



# COMPASSIONATE CARING

**Using our Heads and Hearts in  
Work with Troubled Children and Youth**

**Dr. LORRAINE E. FOX**

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# Foreword

I have known Lorraine for a long time – we are both at an age where declaring how long is avoided. I would also like to tell you where and when we met – but with the passage of time ... well, you get it. (Although Lorraine, with her incredible mind, likely remembers – you will have to ask her, if you are interested.)

I open this way because it reflects how I respond to Lorraine's writings – sensing a personal connection and engagement. She is always present, personable and, well, *everyday* in her style of communication with us. This does not suggest that her writings are anything less than professional, appropriately academic as necessary, and profound – anything but. However, she writes in a manner which is easy for us to connect with – to hear her voice through the words, to sense her on the written page. She does not speak *to* us, she speaks *with* us as one of us. Her voice, her writing, resonate with us as practitioners.

Lorraine is one of those rare writers whose work is found in both the academic and practice arenas of our field and this is because our field recognises the voice of someone who speaks with wisdom which arises from well articulated reflection: solid in both theory and practice application.

One of the wonderful things about Lorraine's writings is that, as well as being theoretically sound, they are also practical, useful. As you read through them you will find positive, practical suggestions about 'what to do' or 'how to be', or 'what to think about' in certain circumstances. While much of the writing in our field offers fine theoretical advice, most of it leaves it to the reader to translate theory into practice – but Lorraine's writings help us with that – she does not articulate and then leave us on our own – she travels with us in our journey of application, offering much advice along the way. She helps us translate theory into everyday practice. What a rare gem. By the time we are finished reading one of her pieces, we have some ideas about how we might respond in certain situations.

One of the, perhaps unintended, aspects of this volume is that as you read through it you will also see the evolution of our field – because Lorraine has been an ongoing part of this process. You can see the move away from *I* to *we*; the move from behavioural to relational, and, most importantly, the move from theory to practice. In this sense, this is an important volume because, all in one place, it enables us to track our evolution as a field. It is not explicit, of course, but rather, it is implicit as you follow her writings. She, and her work, have been an integral part of the significant changes which have led us to the place where we can now clearly identify a ‘child and youth care approach’, an approach which Lorraine has had a significant role in shaping.

Looking at the table of contents one will notice that the articles are organised around Them, Us, Short Essays and a Conclusion. In the first two sections we notice how Lorraine is concerned about ‘them’, ‘us’ (notice she puts ‘them’ first) and, ultimately, about us – Child and Youth Care Worker and Young Person together in a healing relationship. Most of the short essays will have not been seen by many of us even though we might know Lorraine’s work. In a demonstration of her generosity, they were written for the Association for Child and Youth Care Practice Newsletter. In them, we see how she takes the knowledge of our field and translates it for everyone.

This collection ends with Lorraine’s most recent talk, given in Ventura, California – in it she summarises her learning, and shares her acquired knowledge after over 50 years in the field. If it does not touch your heart, maybe you need to reconsider your choice of a profession. With passion and commitment like hers, Child and Youth Care Workers, as the South Africans say, can change the world. But without it, we are less than we might be.

As you read these pieces and essays you will experience Lorraine’s passion and love for our work and for those for whom we labor. And perhaps this is the most important characteristic of this volume – that it shows how, after over 50 years, someone might still hold a passion and love for our work. No burnout, no whining, no despair – just a passion, love and belief that Child and Youth Care Workers can make a difference!

I am obviously a fan of Lorraine’s work (notice how I do not refer to her as Dr. Fox, although I could). I am a fan because she has helped us all

to think better and, therefore, do better in our work. She has influenced my practice in many ways, and I hope she will do the same for you.

I leave you with a quote from one of the ‘other essays’ included here:

*Rewarding relationships are crucial to happiness, and by building such relationships with our children, and encouraging them to develop friendships, we model a skill that can lead to lifelong happiness.*

How ‘everyday’, eh?

Enjoy the read. It will be worth it.

***Thom Garfat, PhD***

*Rosemere, Quebec*

*March, 2019*



# Introduction

I first walked into a residential treatment facility in 1964. I had no idea what such a thing was, but when the first words I ever heard from a client were, “Who the F\*#\*\*^ are you?” I was immediately captivated and determined to find out. And find out I did. Moving from direct care, to supervision, to administration, to academia and then to training and consultation, I have never been bored a day in my life. When I began my work as a ‘Houseparent’ (I had just turned 24 and the clients were teenagers), later re-titled ‘Child Care Worker’, I was sadly introduced to the enormous harm caused by abuse and neglect. Over the years I’ve worked in group homes, correctional schools, institutions for residential treatment, and shelter care facilities for runaways and throwaways. I found the *same* kids in every facility: wounded, angry, creative, funny, insecure, emotionally hungry, and frighteningly vulnerable.

The constant in my work has been a deep love and respect for the children and young people who did not get what they deserved from their primary care-givers. Even when they were telling me where I could *shove it*, I found it easy to love them, as I experienced their vulnerability and deep physical and emotional scars, to respect them for their daily struggle to survive, and to continue trying to fight with them for their dignity and sense of worthiness.

Whenever I walked into a facility housing *our* young people in any country, which I’ve been privileged to do for fifty years, I recognized them – different cultures, different names, but the same stories. Their faces, the ‘looks’, were also the same: the mixed tones in their faces of anger, hurt, shame, distrust, and longing for the care they needed and wanted, but were not sure they deserved.

I have never regretted my career choice, although I am filled with regret over our collective inability to gain for our work the credit, respect, and compensation that would enable folks to stay in our field, rather than visit on their way to something else that would pay them a living wage.

Whether we walk in off the street, as I did, or apply for a job after graduating from college, nothing can prepare us for what we learn about the human experience for parents and children whose lives are dominated by pain. If we stay, we then commit to a life of personal pain *for ourselves* as we open ourselves up to share their lives with them. It is not something we ever get used to. Nor should we. When we commit to working with children who have been separated from their families, we enter a world that challenges our faith in people and any naïve versions of ‘families’ we might hold. We also learn to accept that families are made up of people and people can be disappointing, just as we know we often disappoint ourselves. So, we don’t try to help because we are better people, but because we are *different* people. Some of us have had better breaks. Some of us had the good fortune to find people to love us and help us when we needed it. Some of us have learned hard lessons and can now pass them along to others. Being wonderful is not required to be effective in our work, thank goodness. Being open, and persistent, and compassionate is.

As for the title of this volume. When I entered the world of Child and Youth Care Work the sole focus of our interactions with our clients was about their behavior. We were taught to pay attention to what they did, not who they were. Programs were structured solely around “behavior management”. As I traveled through my career I learned two things: One—managing behavior did not help them with their internal struggles and did not produce internal changes that would help them live successfully, and Two – knowing that their behavior was motivated by their pain, seeing their tears and rage, it never felt good to me to pretend that their primary issue was their behavior. I learned that my best hope of helping them to act better was to help them to feel better. My heart broke for them and I learned that it was okay to let them know it. I watched my colleagues who were most effective and was validated in my conviction that what they most needed from us was compassion, along with instruction and help with their behavior.

I quickly adjusted to the monikers that would be tossed my way: “bleeding heart; airy-fairy, fluff ball, touchy-feely, soft, naïve”, etc. Such terms were meant to be pejorative, but I gradually found myself accepting them as compliments.

*The root of the word compassion is passion.* While compassion can sound like a gentle word, it is a very difficult choice for the heart to make because it carries the notion of empathy or feeling the pain of another and a willingness to ‘walk a mile in their shoes’. The dictionary defines compassion as “a feeling of deep sympathy and sorrow for someone struck by misfortune, *accompanied by a desire to alleviate the suffering.* Yes. **We use our heads to comprehend how their mistreatment contributed to who they are, and our hearts to love them and learn how to alleviate their suffering!** While we often point to our chest when we say the word heart our heart really lives in our brain, where understanding takes place. Only passion – feeling, warmth, ardor, fervor, fire, intensity, enthusiasm, earnestness, gusto – for our clients, and for the work, make us willing to engage both in our healing relationships. The opposite of passion is apathy, indifference, coldness, unconcern. Professional objectivity will never heal a hurt child!

I have been blessed by career-long associations with wonderful, quirky, brilliant colleagues; too many to mention by name. We have worked together to move from simplistic, controlling models of care to a truly caring, therapeutic, trauma-informed approach.

This book is a collection of articles published over the years in which I have attempted to stimulate understanding of what has happened to our vulnerable children and teens and to help create respectful, individualized, plans of care that will lead to mental and emotional health and promise a better end of life than their beginnings. Child maltreatment injures every part of our young ones; their bodies, their heads, and their hearts. I have learned that effective Child and Youth Care interventions require using every part of us. We use our bodies to hold them, play with them, teach them, and sooth them. We need our brains to understand the effects of abuse and trauma on their brains, the impact of pre-natal exposure of drugs and alcohol, and to help those struggling with learning problems. We need our hearts to love them, hang in with them, and to commit to them and show up for work.

I’ve spent a lot of years going to school, but to tell the truth, everything I really **know** that matters, I learned from the kids.

As I have moved into retirement it falls to you, dear readers, to continue the work – play with them, hold their hands, brush their hair, tuck them in,

laugh with them, cry with them, listen to their stories, understand them, and yes, love them.

I am indebted to my respected colleagues Thom Garfat, James Freeman, and Martin Stabrey for providing the necessary prodding and encouragement to put this collection together. Where would any of us be without people who care.

*Lorraine*

*Section 1*  
**Them**

# 1. Who put the CARE into Child Care?

*In the 1980s, the California Association of Child Care Workers, along with several local agencies, sponsored the first Child Care Workers' conference ever held in the Los Angeles area. I was one of the speakers and it was my task to support the development of a professional statewide association. The following is an edited transcript of my talk, which is the first article I ever published.*

What I'd like to do for my talk today is to look at our profession and our professional title. Professional titles are meant to tell you what somebody has expertise in. A lawyer has expertise in the law. A teacher has expertise in teaching. A physician has expertise in the physical body. Titles are meant to let people know what you're good at. So let's look at our title: "Child Care Worker".

That's *our* professional title, but only the middle word defines our area of expertise. Children will be children without us. The Child in the Child Care Worker is the Who. The Work is defined by your agency. They'll tell you what to do. They'll tell you when to show up and they'll tell you how many days you work. They tell you when you are off and when you're on, and what you're supposed to do when you're there. The work is defined by the agency. The *care* is defined by you. This is the area of expertise that gives meaning to our job title, because the *child* is there and the *work* is there, defined by others. But we are not *child workers*. It's a mistake to say that you're a child worker – or that you "work with kids". People who do a lot of different jobs work with kids. People who take kids swimming work with kids. We also sometimes take the kids swimming, but that's not what we get paid to do. We get paid to *care* for kids. We care for the kids while they're swimming. That's quite different. So, I'd like to look at what makes caring "*work*".

Usually caring is not seen as work. Caring is supposed to be a joyful experience. Caring is supposed to be something that happens and is often

associated with violin music playing. Caring is supposed to flow from us in times of elation. So why do we say that we do Child Care *Work*?

One of the reasons I am convinced that we're still not receiving professional recognition, and in some places we're still having trouble being recognised as even paraprofessionals, is that we're not doing a very good job of communicating the skill that's necessary to "*care*" for **our** kids. When you see these young people that we take care of, you don't automatically flow with love. And that's been one of the problems. People have thought that because they were children, that caring for them was something that just came to us. Well it doesn't just come to us. It's work, hard work. And that's why we're professionals. Because these are the type of kids that ordinarily, if I saw them playing in my backyard, I'd tell them to go play in their own yard. I wouldn't want them in my yard. I wouldn't particularly want them playing with my kids. So why do I give my life to taking care of them? Because that's my profession. That's what I chose. Also what you chose. So I think that one of the things we need to do to enhance ourselves professionally is to stop saying "I work with kids", and let people know that you *care* for very troubled youngsters whom nobody else will care for. If somebody else cared, they wouldn't be in your face. If somebody was willing to have them in their home, they'd be in their home. If Aunt Martha was willing to take them, they'd be with Aunt Martha. If they hadn't messed up in four foster homes, they would be in a foster home. These kids don't come easy to care for. That's why we have them. So let's look at our caring.

I went to my little desk dictionary and opened it up and found four definitions of "care". One was to handle with care. That's one of the things we get paid for. To handle these kids with care. Because the fact is that they're pretty broken up. I like to think of them as something like a treasure, and if you had something like this that's broken and damaged, you don't just toss it casually to someone and say "fix it". When something precious is broken and damaged, you carry it carefully, and you ask "Would you please fix this". Those are our kids. Our kids are all broken up. Someone has whacked them silly, either emotionally or physically or otherwise. And we are the ones who must handle them with care. They can look pretty good and sometimes it doesn't occur to you when you see them on the street corner that they need to be gently carried. In fact, sometimes they look like they need to be kicked across the street. That's why they get in so

much trouble, because they look like they need a good swift kick. But we know that they need to be carried, because they've already been kicked. Sometimes, of course, it takes three or four of us to carry them, but we do it, and we do it carefully.

The dictionary also said that caring means to like or regard. This is not easy. Give yourselves permission to find this hard. The defensive behaviours that our kids resort to are the very things that make our work *work*. They're defending themselves against a world that they expect will hurt them, and it takes a lot of work to look under that and see a child who needs to be cared for. The world can't see this because most people in the world don't work in our field. They don't know how to care, so they give them another kick, or they put them in jail, or they turn them over to the cops, and they don't see their brokenness and frailty. But we see, and we call them "honey", and that's care and liking. Another thing that makes it work is that our kids don't respond very well. Remember "caring" is when the violins are supposed to play, and then I start walking across this stage here and another person walks toward me and we meet in this warm embrace. We could run all day after our kids and never get a warm embrace. They don't come running toward us; they run away from us. Helen Perlman (Perlman, made an analogy in an article written for *Child Welfare* and I loved it. She talked about starving people in some place like Ethiopia and watched the way they dished out food to them. They don't hand those kids huge barrels of food because they're so hungry. They give them little cups of food because their stomachs are shrunken, and if you give them too much food, they'll get sick and die. They can't take it – not all at once. It's just like after you've been on a diet and you start eating a sundae and you maybe get a little nauseous, and you can't believe it yourself, that you can't finish the whole thing. "What's happened to my old self? I used to eat three of these and now I can't finish one". Helen Pearlman says that our kids are like this. They're *starved* for affection, and we come to their shrunken emotional selves and try to pour in huge doses of affection, and they can't take it. That's why they call us a "mother" after we've called them "honey". They can't take it – and it's not because there's anything wrong with them, but they're emotionally shrunken and we have to feed them with an eye dropper. A little pat on the back at a time, a little bit of hand-holding at a



time. It'll take years, though, before they come back to respond, and that again is why it's work.

## **Protection**

Another definition of caring is to provide protection. That's our job also. That's why we have people like Paul Smith<sup>1</sup> come to conferences like this to talk about the assaultive child. But how do you protect the child who's out to get you? It's kind of a funny thing, right? I mean, the child throws a chair across the room and it's aimed at your head, and if you weren't a child care worker, you'd think about protecting your own head. Instead, we think about how to protect the child against their own impulses, against their own violence, against their own tendencies to lash out at the world that they think hates them. It's an interesting concept, and it's one of the reasons why professional caring is very different from just good feelings.

We're supposed to keep our kids safe. That's also why we have a workshop here today about sex. We work with kids who have been brutalised sexually. They come to our place, and if we don't watch them in the shower, they're going to get brutalised again. If we don't watch them at night, somebody'll be in bed with them and hurt them again. We get paid to protect them. We get paid to make sure that they don't throw a chair at us, and that we don't throw a chair at them. And we get paid to make sure that they don't sleep with us and we don't sleep with them. And it's hard work, because normally people don't react to having a chair thrown at them by worrying about the person who's throwing the chair. The last thing the dictionary says is that when we care we watch over and worry about. Unfortunately, we always get told not to take our work home with us. Breathes there a mother who goes away on vacation and never gives a thought to her children? It can't be done. You might tell yourself, "I'm going to leave these kids and I'm not going to think about them all weekend". Never happens. We promise ourselves that we will not bring these kids home with us, but we can't escape it. Not because we get paid to work, but because we get paid to care. And when you care, you worry. So instead of telling yourself that you're not being good at your job because you can't shake it, remember that unfortunately, we bought into it. We

bought into caring, and when you care, you lose a little sleep; you lose a little food; you lose a little peace of mind.

All of these are what makes our profession *work*. So, give yourself permission to care and to call it “Child Care *Work*” because that’s what it is. We get paid to care, and unfortunately for our kids, they wouldn’t get cared for if we didn’t get paid. Especially the kids who are cast away and tossed aside because they have already bombed out with people who will take care of them for free.

## **Cost**

There is another aspect of the cost of caring. It costs to care either way: well, or poorly. If caring is done badly, it costs the recipient. If caring is done well, it costs the person who is caring. So, somebody in this little dyad has got to pay for this job. The best example for me is my car. What happens when you take your car in? You leave it there all day, you arrange for a ride, you call and make sure it’s done, you go to pick it up and it’s not done yet. You wait, and you pick it up and it’s still broken. It costs. It costs me for them to have loused up my car. It costs me a day of trouble, it costs me time, it costs me all that mess of going back and forth, it costs me money that I paid and didn’t get anything back for. When a job is done badly, the recipient pays. If the job is done well, it costs the person that’s doing the job, because you can’t do a job well and have a good time. If you do a job well, any job really, you have to work hard. You have to pay attention. You can’t make any mistakes. You have to sweat a little bit. So, the way we care for our kids is going to cost somebody. If we don’t care well enough, it’s going to cost the kids; and if we care well, it’s going to cost us. If we’re willing to slip shod around, come into the unit, drink a little coffee, hum a little music, put our feet up, every so often say, “Kids, stop that”, they’re going to pay, because they are not going to get cared for and they are not going to get better. If, however, I come to the unit and I decide I’m really going to care, my stomach knots up, sweat pours from my brow, and they make me cry and go to the bathroom to hide. I can’t think of what to do, I have to work longer because I have to stay even though my shift is up. So, if we’re going to be true professionals, we’re going to have to give up being careless and sloppy, and we’re going to have to accept that being a professional is going to cost us. The other thing is that when we love our

kids, it hurts us. Any of you who are parents or are married or are in love with somebody know that when somebody that you love hurts, you hurt. Think of the last time you planned to visit someone in the hospital. Think of the last time somebody fell down and got a boo-boo and you had to take them to the doctor, and they were crying, and all of a sudden, you hurt too. In child care, we don't have any kids that don't hurt. As soon as they stop hurting, we send them away. As soon as our kids stop hurting, they're better, treatment is over and away they go. We get in a new kid who hurts. And if we care, and they hurt, we hurt. Freud has used the word "empathy" which is a German word for feeling into or being one with. If you're going to feel into these kids who live with you, you're going to hurt. If you're going to be one with the kids who live with you, you're going to hurt.

So, ours is a profession that demands personal involvement. I can bake cookies without hurting. I can even fix my car without hurting. We can't care for these kids without hurting, and if we don't hurt, we don't care. So we have an emotional profession. Beyond getting paid to feel, however, we also get paid to act and to behave in certain kinds of ways. A good child care worker can't just walk around *feeling* all day. You have to be able to feel and to be one with, but if you can't put the kids to bed when it's time, you'll get fired. And if you can't anticipate which kid is going to hit you, you're liable to get hit, and fired too. For us to do our job, we have to act. We have to cook and clean and sew and do the beds and rock them when they're sick. And all of this for a few hundred a month! And one of the reasons that we get paid what we get paid is that we have not convinced people that what we're doing is work. It's not just "do-gooding". I would not do this on my own if I wasn't getting paid. And most of us wouldn't. And we have to get the word out. Because this is not something that comes naturally. This is a very hard, demanding job that demands all that we are and all that we have. But nobody is going to give us what we deserve until we convince them.

There are many ways to say "I care". Loving gestures, for example, being kind, being respectful. They all say "I care". Another way to say I care is to know what you're doing. The caring mother who learns how to be a mother. Professional development which is what the Child Care Worker Association is all about, demands that we move from defining caring as only a feeling, and add to that definition skilled ability and practice. That's a profession. We've already said that the job demands our feelings. We've

said that the job demands our action. It also demands our thinking. We have to do it well. We have to know what we're doing. Think about what needs to be done, and care about the way we do it. In many ways, we're still paying for the orphans, you know. We're paying for that time when there were lots of kids around who didn't have any parents, and what they needed was a roof and some food and some basic nurturing. But there aren't any of those left in our programs. We're still living with the stigma, however, that there are poor orphans in our place and we give them food and shelter and that's good enough. But it's not true. Our kids need a lot more than food and shelter, and if we're looking into the future, it's going to get worse. Money has dried up. People do not like institutions. People do not like placing children in institutions, and they will only place into child care agencies those kids who cannot be handled any other place, and they're going to get worse and worse. Think about the kids that are coming in now — the idea of feeding them and clothing them is so removed from their real needs that you don't even think about it. It's not where your energy goes. You don't think about their sneakers. You think about providing them with what they need, and they need care — professional care — and that demands of us our feelings, thoughts and actions.

No profession allows learning on the job. I don't want my doctor learning on the job! When I'm sick, I want her to have gone to school first. I want her to have gone through a residency. Then, maybe, I want her to touch my body. We have to move toward a professional reputation. We have to move toward education. We have to go to school. We have to visit other agencies and find out what child care is all about. We have to go to conferences like this one today. We have to combine our formal and informal education. Our kids deserve from us all that I expect from my doctor.

What do other professions do? Other professions combine education internships and experience. But in child care we give somebody a set of keys, point to the classroom or the unit, and say, "There they are". We also have to supplement our formal "book" learning by learning from the kids. When you're sick and you go to the doctor, and he says without even looking at you, "Ah, I see exactly what your problem is", how does he know? He doesn't. He only knows if I tell him where and how it hurts. I say, "It hurts me here, or here". Our kids tell us where it hurts and how it

hurts. We can learn how to take care of them by asking, “Where does it hurt?” and by listening and observing and seeing where they hurt.

We have people’s lives in our hands. We have to break away from the myth that too much learning and education interferes with caring. You know, when we hear people say that you can’t learn how to do this in school, and book learning doesn’t help, don’t believe it. It’s kind of like a mother who only cleans up vomit and never reads Dr Spock. Most good mothers clean up vomit and read Dr Spock. That’s us. We need to care and we need to do whatever is required to learn how to care better.

The other thing about caring has to do with doing whatever is necessary. When you care for kids, you do all that’s required. That means that you lock up at night to protect them. It means that you clean up after them. It means that you clean the house. It also means that you’re going to study, and you learn how to take care of the more disturbed. It’s easier to care, by the way, when you understand. If you go on a course, you’ll like the work better. I always like my kids better after going to a conference like this. When you hear about them, when you think about them, you like them better. Education and training will enhance your caring. You’ll like them better. So, there are at least three elements to professional caring: feeling, thinking, doing. Professional caring requires emotional involvement. It requires a willingness to act in whatever capacity is needed. And, it requires a willingness to study and learn, to constantly improve our skills. And this is hard work. To be a professional and involve all three dimensions of our self requires considerable dedication.

We have not communicated this; and because we have not communicated this, we allow agencies that employ us to employ child care workers for little pay, to employ child care workers who have no prior training — after all, they can learn it on the job — and to employ child care workers who may not have the brain power. It is up to us, it is our responsibility, to begin to communicate the kind of skill, knowledge and emotional maturity it takes to properly care for our kids.

In conclusion, I’d like to say that professional skill and knowledge is no longer a luxury. As I’ve said, there are no more sweet young things referred to your agencies. They’re all gone. The other thing is that the eyes of the community are on us. Everybody knows that. You can’t get insurance. We’re being watched. We’re being scrutinised. We can’t just diddlybop

around, acting however we feel like acting. We have to do what we do and do it well, and we have to communicate what we do and describe what we do to the community. They need to understand what it means to “care” for our children and teens. This kind of care requires ethics, integrity, morality, and all that which is governed by professional associations. Not just anybody can be a member of a professional association. The doctor with too many malpractice suits against him gets kicked out. A doctor who has never gone to medical school would never get into the professional association to begin with. I really believe that if we have only professional child care workers, we would have no institutional abuse. There just wouldn’t be any. If everybody who worked with our kids were professionals in their caring, there would be no institutional abuse. There would be no newspaper stories. There would be no hurt kids getting hurt again!

So let’s give up our low self-image. We talked about low self-image for the kids all the time. It must be contagious because I think we’ve caught it. When is the last time that a mother asked her doctor son, “So, when are you going to get a real job?” How many child care men have been asked by somebody, “You’re still working with those kids? Why don’t you get a real job?” We have to turn that around, and we can’t do it by saying “I work with kids” and we can’t do it by accepting myths like formal education isn’t necessary. We need to have a professional identity so that we feel good about what we are doing and so that people stop thinking that we’re different and apart from everybody else that has a job to do and does it well. So, let’s care. Let’s learn some things. Let’s join our professional organisations. Let’s begin to pay the price for caring and stop complaining, and let’s communicate the value of our kids and our work to the community. So “Who put the *care* in Child Care?” It’s not the kids; it’s not the agency. You did. We did. We put the *care* in Child Care.

## Note

<sup>1</sup> Paul A. Smith was a partner with me for 25 years in our consulting group, Professional Growth Facilitators, San Clemente, CA until he retired. He was the original author of a training curriculum: Professional Assault Response Training – PART.

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**Lorraine E. Fox, Ph.D., C.C.C.W.**

Lorraine walked into the world of child and youth care in September, 1964 and has been a direct service worker, supervisor, clinical director, Executive Director and Assistant Professor. She has trained and consulted in the United States, Australia, Canada, Guam, England, Scotland and Czechoslovakia.

In addition to her work with private service agencies, Lorraine was a contract instructor with the Human Services Department, University of California, Davis for thirty years. She was also a contract instructor with the San Diego State University Foundation. She has also enjoyed a long standing relationship with the California Community Colleges Foster and Kinship Care Education Programs.

Lorraine holds a doctorate in clinical psychology, a doctoral certificate in organizational development, a Certified Child Care Worker and was awarded the Outstanding Service Award for Excellence in Teaching by the UC-Davis. Lorraine has published numerous scholarly articles, has been a consulting editor for the *Journal of Child and Youth Care* and co-authored an internationally recognized training curriculum. She has also appeared on radio and television in the U.S., Canada and Australia.

This book is a must-read for professionals working with children and youth. An internationally-respected expert on children and their well-being, Dr. Fox tackles key issues for child and youth care workers, focusing on the need to always care with compassion.

**Michael J. Lawler, PhD**

President, Pacific Northwest University of Health Sciences

Lorraine Fox has been a lifelong champion for young people and families. Her writings have helped shape the work of Child and Youth Care practitioners around the world – from her classic *The Catastrophe of Compliance* to the more hidden gems in this book. Anyone who opens this book will find a wealth of practical guidance from one of the best in the field.

**James Freeman, MA, CYC-P**

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Readers of this collection are in for a professional treat. They will be privy to some of the most sophisticated and insightful writings about child and youth work there are. This collection provides the wisdom borne of years of experience with the core knowledge base of the field, providing the reader stimulating and valuable insights.

**Dr. Karen VanderVen**

Emeritus Professor, University of Pittsburgh

Early in my career Lorraine set me on a journey that had me rethink almost everything I thought I knew about Child and Youth Care. From learning to work with sexually abused youth, to understanding that to “Discipline is to Teach”, to getting my head around the “Catastrophe of Compliance”, I was the disciple at her feet.

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