

The Educateur Returns to America: Approaching the Development of Professional Child and Youth Care Cross-Culturally Through ILEX

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ABSTRACT: Following a brief discussion of the historical roots of the educateur as a child and youth care work professional and a description of the ILEX program, the article compares American and European approaches to group care as experienced by visiting educateurs. Included are the philosophical frame of reference, the role of the worker, techniques, pedagogical action, and agency structure and orientation. The impact of the program on the European participants and its implications for practice in group care settings in the United States are discussed.

KEY WORDS: international child and youth care work; European child and youth care work; models of child and youth care work; youthwork.

“I can’t believe I did that!” she screeched. “I actually pulled his ears!” Almost a year later, the European educatrice—a mature, highly trained residential youth care specialist—still could not accept that this response had been part of her experience while working with a ten-year-old autistic boy in an American group care agency, so foreign was it to her values and professional self-image. Nor did it represent, as she knew only too well, the kind of exemplary professional practice that ILEX seeks to demonstrate for child and youth care workers in the United States.

ILEX, the International Learning Exchange in Professional Youthwork, brings group care professionals from Western Europe and elsewhere for one-year stints of demonstration practice in child and youth service agencies in the United States. Professionally trained and recognized, they hold such titles as *barnevernspedagog* (in Norway), *educateur* and *educatrice specialise* (France), *Sonder Erzieher* (Austria),

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orthopedagogue (The Netherlands), and socialpedagogue (Denmark). Although their work at home is not always confined to residential settings and not always focused on young people, ILEX has concentrated its efforts to date on residential child and youth care in an effort to enhance the sophistication and the quality of such services in the United States.

History

Ironically, it was in the United States that the foundations for this professional approach to direct child and youth care work were laid. The New York School of Social Work and Teachers College, Columbia University, were asked by the French government to design a program for young workers whom the government would send to New York for training. Traumatized by the impact of World War Two on their lives, the orphaned children and youth of France were more than could be managed by the benign caretaking workers of the past. That “Love is Not Enough” was abundantly clear. These children needed care, certainly, but they were frequently unable to accept it. They required what were then new approaches on the part of professional caregivers, approaches that mingled assertiveness with a kindness, limits and definition with nurture, even education in how to feel and how to manage feelings. Sensitive adults—parents and others—who could appropriately care *and* intervene, both comfort *and* educate, had, of course, intuitively combined these roles before, but now workers who could do this professionally needed to be trained, and on an unprecedented scale. The French came, studied, and left—taking the “educateur” with them.

Other countries rapidly emulated the approach developed with the French; before long, there were orthopedagogues in The Netherlands, socialpedagogues in Denmark, barnevernpedagogs in Norway, Sonder Erzieher in Austria. In 1949, an international meeting was held to discuss “problems in the education of troubled children and youth” (Ness & Mitchell, 1990, elsewhere in this volume); this and several that followed led to the formation of the International Association of Workers with Troubled Children and Youth (Association Internationale des Educateurs de Jeunes Inadaptés, AIEJI) at Freiburg-in-Breisgau in 1951. The first AIEJI international congress was held the following year at Amersfoort in the Netherlands. This same organization, having since received United Nations recognition as a nongovernmental organization admitted to consultative standing with UNESCO, has now scheduled its first meeting in the United States. The XII World Congress of AIEJI (July 1990) marks the return of the educateur to New

York, almost forty years later. (More detail on the development of AIEJI is provided by Ness & Mitchell, 1990.)

Yet in all the intervening time, the educateur has largely bypassed the United States. Although many of today's children, victims of social if not wartime trauma and frequently diagnosed as suffering from post-traumatic stress disorder, are more like than unlike the traumatized children whose needs gave rise to the development of the educateur, the holistic approach and the developmental orientation of the educateur have not been widely implemented here. Instead, the illness-oriented perspectives of the child guidance and mental health movement have held sway. These medically-dominated approaches led to the emergence of rigid "pecking orders" in which those who were furthest from the children and their living milieu had the most status and those closest to the children and their lives—child and youth care workers—had the least.

Representing what we know best and emphasizing the work of disciplines that are well established and in place, those oriented toward treating pathology and curing illness, these models have traditionally had far greater applicability to outpatient services, so residential care has consistently borne the label of a second rate service or one to be used only when all other good, outpatient psychotherapeutic approaches have failed. Despite the work of Wolins (1974) and others who have documented the effectiveness of developmentally based group care programs in several other countries, most residential programs retain this basic orientation today. How apt, in this connection, seems the "Maslow Maxim": "If the only tool you have is a hammer, you are likely to perceive every problem as a nail."

Only in recent decades have we seen the emergence, through the professional child and youth care movement, of serious efforts to reorient the field so as to give greater salience to more normalizing approaches implemented by direct, milieu workers. Just in time, one might add, or already late, in view of the growing number of homeless and otherwise isolated youth on the streets of North American cities. But these efforts have suffered as a result of the lack of the needed program models, compatible organizational structures, and training opportunities that could establish, support, and reinforce the needed changes.

The ILEX Program is one effort to address this need in the United States in the context of existing group care programs that seek to give more recognition to the potential of direct care workers in serving youth. Educateurs and their colleagues from a variety of European countries are offered the opportunity to serve in American group care agencies, where they model European approaches in the course of a year or more of demonstration practice. Barnes and Bourdon (1990)

have described the program and how it operates in detail. In the current article, the authors focus on the more personal part of the story, the experience of the visiting educateurs, their impact on the field in America and, by extension, the challenges and opportunities presented for other cross-cultural, multi-national efforts of this kind.

To See Ourselves as Others See Us

ILEX participants come to their assignments forewarned. In the course of the screening and orientation process, they are informed in some detail about child and youth care in the United States and about the agency in which they will be working in particular. For example, the following is an excerpt from the manual that they all receive, and the message is reinforced repeatedly in the course of personal contacts.

If in Europe the staff member is the main tool of his or her work, in America the “program” is the main tool. This notion of program has to be understood before landing in the U.S.A. It does compensate for the lack in the U.S. of a profession (educateur, social pedagog) and responds to the need for structure and regulation.

It is important to understand the impact of this notion of program and tool, so please pay close attention to the following material explaining major tools that are used in agencies and try to picture yourself in those kinds of frames. These descriptions, as much as anything could, should make clear the impact of not having the idea of child care work as a trained profession in the U.S.A.

What follows this introductory message is an explanation of various commonly-used behavior management strategies—restrictions, quiet rooms, physical restraint, and such behavioral program elements as point and level systems, stars, etc.

In addition, the ILEX participants’ role as catalytic agents for development is emphasized. The program is founded on the notion that they represent a proven, coherent practice model that could be applied to enhance current outcomes of the more haphazard, agency-specific child care practices that are typical in group care settings in the United States (Barnes & Bourdon, 1990).

Acknowledging that he had been told before he came about many of what turned out to be, from his personal and professional frame of reference, the least attractive characteristics of much of the group care environment in the United States, one Norwegian participant indicated that he had made up his mind in advance that he wanted to spend a year in the field in America, feeling that he was well enough prepared

to handle anything that might come his way. Yet he, like others who have felt that forewarned is forearmed, was astonished by the child care practices he found in the American agency in which he worked.

Thus, despite their preparation, their sophistication, and their confidence, the adjustment of ILEX participants is typically set back when they confront conditions in even highly regarded American group care agencies. Their surprise encompasses the overarching philosophical frame of reference, the nature of the direct care worker's role, the techniques that are used in working with young people, the broader concept of pedagogical action, and the overall structure and orientation of the agencies, each discussed separately below.

The Philosophical Frame of Reference

The visiting educators find it frustratingly difficult to explain their educational values and concepts (in a relatively unfamiliar language) to American colleagues, most of whom seem not to think about the work in value or conceptual terms but rather as a conglomerate of tasks, methods, and management techniques. Words and concepts do not, they complain, seem to convey the same level of understanding; "Hear it *deep!*" is a frequent theme in such conversations. Wolins (1974), after discussing what his research in Eastern Europe and Israel suggested are the critical characteristics of powerful group care environments, notes that they appear to conflict in significant ways with American ideologies and political perspectives. Thus, what goes without saying when the Europeans talk about their work may not be heard at all by their American counterparts, leading to unrecognized communication gaps.

The Role of the Direct Care Worker

Deploring the limited amount of time that American child and youth care workers typically spend interacting directly with the young people in their care (except in crisis intervention), one ILEX participant observed that they are, "prisoners of the agency and prisoners of the clock" (Hirshson, 1988). As a result, educators observe, although many of their American colleagues are deeply dedicated to their work, they appear as passive role models who may not fully understand why they are there and, if they do, simply do not have the freedom of action they need to do their job effectively.

An educator from Switzerland, for example, experienced with delinquent boys at home and filled with ideas for appropriate educative action plans in which to involve kids and develop a stimulating treatment milieu, observed that,

For everything I want to do, there is a rule [that gets in the way]. Between me and the kids is always “the system.”

In the heartland of the United States, an educatrice from Paris was trying to find an opportunity to express in practice some of her ideas for the “use of daily life as an educative experience.” In frustration, she held up the daily schedule for cottage life, which began at 6:45 a.m. with “children get up” and continued to specify the structure and content of daily life seemingly minute by minute throughout the day. “This place doesn’t need an educatrice,” she said, “it needs a train caller from the railroad station.” Whether to facilitate social control, to support child and youth care workers, or for other, perhaps unexamined reasons, little or no discretionary time was readily available for creative use by those in care or by their workers in working with them.

The contrast in role expectations was probably captured best by a young man from France who called the ILEX Program Director one day with the following greeting: “You know, Americans are crazy!” Asked to elaborate, he said,

Here I do exactly half of the job I am required to do in France, and the other half is done by two people, a social worker and an activity specialist. I do the daily care while they do the counseling and the activities.

From his perspective, it is the combination of these three functions that give the job much of its potency in facilitating development; by separating them, the position is effectively emasculated.

Child and Youth Care Work Techniques

It is in this area that participants are often most perplexed, particularly when they are expected to implement such techniques as formal behavior modification (e.g., through point and level systems), physical restraint, and the like. One ILEX participant, serving in a highly respected US agency, was required to assign children who were loud and obstreperous to “sitting time.” She subsequently informed the ILEX staff that she had refused, viewing that disciplinary measure as a form of institutional abuse in which she neither could nor would engage. When questioned further about what seemed to be a unilateral decision about a cultural difference, she responded, in tears.

For four hours [the time that had been prescribed]? A nine-year-old child? Is this what he’s in placement for?”

Other participants have expressed related concerns as follows:

I see “crisis intervention” as a reaction to the aggression that these children show, but also as a cause for some children to be aggressive.

The main question for me was, "How can you teach a youngster to be independent when there is so much control on their behavior, so much control on the safety and on the staff?" I had a feeling of heaviness and immobilization.

Certainly considerations of legal liability and insurance have attained added salience as program determinants in recent years, but they may serve as excuses when too little is done to probe the limits of opportunity for effective programming. Fear seems to be a major determinant—agency fear of the children in care and of various supervisory and administrative authorities, both within the agency and outside. As the participants tend to see it,

Too often the motivation to do something (or to avoid something) is that everybody seems frightened of the fact that they can be written up, fired, etc.

I still dislike the fact that little initiative is left to the child, especially when he wants to try something new. Control is the word I hear the most here. To me, it is the opposite of creativity.

Too many specialists! Americans are champions in reacting to crises. Each problem seems to be solved by one specialist who has "the answer." It makes workers dependent on the knowledge of one person who often does not even know all parts of the situation. The kids are cut into pieces: they are either behavior, medical, or welfare problems.

The same themes have been elaborated over the years by noted practitioners who started in Europe decades ago but who made their marks primarily in North America. For example, Gisela Konopka, interviewed in her eightieth year, reflects the broader frame of reference described above:

. . . we don't talk and think enough philosophy. When I talk about philosophy, I do not mean that we read Plato, but that we think through what we are really wanting to do with this work and with people rather than, for instance, this slavish following of fashions. Take, for instance, this whole concept of behavior modification. Naturally we have all done some of this. We will say to somebody, "well done," and by that modify their behavior. No question about that. I am not worried about that. But I am worried about the use it is put [to] in institutions, for instance, when we put so many points on something—five points if you make your telephone call short and six points if you eat well.

How ridiculous. But that is not all—besides being foolish, it is dangerous. It is a philosophy that teaches human beings that you do well only when you are getting a reward and you don't do well because you are getting punished. I don't want people to be raised that way. I want them to learn what is good. That is a very old fashioned word, but one that is still important. I want them to learn again this business of knowing the

dignity of other people, of accepting the incredibly beautiful variety of people. (Hudson, 1989, p. 8)

Konopka is talking here about something more, of course, than simply technique or superficial concepts of good and bad. Hear it deep!

Pedagogical Action

Pedagogical action is to educators what the narrower concept of technique (or, frequently, lack of technique) is to many of their counterparts in group care in the United States. From the latter's perspective, for example, the objective of toothbrushing is simply to get the teeth brushed. Educators view it as also being part of a nurturing network of interactions designed to stimulate and facilitate the development of a variety of appropriate values, attitudes, and skills. As they try to foster *understanding* of this perspective among American colleagues, they find that they are asked for *ideas* about what to do to resolve this or that immediate situation instead. Events are seen as isolated, and longer term goals frequently do not exist. Thus, the context that is so essential to effective work is lost.

Implicit in the concept of pedagogical action is respect for each young person in care, his or her developmental stage and needs, and the right of each to refuse. The worker's task, then, is to engage the youth through their interaction in the milieu in activities that contribute to explicit and appropriate developmental goals. As described by the then Secretary General of AIEJI, from France, the function of the educator, his pedagogical action,

... is to help the development of the global personality and the social maturation of young maladjusted or handicapped people by means of various spontaneous or planned activities that he shares with them, either in a residential institutional setting or within the normal framework of their lives. He does it through joint action on the young person, his family, and his environment. (Ginger, 1985, p. 2)

The 1989/90 ILEX group identified, as the major missing ingredient that differentiates their approaches from those of their American counterparts, the lack of a working understanding of this concept and its implementation as the cornerstone of practice. "I am dropped into a system that reflects none of my ethical values and certainly does not, as a system, really value my ideology" was the way one participant put it.

In a report to his agency on what he saw as dangerous overuse of TV as program, viewing it as a passive promotor of violence, a barnevern-pedagog from Norway said,

The agency must provide safe and nonabusive living experience. These kids need a lot of love and care. They need time and space for learning again to trust adults. The residential program must give the kids a “good” adult relationship. But to be able to have good therapeutic activities, you often have to be a little “childish,” to bring out the child in yourself and the kid. In this tough setting, you have to motivate the kid to go with you.

Another educateur, talking about his work with autistic children, highlighted the importance of understanding the reasons for behavior. Sally, a twelve-year-old girl who is deaf and blind in addition to being autistic, is also self-destructive, given to hitting herself, pounding her head on the floor or even on the corner of a table, seemingly without explanation. The educateur maintained that it is important that he ask of himself what may be producing this behavior. Might it be her not having enough attention, not even being touched, for several hours? Might it be that she is hungry? Perhaps she is wet and needs help with her personal hygiene.

Likewise, it is easy to see a child’s hitting simply as hitting—a behavior that must be stopped. It is more complex to ask “why,” but that, this educateur insists, is also at the core of his task. Once he has at least a hypothesis to go on, he can arrange situations so as to help the child figure things out, to clarify the meanings of the behavior—a process that may well be different in each situation. One result of this, which is far more significant than merely managing the behavior, is helping the young person to know that the worker understands his or her needs—for that is the beginning of relationship, on which most successful intervention depends.

Pedagogical action sets out to pursue a very different goal than that which many of the American colleagues of the ILEX Fellows seem to have. Although maintaining control and keeping behavior within reasonable bounds is necessary regardless of one’s professional foundations, the superordinate goal for the educateurs’ pedagogical action is not to manage behavior but to keep the relationship, through which their work is mediated, going and growing.

Agency Structure and Orientation

Despite lip service to the contrary, it has long been noted, child and youth care workers have not generally been accorded much of a role in the structure and operation of American group care programs (e.g., Barnes & Kelman, 1974; Durkin, 1983, 1988). ILEX participants tend to reinforce this perception:

Hierarchy seems to be the heaviest obstacle. The power is distributed vertically and child care workers are at the bottom. Therefore, they are

the least considered part of the team and are just good enough to receive orders. Their opinion is often not taken into account if they are consulted at all.

One consequence of this orientation that ILEX participants find particularly difficult is that it frequently casts them in a robot-like role, constraining their opportunities to work with young people in the context of real life issues. There is a dearth of the kind of “curriculum for living” content that is a primary resource in their work back home. They find it difficult to understand, for example, why most American child and youth care workers rarely handle money or deal significantly with parents. In their accustomed settings, money is handled with the young people as an important part of a normalizing environment—budgeting, buying clothes together, and the like—and it provides another relationship-building opportunity as well. Our current rediscovery of the importance of children’s families registers as frequently too shallow in the context of children’s needs.

Thus, from the perspectives of the ILEX participants, dominant American policies and practices in domains such as these are frequently directed toward social control objectives rather than supportive of direct milieu work with those in care. Positioned between the worker and the child, such approaches are, as a result, often viewed as designed to divide and conquer, to “keep the kids busy” (and out of “trouble”), rather than to facilitate developmentally oriented intervention. Thus, child and youth care workers frequently receive double messages, e.g., they are told to meet the young people’s needs, but the real payoffs come to those workers whose cottages are clean and whose charges are well behaved (Montalvo & Pavlin, 1966).

The most formidable structural barriers may lie in the pervasive power of residential group care environments and the frequently structurally determined ways in which they operate so as to emphasize restrictive practices (Goffman, 1961; Rosenhan, 1973). The resulting expectations and behavior of their staff members and clientele frequently have iatrogenic consequences for those in care. Yet the ILEX participants remind us that such factors need not be viewed as inevitable, that, as Wolins (1974) has demonstrated, group care environments are not intrinsically flawed. We need to find ways to manage them so that horizontal, collegial leadership patterns and exciting, growth-oriented programs are encouraged and expected by the ways in which the agency operates and communicates and rewards its staff.

And How We See Ourselves

It should be acknowledged that none of the above is new; similar and, in some cases, more extreme observations about group care in America have been made frequently in the domestic literature (e.g.,

Barnes & Kelman, 1974; Durkin, 1983, 1988; Linton, 1971, 1973; Joint Commission, 1969; Schwartz, 1989). But the fact that such similar reactions come from professionally sophisticated outsiders to the system serves to reinforce their validity through exactly the kind of “triangulation” that international exchange is expected to provide.

The Power of the Status Quo

Perhaps the most dramatic impression of the ILEX experience, however, at least for the participants from abroad, has been the difficulty of their role as catalysts for program development in many of the settings in which they work. Indeed, in many instances, they have found themselves overwhelmed by their environment to the point where they succumbed to it. “I can’t believe I did that! I actually pulled his ears!” Such experiences, which occur even in settings that are seeking to implement the kinds of changes that the educateurs would applaud, have led participants to question their own strength and competence, their values, and their overall personal and professional conceptions of themselves in profound ways.

In part, this phenomenon can be viewed as an example of the kind of culture shock that is a component of adjustment in most such cross-national efforts, particularly those that impinge so closely on interpersonal relationships. In fact, most ILEX participants report that they experience a long period of disorientation at the beginning of their stay. But it also reflects the power and persistence of established systems and the difficulty of introducing change, even change that is sought by the host setting. Newcomers with such a mission clearly need more support than they may have been receiving, both external and (such as through multiple placements in single agencies to provide a critical mass) internal support.

Summing Up: The Agony and the Ecstasy

Although accepting a catalytic agent—a bringer of difference—into one’s system frequently proves to be stressful, the rewards appear typically to have more than compensated most of the agencies that have been concerned and courageous enough to participate by including ILEX participants in their programs. Agency change, although difficult and often halting, has been noted, and broader effects on the system as a whole have begun to become evident as a result of the involvement of the visiting educateurs in local, regional, and national professional activities.

They still often feel, however, that they cannot do their job as they know it in the context of agencies as they exist in the United States, with each year's group tending to identify the same kinds of barriers: the hierarchical structure in which the child care worker is at the very bottom of the pyramid; intricate levels of management and the plethora of specialists; the resulting view of child care work as basically managing behavior and maintaining social control while treatment decisions are made by the specialists; child and youth care workers bound in many settings by rigid conduct rules and associated points and levels ("Between me and the kids is always the system."); preoccupation with control; and a burdensome apprehension about liability, being called to account, and being sued. Inextricably woven into the fabric of these concerns is the phenomenon of physical restraint, which, in its elevation to a trained technique and its great frequency of use, shocks the European professionals, who see it as a crutch and a sanctioned, even institutionalized form of abuse.

Even within the existing context, however, it seems clear that the ILEX participants have been able to contribute significantly to the enhancement of practice as well as its conceptualization. One ILEX Fellow, so upset about the frequent use of restraints, asked to be allowed to take on a special project. She wanted to study every incident that resulted in physical restraint, by talking with the worker and examining the incident in an effort to identify alternative actions on the part of the worker that might have avoided the restraint. She did this in a nonthreatening way that pointed toward options to be explored and illuminated overreliance on a negative technique rather than criticizing workers. She was so successful in consciousness-raising that the use of restraint in the agency was reduced by 50%.

Another participant, similarly distressed by what he viewed as this "barbaric phenomenon," wrote a philosophical statement against the use of restraint and proposed a programmatic approach to having a restraint-free program. The agency elected to adopt it and, 18 months later, appreciative of the success of the program, the workers wrote to him back home to share the results and to thank him for his contribution.

Not all such innovations are as dramatic as these were, but each participant is required to develop a "project," something that he or she feels might be the best area of contribution for him or her in the assignment, a kind of focus for professional thinking and practice. One such project proposed an approach to individualizing the young people more effectively within a large group system. In an agency that has several participants in each of two programs, the participants are playing a leadership role in developing model experimental programs for two pilot units, in which their ILEX successors in that agency will be

participating. Lest one despair that such efforts are so tiny in relation to the need as to be insignificant, we recall with the Talmudist that, "It is not given to you to complete the work, but neither are you free not to take part in it." The longest journey begins with but a single step.

Nor are the ILEX participants always alone in their insights and their convictions. One agency leader who particularly valued the contribution they were making in his agency observed that,

I used to feel completely alone in my ideas about holistic practice—like I was trying to bail out the ocean with a paper cup. Now I have not only company but also a terrific reference point and some help in explaining an approach to kids that I would like to see our staff develop.

Another agency executive summed it up well, saying that the educators bring and model a professional attitude that is new to child and youth care work here:

They are interested in reading, research, exchanging information, and in evaluating the nature and quality of their work. They have high standards that are their own, not imposed by others.

He described their consistent attention to the quality of the children's space and experiences and identified that, for him, the major area of their difference is that, "They have a clear sense of professional practice, the locus of which is the milieu."

Despite these positives, we see this program as involving all the challenges or any international development efforts providing technical assistance to a less developed society, although most Americans are accustomed to being on the other side of such collaborative enterprises. The principles are the same, however; metaphorically, the visiting specialists are here not to catch the fish we need, but to help us learn to fish for ourselves—a useful model for us to keep in mind as we work with young people as well. Some of the barriers have been discussed above, and ILEX participants have observed that it may take a year of effort before significant results begin to occur, at least visibly. By thus plowing the ground in their agencies, however, they may make it easier for their ILEX successors in the same settings to establish themselves more quickly as effective catalysts.

And what about the participants from abroad? What is the price they pay, and what do they get? For many, it is the first time they have had to master their understanding and conceptualization of practice to the point where they could explain it to others. Living and working with other, similarly trained educators, they could assume a shared understanding underlying their collaborative efforts. But here, the solution to the crisis of identity each visiting professional experiences is to dig

into the conceptualization of that identity and its work and to learn how to share that. It was stated well by a Fellow from Denmark: "I have learned more about being a socialpedagogue in one year here than I could have learned in many years at home." In the process, those who participate with them are also enriched by "hearing it deep."

Our experience with the program, including continuing follow-up with most of the previous participants from the past five years, suggests that it is a powerful positive influence on their subsequent lives and careers:

I am glad I had this opportunity to spend a year in America and in this particular agency, finding my strength and also my limits and how to maintain and overstep them in order to grow.

To take advantage of difficulties as a way to improve myself has been another learning I made over the months. To regard problems as opportunities ended up to be the main concept I used to overcome the tendency to be upset. As a result, I believe I reinforced my ability to deal with problems, from communication issues to any conflict-related situations.

All this did not come easily:

It has been amazing, devastating, interesting, strange, painful, horrific, enlightening, comic, and sometimes just plain impossible to deal with.

But, as another participant expressed it,

If I had known before I came what I was coming to, I would not have come. But the irony of this statement is that I would not have missed this experience for the world.

Those of us who developed the program feel somewhat the same way. There are still profound surprises and we are still learning about how to assess and enhance its effectiveness, but we view it as an example of a cross-national effort in which everybody wins, most of all the young people who may, as a result, experience more effective group care environments in the future.

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