No writing is unimportant which helps us to understand the experience of troubled children, youth or families, or which challenges, enlightens or inspires us as we set out day by day to engage with them in helping relationships in our profession of child and youth care work. But there are some texts which have stood out, which have endured, which have become part of the ‘required reading’ for all in our field. In this series, the International Child and Youth Care Network (CYC-NET to its friends) starts to collect these writings for all to share.

**The Classic Texts**

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Relationships: a wide angle perspective

Penny A. Parry

ABSTRACT: This paper reconceptualizes the role of ‘relationship’ as it applies to current child care practice. The nature and range of influential relationships available to child care practitioners, e.g., therapeutic (worker/family) and social action (worker/political community) are outlined. The degree to which these relationships form the basis of child care practice is discussed. The author argues that it is time for the child care profession to acknowledge and act upon an expanding sphere of relevant relationships.

Child care is a profession based on a strong belief in the power of relationship in influencing human growth and development (Brendtro & Ness, 1983; Krueger, 1980; Pierce, 1982; Trieschman, 1969). The translation of this belief into effective practice requires a working definition of relationship as a process and an appreciation of the range of relationships considered relevant to child care practice. Relationship as a therapeutic process is a basic and well defined concept in child care: it is the forming of human bonds via trust, empathy, and communication skills and the using of these bonds to facilitate behaviour change (Brendtro, 1969). To date, the focus of this process has been the relationship between the worker and child/adolescent. The purpose of this paper is to outline a broader range of relationships available to child care, to examine the existing or potential strengths of these relationships and to evaluate their legitimacy to child care practice. The context for exploration is Canadian child care.

Relationships: Range and Viability

The range of relationships through which child care workers may influence the well-being of children and adolescents extends well beyond the basic worker-child/adolescent therapeutic bond. The possibilities include worker relationships with: family, peers, extended therapeutic community, professional community, political community. The likelihood of child care moving to include these relationships as legitimate to child care practice depends upon the viability of these relationships and on the willingness of child care workers to expand their role beyond the therapeutic to educator, facilitator, and social activist functions. The viability of any relationship depends upon the recognition that a relationship does or can exist, the belief in “relationship’ as an effective process for change, the commitment and skill to use a relationship to facilitate change, the opportunity to do so. These four criteria will be used to review the current status of relationships available in child care. The next section covers this review.

The worker-child/adolescent relationship defines child care. This is the relationship recognized as the essence of child care, the historical roots of practice (Trieschman, 1969). The belief in and commitment to the use of this relationship is clearly reinforced in current practice-based literature (Brendtro & Ness, 1983). This belief and commitment is also evidenced in the curriculum design of child care education programs: the core curriculum includes self-development (e.g., University of Victoria, School of Child Care) or savoir-être (Université de Montréal, Programme des Psycho-educateurs), an essential to effective relationship-building. The worker-child/adolescent relationship remains clearly fundamental to child care practice. Yet, even in this well-established relationship, changes in the nature of the process are being suggested. Anglin (1984) recently reevaluated this relationship. He suggested a shift, i.e., the worker use this relation-
ship to serve the development of the child/adolescent’s natural relationship with parents. Thus, Anglin suggests that the worker’s primary therapeutic relationship is two-pronged: the traditional worker-child/adolescent relationship; the relationship between the worker and the parent-child/adolescent bond.

The relationship potential between the child care worker and the family has been slow to develop and has yet to be fully appreciated as a vehicle for change. Basically, since the primary therapeutic focus in child care has been the worker-child/adolescent link, other relationships, including those with parents/family, have necessarily been given lesser recognition. With lowered recognition, there is less interest in and commitment to the development of these relationships and little reinforcement of opportunity for action, i.e., frequently family work has been delegated to another team member. The situation is changing. From a purely practical standpoint, the shift in child care practice to include settings other than the residential environment has resulted in increasing opportunities for direct therapeutic relationships between worker and family.

Incentive for change also stems from a theoretical viewpoint. The makeup of the primary therapeutic relationship is being questioned both in general therapeutic practice and from within child care. From the general perspective, the introduction of systems theory into human service work has redefined the primary relationship for intervention as the child/adolescent-family (Becvar & Becvar, 1982). From within child care, Anglin (1984) and Brendtro and Ness (1983) have spoken most recently to this issue. These authors stress the need for child care workers to broaden their focus of relationship to child and family and/or child and peers. Thus, there are indications of growing affirmation of the worker-family relationship as one of therapeutic potential relevant to child care practice.

In addition to the changes involving direct therapeutic potential, there is also the possibility for change of a less direct therapeutic nature. The current interest in parent education (Anglin, 1984) is a noteworthy example. The child care workers’ understanding of child development and their skills in child management prepare them well to assume roles as parent educators.

The relationship between the child care worker and the child’s/adolescent’s peers is best recognized, valued (i.e., given belief and commitment) and given opportunity for action in intervention programs based on a strong milieu approach (Krueger, 1980; Trieschman, Whittaker & Brendtro, 1960) and positive peer culture (Brendtro, Ness & Nicolaou, 1983; Vorath & Brendtro, 1974). In these situations, the child care worker undertakes the role of facilitator in addition to that of primary therapeutic agent. The degree to which such programs are prevalent in child care practice is not documented. Therefore, the degree to which the worker-child’s/adolescent’s peers relationship is reinforced in current practice is still open to question.

The worker-child’s/adolescent’s peers relationship is also recognized in the child care approach to assessment. Brendtro and Ness (1983) present the clearest example of this in their discussion of assessment using an ecological model. In this case, the worker relates to peers as potential therapeutic agents.

The strength of relationships between the child care worker and the extended therapeutic community, i.e., agencies, institutions, and social programs, is ripe for change. While child care workers have always been sensitive in their intervention planning to the therapeutic and social environments of a child/adolescent, it is no longer enough for child care workers to think of their relationship with the therapeutic community only in terms of its effect on individual children/adolescents. Relationships based on other needs must be considered, e.g., service coordination, business concerns, program accountability. In these relationships, the role of the child care worker shifts further away from direct therapeutic involvement.

The introduction of the Young Offenders Act is an example of a change which can be responded to on a case by case basis (therapeutic context) or from a service impact position (so-
cial action context). Another example of a change affecting the worker-extended therapeutic community is the move toward privatization of human social services in British Columbia. The literature on privatization of social services indicates that workers whose prime focus was therapeutic need training in such areas as administration and program evaluation to facilitate their shift in role and that service coordination problems occur as the shift takes effect (Callahan, 1984). Thus, although the timing is right for child care workers to enter into new types of relationships with the extended therapeutic community, such a shift would not be expected to be an automatic one. On the other hand, there are indications from the field that child care workers are interested in pursuing these new relationships, i.e., that they recognize and believe in their ability to have impact. For example, many workers in B.C. have bid for and received government human services contracts; requests for professional development workshops increasingly include content beyond traditional therapeutic skill development and information exchange.

Issues beyond individual case needs (e.g., quality of service, service delivery modes) are coming to the fore across the country (Child Protection Canada, 1981; Curie & Fishalski, 1984; Smith, 1984). The decision of child care workers to recognize these issues and to take the opportunity to respond will depend on whether or not child care makes a shift beyond the therapeutic intervention role in its relationships with the extended therapeutic community.

The nature of the relationship between the professional child care worker and other members of the professional community is unsettled. The full potential of relationships in this realm will be recognized once child care clarifies its identity in regard to its professional status. While there has been no clear statement on professional identity from field-based sources, there has been much activity in professional pursuits involving inter-association and government-professional association relationships. In other words, the field is taking the opportunity to act. Examples of these professional relationships include: growth in child care professional publication outlets; development of cooperative national ventures such as the formation of the ‘National Child Care Inter-provincial Associations Committee’ and the ‘Educators in Child Care Group’ at the Fourth National Child Care Workers’ Conference (1984); formation of a B.C. Child Care Social Work Social Action Committee (1985); involvement in government-association relationships such as those on standards of services to children and of worker competencies proceeding in Alberta and Manitoba. These few examples illustrate that the child care professional community relationship has potential and is being developed as a vehicle for change.

In contrast with the action orientation in the field, the literature is less definitive in its direction. While a number of articles have addressed the question of professional identity of child care (Bruce, 1983; Gilmour-Barrett & Pratt, 1977; Helmer & Guff, 1977; Powell, 1977), it is time to move beyond the raising of the question. It is time to share models of child care as a profession if the literature is to keep in step with the activity in the field in actualizing the child care professional community relationship.

Acknowledgement of the relationship of child care with the political community is eminent. The opportunity for action is at hand: changes in society’s social structure (e.g., the family, the workforce) and values (e.g., women, distribution of wealth) are affecting human service needs and government responses to these needs. Such wide scale changes necessarily become political in context. Therefore, entry into the political realm is required if impact is to be made.

Child care in Canada has had little political experience and therefore no clearly recognized relationship base. However, whether or not child care decides to enter into this realm (take opportunity to act) depends on the mandate the profession sets for itself. Typical of child care association mandates is that of the B.C. Association: ‘to promote the development of the highest possible standards of Child Care ser-
vices.’ Given this mandate, the development of relationships in the political realm is long overdue. Finally, the commitment to a political relationship will depend upon the roles child care sees for itself, specifically, the degree to which it sees itself as involved in social action.

Extending the Relationships: The Likelihood of Change

Two basic questions arise in considering the likelihood that the changes addressed in this paper will come into effect:

(1) To what degree does the child care model of ‘relationship’ as a therapeutic concept transfer from the familiar worker child/adolescent relationship to the other relationships? How willing are child care workers to assume roles beyond the primary therapeutic one?

(2) What resources are available to support this transfer?

The Question of Transfer

The relationships discussed in this paper differ from each other along several dimensions, the most obvious of which are: size of relationship group; purpose of relationship; degree of intimacy of contact. A review of the therapeutic concept of ‘relationship’ (i.e., the process of forming human bonds via trust, empathy, and basic communication skills, and the use of these bonds to facilitate behaviour change) suggests that a number of adjustments are needed to accommodate a transfer beyond the basic worker-child/adolescent bond to other relationships. Some key adjustments include:

- an expansion in child care knowledge and skill base, e.g., communication and group dynamics; negotiation and contracting skills; government policy and legislative process;
- a re-evaluation of the nature of the child care practice to include the roles of educator, facilitator, and social activist in addition to the traditional therapeutic one;
- a broadening of the basis on which relationships are founded beyond the traditional emphasis on trust and empathy;
- a reassessment of the effectiveness of the strategies for change dictated by the therapeutic concept of relationship: i.e., change occurs through increased communication, role modeling, and the worker’s use of self as a source of reinforcement.

While some adjustments to the process must be considered, there is considerable overlap between the roles of therapeutic change agent, educator, facilitator, and social activist —— they share the common objective of influencing behaviour change.

Availability of Resources to Support Change

Support for change depends on the ability of child care educational and informational networks to respond to shifting needs in knowledge, skills, and self-development from the profession and on the confidence of child care workers to move to new horizons. Support from the education systems is promising. Within Canada, there is a variety of child care related education/training programs (e.g., School of Child Care at University of Victoria; Programme des Psycho-éducateurs at Université de Montréal; C.E.J.E.P. and community college programs in Quebec, Ontario, Alberta, and B.C.). There exists, then, a pool of educational frameworks from which to fashion a variety of curricula designs to meet shifting needs. The opportunity for organized curriculum development and review is also taking shape: the proposed network of child care educators established at the Fourth National Child Care Workers’ Conference (1984) is a good example.

The availability of support for change from child care informational networks is less firmly established. While there is growth in professional associations and publication outlets, the professional literature base is growing slowly. In summary, there are adequate education and information network supports for change. The second source of support for change, confidence from within the profession, is a more
vulnerable area. From developmental psychology, we know that confidence within individuals stems from a positive history of action and a clear sense of identity. Applying this model to the profession of child care, it is evident that the underpinnings of confidence are still developing. First, child care is an emerging profession. As such, it has a positive (as outlined earlier) but brief history of action as a profession. Secondly, and more critically, is the issue of identity, an issue which remains ‘unfinished business.’ A current example of this is the formation by the Board of the National Organization of Child Care Workers of America of a committee to draft a definition of child care. However, this uncertainty is sustained more by the lack of a written succinct statement of professional definition than by any real confusion about what child care is in practice. A synthesis of existing literature and practice philosophy defines child care as:

- a profession which continues to evolve, i.e., it is addressing the core criteria for professional status: developing knowledge and skill base, educational requirements, professional association with code of ethics, recognition by other professionals, statements of ideals (Bruce, 1983).
- a profession founded on the following principles: a commitment to the well-being of children and adolescents; a primary therapeutic focus on children, adolescents, and families with special needs; a developmental perspective in assessment and intervention; a commitment to ‘relationships’ as core to intervention; an emphasis on the values of the milieu approach, i.e., the use of the child’s/adolescent’s environment and activities of daily living as the context of behavioural change.

- a profession related to other human service professions in that it shares its field of interest and discipline origins but maintains, in application, its unique pattern of principles, for example, as in Figure 1.

Thus, the confidence of the child care profession, and so the ability of the profession to support change in its core concept of relationship, is more substantial than first impression might suggest.

**Conclusions**

It is clear that there are a range of relationships and roles available to child care workers as professionals committed to the well-being of children and adolescents. It is also clear that there are pressures in the environment and supports from within the profession to expand the relationships considered legitimate in child care practice. There is a risk inherent in this suggested expansion of our focus in child care: the risk of ‘watering-down’ the profession as we spread our energy and diversify our roles beyond the core therapeutic relationship between worker and child/adolescent. As evidenced in this paper, the potential partners in the various relationships have indicated their readiness for change. The evolution of child care rests with child care practitioners.

**FIGURE 1**

<table>
<thead>
<tr>
<th>Field of Interest:</th>
<th>children/adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disciplines: (lens of study)</td>
<td>psychology, anthropology, education, medicine, etc.</td>
</tr>
<tr>
<td>Professions: (application of discipline information in a unique pattern)</td>
<td>child care, social work, teaching, etc.</td>
</tr>
</tbody>
</table>

**FIGURE 2: RELATIONSHIPS**

This figure illustrates the range of relationships available to child care practitioners:

<table>
<thead>
<tr>
<th>Purpose/Role</th>
<th>Relationship Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social action</td>
<td>Political community</td>
</tr>
<tr>
<td>Educator/facilitator</td>
<td>Professional community</td>
</tr>
<tr>
<td>Therapeutic agent</td>
<td>Extended therapeutic community</td>
</tr>
<tr>
<td>Family/Peers</td>
<td>Extended therapeutic community</td>
</tr>
<tr>
<td>Child/adolescent</td>
<td>Extended therapeutic community</td>
</tr>
</tbody>
</table>
References


Powell, N. (1977). A Rose is a Rose is a Rose: The Definition Debate. *Child Care Quarterly, 6*(2), 144-144.
