

Working in partnership with parents: the Triangular Connection

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Introduction

Modern residential care in Israel can trace its history back to the end of the Second World War. At that time, orphaned Jewish children were sent to Palestine for refuge, and as part of the building of a Jewish society in the future. There were also children who were not orphans, but were sent by their families. When the families arrived in Palestine, structures called caring communities were perceived as the ideal institutions in which to raise children. The caring communities took the place of the family, in many cases.

Though children were mostly orphaned in the past, this is no longer the case. However, some of the attitudes remain. In particular, it is suggested that paternalistic notions still persist in the caring communities. Children who are removed from 'broken' homes and placed in caring communities spend most of their days there. The caring community, out of good intentions, plays a major role in caring for the child. In general, however, the child's family is marginalised in the process, as they are viewed as not significantly important to the child's growth and well-being. As a result, there is a tendency towards paternalism on the part of the community towards the children and his or her parents. The message conveyed to the family is often thus: we (the caregivers) know better than you; we have greater experience in proper child-raising, and, essentially, we have taken over where you have failed. The family tends to accept this message, feeling both shameful and angry, and thus have a marginalised status. This message is not helped by the child care legislation in Israel. The regulations of the welfare bureau state the duty of the caring community to be in touch with the children's families and to update them on issues concerning their children. There is no law, however, that states the need to go through a working process or partnership with the families or parents.

The project at Meir Shfeya is unique in that it tries to create a different dialogue among the families, the caring community and the children. The family, the children and the community form the three sides of the 'Triangular Connection,' which provides the working model for the project. The underlying philosophy of the project is that for the child to undergo a major process of personal transformation, it is essential for the community to co-opt the child's family, hopefully facilitating a major transformation in them as well as in the children.

This article will describe work undertaken at Meir Shfeya youth village in Israel. Meir Shfeya youth village is a residential caring community for about 280 young people aged from 13 to 19 years. The young people live in the caring community from one to five years. These young people have left their homes (willingly or by court order) because of various kinds of on-going deprivation, distress and special needs in their home lives. The goal of the project is to ensure the partnership of parents in their children's developmental and educational processes as they live in the caring community. The project tries to dispel the perception of the families as failures, and the caring community as the omnipotent agent in the life of the child.

Theoretical basis for partnership

Thomas (1992) emphasised that the family is continually changing and developing. It is confronted with developmental roles and needs which get more complicated over time. The family as a group must cope with them. When, in addition to situations of on-going distress, the family copes with an adolescent, it searches for a solution that will help the family find a new balance. Ayalon (1984) said that the family tries to find balance by re-organising roles, making rules, and determining ways of communication. This is done in order to meet the needs of the family members. It must be recognised, however, that different members in the family might have different needs, and that these needs might conflict with each other. One solution to complicated situations may be the removal of the adolescent from his or her home in favour of a caring community. This solution might allow the family and adolescent to re-organise. At the same time, however, this is a solution characterised by segregation and might emphasise the rejection of the adolescent.

Minuchin (1974) points out that as the structure of the family changes, so do the attitudes of all its members. As a result, the fact of an adolescent leaving home creates an opportunity for change for the individual and for the family as a group.

Watslawick, Weakland & Fisch (1979) identify two different kinds of change. The first kind, sometimes known as first degree change, is that of 'more of the Same.' In this, the removal of the adolescent from his or her family acts as part of a tendency toward *rejection preservation*. The second kind, sometimes referred to as second degree change, means finding a way out of the cycle of the problem. This is done by acting differently, while facing the tension which exists between the persistence of old patterns and a change to new patterns. Persistence can be expressed in the continuation of the rejection. Change can be expressed by finding other ways to deal with the phenomenon of rejection, discovering its roots, and trying out different manners of behavior. All of these are examples of second degree change.

On this basis, the model of the 'Triangular Connection' was established. Its aim is to bring about a meaningful change in the family system as the adolescent leaves home to the caring community, as he or she stays there, and when it is time for him or her to return home. It attempts to make the act of leaving home a catalyst for a process of second degree change for both the family as a whole as well as for the adolescent as an individual. For that, the family needs to go through a process of change, and not only the adolescent.

The Triangular Connection model consists of the following three dimensions.

1. **Parent** groups supervised by social workers
2. Shared activities for parents and **children** such as workshops, trips and meals
3. Opening the **community** to more organised and involved participation on the part of parents

In addition to this, there is an on-going dialogue between parents and caretakers concerning each child.

The Triangular Connection interventions

1. Parent groups

The target population is the parents. Berger (1986) said that parents sometimes face extreme inner conflict in relation to their children. Issues around adolescence are particularly acute, and are often accompanied by clashes and struggles. The parent group helps the parents to cope with questions of conflict which they face.

This group endows its participants with a feeling of belonging. Often, group members have been heard to state, 'I'm not the only one having so much trouble with my boy or girl; I'm not so different.' In addition, there is a parallel process between the small group (i.e. the family itself) where the root problems exist and the larger group (the parents' intervention group) in which the problems are discussed. For this reason the group can be used to observe and test out new ways of feeling, thinking and acting in holding and supporting circumstances.

Another goal of the group is to foster the understanding that growing up and adolescence is a process that takes time. As their children grow, the parents are encouraged to take responsibility and not allow the adolescents to rush into adulthood prematurely (Winnicot, 1986), despite the tendency of adolescents to push in that direction.

In the group meetings it is essential to discuss the ways in which parents cope with stressful events, the interpretations they give to these events, and the connection of such events to their further coping and adaptation. (Novik & Kromer-Nevo, 1993).

In addition, the parents themselves must go through a process of growth that will allow them to define their expectations of themselves as people and parents. Parents who experience difficulty in nurturing and caring for their adolescent, can experience nurturing and caring for themselves in the group, and thus learn and process new experiences and skills. This can be seen as another goal of the parent groups. The group gives the parents support, strength and hope and also provides a social bond to renew trust in the community (Shalom & Tal, 1999).

When organising the parent groups, a definite distinction is made between parents of the younger students (ages 13- 16) and those of the older students (ages 17- 19). The rationale in making this distinction lies in the different questions and dilemmas that each group faces. The parents of the younger group have to deal with the fact of their children's removal from their homes and absorption into the caring community. Many of the themes relevant to this group deal with the beginning of adolescence. The parents of the older group deal with issues concerning the process of leaving the community and returning home, going out into adult life and the start of their children's independence.

The parent group meetings are held once a month. The meeting place is always the same. The duration of the group meeting is 90 minutes. The supervisor of the group is a social worker who works with the children of the parents in the group. The group meeting is held in the context of an entire day including activities with the children and the staff. The meetings are usually held as open, supervised discussions among the participants, with guidance being provided by the social worker. There is a basic group contract about ways of communication and confidentiality between the participants themselves, and between them and the supervisor. The group meetings are seen as special events for the parents, and they are facilitated in such a way as to help the parents get to know each other and share their difficulties and dilemmas. As they open up, they can gain perspective on different processes like separation and individuation so that they can both appreciate the positive aspects of their relationships as well as share the painful ones.

2. Shared activities - parents and children

The target population here consists of parents and children together. The setting varies, as the activities are held at different times and in different venues. They are held immediately following the parent group meetings, and are linked to holidays and events such as the beginning and culmination of the school year. The programmes are led by the community's educational staff and last for a whole day. Typical activities include arts and crafts workshops, games, sports and hikes. Transport and lodging are provided to facilitate parental participation. The goal of the activities is the structured and combined interaction between the child and his or her parents within the context of the entire parent-child group. Thus

a model is offered to the participants for quality, content-filled time together, which may then be applied in the future in an unstructured context.

3. Opening the community to the parents

Gradually and in moderation, the community has begun opening itself up to the parents. In light of the situations which often precede the relocation of children to the caring community, there can be a tendency to view the community as the dominant caretaker of its adolescent inhabitants. The fact that the community is responsible for round-the-clock care and education of the children, and has tended to operate with minimal participation on the part of the parents contributes to the perpetuation of this view. The parents are often regarded as neglectful, uncaring and even incompetent caregivers. In addition, the community takes as its responsibility and mission the care and education of the adolescents. Unchecked, this approach is liable to lead toward a closed loop in which the patronage of community becomes all-encompassing, with the parents being pushed aside. This situation may then lead to regression on the part of the parents due to their perceived 'incompetence' as caregivers. The fundamental change that we are trying to bring about is the establishment of a partnership between the community and parents.

Conclusion

The contribution of the Meir Shfeya project is significant; a dialogue is established between family and community in which both parties are viewed as equal partners in the child's upbringing. This dialogue sets a model for the children, who gain the most from it. There exists a significant process of confidence-building between all three sides of the triangle i.e. parents, children, and the community.

It is essential to remember that the adolescents at Meir Shfeya already have homes and a family. A supreme effort must be made to maintain good working relationships with the families. Parents must be seen as invaluable assets to the process of rehabilitating their children. The underlying value of the project lies in providing opportunities to forge a partnership between the three sides of the triangle. Promoting an open dialogue between the staff, children and parents and the appreciation of the importance of such dialogue allows Meir Shfeya to offer a unique service to its young people.

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