



The Child and Youth Care Workers: Who needs them?

Thomas Linton and Michael Forster

Abstract: Among the qualities of "excellent" for American child and youth care workers are idealism, pragmatism, courage and joie de vivre. Yet despite the widespread recognition of the central role of the child and youth care worker to the treatment of troubled youngsters, the American devaluation of child care work encourages a preponderance of marginal over excellent workers. It is suggested that, in face of a growing need for excellent direct service workers, the U.S. develop an indigenous version of European "educateur" model.

In the United States today there are approximately 500,000 children and youth being cared for in out-of-home residential settings. Traditionally, the caretakers for these young people have been called "child care workers;" more recently the phrase "child and youth care workers" has become popular, in large part to avoid confusion of these workers with those who work with children in day care settings only. Child and youth care workers in the United States number approximately 200,000. In composition this large group of workers generally reflects the American population as a whole: males and females are child and youth care workers; virtually all ethnic groups are represented; and you can easily find child and youth care workers from all adult age groups — though the work is, largely, a young person's business. And as in most fields, some workers are quite bad, many are reasonably competent, and some are truly excellent. We will say more later about what seems to us a preponderance of poor workers in the child and youth care field. But first we want to focus on the positive end of the spectrum.

Consider three brief vignettes of contemporary child and youth care workers drawn from the authors' personal experiences:

1. Jan C. is a live-in worker for a Chicago-area group home for adolescent girls, a position she took six months ago after a year of full-time shift work (forty hours per week) in the same program. The live-in position, offered to Jan because of her demonstrated gift for working with her emotionally troubled clients, is extraordinarily demanding. She is present in the home over 100 hours per week, rarely is able to take vacation and has not spent a major holiday away from "the kids" since beginning work with the program eighteen months ago. Her friendship circle is largely confined to her co-workers in the program and her love life is, as she puts it, "on the back burner." Despite the enormous constraints and pressures on her work, she finds it deeply satisfying, both "exhausting and exhilarating." Jan wants to stay in child care work long-term, but is painfully aware that pay is low and the opportunities for advancement few.
2. John and Mary V. are a married couple who work full-time in a downstate Illinois residential school for disturbed boys and girls. In addition to this full-time work, John and Mary are enrolled full-time in a master's degree program in Child and Youth Care at the University of Illinois at Chicago. Because the administration of their workplace is committed to upgrading the quality of child care within their program, it supports the couple with transportation aid, flexible working hours, and generally positive encouragement. But because there are no local university child care programs, the students themselves must drive to Chicago once a week; they pay for their own meals and miscellaneous expenses, and find places to stay over with various friends and relatives who live in

Chicago. Their rationale for self-subjection to this grueling regimen: "Of course we want to get ahead, to advance career-wise; but for us that also means becoming the best possible child care workers, and giving the best possible services to the kids."

3. Myrna R. is a child care work team leader in a Chicago facility for acting out adolescents. A six-year veteran of child care work, Myrna is struggling, with impressive success, to balance demands of work and family with ambitions of professional advance and personal growth. A single parent of her own seven year old, Myrna is also a part-time community college student and one of a handful of Certified Child Care Workers in Illinois. She is considered a pillar of her program's effectiveness due to both her direct service to clients and leadership of other child and youth care staff. Eventually, she says, she might like to operate her own facility for delinquent and disturbed youth. Although she has received several attractive offers for work outside the field, at the moment she cannot imagine leaving child care. "Maybe I'm crazy, but I know that I'm good with these kids and that they need people like me. Besides," she quips, "the high energy keeps me young."

The point of these sketches is neither to glorify the particular individuals nor to suggest that all child care workers demonstrate the kind of excellence implied by our examples. Those experienced in the child care field know that not all workers are excellent. They also know, however, that the types of individuals depicted above are not rare either. Indeed, our belief is that among America's approximately 200,000 child care workers are many thousands of dedicated and effective, truly excellent, child care workers.

Who are these child and youth care workers, and what distinguishes their excellence? Child and youth care workers are employed in a variety of residential and day treatment settings. Their clients are typically handicapped, emotionally or developmentally disabled, aggressive and acting out, multi-problem, "troubled" children and youth. Estimated to number over 500,000, these are the kind of young people most difficult to deal with; the kind with whom most mental health professionals, consequently, are loathe to deal — at least not at close range.

This latter factor of "range" is one of two distinguishing marks that clearly set child and youth care work apart from the work of other mental health professionals. Whereas psychiatrists, psychologists, and social workers address various aspects of the child's life from a position of professional "distance" (symbolized, usually by a secured private office containing the essential trappings of professional authority: desk, books, forms to be filled out, etc.), the child and youth care workers operate more or less completely within the "lifespan" of the young person. This life-span contains the actual living quarters of the troubled youngster and all the activities that transpire there, as well as those places and activities outside the home through which various needs (medical, recreational, etc.) are met. It is a space shared in common by worker and child, much as such "living space" is shared by parent and child.

As a result, the relationship of child to child care worker, more than the relationship to any other helping professional, is characterized by immediacy, intensity, and intimacy; it is a constant interchange of selves at very close quarters over very long periods of time. Even the special education teacher, whose role perhaps most closely resembles that of the child and youth care worker, can rely on a degree of functional structure, time limitation, and even physical distance from students that is greater than that available to child care workers.

The other distinguishing characteristic of child and youth care work, closely related to the range factor, is its inherently holistic nature. While every mental health profession claims to be addressing "the whole child" it is the child and youth care worker who most truthfully does. Psychiatrists, psychologists, special educators and social workers tend to "divvy up" the young person into segments most amenable to their own specialist skills. The child and youth workers, on the contrary, are, necessarily, integrationist and generalists. Like good parents they are there for the child whenever and for whatever reason the child needs them. And as with parents, the range of activities through which they might engage with young people is virtually limitless: from disciplining to game-playing to nursing an illness to comforting after a nightmare in the middle of the night—all are within the professional purview of the child and youth care workers.

A demographic profile of these workers indicates that most of them are twenty-three to twenty-eight years old, equally divided between men and women. Most are single. About 65 percent overall have two years of college; in urban areas 65 percent have college degrees (Krueger, 1983). We are concerned about excellence, however, more important than cold demographic facts are the qualities that excellent child and youth care workers bring to their work. Over the course of many years of involvement in the field of child care, in the various roles of direct service workers, supervisors, administrators, and educators, the authors are deeply impressed by the consistent and widespread appearance of a number

of valued even "heroic" qualities among effective child and youth care workers. A list of these qualities would have to include the following:

Idealism: a firm hopefulness and faith in the power to make positive change in human life.

Pragmatism: a realistic practicality in the use of means, a willingness to experiment in the service of a burning desire to be effective.

Intelligence: both cognitive and intuitive intelligence, a high degree of self-knowledge and the knowledge of how to use self in the helping task, coupled with a thirst for the accumulated scientific knowledge regarding development, pathology, human ecology, treatment, etc.

Empathy: an enormous capacity for caring deeply about those in need.

Commitment: the application of self, often with amazing stamina, to the thorny problem of effecting change in disturbed human beings.

Courage: the willingness and ability to engage with always stressful, usually challenging, and sometimes dangerous youngsters.

Many other associated qualities spring to mind as well — qualities such as discipline, self-motivation, *joie de vivre*, sacrifice — but enough has been said to suggest something of an "ideal type" of child and youth care worker, the kind of individual who can make a real, permanent difference in the life of a damaged youngster. Above all, it is a healthy personality type: balanced, well-integrated, energetic, capable of both love and work in truly impressive proportions.

In light of the important work they do, and the qualities required to do it well, we might expect that child and youth care workers would receive impressive pay and professional status in compensation for their labors. Unfortunately, nothing could be further from the truth. In fact, child and youth care workers generally earn an average income of \$9,000 to \$12,000, with correspondingly poor job benefits. The position of child and youth care workers on the National Standard of Occupational Classification is below that of tour guides, barbers, porters, and ushers. Mailmen, auto workers, and janitors often have incomes of over \$20,000 per year, enjoy respectable fringe benefits, and are engaged in a standard forty hour work week (and their work does not involve extremely stressful working conditions, nor daily congress with angry, troubled, and disturbed children!).

Child and youth care workers receive virtually no social recognition or professional status for the difficult, exhausting, and important work they have chosen. While the important role of the child care worker has long been acknowledged by leaders in the disturbed children's field, there has been great reluctance by the mental health system to provide a legitimate professional role for these valuable, but marginally recognized workers. Unlike the fields of psychiatry, psychology, social work, and special education, the field of child care can boast of only a handful of university-based programs for the education and training of its members. Child and youth care work sits, uncontested, at the bottom level of the American mental health hierarchy.

It is not our purpose here to analyze the reasons behind the child and care worker's lowly position. Instead we intend to make the seemingly more simple effort of demonstrating that it ought not to be the case, at least not if the American republic is concerned about the future of its youth.

The Role of the Child and Youth Care Worker

We have already suggested something of the unique role of the child and care workers in the treatment of troubled youth. These care-givers, as Krueger (1983) has written, "can generally be on hand to support growth, recognize change, and to discuss feelings throughout the day, not just during a scheduled office visit or class, as is the case with other helpers." The direct positive strength of a healthy child and youth care worker serves as a major curative force in the life of the troubled children with whom he or she work. This quality of intimate human involvement that the child and youth care worker develops with the child is the central basis for deep-level change in the abused, neglected, and frequently desperately alienated young person.

This strong positive identification with the child and youth care worker was identified by the pioneer youth worker A. Aichhorn (1964) as the central quality in an effective re-education of the troubled child. The child's relationship with this worker moves beyond the range and professional role limits to the traditional mental health or education specialists. The child and youth care worker activates the child's need for a trusting, non-punitive adult model, friend, and temporary parental figure. The activation of the child's deepest personal concerns enables the child to move beyond adult distrust to a close emotional bonding with the worker and this is an essential part in breaking down the tough resistances often maintained by the youth living in a residential setting. In depicting the qualities of the effective child and youth care worker, Aichhorn found essential, as we have in our experience, the healthy personality in general, and the capacities of empathy, intelligence, and critical distancing from societal norms in particular.

Yet current American practice militates against the recruitment of healthy personality types to child and youth care work positions, and undermines the effectiveness of those in such positions. Unfortunately, by no means do even a majority of workers approach the "ideal type" we sketched earlier. On the contrary, low pay and status, the lack of career ladders, the frequent exclusion from decision-making in the workplace, long and irregular hours and other unsatisfactory working conditions, all contribute to the alienation, "burnout" and high turnover rates within the field (workers typically remain in the field only two to three years). As a result, these conditions virtually assure that the field is dominated by socially marginal employees. With minimal education, low motivation and often less hope, far too many of these workers are social failures and misfits, ill-suited to serve as companions, models, and teachers for alienated, troubled youngsters. What is more, supervision for their most difficult work with disturbed children is almost always inadequate usually amounting to less than one hour per week. And little if any formal academic training is available to most child and youth care workers because universities seldom provide programs in this area of human service practice.

The European and Canadian example

The rather abysmal American condition is not necessary. Alternatives exist in good supply. The senior author has frequently discussed the innovative approaches to disturbed children and their families that have been developed in several European countries and in Canada. After the Second World War, France, the Netherlands, Scandinavia, Germany, Italy, the Soviet Union, and the province of Quebec in Canada realized that most of the disturbed children did not require elaborate and extremely costly mental health facilities or personnel. They were aware that for most of the war-ravaged children, their problems were deeply involved with the most fundamental issues of daily living. They became aware that these children needed a well-trained youth worker. The damaged child needed a positive adult model whose real interests and skills were in the area of direct, face-to-face, long-term involvement with troubled children. These new professionals worked closely with young people in their daily concerns, needs, and activities. In turn, the disturbed child began to develop feelings of trust in adults, and in his friends.

What these countries designed was a new professional group of child and youth care workers, trained to work directly with troubled youth in the most basic concerns of their daily lives. These concerns were the problems of relating to concerned adults, finding value in daily activities, developing a sense of competency and worth, learning self-control, developing academic and vocational skill, positive use of leisure time, and generally coming to grips with the real opportunities and deficits in their lives (Hromadka, 1964).

Today European child and youth care workers are primary coping agents in the total life space of the troubled child. They do not judge or relate to the child in an aridly academic way; rather they provide a model or personal value and concern, geared to the individual needs of each child in their care. Henri Bissonnier (1963), a leader in the French child care training, wrote:

The Child Care Worker bases his action on the so-called daily life activities which are intimately involved in the very first states of the human being; his sleeping and waking, eating, personal hygiene, physical exercise and rest, reaction, social life in the diverse areas of human explorations--given a solid psychological training, the Child Care Worker realizes the values of these activities. He does not view them as unpleasant obligations but draws from them a more refined psychopedagogic understanding of each moment in the child's total daily behavior. These observations in the personal, close relationship permit discreet behavioral interventions. They furnish the opportunity to help the maladjusted child in resolving conflicts, in gaining internal control, and in strengthening his ego, at the same time establishing a relationship of trust with the Child Care Worker. (p. 642)

These workers perform in a variety of settings for youth. They work in day care centres, residential treatment settings, observation centres, half-way houses, substance-abuse centres, unwed mothers' homes, homes for runaway youth, suicide prevention centres, delinquency treatment centres, and agencies for retarded and physically handicapped children.

European child and youth care workers are carefully selected and thoroughly trained at the bachelor's degree level. They receive full stipends in terms of tuition and living costs while in training. Their personal growth in training is a central focus, and extensive individual and group supervision is provided in their direct field work with children. Once employed, they receive salaries and working conditions equivalent to a public school teacher or social worker, are respected members and leaders within the mental health system, and have multiple career growth opportunities within the human service field.

All this is indeed quite "foreign" to the American experience. Despite the frequent testimony to the critical importance of child care work with disturbed, delinquent, and socially maladjusted youth by many leading figures in the mental health professions, as well as several major United States government reports, and despite the existence of a large number of deeply committed American child and youth care workers hungry for adequate training, compensation, and social recognition, the United States persists in its harmful pattern of institutionalized neglect of the American child care worker.

We are not suggesting that the United States should mimic the Europeans, or any other particular approach to child and youth care work. We are suggesting, however, that something parallel in thrust, if indigenously American, should be done to radically improve the now pitiful position of the American child and youth care worker.

The growing need for Child and Youth Care Workers

The American youth situation in the latter half of the 1980's bears some chilling similarities to that of postwar Europe; here and now, as there and then, large numbers--literally millions--of children and youth go without needed mental health intervention. A United States government sponsored study, *Crisis in Mental Health* (1969) stated:

This nation, the richest of all world powers, has no unified national commitment to its children and youth. The claim that we are a child-centered society, that we look to our young as tomorrow's leaders, is a myth. Our worlds are made meaningless by our actions, by our lack of national, community, and personal investment in maintaining the healthy development of our young...As a tragic consequence, we have in our midst millions of ill-fed, ill-housed, ill-educated, and discontented youngsters and almost 10,000,000 under age twenty-five who are in need of mental health workers ... The family cannot be allowed to withstand alone with enormous pressure of an increasingly technological world. (p. 2)

The appalling conditions that existed in the 1960s for children, as presented in the report, have not only continued into the present, but have increased in the number of children in need, and in the lack of quality services available to these children and their families. The 95th Congress established a commission. "The Select Panel for the Promotion of Child Health," to report on national conditions for children. The report (1981) stated:

The number of children with mental health problems seems to be increasing. Adolescents, for example, constitute the fastest growing admissions category in psychiatric hospitals. Suicide and homicide rates among both children and adolescents are increasing at an alarming pace, as are problems with drug and alcohol abuse

The state and national response to this alarming need has been, sadly, to cut back drastically on the funding of services for troubled youth.

Indeed, current trends indicate that despite a declining youth proportion of the overall population youth problems will worsen substantially in the years immediately ahead. Such trends include increases in single-parent homes, child abuse and other forms of domestic violence, and the incorporation of women into the full-time work-force; the advance of inner-city decay and the expansion of a poverty and violence-ridden, semi-literate underclass; the "feminization of poverty" and the consequent massive increase in the number of children living in conditions of want and deprivation; the short increase in the amount of time large number of children spent in non-family related day care and after school care arrangements, much of it unlicensed and unprofessional; the widespread "latchkey kid" phenomenon, with large numbers of youngsters spending long hours alone at home and/or on the streets, completely without adult supervision. The "problem of youth,"

already severe, is all-too-likely to intensify to a frightening degree as the socializing and humanizing bonds of family and community slacken, in many cases past the point of having any educational benefit whatever.

Already intervention on a large scale is necessary with these child victims. As problems intensify, so do needs. To ignore the child care worker, to continue the current pattern of neglect of the one professional suited to intervene with troubled youth in a variety of life-space situations, is national foolishness, if only on strictly utilitarian, "pragmatic" grounds, certainly if we are for the welfare of these youth, but also if only because we fear the potentially violent and destructive fury of our undersocialized, alienated and desperate children.

Child and youth care workers, by virtue of their work with young people, occupy a strategic position vis-a-vis America's future. Child and youth care workers are models, guides, value-creators for thousands upon thousands of America's youngsters, in thousands of diverse settings, from schools and residential treatment centres, to day care and recreational centres. As people we can choose to recognize what an incredibly valuable resource the child and youth care worker is. If we do, we can capitalize on the attraction that this important work already has for "ideal types" by active recruitment, adequate education and compensation, and provision of viable career paths. We can also choose to stay on our current course, to continue ignoring the child care worker and permitting the field to be flooded by marginal workers who frequently do more harm than good. If we do this, we guarantee certain damage to the growing number of children and youth needing care, and untold future harm to a nation already in serious trouble.

The answer to the questions posed by the title of this article is simple: We all do.

References

Aichhorn, A. (1964). *Delinquency and Child Guidance*. New York: International Universities Press.

Bissonnier, H. (1963). *La Profession d'educateur specialise et son evolution*. Lisbon, Portugal: Separoto de A Crisnoco Portuguesa.

Hromadka, Van G. (1964). *How Child Care Workers are Trained in Europe: Children*, Vol. 11, no. 6. Washington, U.S.: Department of Health, Education and Welfare, pp. 2 19-222.

Joint Commission on Mental Health of Children (1969). *Crisis in Child Mental Health*. New York: Harper and Row.

Krueger, M.A. (1983). *Careless to Caring for Troubled Youth*. Wawatosa, WI: Tall Publishing.

Select panel for the promotion of Child Health (1981). *Better health for our children: A national strategy*. (4 vols.) Washington, D.C.: U.S. Department of Health and Human Services

This feature: Linton, T.E & Forster, M. (1988). The Child and Youth Care Workers: Who needs them? *The Journal of Child and Youth Care*. Vol.3 No.4 pp 1-10

