

# Burnout in the Child and Youth Care Field: An Autoethnographic Response

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\*Essays advance a new idea, summarize a development, or initiate or engage in discussion. They may be narrower in scope than the above categories, but the subject matter should be of general scholarly interest.

## Abstract

Burnout is a prevalent concern in the field of Child and Youth Care. However, there is little research attached to burnout and Child and Youth Care Practitioners (CYCPs) specifically. It is often coupled with research that includes other professions that work with young people, such as Early Childhood Educators. A study done by the Canadian Mental Health Association (CMHA) found that, post-COVID-19, burnout among Child and Youth Workers and Early Childhood Educators reached a “national crisis” (CMHA, 2022). The study suggested that circumstances like low wages, understaffing and emotional strain caused burnout. I am a Child and Youth Care Practitioner (CYCP) who will use an auto-ethnography approach to explore my experiences as a camp counsellor working with young people who have epilepsy and other exceptionalities. In this exploration, I revisited my undergraduate thesis research project, as well as existing literature on burnout, to further understand how factors such as high demand and under-resourced environments lead to burnout. This paper highlights three key themes:

1. behaviour uncertainty and emotional load,
2. chaotic workload and role strain, and
3. the organizational gaps in supporting CYCPs.

This paper aims to show how everyday practice conditions for anyone working with young people can contribute to burnout and how systemic change will support CYCPs’ best practices.

## Introduction

This paper is a personal extension of my undergraduate thesis. It documents my experiences and perspectives as a recent graduate of a Bachelor of Child and Youth Care program and a counsellor at a camp for young people with epilepsy and other exceptionalities like autism. The camp is designed to provide experiences that campers with epilepsy may not otherwise get to experience. Specifically, I am interested in sharing a field-based approach to inform readers about the

manifestations of burnout in the CYC field and to offer practical suggestions.

The topic of burnout was discussed during my diploma and degree programs in Child and Youth Care; however, it was neither explicitly defined nor examined in depth. Despite initial conversations about burnout in my degree program, two of my classmates and I were interested in learning more, especially since we did not see much research addressing the topic. We were especially curious whether our professors and other classmates experienced burnout and what they thought about the topic. As a result, we conducted interviews with CYC students and faculty to learn about their experiences with burnout for our final-year thesis project.

As part of our research preparation, we read work from scholars like Barford and Whelton (2010), whose literature can also be applied to the Child and Youth Care profession in Canada, which includes helping roles such as child and youth workers (CYWs), educational assistants (EAs), early childhood educators (ECEs), and residential care staff. They argue that individuals in helping professions prioritize the needs of others through their work with a wide range of clients who have varying levels of need. They describe child and youth care workers as “front-line human service professionals who work in close contact with children and youth and who are responsible for their daily living needs” (Barford & Whelton, 2010, p. 273). This illustrates the client-centred and demanding nature of these roles.

### **What is Burnout?**

Maslach & Leiter (2016) define burnout as “a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job” (p.4). Their work focused on burnout in the psychiatric field, but also acknowledged other human service fields, such as teachers and mental health professionals. Maslach and Leiter focus on the three key layers of burnout: “overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment” (p.1).

### **Research on Burnout in CYC**

Our interview data support Maslach and Leiter’s (2016) findings that burnout occurs in multiple layers. Individual factors like working overtime without pay and putting others first contribute to burnout, in addition to organizational factors like high caseloads due to funding restrictions and

under-resourcing. The five core themes of our research are 1) internal and external support, 2) workplace and field setting, 3) self-care, 4) negative experiences in the field, and 5) accomplishments. When it came to the first theme of support, the participants acknowledged the heavy workload in the field but noted that supportive supervisors and benefits were able to guide them with workplace stressors. When it came to the theme of settings, participants shared that limited resourcing in high-needs settings often contributed to their long workdays and exhaustion. Such circumstances relate to the third theme of self-care, which the interviewees acknowledged as a critical part of preventing burnout. The participants indicated that they would try to engage in self-care when they were able to do so. The high-need, often fast-paced nature of the CYC field described by the participants led us to our fourth and fifth themes, which were negative experiences and accomplishments. While the demanding and volatile nature of the field sometimes led participants to second-guess their choice of profession, the rewards of working with young people motivated them to keep going.

### **Who I am as a Researcher and Practitioner**

I self-identify as a person with epilepsy. However, epilepsy is not me. As a recent graduate of a CYC program, I have worked in several settings as a Child and Youth Care Practitioner (CYCP), including through my program’s field experience and in seasonal as well as full-time jobs. Specifically, I have work experience as a summer camp counsellor at a day camp for children and youth with epilepsy and other intellectual disabilities and have held this position for over a decade. In addition, I have accumulated over two years of experience doing office administrative work for the Ontario Association of Child and Youth Care (OACYC), a professional association representing Child and Youth Care Practitioners (CYCP) in Ontario (OACYC, 2024). In this role, I have supported the OACYC with logistics for their biannual conference, which gave me an opportunity to interact with other CYCPs.

The combination of these experiences has allowed me to better understand the vast nature of the field and that it requires a whole network of people to support the many needs of children in Ontario. These experiences also helped me to better understand the importance of building relationships with young people and managing the many responsibilities associated with this work. It is important to acknowledge that many of these responsibilities are not necessarily visible to the public.

## Methodology

### Method

After completing my undergraduate thesis research, I found myself wanting to learn more about burnout, specifically from my own experiences in the CYC Field. I had not recognized the signs of burnout before my thesis research, and I sought to study my work experience further to understand it better. I opted to use autoethnography, which is a method that allows writers and researchers to use their personal experiences while sharing their research information (Reed-Danahay, 2019).

This autoethnographic approach draws directly from experiences from my summer job as a camp counsellor, along with an undergraduate group research project that focused on burnout in the Child and Youth Care field. Using this approach allows for a deeper view by combining research and lived experiences. This approach offers insight into the field of Child and Youth Care, and the work we do, while also highlighting challenges and recommendations.

### Data Sources

The data informing this essay involved my documentation and notes collected during my time as a camp counsellor, which occurred in the summer of 2024. The data collected during my work experience spanned the course of seven weeks at a day camp for children and youth with epilepsy and their siblings. A second data source involved findings from the research that my group and I collected during our undergraduate research project on personal and professional burnout. The third data source was a review of the literature on burnout and the impact that it has on CYCPs, and information from different websites and books that are relevant to epilepsy. These sources allowed me to connect my field experiences with research on the topic of burnout in Child and Youth Care.

### Findings from the Field

When running a camp for children and youth with epilepsy and working with someone who is having a seizure, the staff does not hide this from the kids. It is important for them to see that they aren't the only ones who have seizures, and sometimes others may need more help than they do during the seizure or after the seizure. When reviewing field notes, research, and patterns, three themes stood out: 1) behaviour of campers, 2) workloads, and 3) gaps in supporting CYCPs. Each theme plays a role in shaping how care and activity are delivered, particularly in the context of burnout.

### Behaviour of Campers

The workplace setting significantly shapes the emotional and practical demands placed on Child and Youth Care Workers. In camp settings where we are supporting campers with different exceptionalities, counsellors sometimes need to navigate complex behaviours while making sure we are maintaining structure and safety. In some instances, campers may pretend to have a seizure to obtain the attention of their peers or counsellors. During the summer, we had a great team of returning counsellors; however, only two of us had Child and Youth Care credentials at either the diploma or degree levels. Despite the valuable experiences and skills of the other teammates who had their own knowledge of epilepsy, there were sometimes instances when there was a specific need for the knowledge of people with a Child and Youth Care background. This is specifically true when de-escalating situations or seeing behaviours that might be misunderstood without further knowledge of the behaviour. I have noted an instance of this in my own camp notes, where it stated that a camper was faking seizures to gain attention, and I did my best to explain why this wasn't OK. However, faking seizures is not the only example of campers acting out; there have been other instances where disruptive behaviour stopped once the attention was given. Some of this behaviour may be genuine attention seeking. However, it can also be part of the seizure activity in their brain that is causing them to act out. The activity in the brain may potentially be leading up to a seizure. SickKids Staff (2022) states that "behavioural changes, particularly with attention, are known to occur before seizure onset for many children. These behavioural changes are likely a result of changes in the make-up of the nerve cells (neurons) within the brain" (p.1). This shows that epilepsy often comes with different comorbidities and different needs.

Additionally, according to SickKids Staff (2022), these behaviours may also be known as an aura, which is a type of warning sign or symptom that a seizure could be upcoming. Auras can be anything from smelling burnt toast to hearing or seeing things that are not there, and they can also include emotional changes. Behavioural changes such as a shift in attention are known to occur before the onset of a seizure. Navigating the complexities of behaviours that may appear and assessing where they may be coming from, whether it be neurological needs, emotional needs or both, is just one example of cognitive and emotional labour that come with the work and making these distinctions. This aligns with Maslach and Leiter's (2016) research, where not only are there

individual factors to burnout, but there are also contextual demands. Some of these behaviours mentioned above mask anxiety, depression, or other emotional struggles that may not be recognized yet (SickKids Staff, 2022).

Another subtheme of this category is the importance of structure in programming, including during transition times. During the week, campers go on weekly field trips, which allow them to go to different public spaces so that they can experience areas which they may not frequently visit. This is key to camp practice, as it teaches life skills involving different manners or rules in public. One challenge is managing antisocial behaviour from the campers during waiting time when the adults need to sort something out, such as getting tickets for a site or movie. I noted that “[t]he first day, we were flexible with activities and what the campers wanted to do, but this [waiting time] led to no structure” (H. Perl, personal communication, 2024). When the campers have constant structure and/or direction, the day runs much more smoothly. If the directions or structure are unclear or vague, it will be difficult to achieve the goal of the day.

Although there is a need for structure, the unpredictable nature of campers’ seizures also requires a great deal of flexibility and knowledge on the part of the counsellors. The camp incorporates many different aspects and resources to make the experience as inclusive and engaging as possible. Among the several important considerations that are overlooked is the public’s lack of knowledge about what to do when someone is having a seizure. There have been several recent incidents (outside of the camp, but in Ontario) when people called the police when someone was having a seizure, and when this led to unnecessary conflict between law enforcement and the person having a seizure. In 2022, Marcus Charles, a 27-year-old man from Hamilton, ON, was tasered and charged with three counts of assault while having an epileptic seizure. The police did not understand the severity of his seizure, and it took two years for the courts to determine that there was no criminal intent (Brown, 2024). This episode was described by Charles as important “to bring attention to the fact that people experiencing a seizure may not be aware of what is happening, they may be confused or appear as non-compliant” (Brown, 2024). While this type of involvement with law enforcement has not occurred with the young people at the camp, it is worrisome to know that there is a possibility of harm and trauma from this type of encounter when they get older

## Chaotic Workload

Managing these complexities with funding restraints and limited staff reflects broader organizational contributors to burnout. This experience aligns with Maslach et al’s (2001) argument that burnout arises from unclear role expectations and a mismatch between the individual and their work environment. This is particularly true when expectations exceed the demand without the appropriate resources and support. In this context, always being vigilant, performing emotional labour, and taking on responsibility illustrates how workplace conditions and not just the individual can shape burnout. While our team has a good amount of experience working with the kids from the camp, the stress levels rise with the uncertainty of how to act in those situations, and those without training in the Child and Youth Care field add to the emotional stress. Salvagioni et al. (2017) found that lack of training and the overwhelming workload can contribute to burnout symptoms such as exhaustion, decreased job performance, and emotional distress. Epilepsy is a very personalized disability, which means it does not look the same for everyone who experiences epilepsy. For example, it’s not uncommon for kids to try to take off, with or without behaviour challenges, if something has happened. This happened several times during my time working at the camp: campers felt frustrated, put on their backpacks, and ran out the door. It takes several counsellors to try to stop campers from leaving. There was one camper who was having a bad day and wanted to be left alone. While other counsellors didn’t think they deserved alone time, I found it to be an important illustration of moment-to-moment technique. The moment-to-moment technique is the continuous use of intentional interactions in real-time scenarios. Using the next moment to build relationships, intervene in situations and learning from the previous moment for the next (Gannon, 2002). This highlights how anyone working with children and youth can benefit from learning different ways to be in the moment. When disagreements happen between educated CYCPs and those who know the campers but not the practice of child and youth care, it can make work harder.

Using different forms of communication with both the campers and counsellors supports a therapeutic environment. Maslach and Leiter (2016) suggested that burnout may also develop when a mismatch in the area of communication “occurs when there is a loss of positive connection with others at work, including unresolved conflict with others” (p. 104).

When working with the campers, it is important to always be alert, given that some may have seizures at any time, but also for behaviour purposes, as this can be a side effect of medication or additional diagnoses. To ensure we could communicate effectively while keeping an eye on campers, we found that the use of walkie-talkies worked much better than texting. It allowed us to stay connected to other team members onsite with distractions. The CYC training we receive through our programs gives us a different perspective compared to other counsellors who may know the kids more through their experiences with them as new or returning campers. Each camper has their own needs, and the weeks can be different based on who is signed up for that week. If they all show up, even though it may be the same campers, it doesn't mean that the camper is going to come back the same way they did the last time we saw them. Just like adults in the workplace, the campers' needs are always evolving and can present in different ways from week to week.

### **Gaps in Supporting CYCPs**

Research has indicated that adverse working conditions have led to job burnout, which results from chronic stress due to working and commitment to the clients and poor job performance, which also affects physical and mental health (Salvagioni et al., 2017). In my field notes, I indicate that "not having the proper resources or training to deal with challenging behaviours with more campers than counsellors, it can lead to poor communication skills and not everyone enforcing the same rules or actions" (personal communication, 2024) Given that the camp operates as a non-profit and relies primarily on donations rather than government funding, there are understandable limitations in available resources. This can result in gaps in access to training on important topics such as non-violent crisis intervention and understanding and managing aggressive behaviour. Another issue is a major gap in knowledge about disabilities in children. For example, many people do not know that epilepsy can be accompanied by other conditions, such as autism, ADHD, and mental health issues (Reilly et al. 2014). The co-existence of these conditions was common among some of the campers, which led to various needs that were not being adequately addressed for different reasons, such as a lack of general knowledge and resources to support them.

## **Recommendations**

### **Education**

Epilepsy, previously known as a brain disorder, was declared a disease by the International League Against Epilepsy in 2014 (Fisher, 2014). Epilepsy is defined as "recurrent seizures, which are brief disruptions in normal brain activity" (Epilepsy South Central Ontario, n.d., p.3). It is estimated that 1 in 100 Canadians lives with epilepsy (Government of Canada, 2024). While epilepsy may seem like a complex topic for younger children to understand, it is crucial for them to know and understand what epilepsy is, just like it is for older kids and adults. By adapting the language to meet the developmental level of learning an individual is at, you can teach them anything.

One recently published children's book that supports this is *My Shaky World*, which can serve as a resource so that children can understand that epilepsy is not a mental illness and that it is not contagious. In *My Shaky World* by Cassandra Potichnyj and Elley Ray Hennessy explains epilepsy in a child-friendly way. This book and its imagery are a fun, creative way to explain epilepsy, making it interactive and less scary. This information is important for all to know, and learning can begin in the kindergarten classroom. Epilepsy Ontario (2018) highlights another important point: "Some literature describes epilepsy as an invisible disability. It is difficult to detect a person living with a seizure disorder without having been told first or having witnessed a seizure" (p.6).

### **CYC training**

Reflecting on my training and education, epilepsy was not formally part of the curriculum. Only one of my classes (in the Advanced Diploma program) contained a brief discussion on epilepsy and seizures. However, I was invited to speak about epilepsy and seizures in some degree courses and was able to present several times on this subject, which helped fill the gap on this important topic. As a person living with epilepsy, I am very aware of what to do and what not to do if someone has a seizure. Those who may not be aware or have minimal awareness of seizures and epilepsy may think they are doing the right thing or know what to do; however, this is not always the case, due to many myths that are still believed today. This includes people thinking something should be put in someone's mouth when they are seizing. However, if someone tries to put something in someone's mouth, both the individual having a seizure and the person who is trying to put something in their mouth are at risk of injury (Canadian Epilepsy Alliance, n.d.).

Individuals who experience absence seizures or behaviour may have people interpret that they are intoxicated or are suffering from mental health concerns (Epilepsy Foundation, 2014). It is not uncommon for this to lead to restraints or being handcuffed should law enforcement get involved. This does not need to happen; what needs to happen is further epilepsy awareness within school curricula, including all levels of education (college, university, primary, secondary, etc.). By having this information openly available, it will allow for a stronger community to grow along with the epilepsy organizations.

## Resourcing

There are many steps to creating further awareness of epilepsy and the importance of educating not just the epilepsy community but also the general community as well. Resources such as *My Shaky World* a book for kids to learn about epilepsy, epilepsy organization websites, or Epilepsy Toronto's partnership with the Hospital for Sick Children, hosts an Epilepsy Awareness Day. This can serve as a valuable tool for both the epilepsy community and the general community as it has both child-centred learning and adult-focused learning. As we can see, there is a lot of potential for education and awareness in many ways. It is important to note that Epilepsy Organizations don't receive any government funding and rely on donations to support them and the programs they offer.

## Long-Term and Short-Term Goals

This paper brings forward both short-term and long-term goals and addresses the challenges faced by CYCPs in supporting children and youth with epilepsy and other exceptionalities. Looking at short-term and immediate strategies, this includes implementing seizure first aid in the workplace, any form of staff orientation, and even in classrooms as young as kindergarten, which includes introducing this in an age-appropriate way using tools such as the storybook *My Shaky World* to normalize epilepsy in childcare settings and classrooms. Additionally, using strategic communication tools such as walkie-talkies allows for quick communication while still having attention on individuals. While these are only quick and short-term solutions, they are a start to figuring out long-term goals and solutions. Long-term goals require community and systemic efforts, and part of this could include working on age-appropriate lessons and curriculum and starting at a young age. This also includes working it into college and university programs, such as Child and Youth

Care programs. As Child and Youth Care Practitioners, we have a high chance of working with someone who experiences seizures and epilepsy; this is why it is crucial that we work this into all curricula to create and foster a more inclusive learning environment for all. These inclusions foster readiness and preparedness. These goals aim to reduce stigma, improve professional preparedness, and foster more inclusive, supportive environments for both CYCPs and the young people we serve.

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I also want to recognize and thank the epilepsy organizations whose dedication to raising awareness and providing education has been truly inspiring. Their work plays a crucial role in helping communities better understand and support those living with epilepsy.

## Note on Contributor

**Heather Perl** completed the Bachelor of Child and Youth Care program with honours at Faculty of Social and Community Services, Humber College in 2024, Toronto, Ontario, Canada. In 2020, Heather graduated from Humber College with Advanced Diploma in Child and Youth Care. Heather is an advocate for the epilepsy community and has a passion for working with children and youth with disabilities.

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