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"CHILD SOCIAL PROTECTION" RECODED. THE CARE DROP-OUTS.

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Abstract:*The report presents some challenging issues regarding the drop-out of social care of institutionalised children leaving the residential (specialised institutions) or non-residential (assisted loggings for instance) care system. The situation and the major difficulties of the children, teenagers and youngsters having to leave the formal social care system were not sufficiently investigated, mostly because of the huge heterogeneity of the individual social trajectories, because of the diversity of cultural, political, financial and subjective factors operating simultaneously and of numerous social actors not always acting converging. The "traditional" social care (that assures for the beneficiaries a certain specific "safety") finishes in some cases in the moment the young adult has to leave an institution and has to face the realities of the labour market. The assessments of the drop-outs (and sometimes also the official statistics) are only sporadic and with less relevance for an objective social cartography. The aim of the present study was to identify some of the most relevant risk factors and the most frequent scenarios associated with dropping out of contacts with community-based social care services and also to analyse some of the possible strategies in order to avoid the rapid deterioration of the status of the young people leaving the "safe formal care system".*

Key-words:*dropping out of social care, care drop-out, inappropriate terminations of contact with community-based services, episodes of social care, risk-scenarios, social child care recoded, risk factors*

Premises

Few studies have investigated factors which predict inappropriate terminations (drop-out) of contact with social care services.

The most common models and thinking patterns are based on the presumption that some dysfunctionalities must occur almost inevitably

- between the child expectations (desires) and those of the institution (formal care takers) and responsible bodies
- because of the age of the child (in many cases the social protection finishes abruptly at the moment the youngster reaches the age of 18); a further care will be, in the best cases, provided by another "authority" (institution, formal body).
- because of some "incompatibilities" at the level of the interaction child-institution (behavioural problems, recurrent conflicts with the staff, psychological major problems, etc.)

Coherent and relevant risk-factors analyses are rather occasionally but there are indications that some factors influencing the drop-outs and their negative consequences depend on structural elements of the care system itself – like the way the institutions are really functioning, the intra- and inter-institutional cooperation, a certain institutional opacity, some limitations of the staff competencies and practical skills (Diagram 1).

There are also some opinions considering that the passage from one care form to another – especially the transfer from the full-time assistance to a part-time social care – is not always sufficiently planned, designed and not carefully enough implemented.

Some youngsters having to leave the institutions are exposed to more risks than usually accepted. The most well-known and largely recognised drop-out scenarios are:

- the negative influence of some informal peer-groups (sometimes delinquents) - leading to an "undesirable and inacceptable behaviour"
- the insufficient incomes – leading to "desperate" search of a way to get an improvement of the financial situation (begging, stealing, borrowing, etc.)
- the pressure of the family – leading among others to overloading and daily stress
- the belonging to a gang – leading to aggression, over dimensioned self-confidence, unselective taking over of behavioural and axiological models
- the missing of a well-developed care-infrastructure, respectively of some adequate nets of therapeutic services and altogether of supporting (consulting) services for adolescents and young adults – leading for instance to insufficient specialised assistance for young people with disabilities.

This sort of scenarios are generally trusted (accepted), despite of the fact that they are constructed using certain common thinking "clichés" (like for instance "a family is better than any institution").

Methodology

In order to identify the target-groups and the characteristics of the scenarios associated with dropping out of contact with community-based social care services (SCS) we analysed the evolution of a two years' cohort of young people that leaved the child social care system (specialised care units and supported loggings) and the in between occurred "drop-outs" or non-integration situations (for instance school/ professional training/ job drop-out).

The study focused on the specific influence and impact of the most relevant risk-factors, identified at the level of the formal bodies (county care offices, institutions, schools), foster families and informal groups.

The aim was to identify some of the risk factors and care settings characteristics associated with the likelihood of dropping out of contact with local care services, so that the services involved can identify the appropriate measures necessary to reduce the inappropriate terminations.

"Episodes" of social care

A social care measure designed and progressing in a specialised institution and supported by professional staff, therapists, educators, psychologists and care takers should be considered as a "**safe social care episode**". The children, the adolescents or the young people are beneficiaries of a

- coherent structure (organisation) and of a
- professional pedagogical setting.

It is reasonable to assume that such an "episode of care" should usually end when an episode of "acute social care need" finishes, respectively when a person has reached a reasonable level of personal autonomy and independence and a large quantum of knowledge and practical skills making possible the own management of an independent life.

When those two end-points do not coincide, we have to face a possible situation of drop-out and we have to reconsider the decision of breaking-off the care measure and to decode the scenarios that might follow when by the end of a care period not all the "main problems" have been solved.

An "episode of care" can be defined as a time frame between an "intake" in a care institution and the time point of leaving (termination of contact with the community-based social protection services).

But we defined an "episode" as **an interval between the onset of a social care setting** because of a "problem" (behavioural, social-interactional, mental health problem etc..) **and the resolution(reasonable remission)** of the problem.

In the practice and in the traditional social pedagogy the interval (the extend) of an episode is commonly defined in terms of "age", "school end", "return to the family", "gaining independence and personal autonomy" and, despite

the generous perspectives promoted by the classical pedagogy is not intrinsically depending on the degree of solving the initial "problem" (or "problems"). And under these circumstances the most plausible scenario is based on a sooner or later recurrence ("relapse").
The over-dimensioning of some official components (like formal rules and laws, financial aspects and established customs) is in this context one of the risk-factors with a high impact on the future evolution of the child. The impact is commonly minimised or simply ignored, mostly in order the protect the existing structures.
Following these arguments, scenarios could be developed mostly by considering two kinds of terminations to care service:

- Appropriate terminations – those which occur when a reasonable "resolution" of the "identified problems" has taken place or in those cases when, for some reasons, the staff, the beneficiary (the child and/or the family) and the legal representatives, respectively the child care formal body (like the county social care office for instance) agree that the care measure should be stopped.
- Inappropriate terminations – those which occur when an obvious "resolution" is not identifiable or when an agreed termination did not take place. They are referred to, in this report, as "drop-out" cases.

Risk-factors influencing the drop-out:

- Socio-demographic factors – such as age, status and living situation[17] of the family of origins, etc.…
- Individual criteria - such as the personal satisfaction, the perception of its own situation and its own social status
- Group situations – such as the position in the institution and in the formal and/or informal groups (captatio benevolentiae, leadership, conflicts, isolation).

It is commonly accepted that over 40% of the drop-outs take place in the first year after leaving a care centre (a specialised institution). Despite the fact that this is even considered as a main indicator of a low quality of care, until now only a very few studies have investigated exhaustively these dropping outs of social care from an integrated community care service (which main aim is as a matter of fact to optimise the continuity of care) and even less studies have used a comprehensive catchment area case register to ascertain cases and to evaluate their patterns of care.

[17] Young, A.,Grusky,O., Jordan, D., et al - Routine outcome monitoring in a public mental health system: the impact of patients who leave care. Psychiatric Services, 2000, 51, 85-91.

Results

The following analysis is based on the risk-analysis diagrams[18] developed between 2013 and 2017 (see annexed diagrams,[19]).

- Only 19% of the investigated young people had inappropriate terminations of contact (drop-out) with the specialised social child care institutions (child care centres)
- The drop-out rates increase rapidly in the phase of transition to another care-form (social help for instance) – over 40%
- The transferring from residential care to part-time assisted units (day care centres for instance) or supported loggings implicates a scenario including a high risk of drop-out. The planning and the implementations of such "changes" are extremely important to prevent some "boomerang-effects" like resilience and stagnation in the general psychological, social and behavioural development.
- The opinion that the drop-outs are more likely in the case of the teenagers must be interpreted with caution. These two variables cannot be associated in the social care datasets.
- Our results show that there is a significant difference on the level of disability between young people that drop-out and young people remaining in contact with community-based care services.
- The young people which are less satisfied with the professional skills and behaviour of staff are also more likely to drop out of care. This also indicates the importance of interrelationships between the specific processes (as they are running in the daily life in a certain institution) and the outcomes of social care. The ideal assessment should be a rating from a beneficiary perspective. But this is rarely the case.

Limitations

- The report does not include follow-up details of young people that came after more than a year after leaving a care unit under the care of some other services or the young people that have been included in the evidence of formal county care offices in some other areas (counties) or of different NGOs.
- The self-assessment that had to be partially included in scoring the impact of certain risk factors might distort some of the results. The

[18] Calder, M. C., - *Risk in child protection. Assessment, challenges and frameworks for practice* – Jessica Kingsley Publishers, London, 2016, p. 47 – 56.
[19] Dragoi, C., - *An analytical approach for assessing risk factors in the implementation of childcare measures* in Protectia sociala a copilului, FICE Romania, Anul XVII nr. 2 – 3 (57) 2015, p. 3 - 11

subjective, individual perspective could not be omitted, especially because of the significant role in pre-decisional processes of dropping out.

- The generalisability may be limited. The study was conducted on a single site.

Conclusions

The traditional perspective of a child or an adolescent coming and remaining in an institution that seems to be "safe" for a relatively long-time ("safe social care"), especially because of cohorts of specialists and staff implementing various and competently designed "social protection measures" is obsolete.

The new care sets have to be more and more

- "flexible",
- less "residential",
- oriented toward the client (beneficiary),
- limited in time (short- and mid-time protection) and
- less expensive (e.g. involving less staff).

The care-scenarios became also more diversified and objective. Some of the beloved scenarios like "return into the family" or "integration (find a job) on the labour market" are less applicable (and credible) as before. The tendency is to elaborate scenarios

- individually
- focused on more realistic, respectively "modest", unpretentious goals (less generously formulated), that might have real chances to be reached
- based on a multitude of possible versions, including the "negative" ones.

The drop-out rate has been higher in the last years. In order to compensate this tendency, one of the possible action strategies consists of a stronger long-term intra- and inter-institutional cooperation. This is not only a desire but became in the last decades a necessity. It is imperiously necessary to develop not only new concepts but also an innovative vision, focused on the direct beneficiaries of the services provided by the existing community-based social care system.

Diagram 1 – The analysis of the impact of some risk factors at the level of the care institution

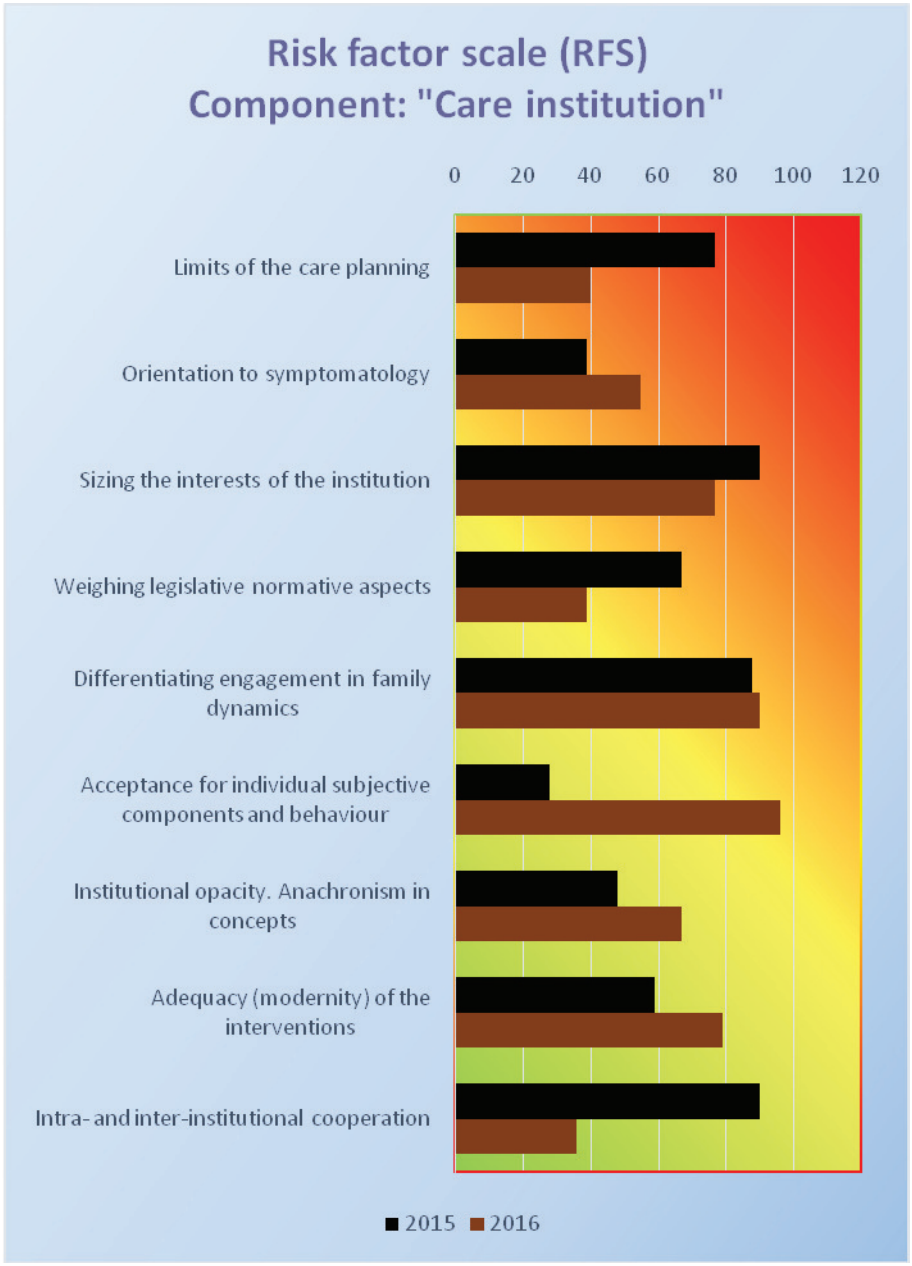

Diagram 2 – Identified risk factors to be taken into consideration previously to a changeover from residential care to foster care.