POWER, POLITICS AND ALIENATION IN CHILD & YOUTH CARE WORK

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Our purpose in this article is two-fold: 1) to highlight certain major structural conditions which undermine and frequently destroy the commitment and concern that child and youth care workers bring to their work with troubled young people; and 2) to suggest some ways that workers may begin to take power over the circumstances of their work, even as primary structural factors remain intact.

Our thesis is that certain political and economic conditions are a primary cause of workers' experiences of alienation, distress and "burnout." While popular methods of personal "stress management" are valuable, exclusive regard for technique not only obscures structural issues, but may in fact exacerbate the experience of alienation and distress by promoting a psychology of self-blame.

Understanding Worker "Burnout"

The burnout and consequent rapid turnover of child and youth care workers in agency settings is a well-recognized problem (see for example Mattingly, 1977). Not merely a "personal" problem, the burnout/turnover process undermines the overall treatment enterprise by destroying the therapeutic relationship between caregiver and troubled young person. Closely linked to burnout in the sense of "fatigue" due to demanding work conditions is an experience of personal alienation and helplessness. Frequently, workers feel not only exhausted and stressed, but deeply dissatisfied, frustrated, depressed, and angry (Lerner, 1986).

An extensive social service literature on burnout has produced many useful insights concerning the phenomenon, including its symptoms, sources, and strategies for addressing it. Much of the literature is useful, both in analyzing and responding to the problem of worker distress. But it is also seriously flawed, we believe, by an essentially personal and nonpolitical approach to the problem.

Too frequently, the burnout process is narrowly conceptualized as exclusively a problem of the individual worker and his/her adaptive response to the given conditions of work. Symptoms are understood in more-or-less exclusively personal-psychological terms. Workers de-

velop poor habits and attitudes, become callous toward clients, expe-
rience crises in their personal lives, exhibit physical maladies, become
withdrawn, abuse alcohol and drugs (Karger, 1981). They sometimes
decide to quit outright, frequently with a desperate suddenness. Causes
of alienation and burnout are equally personal and psychological; they
can be found in the workers' own unrealistic expectations of themselves,
their organizations, and their clients (Edelwich and Brodsky, 1980).
Workers fail to "take care of themselves" physically and emotionally,
thereby allowing the stress cycle to take hold and destroy their capacity
to work effectively. Some workers simply have a "personality type"
that is especially prone to burnout (Freudenberger, 1975).

When burnout is thought about in this personalized way, responses
to the problem naturally focus rather strictly on individual change and
adaptation: sharply differentiating between work and private life, prac-
ticing stress-reducing exercise and breathing techniques, changing di-
etary habits, attending to "balancing" interests outside work,
developing "detached concern" for clients (Pines and Maslach, 1978),
looking to one or another fellow worker for support, etc. In short, the
worker is directed to make whatever personal adjustments or adap-
tations that will help to handle job stress (Barrett and McKelvey, 1980).
From this perspective there is no need to be concerned with what we
here refer to as "political" factors, i.e., structural factors relating to
issues of power, control, and substantive decision-making, either in the
agency-workplace or at the larger levels of social organization. Indeed,
such issues either do not exist or do not have primary bearing on the
problem of burnout.

Organizational-environmental factors do sometimes appear in
analyses of worker alienation and burnout, of course. Yet even when
they do, concern usually remains restricted to relatively nonpolitical
dimensions of worklife, with discussion couched in the supposedly "neu-
tral" terminology of management science. (The language of manage-
ment and the assumptions underlying it are, in fact, seldom neutral;
for a critique of much mainstream organizational/ management theo-
rizing, see Zey-Ferrell, 1981.) Organizational factors frequently iden-
tified as contributing to low job satisfaction and burnout include low
pay, long hours, heavy work loads, poor supervision, lack of adminis-
trative support, absence of clear criteria for effective job performance,
and limited opportunities for career development (Pines and Maslach,
1978; cf. Krueger, 1982). Strategies for reducing burnout, in turn, focus
on change along the same dimensions: better pay, reduced hours, more
effective supervision, improved opportunities for promotion and profes-
sional growth, etc. (Daley, 1979). Again, matters of explicit power,
interest, and control — the central political dimensions of social re-

lationship — seldom figure (at least not prominently and overtly) in these discussions.

Now, to be sure, personal and organizational factors of the sort emphasized in the literature are important for understanding and dealing with worker alienation and burnout. Most workers undoubtedly could benefit by enriching their personal lives, by learning deep breathing techniques, etc.; they certainly could benefit by improved pay and opportunities for promotion! But most treatments of alienation and burnout have largely neglected structural factors. Far too little attention has been paid to important systemic factors at both (a) the macro level, which includes the position of child care work within the overall system of social services and within the productive order as a whole; and (b) the more immediate micro level, including the organization of power, status, and rewards in the individual agency workplace. In our view, such factors which profoundly, if often indirectly, affect the quality of work life for social service workers in general and child care workers in particular, have at least as much to do with alienation, burnout and turnover as non political factors. It follows that an adequate response to the problem should incorporate explicitly political understandings and strategies.

The Structural Position Of Social Service Workers In General

Social service workers are caught up in the structural problems of the American welfare state. (The term "welfare state" refers to the systematic governmental provision of benefits to various categories of citizens at both the federal and state levels; what is popularly referred to as "welfare" — AFDC — is only one program within the welfare state.) On the one hand, the explicit goal of the welfare state is to provide benefits and services to the needy: the poor, the disabled, the aged, abused and neglected children, etc. Even though many of the problems addressed by social programs are either generated or greatly worsened by the "normal" operation of our economic system (including unemployment, uneven economic development, domestic violence, alcohol and drug abuse, etc.) citizens look for relief to the publicly accountable state rather than to the so-called "private" economy. Meeting the minimal welfare needs of the population is a major job of the modern democratic state, and one necessary for sustaining the legitimacy of the system as a whole in the hearts and minds of citizens (Connolly, 1973).

On the other hand, the contemporary welfare state operates within some very narrow constraints. First of all, it is constrained by the American value system from taking any measures which may en-

courage the disadvantaged to choose life "on the dole" over work at even the most menial and low-paying jobs. Americans have always been strongly committed to the principle of "less eligibility," which maintains that welfare benefits should not rise above the lowest available wage (Piven and Cloward, 1982). This attitude promotes the harsh stigma that is attached to reliance on welfare services. The usual result is that service recipients are given just enough help to subsist, but not enough to improve significantly their quality of life.

The state is also constrained fiscally. Even low levels of welfare payments and services are expensive. Where are the needed funds to come from? In theory the state has three options for raising revenues. It can tax, it can deficit-spend (i.e., borrow money to spend), and it can operate its own profit-making enterprises. In fact, however, the only realistic long-term option is taxation. In our "private enterprise"-driven economic system, profit-making by the public sector (government) is not generally acceptable. Deficit-spending, though always tempting to politicians reluctant to raise taxes, risks a number of long-run negative consequences, including inflation and a rising public debt (witness the recent brouhaha over the deficit, especially following the October, 1987 stock market collapse). But taxation also has its limits, as we discovered with the tax revolts of the 1970s, which played a major role in the rise of the anti-welfare "conservatism" dominating the Reagan years.

In sum, the American welfare state is caught in a major structural bind: it is given a major job to do without adequate means to do it. As a result, it is forced to content itself with patchwork intervention, treating minor symptoms instead of major causes, putting band-aids on gaping social wounds (Best and Connolly, 1976).

Now, the situation of the typical social service worker is a micro-version of the bind of the welfare state. In the first place, the vast majority of social service jobs are creatures of the welfare state, directly or indirectly; few private agencies could long survive without some form of public subsidy. More important, social service workers are called to do a very difficult job, i.e., to ameliorate the conditions of life for the needy, to "make change" with clients, etc. But they are rarely given adequate means — in money, programs, personnel, and supportive policy — to do so. Workers usually need only a short period of time in direct service to discover that too often they are not solving problems, but merely providing superficial, temporary, and usually inadequate aid (what one child care worker called a "holding action" for unwanted children until they can be discharged without follow-up into the anonymous mass of "the real world"). They may well come to feel virtually powerless to make any lasting, substantive change. Even where they are successful with this particular case or client, and some meaningful

help has been given, they realize that their efforts are a single drop in a vast ocean of need, that the "system" is generating new cases of need beyond their capacity to keep up.

Unfortunately, workers are, at present, extremely limited in their ability to alter this basic situation. Despite what some consider the inherently "political" character of social service work because of its direct engagement with the disadvantaged (Gil, 1978), the political position of the worker is in fact fairly weak. However politically "aware" workers might be (and most are not, in any case), on their own they enjoy minimal leverage against the prevailing order. In contrast to organized industrial workers, for example, who may disrupt the productive process by strikes or other forms of job actions, social service workers do not "produce" anything that they can withhold to deprive major power holders of profit. Under some circumstances, to be sure, the power of social service workers increases dramatically when they organize for common action — for example, when public sector workers unionize to bargain for improved wages and working conditions (Johnston, 1981). Yet the fact remains that their sole "product" — services to the needy — is provided to a group that itself tends to be disorganized and vulnerable (hence in large measure politically powerless), and that usually will be the first hurt by any shutdown of services (Adams and Freeman, 1980).

The Position Of The Child & Youth Care Worker

The conditions of powerlessness facing the social service worker apply to child and youth care workers as well. In both the public and private sectors, child care workers deal with difficult and often severely damaged youngsters, seldom with adequate staffing and programmatic resources. Like social service workers in general, child care workers at present can exercise no significant leverage within the system on behalf of either themselves or their clients. Whatever their relative positions in the occupational hierarchy, all social service workers share the same generally devalued "class" position within the productive system as a whole. (For a fuller discussion of the child care worker's class position, see Forster and Linton, 1988.) There are additional problems that the child care worker must face, however. First, child care workers occupy one of the lowest ranks in the mental health/social service occupational hierarchy in terms of financial compensation. (A Child Welfare League of America study released in January, 1988 situated child care workers' median salaries behind not only those of teachers and social workers, but janitors and garbage collectors.) Second, though some progress has been made toward improving the profes-

sional status of child care work, the worker is still viewed by many administrators and established professionals as (at best) a para-professional, appropriately subordinate to the management control of others and offered only the most limited opportunities for decision involvement. Administrators especially are fond of publicly proclaiming the tremendous value of the front-line worker, while too often operative agency practice in fact treats the worker as a marginal employee, easily replaced when the inevitable "turnover" occurs (Linton, Fox and Forster, 1986)

A third, related issue concerns the prevailing paradigm of treatment in the majority of child care settings. The dominant approach to dealing with troubled children (despite much criticism and some notable programmatic exceptions) is a micro-systemic model which emphasizes the psychotherapeutic needs of the individual child while virtually ignoring ("ecological" lip-service notwithstanding)) the destructive social and economic conditions from which the vast majority of children in care come. The psychotherapeutic model is based almost wholly on the individual's personal adjustment problems, and therapeutic interventions are permitted only by those professionals specifically trained to provide individual and/or family therapy (Linton, 1971).

This model inherently devalues the child and youth care worker's contribution to the therapeutic project. It contributes to the worker's experience of alienation and helplessness in other ways as well, however. First, it is demonstrably unsuited to the needs of many children and youth. As the 95th Congress's 1981 study argued: "The mental health problems of children are inextricably bound up with the most basic problems of living, and cannot be treated apart from the family, neighborhood, school, and community, which are the normal socializing influences of society" (Select Panel, 1981: 300). Moreover, the model provides a form of treatment that is inaccessible to a vast number of the children and families most desperately in need of services. As the Select Panel report further states: "The dominant paradigm for treatment of emotional disturbance" in children and youth "tends to be prolonged, which adds to the costs. For families with limited resources, the expense may constitute an insurmountable access barrier." Government estimates indicate that there are over 6.5 million children with serious mental health problems, but only 520,000 are receiving some form of assistance. This means that the mental health system provides help for less than 10% of the children and adolescents in our society who need it (Hobbs, 1982: 6).

The Dynamic Of Self-Blame

Child and youth care workers, then, bear the brunt of several converging macro and micro structural problems which to date they have failed to apprehend and confront effectively. Workers strive to carry out their caring mission in a system that is severely squeezed by the general bind of the American welfare state; that delivers insufficient services to only a fraction of the children and youth in need; that is dominated by a treatment model blind to critical social and economic dimensions of client problems; that is directed by a professional and administrative elite that devalues child care services as nonprofessional; that pays child and youth care workers less for their services than it pays other members of the treatment "team."

This systemic position of child care worker powerlessness and devaluation is, we believe, a virtual recipe for inducing a subjective sense of alienation and burnout. The experience of powerlessness can engender a devastating personal dynamic of futility, frustration, self-doubt and sense of inadequacy in working people (Sennett and Cobb, 1973). As the worker discovers that he/she is unable to exercise significant control over either the conditions or the outcome of her/his efforts, s/he is deprived of the ability to feel good about self, to feel intelligent, capable, and efficacious. The very meaning of the work for the worker — who, ironically, frequently comes to the field wanting to help troubled children and families to feel good about themselves, to feel intelligent, capable and efficacious — is rapidly diminished to the disappearing point. As the sense of powerlessness, of futility, and frustration becomes internalized, it takes on a causal significance of its own; the worker's alienation prevents him/her from acting in his/her own behalf (Lerner, 1980, 1986).

At issue, then, is not merely the correct perception/description of the worker's "objective" situation. The very dignity of the child and youth care worker, his/her sense of worth and esteem, can be seriously damaged by the experience of powerlessness and devaluation. At a minimum, the damage may cause the worker to exhibit various common burnout symptoms — poor performance, narrow rule-mindedness, "blaming the victim," etc. — if not to quit outright (to quit, ironically, a form of work which typically focuses on building self-esteem in damaged young people).

If the experience of powerlessness has sufficiently penetrated the self-concept, it may cause the worker to assume total responsibility for his or her condition, without regard to its structural determinants. Particularly in the context of the American individualist outlook, which insists that we each make our own reality, the powerless and devalued

worker (much like the laid-off/unemployed worker) is prone toward destructive self-blaming: "my feeling burned out (just like my being out of work) is my own fault," no matter the circumstances. An overweening internalized responsibility leaves no room for appreciation of objective factors.

Personalist/individualist ideology is at the heart of an insidious underside of much popular "self-help" advice on managing job stress. While often practically effective at the level of technique, at the ideological level the promotion of self-management measures suggests that my experience of alienation and distress has no relation whatever to larger system-related factors. Rather, it is completely my own problem, my own "issue." If I exercise more responsibility and develop better control of myself — if, for example, I were to adjust my "idealistic" expectations (of myself, the client, the agency, the "system"), properly "distance" myself from my troublesome clients, eat right and take vitamins, start jogging, learn to breathe and relax, take up a satisfying hobby, etc. etc., I would not feel burned out. And if I try these measures and they do not do the trick, if I still feel burned out, alienated, frustrated and angry, then perhaps I am simply not suited to the difficult work of dealing with troubled kids, perhaps not the right "personality type." "If you can't stand the heat, get out of the kitchen." Far too many experienced, skilled and committed workers, of course, do just that.

Strategies For Change: A Challenge For the '90s

This characterization of the position of the child and youth care worker is not "positive" or "upbeat," we know. Yet we do not believe that it is "pessimistic," either. On the contrary, we hope that this (certainly partial and undoubtedly flawed) analysis can contribute to an increase in the awareness of child and youth care workers about the real conditions of their situation, and point in the direction of realistic action. Both elements, awareness and action, are essential, we think, to the process of substantive, long-term change.

What sort of actions should child and youth care workers be taking? We believe that workplace empowerment, i.e., changes in the social relations of work that permit workers a significant share of decision-making authority, is the beginning point for addressing the political dimension of child care alienation and burnout. While there are, quite simply, no means now available to child care practitioners for altering their class position or otherwise directly affecting the macro-systemic structure of power in this country, there are less extensive, but we think no less important, measures that can be taken over the next

several years to begin pushing back the border of worker powerlessness. In our view, at least, the following actions should be given careful consideration by child and youth work professionals.

1. Formation of worker stress committees/action groups. With or without administrative support, child care workers can form themselves into empowerment groups to analyze and address immediate workplace conditions contributing to stress, alienation and burnout. (In principle there is no reason they cannot also consider macro issues, but in practice this is not likely to occur without linkage with larger organizational forms, such as politically-minded professional associations.) The very act of forming such groups can go a long way toward alleviating burnout pressures, as the focus shifts from individual "blame" to systemic, structural factors affecting all direct staff.

Through the direct confrontation of burnout-related issues, workers can reject psychologies of self-blame and victimization alike, and reclaim their right to feel good about themselves and the work they do. A stress group might well want its members to master various stress management techniques (exercises, relaxation, etc.); of key importance is that the primary goal of such groups remain action, aimed at improving work conditions. Such collective action represents a first crucial step toward workers achieving a significant measure of protection against job stress and securing a more active and self-determining role in the workplace. (For an example of an action group operating in a hospital setting, see Barr, 1984.)

2. Promotion of team primacy models of staff organization and other forms of decision involvement. Studies in the organizational field have suggested negative relationships between the attitudes of "job satisfaction" and "organizational commitment," on the one hand, and employee turnover and absenteeism, on the other; that is to say, higher satisfaction and commitment are related to lower burnout and absenteeism (Porter, et al., 1974). Further studies specific to child and youth care workers show that attitudes of satisfaction and commitment positively correlate with workers' perception of involvement in key decision-making areas such as treatment objectives, organizational structure, working schedules, discipline measures, staff training and evaluation, budgets, etc. (Krueger, 1985; Krueger et al., 1986).

Perhaps the ideal of child care worker decision involvement is represented in models of Team Primacy' (Brendtro and Ness, 1983) and Generic' (Krueger, 1983) or Educateur' (Linton, 1971) child care practice. In these models, a well-trained child care generalist ranks as the primary treatment agent. The administrative hierarchy is considerably if not totally flattened, and the programmatic involvement of other

professionals (psychiatrists, social workers, etc.) with the child care treatment team takes place on an equal, if not adjunct, basis. From the standpoint of explicitly empowering child and youth care workers in the agency-workplace, these theoretical models go far beyond traditional, hierarchy-driven team approaches.

3. Strengthening and politicization of state and national professional associations. Child care professional associations should provide the type of leadership that brought nurses, teachers, and social workers from socially degraded statuses to positions of public respect, reasonable salaries, and decent working conditions. The struggles these other professional associations have waged have been neither easy nor short; nor are they over. The medical profession resisted the empowerment and professionalization of nurses for decades. Social workers continue to strive for full professional recognition and respect against powerful political and economic forces encouraging de-skilling and de-professionalization of social work roles (Fabricant, 1985). Yet there is no denying that important and impressive gains have been made.

     Where state associations exist, individual workers should join them. Where they do not exist, workers should join the National Organization of Child Care Worker Associations (NOCCWA), begin building local support for an association, and petition NOCCWA for developmental support. Organizations at both the state and national levels must develop the financial base for establishing competent, professional operations, complete with paid staff. This is a tall order, to be sure, but a necessary condition for these "professional organizations" to begin functioning in a genuinely professional manner themselves. The near-total reliance on voluntary labor is an Achilles heel for the associations, and a severe detriment to organization continuity and initiative.

     Child care associations are, of course, still at an early stage of development. Though on the right track toward professionalizing practice, the associations need to grow substantially in two related directions: first, in terms of sheer numbers of involved child care workers and, second, in terms of developing an explicitly political perspective that incorporates an appreciation of the social structural factors that contribute so heavily to workers' devaluation, alienation and burnout. Without this growth it seems unlikely that child care can counter on any broad scale the economic and social status panic that forms the core of the other mental health professions' resistance to child care worker advancement.

4. Linkage with other caregiving interests. Typically working in group homes or residential treatment settings, child and youth work profes-

sionals form part of a continuum of child caregivers which includes the biological parents of children in care, and frequently extends to day care/day treatment workers and foster parents. Each group represents a potential ally in the struggle against devaluation and structural powerlessness. Foster parents and day care workers, as fellow professionals/paraprofessionals, suffer objective circumstances similar to child and youth care workers and may gain from making common cause with these workers. (Vander Ven (1986) has gone further to propose a conception of "developmental life cycle caregiving," a notion which would link caregivers of children, the adult handicapped, and the elderly in a common cause and "power base.")

Biological parents of children in care potentially represent a deeply involved and concerned group. Parent groups have been successful in the field of special education, fighting for better educational facilities and specialized training for teachers. The result has been a major advance in the status of special education, and an increase in the educational options provided for disturbed and handicapped children. Though the parents of children in residential care are frequently inaccessible, whenever possible they should be encouraged to press both individual agencies and government for more effective services for their children. A beginning point of cooperation between parents and child and youth care workers might be inclusion of parents in worker stress committees/action groups.

5. Unionization and linkage with progressive social forces. Unionization of child care workers is a highly controversial idea that in general has not been well-received (Beker, 1980). Yet the case may be made that, in order to develop themselves into a meaningful political force, child care workers will need to become active rank and file members of socially progressive human service unions. The supposed incompatibility of unions and professionalism should be subjected to critical scrutiny; suffice it to say here that the evidence is not all one-sided (Alexander, 1980).

From the standpoint of effectively addressing macro-structural issues, of course, even successful unionization would not be enough in the current in-hospitable climate. Human service unions themselves must form alliances with other socially progressive forces to fight off attacks on social service programs and to advance the interests of the socially vulnerable — the old, the poor, the ill, the young. However challenging in the long run, such ambitious, explicitly political action may be the best prophylaxis against the terrible toll of child care worker alienation and burnout.

Conclusion

Positive change is possible with sufficient effort, but will not be won easily or quickly. Real and lasting change can come only by facing the realities of why burnout and alienation take place. At present these troubling realities are part of the macro and micro structures of the social welfare and mental health systems. Child and youth care workers will need to face them directly in order to bring about their own advancement. Though surely an exacting quest, with no assurance of success, it can be an exciting one as well; and one which will benefit not only the workers, but also the millions of American children in desperate need of their care.

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