

Creating stimulating environments for young people in residential care: The Israeli youth village 'ecological' model

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Abstract

In many industrialised countries, the use of residential education and care for children and youth at risk has decreased over recent years (Knorth & Van de Ploeg, 1994). There are many reasons for this, however, some are certainly related to the negative stigma attached today to any kind of institutionalised setting. Such programmes are now considered in many European countries as a last resort used only when all other interventions have failed. In addition, the ever-increasing cost of treating a child in a residential care therapeutic programme is encouraging policy makers to look for less expensive solutions, even though their effectiveness has not always been proven (Grupper, 2002).

Keywords

Stimulating environments, residential care, ecological model

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Introduction

In many industrialised countries, the use of residential education and care for children and youth at risk has decreased over recent years (Knorth & Van de Ploeg, 1994). There are many reasons for this, however, some are certainly related to the negative stigma attached today to any kind of institutionalised setting. Such programmes are now considered in many European countries as a last resort used only when all other interventions have failed. In addition, the ever-increasing cost of treating a child in a residential care therapeutic programme is encouraging policy makers to look for less expensive solutions, even though their effectiveness has not always been proven (Grupper, 2002).

These preliminary comments are important because in Israel, although residential care is decreasing, it is still used for approximately one in ten of young people aged 12 to 18 years old. These young people come from a wide range of cultural and social backgrounds.

Facts and figures about residential care in Israel

The number of children and young people in residential education and care institutions in Israel is higher than in any other country. The exact statistics vary from one period to another. The general features, however, have not changed significantly since the creation of the state of Israel in 1948.

In the age group 3-18, 67,240 children and youth, representing four percent of the overall population of children, are placed in one of the 586 different residential programmes. Gottesman (1994), in a survey of 22 member countries of the *Federation internationale de Communauts Educatives* (FICE), found that no other country had such a high proportion of children in residential care. In the UK, for example, it goes up to two per cent (Kahan, 1994); in Hungary it is less than one per cent (Domvsky, 1991); and in Finland it is 0.5 per cent (Kemppainen, 1991).

Most placements in residential care affect children and young people aged between 12 and 18. In the 1980s, 20 per cent of this age group was placed in residential care (Adiel, 1980). It fell to 14 per cent in the 1990s and the latest statistics show that it has fallen further to nine per cent (Children in Israel, 2003). Although the use of residential care has decreased, a significant proportion of Israeli youth are placed in residential education and care, two-thirds of which are religious establishments. Let us look at the figures that give the overall composition of the residential field in Israel:

Table 1. Israeli children and adolescents in residential care and education (excluding disabled children placed in residential care)

<i>Type of residential programme</i>	<i>Number of establishments</i>	<i>Number of children in care</i>
<i>Non-religious residential education and care</i>		
Youth villages	68	15,800
Youth groups in kibbutz	47	1,800
Children's homes	57	3,600
Military and maritime schools	6	800
Residential schools focused on sports	3	650

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Residential schools focused on arts or other specific educational tracks	10	1,000
<i>Religious residential education and care</i>		
Religious youth villages	28	7,400
Youth groups in religious kibbutz	6	180
Religious children's homes	18	1,850
High school "yeshiva" for boys	158	14,900
High school "ulpana" for girls	46	7,360
Religious residential schools with specific educational tracks	43	7,000
<i>Other kinds of residential programmes</i>		
Youth protection residential programmes	32	850
Residential programmes with special education schools	32	2,550
Family home units	32	1,500
Total	586	67,240

(Children in Israel, 2003)

The reasons for high demand for residential education in Israel

The vast majority (85 per cent) of children and young people are placed in 'education-oriented' residential schools. The 'youth village' is a residential education and care model which is neither a rehabilitation centre nor a boarding school. Rather, it attempts to serve both populations together in an integrated setting, by creating a stimulating environment that can empower each young person. In this kind of residential school, there is a tendency to bridge the gap and find appropriate educational and rehabilitative solutions for a large range of young people:

- new immigrants who are in the midst of their cross-cultural transition process;
- children and youth who are in need because of family and social problems;
- young people who need a second chance after having failed in mainstream schooling;
- some who need rehabilitation for emotional and behavioural crises;
- those who are looking for a specific type of education that fits the group care concepts of the youth village model.

Arieli, Kashti and Shlasky (1983) provide another way to define this model, and the fact that young people are living in school is another way to look at the empowering potential of such educative settings.

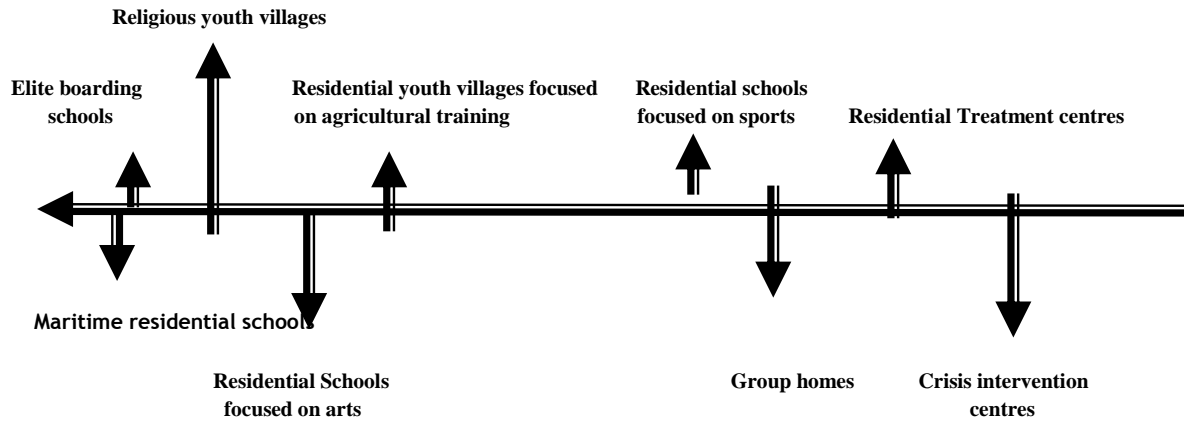
In many countries, there are two distinct kinds of residential education and care settings for children and young people. One pattern for residential care is focused on the rehabilitation needs of populations of children and young people who are considered as being in high-risk situations. Examples of such situations include: dropping out of or excluded from mainstream schools, delinquent youth, children and young people with problematic family backgrounds or children with severe emotional problems. Another pattern of residential education is provided by those schools which take in 'elite' groups of children and young people, such as 'public schools' in the UK (Kahan, 1994). These are prestigious educational institutions with well-defined programmes, aiming at maintaining the predominance of elite groups in society (Weinberg, 1967; Lambert, 1975). There are examples of such boarding schools in many countries. These include maritime schools, military schools, preparatory programmes for prestigious higher education establishments and religious boarding schools. The two different patterns make use of the structural features of residential programmes that can offer a structured and relatively closed environment, with a good potential to rehabilitate and empower children and young people (Arieli & Kashty, 1976; Eisikovits, 1995(a); Kashti, 2000).

The issue of expense, however, and the focus on rehabilitation in the family and community has lessened the popularity of the former pattern of care. Kahan (1994) describes the difficulties that even the most prestigious public schools are having in recruiting pupils.

The situation in Israel is that the residential education and the care network are less stigmatised. Residential schools are perceived as a normative and legitimate educative alternative. All partners involved - practitioners, policy makers, administrators, children

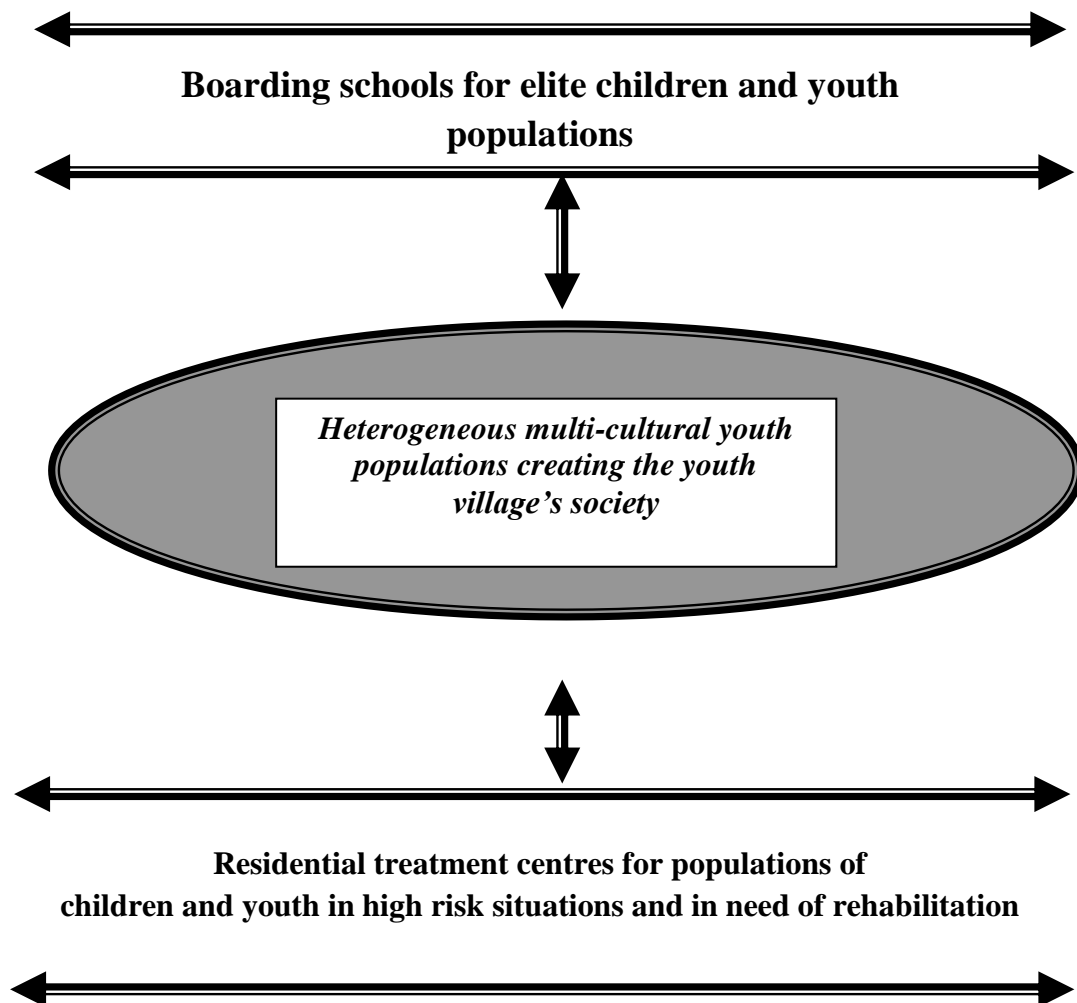
and parents - perceive the whole range of residential alternatives as one continuum. The elite boarding schools lie on one end and the residential crisis intervention centres on the other end of the spectrum. The range of other residential models lies in between. This means that there is a greater possibility of children and young people moving between the different types of residential models along the continuum

The Continuum of Residential Education & Care Models



The Israeli youth village model

The prototype of the leading Israeli residential education institution is the youth village model. It was created as part of the resettling of the land and gathering Jewish people from all over the world to create an Israeli society. Like many other revolutionary movements (Bronfenbrenner, 1970), the Zionist movement largely used group care methods in order to educate youth towards its new social challenges. The kibbutz movement that represented a new way of voluntarily chosen community life, in many respects provided the model for the creation of youth villages, based on shared living of youth and adults in a small and integrated educative community (Eden, 1952; Jones and Fowles, 1984).



The main feature of this model is based on the ecological theory formulated by Bronfenbrenner (1979). He claims that the development of a child is not influenced merely by those interactions with which he or she is directly confronted on a daily basis - the 'micro-system'. Important influences can also be attributed to interventions of people acting at the level of the 'meso-system' and 'exo-system', and even more so for interventions that can occur at the 'macro-system' level. According to this conceptual framework, Israeli residential education and care settings are organized in a relatively

large network that allows each and every one of them to have large margins of autonomy for action. On the other hand, this model also enables them to set general educational orientations and apply policy changes across the whole network, whenever they are needed.

In order to be more explicit, let us take an example of a policy change that is occurring just now, namely, increasing parents' involvement in their child's education while they are living in a residential school, or in a more specialized residential care programme.

For many years, residential staff tried to minimize children's contact with their families. It is now accepted that this approach is wrong and harmful. Therefore, decision makers, researchers, scholars, and people in the media, *all acting at the macro-system level*, have shaped public opinion and workers' attitudes towards accepting this new way of interacting with parents. Programme planners and policy-makers, staff training programmes, supervisors, and programme directors, *all acting on the meso-systems and exo-systems*, are developing concrete programmes that can be applied by direct care staff in their *daily work at the micro-system level*. Consequently, parents are now invited to share activities with their children. Examples include dynamic joint child-parent workshops run on a weekly basis, inviting parents to prepare a meal for the whole group of children where their own child is living, participating in joint children-parents summer camps, having 'family days' in the residential school several times a year and inviting parents to celebrate festivities in the residential school, from their child's own birthday to celebration of national festivities.

All these activities, although not all originally initiated by local staff or directors, are succeeding in the creation of a completely different 'ecological environment' for children in these kinds of residential education and care settings.

Creating a sense of belonging to a community

Young people and adults living together can create a united community. This, in a way, puts into action the concept of quality residential care being defined as 'Living together as a profession' (Jones, Courtioux, Kalcher, Steinhauer, Tuggener and Waldijk, 1986). In such a community, the prevailing atmosphere is of a group of people having common goals in living together, which is instrumental in avoiding the negative effects of the 'total institution' (Goffman, 1961).

The fact that young people are living together and are supervised 24 hours a day in a well-designed environment is a very powerful stimulation for achieving behavioral changes among children and young people. However, these behavioral changes are achieved through endless discussions and open negotiations between young people and staff members and by modelling of the staff, not by authoritative discipline. This implies that the relationships between youth and adults are symmetric, rather than the kind of relationship developed in programmes operating under the 'medical model' (Eisikovits, 1983).

In order to enable every member of the community to feel at ease, the community is based on pluralistic and multicultural values. The youth population is composed of many

new immigrants coming from very different cultural backgrounds. Some examples of countries are Ethiopia, the former Soviet Union and Latin America. Other young people are Israeli born but come from peripheral areas and from families who are, culturally speaking, at the periphery of society. Therefore, creating a sense of 'belonging' (Brendtro, Brokenleg and Van Bockern, 1990) in such a community is possible only if staff members apply a true and genuine cultural pluralism. This is possible only if the prevailing atmosphere emphasises the importance of every individual finding his or her place in such a community. It also implies staff members' commitment to the mission statement: 'No child left behind'.

As an example, we can present the integration of Ethiopian youth in such communities. Many of these young people came to Israel without their parents and the youth villages were practically their first home in Israel. In order to give them the feeling that they are fully accepted in the community, and enable them to feel the sense of 'belonging', some of their cultural traditions have been incorporated by the community as a whole, such as celebrating holidays like the 'Segd' celebration, unknown to Jewish society until the arrival of Ethiopians in Israel (Grupper, 1999a).

Primacy of 'education' over 'treatment'

The Israeli residential model is based on the principle of normalisation. This means that a young person has to have the feeling of being in a 'normal' educational setting. This implies that a normative school is a central part in the residential programme and that the educational success of every child is a primary target of the whole staff. This is not easily achieved. Diverse support systems, both during school hours and also in the afternoon and evening, are used to help children experience success in their studies. Although the school is part of the 'normal' secondary school system (and not part of the 'special education' school system), it has to develop special tracks, special methods and train its teaching staff in order to be able to deal with all kind of students, and enable them to experience success.

This kind of orientation requires that in the everyday decision-making process, educational considerations are given priority over therapeutic considerations. Although the children often have special emotional needs and the interventions of social workers, psychologists or even psychiatrists are focused on these individual needs, they should not interfere with the overall atmosphere which deliberately stresses educational considerations.

Empowerment of children and staff as a major challenge

In order to realise the ambitious challenges presented here, every activity has to highlight, in itself, a message of empowerment. It means that the staff members make every effort possible to ensure that children should experience success in any kind of activity they are involved with. It does not include only scholastic achievements in school, but also activities like sports, artistic endeavours and others. Special importance is attached to involving youth in self-governance activities in the various aspects of the residential school's daily life.

Empowerment of youth is also gained through their active enrolment in leadership activities through which they are experiencing responsibility, and also the rewards of having successfully accomplished different kinds of social activity. This includes volunteer work in neighbouring communities through the active involvement of youth in activities such as helping elderly people, coaching young children, and performing in ceremonies and festivities of the larger community. These diverse activities build the positive self-image of young people and can also have an important impact on reducing negative stigma, and even creating a positive public opinion towards members of the youth community.

Involving difficult and undisciplined young people in these kinds of activities is not an easy task. However, it can be realised successfully if youth are given the opportunity to feel an atmosphere which enables a genuine 'moratorium' (Erikson, 1955). We discovered its enormous potential to become a 'fostering moratorium' for young people living in residential schools (Grupper & Eisikovits, 1993).

The residential staff

Residential direct care workers and the training they require is a long debated issue among practitioners and researchers alike (Jones et al., 1986; Grupper, 1992; Gottesmann, 1988). In many European countries, a real professionalisation process has occurred, with France taking the lead in the 1960s. A survey on this issue, undertaken by FICE in 1986, resulted in *The Social Pedagogue in Europe: Living with Others as a Profession* (Jones et al., 1986). The title of this report presents both the problems of this specific task, and the particular way that the professionalisation process was taken forward. Living together with others as a profession means that there is a way to look at everyday activities - nutrition, healthcare, emotional attention, educational support - in a skilled way, not just by using intuition and common sense. The challenge is to educate residential workers to be 'reflective practitioners' (Schon, 1983). On the other hand, there is a contrasting tendency of seeing such care activities as resembling 'parental care', which does not require professional training.

The point that the most needy children receive services from the most poorly trained workers, who live with them for long and intensive hours in unstructured periods of time has been highlighted frequently (Grupper, 1999b). Gottesman (1987) went as far as saying that residential direct care workers were 'The tragic heroes of residential education and care...' (p 48). Currently, most countries have moved from the para-professional model towards diverse patterns of training for direct care workers, either in pre-service-training in universities or specialised schools such as the German Fachhochschule, or by systematic on-the-job training. The main model locates such workers as a general practitioner who has a holistic responsibility towards children under his or her care and for whom he or she serves as the 'case manager'. In Israel, large efforts have been made to provide training programmes for residential workers, most of them involving on-the-job training. Several University Colleges such as Beit-Berl have opened specific academic tracks enabling graduates to take a Bachelor's Degree in Youth Work. Having said this, there is still no legal requirement for employers to recruit trained people only. However, workforce statistics concerning residential direct care workers show that more than 50 per cent of

new workers now have a university diploma in one of the human science disciplines. Policy makers and directors of schools are working together in order to find ways to empower residential staff and supply them with competencies and skills that will help them do the job with their residents in a successful way.

It has to be said that while professionalisation of residential care staff has brought about many positive effects, it has increased dramatically the cost of maintaining a child in residential education or care institutions. This has resulted in a significant decrease in the number of placements available in many western countries because of financial constraints. In Israel, therefore, there has been a careful analysis of the situation in order to find the right balance between developing staff members' professionalism while maintaining the cost of residential care at a reasonable level (Grupper, 2002).

New trends in residential education and care

Residential institutions are bound to modify themselves according to broader social changes. This is true everywhere and also in Israel. The main changes occurring nowadays in the Israeli residential network are focused in three areas.

Higher priority to academic achievements

Major efforts have been made in order to guarantee youth in care optimal opportunities to achieve educational success, as this is a key element in providing better opportunities for them as adults.

Involving parents in their children's lives

It is now recognized that parents, even the most vulnerable among them, should be treated as full partners in their children's education and care (Buhler-Niederberger, 1999). This is not always easy to achieve in residential establishments that used to operate as closed systems. Today, however, due to the importance attached to the family, there is a major effort for residential staff to incorporate this policy change into everyday life for children in their care.

Better collaboration with neighbouring communities

Most residential youth villages were established in rural and isolated areas, and the nearby community did not play any role in their functioning. Currently, distances are smaller and the concept of building community services has become a major component of educational and social services. Instead of looking at community-based and residential programmes in opposition to each other, the new approach looks for ways to conceive them both as complementary services. New collaborations between residential institutions and communities are gradually being developed. These include the development of new models such as half-way houses and extended day programmes that take care of the child without having to separate him or her completely from the family and the original environment in the community.

Conclusion

The residential education and care network in Israel was, and still is, a very important social instrument for successfully coping with complex educational and social challenges. Residential programmes have proved to be highly instrumental in achieving the successful social integration of immigrant youth (Eisikovits and Beck, 1990; Grupper, 1994). They have also proved to be an important asset in reintegrating disconnected youth in high risk situations. Community life, where shared living between young people and their educators is taking place, creates clear opportunities for developing young people's sense of 'belonging', first to the small peer-group, later to the youth community, and, hopefully, it will lead to the development of an adult who feels a sense of belonging and positive connection to family, community, and society at large.

Such educational challenges cannot be achieved by establishments which have the characteristics of Goffman's 'total institution' (Barnes, 1991; Goffman, 1961). Let us hope that in the future, the residential education and care network will continue to have public support and sufficient resources in order to empower new generations of young people. Residential programmes should not be seen as the 'last resort' but, on the contrary, the preferred option for those who need it and wish to take advantage of it.

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