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THE PURSUIT OF COMPETENCE: COMPETENCE-BASED CHILD CARE

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Child care is a vexing occupation. The emotional demands can overtake the most experienced and competent child care worker. As one teenager in a residential treatment center observed, workers come into child care excited and enthusiastic, while the kids are messed up, depressed, strung out on drugs, in and out of homes, jails and foster care. After a few years, the kids leave, having had a couple good years and feeling better about themselves, while the child care workers are drinking heavily, flunking out of school, wrecking their cars, getting divorces. Like the picture of Dorian Gray, child care workers grow haggard as their ever-youthful clients flourish. Prolonged and intimate association with troubled children is draining under the best of circumstances. Far too many programs are ill conceived, irrationally organized and unresponsive to the needs of children and those who care for them. Frustrated, overstressed and undersupported child care workers simply cannot provide quality care.

Most residential programs have the potential to enhance the lives of children in care and of adults who care for them. Group care offers rich opportunity for interaction and for the development of life skills and, in particular, interpersonal skills. In this respect, group care is analogous to the family with its unlimited potential for the enrichment of each member's life. And just as a family can be dysfunctional, a residential program can work to limit growth, create scapegoat, and encourage self-defeating patterns of behavior. There is a primary goal to child care: to cultivate children's emotional well-being and promote their normal growth and development. Programs should be restructured and evaluated with this goal in mind. This paper is a call to child care workers, a demand that they take a hard look at children's programs and ask the question: What in children does this program cultivate? Is the program positive and does it help the child adjust to normal community life, or does it simply encourage adjustment to a dysfunctional institution or program? This position paper is also a blueprint. It advocates a general theory of competence-based child care, a theory which is consistent with our stated goal for child care, and

explores two working principals, democratization and communitization, which transmit this theory into practice. The underlying need is for child care workers to recognize that their job is not "to change a child's behavior" but to create an environment which best allows a child to flourish. The fundamental element of this environment is the child care worker: Is there any greater therapy or intervention than a child's belief that a confident, stable and respected adult considers him or her important? The continuing development of a child care worker must be recognized by administration and supported by the structure of the program.

Competence-Based Child Care

Roy Ferguson, from the University of Victoria's School of Child Care, a proponent of the competence model, offers the following example of the classic medical approach (Ferguson & Anglin, 1985).

A young psychologist was hired by a children's hospital with the idea that he would deal with problematic behaviors. His first case — hand picked by the staff to test the newcomer — was a boy with cystic fibrosis. The boy had started lighting fires in his bedroom, which led the hospital staff to conclude he was a pyromaniac. The psychologist reviewed the situation. The boy, six years old, had spent most of his life in the hospital. He did not get along well with peers, and was demanding with staff. On two occasions he activated the emergency sprinklers by starting a fire in his wastepaper basket. After considering the circumstances, the psychologist concluded the boy's behavior was not pathological: the boy had lived in a fire-free environment all his life. His pyromania was in fact a healthy curiosity; his aim was not to destroy or disrupt but to better understand the world.

Within the medical model, children are considered patients while their problem behaviors are pathology or disease. The therapist, often a child care worker under the direction of a psychiatrist (that is, a medical doctor), attempts to cure the patient by the systematic elimination of pathologic behavior. The boy who set fires suffers from the illness pyromania. In simple terms, he would be considered cured once he stopped lighting fires.

Competence is a much more complicated model. The term competence incorporates two very distinct ideas: competence in the sense of what White (1959) calls "achieved capacity" or skill; and competence motivation, a drive White saw as basic to all organisms. In understanding the competence model it is important to keep these two ideas separate. We commonly use "competence" as a synonym for skill: a competent child care worker is one who has sufficient ability to do the

job. Less common is the use of "competence" in reference to a basic drive. This idea is based on White's study of biology (1959). He saw competence as "the process whereby the animal or child learns to interact effectively with his environment" (p. 329), a process "motivated" by "an intrinsic need to deal with the environment" (p. 318). For example, rats were observed to cross an electrified grid although their reward was the opportunity to look out a window which overlooked the lab. Competence-motivated activities include exploration, activity (movement) and manipulation. White sees competence as a drive, similar to hunger and sex in that it motivates and directs behavior. Unlike other drives, competence has "no consummatory climax," it is never completely satiated, "satisfaction has to be seen . . . in a trend of behavior rather than a goal that is achieved" (p. 322). Our little pyromaniac is now transformed into student, exploring fire in order to gain some mastery over it.

Competence-based child care assumes that children are naturally driven to learn and understand their world, and that even maladapted children are "being competent" to the extent their experience and opportunity allows. These children have adapted to the specific demands of their environments. For those who care for children, therefore, the task is not to make children want to be competent, but to enmesh children in environments that evoke and reward intrapsychic (within self), interpersonal (between selves) and environmental competencies or skills. Intrapsychic skills include: understanding our emotions and how they affect us, judging ourselves realistically, controlling our impulses, and making our needs known. Our relations with others require us to be competent in interpersonal perception, forbearance, flexibility and appropriate assertion. Environmental skills include the need to recognize danger and opportunity, work productively, and the use of resources to meet our subsistance needs. All too often, especially in the case of institutions for delinquent or disturbed children, we inadvertently create competent criminals or patients. The ethos of the program must prize positive skills, while devaluing negative ones.

A classic example is the anorexic child. We have seen families terrorized by these willful children. Often such behavior is a simple display of competence; the child has learned to manipulate the environment by not eating. One strategy with the anorexic child therefore is to change the system of reward, to give her praise and attention for the behavior we want her to master (eating) and downplaying the harmful behavior (not eating).

While the medical model assumes there is something wrong with the child, competence-based child care believes the child is functioning at an optimum level. The focus is not on problem behavior of a specific

child, but on the child care worker's role in creating an environment which brings out the best in a child. Workers help the child become more acceptable to the environment; they teach the child coping skills, while they make the environment more accepting to children. This means scaling down the environment to a level the child can manipulate. White called the motivational force behind competence "effectance" a word which suggests an organism has power to produce an effect. Clearly, if the environment is too complicated or inconstant, children are frustrated in their attempts to deal with it. A worker needs to be sensitive to a child's level of development and special needs. Few things can enhance self-esteem better than learning to do something well. Happy, active children with lots of things to do are always the easiest to care for. The more competent the children are, the more willing and able they are to deal with problems as they occur, and the less disruptive is their psychopathology. Group care offers rich opportunities for skill development, especially if the program understands the value of competence in work, recreation, play and daily living. For those who want to restructure their residential program within the competence-based model, we offer two guiding principles: communitization, the move to small, diversified programs designed to support quality child care and to evoke the competencies relevant to community living; and, democratization, the shift of power from administrators and specialists into the hands of those who are most affected, children and child care workers.

Democracy And The Role Of The Child-Care Worker

At Sage Hill Camp, a summer program for troubled adolescents, campers and staff gather at night by the bonfire. Laughter and song interrupt the solitude of the Green Mountain woodlands near Jamaica, Vermont. Suddenly Carlos, a fourteen-year-old Puerto Rican boy from the Bronx, bangs a stick on an old garbage can lid. He wants everyone's attention. "Okay, okay," he shouts. "Shut up! I want to call this meeting to order." With decorum which would make many civic politicians jealous, the group discusses problems of the day, upcoming work and recreation plans, interpersonal issues, grocery lists, and often reviews applications from potential staff and campers. These meetings instill a clear sense of ownership and responsibility in the adolescent campers.

Caring for children requires that a myriad of decisions be made on the firing line, and a hierarchical organization is an ineffective response to this demand. Workers and children together, familiar with the contingencies of a situation, are best able to decide for themselves. Involving the children, that is, empowering them in the decision mak-

ing process, is an excellent way to cultivate peer group support for program goals. While more program time is required to come up with a decision by consensus, that time is more than compensated for by having gained acceptance for a decision. Without such acceptance, non-compliance, foot-dragging and outright sabotage is inevitable. Consensus breaks down the adversarial role between children and staff.

Staff cannot be overlooked in competence-based child care. This model demands democracy; that means decisions are made by those within the system. A long standing complaint about the medical model is that those furthest from the child — doctors, specialists — exercise the most power over the child. We believe that those who provide direct care to children are in the best position to make decisions about the child, following consultation with various specialists. Moreover, those adults who care for a child and are trusted by a child are best able to enlist the child's support for a treatment plan.

Clearly, child care workers are not glorified hospital attendants or prison guards, charged with enforcing institute directives. They are the essence and center of the team, and the effectiveness of this notion is demonstrated clearly in Europe where the educator model is used (Linton, 1971) and in North American programs such as those examined by Barnes (1973). In the United States, child care is grossly undervalued. Direct care workers lack professional respect and are generally underpaid, certainly paid far less than the satellite specialists who orbit a troubled child. Of course, democratization means more than a lobby for a higher wage. The only thing money is sure to attract is people interested in money. Child care workers should be paid commensurate to the importance of the job they do, along with their levels of experience and education. Horizontal career paths need to be established, to allow workers experience in a variety of settings. Vertical hierarchies often skim off the most capable workers and plant them in positions of authority. They can stagnate others who find that there is no room at the top. Horizontal career paths imply that supervision and support come from peers rather than superiors. Both as professionals and as people, child care workers can have the opportunity to evolve naturally, rather than react to administrative dicta.

Democratization in child care occurs on two levels: administration empowers staff, staff empower children. The issue is one of trust: administration has to trust that the people they have hired have the capacity to make far-reaching decisions; staff have to trust that the children in their care are responsible enough to have some measure of influence over their lives. We want to teach children the value of assertion, cooperation and order, as opposed to coercion and disturbance. A democratic system best evokes such positive competencies.

Communitization and the politics of child care

The Seattle District Court finds a nineteen-year-old single mother guilty of the physical abuse of her two children. She admits to hitting them repeatedly with a wire coathanger. Social services has chosen not to remove the children from the mother's care, partially because they have no suitable foster homes for the children, and also because the mother is making the effort to straighten herself out. She now has a job as a hotel chambermaid, and sees a counselor twice a week. One of the unusual conditions of her probation is that she send her children to a special daycare. One such daycare is Childhaven, which operates three small centers in urban Seattle. The staff is trained for work with abused children and abusive families. Childhaven provides respite for overstressed parents and teaches them to be more effective caregivers. Likewise, the staff helps ensure the children's safety by monitoring for signs of abuse. The goal of Childhaven is to keep these children safely in their home and community.

Despite the trend away from large institutions, which isolate children from their family and community, there will continue to be a need for extensive group care of children. Children do not have the skills necessary for independent living and need someone to "raise them," that is, provide for them and oversee their growth to adulthood.

Rather than "deinstitutionalizing" children, or adapting them from large to small institutions, programs should be designed to prepare children for community living. Institutions, large or small, that neither offer solutions to children's problems nor reinforce skills a child needs, have little value. One question should be asked about every program: does it make a child worse, that is, does it reinforce delinquency, exacerbate mental illness, or delay a child's development? Our goal is to cultivate children's emotional well-being and promote their normal growth and development. This goal is best met in small programs where routines are similar to those in the community. The point of communitization is not simply to shut down large institutions; the point is to provide children with life settings which mirror as closely as possible family and community life. Competence is largely social; we must prepare children for the social environment within which they function.

As we move children into the community life, child care workers must also move. We need to develop political awareness, to become sensitive to the pressures of community and public opinion. The child care association in British Columbia made an astute choice. For their 1987 conference they chose as a keynote speaker Claude Richmond, Provincial Minister of Social Services and Housing. The conference organizers decided that child care no longer needed to be coy; child

care took the initiative in opening up channels of communication with the government. The message was a move toward maturity in child care. The profession has established its goals and ambitions and is ready to negotiate directly for what it wants: quality (competence-based) child care.

The challenge for many is, as one child care worker put it, to "become politically active while remaining apolitical." What we are advocating is for better care of children, especially for those children who are chronically neglected and abused by their family and community. This means that we insist the programs we work in are effective and respond to the needs of both children and staff. Just as competence-based child care has us evaluate the service we provide (that is, the child's environment) rather than the child, professional organizations should focus the work environment rather than on the behavior of child care workers. Standards, codes of ethics and the push for professionalism are important; they add to a healthy environment. However, like a doctor's prognosis (which is never good) or a treatment plan, the implicit message is often that the existing child care workers are not good enough. But our greatest strength is the type of person child care tends to attract: the idealistic, or the pragmatic — willing to stretch emotionally, intellectually and humanistically. The call in child care should be for environments which best evoke positive skills from child care workers — leadership, compassion, initiative, empathy, trust — and not for people who are somehow better. Competence is the exclusive property of child care. No other child-related professionals have embraced competence in the way child care has. We are experts in this field, which clearly distinguishes us from social workers, nurses, psychologists, psychiatrists and traditional day care. Right now we are the experts, we are the only people willing or able to direct the long-term development of troubled children. The growth in status and enumeration over the last thirty years will continue as long as child care remains true to its commitment to children. The only demand we need to make of ourselves is to honor this commitment.

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