

## **MOVING AROUND VS. MOVING ON: REFLECTIONS ON A QUARTER CENTURY IN A HIGH TURNOVER JOB**

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The notion of Child Care as a “stepping stone” to other more prestigious and profitable careers is so well documented that acceptance, at this point, is only reasonable (VanderVen and Tittnich, 1986; Linton and Forster, 1988). Veteran child care workers, at a variety of levels, have recently been arguing for the need to reframe commitment to the field as both necessary for the professional development of the field, and personally satisfying for those willing to make a lifelong commitment to caring for others as a career (Krueger, 1981).

There are many social and practical forces working against a life commitment to child care, treatment of which is not possible in a short essay. It is important, however, to at least acknowledge two of the forces — the barriers we must overcome: 1) lack of social recognition of caregiving as a professional career; and 2) lack of adequate financial compensation for caregiving positions. For many workers these barriers often make a lifelong commitment impossible and/or impractical.

I’m not sure that child care will achieve professional recognition in my lifetime. There are many efforts underway to work toward that end (child care associations, journals, conferences, etc.). As this point, however, those efforts are fragmented and sparse, with no clear unifying positions or leaders. Professional journals do not accurately reflect the condition of the field across the nation, but must be viewed in tandem with salary surveys and reports of rampant institutional abuse. Perhaps this is just a developmentally appropriate condition, the latency period of a young profession. I would like to think that this is the case.

My own career reflects both the development of the field and my own personal and professional development. The request to chronicle this development is part of an effort to provide hope for those who might wish to make a commitment to care.

My entry into the field in the early 1960s was rather characteristic. I literally walked in off the street! My brief experience as a camp counselor and church youth worker was deemed sufficient for the requirements of “line” child care worker in a residential treatment center. Lack of a college degree was not only not a problem, but the fact that

I had some college credits was considered a bonus. On my first day I was given a set of keys and sent to report to the "head houseparent," who assigned me my first official task: to vacuum the living room rug before the children (12- to 17-year-old emotionally disturbed adolescents) returned from school.

I learned quickly what the designation of "disturbed" implied, and I began to yearn for those quiet moments of vacuuming the rugs. A preliminary introduction to the language of residential care let me know that having a child of one's own, or even being a woman, was not necessary for designation of the title "mother." Mealtimes had very little to do with eating, I learned, and bedtimes equally little to do with sleeping. Six months after my arrival on the job the unit supervisor retired, and I was promoted to that position (to the consternation of all the veteran "housemothers"). The rationale was that I had shown the ability to both get along with and "manage" the residents, and I did, after all, have some college credits. After one year, the title of all direct service workers in the institution was changed from "houseparent" to "child care worker," a move explained in terms of changing function as institutions were changing from custodial to treatment facilities. At twenty-four, it seemed a more fitting title.

Aware that my promotion had been premature, I took a new position "back on the line" and at twenty-six became a housemother to twelve youngsters (ages five through seventeen) in a children's home for dependent children. My prior experience at the treatment center enlightened my view of these so-called dependent young people, who showed many of the same behaviors, but who were not allowed to be "disturbed," since treatment was not the mission of this particular institution. I stayed for two years, moving on when cottages were closed due to a dwindling population of dependent children and reluctance to accept children who were actually designated as disturbed or disordered.

Next, my child management skills were tested and honed at a correctional school run by nuns. I was given my keys and sent to my "dorm," where 24 delinquent adolescents awaited. I was replacing their group counselor, who had just had a "nervous breakdown" and left precipitously. They began work on me immediately, having perfected the art of driving caretakers away. I worked alone and waited six months for a proper day off. Over time and through mutual terrors and tears, we (my girls and I) worked it out. Being "committed" for 18 months, they had no choice but to stay. I stayed by choice, and learned. By now I had been in the field six years, was making under \$5,000/year and realized that I could continue direct service work and a life at or below poverty levels, or follow the trend and "move on." I wanted

to stay; I also wanted to feel proud and to have days off and to be able to afford to eat out occasionally. A consultant accused me of “hiding in the institution,” a common accusation against “line workers” who had the ability to do “more” with their lives. After discussion and deliberation, I agreed that life on the line was not practical and I began to make my career moves. I struggled with pulls to leave the field, and a strong desire to stay. Why leave just when you’re figuring it out? What’s better about being a therapist?

I enrolled in a community college offering an Associate Degree in Child Care, then moved on to a state University. Child Care was my primary interest, but there were no degrees in Child Care unless I was willing to move to another state, which I wasn’t. So along with most others in the field, I pursued degrees in other disciplines, figuring out ways to write papers and do research projects in child care as part of my academic programs. I worked nights in a residential treatment center while I completed my B.A. degree (double major in Special Education and Psychology: i.e., related fields). I was promoted to supervisor of a new program (this time I was ready) and went on to earn a Master’s degree, realizing that while challenge and excitement waited on the line, influence was primarily available in other positions.

A late bloomer academically, I now had the necessary credentials to become an administrator. So at age 35 I became the Executive Director of a residential shelter care program. It felt good. I was still at home in a residential child care program, but with increased prestige, influence, and earnings. A commitment was made to staff the program entirely with personnel who had spent at least some time “on the line.” The plan worked well. Although I moved on to other responsibilities after six years, the program continues to thrive and I am still welcome there as a training consultant when I am in town.

Moving on became important for me when I realized that administrative positions had very much to do with money and very little to do with direct service, which I missed. A way to combine my interest in the quality of direct service with a need to exert influence and pay bills was provided when an attempt to establish a college-based program for child care workers was begun in my state. I accepted the position of Assistant Professor and taught child care workers at two academic institutions for the next three years. During this time my urge to move on to other pursuits diminished further. It is an unfortunate sign of the infancy of the field, however, that neither of the two Child Care education programs with which I was involved survived. An analysis of these failures is provided by Linton and Forster (1988), and merits attention by those of us who continue to follow our hearts in commitment to children in residential child care. That academic

options are so sparse, after twenty-five years, is troubling. And telling. But that's another article. Excellent treatment of this issue is provided by VanderVen and Tittnich (1986).

At present I am working as a training consultant in a consulting partnership whose membership is comprised of individuals who have committed their lives to the care of individuals in residential facilities. Though now armed with academic credentials and experiences as administrators and educators, each of us has worked "on the line" and retained the conviction that direct care positions are most crucial in terms of quality of care. Our years of experience combined with recognized credentials allow us to advocate for quality of care with increased authority and influence. I don't look to "move on"; I'm happy here.

Yes, Virginia, there is a life in Child Care. Although the options are not what I'd like (I'd like to see gifted direct service workers able to stay on the line and make a decent living), there are several ways to love our vulnerable kids that assure their safety and promote their chances for satisfactory adjustments to life. We can do this through direct care, through informed and supportive supervision, through management positions that allow influence over the quality of care, through teaching and training, and through writing. We can move around without moving on!

Most children and youth in care did not volunteer to be with us. And they shouldn't. Children know what we can remember: that residential child care should not be necessary. Children deserve better. Children deserve safe and loving homes and families. But children do not always get what they deserve. They get us instead. The only "justice" then is to be cared for by women and men who commit themselves to their care. Women and men who believe that the importance of the job demands at least as much education as is required for those who teach. Women and men who give themselves to the care of children and not who use them as steps to climb on in efforts to reach loftier positions. The development of the profession requires Child Care Workers who devote themselves to personal development. The development of injured children requires Child Care Workers who voluntarily commit themselves to care for involuntary charges in any of the many ways now available.

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