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Excerpts from A New Profession

by Karen Gilmour-Barrett and Susan Pratt

The history of professional child and youth work began in 1801 in France with Jean Marc Gaspard Itard and Mme. Guérin. In Ontario, child and youth counsellors (CYCs) have been working with disadvantaged and troubled youth since the mid-1800s. A century later, in the late 1950s, formal training programs were established and CYCs became known officially as Child Care Workers.

In 1957 Thistletown Hospital was set up as a treatment and teaching hospital dealing with emotionally disturbed children. Staffing the hospital was problematic in that, at that time, very few people in the Toronto area could actually claim experience in working with disturbed children in a residential setting. John Rich, psychiatrist, and Lon Lawson, social worker, were working at the Toronto Psychiatric Hospital, (later to become the Clarke Institute of Psychiatry). Dr. Rich was approached to set up the Thistletown Hospital for disturbed children and he in turn approached Lon Lawson. Together they agreed to give it a try.

Lon Lawson became the first Chief of Child Care Work at Thistletown Hospital. He has written with a good deal of wit and sage humor about some of the highlights of the first two years of the Thistletown experience. According to his account, Dr. Rich partially solved the staffing problem by writing to his friends in England and inviting them to come over.

Bringing staff from England was a comparatively easy matter. At that time all English people believed that the streets of Toronto were paved with gold, and in addition, the persecution of the dissenters by the Church of England was at its height. Within a few days the docks of Plymouth and Liverpool were crowded with emigrants in their quaint Puritan costumes, and doctors, teachers, social workers and occupational therapists set sail for Canada. Most of them travelled by steerage, and had a very imperfect grip on the language and customs of the New World, but an interpreter met them at Halifax, escorted them to a colonist car, loaded on their snowshoes, rifles, sacks of flour, copies of the Observer and other necessities, and the long trip to Thistletown began.

Meanwhile, the problem of recruiting people to work directly with the children remained. These first two pioneers strongly felt that psychiatric nurses and attendants were not the answer. Lon was very clear about nursing being inappropriate training for working with disturbed children. He felt that nurses focused on ward control. They wanted a professional who regarded the ward not as a quiet place where children knew what they should do and what they shouldn't do, but a place where children could enjoy themselves, where they could find things to do that would interest them. Normal activities of living were what Lon thought should form the basis of treatment. This was integral to the conception of the future child care worker. Thistletown would be staffed with child care workers who would receive an initial training program. Lawson and Rich were able to sell this idea to the Ministry of Health. Their idea was contained in one of

the earliest definitions of a child care worker submitted by Thistletown Hospital and by the Ontario Civil Service Commission.

These employees act as ward counsellors, guide children in a wide variety of day-to-day activities, such as dressing, washing, eating, play, sports, hobbies, etc. They live in an intimate daily relationship in order to provide a milieu of intensive, involved care. They must be able to recognize the underlying significance of various forms of behavior so that they can record this and deal with it in a general framework decided on by the psychiatrist for that particular child. They must be able to recognize the meaning of abnormal behavior and then to provide an environment which is therapeutic for that particular child for that particular moment. This required insight into emotional disturbances and also considerable skill in real life situations.

Therefore, anyone coming into work directly with the children, even if they had had previous training in another profession such as nursing, would have to take either a two- or, as in the latter case, a one-year training course. They would be paid for the time they spent in the course and the work they were doing when they were students. Lawson and Rich put ads in the Toronto newspapers and started to interview and recruit people. The people who came in those few months; firemen, pharmaceutical supply people, nurses, and mothers of grown children, and those who came in the next one or two years later, were very unusual and very brave individuals. They were starting out on a new career in an unknown field with only promises of a future and the formidable task of caring for disturbed children; for, as Arthur Bickerton, one of the first child care workers, was later to relate 'it was a crucifixion every day.

Several of these people later contributed pioneering work in other locations: starting courses in child care work; directing treatment; taking further training in the field; or making a unique contribution in another field, such as in working with crippled children or in specialized teaching.

¹ Gilmour-Barrett K. & Pratt, S. (1977). *A new profession* in J. Shamsie (ed.). *Experience & Experiment: A collection of essays outlining the development of services for emotionally disturbed children in the Province of Ontario*. Toronto: Leonard Crainford

THE ART IS DISCOVERED

The first children

In January of 1958 the first children arrived in Thistleton Hospital. The staff had only recently been collected together and had had about three months of training and visiting other institutions to try and prepare them for this great day. Upon opening its doors, Thistleton Hospital received all kinds of children, not just emotionally disturbed ones. There were schizophrenic children, brain damaged children, developmentally delayed children, very aggressive children, children with physical limitations such as deafness, and a child who was impacted by meningitis. They were lumped together, all requiring treatment, with a staff who had very little knowledge of how to provide it.

Immediately upon the arrival of the children, the destruction began. The children literally took the place apart. All of the windows were smashed, all the mattresses were set on fire, many of the doors were ripped off: chaos reigned.

At first, the child care workers tried to simply control the child through love and relationships. The psychiatrists provided treatment by giving different forms of individual psychotherapy to the children.

From the beginning, for child care workers, the name of the game was survival; 'survival treatment'. More than one remembers their first day working with children being punctuated by being physically attacked for, as far as they were concerned, no reason at all. Nora Lillie, another of the original child care workers, remembers a little girl who, on that day, pulled out Nora's hair, scratched her face, sat on her and had to be pried off by a couple of male staff. Arthur Bickerton remembered.

One month after I'd come to Thistleton and some seven or eight months after the children had first arrived, I was asked to take two boys for the occupational therapy period as the therapist, Mary Tweedy, had to go to a meeting. I took them into a room that was full of paint cans and brushes and wood, and clay and plaster of paris, all kinds of things. The room was completely cluttered with all this stuff. I had said I didn't know anything about art and, certainly didn't know how to conduct an occupational therapy session. The boys, by the way, were quite crafty and they knew how to manipulate in order to do their own thing. I asked them, 'What would you like to do?' Their reply was, 'You just stay over there, we've got something planned'. They then proceeded to practically destroy the room. Now I had been locked in the room with the two boys and Mary had said 'They'll be O.K., and I'll come back when the session is over and let you out'. So there I was, locked in this room with the two boys destroying the place. I couldn't get out; there was no telephone; there was no point in screaming out the window because that wouldn't have meant anything in those days; there was paint all over me, all over the ceiling, all over the floor; it was absolute chaos and all I could really do was to protect myself. I am sure that if there had been matches in the room they would have set fire to it and me! At the end of an eternity Mary returned, took one look at the room and fell apart. I said to myself, obviously this was not the way to conduct a session, but perhaps it was 'good' experience for me!

In spite of all the trouble, or perhaps because of it, there was a tremendous feeling of spirit among the student child care workers. They depended upon each other in order to survive the day. A strong rapport was absolutely essential. Everyone helped each other because everybody knew that an hour later you could be the one that needed the help. To have survived a day, despite the turmoil, blows and the kicks was an accomplishment. At that time, a child care worker could be really proud and could have a very satisfying feeling, if he had made it throughout the day, was still walking, and, in the face of the most aggressive, hostile act, was still able to give tender loving care. In the very beginning, this was the major treatment philosophy of Lawson and Rich. Staff were to care for the children and love them, even though they were battered and torn by them. It was important to prove to the children no matter how they behaved, that they were loved and cared for. Lawson described those early years this way.

Theoretically and ideologically, we didn't know where we stood. At that time the bible of everybody in this thing was Bettelheim, and we used Bettelheim and that's about all the theoretical ammunition that we had to work with. Behavior modification was a dirty word around Toronto at that time. Nobody, at least in our group, had ever heard of Adlerian psychology or people like Dreikers. Glasser was still somebody way out on the West Coast that nobody had heard of so we were pretty stuck with the Bettelheim approach. Well, it took us some time to find out it didn't work. What we were trying to do was to set up a system; some kind of community here which would not be authoritarian, because we felt that the authoritarian settings in which these children had been committed, had done more harm than good: a system where they would have a certain amount of liberty, a certain amount of freedom, where the controls would be only those essential controls which were necessary to protect their health, and where we, because we were loving people, would be able to establish good relationships with them, and, using what particular skills we had in recreation and arts and crafts and personal relationships and so on, create a therapeutic environment. Well, I was at Thistletown for two and a half years before I moved out to B.C. During that time we began to create something like a therapeutic milieu but it was far from the sort of thing we had been aiming at. During this time, I think it is fair to say we were constantly at war with the children. We were constantly trying to find some kind of controls which would be appropriate, which would be meaningful to them, that wouldn't consist of the locked doors and the barred windows which were the feature of the Thistletown operation at the time. These were simply challenges to the kids, they solved nothing. And, before I left, I think we were moving in that direction. We were moving in getting rid of some of the Bettelheim notions which were found to be inappropriate. We were beginning to think more in terms of a realistic therapeutic milieu, of some kind of controls which did make sense to the children.

Probably, a saving grace for this hectic situation was that student child care workers worked three days a week on the ward and then had two days which they spent in lectures, discussions, and all kinds of different educational activities. This was the time for discussing the milieu. It was a strange experience for them as they could barely see how what they were learning in the lectures had to do with what was happening in the wards. Often they didn't want to learn what their instructors wanted to teach. What they

wanted to learn was how to defend themselves. Several remember thinking to themselves

Don't you realize that I could get killed down there and here you are talking to me about personality and dynamics! What I want to learn is karate!

Through these discussions the staff, students and their teachers developed some concepts for how to set up the milieu and how to handle the children with whom they were working. As the Bettelheim approach wasn't working for them, they had to come up with a theoretical basis for some other way of handling the children. After repeated experiments in giving children freedom and responsibility failed, Lawson and a lot of child care workers came to realize that children need to be limited. What they were trying was not only hard on the building, it was hard on the staff and it was hard on the children. Lon realized that the Hospital would have to have a structure that the child could understand and it had to be enforced firmly without any provocation but in as an accepting a way as possible. This struggle occupied Lon and the child care workers for the most of the first two years. Within those first two years though, those on the front line learned a great deal about what would work with the children and changes were made. As well as limits, there was more emphasis on milieu therapy and less on psychiatric analysis of the child. There was a beginning of understanding that the child care worker needed to have a good relationship with the parents as well as with the child.

THE MILIEU THERAPY NOTES

By the end of the first two years, Lawson was able to put together the 'Training notes on milieu therapy and child care work'. These were prepared on the basis of the course discussions with the child care workers and the psychiatric staff at Thistletown Hospital.

They serve now as important first statements about the beginnings of the discipline of child care work in Ontario.

In them, Lawson explained that Milieu Therapy in simple language, means that everything that happens to the child from the moment he makes his first contact with the institution until his discharge should be therapeutic. Every contact the child has with an adult or with other children, all his daily routines and activities and the living space in which these are carried on down to the smallest details of the use of space, types of furniture and equipment, food and methods of its preparation and serving — all of these should be planned and coordinated from the point of view of a definite philosophy of treatment.

For Lawson, the creation of the therapeutic milieu was the job of the child care worker. Lawson summarized the role of the child care worker by stating the functions of the child care worker in the treatment centre are to accept the child and give him love, to meet his dependency needs, to give him active support around the crises of his day, to play and have fun with him, to assist him where progress is possible, and to restrain him when this becomes necessary.

Lawson went on to explain how the child care worker carries out these tasks through the use of relationships, play, group activities, rules and routines, rewards and consequences (not punishments), limits and controls and techniques for controlling behavior.

Lawson posited that behavior, rather than words, is a typical vehicle for expression of feelings for a child. Just as children often express themselves in play, so do they express themselves in the normal behavioral outlets during the day. Therefore, this behavior is not to be so limited that it never exists, rather it is to be used as the material to be worked with in a therapeutic manner by the child care workers.

Thus, in the first two years at Thistletown Hospital, Lon Lawson and John Rich laid the groundwork for the discipline of child care work. The child care worker would be the person who would have a close intimate relationship with the child based on a real respect for the child as a person; he would be familiar with and able to implement techniques for controlling behavior. These would be indirect; in the environment, through the use of rules and routines, and, direct; in the use of himself in handling certain behavior and limiting children. The child care worker would be able to physically care for a child, have a good understanding of the meaning and necessity of play for the child and be able to further the child's self discovery through play and through group interaction. The child care worker would be able to help the child realize his potential through activities and social relationships.

THE ART DEVELOPS

Ken Stewart, social worker, succeeded Lon Lawson as Chief of Child Care Work at Thistleton in 1960 to be followed by Vince Wall, another social worker, in 1965. In the next seven to eight years after Lawson left, the art of child care work was added to significantly but the basic core remained the same.

In developing, maintaining and consolidating the art of child care work, Ken Stewart was working against difficult odds. The first problem came from within the ranks of the child care workers themselves; most had had previous training in other fields, sometimes in related fields. Because of this previous identification and training, the new child care workers not only had to learn a new skill but they also had to take on a new identity. Child care work for a long time was entrapped by this situation. The child care workers tended to be hand servants of psychologists, medical people, and social workers, rather than peers. This did effect the future course of the growth of the discipline.

Under Ken Stewart's direction, child care work began to solidify the understanding of relationships which Lon had offered. A major change which affected child care work was that the hospital decided not to continue enlarging its program and occupational therapist staff. Instead these staffs would be cut down in number and the child care workers were expected to add therapeutic activities to their repertoire of skills in working with children. With the help of Les Definta, fellow child care worker, skilled in arts and crafts and ceramics, the workers began to develop these capacities and this learning was built into the child care work course. Les left his mark on Thistleton Hospital too. In the front hall of the main building there are one or two collages of ceramic tiles and if one looks closely the name Leslie written in a child's handwriting and one of them even says, 'I love you Leslie Defint', can be seen.

Another person who contributed greatly to the education of child care workers was Dr. Bora Milanovich. He had been trained as a psychologist in Europe and had come to take the training as a child care worker at Thistleton. Eventually, he developed major volumes on child development which he used to teach the child care workers.

Further development for child care work which happened under the direction of Ken Stewart and with the aid of Dr. Harvey Alderton, was the acquisition of skills in working with groups of children. It was thought that the children would be more manageable and more open to treatment if all of their activities were done within the same group and with the same consistent staff. Although the idea of groups is now taken for granted in child care work, it was quite a novel idea at the time and child care workers and others had to learn the potentials and the limitations of the group as a treatment modality.

In the early 1960s, 'doctors meetings' were introduced. Through these meetings with the psychiatrists came the beginnings of child care workers realizing the importance of their own feelings and of the phenomena of counter transference in dealing with the children.

As the environment became more and more under the control of the child care workers, they were beginning to realize that providing these children positive experiences in living plus a sensitive therapeutic relationship was, in and of itself, a treatment experience.

Finally, any account of the development of the child care work profession would be incomplete without an acknowledgement and recognition of the tremendous influence of Dr. Donald J. Atcheson. During the ten years in the 1960s, Dr. Atcheson was the Clinical Director at Thistleton Hospital. Hardly a child care worker went through Thistleton without becoming enormously fond of him. It seems that he demonstrated both understanding and respect of the difficult times they experienced and the skills they exhibited in dealing with emotionally disturbed children.

THE TRAINING

A school

In 1965, Vince Wall became the Chief of Child Care Work at Thistletown Hospital. He further developed and refined the Child Care Work training course. In particular, he founded the 'School of Child Care Work. The existence of a building called a School in which the child care worker course could be taught served as a symbol which would make the course more important. Vince also set up a 'qualifying year' in child care work for people who had previous academic or professional training and further defined the two year program. Sixteen courses, each of sixteen weeks duration, were included. All this course work was done on one lecture day per week, in spite of the efforts of the training committee to get two lecture days per week. The demands of treatment were such that the instructors could never get the amount of lecture hours that they felt were really necessary for the training of child care workers.

However, once the course had been defined it could be recreated elsewhere. Soon the very course that was being taught at Thistletown began to be taught at training institutes, other psychiatric hospitals, and centres for disturbed children.

The Children's Psychiatric Research Institute (CPRI), near London, Ontario, opened a unit for emotionally disturbed adolescent boys. Mrs. Arlie Fulop, a graduate Child Care Worker from Thistletown Hospital was instrumental in establishing the Child Care Worker training program at CPRI in the spring of 1966.

In September 1966, under the leadership of Miss Cornish-Bowden as Chairman of the Applied Arts Division at the Provincial Institute of Trade, the first 19 students, all of whom were male and selected by Mr. Lloyd of the Institute, began the program.

In 1967, the Provincial Institute of Trade amalgamated and became George Brown College within the new Ministry of Colleges and Universities. Thus, the first Community College Child Care Work program had started.

Sacred Heart Children's Village hired its first child care worker graduate from Thistletown in September, 1965. In 1966, child care work students were placed there from the Provincial Institute of Trade. In September, 1967, Bill Rowberry, a Thistletown graduate, was hired specifically to establish a child care work training program. The program he developed was modeled after that at Thistletown Hospital, but it also included: Sociology, Economics, Political Science and English.

As more and different kinds of facilities discovered child care work, more child care work training courses developed across the province. Some of the institutions were: Fanshawe College, Centennial College, Royal Ottawa Sanitorium, St. Lawrence College, and the C. M. Hincks Treatment Centre. Fanshawe College in London offered a child care worker training program in 1967 under the direction of the Thistletown child care worker graduate, Mrs. Arlie Fulop who had brought the program from CPRI. Centennial College became a Community College as opposed to being a trade school

in 1967. Negotiations started in 1968 to transfer the Sacred Heart training program to Centennial. Under the direction of Gerry Alton at Centennial and Bill Rowberry at Sacred Heart, the transfer was complete in 1969. Centennial included the additional courses of sociology, economics, political science, English, and intensive group work. Otherwise, the Centennial program was similar to the early program of Thistleton Hospital as had been the program at Sacred Heart.

In 1968, the Royal Ottawa Sanitorium started training child care workers. Dr. A. Lamberti, Dr. B. E. Curtis, Dr. S. J. Shamsie, Robert Benner, Child Care Worker (Thistleton), and Dean Tower, M.S.W., were some of the people first involved. Also in 1968, St. Lawrence College, Kingston established a child care worker program. This was a direct result of a brief from Sunnyside Children's Centre which proposed the program.

The C. M. Hincks Treatment Centre, Toronto, opened in the fall of 1967 to provide service for emotionally disturbed children, adolescents and families. Both a day care and residential program were established for adolescent boys and girls. The Centre was and is directed by Dr. Angus Hood. Alec Anderson, Lorraine Hutchings, Joel Shapiro and Udo Soltkhan, all child care work graduates of Thistleton Hospital formed part of the initial team. In January, 1968, the child care worker training program was established. The program was designed upon the format of the Thistleton Hospital training model.

Beginning early in 1968, numerous governmental committees were struck, one replacing the other, to assume the task of regulating Child Care Worker, Training Programs. The first such committee concluded that the academic instruction offered at the eight centres considered (three colleges, two private mental health centres and three psychiatric hospitals), was comparable but that the degree and kind of supervised clinical ex-perience probably varied. At the same time the committee recognized that an independent agency should be formed to set standards, to accredit training centres, and to issue certificates that would recognize competence to practice, and which would be provided in addition to rather than in place of the diplomas granted by the training institutions.

The Laidlaw Foundation Workshop on Child Care Work Training which took place in October of 1968 was a very significant event which aided in the confirmation and recognition of child care work. Its purpose was to explore the training of child care workers and to discuss where it was going and how it could best get there.

Early in 1969, partly sparked by the Laidlaw Foundation Workshop on Child Care Worker Training, the Minister of Education formed the 'Provincial Advisory Committee for Human Wellbeing Courses in the Colleges of Applied Arts and Technology (CAATS)'. In November of 1971, the 'Human Wellbeing Committee', as it was called, recommended the establishment of a separate Provincial Advisory Committee on Child Care Worker Programs in CAATS (ad hoc) to 'advise the Council of Regents, the Applied Arts and Technology Branch, and the Colleges . . .' and to receive information

and coordinate the output of information in relation to province wide development in the field of child care work’.

A major role which this committee played was to preside over the ‘separation’, as it was called, of ‘training and treatment’. Les Webber, the Chief of Child Care Work (1969 — late 1972), at what had come to be called Thistleton Regional Centre, was strongly in favor of this change for several reasons. Primarily, it would eliminate the conflict between education and direct service which had continually plagued the training of child care workers. Along with the move to the colleges, it was planned that within Thistleton and other centres, a change in the supervisory structure would insure excellence in fieldwork placement practice and supervision. Thus while Thistleton was still training its own students, it began to accept students on placement from George Brown College and later from Humber College. Between 1969 and 1971, Lakeshore Psychiatric Hospital, C. M. Hincks Treatment Centre, Royal Ottawa Hospital and Thistleton Regional Centre, all accepted the last of their own groups of students, phasing out their training programs and giving way to the Community College system.

This committee (later called the Provincial Consultative Committee on Child Care Worker programs in CAATS), has also been instrumental in defining the role, skills and need for the child care worker. The Committee determined that all emerging and approved child care worker programs would have the same ‘core curriculum’.

Having done this, the Committee then moved forward on establishing eight more child care worker training programs. Mohawk College, Hamilton, and Brockville campus of St. Lawrence College, Kingston, started child care worker programs in 1970; Algonquin College, Ottawa, and Humber College, Toronto, in 1971; Cambrian College, Sudbury in 1972; Sault Ste. Marie in 1973; and Northern College, South Porcupine and St. Clair College, Windsor, started in 1974. Many additional colleges came to offer training which were eventually identified as Child and Youth Worker Programs

September 8, 1966

WARRENDALE

Most people who remember September 8, 1966, remember it very pain-fully. For the child care work discipline it also proved to be a most significant developmental event.

John Brown, a social worker had been working for an organization called St. Faith's Lodge since early in the 1950s. He had developed some dynamic and effective ways of working with disturbed children just as had Thistleton Hospital. Young people came to him from all walks of life to be trained in working with these children and to receive this experience as part of their development as people and as professionals in the helping field. Unfortunately, John Brown and his Board were having difficulties agreeing on how the centre should be run. The Board of Warrendale (as the treatment centre had come to be called) decided that they were in a position too difficult for them to handle and they asked the Ontario Government for help. The Ontario Government in turn went to one of the facilities, Thistleton Hospital, in an effort to come to the aid of what now a neighboring centre. Warrendale had actually been built only one mile from Thistleton Hospital.

On the night of September 7th, the Board sold Warrendale to the Ontario Government for \$1.00 and in return asked to be relieved of their responsibility. No one can really explain what happened after this took place. The staff at Warrendale decided that the most important thing was to ensure that the children in their care be able to continue receiving the treatment they had been receiving and be able to continue in the same therapeutic relationships they had established. They felt that the breaking of relationships would do significant damage to these disturbed children. With this in mind, they devised a plan whereby they would turn over the physical aspects of the operation but would, in effect, refuse to turn over their relationships with the children. The Warrendale child care workers thought that if they were to leave, set up a treatment centre elsewhere, approach the children's guardians and offer to take them, then, they would have fulfilled their commitment to the children. The break in their relationships would be short, not forever, and treatment could continue. Thus at 3:00 o'clock on September 8, the staff of Warrendale, practically to a person, left the treatment centre. The exodus of staff at Warrendale precipitated a major riot on the part of the children who remained behind. For disturbed children to see all of their major attachments walking out the door was absolutely terrifying. In no way could they possibly understand the motivation of their caretakers whom they had come to trust so much. In fact, it looked as if these people were simply walking out on the children to whom they were supposed to be so much attached. In the face of this, the child care workers from Thistleton moved in to try and look after the children at Warrendale.

The child care workers from Thistleton were not prepared for the children's extreme reactions. Indeed, the ranks of graduate child care workers at Thistleton had been depleted by the opening of other residential treatment centres which had employed many of the Thistleton Hospital child care workers. People had to be recruited or borrowed from all over Canada and even in the United States. Nearly every child care

worker who had graduated from Thistle town in the previous seven years was contacted and asked if he/she would come back and help out.

However, major benefits for child care workers came, because, they were able to do what few other people could do in this situation. They were able to calm some of the children, some of the time. They were able to use their skills to set up decent routine living situations for the children. True, it did not happen overnight. The first three or four days, the first two or three weeks, were a nightmare; but in the space of one or two months, gradually some serenity came to Warrendale.

Child care workers had demonstrated their professional skills in front of, as Vince Wall, the Chief of Child Care Work remembers, 'fifty of the top civil servants in Ontario'. At one point all of them were standing on the porch of the Administration Building looking over towards the houses, watching the child care workers attempting to bring order out of chaos. The child care workers were able to repeatedly demonstrate that they were able to do something that few other helpers, be they social workers, psychologists, or psychiatrists, could do in this situation.

The whole situation was extremely difficult for everyone. Child care workers from both Thistle town and Warrendale questioned themselves as to whether or not they had done the right thing. Meanwhile, each was suffering from their own torture because, as time went on, several of the children who were there on September 8, did rejoin their staff at the new centre that John Brown opened which he called Browndale. In fact, one year after the 'take over of Warrendale', as it was called, fifty-two of the fifty-seven children had been united with the new organization run by John Brown.

The course in child care work was greatly expanded in order to accommodate staffing needs for this greater number of children as the children who left Warrendale were replaced by others. Overnight the number of children being treated by Thistle town had doubled and of course staff had to double too.

Out of Warrendale crisis came the recognition on the part of the government that treating disturbed children was indeed an art; it was a very specialized kind of treatment; it required very careful skills, and a very special kind of personality. For the first time, child care workers received a substantial raise in pay.

Another aspect of the impact of Warrendale on child care work was that it served to introduce an entirely new client group to the diplomaed child care workers. Previously, they had, for the most part, worked with six to twelve year olds. Now, they were working with adolescents. And, because of the very exposed physical location of Warrendale, a suburban street, the child care workers began to have more and more to do with the families of the youths in their care and with the surrounding community.

Thus, the Warrendale crisis provided recognition for child care work. And, partly through it, their services became sought after by more and different client groups.

THE TREATMENT SCENE CHANGES

From wards to homes

Quietly, John Brown had, early on, led the way to the community for the children's treatment field. In 1966, with the takeover of Warrendale, Thistle-town too began to experience the positive changes in treatment milieu wrought by the location of the service in 'an ordinary home on an ordinary street'. Up until that time most, but not all children's services had been located in a moderately large, hospital or school-like building which featured large halls, high ceilings, cement block walls and tile floors. Now, as new treatment services were being funded, they too were located in 'ordinary homes'. In 1967, Thistle-town began a plan which was realized in 1972; the construction of ten houses at its main location and the transfer of the locus of treatment from the wards of the old sanatorium to these new houses. Meanwhile, and now, not so quietly, John Brown, often in defiance of local zoning regulations, moved children into various communities around the province in Ontario, until in 1973, in a precedent setting judgment, Mr. Justice Lacourciere of the Court of Appeal in Barrie decided that a 'treatment home' was more like an ordinary family home than an institution and therefore could legally be located in a community.

Across the province, in treatment centres with varying philosophies, there were dramatic, and almost overnight changes which accompanied the movement from wards to homes. For child care workers, these changes included: the opportunity to effectively be able to set up and use a 'therapeutic milieu' in the treatment process; the elimination of massive contagion at meal and play times; a heightening in the level of expectations offered the youth; an increase in the amount of responsibility given to both them and the youth; a decrease in emphasis on techniques for controlling surface behavior and on maintaining control; and a development of a deep appreciation for the degree to which an 'ordinary' living situation can be, in itself, healing to the disturbed child who previously may not have had the opportunity to experience safety and structure, relationships and developmental challenge.

NON-RESIDENTIAL MODES OF SERVICE DELIVERY

Finally, since 1967, varied forms of non-residential treatment of youth and their families have developed. Building on the lessons learned in the moves to the houses and on the new skills of the child care workers, new services have sprung up which are dependent on the conceptualization and portability of the child care worker's skills.

Thus, child care work has moved into community clinics providing out-patient service.

- The Hamilton-Wentworth Mental Health Clinic hired their first graduate child care worker in 1967
- The Ottawa Youth Services Bureau hired their first graduate child care workers in 1968
- Dufferin-Peel Separate School Board hired their first graduate child care worker in 1970.
- Thistleton first placed a child care worker in its Community Clinic in 1970
- Dellcrest Children's Centre hired their first graduate child care worker in 1974
- Children's Aid Society hired their first graduate child care worker in 1975

Setting the stage these early child care workers became experienced and capable clinicians in their own right, well able to make maximum use of environment and interactions for positive benefit for youth and their families, able to work in a variety of settings. Furthermore, the child care worker of today has acquired a number of conceptual tools for describing his art and skill and for thinking about what he is doing.