

Child and Youth Care Practice in North America: Historical Roots and Current Challenges

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Abstract: We believe that it is important for us to have an understanding of who we are as a profession not just today but within our historical context. This not only helps us understand who we are but also provides us with an understanding in part for why we do the things we do in the way that we do them. Given our rich history it is somewhat surprising that we don't have a better sense of our roots. After all if we don't know where we came from we can too often repeat the mistakes of our past and overlook our achievements. This article gives a brief history of Child and Youth Care in North America and identifies current challenges and struggles.

Introduction

Many professions such as nursing and social work have an historical sense of their early roots. Indeed, in many of these professions students



BOYS' HOME LOS ANGELES 1910

are indoctrinated during their beginning professional training in part by a study of their professions early champions. Nursing with Florence Nightingale and social work with Jane Addams and Mary Richmond are but two examples. However, it seems to us that many people in our field, if they think about it at all, assume that child and youth care spontaneously came in to existence 30 or 40 years ago with the establishment of the first diploma programmes. This is simply not the case. Child and youth care (or child care as it was referred to in earlier days) has a history, some good and some bad, that can be traced back well over 150 years. This article will provide an overview of the roots of Child and Youth Care while also identifying some

of the challenges we are facing in the field.

The delivery systems for child and family services in which most child and youth care practitioners work are, quite often, philosophically and instrumentally distinct from each other in Canada and the United States.

This is a reflection of the value differences between the two countries as well as the way in which services to children and families are organized and funded. This means that there has not been an equal

development of the profession or discipline of child and youth care in the two countries although there is enough common ground to be able to provide an overview of child and youth care work across the continent. There is a great deal of debate as to whether child and youth care in North America is a 'profession,' a 'discipline' or a 'field' (Beker, 2001; Fox, 1989; Jull, 2001; Kreuger 2002; Stuart, 2003) dating back to at least the 1960's (Burmeister, 1960). However, for the purposes of this article, the terms will be used interchangeably.

Historical Foundations

It is difficult to locate with certainty the exact origins of child and youth care in North America. However, there are four paths along which the

historical roots can be traced. The first is from the orphanages that were established in the 1700s in a number of communities across the continent. The original orphanages were run by religious orders (Askeland, 2006; Charles & Gabor, 2006;). By the mid-1800s, as such orphanages grew in size, they began to hire lay staff, though often remaining under the auspices of religious orders. The lay staff tended to work directly with the children in the institutions.

Many of the children who entered these orphanages were not orphans in the true sense of the word, in that their parents were not dead (Hacsi, 1997; Irvin Holt, 2006; Rooke & Schnell, 1983). Rather, it was often the case that the parents were unable to provide adequately for their children because of poverty or illness (Crenson, 1998; Reef, 2005). It was not unusual, for example, for men to be away from home for extended periods of time, working in the forests or fish-

eries or fighting in wars and, as such, they were unable to provide adequate support for their families. In these cases, children were placed in orphanages, usually on a short-term basis, until the financial situation of the family improved or until the absent parent returned to the family home. Sometimes these 'half orphans' remained in the homes until they were old enough to fend for themselves (Hacsi, 1997, Reef, 2005).

Child and youth care in North America can also trace its roots from the recreational and 'fresh air' movements that occurred across the continent at the time of the big waves of immigration that occurred in the mid-1800s to early 1900's. Millions of people immigrated to North America, primarily from European countries, but also from other parts of the world. Organisations such as the Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA) and the Boys' and Girls' Clubs were founded, in part, to provide

services to young people who came from backgrounds of poverty common in the greater immigrant population (Bayless, 2003; Corbett, 2002; Park, 2007). While these organisations were not established to work exclusively with 'troubled' youth, they were among the first to do so in North America. They set up community-based recreational and social service programmes and eventu-

ally residential youth homes and shelters as a means to help those young people, who would nowadays be termed 'at risk,' to become productive members of society. As with the orphanages, these services were generally set up within the context of a Christian orientation, though 'Y's' and Boys' and Girls' Clubs tended to be run by lay people rather than members of religious orders.

A third historical foundation of child and youth care was within the 'correction' movement. Programmes established within this movement attempted to 'correct' what were deemed to be deficiencies and deficits within children (Winzer, 1993). This included the so-called 'mad, bad and sad' as well as children with cognitive and physical disabilities. Programmes included the industrial and training schools for juvenile delinquents, as well as institutions for the 'mentally or physically deficient' (Carrigan, 1998; Charles & Gabor, 2006; Myers, 2006). These facilities were usually, though not exclusively, run by state or provincial governments. Many of the programmes were set up as a part of or in conjunction with adult services. By the end of the 1800s, separate services for adults and children had been established. Though frequently serving children from urban centres, many of these facilities were built

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either in rural communities or on the outskirts of cities so as to hide these 'deficient' children from the eyes of society or to remove them from the corrupting influence of urban life. Even though North America was becoming increasingly urban during this period, rural life was still idealised.

A parallel movement occurred with the establishment of residential schools for aboriginal youth in the latter part of the 1800s (Charles & Gabor, 2006; Charles and Gabor, 1990; Chrisjohn and Young, 1997; Fournier and Crey, 1997; Irvin Holt, 2001; Jack, 2006). These residential schools, while funded, for example, by the federal government in Canada, were run by religious orders from the Roman Catholic, Anglican and United Churches. As with the orphanages, the facilities tended to be managed by members of religious orders such as the Oblates, and were staffed by lay people. The purpose of the schools was to assimilate aboriginal youth into mainstream society (Charles & Gabor, 2006; Irvin Holt, 2001; Jack, 2006). While it could be argued that the goal of each of the previously mentioned services was to assimilate children and youth into 'society' the residential schools were a deliberate attempt to destroy aboriginal culture. They separated young people from their families in essence creating

cultural orphans. The aim was to replace traditional indigenous socialisation processes with what have become known as Eurocentric values and beliefs (Collins & Colorado, 1988).

It was within these orphanages, industrial and training schools, residential schools, and community based recreational services that child and youth care was born in North America. Child and youth care is not the only professional group that evolved from these services. Recreational therapy, psychiatric nursing, rehabilitation services, correctional services and social work can also claim a portion of their origins within all or part of the above-mentioned types of programmes. However, our roots are clearly from these various 'paths.' It is also important to note that the roots of the profession were very ethnocentric, in that the organisations from which it grew tended to reflect the values and beliefs of the Anglo-Saxon elites of North America. Non-Anglo-Saxon people, whether they were, for example, Aboriginal, Irish, Italian or Asian, were seen by the elite to be inferior and in need of assistance to become contributing members of society. The poor, regardless of their ethnic origins, were also seen to be in need of proper socialization and corrective intervention.

The organisations within which the 'original' child and youth care workers worked were reflections of their times, and those times tended to be moralistic and exclusionary. Many had

a religious zeal. As such, they were often oppressive in their application of a 'right' way to help children and families. This is not to say that some good work was not done. Indeed, many children owed their lives to the work of these original workers. However, we cannot deny that assimilation, with all of the associated negative consequences, was one of the goals, and that the original workers were agents of these assimilation policies. It should also be noted that, with the exception of some of the programming by the 'Y's' and the Boys' and Girls' Clubs the origins of child and youth care were in residential programmes of one sort or another.

Ironically, it was not until the 1950s with the beginnings of the deinstitutionalisation movement that North America saw the beginnings of the professionalization of child and youth care. Prior to this time people in the institutions worked in positions that while they reflected the later work of child and youth care practitioners, were not recognised as a distinct profession, discipline or field. As governments across North America began to close the large, supposedly impersonal institutions, they replaced them with specialised treatment facilities. This is not to say that there were not treatment centres prior to this time. Rather, there was a rapid expansion of such programmes (Charles & Gabor, 2006, Rooke & Schnell, 1983). Many of the

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treatment facilities were administered by revamped organisations that had run the old institutions, although there was a significant decrease in the number with formal religious affiliations. These institutions did not disappear overnight. Rather, this was a thirty-year process with closures peaking in the late 1960s and early 1970s. Some of the correctional and hospital facilities are still in existence, though often on a much smaller scale than they were in their 'glory days.'

The new treatment facilities were smaller, more focused and more likely to be located in urban areas, as opposed to the rural location of the old institutions. They tended to be managed by professional rather than lay staff. It was within these programmes that child and youth care first began to be acknowledged as a discipline with specialised skills and knowledge. With this acknowledgment came a realisation that staff needed specific rather than generalised training and education.

Definitions and the 'Profession'

Definitions of child and youth care have evolved as the field has changed over the years. Ferguson (1993) suggests that child and youth care had its beginnings in residential care. Early definitions made little distinction between child and youth care and residential work. Since then, the field has expanded to include school and community based care, infant

development, child life in hospital settings, juvenile justice, rehabilitation and recreation. Though we should record that the roots of child and youth care were not only found in residential care, it is also important to note that child and youth care has significantly moved into new areas in the past two decades especially into community-based programming. As such the definition of child and youth care has broadened in recent years to take into account the skills and competencies needed to work in these areas (Krueger, 2002; Stuart, Carty & Dean, 2007).

There has been much debate over the past twenty years as to whether child and youth care is a profession or a discipline (Beker, 2001; Fox, 1989; Jull, 2001; Krueger 2002; Stuart, 2003). Those who would argue that it is a profession, or at least a developing profession, make their case based upon the uniqueness of the work performed with clients. Anglin (1999) believes that child and youth care is unique in that it focuses primarily upon the growth and development of children; is concerned with the totality of a child's functioning; has a social competency base; is based upon but not restricted to day-to-day work with children; and involves the development of therapeutic relationships with children.

On the other hand, Gaughan and Gharabaghi (1999) argue that while the ability of child and youth care staff to work in the daily life of children distin-

guishes us from other professions such as psychology or social work, this in itself is not enough to make child and youth care a profession. They suggest that child and youth care lacks a disciplinary epistemology whereby unique knowledge is produced by the field. Rather, they argue, that child and youth care 'knowledge' is borrowed from other disciplines. They also suggest that there is a lack of role distinction with other professional disciplines. These points suggest that child and youth care does not have control over a specialised or specific knowledge base and therefore is not really a profession. This debate has not been resolved and is likely to continue for some years to come.

Education and Training

It is interesting that the thirty-year span in which many of the old institutions were closed or downsized saw a blossoming in the establishment and later expansion of formal higher educational programmes in child and youth care. In Canada, the Provinces of Ontario and Quebec were leaders in this area, with the establishment of two-year (later expanded in Ontario to three years) specialised educational programmes at the community college equivalent level. Similar diploma-level programmes were set up in a number of

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states and provinces, although, even thirty years later, there are many jurisdictions that do not have college-level training programmes. Despite a number of openings in recent years, university-level programmes in child and youth care are still rare in North America.

Educational opportunities in child and youth care beyond the undergraduate level are almost non-existent. Among the exceptions are the School of Child and Youth Care in Victoria, British Columbia and Nova/Southwestern University in Florida which offer graduate and postgraduate education programmes. Canada is more developed than the US in terms of formal child and youth care educational programmes. Neither country has a formal accreditation process to ensure minimal quality for post-secondary programmes (Stuart, 2001).

While several institutions of higher learning offer formal educational training for CYC professionals, the majority of staff-members come to the workplace without professional training in the area. Anglin (2002), in his study of residential programmes in the Province of British Columbia, notes that a significant number of staff in a sample of residential facilities

for young people do not have specialised tertiary-level training in child and youth care. Others may come from a number of post-secondary programmes that may or may not have any relationship to child and youth care while some have little or no education past high school. For example,



in the Province of Ontario, only about half of the workers employed in the field have formal training (Gaughan and Gharabaghi, 1999). This is the case even though Ontario has a long history of providing post-secondary education opportunities in child and youth care. It also has the oldest and largest child and youth care association on the continent.

Also to be noted is an unfortunate trend where agencies, unable to attract sufficient males to work in their programmes have shown a tendency to lower their hiring criteria so as to attract males to the field. This has come about because of a limited number of males who are generally attracted to the caring fields in part due better paying opportu-

nities in industry and resource services.

A concurrent problem with regard to the education and training of child and youth care workers is the limited funds available to provide professional development for their current staff. While some funds are

available, they tend to be spent on mandatory or legislated training with the result that few agencies are able to provide training that would increase the quality of services to children and families. The result is that, with the exception of those agencies able or willing to hire graduates of child and youth care post-secondary

programmes, many organizations stagnate at their current level of service.

Certification and Registration

To address the disparity in staff qualifications, some jurisdictions have begun to develop a certification process for child and youth care workers. The most successful in this area has been the Province of Alberta which has provided a certification process for government workers since 1979 and for all other child and youth care workers since 1985 (Berube, 1984; Phelan, 1988). The Province of British Columbia has developed a certification plan but it has yet to be implemented (Stuart, 2001). Certification programmes tend to be replacement programmes for formal

education rather than supplementary programmes to formal education. For example, while it recognises formal education, the Alberta certification process has a grandfather clause for individuals who do not have formal education qualifications (CYCAA, 2000; Stuart, 2001). In other words, the certificate programmes are developed as a means to ensure a minimal training standard for front-line staff. They have not been developed as a means of professional registration as would be the case in some of the other disciplines in the caring fields. This ability to regulate educational expectations, entry qualifications and the use of the name of the profession is a central consideration in determining in North America whether a profession is truly a profession both legally and in the eyes of other professions. Recently, although, the Association of Child and Youth Care Practice has established the North American Certification Project designed to develop a framework for unifying existing and developing credentialing efforts (ACYCP, 2007).

Professional Associations

The first child and youth care state or provincial association was established in the Province of Ontario in 1959 (MacKenna, 1994). However, there has never been a time when all of the provinces and states have had active associations. At the peak in the 1980s, fewer than half of the US states had child and youth care associations

(Krueger, 2002). However, child and youth care workers in the two countries are represented by national organisations. In the US the Association for Child and Youth Care Practice (ACYCP) provides national leadership, while in Canada the same function is carried out by the Council of Canadian Child and Youth Care Associations (CCYCA). While they are separate organisations, there is some cooperation between the two on matters of common interest. The two associations jointly sponsor an international child and youth care conference which is offered on alternating sites between the two countries. They have also cooperated in the development of standards for certification.

Neither association has a high national profile, unlike their counterparts in professions such as social work, nursing, psychology or medicine. The child and youth care associations tend to have a much lower profile in terms of government lobbying. This is partly a result of a comparative lack of funds, but is also related to the low profile of the profession in the minds of the general public. Few people in either country are aware that child and youth care is a separate professional grouping under the general umbrella of the caring professions. This is, in part, the failure of the associations to formulate a strategy that will raise the profile of child and youth care.

A lack of public profile is not the only difficulty facing the Canadian and American associ-

ations. A disturbing trend over the past few years has been a significant decrease in the membership levels in many state and provincial organisations. This has corresponded with the disappearance or weakening of a number of the associations themselves. Unlike other professional or discipline-specific bodies, many of the child and youth care associations are dependent upon a small group of dedicated people for their survival or at least effective functioning. As these people move on, the associations often go into a period of stagnation or, in some cases, disappear altogether. A number of state associations have shut down in recent years (Krueger, 2002). The end result is a constant ebb and flow of the associations which makes such activities as effective long-term planning and lobbying difficult if not impossible.

Three other groups have been founded to contribute to the development of the profession in North America. The International Leadership Coalition for Professional Child and Youth Care Workers (ILCFPCYW) was founded in 1992 to support the work of the associations (Krueger, 2002). Child and youth care leaders have come together over the years to promote the field by assisting the ACYCP on such projects as the development of a national code of ethics and certification standards for workers. The code



of ethics was developed so as to create a common guide for workers in their interactions with clients, by addressing such areas as responsibility for self, clients, employers and society (Krueger, 2002). The North American Certification Project (NACP) was initiated by ILCFPCYW in conjunction with the two national associations to develop common certification standards for both countries. Two other organisations worth mentioning are the Academy of Professional Child and Youth Care and the North American Consortium of Child and Youth Care Education Programmes (Krueger, 2002; Ricks, Laliberte, Savicki & Hare, 1991). The first group consists of selected leaders in the profession, while the second represents educators from the various college and university child and youth care programmes. Both groups have been active in promoting issues relevant to the field.

Conferences

Though the roots of child and youth care go back many years the first dedicated child and youth care conferences date from the period of rapid expansion of the treatment centres. The Thisletown Conference in Toronto and the Valley Forge Conference in Pennsylvania were among the first forums at which child and youth care practitioners came together to discuss

issues common to people in the field. A number of state, provincial, national and international conferences have grown from these early beginnings. The first national child and youth care conference in Canada was organised at the University of Victoria in Victoria, British Columbia, in 1981. The first international conference was held in Vancouver, British Columbia, in 1985. The international conferences are co-operative endeavours between the Association for Child and Youth Care Practice and the Council of Canadian Child and Youth Care Associations. While there has been a decrease in the number of provincial and state conferences in recent years, the attendance at the Canadian national and the international conferences continues to be strong.

Journals and Associated Writings

There are four major journals that promote child and youth care in North America. The first three journals are hard-copy publications. The *Journal of Relational Child and Youth Care Practice* (formerly the *Journal of Child and Youth Care*) is a Canadian publication currently originating from Ryerson University in Toronto. The *Child and Youth Care Forum* and the *Journal of Child and Youth Care Work* are both published in the United

States. The subscription base for these journals is relatively small although they are highly influential in the field. *CYC-Online* is a web-based journal, published monthly. Though published in South Africa, many of its contributors and readers are based in North America and it has a significant impact on Canadian and American workers. At the time of writing this article there had been close to a million distinct visits to *CYC-Online* in the past year with a strong representation from Canada and the USA. Many of the individual associations also publish newsletters that contribute to their local memberships. There has also been an increase in the number of books being published that are directly related to child and youth care practice (For an example see Charles & Gabor, 1988; Fewster, 1990; Garfat, 2004; Krueger, 1998).

Challenges

There are many challenges facing child and youth care practitioners in North America.

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These challenges include the lack of a recognised professional identity, with a corresponding lack of respect from other allied professions (Salhani & Charles, 2007). It is not as if the other professions are deliberately disrespectful towards child and youth care, rather, it is more that they are not aware of its specific role. The same tends to apply for governments across the spectrum of services. Few acknowledge that child and youth care is anything but a job description, even in programmes that they run directly. In Canada, child and youth care is not recognised as a profession in the various provincial health discipline acts under which most of the caring professions are governed although recently, the Provinces of Ontario and Alberta have made tentative steps to address this issue.

This lack of recognition is reflected in the low membership of child and youth care workers in their professional associations. Most child and youth care workers do not belong to a provincial or state association. This creates a circular problem as the low numbers of members mean that the associations have to survive on minimal budgets, which significantly limits their ability to lobby their respective governments for official recognition. This lack of recognition also means that, unlike most other professions in the caring fields, child and youth

care cannot demand mandatory registration, which in turn means that there is no money to assist in the lobbying efforts. Mandatory registration would go a long way to ultimately solving the whole issue of whether or not child and youth care is a profession. This is not likely to



happen anywhere in the foreseeable future.

One of the reasons why governments have not recognised child and youth care under the health services or related categories is that such recognition would result in an increase in pay for workers. Most governments have not even considered such recognition. Those that have done so may have pulled back because of the increased costs related to such a decision. While this stance does not create a new problem for child and youth care practitioners, it does reinforce an existing one. The caring fields tend to be poorly paid in North America, and child and youth care is one of the poorest of the poor. This creates a high turnover in workers, as people

are forced to look for other means of making a living.

In many ways, child and youth care is a young person's profession. Many people, regardless of where their hearts lie, leave child and youth care for other professions that have higher profiles and therefore more status and pay. It is not unusual for social workers, teachers and psychologists to have begun their careers in child and youth care but then to have moved on to their new profession. It is often these very people who have either contributed in some way to the leadership of the profession or who would have

been likely to have taken a leadership role in the future. They are people the profession cannot afford to lose. Child and youth care is seen as a stepping-stone profession where one can acquire excellent skills and knowledge that can then be used to be successful in other fields. This is beneficial to the individual worker but hurts the long-term development of the field.

Not only is there a high turnover in the field, but there is also a lack of males. Male staff-members are both hard to recruit and hard to retain, especially when the economy is healthy. This is a problem in many of the caring fields, but is particularly acute in child and youth care. The vast



majority of students in the college and university programmes are female. This means that it is not only difficult to hire men, but also the ones who are hired tend to be the least qualified in terms of education and training. This difficulty in hiring and retaining male staff is compounded by the fear that many males have of residents making false allegations of abuse. In North America, as in many jurisdictions, allegations of abuse have come from past residents of some of the institutions. Some of these are founded and some unfounded. There have been some situations where government investigations of abuse have been inappropriately conducted, with the result that quite innocent staff-members have been branded as abusers. This has created an atmosphere of fear that contributes to the turnover of male staff.

The high turnover of staff is not, however, restricted to males. Both males and females leave child and youth care because of non-pay working conditions or the fear of allegations of abuse. An increasing problem, especially in the residential programmes, is the apparent changing nature of the behaviours of the young people. It would appear that there has been an increase in the amount of violent behaviour exhibited by young people in recent years. There

is some debate about whether this is actually the case, but the perception remains. The result is the creation of working environments that are tense and sometimes dangerous. This also contributes to staff turnover, especially in the smaller programmes or in remote or rural areas where there may not be access to the same level of support that may be found in larger programmes.

There is no doubt that the working environments are potentially more dangerous, but this may not be related to an increase in violent youth. It may be more of a reflection of the numerous cutbacks in financing of services that have occurred in recent years in many states and provinces. This has caused the closure or downsizing of programmes, with the result that many young people are referred to services that are not equipped to meet their needs. This is compounded by cuts in staffing levels and training budgets. Such cuts contribute to people leaving the field as it becomes increasingly difficult to do one's job. As people leave, so does their collective wisdom. This causes a vicious circle that contributes to a downgrading of the quality of programmes. As experienced people leave, the knowledge of how to work with troubled youth also leaves, causing interventions to become more behavioural than relationship-focused. This, in turn, creates more situations that are about control rather than change, with greater consequent likelihood of violent

rather than growth responses from young people. Unfortunately, there does not seem to be an end to the cuts in children's services. At a time when there has been an explosion in the number of young people coming into care across the continent, governments have been either freezing children services budgets or actively cutting them. Much of the money that should be going into children's services is going instead to the seemingly ever increasing health care budgets. This is having a significant impact on the field, as people are being asked to do ever more with less.

The cutbacks are also having an impact on hiring practices. Lack of funds is forcing many programmes to hire inexperienced or untrained staff in order to meet budget quotas. Even though child and youth care is not a high-paying field, experienced and higher educated staff tend to be paid more than uneducated or inexperienced people. The issue is compounded by a decrease in training and staff-development budgets which are often the first to be cut in times of restraint. This is bad enough when staff members are experienced and well trained, but potentially deadly when dealing with poorly trained or inexperienced people. Children have died in care in recent years in Canada during physical restraints because staff had apparently not been properly trained in the appropriate use of such interventions. For example, two cases currently under

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review in the Province of Ontario involve staff allegedly restraining children for inappropriate periods of time, using what have been long considered dangerous forms of holding. In both cases, the holds allegedly contributed to the death of children.

While the financial cutbacks are having the most significant impact upon child and youth care, there are also several other issues influencing the direction of services, and therefore people, in our profession. There is an increase in the demand by governments and funding agencies for proof that the money being spent on children's services is having an impact (Charles, Ernst & Ponzetti, 2003; Stuart, Carty & Dean, 2007). This demand for programme and intervention accountability is primarily being dealt with through the development of service standards. Organisations such as the Child Welfare League of America and the Alberta Association of Services for Child and Families have long had standards of services that are used by many of the organisations that hire child and youth care staff. What is new is that funders are expecting agencies and facilities to become accredited although there is not a uniform accreditation process in North America. Instead, there are accreditation bodies that are local, national or continental. The funders often dictate which accreditation body an individual organisation accesses. The aim of the accreditation is to improve service delivery but at a time of

staff cuts, the energy it takes for an organisation to become accredited often takes away from the work being done with clients. Few jurisdictions provide funding for agencies to go through what is often a lengthy and time-consuming process. Thus the desire to increase standards can result in a lessening of service quality.

Related to the development of standards is the corresponding development of outcome measures (Stuart, 2008). As is the case with the development of standards and accreditation processes, the goal of outcome measures is improvement of services. This long-needed initiative requires that interventions be performed on a planned and measured basis, rather than in the intuitive manner in which many interactions occur. Organisations such as the Canadian Outcome Research Institute and the Child Welfare League of Canada are active in the development of outcome measures and the corresponding measurement support systems for children's services programmes. As can be expected, there is some resistance by child and youth care workers to the development of outcome measures. Although many support these initiatives not everyone wants to have their work examined or analysed. Similar resistance is evident among some people towards service standards and accreditation. However, it is unlikely that governments and other funding bodies will back away from their demands in

these areas. Accountability will be a strong force in children's services, and therefore in child and youth care, for at least the foreseeable future.

Finally it must be recognized that one of our leading challenges is the development of a common definition of the field itself in a way that articulates the purpose, role and values of child and youth care. While writings within the field, as noted, have increased significantly within the past few years, there is still a general misunderstanding of what it means to practice child and youth care. Various models drawn from the behavioural sciences, for example, compete with those founded in a more relational orientation creating confusion as to what is meant by a child and youth care approach. This lack of a common definition creates confusion with other professions. It also limits the ability of the field to promote itself. Added to this is the current debate about what some perceive as the social control mandate of child and youth care which is seen to support capitalism and oppressive societal structures. Radical child and youth care (see Skott-Myhre, 2004; Skott-Myhre & Skott-Myhre, 2007) challenges some of these basic assumptions contributing further to the confusion over the meaning of child and youth care practice.

Conclusion

The key challenge that



faces child and youth care in North America is that of change. At the core of this process is the debate about the professional status of child and youth care. This is in some ways a false issue. What ultimately matters is whether the mandate of child and youth care is being met. Child and youth care's current mandate is to promote the healthy growth of children and youth and to help children and youth to become contributing members of society. This is not to say that the work to promote child and youth care as a profession is a wasted effort. Anything that contributes to the growth of child and youth care as a viable force within the caring fields will contribute to the well being of children. The process of self examination and reflection we engage in as we explore who we are as a profession helps us to deal with changes demanded of us, and are clearly influenced by the massive change occurring in children's services and in North American societies as a whole. Perhaps this is fitting. A profession that has at its core the responsibility to promote change in young people is in itself inextricably involved in the process of change.

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Note: A later version of this paper will be published as a chapter in *Applied Social Care: An Introduction for Irish Students*.

Drs. Grant Charles and Thom Garfat are editors of Relational Child and Youth Care Practice

