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Love in social care: Necessary pre-requisite or blurring of boundaries

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Abstract

This article is a practice reflection on the theme of love in social care. It explores the personal qualities required for social care practice and the role of a social care worker in residential child care . A definition of love is provided, and comparisons are made between the concepts of love and compassion. Questions are raised about the the issue of boundaries in the professional helping relationship and the impact of defensive practice on children's emotional development. The article concludes that love and compassion are essentially the same thing, and that since compassion is a necessary pre-requisite for the work, love is, and always will be a the core of everything we do.

Keywords

Love, compassion, defensive practice, risk

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Is there any place for 'love' in the professional helping relationship? Or have we sanitised care to the point where there can no longer be an emotional component to our relationships with our clients?

I recently spoke to Fr Peter McVerry (Irish social justice campaigner) and asked him what skills and qualities a social care graduate should have. He said 'they should be angry, because anyone who cares about people should feel angry at how vulnerable people are treated in Irish society'. I took Fr. Mc Verry's comments to mean that graduates should have passion and compassion.

A child in care of the state is totally dependent on the staff. The relationship is intimate. Care staff will often know more about the child in their care than he knows about himself. When I work with children in care, I see myself as having two primary duties. The first is to help the children to become responsible independent adults. This is essentially a form of surrogate/foster parenting and just like ordinary parenting it doesn't require a degree in anything. It requires a strong commitment to meeting the children's needs (Smith, 2015). In a landmark text for anyone working with children, Kellmer Pringle (1996) identified the needs of children as being: Love and Security, Praise and Recognition, New Experiences and Responsibility. According to Kellmer Pringle, these needs are the cornerstones of any young person's emotional development.

The second duty is a bit more complex and it involves helping children to identify, understand and come to terms with the reasons why they are in care in the first place. This is a sort of quasi-counselling therapeutic care-worker role (Byrne, 2013) that does require training and education. Children come into care for a variety of reasons (Smith, 2015), but in many cases they have experienced some form of abuse, neglect or maltreatment. My job as a social care worker is to help those children to make sense of, and learn to live with their experience (in so far as possible).

In the last 35 years in Ireland, there have been countless investigations into historical institutional abuse of children in care (Fergusson & O'Reilly, 2001). Almost without exception, findings have recommended training of staff. The assumption being that qualified staff will improve care practice and reduce or eliminate the likelihood of child abuse.

There is no doubt that historically, the standard of residential child care practice in Ireland was inadequate, and it needed reform. The problem is that in our relentless pursuit of improvement and 'professional' child protection standards, we have arguably created a new form of abuse. We have forgotten that we are not just professional therapeutic social care workers with the rigid boundaries of a counsellor/psychotherapist. We are also surrogate parents, raising children who have the same emotional needs for love and intimacy as any other child.

I recently provided training to a group of foster carers. One of them told me that she was advised by a social worker not to bring her three year old foster child into her bed for 'child protection' reasons. Every Saturday morning the foster mother had breakfast in bed with her own small child and she now faced a dilemma. Was she to exclude the foster child and risk alienating him in the family? Or was she to cease the practice and accept that her own child would lose out on the love, nurturance and affection inherent in the Saturday morning ritual?

In my view, the social worker's advice is an example of the type of defensive practice that has become the dominant philosophy in Irish 'professional' social care, where physical contact between staff and children is frowned upon and where a child cannot snuggle into a staff member on the couch watching TV without there being a cushion between them. In Irish residential child care in 2016, a staff member can never be alone in the bedroom with a child unless the door is open, (as if child sexual abuse only happens in a bedroom) and care staff record endless reams of information about the children in their 'care', as if they were laboratory creatures under some kind of constant investigation.

I understand this type of defensive practice. It is a perfectly logical, thought process oriented response to the problem of child abuse. The logic is that if we never touch a child we can never physically or sexually abuse her or him. The question often asked about this type of care though, is whose needs does it meet? Is it the system protecting the children from abuse? Or is it the system protecting itself from the litigious consequences of abuse? (Fergusson & O'Reilly, 2001). Either way, the lack of emotional availability of the staff and consequent withdrawal of physical affection is arguably an abuse in itself. According to the Irish Department of Health and Children, neglect is defined as;

> an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care. (DOHC, 2011, p.8).

How can children have attachment to, or receive affection from their carers if they are not allowed to touch them? Similarly, how can children learn to trust others if they are taught that the potential for abuse must be at the forefront of their mind in every human encounter?

Professional social care practice (and child rearing generally) is about risk assessment and management. A child's independence can never be achieved without risk. It is true to say that if a person never crossed a road he would never be knocked down, but his experience would be so life limiting that it would be inconceivable. When children's only experience of emotional and physical intimacy has been abusive, the temptation is to protect them from all risk. The consequence, however, is that they never learn intimacy or physical contact

without abuse, and are less likely to be able to function in normal adult relationships. The challenge then for professionals in child protection, is to calculate and work with risk, not to try to eliminate it.

In Irish 'professional' social care, to feel love for a client is considered inappropriate. It is a blurring of an unwritten professional boundary that terrifies the conservative establishment. There is no doubt that any (particularly male) staff member claiming to feel love for a child in his care would send alarm bells ringing throughout their organisation. Such a claim would probably conjure up images of some kind of sordid or possibly even sexual dynamic in the relationship. The bizarre irony is that as Fr. Mc Verry explained, if you want to get a job in Irish social care, the one thing that you have to show is a sense of compassion for vulnerable people. The question then is; what is the difference between love and compassion?

Carl Rogers (1951, p.159) describes love in the therapeutic relationship as being '[d]eeply understood and deeply accepted'. He says that effective therapy is an emotional rather than an intellectual process and that in order for the client to learn to love himself he must first experience the love of another.

In a letter to his Bishops in 2005, Pope Benedict XVI states that in Greek philosophy there are three words to describe love. Eros reflects the sexual love between a man and woman (or presumably any intimate couple), Philia reflects the love of friendship and Agape is the spiritual love that is grounded and shaped by faith. Agape, or Christian charity is the principle that forms the foundation of almost every aspect of Catholic faith.

Benedict (2005, Section 31) also makes reference to love in the professional helping relationship when he states that for those working in Catholic charities:

> in addition to their necessary professional training, these charity workers need a 'formation of the heart': they need to be led to that encounter with God in Christ which awakens their love and opens their spirits to others. As a result, love of neighbour will no longer be for them a commandment imposed, so to speak, from without, but a consequence deriving from their faith, a faith which becomes active through love

It seems then, that there are different kinds and depths of love that are appropriate in different relationships. Love exists on a continuum from passionate affection (Eros) to faith based love/compassion and care for others (Agape). In that context it seems strange to me that to have compassion for a client in a professional helping relationship is a necessary pre-requisite for the work, but to feel love for a client is somehow a blurring of professional boundaries.

I do not differentiate between love and compassion. I regularly feel love for the children that I work with. It is not the same type of love that I feel for my own

children, but it is similar. I would never accept a standard of care for a young person in my care that I would not accept for my own child. I am under no illusion that the children that I work with are not mine, but they are no less deserving of a safe loving relationship in which they can grow and learn how to become functioning adults.

I once managed a residential children's home which was taking a referral from a secure facility. The child in question had broken €30,000 worth of windows in her previous placement. The staff did not stop her because she had a weapon in her hand and the consequence was that she received a conviction for criminal damage. I told her we had three rules, everything else was negotiable. They were:

1. No alcohol or drugs on site
2. No sex on site
3. Treat everybody and the property with respect

When she agreed to come and live with us, I said to her: 'there is just one more thing. You won't be breaking our windows. Not because I care about the windows, they can be replaced, but because I care about you, and I am not going to allow you to do things that are going to cause any more problems for you'. She came to live with us for seven months and never broke as much as a tea cup.

The first children's home I ever worked in used to teach the children to drive at the earliest opportunity. The thinking was that children in care are generally disadvantaged in life and driving is a skill that addresses that, by creating life opportunity. I remember teaching a twelve year old boy to drive in a field, and in an empty supermarket car park. By the time he was 14, he could drive more competently than some of the staff. I remember simulating power cuts so that we could make toast on an open fire and find our way around the house by candlelight. I have brought children hunting for rabbits in the middle of the night with sling shots (not guns). We climbed trees and mountains, swam in rivers and camped in fields.

I did not do any of those things because I have some kind of sinister motivation. I did them because the children had very hard lives, which were far more complicated than any child's life should be. I tried to create a window so that the children could look back as adults and have some memories from childhood that did not involve abuse, neglect, or maltreatment.

You could call that love or compassion, but to call it a blurring of professional boundaries is simply wrong. It is quite the opposite. It is holding the boundary in a complex relationship that is based on emotion, not intellect, and which cannot be clinically sanitised by rules, boundaries or regulations without losing the love

and security that Kellmer Pringle states is essential for normal childhood development.

In summary, passion and compassion are essential qualities for a social care worker. Our work with children in care is complex and it requires us to provide love and security to very troubled (and sometimes troublesome) children in the context of a safe 'professional' helping relationship.

It probably does not matter hugely whether we use the term love or compassion to describe what motivates us in our work. They are essentially the same thing anyway, and since you cannot have care without compassion, love and care are, and always will be, inextricably linked.

Wherever there are vulnerable people, there will be people who are willing to take advantage of them. That is a very sad and unfortunate reality of life. The job of a social care worker is to identify those people and protect clients/service users from them. However, when we practice defensively by focussing only on negativity and harm, we miss the opportunity for positivity and growth. Child protection is an absolutely essential component of professional social care, but there is no growth without risk. If child protection policy and practice is to be anything other than counterproductive, it must complement and support, rather than inhibit the relationships that are at the core of everything that we do.

About the author

John Byrne is a social care worker and lecturer in social care practice at the Waterford Institute of Technology in the ROI. He is also a practicing Humanistic/Integrative psychotherapist.

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