PROFESSIONALIZING CHILD AND YOUTH CARE: CONTINUING THE CANADIAN JOURNEY

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ABSTRACT: This article describes what we can learn from the journey to professionalization in Canada. I focus on the Canadian journey because I know it well and have participated in many aspects of it. From the functional perspective of professionalism, in some provinces, we seem to have 'arrived' and in other provinces we have not yet developed sustainable professional associations. Yet, the issues of equality, recognition and respect remain the same regardless of the stage of the journey. Through summarizing the various accomplishments and analyzing the difficulties, child and youth care practitioners in North America can learn from our experiences and determine our future directions.

Professionalizing Child and Youth Care: Continuing the Canadian Journey [1]

The professionalization of child and youth care has been viewed as the means by which we can achieve autonomy, recognition, and respect for our work. We have continued to strive to achieve the hallmarks of a profession in spite of questions by leaders in the field regarding whether it is appropriate to hold these professional hallmarks as our goal. We have also failed to consider the advancements in the study of the professions.[2]

DEFINING CHILD AND YOUTH CARE

The drive toward professionalization began by defining the boundaries of the profession, an attempt to define a distinct and organized body

[1] This paper is based on material presented at the Ontario Association of Child and Youth Care Counselors Heroes conference in March 2000 and subsequently posted at www.cyc-net.org . I am indebted to those that participated in the discussions for furthering my thinking. Similarly, I am indebted to Mike Burnett, Pat Gaughan, Martha Mattingly, Dennis McDermott, Kim Snow, Leanne Rose-Slade and the Child and Youth Care Associations of Alberta and British Columbia for their influences and the opportunities that they have offered me over the years, and to Gail, the office administrator for the CYCAA, who has been there from the beginning of Alberta's certification journey for her assistance on some historical questions.

[2] See for example Rossides, D. W. (1998) who argues that the functional view of professionalism, which we have used to compare ourselves to older more established professions is outdated, idealistic, and fails to acknowledge the power hierarchy under which all professions function. He further describes the conflict view of professionalism which embraces the notion that values have a direct influence on knowledge and practice in all professions.

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of knowledge. In 1977 the report of the Alberta Child Welfare Branch, *The Future of Training for Child Care Workers Who Work with Emotionally Disturbed Children*, recommended that "the universe of competencies that comprises the profession of "Child Care" along the general principles of a DACUM approach[3]" be spelled out (CYCAA, 1990). Early on in the province of Alberta the approach to definition was more general, focusing on principles and citing existing literature from the early 1970s to provide a knowledge base (CYCAA, 1987). As the discussion on professionalizing the field emerged in our professional literature though, increasingly refined definitions of 'the field of child and youth care' that indicated the ongoing struggle with our identity began to be developed. Initially, definitions were tentative about our professional status, we were an "*emerging* profession founded on a commitment to the well being of children, adolescents, and their families" (CYCAA, 1990). Later, definitions focus on our practice rather than justifying our professional status. "Professional Child and Youth Care Practice focuses on infants, children, and adolescents, both normal and those with special needs, within the context of the family, the community, and the life span" (ICYCEC, 1992).

The definitions have been refined over the years by various associations and educators, but consistently they address four primary areas:

1. The settings in which practitioners are found. "Professional practice settings include the family home, school, residential facilities, group homes, hospitals, foster homes and community environments" (CCYAA, 1990). These settings have expanded over the years, adding "Early care and education, community-based child and youth development programs, parent education and family support, school-based programs, community mental health, group homes, residential centres, day and residential treatment, early intervention, home-based care and treatment, psychiatric centres, rehabilitation programs, pediatric health care, and juvenile justice programs" (ICYCEC, 1992).
2. The conceptual perspectives required in the field. "Knowledge specialties include child development, social learning theory, therapeutic and community environments, relationship development and family dynamics" (CYCAA, 1990). These perspectives have become more focused and specialized. "The developmental-ecological perspective emphasizes the interaction between persons and their physical and social environments, including cultural and political settings" (ICYCEC, 1992).

[3] In a DACUM approach a group of experts in the job/profession of interest are brought together and asked what they do. They are asked to focus on skills and knowledge and make statements defining these. The statements are written individually on cards and posted. Next step is to group the statements into common areas of focus (these would be the "domains" that we use in the NACP project). In a curriculum development they might form the core courses of the curriculum. They are also ordered into prerequisite or progressive sets of skill and knowledge. The process includes a validation with another set of professional experts before the curriculum is developed and implemented.

3. The functions child and youth care practitioners perform. "Skills include environmental structuring, behavior management, communication, individual and group programming, problem solving, counseling, living skills, education, advocacy and multi-agency liaison and coordination" (CYCAA, 1990). Functions have expanded beyond the front line position. "Child and youth care practice includes assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive, and therapeutic requirements into the life space, contributing to the development of knowledge and practice, and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation, and advocacy" (CYCAA, 1996; ICYCEC, 1992).
4. What we value has remained consistent over the years. "A commitment to the well being of children, adolescents and their families" (CYCAA, 1990; ICYCEC, 1992). "[C]hild and youth care is client centered.... It captures the root value of caring as an underlying force ..." (CYCAA, 1996).

The principles underlying the definitions above are that child and youth care practitioners:

5. Focus on relationships between people and they care about and for their clients;
6. Practice in the milieus or social-ecological contexts in which the client is located;
7. Take a developmental perspective that accounts for total development and development as a life long process.
8. Focus on social competence (not on illness or pathology) (CYCAA, 1987; CYCAA, 1996; Ferguson & Anglin, 1985)

It is the first two principles articulated above that distinguish us from psychology and psychiatry and the addition of the second two that distinguish us from social work and nursing. Together these four principles define our territory, but may confuse others on the multi-disciplinary team. The inclusion of functions and practice settings within our definition of the field seems more consistent with a conceptualization of child and youth care as an occupation, rather than a profession and adds to the confusion. Perhaps we should have heeded the early words of Barnes & Kelman, (1974) that "We can have nothing more than a matrix of professionals until we can clearly perceive a professional role that has the capability of integrating a child's total experience....This discipline must also be a specialist one, unique, however, in that it makes the general a specialty" (cited in CYCAA, 1987).

THE FUNCTIONALIST APPROACH TO BEING A PROFESSION

The debate about professionalism in child and youth care has typically focused on the functional view of professionalism. The requirements of a profession include:

9. Service to People;
10. Formal Education;
11. Organized/distinct body of knowledge;
12. Clientele and colleagues that recognize authority;
13. Code of Ethics;
14. Professional culture or association;
15. Autonomy and self-regulation (Berube, 1984; Kelly, 1990).

We have compared ourselves to these requirements over the last 20 years. We have questioned whether the field of child and youth care was good enough to be a profession and documented how we measured up. Generally, we lamented the need for a body of knowledge; formal education; autonomy and self-regulation (Berube, 1984; Kelly, 1990) or congratulated ourselves for achieving the professional hallmarks of education, professional associations, and codes of ethics. The field was encouraged to continue its development along these lines (Kingsmith, 1997; Rose, 1990).

Early on, challenges to the professionalism model arose. Eisikovits & Beker (1983) suggested we conceive of child and youth care as a craft. In a craft, each product is a little different and we cannot standardize our work because it depends upon the uniqueness of the parts and how they come together to form the whole. In child and youth care, the unique parts are the child and practitioner and they form a whole, which, through the mechanism of relationship, is greater than the sum of its parts. Maier rejoined that all professions arise as crafts and move along a continuum toward professionalism. He noted that "while the answer may be a decade away, we may wish to ask the following question: Can we identify the point of the craft-professional continuum where, in general, child/youth workers now find themselves?" (1983, p. 117). Eisikovits & Beker (1983) argued that we are following two different continuums. A craft continuum based on functional variables regarding how we do the work and a professional continuum based on the external recognition provided for our work by others. These discussions were consistent with the conflict view of professionalism (Rossides, 1998) but failed to articulate the framework for thinking about the field as a value-based rather than a knowledge-based profession, so the field has continued to strive to meet the functionalist standards. Some would suggest that we are clearly a craft and the reason we are not a profession is because we are graduating practitioners who are not equipped with the values or the language to describe their craft (McDermott, 1994; Phelan, 2000a) and thus they are not equipped to demand recognition.

Canadians have focused primarily on the functionalist approach in the debate on professionalism. They have argued that we do meet the criteria for a profession and that we just need to enhance certain criteria, such as educational programs and self-regulation (Berube, 1984; Kingsmith, 1997; Rose, 1990). Embedded in the arguments though, is the idea that practitioners need to develop an attitude towards themselves as professionals. We complain that other professions do not respect us, yet we do not join professional associations; go for formal education; or take ongoing professional development.

Gaughan & Gharabaghi (1999) recently argued that because we have not articulated the boundaries of our discipline, progress in the area of professionalism is limited. We not only lack a specific knowledge but we also lack a way of creating that knowledge from within the field. We have no unique theory base from which we can test hypotheses and generate knowledge. Thus, we cannot define for other professional disciplines who we are, nor can we generate sufficient interest within our professional associations to have a dynamic impact in the political arena. Practitioners are overwhelmed by the demands of the milieu and whatever theory they knew is lost in the introduction to practice (Phelan, 2000b).

Burnett (1999) in a review of the literature pointed out that the arguments about whether we are a profession, in what way we meet the criteria, and whether the criteria are appropriate prevent us from examining in detail some of the occupational issues that are inherent in our work. Most child and youth care practitioners suffer from being overworked and underpaid and lack the respect and status of other disciplines, yet we are not really clear on why that is, and few are looking for the answers. Instead, professionalization is a way to overcome the aforementioned issues. Yet as Goocher (1992) pointed out, the turnover of leadership in our field is very high, and those that move up the career ladder to positions of power and status such as executive directors or educators are rarely present in the day-to-day engagement of the struggle with professionalization.

Some authors have argued against the specific criteria for a profession. Others have argued for research on other aspects of child and youth care work, to learn about the source of the issues that developing professional status would solve, thus developing the ability to specify what it is that we know. I would suggest that instead we consider the radical (conflict) view of the professions that "the professions and disciplines are essentially value-laden, political, and biased, with a highly deficient record of solving social problems" (Rossides, 1998, p. xiv). This view opens the way to being consistent with our orientation to practice: It is through ourselves, our experiences, and our awareness of our values that are inherent in those experiences we create change. By examining the value conflicts in the struggle to professionalize a model emerges that is consistent with our core professional values and can guide the ongoing development of the profession.

THE CONFLICT APPROACH TO PROFESSIONALIZING

Embedded in the requirements for being a profession as they are applied to the previously defined practice of child and youth care are some value conflicts. While some of the following value conflicts have been discussed explicitly in the literature it has always been in relation to the functionalist approach. Canadians have adopted an implicit value-based approach to examining these conflicts that is evident in their approach to self-regulation as a means of achieving autonomy, in their approach to education, and in their writing about the important concepts (knowledge) of the field.

The requirement for an organized and distinct body of knowledge implies that theory and "truth" is learned through formal education. Valuing knowledge, truth, and formal education seems to be in conflict with the value of lifelong learning in the context of relationship that is present in the foundational principles of child and youth care. The child and youth care literature offers many perspectives on relationship. It is central to what we do. Unique to our perspective on relationship is the importance of mutual learning and the relational context. Actions relating to behaviour management, treatment goals, growth and development all occur in the context of a singular moment and a unique relationship where differing histories are brought to each relationship. Practitioners are present in the moment and through their presence and their history, they create new histories (Fewster, 1990; Garfat, 1998; Krueger, 1999, 1999; Maier, 1992; Weisman, 1999).

The process of change is constant therefore defining what constitutes the body of knowledge is not related to abstract truths but rather to relational moments and is grounded in personal experience. Formal education in many child and youth care programs in Canada requires the practitioner to engage in self-reflection, to examine personal experience and values, to understand its dynamic within practice (Denholm, 1989; Rose-Sladde, 2000).

Certification programs continue to be implemented or planned with grandfathering mechanisms for those without formal education, and to require self-reflection and the demonstration of learning through self-reflection as a component of practice. The Alberta certification program allows application without formal education and includes an area of competency in personal and professional development as well as the assessment of attitudes that are foundational to all aspects of competence (CYCAA, 2000). The drafted, but not yet implemented, certification program for British Columbia is founded on the values of child and youth care as fundamental to the demonstration of competent practice. While we aspire to a body of knowledge we recognize that such knowledge is not universally true, but rather is reflected in our personal values.

Service to others is a laudable criteria for a profession. However, child and youth care practice tends to fall under the realm of "service for" an agency that pays practitioners to do their work and defines the types of

programs and services that will be provided. This is the *milieu*, a foundation of our practice. Children and youth find themselves "placed" in the milieu. Many conflicts arise because of this distinction.

We talk about the need for increased pay, but because we are not autonomous practitioners, we must contend with the influences of the organization for which we work, and the government that funds it. If the policies of an organization are in conflict with the best interests of the clients, we refer the client somewhere else. Our clients do not pay us and we would not want them to; it would place us in a power relationship that goes against our efforts to empower them. Even child and youth care practitioners who have managed to create an independent practice contract with other organizations to provide service, do not contract directly with the client. What we really value is service "with" the clients.

We struggle with the values implied in the requirements for autonomy, self-regulation, and clientele and colleagues that recognize our authority. Powell (1990) suggested that as a practice field, we are at odds with the professional requirement that we should be autonomous and distinct from our clients. In autonomous professions, the professional defines the client problem (e.g., medicine) as well as the solution. We collaborate with children and their parents. While sometimes collaboration and empowerment are more ideal than real, so are autonomy, detachment and authority. Since 1985, with the beginnings of the Youth in Care Network in Canada, our national and many provincial conferences have included clients as active participants in the program. Sometimes youth were the presenters, sometimes they were the participants, sometimes both. As a professional group we have led the way in including our "consumers" in our education and professional development activities. We do not hold autonomy and authority as fundamental values.

Embedded in our desire for professional recognition are values about accountability, wealth, status, and self-respect that we have failed to recognize in ourselves or to examine closely. These values are held by other professionals. Physicians set fees and negotiate collectively with the government through their professional association. Psychologists and dentists have associations that set fee guides, which are respected by those paying the bills. Collectively ascribing to these values provides power. Instead we complain about lack of power. We must find a way to hold power comfortably within the principles and values that form the foundation of our practice. We want status and recognition; power, yet we have not been willing to examine what we need to do to get it and to follow a model for reconciling what we want with the core values of our profession.

A MODEL FOR ACHIEVING PROFESSIONAL RECOGNITION

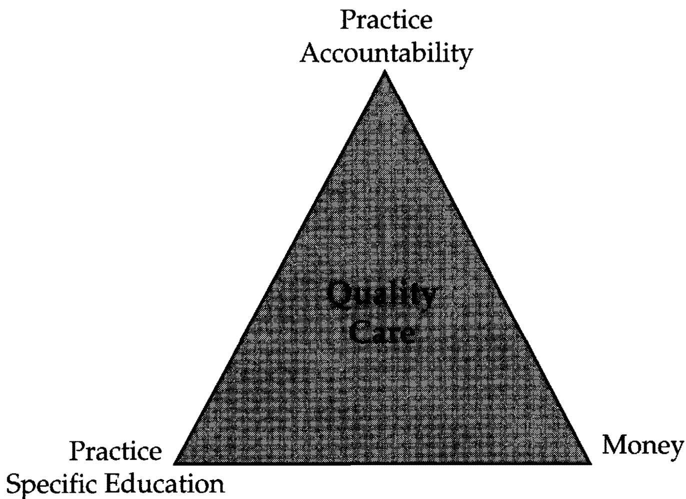
The value central to our practice is present in our name; ***care***. While there is controversy in some jurisdictions over what we call ourselves, most of the published journals, educational programs, and professional

associations in Canada and North America include the term "care" in their titles. Caring is a central value in our field of practice. Caring implies a commitment to quality of life and thus quality of care for our clients. We are committed to and knowledgeable about children's rights, particularly as they are outlined in the U. N. Convention on the Rights of the Child, and we work to ensure healthy environments in which they can grow and develop to their full potential. The following discussion presents a template for thinking about quality care as a central value in our practice and examines the realities of our sought-after professional status and respect in relation to this value. The template is illustrated in Figures 1 through 3 and discussed in relation to the Canadian context.

The Systems that Influence Quality Care

Quality care for children and youth requires the development of three systems that will ensure that the value is evident in the child's milieu.

Figure 1
Three Systems that Form the Basis for Adhering to the Central Value of Quality Care.



As illustrated in Figure 1, two systems ensure a strong and stable base for quality care and a third helps us to reach the pinnacle of our drive for professionalization. Plainly stated, money is essential to ensuring quality of care. In an improved economy, there is more funding to agencies through private donations and government grants. In Alberta, in the early

1980s, social agencies providing care to children and youth were operating with surpluses because the price of oil was high and provided the government with extra revenue. Many agencies used accumulated surpluses to improve services and develop new programs. Some agencies used the surplus in the mid to late 1980s to offset reduced funding from the government. It was possible for the association of service providers to work together to develop a standard for services that they all agreed to because staff had time to contribute to the project. Individual practitioners received increased salaries, there was less stress, more time to devote to children and youth, and turnover was reduced. In the economy of the late 1990s and forward, child and youth care practitioners work more than one job just to make a salary that rises above the poverty level. Overall, if on both an individual and societal level there is more money then children and youth will receive a higher quality of care.

The Canadian government committed to a National Children's Agenda in 1997. Included in that agenda are efforts directed at the vulnerable children and families that child and youth care practitioners work with; however the profession of child and youth care and our professional associations have had limited influence on funding levels that would lead to ensuring quality of care. We have relied on agency directors, their associations of service providers, and the government to do this. We have had more influence on practice-specific education, the second system that forms a strong base for quality care.

The postsecondary education system also influences quality care. Canadians have worked hard to develop child and youth care-specific education. In the early 1970s colleges across Canada began to develop diploma programs in response to the demands of the agencies and new professional associations. Currently there are over 30 college and university programs in Canada specifically identified as child and youth care education programs. In addition, there are programs in Quebec that have adopted the European terminology for child and youth care: 'psychoeducateur' or 'techniques d'education specialisée'.

While we may have developed a strong base of educational programs, we do not have a mechanism as a profession for accrediting these educational programs or having an influence on what they transmit to novice practitioners. The graduates of diploma and degree programs should be socialized to the values and standards of the profession; in the case of child and youth care, caring for children and youth. In other professions, educational programs are accredited by their professional associations and thus practitioners have an influence on the quality of the educational program and the competencies required for graduation. Child and youth care education is just beginning to expand at the graduate level (Master's programs began in the 1990s and Ph.D programs are available only by special arrangement). Education programs have been developed by those outside the discipline of child and youth care who may or may not have had practice experience. Typically, college

instructors have only recently been required to have graduate education and have needed to go outside of the field of child and youth care to obtain their graduate degrees. This limits the development of the standard of education and our knowledge base (since their research may not be relevant to child and youth care).

Practice accountability is the third system to influence quality care. If the financial requirements are met and the educational programs prepare us for practice, it is still possible to have bad practice if there is no mechanism for ensuring the practitioners are accountable for what they do. There are three possible models of accountability suitable to the core value of quality care. These are discussed in the next section. Service standards (the accreditation of agencies), place accountability for the quality of care within the program operation. Poor practice by an individual results in that person being fired or required to improve his/her practice in order to keep his/her job. Service standards are effective because those organizations that do not meet the standard may not be funded by government.

Practice standards (such as certification or registration) are the responsibility of an organized body of professionals, supported by legislation enacted by government. Practice standards work because legislation defines the standard for those who call themselves members of that 'profession' and which determines whether someone is "fit for practice." This is the area of practice accountability where we have had the greatest influence.

The third aspect of practice accountability is the area of personal standards and ethics. This relates to the ability of the profession to socialize those entering it. While progress has been made in all three of these areas, we still have limited power to influence the system of practice accountability.

Models for Practice Accountability

The following discussion describes what we have accomplished with these three models and suggests some additions that would make these models of practice accountability more consistent with our core value; quality care. Figure 2 illustrates the possibilities for practice accountability.

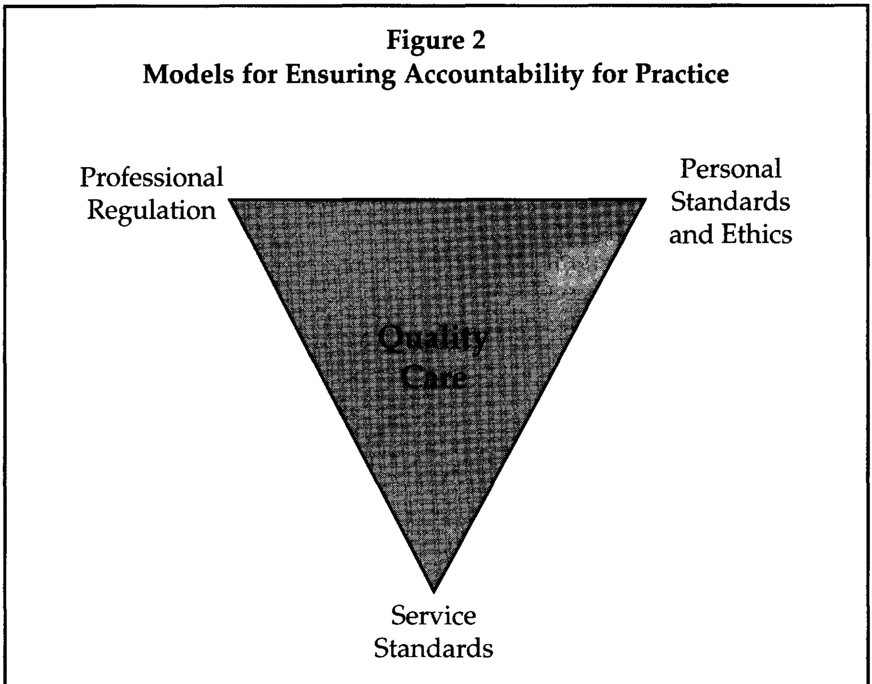


Figure 2
Models for Ensuring Accountability for Practice

Personal standards and ethics.

Personal standards and ethics are often ignored as a model of accountability; however, in our day-to-day practice we encounter the use of personal standards and ethics. They represent our self-esteem, our pride in who we are, and our awareness of individual differences and values within practice. They are the interaction of our personal and professional values.

> *I don't understand why Ed (my team-mate) has so much trouble with Anna. I don't have any trouble. I must have a better technique or relationship or...etc. I definitely give her better care. He didn't even get dinner on the table on time for heaven's sake! He knows how she used to go for days without eating at home. Meanwhile Ed is saying-jeese-how come Carol is so rigid with the 6 o'clock dinner thing. It's much more important to take the time to work this issue through with Anna. She'll benefit from being able to learn from the conflict and she'll know that I care.*

In child and youth care, personal standards and ethics are a critical component of being accountable. We work with personal awareness as a fundamental principle and thus accountability for our personal and professional actions is built into the work we do and the standards we set for ourselves and our team-mates. We work to respect the personal standards and ethics of others and to hold each other accountable in day-to-day

practice. The scenario above, if processed at the end of a shift, or with a supervisor, ensures that each participant is accountable for their actions.

Service Standards.

Service standards are meant to ensure quality from the perspective of the clients and stakeholders in service delivery. Stakeholders and clients include the funders (government), the children or youths, and the service providers who have a collective reputation to maintain. Standards are usually determined by a collective; the government or a group of service agencies. There may or may not be "legislation" related to standards. Licensing standards, for example, have supporting legislation at the provincial level, leading to some provincial variation in the quality of care. Rarely do government standards address more than physical plant and the number of staff required.

The Child Welfare League of Canada advocates for standards for agencies across the country and has begun to influence government policy and regulations to ensure minimal service standards. The Child Welfare League of America provides accreditation and peer review for agencies in the United States. Agencies in Alberta developed a similar peer review and accreditation process in the early 1980s. Service providers who are accredited display a certificate that assures clients that they will receive a high standard of service. This model assumes that the institution providing the service monitors and is accountable for service provided by practitioners. Liability is vested in the organization which is considered to be responsible for the worker. Service standards are largely voluntary and it is rare for government funders to require an agency to meet these standards of quality.

The associations representing front-line practitioners have had little to do with the development of service standards or licensing requirements. Associations of service providers and government though have at times been very active in developing self-regulation. Certification in Alberta was transferred from a government program to a tripartite arm's length board in 1985. The board was composed equally of government representatives, service provider representatives, and professional association members. Only in later years was the professional association given more power and independence.

Self-regulation.

Of the three models of accountability for practice, in child and youth care our discussion has been primarily in the area of professional self-regulation. Individual professionals are judged by their peers according to a standard of practice. They are held accountable through a registration board that can bar them from practice for wrongdoing or failure to meet the standard.

In child and youth care existing models of self-regulation have central to them the occupational issues that we have yet to fully examine (Burnett, 1999). They have developed as a representation of a struggle with our identity and a commitment to our profession, balanced with a grassroots determination of what constitutes good practice. Termed both certification and registration, approaches to professional self-regulation in provinces and states in North America include a variety of components:

16. Registration requires the practitioner to send a letter verifying qualifications and experience to a registration board or professional association. Ontario uses this approach requiring a minimum educational standard of a diploma in child and youth care to be a full professional member of the association.
17. Education may also be an initial prerequisite to certification and further testing of the competence of the practitioner. A written exam, an oral exam, and/or an observation of and confirmation of competency may also be required. Alberta uses this approach, requiring a combination of education, experience, and an examination process to become certified.
18. While rare, some models may require an assessment of values to ensure that the practitioner is upholding the central values of the profession. British Columbia has drafted a certification model that includes the values that are core to practice as well as skills and knowledge.

These approaches to self-regulation are not reinforced with the legislated authority to ban those that do not meet the standard. Legislative authority is required to ensure that the standard is universal. The state (government) must transfer the authority to determine what constitutes a quality professional standard to the professional association (thus recognizing their autonomy and uniqueness and their ability to determine the required standard).

Attempts to lobby for legislation have been recent. In 1993, after significant lobbying by the association executive, the Health Disciplines Board in Alberta approved an investigation into Child and Youth Care being designated as a profession under provincial legislation (Graham, 1993). After six years of lobbying and completing paperwork the Health Disciplines Board recommended that legislation should be enacted but the Minister of Labour responsible for the legislation refused to act due to concerns expressed by the Ministry responsible for social services. Simultaneously, the act they were applying under was replaced by another, the Health Professions Act, leaving confusion in the wake of the change (Boyd, 1999). In Ontario, the Social Worker and Social Service Worker Professions Act (1998) establishes the Ontario College of Social Workers and Social Service Workers as a regulatory body. Child and youth care workers are not named in the act in spite of the many agencies that employ them and the 17 colleges that educate them. At the time the

act was being developed the professional association argued that the act was not about their profession (McDermott, personal communication, January, 2001). There was no lobby to convince the civil servants developing the act that child and youth workers were equally in need of regulation. As a result, the act has the potential to eliminate child and youth worker positions, replacing them with "social service worker" positions. Those with child and youth care diplomas would have to argue that they have the equivalent prerequisite education for registration under the act that would qualify them for these positions. British Columbia began a similar process in 1999 around the time that the Ontario act was proclaimed. A committee was formed, at the request of government officials, to examine the issues and draft a report recommending the appropriate approach to legislation. After a brief lobby on the part of child and youth care professionals, the membership of the committee was expanded to include a representative from the provincial association and an educator in child and youth care. Representatives from other jurisdictions were also added such as immigration workers, developmental service workers, and First Nations representatives. In the wake of an election the initiative seemed to have disappeared. It will require ongoing lobbying and pressure from the child and youth care associations to have the initiative followed through to legislation.

Self-regulation is gaining momentum. The importance of understanding the political and social climate in which our professional associations exist is clear. As idealistic practitioners holding to a core value of quality care for children and youth, we erroneously assume, that others understand and acknowledge our role. We work for large organizations or government service providers and think that they represent our interests. We work beside other professionals on a multi-disciplinary team and think that because we are respected on that team that we will be considered in formal measures taken to regulate members of the team.

FUTURE DIRECTIONS TO SUPPORT A VALUE BASED APPROACH

Child and youth care professionals seem to be placing all their hopes on self-regulation as a means of achieving professional status and recognition. We are attempting to meet the criteria of an approach to defining professionalism that does not match our values. A different model for building the components that we need for professionalism is essential.

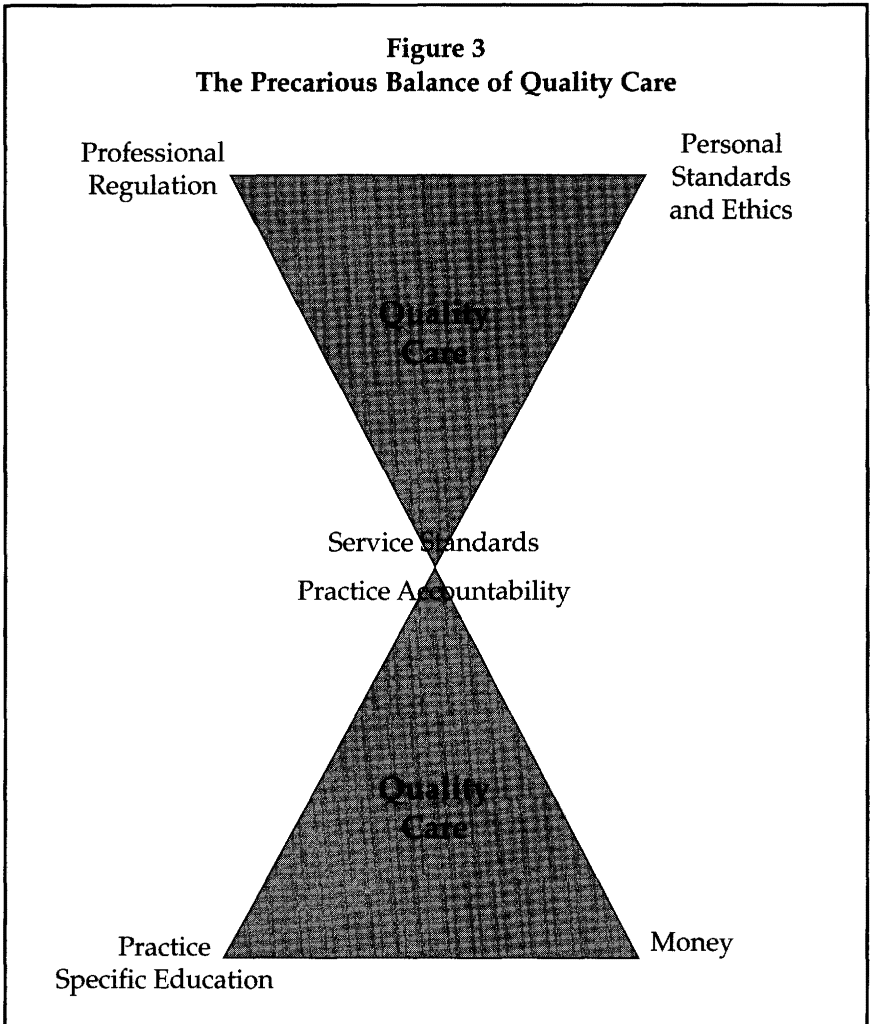


Figure 3
The Precarious Balance of Quality Care

As can be seen in Figure 3, when a value-based model for accountable practice is combined with the systems that are the base for quality care, we end up with a precarious balance. It illustrates the importance of focusing equally on developing all aspects of the model. Considering our history and the model illustrated by Figure 3, several visions for the future emerge. In the future of child and youth care practice:

19. We have strengthened the base of the model. We have realized the power of money. Our provincial and national associations are lobbying against child poverty. Through our lobby for funding, safe and caring environments for children and youth to grow up in (residential care, schools, foster placements, after-school care

and programming) have been created. We have relationships with those children that are influenced by our countries' economic struggles. We can stand beside our managers and state officials with stories that illustrate the effects of poverty or lack of funding. Our passion and our caring about those we have relationships with influences others on an emotional level, a level that has the power to create change, as we know from our day-to-day work.

20. As the base of the model is strengthened, our educational programs are accredited by bodies that represent child and youth care practitioners. New practitioners are socialized into the values and beliefs that are the foundations of our field (relationship; caring; competence; empowerment). They understand how to apply theories that are shared among disciplines to the professional practice of child and youth care. We have many opportunities for graduate-level education in child and youth care. Graduate programs meet the needs of the college programs for instructors and they generate new ideas and examine techniques of practice that help to create knowledge in and about relational moments.
21. We balance our methods of achieving accountability in our practice. Our focus is on self-regulation as *one* of several choices for accountable and quality practice. We are involved with associations of service providers. We have links with those who are the managers and executive directors; the middle-aged and the grandparents of our profession, and they have embraced their roots, just as we embrace their knowledge and power. By doing so we have influenced the service standards that our agencies are required to meet in a way that is consistent with our practice values.
22. We have sought and found the means by which we can develop legislation to restrict those who practice to those who are "child and youth care" professionals. Such legislation recognizes the multidisciplinary context of our practice.
23. We recognize, discuss, and develop personal standards and ethics as a means of being accountable and holding co-workers accountable for quality care on a day-to-day basis. All practitioners hold to personal and professional standards that are value based since there is a consistent means of socializing someone to practice. Through education and training programs the norms and values of the profession are developed and are thus consistently upheld by individual practitioners.
24. Finally, we have recognized and embraced our power and do so without disempowering others. We have power by numbers, in the membership in our professional associations. We have power through relationships with service agency associations, advocacy groups for clients, and government officials.

"It usually takes between 50 to 80 years for the exciting conceptual and theoretical formulations of a given period to translate themselves into the taken-for-granted commonplace knowledge of today, accessible to the nonspecialist in a given field" (Redl, 1966, p. vii). It's our time to communicate our uniqueness. In the future, through relationship and caring, we have achieved the respect and recognition that we deserve. Relationship is who we are and what we do, not just with clients, with everyone.

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