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What's in a Name?: Exploring Title Designations in Child and Youth Care in Ireland

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Editorial
What’s in a Name? Exploring Title Designations in Child and Youth Care in Ireland

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Abstract:
This paper presents the findings of empirical research conducted with 338 third-level social care students across seven sites and addresses a national Irish debate on title designations currently in use for people working in the social care area of the 'caring professions' within the Republic of Ireland. The research limits itself to what is understood in international systems as 'child and youth care' or 'social care'. A number of title designations Irish practitioners might strategically adopt are presented, whilst some of the advantages and disadvantages of choosing particular titles are explored. The main finding of this study is that there remains significant confusion over the use of titles between, and within, government departments, the statutory sector and the voluntary sector in Ireland and this continues to hinder the development of social care as a distinct profession. We tease out this issue by providing a 'shopping list' of over sixty titles currently in use around the world, including ones suggested by students of social care/child and youth care training courses.

Key Words: Title Designations, Child and Youth Care, Social Care.

Introduction
Perhaps the first question a reader might ask in relation to this paper is, why have a debate on title designations in child and youth care at all? The assumption might
be made that the Irish child and youth care system is evolved enough to have more complex issues to address. The answer - our future is now. We must articulate who we are to those external to our field.

Are we helpers or carers? The term 'helping' was identified in international literature over twenty years ago and refers to 'doing whatever is necessary to assist or relieve someone in need' (Wispe, 1978). The more generic term 'helping and caring' professions is used widely, but many practitioners do not subscribe to being in a helping or caring profession as they see this as (further) negative labelling unreflective of their complex and professional work. Our work is more diverse than it ever was.

There are certainly a number of themes we are attempting to grapple with such as what constitutes best practice? What theories should we draw from in child and youth care? What informs the daily work of the Irish practitioner? But, the fact is that Irish child and youth care is not as evolved as it either could, or should, be. There are a number of reasons for this and we have explored them elsewhere (see McElwee, 1998a; Garfat, 1998), but suffice is to say that training and education for social care residential practitioners only commenced in 1970 and for community based Social Care Practitioners in the early 1980’s, a reflective journal only came into being in 1998 and, with some notable exceptions, few Irish Social Care Practitioners have published in influential peer-reviewed journals over the years. As Varda Mann-Feder has pointed out in relation to the North American context, "our associations have too few members. Our journals have too few readers and too few writers" (2002: 3).

Partly as a result of this combination of factors, we arrived at the beginning of a new millennium arguing over what care staff should actually call themselves in their work, with 'clients' and in public. Indeed, in Gallagher and O'Toole's article on social care, the authors note that the 'operationalisation of the term social care work itself requires a clear understanding of the multiple meanings that co-exist amongst practitioners, educators, policy makers and employers' (1999: 70). In our own writings for the CYC- Net we most frequently employ the title designation Child and Youth Care Worker as this is the one used by international commentators.

In Canada and the United States, it is the norm for the major Associations to have dedicated web sites with links to various training centres and colleges. Interestingly, the Irish Association of Social Care Educators has its own site with a gateway to Irish social care services, agencies and research areas, but anecdotal evidence suggests that full-time practitioners tend not to contribute to this website thus leaving no feedback on title designations from the field.1 Often, as well, on the international discussion forum CYC-Net (www.cyc-net.org), one finds that people writing in, who are working with essentially the same 'client' population in essentially the same practice

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1www.itsligo.ie/staff/pshare/IASCE/iasce.htm.
environments, identify themselves with different professional organisations - with correspondingly different titles, of course.

There remains what we will term in this paper a 'culture of professional victimisation' amongst many Irish Social Care Practitioners who, we argue, tend to continually look outside their own discipline or profession for recognition and validation. This has also proven unhelpful in terms of moving social care forward in Ireland.

With this background, one of us (Niall McElwee) was asked by the President of the Irish Association of Care Workers in 2000 to challenge the membership of that Association to consider the generic title(s) currently held. Initial findings were presented to their National Conference in March 2000 and we have been attempting to complete this paper since. We state ‘we’ here because, as editors, we started to compare notes on our respective systems in Ireland and Canada. We felt it might be fun to draw from Thom's Canadian experience on this research as the province of Alberta in Canada has seen a recent shift in title designation from child and youth care worker to child and youth care counsellor (Mount Royal, 2001) and in Ontario, the three-year Diploma is considered a standard requirement for entry into the field (Gaughan & Gharabaghi, 1999).

Every time we felt we could conclude the paper, another colleague very kindly sent us a further title designation to consider - so this paper has been some time in gestation and we still do not claim to include all possible title designations! It is also the case that there is significant internal inconsistency across the Canadian system in terms of their title designations. Notwithstanding, at present, two titles to describe child and youth care practitioners who work with vulnerable populations are favoured in Ireland; the first is Child Care Worker and the second is Social Care Worker.

Why Approach Students on this Issue?

We have chosen to explore the issue with Irish social care students as (a) they will shortly graduate into the wider child and youth care system with formally recognised qualifications and (b) because students are not frequently asked to participate in such studies despite the fact that they have potentially so much to contribute to academics and social policy. We have been convinced of this for years and frequently cite student’s work in our own reference sections in the respective journals we edit (in Niall’s case, the Irish Journal of Applied Social Studies and in Thom’s, the Journal of Child and Youth Care). In the North American system, for example, students are pushed to develop views that are encompassing and complex and frequently write articles in practice-based journals, as is the case in Canada (See Barrow, 1986; Garfat, 1998).³

² The IACW is the representative body for social care workers in Ireland and had approximately 500 members in April 2000 according to the membership secretary.
³ Demers (1987) argues that students will work in a variety of capacities, in a vast array of situations over a period of time and should be included.
Questions We Could Ask Ourselves

The decade leading up to the 21st Century will see the field of child and youth care move into a position of greater equality with other more professions (Pence, 1989, p. xix). A number of years ago, a distinction was made between the distinguishing features with regard to informal and formal ‘helping’ and ‘caring’ (Greenwood, 1957; Froland et al., 1981). This is, perhaps, the one area of greatest concern consistently articulated by social care practitioners in Ireland and there is an evolving debate concerning the profession itself (see McElwee, 1998, 2001; Byrne, 2001). It seems to us that there are a number of questions social care practitioners should ask before they commence the debate on a prospective title designation change. Strategies for change must involve a wide range of individuals and agencies if they are to be successful in the long run. Practitioners and, indeed students, must consider a number of points as these will impact, to varying degrees, on their choice of title such as who will I work with? Who will benefit from the work I do?, how will I work? What will inform my work? What rights does a client have in the practice process? What rights do I have in this process? Where do I turn to for support? What does it matter what I call myself? How interested in public and peer recognition am I? What will recognition actually do for me? What should an Association concentrate its efforts on? How much energy am I prepared to spend on this issue and will a name change for my work mean anything to my practice?

A Central Difficulty: Defining Practice

*The more a thing is perfect, the more it feels pleasure and likewise pain.*
- Dante (1265-1321) *Inferno*

As with our colleagues in North America, the Irish public holds only a vague understanding of what it is a Child Care Worker or Social Care Worker actually *is* and *does*. Any attempt to succinctly understand social care practice is complicated by the fact that ‘a Social Educator (one of the titles favoured on the European mainland) may well be a jack-of-all-trades’, but master of none (Goovaerts & Franck, 1997). Indeed, this point has also been noted frequently in both an Irish and Canadian context (Roush, 2001). It is only recently that we have agreed a common definition of social care itself with the Joint Committee on Social Care agreeing the following working definition of the Social Care profession - ‘Social Care is the professional provision of care, protection, support, welfare and advocacy for vulnerable or dependent clients, individually or in groups. This is achieved through the planning and evaluation of individualised and group programmes of care, which are based on needs, identified in consultation with the client and delivered through day-to-day shared life experiences. All interventions are based on established best practice and in-depth knowledge of life-span development’ (2002: 3).
Up until 1992, the favoured term by most in the field of social care and, indeed, in the third-level training colleges was Child Care Worker, a term also in common use in Canada until the mid-1980's. Since then the term more commonly used by students, practitioners and academic staff in the third-level training colleges is Social Care Worker/Practitioner as evidenced by this study, where the vast majority of students chose these titles as descriptors of themselves as professionals. This emphasis on being a professional is crucial, as many practitioners in the field articulate that they feel inferior to related established professions such as clinical psychology and social work. There are many historical reasons for this but an explanation can be found in the fact that social care practitioners are one of the few categories of caring professionals that are not trained in University and were only able to obtain both a primary and secondary degree at the latter part of the 1990's.

A number of government and voluntary agencies continue to fail to differentiate between those who work with what we have termed ‘vulnerable populations’ as Social Care Practitioners and those who work with ‘normal/adjusted children’ in a day care setting as Child Care Workers. One thinks here of the Irish government document on mandatory reporting of child abuse published by the Irish Department of Health and Children (2000) where the term Social Care Worker/Practitioner does not appear at all and the Report of the Expert Group on Various Health Professions (2000) where the term Child Care Worker is used throughout, when it should have employed Social Care Worker/Practitioner instead (McElwee, 2000d). This has frustrated practitioners and academics involved in this area as they have pushed hard for autonomous recognition and for protection of title status.

Indeed, the Child Care Policy Unit at the Department of Health and Children (which informs government policy) in Dublin was contacted for this study and asked for definitions of the terms Child Care Worker and Social Care Worker, but was unable to provide a definition for a social care worker because, “it did not use the term Social Care Worker at all” (CCPU, 2000). Instead, the Department uses the term Child Care Worker in the context of “grade distinctions and job description functions”. This obviously presents us with a serious problem, as the Department of Health and Children is particularly influential in this area.

In April 2001, the Department of Health and Children sent a circular to the Health Boards informing managers of a revised pay scale that was being introduced for social care practitioners. Amazingly, new title designations were used to replace existing titles (Assistant House Parent became Child Care Worker and House Parent became Child Care Leader). What is so surprising about this is that the term Child Care Worker has been roundly rejected in our research and the term Child Care Leader was not discussed with the partners to discussion at all.

\[\text{Clinical psychologists and social workers both train within the University sector.}\]

\[\text{Over the past few months, the Child Care Policy Unit has begun to use the term Social Care Practitioner.}\]
The confusion is not surprising. The Draft Constitution of the Irish Association of Care Workers (Section 3) neither mentions the term 'Child' nor 'Social' before the term 'Care Worker':

*For the purpose of this Constitution, the term care worker applies to those who hold a relevant, recognised qualification in care work, those who are students of recognised training courses of care work as well as those currently employed as care workers in either a residential or community setting.*

Part II

Seeking the Views of Those in Irish Third Level Institutions

*Your old men shall dream dreams, your young men shall see visions*

- *Old Testament: Joel, ii, 28.*

Over three decades ago Chickering (1969) noted that the developmental tasks of students at third level involved self-clarification, self-exploration, adoption of a professional identity and emerging independence. With this in mind, we began the process of dialogue with the third level training institutions in January 2000. These training sites are located in different cities displaying a representative geographical spread of the country itself (Athlone, Cork, Dublin, Carlow, Waterford, Sligo and Tralee). As one might expect, students were most interested in their qualifying title(s) and the response rate was very high. Students on Certificate, Diploma and Degree programmes in each of the training colleges were asked to define (a) Child Care worker (b) Social Care Worker and (c) outline any specifics within their preferred title. Table 1:1 illustrates the numbers of students who articulated that they would like title designation of Child Care Worker changed to more accurately reflect their course of study and work on graduation.

**Table 1:1: Name Change Response Rates from the Third Level Training Institutes/Colleges of Education in the Republic of Ireland (n=338)**

<table>
<thead>
<tr>
<th>College</th>
<th>Designation Change</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlone IT</td>
<td>Yes</td>
<td>74</td>
</tr>
<tr>
<td>Cork IT</td>
<td>Yes</td>
<td>73</td>
</tr>
<tr>
<td>Carlow</td>
<td>Yes</td>
<td>67</td>
</tr>
<tr>
<td>Dublin IT</td>
<td>Yes</td>
<td>9</td>
</tr>
<tr>
<td>Sligo IT</td>
<td>Yes</td>
<td>24</td>
</tr>
<tr>
<td>Waterford IT</td>
<td>Yes</td>
<td>90</td>
</tr>
<tr>
<td>Tralee IT</td>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>

The fact that Tralee only records one response is explained by the fact that the course is part-time there and it was impossible to access students at the time of this study.
Having obtained title designations from the Irish students, it was decided that we would then engage with Canadian Instructors/Consultants from the provinces of Alberta, British Columbia and Atlantic Canada involved in child and youth care programmes. *Note appendix A and b for a complete list of designations received.

Discussion
As with any shopping expedition, one has some idea of what one wants prior to hitting the rows and rows of assorted goodies. Often, one goes in to a supermarket intending to buy only one product, but emerges into the sunlight proudly clutching a basketful of unnecessary products. So too with our aforementioned shopping list of titles! We discuss only the more interesting titles here (interesting to us, of course. All shopping lists are open to debate as anyone with a partner who has a longing for Snickers when one wants only M&Ms’s will attest to). Obviously, there are a number of European titles from French, Spanish and Scandanavian systems that simply would not work in the Irish context, so we limit our discussion to a selected few from English-language designations.

Child Care Worker
In traditional Irish style, let us begin by what we feel we should reject. We believe that we should reject the much-used title Child Care Worker, not because we do not value the title ‘child’, rather because of the internal distinctions already made by the various Irish government Departments involved in provision and the fact that traditional ‘child care work’ has now become so diverse. One thinks here of the movement into paediatric services, hospital based services, school based services, drug-rehab centres, services for older adults and community programmes with adolescents and young adults. In addition, given the traditional meaning of the word child, the title fails to reflect the strong emphasis on work with youth and families within the field.

The traditional emphasis in child and youth care work on the emotional relationship between the practitioner and the ‘client’ has moved towards what is termed ‘joint co-operation’ where the practitioner works with the family milieu and ‘lives with’ the client (not necessarily in a physical sense). Also, the Irish National Council of Education Award’s Report (1992) noted the increasing distinction in the field between child care work and social care work. Since the publication of this report, the landscape has altered dramatically (see McElwee, 2000b). A new Working Party was established by the National Council for Educational Awards (2001) with the title Social Care this time around, which reflects the changes in colleges and in practice over the past decade.

7 It might amaze international colleagues to discover that three separate Government Departments assume responsibility for providing for vulnerable children and young people – Justice, Equality and Law Reform Health and Children and Education and Science.
In relation to our former point, within the Irish Department of Justice, Equality and Law Reform the age range for child care includes only children aged 0-12, and child care itself is understood as being:

Used ...to describe daycare facilities and services for pre-school children and school-going children out of school hours. It includes services offering care, education and socialisation opportunities for children to the benefit of children, parents, employers and the wider community. Thus, services such as pre-schools, naiontai, daycare services, creches, playgroups, childminding and after-school groups are included, but schools (primary, secondary and special) and residential centres for children are excluded (National Childcare Strategy, 1999: xxii-xxiii).

This is clearly not representative of most of the membership of the Irish Association of Care Workers or the Resident Managers' Association, nor of people who consider themselves to be Social Care Practitioners. The Irish Association of Social Care Educators has agreed that the term Child Care Worker should not be used in the context of our training provision throughout the country. Compare, for a moment, the above definition of child care to one offered by a social care Lecturer (with a background in social work) defining a practitioner in child care thus:

A person possessing a recognised qualification in child care or social care who engages in direct work with children in need, residing at, or away from home, and their families. The work undertaken may require intervention across a variety of settings - residential, day care and community and the focus of such work may be on individuals, groups or community (O’Doherty, 2000).

As far as we can make out, the definition most used in the academic and practice literature in the United States and Canada notes the evolving central position of a therapeutic role with one's clients. This is, we believe, positive as it locates the essence of working with clients in 'the therapeutic care of children and youth who have been removed from their homes or are in danger of being removed from their homes due to emotional/behavioural disorders or problems with their families (CYCAA, 1998: 10). Thus, in these systems, the term most used is child and youth care worker and, more recently, child and youth care counsellor.

**Mental Health Worker**

Empirical work completed by the Centre for Social Care Research at Waterford Institute of Technology on career choice in the helping and caring professions has thrown up an interesting possibility - that of Mental Health Worker. This may prove attractive to some professionals in the field because it includes a psycho-social dimension to practice (Wells, Ryan, McElwee, Boyce & Forkan, 2000).
We have asked a number of social care practitioners and students in both Ireland and Canada about the validity of such a title, but they have all rejected it stating, in the main, two reasons for this. The first is a fear that the word mental has so many negative associations with the public and the second being a concern that the emphasis in the title is, in fact, in the wrong area (i.e. the historical relationship to nursing) as graduates work not necessarily in the area of mental health, but more in the area of social, familial and behavioural problems.

**Professional Social Care Facilitator**

The title Professional Social Care Facilitator is attractive, but we do not think that the majority of Irish students nor practitioners will accept this title. It is lengthy and some disagree with it philosophically. However, it does have the three elements that Irish practitioners hold dear to them, a professional grounding focused on social care with facilitation. People who train in the designated third level colleges hold specific skills in these areas and want to be recognised for this. As one Community Child Care Worker pointed out to us, the difficulty here is that the title professional would be dropped in practice and practitioners would call themselves Care Facilitators which would only serve to continue the confusion (McKenna, 2000). We also feel that the use of the term professional is inaccurate as in, does the field really meet the criteria of a profession) and also reflects a cry to be seen as professional – thus it is more a statement of desire, more than a statement of fact.

**Social Care Worker**

We could maintain use of Social Care Worker as all the third level training colleges in their promotional literature are currently using this title, as are the Irish Association of Care Workers and the Resident Managers’ Association in their newsletters of late. Indeed, as this study illustrates, for students, the preferred title is clearly Social Care Worker on graduation. However, many practitioners continue to differentiate within their role titles as in the United States and Canadian systems, and the issue is as practical as it is ideological.

We are aware that motor insurance rates differ amongst the various Health Board regions even when practitioners hold the same qualifications from the same college, but place their work emphasis on say, community child care work as distinct from day care work. Practitioners, themselves, have a very wide understanding of social care worker and it is variously defined. In the UK social care means something entirely different than in Ireland (there the emphasis is on community and older adults as well as child protection and welfare) and this has affected mobility routes for Irish students and graduates in the past.
Social Skills Practitioner
The term Social Skills Practitioner is also attractive because it once again defines the skills base of the practitioner (and, indeed, the client) and is immediately understandable to the public in terms of tasks performed. We find this title agreeable although we do not think it will be taken up by the majority of practitioners. However, we feel it is quite limiting – as it suggests that the prime focus might be on social skills, which is not always the case. Social care practitioners, in our opinion, have a much broader focus than this – as witnessed by their evolving work in relationship development and family intervention to name but two areas.

Professional Social Care Practitioner
This is probably one of the most agreeable titles on offer as it includes all four components consistently mentioned by Irish practitioners in conferences and at seminars. All of us desire that the discipline become more professionalised with the status raised amongst both the public and colleagues as in related professions such as social work and clinical psychology (Beneke, 2000; McElwee, 2000a). It is felt that such a title might contribute to this. We have argued separately that such a title could well prove useful in terms of statutory registration which is due to be signed into legislation in 2002 and we have developed this argument elsewhere. However, Thom makes an interesting cultural comment here. “From a cultural context, given the current use of the term, it does make some sense – I guess I am just uncomfortable with ‘needing’ to use the term professional – I mean, are there Unprofessional Social Care practitioners? Or Professional Dentists?” For this reason, we feel it might be unhelpful as a title and move the direction away from where it might focus.

Child and Youth Care Counsellor
In Quebec, all in the French network are Psycho-Educatuers, and in Nova Scotia the titles used by government is Youth Care Workers, and in many other places in Canada, Youth Workers etc. Although some of the Colleges in Alberta have chosen the title Youth Care Counsellor, it is in no way a common designation. The title Child and Youth Care Counsellor runs the risk of again focussing on the wrong area – as it implies that counselling is the primary function. Again we feel it reflects somewhat an attempt to ‘be more than I am’ through the use of a title. In an Irish context, use of the term ‘Counsellor’ will only continue to confuse the public and other professionals about the role, and practice model, of child and youth care workers. If it does not help to clarify the situation, we fail to see the benefit in promoting its use.

Our Recommendation
It may seem strange but our research has led us to the position where we suggest that perhaps the best recommendation of all is to do nothing. We are struggling as a field
to define our practice and to receive recognition for it - why would we want to add yet another variable of confusion (new names) to the mix? While it may be confusing to us who attempt to see the larger picture, we are not convinced that the confusion is there for the average practitioner or those other professionals with whom she/he is in contact. In essence, the professionals in one small community know what is meant by a Youth Care Worker, in another community they know what is meant by a Social Care Counsellor, in another everyone understands what is meant by the term Youth Worker. If the term(s) being used is/are currently effective enough in the limited community in which it/they is used, maybe we should wait for another day to focus on leading us all to the same title designation. If we might, for a minute, use a different example. Imagine a facility that locks up adolescents for the purpose of safety and treatment – in some countries this is called a secure facility, in others a place of safety, in others a detention centre, etc. However, in the context in which the label is used it is understood by all. And those of us who are concerned with the larger picture, easily come to understand that we are talking about the same thing. Once everyone understands what child and youth care work, or social care is (whatever it is called) and what these people do, maybe then we can expect the larger community to accept a name change, or a commonality of name. It is apparent that the areas in which one works, whether one elects to call it child and youth care or social care have, as their core, a number of inter-transferable skills, theories and models of practice. One thinks here of applied social studies, child care, life span psychology, communications, counselling, self-development and evaluation and the like. It might be worth focusing on further defining the skills base than deciding on a title all in the field of Irish child and youth care practice can live with.

Conclusion: If the Doors of Perception were Cleansed...

"Perhaps mental health professionals do not need new psychological tools, so much as the old human ones: the capacities to display trust, to express love and to have faith – faith in themselves, faith in their own potential for human growth and development..." (Barker et al, 1999).

It seems from the international literature that there is an almost endless source of title designations one might call oneself whilst working in child and youth care provision (Rowan, 1993; Mattingly, 2000; CYC Net, 2003). Indeed, a surprising number of social care students, across several colleges, suggested that they wanted as vague a title designation as possible on graduation and “did not want to be tied down” to either one specific or one generic title.

One of the contributors on statutory registration, in the context of a discussion on South African Child and Youth Care Workers, noted ‘not just anybody, simply
because they work with children and youth, can call themselves a Child and Youth Care Worker’ (Du Toit, 1999). At present, Ireland is focused on what was done in the past to vulnerable children and young people by those charged with their care, in particular the religious. However, Government and Irish society created the attitudinal and institutional environment which allowed children’s needs and perspectives to be dismissed and placed faith in a closed world of prelates immune to outside scrutiny. The current debate about the title designations one should/could employ is an important one, but we should not lose sight of the end product – the actual work, what models and theories informs this and what can be done to maintain and improve standards of best practice (see Mayeroff, 1971). After all, as Shakespeare once said, “What’s in a name? That which we call a rose by any other name would smell as sweet” (“Romeo and Juliet,” II:2).

References:
Gaughan, P. & Gharabaghi, K. (1999). ‘The prospects and dilemmas of child and
youth care work as a distinct discipline'. *Journal of Child and Youth Care*, 13(1), pp 1-18.


*McKenna, S. J. (2000). Correspondence with authors.


*O' Doherty, C. (2000). Correspondence with authors.


Appendix A: Notional Title Designations Offered by Irish Students

Notional Titles (n=8)
Society Care Worker
Social Care Deputy
Social Care Co-ordinator
Social Skills Worker
Social Care Officer
Registered Social Care Task Facilitator
Direct Support Professional
Professional Social Care Worker
Appendix B: McElwee and Garfat’s Shopping List of Global Title Designations (n=61) (April 2000)

<table>
<thead>
<tr>
<th>Child Care Worker</th>
<th>Social Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care Worker</td>
<td>Social Liaison Officer</td>
</tr>
<tr>
<td>Child and Youth Care Worker</td>
<td>Mental Health Workers</td>
</tr>
<tr>
<td>Residential Social Worker</td>
<td>Psychiatric Technicians</td>
</tr>
<tr>
<td>Residential Child Care Worker</td>
<td>School Crisis Counsellors</td>
</tr>
<tr>
<td>House Parent</td>
<td>Classroom Assistant</td>
</tr>
<tr>
<td>Assistant House Parent</td>
<td>Teacher’s Aids</td>
</tr>
<tr>
<td>Child Life Specialists</td>
<td>Detention Workers</td>
</tr>
<tr>
<td>Life Cycle Specialist</td>
<td>Assistant Community Facilitator</td>
</tr>
<tr>
<td>Life Cycle Facilitator</td>
<td>Registered Community and Family Worker</td>
</tr>
<tr>
<td>Professional Care Facilitator</td>
<td>Youth Counsellors</td>
</tr>
<tr>
<td>Social Support Care Worker</td>
<td>Social Care Specialist</td>
</tr>
<tr>
<td>Recreation Leaders</td>
<td>Community Youth Worker</td>
</tr>
<tr>
<td>Social Pedagog</td>
<td>Community Care Worker</td>
</tr>
<tr>
<td>Educateur specialis</td>
<td>Family Support Worker</td>
</tr>
<tr>
<td>Orthopedagog</td>
<td>Child Care Leader</td>
</tr>
<tr>
<td>Beroepsopvoeder</td>
<td>Youth Worker</td>
</tr>
<tr>
<td>Social Mediator</td>
<td>School Detention Worker</td>
</tr>
<tr>
<td>Child and Youth Care Counsellor</td>
<td>Youth and Family Worker</td>
</tr>
<tr>
<td>Youth and Family Counsellor</td>
<td>Youth and Family Counsellor</td>
</tr>
<tr>
<td>Child and Youth Care Mediator</td>
<td>Adolescent Mediator</td>
</tr>
<tr>
<td>PsychoEducator</td>
<td>Child Development Aid</td>
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<tr>
<td>Child Development Worker</td>
<td>Youth Development Worker</td>
</tr>
<tr>
<td>Youth Care Worker</td>
<td>Family Liaison Worker</td>
</tr>
<tr>
<td>Youth/family Worker</td>
<td>Youth Justice Worker</td>
</tr>
<tr>
<td>Kinderversorger</td>
<td>Developmental Life Span Care Giver</td>
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<tr>
<td>Juvenile Detention Officer</td>
<td>Juvenile Careworker</td>
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<td>Educator Socio Professional</td>
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