of turnover. The study was guided by four research questions. This section will answer each of the research questions using the themes and subthemes that were presented in the previous chapter. Additionally, I will contextualize these findings within the existing literature.

### ***What Drew Current and Former Residential Child and Youth Care Workers to this Position?***

This first research question is addressed by the first theme in the previous chapter: the desire to help others drew participants to the residential CYCW role. Specifically, three subthemes illustrated different ways that the desire to help others drew participants to the role. First, participants shared how their personal challenges as teens inspired them to want to help other young people going through similar struggles. This finding is consistent with existing research which found that some residential CYCWs were drawn to this line of work “as a way to explore or give meaning to their own negative childhood or early adulthood experiences” (Moses, 2000, p. 120). Second, participants discussed how their education programs in helping disciplines such as psychology, youth care work, and human services often included a practicum placement which introduced participants to this helping role and eventually led to their employment in a TRC program. Lastly, participants were drawn to the residential CYCW role because it was an entry level position in the helping field that they viewed as a career steppingstone to other opportunities in the future. These findings are similar to results reported in Moses’ (2000) study such as how some participants reported used this frontline role as a means to gain experience in the field but ultimately viewed the position as a steppingstone in their careers. The similarities between the findings in the present study and Moses’ study suggest that individuals’ motivations for pursuing jobs as residential CYCWs has remained relatively consistent over the past two decades.

### ***What Factors Assisted or Hindered Residential Child and Youth Care Workers in Their Role?***

Participants discussed many aspects of the job that assisted or hindered their work in the residential CYCW role. This research question is answered by several different themes and sub-themes that were presented in the previous chapter.

Findings from the first theme highlight how those things which guided participants to the residential CYCW role in the first place also aided them in their continued work with youth. Participants shared that their experiences from their own teen years helped them to connect with and be more empathetic towards the youth. This finding is consistent with Moses' study in which participants shared how their own experiences helped them to understand the youth and serve as a role model for them (Moses, 2000). Participants also talked about how their education programs and practicum experiences helped them prepare for success in the role. In the fifth theme, participants noted that trainings and professional development opportunities assisted them by providing the knowledge, language and skills needed to be successful in the role. Although the literature supports these findings that relevant educational backgrounds and ongoing training and professional development aid residential CYCWs (for example, Baker et al., 2008; Krueger, 2002; Williams & Lalor, 2001), existing research does not specifically explore the role of practicum placements in preparing residential CYCWs.

The sixth theme explored how physical and emotional support from team members and managers helped residential CYCWs in their role; however, lack of these supports greatly hindered their work. Having enough staff to safely manage the TRC program and provide a therapeutic milieu to the youth was essential. Without sufficient staff working in programs, residential CYCWs were forced to manage crises, complete innumerable tasks, and facilitate a therapeutic environment with limited personnel. Existing literature has cited that inadequate staffing is a challenge in TRC programs (Baker et al., 2008); however, the limited studies in this area have not previously explored the impact this has on residential CYCWs. Participants reported that managers also provided physical support by being present in programs and assisted residential CYCWs emotionally by offering guidance through supervision and debriefing. Lack

of supervision and debriefing managers hindered residential CYCWs in their role because, for example, they may not receive correction or feedback on how to better handle a particular situation or interact with a certain client. These findings are consistent with extant literature that found that staff in TRC receive limited supervision (Coll et al., 2018) and that CYCWs need help to deal with the emotional difficulties of the role (Anglin, 2002).

The severity of youth behaviour, the physical and emotional toll of such behaviours, and residential CYCWs' lack of boundaries and self-care were identified as additional barriers to residential CYCWs' effectiveness. In the fourth theme, I shared how frequent crises, specifically client violence, disrupts therapeutic programming and can take a significant toll on the physical and emotional well-being of residential CYCWs. For example, participants shared that they sustained injuries from clients, feared going to work, and struggled to sleep, among other difficulties. These challenges to the role were exacerbated by participants' lack of effective boundaries, work-life balance, and self-care which were discussed in the seventh theme. Existing research backs these findings, such as Steinlin and colleagues (2017) who reported the prevalence of stress symptoms among residential CYCWs following physical assaults and threatening situations and discussed how these symptoms could be mitigated by personal and organizational factors such as sense of coherence, enjoyment of work, and communication and support within the work team.

***What Roles and Responsibilities Were the Residential Child and Youth Care Workers Hired to Perform? How Did This Compare to the Actual Day-To-Day Roles and Responsibilities?***

This research question is answered with the second theme, which explores the participants' expectations of the residential CYCW role compared to the reality of the job. Participants reported varying expectations of the role; therefore, they had different levels of

understanding of the roles and responsibilities they were hired to perform. Some participants started with limited knowledge of the day-to-day requirements of the job. Other participants had been warned about the job and expected they would constantly be managing crisis. The day-to-day roles and responsibilities were far more extensive than any participant had anticipated. Participants discussed the large volume of caretaking, administrative, and crisis-management tasks they were charged with and noted that their workload was further increased by frequent staff shortages. Previous studies have reported consistent findings about the reality of the residential CYCW role such as task volume, client violence, the demands of the role, the emotional exhaustion (for example, Connor et al., 2003; Krueger, 2007; Savicki, 2002; Smith et al., 2021). Additionally, existing literature supports the finding from the present study that prospective residential CYCWs are unprepared for the role (for example, Baker et al., 2008). However, there is limited literature that details the vast discrepancy between what residential CYCWs expect of the role and what they experience. That said, participants who started the role with “rose coloured glasses” only to be hit with the reality of the role, lends support to a theory posed by Barford and Whelton (2010) that younger CYCWs may enter the position with high hopes but quickly become disenfranchised when the job does not meet their expectations.

### ***What Were the Factors and Decisions Associated with Leaving or Staying in the Residential CYCW Position?***

Participants named several different factors that contributed to their decisions to leave their residential CYCW position. These factors were introduced across multiple themes and subthemes in the previous chapter.

Some participants elected to leave to pursue other career goals. In the first theme, participants noted that this position was a steppingstone towards higher paying and more



respected positions in the helping fields. Furthermore, the fifth theme identified there were limited opportunities for professional development in the role because caring for youth in program was prioritized over training. Researchers have theorized that viewing the job as a steppingstone and failing to provide sufficient training contribute to turnover in this population (Connor et al., 2003; Moses, 2000; Savicki, 2002); however, research backing these theories was not located in the extant literature.

In the sixth theme, participants described often feeling physically and emotionally unsupported. For example, consistently being understaffed and not receiving emotional support from supervisors were identified as factors that contributed to some participants' decisions to leave the position. These findings are consistent with a previous study which reported that frontline staff in TRC programs receive limited supervision (Coll et al., 2018). The fifth theme also discussed how staff safety was not a priority, which contributed to some participants' decisions to leave the role. Specifically, participants shared how they chose to leave the role because current practices compromised their safety, and they did not feel that their safety was prioritized by the program managers. This finding aligns with Kim and Hopkins' (2015) finding that individuals in the child welfare field had lower organizational commitment when they perceive an unsafe workplace.

Lastly, the seventh theme discussed reasons related to value as to why residential CYCWs may leave the role. Participants consistently reported that residential CYCWs are underpaid for the job they do which left them feeling undervalued and unwilling to tolerate such a demanding role. These findings are consistent with existing research that discusses how low wages and lack of professional respect contribute to turnover (Colton & Roberts, 2007; Krueger, 2007; Savicki, 2002). Some staff also shared how they struggled to value themselves by

establishing healthy boundaries and an effective self-care practice to ensure work-life balance. Colton and Roberts (2007) similarly found that difficult work life balance contributed to turnover.

Just as participants shared many reasons for leaving the residential CYCW position, they also named multiple reasons for staying in the role. For some participants, what drew them to the role also kept them in the role. The desire to help people, discussed in the first theme, inspired many participants to pursue a residential CYCW position and contributed to their decision to stay in the role. Many participants spoke about how the kids kept them going. Building connections with the youth, influencing change, and celebrating the small wins, as discussed in third theme, were key to this. The kids were the primary reason for staying in the position; however, some participants talked about how their team was the best part of the job and the reason they kept doing it. In the sixth theme, participants spoke about being part of a team and feeling that they were “in it together.” This sense of connection and accountability to one’s team influenced some participants’ desire to remain in the role. Furthermore, participants identified that having a supervisor who had their backs was important because they provided supervision and debriefing and often encouraged or even mandated self-care and boundaries to help facilitate work-life balance. Participants also noted in the seventh theme that the ability to achieve work-life balance and move past the emotional hardships through intentional self-care aided in their ability to stay in this position. Overall, participants who elected to remain in the role appeared to have a willingness and ability to tolerate the many challenges of the residential CYCW position as well as the belief that the work is important and making a difference in the youths’ lives. Existing literature has primarily explored those factors which contribute to turnover among residential CYCWs rather than factors associated with staying in the role. However, Barford and Whelton

(2010) observed that CYCWs reported high levels of personal accomplishment and engagement in their work despite also reporting high levels of emotional exhaustion. Additionally, in Moses' study, 20% of participants reported the job was worth it and “reimburses in ways that money cannot” (2000, p. 122), a finding that in many ways summarizes the reasons participants in the present study provided for remaining in this role.

### **Reflections on the Results**

In the previous section, I responded to the research questions that guided the study using the themes and subthemes identified in the results chapter. Next, I reflect on the potential significance and implications of the findings. Rather than repeat the insights that participants already shared, I used my firsthand experience in the residential CYCW role and the knowledge I gained from extensive research on this topic to develop six key takeaways from the results. Although derived from the theoretical model presented at the end of the previous chapter, these takeaways do not directly align with specific themes. Some themes yielded two distinct takeaways and some takeaways bridged topics and insights from two or more themes. Each takeaway is comprised of my reflections on the topic or issue as well as my recommendations for residential CYCWs, TRC programs and agencies, and/or government personnel and policymakers.

### ***More Money, Less Problems***

Several subthemes within the seven major themes indicate that many of the challenges that residential CYCWs and TRC programs face could be resolved with money. Some of these subthemes suggest a need to increase financial compensation for residential CYCWs. For example, participants shared that many residential CYCWs view this job as an entry level position and a career steppingstone. Additionally, all ten participants stated that residential

CYCWs do not get paid enough for the high demands and risks of this role. Paying residential CYCWs more money may help to attract and retain a qualified workforce rather than have a revolving door of new hires who get trained then move on to other better-paying positions. Residential CYCWs would also feel like they are being compensated fairly and valued for the important work they are doing. The money to increase residential CYCW salaries in southern Alberta would require increased government funding through Alberta Children's Services and Alberta Health Services.

Increased funds to TRC programs and agencies could hold more benefits than just increasing residential CYCWs' salaries. Subthemes from the study highlighted that participants frequently feel unsupported due to operating short-staffed and do not feel physically or emotionally supported by management when they are not able to be present in the programs or prioritize supervision and debriefing with staff. With larger budgets, programs could hire more staff to spread the workload and create time for continuing education and professional development, both of which would attract residential CYCWs to stay in the role longer. Agencies could also employ more middle management and support staff to ensure the frontline workers receive the physical and emotional support they need. This takeaway serves as a call to policymakers and government officials to take the time to learn about TRC programs and the experiences of residential CYCWs. Some people may argue that throwing money at a problem will not make it go away; however, additional funds that are intentionally allocated to address the concerns shared above would make a great deal of positive change within the TRC field.

### ***TRC Agencies Should Develop Standardized Training***

Participants' reflections about the training they received as their respective agencies highlighted the need for standardized training across TRC agencies. Based on participant reports,

most agencies have a list of trainings that new hires are required to complete and at least some agencies now require new hires to complete all training prior to working with the youth in programs. While this indicates a step in the right direction, there should be a minimum standard for training that is consistent among all TRC agencies in Alberta. Those agencies that already mandate training prior to working with youth are setting a positive example that I believe should be mandated across the province to ensure that new residential CYCWs have the basic knowledge and skills required to be successful in the role from day one. At minimum, new residential CYCWs should be trained in Therapeutic Crisis Intervention, Applied Suicide Intervention Skills Training, First Aid, medication management, and documentation and reporting prior to working with youth. Additionally, new hires without an educational background in child and youth care work or a closely related discipline should be given training in child development and trauma informed care. Lastly, because of the disproportionate number of indigenous youth in TRC programs, training focused on Indigenous culture and history in Alberta, intergenerational trauma, and the Truth and Reconciliation Commission of Canada is essential to ensure residential CYCWs have the cultural competence to work effectively with indigenous youth, families, and communities. While standardizing the initial training of new hires across TRC agencies is the critical first step in this process, training for residential CYCWs should be ongoing. As in many other professions, residential CYCWs should have continuing education or professional development requirements to ensure that their knowledge and skills are up to date with the latest research and best practices in the field.

### ***TRC Programs Should Invest in their Practicum Students***

The second subtheme in this section revealed that half of participants completed a practicum placement as a CYCW. Although I recognize that this cannot be generalized to the

entire population of residential CYCWs, many TRC agencies in southern Alberta offer practicum placements to post-secondary students. Agencies are missing out on an excellent opportunity to cultivate their workforce and save money in the process. Participants, who completed practicum placements, reported that their agencies did not provide formal training to practicum students. Only after completing their placement and being added to the payroll did the participants receive their training. Offering trainings like Therapeutic Crisis Intervention and ASIST to practicum students would benefit practicum students and agencies alike. Formal trainings would make practicum students more effective in their role and make them more attractive candidates for future employment. Meanwhile, agencies, who seem to recruit and hire many practicum students anyways, can save time and money by training them as students instead of after they have been added to the payroll.

### ***Managing Expectations***

Participants noted that their expectations of the residential CYCW role did not align with their lived experience on the job and highlighted the importance of managing their expectations. For instance, some participants started in this role thinking that they would have a profound impact on the youth and change the trajectory of their lives within a few weeks. These participants expected too much of themselves, and too much of the youth. Participants discussed how they expected the amount of time and effort they put into working with the youth to reap significant rewards and were frustrated when that was not the case. Based on participants' comments, I theorize that the incongruence between residential CYCWs' expectations and experiences significantly contributes to burnout and turnover in this population.

Some participants noted that they had to learn to adjust their expectations of the youth and how they measured success in order to appreciate and find reward in the little victories. I and

many participants share the belief that steps must be taken to manage expectations before individuals are working as residential CYCWs. Several participants shared that TRC program leaders need to be honest and upfront about the role with potential CYCWs, likely during the interviewing process. Their perspective suggests that TRC program leaders and managers are responsible for informing potential hires, so they have accurate expectations of the role they are about to enter. Although I agree that program leaders have a responsibility to ensure potential hires understand the role they are undertaking, I do not agree that program managers should take on this responsibility while trying to recruit staff into their programs. I argue that potential CYCWs ought to be informed much sooner than the days or weeks before they are hired. This is an excellent opportunity for TRC agencies to build relationships and connections with academic institutions that offer programs like Child and Youth Care Studies, Psychology, and Social Work. Therapeutic residential care program leaders could provide guest lectures or attend career fairs in these departments/programs so as to begin educating and informing potential CYCWs about “the good, the bad, and the weird” of the job.

### ***Time to Reprioritize***

The fifth major theme in the results chapter explored how agencies prioritize caring for youth over the safety and well-being of the residential CYCWs they employ. Although the overarching priority of these programs is and should be the youth, participants’ comments from their interviews suggest that agencies need to adjust how they go about doing so. Currently, agencies prioritize providing care to a certain number of youth and having a certain number of residential CYCWs in programs supervising these youth. These priorities come at the expense of the quality of care they can provide youth and ensuring the residential CYCWs they are putting into programs have the training and capacity to safely care for these youth and provide them a

stable environment. In other words, agencies are currently prioritizing quantity of care over quality of care.

This is an issue that could be solved with money. As stated in the first takeaway, increased funding could increase the number of staff, giving new and existing staff more time for training. It could also enable agencies to provide smaller program sizes, creating more of a nurturing home environment and individualized care for youth.

### ***Team Building and Peer Support***

My sixth key takeaway from the themes is that residential CYCWs are often each other's biggest source of support. Most participants felt supported by their team members but only a few participants identified that they felt supported by program management. I think this may be associated with participants' comments that program management is not always present whereas they will almost always have team members on shift. Agencies should leverage the existing support among teams and strengthen it through things like team building and mentoring initiatives. Encouraging and training staff to provide more substantive peer support could help residential CYCWs to process and cope with the emotional toll of the job.

Consider a group of residential CYCWs who must manage a crisis late on a Friday evening. Although they can consult with an on-call manager over the phone, they will largely deal with the crisis on their own and detail a report outlining what happened. Then, this group may not have the opportunity to debrief the incident with management for several days, if ever. During this time, residential CYCWs may be emotionally struggling with the events of the crisis or questioning their actions during the intervention. By empowering residential CYCWs to support each other and training them to appropriately debrief all crises, programs could reduce the stress and burnout among residential CYCWs and ensure they feel like they have received



the support they need before their shift is even over. Previous research has found peer support programs effective at preventing burnout (Cooley & Yovanoff, 1996). It would be important to keep in mind that residential CYCWs may still require debriefing and emotional support from a program manager, especially following more intense crises. Additionally, programs should ensure that staff who are consistently struggling or coping with a significant event are referred for counselling to get more intensive support. The peer debriefing could be used as a triage model. If agencies were to develop and implement a peer support/debriefing model, it would be important that this does not add to the tasks and paperwork the residential CYCWs are required to complete. The primary objective should be to check-in with each other and provide emotional support following challenging incidents.

### **Strengths and Limitations of the Study**

This study had several strengths and limitations. Strengths of the study include being the first study to qualitatively investigate the experiences of both current and former residential CYCWs and reaching the target sample size. Diversity within the sample itself was both a strength and limitation. Additional limitations of the study are restrictions for the interview duration and researcher bias.

This study offers several contributions to the limited existing research on residential CYCWs. This was the first study to qualitatively research the experiences of residential CYCWs and was also the first to include both current and former residential CYCWs in the population. Another strength of the study is that it reached the target sample size despite having little direct benefit to participants. I theorize that participants were willing to engage in this research because talking about their work makes them feel valued and recognized. Future studies may find even greater success in participant recruitment by offering financial incentives for participation.

The ten participants in the sample provided a range of experiences of the residential CYCW role. As stated above, this study included both current and former residential CYCWs. Furthermore, criteria for participation were expanded which enabled even more perspectives to be included in the study, such as current program team leaders and a school-based CYCW with previous TRC experience. Years of experience in the residential CYCW role ranged from one year to nineteen years and participants worked in various TRC settings. Participants also ranged in ages and were therefore able to speak to the residential CYCW experience at different life stages.

Although the ten participants offered a range of experiences in the residential CYCW role, the sample had little diversity in terms of gender and ethnicity. Seven participants identified as female and three identified as male. All but one participant identified as White. Without accurate population statistics, I am unable to determine if this sample is reflective of the residential CYCW population. However, the predominantly female identifying sample is consistent with residential CYCW teams that I worked on or encountered during my time in the role. On the other hand, the almost exclusively White sample is incongruent with my personal experiences in which teams had greater ethnic diversity. Although the respondent driven sampling was intended to increase diversity within the sample, I prioritized getting the desired ten participants over ensuring ethnic diversity within the sample. Timeline constraints led me to interview the first ten potential participants who were eligible for the study.

Additional limitations of this study stem from the study design itself. The qualitative design limited the scope and number of questions in the interviews and provided opportunities for participant and researcher biases to influence the interviews and analysis. To keep the interviews from continuing for hours, I had to be intentional and restrictive in the number of

questions I asked participants. Additionally, I elected to use a semi-structured interview format to ensure the same general topics were discussed in each interview. Although these measures were necessary to provide consistency across the interviews and respect the time participants were volunteering, the interviews could have been inadvertently steered in directions that were influenced by my own biases and hypotheses. Similarly, although I made efforts to ensure the interviews addressed both the potential positive and negative aspects of the residential CYCW role, participants may have been inclined to provide answers they thought I wanted to hear. Additionally, although I did not ask participants which TRC agency they worked with, some participants shared the name of their agency during their interview. Consequently, I became aware that some participants worked at the same agency I worked with as a residential CYCW. I do not believe that the knowledge of working at the same agency significantly influenced the interviews or analysis of the transcripts; however, it is important to identify this as a limitation of the study as it is a possible source of unintentional bias. My analysis of the data may also have been influenced by my biases. Although I was as objective as possible and practiced reflexivity to prevent my previous experiences and familiarity with the residential CYCW role from biasing the results, it is impossible to eliminate bias altogether. If I were to complete a similar study in the future, I might have a second researcher code and analyze the data separately then compare results to ensure an accurate and unbiased analysis.

### **Future Research**

Residential CYCW is a relatively untapped source of research with numerous avenues and possibilities for future research. While working on this study, I often thought of additional questions I wished I had asked in the interviews or ideas for future studies.

Within the residential CYCW population, future studies should examine burnout and turnover rates while controlling for different demographic variables, such as age, gender, and education background, and personality characteristics like resilience. Additionally, future research should investigate the impact of consistent therapeutic support, such as individual or group counselling, on stress, burnout, and turnover among residential CYCWs.

TRC agencies also have endless research potential. After this study, I am curious to investigate how new training processes have impacted new CYCWs experiences and rates of burnout and turnover. Additionally, I think it would be interesting to compare program types to see if things like the age of the youth or the intensity of the program does in fact contribute to burnout and turnover.

Another avenue of future research could investigate how different variables among residential CYCWs impact youth outcomes. For example, one study could investigate associations between residential CYCW burnout and youth acting out behaviour. Another study could examine the impact of residential CYCW burnout on their attitudes towards youth.

Despite comprising only 10% of youth ages 0-17 in Alberta, 73% of youth in care are Indigenous (Children's Services, 2022). This overwhelmingly disproportionate number of Indigenous youth in care should spark research into the causes of this phenomenon, the experiences of Indigenous youth and caregivers involved, and culturally informed interventions to remedy this trend. For example, researchers could interview Indigenous stakeholders about their perspectives on and attitudes towards therapeutic residential care programs due to the intergenerational trauma and other lasting repercussions stemming from residential schools. This research is important to ensure that Indigenous youth receive care that appropriately incorporates Indigenous culture in the therapeutic milieu.

Lastly, future research could build on the findings of the present study. For example, researchers could present the theoretical model of residential CYCW experiences to a larger sample of residential CYCWs to receive feedback on to the validity of the model.

## **Conclusion**

CYCW turnover has been a chronic issue within therapeutic residential care. This study aspired to understand the experiences of residential CYCWs and explore the factors that contribute to residential CYCWs decisions to leave or stay in the field. The theoretical model that emerged through the analysis, *Caring – A Theoretical Model for the Residential CYCW Experience*, illustrates the complexity of the residential CYCW role. Caring for the youth takes priority over residential CYCWs feeling cared for. In other words, residential CYCWs' caring output far exceeds the caring input they receive from things like support, compensation, and practicing self-care. This model represents the what the residential CYCW experience currently is, not what it ought to be. Therapeutic residential care agencies must balance the needs of the youth with the needs of residential CYCWs. This paradigm shift cannot occur overnight and significant change will require increased funding for TRC. Meanwhile, TRC agencies and programs can take smaller steps, such as adopting some of the takeaways listed in this chapter, to ensure that residential CYCWs feel cared for so that they can provide the best possible care to the youth they serve.

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## Appendix A: Interview Guide

*We are now recording and will start the interview. I am so happy and grateful to have the opportunity to speak with you today so thank you very much for making the time. We will start with a few short questions to collect some demographic and background information then move into some more open-ended questions about your experience. Just a reminder that you can choose to not answer any question and you can also go back to previous questions. If you would like to take a break at any point, please just let me know. At the end of the interview, we will do a check-in to see how you are doing and you will have an opportunity to ask me questions that you may have.*

### **Demographics:**

1. What is your current age?
2. What was your age when you started working in therapeutic residential care as a CYCW?
3. What gender do you identify as? (*male, female, transgender male, transgender female, gender variant/nonconforming, other*)
4. Which of the following best describes you? (*Asian or Pacific Islander, Black or African American, Hispanic or Latino, Indigenous, White or Caucasian, Multiracial or Biracial, a race or ethnicity not listed*).
5. Start Date as CYCW (*month and year*).
6. End Date at CYCW (*month and year*). **\*Only for former CYCWs**
7. What type(s) of residential program did/do you work in? (*community based, campus based, individualized care, other facility*)
8. What was the age range of clients you worked with?

9. What types of presenting concerns did clients come to your program with?

**Semi-Structured:**

***Research Question 1: What factors led residential child and youth care workers to this position?***

- What drew you to seek a job as a CYCW?
- What preconceptions did you have about the job prior to being hired by a TRC program?

***Research Question 2: What training and background assisted or hindered their role as a residential child and youth care worker?***

- Tell me about different life experiences and training that prepared you for this role.
  - Tell me about your post-secondary education.
  - What training did you receive when you were first hired as a CYCW? (Before working with youth).
  - What additional training did you receive while working as a CYCW?

***Research Question 3: What roles and responsibilities were the residential child and youth care workers hired to perform?***

- Tell me about your experience working as a CYCW in TRC.
  - Describe some of the rewarding experiences.
  - Describe some of the challenging or negative experiences.
- Tell me about your daily roles and responsibilities.
- What made you feel supported (or unsupported) in this role?
  - Team
  - Supervision

***Research Question 4:***

***Former CYCWs: What were the factors and decisions associated with leaving the residential CYCW position?***

- Describe the factors and and decisions that lead to you leaving your position as a CYCW.
- Would you ever return to working as a CYCW in residential care program? Why or why not?
- Research shows us that turnover is a big problem among CYCWs, what do you think is the cause of this turnover?
  - What do you think needs to change in order to prevent turnover?

***Current CYCWs: What were the factors and decisions associated remaining in the residential CYCW position?***

- Did you ever consider leaving the CYCW position and if so, tell me about the factors and decisions that lead to your staying in your position as a CYCW.
- Do you see yourself staying in this position for the foreseeable future? Why or why not?
- Research shows us that turnover is a big problem among CYCWs, what do you think is the cause of this turnover?
  - What do you think needs to change in order to prevent turnover?

***Concluding Questions:***

- What advice would you give someone starting out as a CYCW?
- What question have I not asked that you think would be important for me to know about this topic?
- Do you have any questions for me?



*That is all of the questions I have. Thank you very much for your time and participation in this study. I know some of the things we talked about may have brought up some upsetting and possibly traumatic memories. Are you doing okay? After we wrap up, I will email you a list of counselling and mental health resources that you can access should you feel any lingering distress. Thank you again for your participation.*

## Appendix B: Letter of Invitation



# Letter of Invitation

### *EXPLORING THE EXPERIENCES OF CURRENT AND FORMER CHILD AND YOUTH CARE WORKERS IN THERAPEUTIC RESIDENTIAL CARE PROGRAMS*

You are invited to participate in a research study entitled “Exploring the Experiences of Current and Former Child and Youth Care Workers in Therapeutic Residential Care Programs.” This study is being conducted by Zoë Brennan, a graduate student at the University of Lethbridge, under the supervision of Dr. Noëlla Piquette, a faculty member in the Faculty of Education at University of Lethbridge. You may contact them if you have further questions by emailing [zoe.brennan@uleth.ca](mailto:zoe.brennan@uleth.ca) or [noella.piquette@uleth.ca](mailto:noella.piquette@uleth.ca).

The purpose of this study is to explore the experiences of individuals who are currently or were formerly employed as child and youth care workers in therapeutic residential care. Recipients of this invitation are current and former child and youth care workers in therapeutic residential care programs in southern Alberta. This invitation has been sent to you by either another participant in the study or a former coworker of yours who did not meet all participant criteria.

Participation in this study will involve an short demographic survey and an interview that will be conducted over Zoom. You will be asked about the education and training you received prior to starting this position, your on the job experiences, and the factors that influenced your decision to stay in or leave this position. The interview will take approximately one hour and will be digitally recorded and later transcribed. All identifying information will be removed from the transcript. You may request a copy of this transcript and/or a summary of your responses. All recordings, transcripts, and study materials will be stored in an encrypted file and all data will be destroyed within 5 years of study completion.

It is possible that memories of negative experiences and events may come up during the interview. At the conclusion of the interview, the researcher will complete a short debrief where you will be provided with contact information for counselling and/or mental health resources should you be experiencing any distress.

You may also find the interview to be very enjoyable and rewarding, as many people who worked in the field of residential child and youth care work do not get to share their experiences with a skilled and nonjudgmental interviewer, as you will. By participating in this research, you may also benefit others by helping people to better understand the experiences of child and youth care workers, the challenges they face, and the ways to improve the work experience for future child and youth care workers.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. Furthermore, should you choose to withdraw from the study while it is underway, your data will not be used in our research and there will be no penalties or consequences.

If you wish to participate in this study, please contact the researcher at the phone number or email address below. The researcher will confirm your eligibility to participate in the study then set an appointment for the interview that is convenient for your schedule.

Sincerely,

Zoe Brennan

P: 403-589-8990

E: [zoe.brennan@uleth.ca](mailto:zoe.brennan@uleth.ca)

## Appendix C: Participant Consent Form



# PARTICIPANT CONSENT FORM

### *EXPLORING THE EXPERIENCES OF CURRENT AND FORMER CHILD AND YOUTH CARE WORKERS IN THERAPEUTIC RESIDENTIAL CARE PROGRAMS*

You are invited to participate in a research study entitled “Exploring the Experiences of Current and Former Child and Youth Care Workers in Therapeutic Residential Care Programs.” This study is being conducted by Zoë Brennan, a graduate student at the University of Lethbridge, under the supervision of Dr. Noëlla Piquette, a faculty member in the Faculty of Education at University of Lethbridge. You may contact them if you have further questions by emailing [zoe.brennan@uleth.ca](mailto:zoe.brennan@uleth.ca) or [noella.piquette@uleth.ca](mailto:noella.piquette@uleth.ca), or telephoning Dr. Piquette at 403-394-3954.

The purpose of this research project is to engage with current and former child and youth care workers who worked in therapeutic residential care programs. Specifically, we are interested in learning about the education and training you received prior to starting this position, your on the job experiences, and the factors that influenced your decision to stay in or leave this position.

You are being asked to participate in this study because you have self identified as a current or former child and youth care worker in a therapeutic residential care program at a therapeutic residential care program in southern Alberta. You have completed a screening questionnaire and meet the eligibility criteria for this study.

If you agree to voluntarily participate in this study, your participation will include a short demographic survey and an interview. It is anticipated that your involvement will require approximately one hour of your time. The interview will take place online over Zoom.

It is possible that memories of negative experiences and events may come up during the interview. At the conclusion of the interview, the researcher will complete a short debrief where you will be provided with contact information for counselling and/or mental health resources should you be experiencing any distress.

You may also find the interview to be very enjoyable and rewarding, as many people who worked in the field of residential child and youth care work do not get to share their experiences with a skilled and nonjudgmental interviewer, as you will. By participating in this research, you may also benefit others by helping people to better understand the experiences of child and youth care workers, the challenges they face, and the ways to improve the work experience for future child and youth care workers.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. Furthermore, should you choose to withdraw from the study while it is underway, your data will not be used in our research and there will be no penalties or consequences.

Several steps will be taken to protect your anonymity. All participant data will be coded to ensure anonymity. Each participant will be assigned a number in order to organize the various pieces of data and ensure proper names are not used. While the audio from the interviews will be digitally recorded, these recordings will be destroyed once they have been transcribed. The researcher will complete the transcription and any identifiers such as your name or the program in which you worked will be assigned pseudonyms to ensure the participants and locations cannot be matched in the dissemination of the research findings. You may request a copy of this transcript and/or a summary of your responses. Only the researcher and supervisor will have access to the data, the matched identifier numbers, and participant names. The transcriptions will be kept on a secure cloud-based data storage platform that only the researcher and direct supervisor will have access to. All data and identifiers will be kept in a locked cabinet for a period of 5 years and at that point it will be disposed of according to FOIPP regulations (i.e., paper will be shredded).

The researcher is obligated by law to report any information related to child abuse or neglect that is divulged during the interview.

The results from this study may be presented in conference presentations, academic journals, and/or government/mental health agencies who employ child and youth care workers. At no time will your name be used, or any identifying information revealed. If you wish to receive a copy of the results from this study, you may contact the researcher at the telephone number given below.

If you require any information about this study, or would like to speak to the researcher, please contact Zoë Brennan at 403-589-8990 or [zoe.brennan@uleth.ca](mailto:zoe.brennan@uleth.ca). If you have any other questions regarding your rights as a participant in this research, you may also contact the Office of Research Services at the University of Lethbridge at 403-329-2747 or [research.services@uleth.ca](mailto:research.services@uleth.ca).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

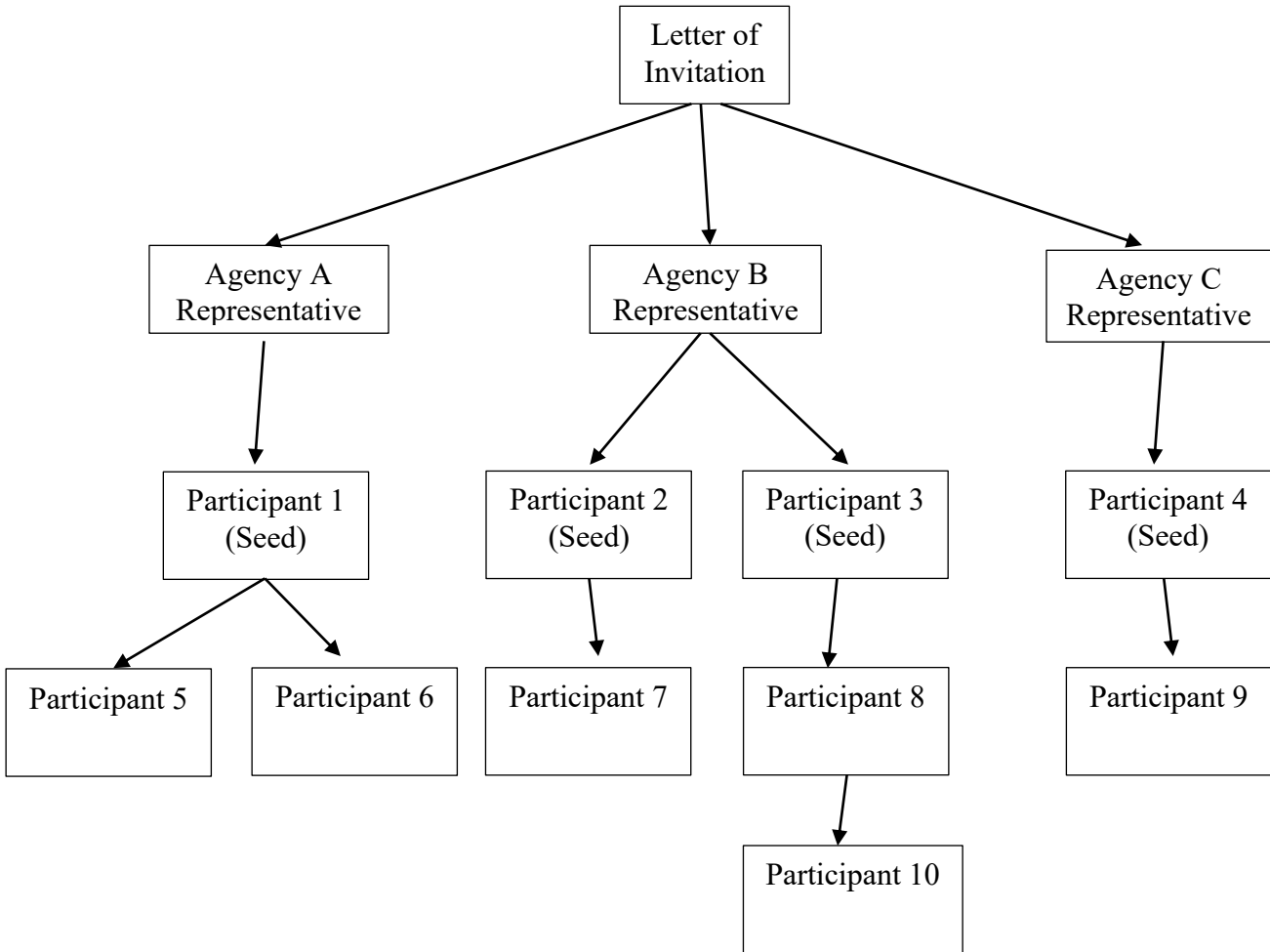
---

<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
----------------------------	------------------	-------------

May we contact you for a follow up after the research is over (10 – 15 minute interview)? If yes, please record your phone number \_\_\_\_\_.

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

## Appendix D: Recruitment Procedures





Filename: BRENNAN\_ZOE\_MED\_2022.docx  
Directory: /Users/zoebrennan/Library/Containers/com.microsoft.Word/Data/  
Documents  
Template: /Users/zoebrennan/Library/Group  
Containers/UBF8T346G9.Office/User  
Content.localized/Templates.localized/Normal.dotm  
Title:  
Subject:  
Author: Brennan, Zoe  
Keywords:  
Comments:  
Creation Date: 12/1/22 12:45:00 PM  
Change Number: 8  
Last Saved On: 12/1/22 12:51:00 PM  
Last Saved By: Brennan, Zoe  
Total Editing Time: 7 Minutes  
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Number of Characters: 334,077 (approx.)