

## IT'S A WAY OF LIFE: DIRECT CARE AS COMMUNITY

**Susan D. Eschbach**

*PhD. Candidate,  
Human Service Studies,  
Cornell University*

**ABSTRACT:** Using qualitative data from interviews and journal notes and applying them to Van Maanen and Barley's sociologic framework, a case is made for viewing child and youth care workers through a cultural lens and defining them as an occupational community. Concluding comments explore the benefits of this definition and point to further explorations necessary to enhance an understanding of workers' experience of the direct care field.

### Introduction

The voices of child and youth care workers are often muffled by the din of administrative and clinical practice that is foregrounded in residential settings. In the United States, the field of caring for children in group settings is well over a hundred years old. The primary caretakers, the direct care workers, have been practicing their art as long as there have been children to care for. These workers often come to their jobs with little or no background in the field, often with no formal education beyond high school. Some arrive with a college education but rarely does their experience reflect the tasks and challenges ahead. Training is generally on-the-job and, if the workers are fortunate, additional training is offered. These folks need to be attended to and understood from the vantage point of the workers themselves.

This article seeks to answer the question: Do direct care providers in residential facilities for youth constitute an occupational community, that is, a community that exists not by the structures of individual organizations but across those organizations? Wading through the layers of treatment modalities that differ between facilities, the lack of standardized position titles, and ongoing staff turnover, is it possible to determine that these direct care workers live within an occupational community?

### Methodology

To answer this question, direct care workers are quoted and paraphrased here. For the purposes of this exploration, the focus is on workers in residential facilities serving children and youth, whose population is generally described as "emotionally disturbed," "behaviorally disordered," or otherwise known as "acting-out."

Much of the following material comes from the transcript of a group interview conducted in April 1991. At the time, I was the Director of Staff Training at this residential treatment facility for adolescents where these staff, who are called "child care workers," also worked. I had been working together with these staff for two years and I believe they felt fairly free to talk with me. The intent of the original interview was to "give them a voice", and to find a broader forum for them to express to the public how meaningful their work is. This is often a group that, outside their cottage boundaries, feels disrespected by other staff and professionals. The issue of their professionalism had been a sore topic and one that raised their wrath about being misunderstood, taken for granted, and generally seen as inferior. This stance often made them defensive; with them communication then was difficult, and thus the value of their work easily went unnoticed. Our hope was, through dialogue and transcription, to gather data for an article that could help raise awareness about the jobs of these workers. For numerous reasons that article has not been written.

However, using the transcripts from that time, journal notes from others' direct care experiences, a personal letter written to me from a direct care worker, discussions with a colleague who also has direct care experience, film excerpts, and a novel written by a child care worker, the data has been interpreted using John Van Maanen and Stephen Barley's (1984) framework for defining an occupational community.

The participants in the group interview included: one woman in her midfifties who had been in her position for fifteen years, one woman in her midforties who had been in her position for eleven years, one woman in her midthirties who was in her third year, one woman in her early twenties who was in her second year, and one man in his late twenties who was in his fifth month. They all worked in different cottages, though the older ones had occasionally worked together. The three older ones were also Senior Child Care Workers, meaning they had responsibility in their cottages for supervising the management of the cottage, though they had no formal authority over the other workers. Each of the child care workers had been invited and had agreed to participate.

### **The Occupational Community Framework and the Direct Care Workers' Voices**

Organizational sociologists John Van Maanen and Stephen Barley (1984) describe the interaction and the differences between an organizational frame of reference and an occupational one. An organizational lens studies the worker in her setting and position within the structure of the agency. This is an important consideration for the direct care workers because organizational structure generally attempts to limit autonomy and tends to focus only on the ends, or organizational service goals, and not on the means by which the workers accomplish those goals. This misses a significant element that affects the daily reality of the workers' experience and therefore of the youngsters' experience.

"An occupational perspective. . . concentrates upon the meaning of the work for those who do it." (1984) From the data, it is the voices of the workers that we hear describing their work. Much of the literature that explores paraprofessionals ( Austin,1978; Grosser, Henry, & Kelly,1969; Schindler & Brawley, 1987), provides training (Maier, 1979, 1987; Powell,1990), and defines the responsibilities and qualities needed to work with troubled children (Krueger et al.,1987; Trieschman,1969); is written from the perspective professional, the administrator, the investigator. The voices of the "line" youth workers are often left out.<sup>1</sup> Ironically, writers of the training materials and prescriptive roles of the direct care workers are often people who originally came from the ranks of direct care. Yet, my experience as a trainer has shown that the workers receive best that which they identify as coming from within their current group. Somehow being an ex-child care worker does not give one as much credence.

Van Maanen and Barley 1984 tell us that common tasks, shared symbols, peer relations, and even work schedules can serve to create "cognitive, social, and moral contours of the occupation" that are known to those who do it. (p.292)

Their definition of occupational community is:

..a group of people who consider themselves engaged in the same sort of work; who identify (more or less positively) with their work; who share a set of values, norms, and perspectives that apply to, but extend beyond, work related matters; and whose social relationships meld the realms of work and leisure. (p.295)

With this definition in mind, Van Maanen and Barley provide a set of four criteria by which to establish an occupational community. They are: boundaries, social identity, reference group, and social relations.

Using these categories as a way of hearing from the workers, an examination of child and youth care workers as an occupational community can begin.

## Boundaries

Using Gusfield's (1974) concept of "consciousness of kind," we can look at who the members of an occupational community are and who they are not. The delineation between members and nonmembers is based on the internal perspectives of the members themselves.

One direct care worker, in describing her difference from others was talking about a New York City child welfare department social worker who had authority over a child's placement. "The city worker said one of my

<sup>1</sup> See, however, Krueger's *In Motion* (1990) *Baskets* (1991) for fiction based on child care worker experiences from a worker perspective.

boys was unworkable, get rid of him now. No. No. No. He is angry at the world [but] she hasn't seen him come running to take a sliver out of his finger, she [hasn't seen] the wonder on his face after he figured out another way to deal with anger, or the magic of his smile when he caught his first fish last summer."

Another worker separated herself from the "others" of society saying, "I don't feel like I can be the one to judge these kids. . . . society mandates how long they'll be here [and] the biggest problem is that they are here such a short time."

Differentiation was also made between direct care work and other child caring responsibilities. "I think the biggest difference between babysitting and child care work is that the parents are going to come back and take over. Here we have to be like the parent model and so we have all the responsibility".

"And these kids are so much more of a challenge," chimed in another.

An important distinction, and a telling one for future exploration, is the way the direct care worker is separated out from those with more overarching power. "I'd like to know what they think they are going to do with them [the kids] if they keep cutting the budget. Just let them be homeless? Out on the street? Society has created what they have now and doesn't want to deal with it."

Another added, "I'm sure that the people in [State government] don't realize that these kids have gone hungry and what a big budget food is here."

One can feel the separate "they" in these comments. Van Maanen and Barley (1984) also speak to this issue of State control versus self-control as an issue that occupational communities must contend with. For direct care youth workers, this issue is essential to consider and is embedded in a complex structure of fiscal, legislative, and monitoring authorities. In addition to the many reasons why direct care workers often feel disempowered, the degree to which the State plays a role in sanctioning the agencies, and the degree to which that control is passed down from the administration within the organization affects the further distance and boundary separation perceived by them.

Another example of the boundaries defined by the workers is in the description of what it takes to be a direct care worker, at least a good one. "I think whoever takes this job has to have certain personality traits. You have to have a lot of patience, a sense of humor. You have to be able to laugh with them and cry with them."

"I noticed about people from the outside, I keep thinking in my head, boy, are you judgemental, you could never handle it [here] because you already have a way you think is the right way."

"When I talk to people outside of here about this job I notice myself talking about the things that are so different."

One journal entry described this outside-inside dissonance well. "September. I'm in the library and these college students around me are talking

about their vacation and whether running is better than swimming. Today all I can think about is that G. was found by the boys of the cottage hanging in the closet choking and gagging and when they got him to the psych center there was a whole bunch of bureaucracy about if there was room for him. T. was fighting in the crisis room and Isolation all night and finally broke down and started crying about these men who had urinated in her mouth. Other people don't have a fucking clue."

The workers describe that the adolescents are also part of defining the boundaries. "My first day I was walking to [lunch] and M. said to me, why did you come to work here? I said because I like being with kids and she said, oh, you'll stick around, if you had said it was for money, you would not last."

Stories then abounded about the ways kids join together to intentionally make life difficult for a disliked staff member in order to get them to leave. "The kids then see it as someone else gave up." "That's our challenge, to not give up."

Clearly these direct care workers see themselves as different and separate from others. They also distinguish themselves from other professionals at the same facility. "I send my kids over to someone who is an expert in something like suicide. But I know if the social worker ever came into my cottage they'd get eaten up."

## Social Identity

This element of Van Maanen and Barley's 1984 criteria for occupational communities includes the "valued identities", (p.298) and self-image derived from the occupational roles. Within this social identity are also the identifying commonalities that link people and their occupation such as objects, language (especially jargon), events unique to those roles, and socially valued abilities. Generally these identities are presented to others with pride.

Within this element of social identity, past ethnographers such as Haas, (1977) have noted that the sense of uniqueness found in roles involving danger often serves to heighten the contrasts between occupations. Being able to handle such danger in a manner considered appropriate to the members further cements the pride in identity and adds to the boundary definition of insider-outsider.

These factors are all present for direct care workers and often serve to create identifying ties between occupational members who are from geographically different settings.

"I was sitting in the lobby area of [the bank] waiting for a ride. The young man to my right was speaking to another, describing work he had done during an internship. It was clear he was losing his audience. I heard him say, 'well the only time I got hurt was trying a single person restraint in the time out room rather than using the crisis team.' He definitely lost his

audience but he got me. I immediately began a conversation about similar work and in seconds we had established camaraderie about working in residential treatment. Quickly we shared our scariest dangers, our wittiest interventions, and the success stories of the kids we had most loved."

Staff talk easily about the dangers and risks associated with working with angry impulse ridden teens who either intentionally become violent or who lose control and thrash out at everyone in violent ways. Most of those discussions are saved for "insiders" because most "outsiders" don't have any understanding of the layers of issues involved and the meanings of some of the interventions for both the staff and the kids. Because the interviewees were focussing on what the public should hear, there was greater caution about sharing those stories. However, some of their dialogue gives us a window in.

"Sometimes it's draining just driving into the driveway because. . . you never know what to expect. . . like you have three kids in time out and one in isolation and you come into work with a little anxiety."

"Yeah, sometimes you have to come in ready, you know, some people are not willing to do the challenge, to do battle a lot and often. Sometimes it scares me, what it all brings out. I mean I'm not a violent person, but sometimes in the [face of violent kids] or having to take one down I'm thinking I'd like to punch this kid in the face and I think where did that come from, I would have never known it was there."

"I know, the restraint is like an adrenalin rush and the kid is really going at it and it's like you want to do something you know you can't."

"Going into it with a kid and staying with them through the end and then talking with them afterwards and really have them finally breakdown and spill their guts is so intense and it's like if you didn't go all the way with them you wouldn't have that."

"When times really got rough, and I would get assaulted or something terrible, staff always said to me you're doing a good job."

Often the stressful situations are the ones that most lend themselves to humor. Humor is a necessary coping mechanism with kids, especially in close living quarters. It also reduces both their tension and the tension of the workers. A few examples demonstrate both the humor and the particular jargon of the settings. Though the exact wording may vary a bit from place to place, other direct care workers from different organizations will recognize these scenes immediately.

One worker recounted trying to do a two staff restraint on a wiry 'hyper' boy who was "just wild....finally I got his leg in a solid and firm hold so we could lower him and he was screaming and jumping so I shouted to my co-worker, I got his other leg! and she said back, No, that's mine! Well we all three burst out laughing and M. totally relaxed onto the time out room floor."

Another worker described a scene in the isolation room where a teenage girl was banging her head and "the crisis staff said they would have to restrain her either in there or in the hall outside of 'ice.' And she started

calling me all of those names and then finally she started yelling that I was a "ho." So I went over to the window and said, 'J., I've been called many things before but you're the first person to call me a "ho".' She turned around and started laughing and I could go in and talk with her."

After both of these stories, the staff burst out laughing and doing imitations of some of the kids that were being described. The jargon that surrounds these, such as "ice," "isolation," "timeout," "take down," "go in there," "wild," are a few examples of the lingo that is at times specific from facility to facility but also well recognized by experienced workers. Much of it has been documented in child care journals, journals of residential treatment, and direct care training manuals. Other lingo might be hard to catch in the first hearing, like: "24 and a drop," or "48 and 2," or "on contract." But, a member of the occupational community is likely to pick up quickly upon hearing, "that refers to the level system and restriction hours, or, that's full privileges for top level."

Other lingo or phrases that are sprinkled throughout the transcripts may indeed be understood in context by any reader, but it is also clear in the dialogue that some phrases offer shortcuts around more comprehensive and descriptive meanings. For example, saying "these kinds of kids" or "these kids" are expressions that are loaded with meaning for the users. "Accepting their placement" means something very complex. For the kids to "start dealing," is full of various relational, behavioral, and emotional dynamics. "Being consistent," "issues of postplacement," "really going at it," "working hard," all refer to staff and kid experiences that are full of layers of description but need no explanation amongst the workers.

In the workshop descriptions for direct care conferences sponsored by organizations such as Council of Family and Child Caring Agencies, (COFCCA) it is clear that the descriptions of workshops have meaning for the participants who come from many residential and group settings. In a book of short scenarios from residential treatment, *Careless to Caring for Troubled Youth*, (1983) and a short novel, *Baskets*, (1991) both by Mark Krueger, it can easily be seen that direct care workers will (and do) relate to the issues raised and to the children and events that are recounted.

In further exploring their concept of social identity as one of the layered elements of an occupational community, Van Maanen and Barley 1984 include another factor that supports identification with one's work. They describe it as a feeling of "claimed responsibility for others." (p.302) For the direct care workers, this is often one of the reasons they are most able to stay in work that is so challenging and low paying.

"[This is] a 24 hour a day job, really; you could be called back in anytime and you don't say no. At night when you sleep you're still thinking about the kids."

"Yeah, our kids are the most valuable thing of [society] and nobody wants to pay a decent salary to keep us here doing this. Our rewards are few and far between... but we do it because somebody has to help them, and I'm somebody."

"We're always giving and giving and giving."

Along with feelings of responsibility to the kids and therefore the job, there is an emotional connection to the kids that is very important to the workers and serves to further that claimed responsibility.

"I hurt so bad for them sometimes it rips my guts out."

"They have a basic need for love and someone to tell them they are special. They've never had that. I can give that."

"I cry angry tears sometimes because we need to do so much and sometimes I feel useless and I wonder when all the hurting will stop for these kids."

"I know, I'm not flipping burgers on a grill somewhere, I'm helping young people deal with a hundred different problems."

"Sometimes you feel like you've been such a part of their lives that you really want to see what comes out of it. You don't get to, though."

There's some discussion among the workers, especially the senior staff, about what it takes to do the job well. Earlier, the descriptions about characteristics important for the job gave us a sense that something special and unique was important for being a successful worker. Added skills included "being able to really listen", "getting their trust", "being fair and consistent". Van Maanen and Barley suggest that "esoteric skills" (p.301) held by the occupation's members also further the perception of being different from others. According to the workers, skills such as "getting their trust" are not teachable. Some workers "have it," some do not. Those with "it" can fine tune "it" and become very effective.

## Reference Group

The third feature of Van Maanen and Barley's (1984) definition of occupational community is that its members are each other's primary reference group. This includes a common understanding of what is appropriate in the actions and reactions of members in any number of situations at work. Another component is the availability of mutual aid, of getting support from the members. A third part is the socializing aspects for new members to join in, to become true members. Socialization is an important aspect to perpetuating the cultural community and is an active formal and informal process. It is not addressed in the current data so, regrettably, will not be discussed here.

There are, indeed, informal standards for judging behavior between members. Inferred from the data were a few of those standards.

- being where you are supposed to be (because otherwise it leaves another worker unsupported and possibly at risk);
- not using drugs or alcohol on the job or selling it to the kids;
- knowing when you are losing control of your anger and getting someone to help you;



- not telling supervisors about the ways you bent the rules in order to support your relationship with the kids *but* not doing too much rule bending or you will have crossed the line of consistency and make it hard for the other workers.

These are a some examples. An astute observer/ interviewer in the residential setting can determine many more of them.

Direct care workers who have had the opportunities to attend trainings, conferences, or exchanges between other facilities have often described a great sense of validation and support by experiencing the "consciousness of kind" discussed earlier. There was a brief mention of that during this interview. "At one conference I went to, we were sitting down eating and someone from another agency said, pass the hot sauce please. Well, we all laughed and told stories about how all of our kids eat a bottle of hot sauce per day and we were glad we knew someone else who dealt with that too."

The interviewees spoke emphatically about staff mutual support.

"Without the support from each other for what we go through every day... there isn't a day goes by that we don't talk to each other, about what we did, who did what, who said what, etc."

"I know, without D. and B. here, if I was here by myself, it would be real hard to stay."

"I don't know if you could be here by yourself."

They described that it is hardest to support new staff because "at times we've seen new staff coming and going so fast, I would say it's not even worth bothering, they'll be gone in a week."

"Once we know they're really trying to be here, then we can take them under our wing."

"[During trainings it's important to] get together as a group, just to sit there and vent or do projects or whatever."

"It's not all bad stuff, it's good stuff too, and we can laugh, and cry."

"Teamwork is the most important, you have to have two on at once, [or] you can just get overwhelmed with it. You say to other staff, I just need some space, give me ten minutes alone and then I'll deal with these six kids but just get this one off my back."

"I think that sometimes people on the outside look at this job and look down upon it, you don't make a lot of money, we have bad hours. People just don't understand and sometimes they make you feel like you should be ashamed to have this kind of job. I think I always try to back that up with, well, I really love my job, that I want to do this, and stuff like that. Sometimes you have to keep reassuring yourself because other people look down on you. The staff support really makes a difference."

This last quote fits well with Van Maanen and Barley's 1984 contention that "when an occupation is stigmatized or viewed by outsiders as marginal in society, members will turn to one another for aid and comfort." (p.303)

## Social Relations

The fourth and final factor determining occupational community is the area in which the lines between work and nonwork or leisure begin to blur. Van Maanen and Barley (1984) further suggest that the structures of an occupation such as shift work or night work, tend to further the likelihood of developing social relationships with those similar to oneself. Also described is the concept of an "occupational intrusion into all aspects of a person's life." (p.307) While direct care workers are seen out shopping together or recounting stories from time together on the playing field or at the bar, these relational characteristics are best described by the interviewees.

"Most of us are not doing this for a paycheck, we're giving a lot of ourselves to it and we are a person, not a job...it's a big part of your life, it's an adventure, it's a way of life."

"You're here all the time, you sleep thinking about the kids."

"Well, you can't really have a life when you work here. I mean it's really hard. We are working when everybody else is off. The hours are just so topsy turvy."

"When I worked in a group home, I also lived there, I felt like the residents were my friends, like I would say, I'm off and going to the movies, who wants to come?"

"This is my second family really."

These final comments are a testament to the extent to which this occupation truly blends itself with the lives of the workers.

## Concluding Comments

It appears, from an initial examination of direct care workers in residential or group treatment settings for acting out youth, that they may, indeed, constitute an occupational community. The elements of the working definition, described as boundaries, social identity, reference group, and social relations, exist in meaningful ways. In comparison to some occupations, such as lawyers or high steelworkers as described by Haas (1977), it may be that the direct care workers' occupational community is more ambiguous. It may also be that the occupational community expands to include direct care workers of various populations such as the frail elderly or people with developmental disabilities for example. More research could tell us that. Insiders, that is members of the community, however, are sure about the ways they are different from others, and their perspective is the one that should be considered.

There are aspects of the direct care worker's history and societal context that may help determine the value of an occupational community designation.

Many child caring agencies are decades old, some are over one hundred years old. The history of taking care of children with intensive needs has

changed over the course of time and has run through cycles of philosophy and debates over practice including punitive perspectives, rehabilitative perspectives, education versus work and labor focii, state-run versus private agencies, etc. Various professional groups, social trends, and legislative actions determine the directions of these programs while the direct care worker goes to work each day to help the child do what needs to be done. As direct care workers move vertically they leave direct care, going into either management positions or advanced clinical positions, if they stay in the field, or changing careers altogether. The transience known to the field presents some problems of continuity of the care that children receive, yet strangely enough, the essence of the occupational community's culture maintains itself enough for new staff to be part of perpetuating it. This merits further study.

Occupational community designation could aid the elevation of the status of this very low status work. An entire political analysis can be made for why these workers who care for these particular kids are so disregarded by the economy and the social structure. That is for another discussion.

However, if researchers in institutions of power can be part of building a case for the relevance of this as an occupational community, there may be more support for the workers to assert greater autonomy and self-control and to bring greater pressure to bear on the State and its administrators to respond to their needs. The use of Kanter's (1977) triad of concerns for workers—opportunity, power, and numbers frames an important consideration here. Social workers, physicians, psychologists, and educators hold positions of higher status in part because, as professions, they are organized to lobby in their own interests and groomed by their training to do so.

Over the past 10-15 years there have been increasing efforts by a few leaders in the field of child and youth care who are exploring new options for developing a profession of direct care specialists. New training and academic programs have begun and solutions to turnover, upward mobility depletion, wages, and greater autonomy are being considered. There are many issues to raise.

With a broader sample and more comprehensive look at the question of occupational community as presented through the Van Maanen and Barley cultural lens, it can be shown more definitively that these workers do represent a community, and, as such, should be responded to.

"Staff need to be here for the kids and they need to be here for each other. When those kids hurt, we feel their pain. When they let us in, it's like a closeness I've never felt before. We all really live like a family."

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