

Facilitating the Transition from Residential Care into the Foster Care, Families and into Community-Based Social Services. Changing Role of Families and Social Care Staff

C. Dragoi

Calin Dragoi

Pedagogue Gemeinnützige Schottener Reha - Germany

Motto: “It is better to build a child than to repair an adult”
(Cumnock, T. M., - Report: Residential Child Care – Arkansas Sheriffs’ Youth Ranches, Inc., 2007)

Abstract: The children and the care staff are central agents of change in residential care institutions. They have major contributions to helping children and adolescents negotiate the transition back into their families of origin, into a foster care family and the integration in some other specific community-based social services.

This article presents: (1) some results of the actual researches and studies concerning the transition from the centralized residential care to a decentralized, multifaceted community-based social care system; (2) changes in attitude and orientation of the social care staff and decisional staff that can facilitate the transition process; (3) expansion of the functions of child care workers to enable family issues to be addressed on the residential unit; (4) ways of helping adolescents engage in community activities while still in residential care; and (5) strategies for increasing the involvement of child care staff in discharge planning and implementing.

Keywords: Residential child care, foster care, (re)integration in the family of origins, professional-focused care policy, family – focused care system, increasing parental competencies

Residential care – a temporary state on the way back to the family and community

Although residential programs vary enormously in their size, organization, and theoretical orientation, what unites them is a common underlying principle: The essence of residential care lies in addressing the institutionalized children as disturbed children negotiate basic tasks of everyday life [1], [2], [3], [4]. This principle has a corollary that also is common to residential programs: child care workers, who have most of the responsibility for helping children, are central agents of change. “The child care worker is the ‘hub of the wheel’ of residential care.” [5]

In well-functioning residential care programs and institutions (care centers) child care staffs traditionally have served five sets of functions, four of them being “parental” in nature [6].

- Providing the formal structures. **First**, by providing the structure and benign discipline lacking in the lives of troubled adolescents, they seek to foster the acceptance of reasonable authority and the development of self-control that are essential to growing up in reasonably healthy ways [7].
- Offering safety. **Second**, they offer safe, dependable relationships with caretakers that have been sorely lacking in the lives of many children who have come for treatment because of the absence of secure attachments [8].
- Encouraging relationships and integration in different social nets. **Third**, in so far as the unit milieu resembles life in an extended family and throws adolescents into intimate contact with one another, child care staff has a wealth of opportunities to work with children on handling relationships with peers and siblings [9].
- Mastering skills of everyday living. **Finally**, like parents, educators and child care workers must help adolescents master skills of everyday living. They must constantly work on such basic issues as getting up in the morning and getting organized for the day; grooming and personal hygiene; eating appropriately; going to school, behaving decently there, and doing homework; handling chores; engaging in satisfying recreational and leisure pursuits; and getting to sleep
- Dealing with therapeutic issues. In addition to the kind of therapeutic work involved in accomplishing these “parenting tasks” with disturbed children, residential care also requires that child care staff deal directly with a host of specific therapeutic issues. The educators and the care staff also might have to work with psychotic youngsters, having sometimes paranoid ideation, with depressed children having difficulties getting

mobilized, and low self-esteem, with delinquents on their antisocial attitudes and behavior; with ADHD youngsters, with borderline adolescents having self-injurious behavior and volatile relationships, with anxious youngsters, with narcissists and so forth

What is required in order to help adolescents negotiate the transition into the community more effectively are not fundamental changes in any of these basic components of residential social care process but, to the contrary, what is needed is a broadening of the focus of unit work and an expansion of roles of the care staff, social workers and specialists (psychologists, pedagogues) involved.

This article explores some of ways in which staff attitudes and practices can be adapted to realize these ends.

Changes in attitude and orientation

Changes in attitude are critical in this process with regard to five issues. As will be seen, many are changes that must be made if short-term placement in a residential care center is to be successful, but most of them are equally applicable at some point in longer term programs.

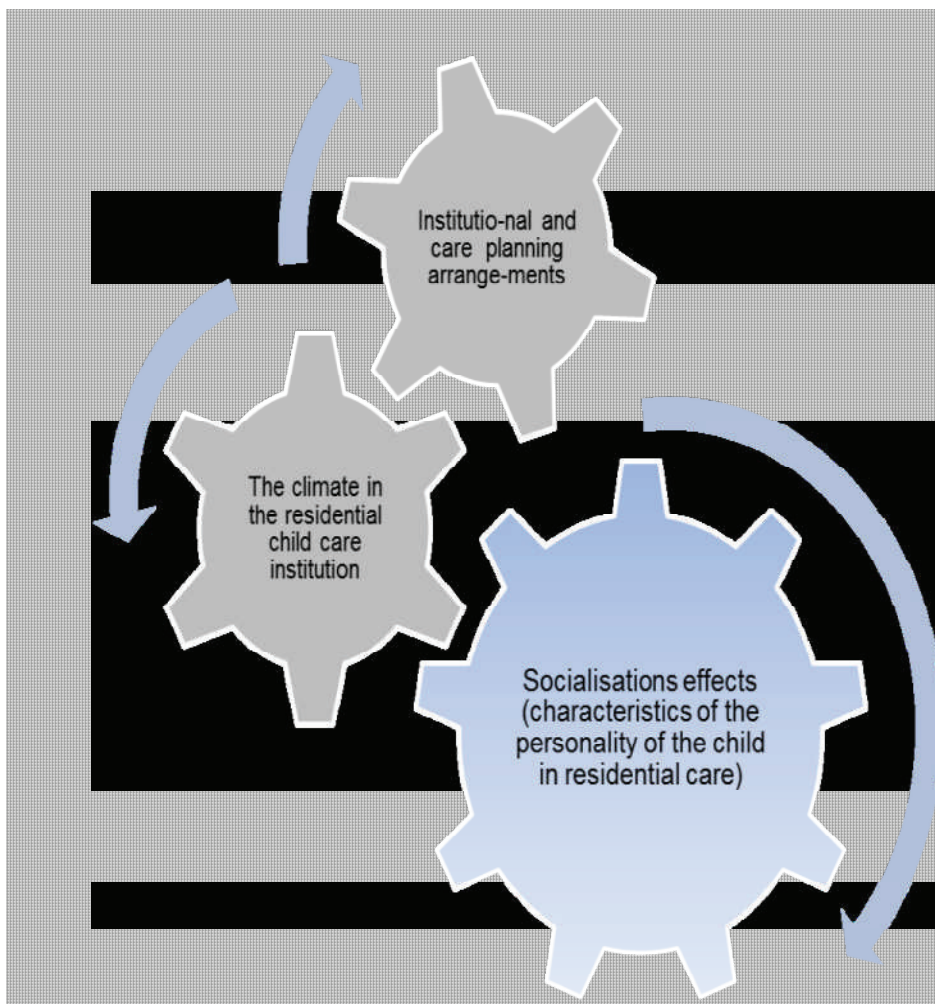
1. ***Focusing “outward” as well as “inward”***. In traditional long-term placement, the most salient issues are those related to life within the residence. Workers’ discussions with adolescents center on relationships with staff and peers, behavior on the unit, and managing tasks of daily living. Family issues and off-residence activities are usually secondary since returning to the community may be a long way off. To facilitate a later integration in the community and a return to the families, the educators and other categories of staff working in the residential care centers must also help the children and adolescents to understand and manage the conflicts with their families and to deal with the earlier, present and forthcoming experiences in the community.

2. ***Changing priorities in care process***. The perspective or the imminence of the return to the community affects not only the topics workers discuss with the children and adolescents, but the care process priorities as well. In most long-term institutionalization programs, for example, the frequency and length of family visits and off-grounds passes are often used as rewards for achieving particular statuses on the unit. Similarly, community activities are contingent largely on good behavior in the residential setting.

In contrast, if a youngster is to return to his family soon, such activities can no longer be treated as reinforcements for unit behavior.

To the contrary, they are an essential part of care process and may be required in some cases even when children are misbehaving.

Diagram 1 – *Model of socialisation of the children in residential care institutions.*



3. *Changes in the step of the care process.* In long-term placement in a specialized institution, it is possible to move at a leisurely pace. If time is short, respectively in short-term placement situations, family and community issues must be addressed quickly or critical work will be left undone.

4. *Caution versus risk:* In long-term placement, staff tend to be

protective because they are sensitive to adolescents' vulnerabilities. It is desirable to remain cautious about moving adolescents into the community, especially when you have doubts about their capacity to manage such challenges. The choice is often between giving youngsters experiences in the community at which they may fail or not allowing them these experiences at all and not being able to be of assistance to them in mastering needed skills. For example, if we send teenagers about whom we have doubts to a vocational workshop, they may have access to alcohol or drugs or even run away. Yet if we do not, they will have missed out a training that could serve them well when they return home. We have found that questionable youngsters responded better to new challenges than we anticipated. In any case, the latter errors are often the more costly

5. Attitudes toward "acting-out": It is crucially important to adopt a different attitude toward "acting-out" in the community and with families. In the past, we were concerned that, if given too much freedom or moved too quickly, our adolescents might misbehave. As we have challenged them more, they have, in fact, done so. It is better to have relapses around alcohol, involvement with problematic peers, or even antisocial behavior a month before the discharge from the institution than one day after it. If there is no possibility of failure, the adolescents may not be challenged enough.

Working with family – increasing parental competencies

Perhaps the most significant expansion in the roles of child care staff in the social (re)integration of the institutionalized children has to be in the work with families. The contacts with families have been in the past handled largely by social workers and educators working in the institutions, and have been considered as the main source of information for the family and as factors with a remarkable influence on the families. It seems that the responsible public authorities did accept the idea that the families usually need a more complex aid as offered till now, and that some other institutions, like the care offices (Social Care County Directorates) have to deal with family issues in every stage of the social care process.

Some examples of activities that might be initiated in the care centers to facilitate the reintegration of the children in their families of origin:

At the outset of the period in the institution, parents should be encouraged to meet the institution staff in order to be (re)assured that their children have been well cared for.

As long as their demands are not excessive, parents may call the institutions to express for instance concerns about how their children are settling into the residence.

The social workers and the educators working in the institution can also initially monitor phone calls to families. In part doing so it provides

adolescents with support, in part it can correct misimpressions, misimpressions mostly reinforced because of the skepticism of the media related to the quality of the educational work done in the care institution. It also helps the staff to get informed about family issues that may need to be brought into the care process. The goals of such work are to form “alliances” with parents at every level of the care process, alleviate their anxiety about entrusting their children to formal authorities, and begin active work on those problems by simultaneously learning about the family problems and controlling teenagers’ acting-out around them.

During the initial phase of the institutionalized care, the children and the adolescents can bring family issues into their work in the institution. For example, it could be expected from the institutionalized children and adolescents to produce and share a written “contract” from the very first month of the care period. The “contract” consists of a description of their strengths *and* those of their family, their problems *and* those of their families, and goals they have for themselves *and* their families during *and* after the period of time they estimated they have to remain in the institution. The contracts must first be processed with several care workers and some therapists and only after that to be discussed at length in a meeting attended by all staff and responsible persons belonging to the organizations and formal authorities supporting the care programs.

In addition, it can be required that the teenagers have each week at least three individual talks with the social workers on a care topic that the educators team assigns them. Most talks in the early stages of the care placement should be centered on unit issues (e.g., “*How can I get along with peers better?*”, “*How can I learn to trust staff more and be more open about my issues?*”, or “*How can I manage my anger and gain a higher status?*”). At least one talk in the first month should also deal with family issues (e.g., “*What are the most significant problems I need to work on with my parents?*”, “*Why am I always fighting with my mother?*”, or “*How can I have a positive visit next time?*”).

As child care staff begin to form with the children and adolescents a relationship based on confidence and respect in the initial and middle phases of the institutionalization, they may expand their work around family issues. Prior to visits and permissions to live in the institution with the families, the staff should help adolescents to anticipate problems and to plan activities. For instance visits are often divided in segments with intervening time during which parents and children can discuss with workers how the visits are going and how to handle emerging problems. In the week after visits staff can discuss with the children what went right, what went wrong, and how to address problems better on the next visit.

Diagram 2 - *Parent-professional in youth and children's care* [10]



ERROR: undefined

OFFENDING COMMAND: ;0-

STACK: