

## **STRUGGLE FOR INTEGRITY IN RESIDENTIAL CHILDREN’S HOMES: PROFESSIONAL SELF-ESTEEM AND ORGANIZATIONAL DEVELOPMENT — PRACTICAL EXPERIENCES FROM HUNGARY**

**Zsolt B. Major**

**Abstract:** This article presents an organizational development process — a therapeutic residential care model known as “Armchair” — that is based on qualitative experiences gained by the author in 10 years of practice, and that draws upon theories from child and youth care (CYC) and organizational psychology. The ideas described here have been implemented in several children’s homes in Hungary. Based on the premise that CYC is an autonomous applied science, the paper describes briefly the theoretical principles created from everyday practice in Hungary. It examines similarities between this model and the Cornell CARE model from the United States in relation to such aspects as the basic needs of children in residential care and the long-term orientation to building practice methods within agencies. A practical approach with a system-oriented perspective developed in Hungary for implementing the principles is presented. This includes a Plan-Do-Check-Act cycle model-quality assurance system designed to meet the needs of children, and furnishes an example of how information technology software can support the daily job of employees in terms of administrative and supportive activities. The article discusses weaknesses, threats, or challenges that can occur during implementation and threaten the program’s aims of helping both children and staff. This analysis uncovers the underlying role and importance of positive identity and self-esteem among staff, with a strong focus on personal and professional integrity. In conclusion, findings are presented that indicate some possible solutions for the problems discussed, comparing these qualitative results to previous quantitative evidence found in research studies measuring the effectiveness of the CARE model, and drawing some commonalities from the two approaches.

**Keywords:** child and youth care (CYC), therapeutic residential care (TRC), organizational development in TRC, professional identity in CYC, bridging theory and practice

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Child and youth care (CYC) has struggled to be identified as its own unique science and profession for some time (Anglin, 1999). There has also been much debate both within and beyond CYC as to whether residential care can be an appropriate solution for children temporarily placed out of their biological families (FICE, 1985). Many authors have examined these questions and some of them have concluded that perhaps residential care has more drawbacks than advantages. For example, Ryan and his colleagues raised questions about the use of group homes for victims of physical abuse and neglect (Ryan, Marshall, Herz, & Hernandez, 2008), while Whittaker (2000) has summarized the arguments that have been made for and against residential care over a 30-year period. In describing why attempts to eliminate residential care have not been successful, Anglin (2013) offers an image of the child welfare system as an iceberg whose tip is residential care; if the tip were to be removed, the iceberg would simply rise up until a balance was re-established. This article takes the position that since residential care exists and will continue to exist, our task as CYC professionals is to determine how it can work in the best interests of children and help them to live their own lives well in the future (Whittaker et al., 2016).

Anglin has several times discussed the uniqueness of the CYC profession, which has developed knowledge, methods, and perspectives that are different from other professions like social work, education, and psychology (Anglin, 1999, 2014). This article seeks to supplement his arguments with an important additional dimension. Following Bourdieu's (2004) investigation into the sciences as separate *fields of forces*, we can assert that CYC has its own field of force. In Bourdieu's terminology, the evidence for this is the clearly observable "entering tax" that must be paid by everyone who starts work in CYC. As workers in CYC, we can understand the concept of the entering tax easily if we think about our beginner times: we were faced with types of children's behavioral problems that we had never met before. We had to pay the tax by starting to develop a totally new point of view and approach, learning new knowledge and skills to handle the difficult situations that can arise. In line with Anglin's thoughts, we need to recognize that CYC is one of the more complex sciences (Anglin, 2014). While having its own knowledge base, it also needs to create and apply a unique alloy of other sciences. In residential care, we have to mix in principles from education, social pedagogy, special pedagogy, and psychology, and at the same time add the social work point of view focusing on social aspects with an individual therapeutic approach. Through this process we are creating a new gestalt and a holistic applied science.

This paper's presentation of an organizational development process implemented in several children's homes in Hungary — the therapeutic residential care (TRC) model named "Armchair" — and findings from implementing that model, are aimed at increasing the rank and acceptance of CYC, partly by bridging theories and practice. In accordance with Whittaker's appeal and suggestions (Whittaker, 2017), this paper outlines one possible way that residential care can be done well, and gives examples of good practice in applying theoretical principles to everyday situations. It also marks further steps researchers could use to reinforce this process by designing and carrying out research that looks for academic evidence of the effectiveness of TRC.

### ***A Hungarian TRC Model for Residential CYC Practice: “Armchair or Armrest?”***

In 1997 in Hungary there was a reform of residential placement in CYC: small “familial” group homes replaced the impersonal big institutions. Few studies have been done, but the number of group homes began increasing at that time. The story of the model being presented here began in January 2003, when the author found himself “accidentally” in front of twelve teenage girls with serious behavioral problems in a residential group home. I had no idea what to do with them. My studies as a psychologist were almost completely useless in that situation. I had studied nothing practical about child care and neither had my colleagues. They did what they could from instinct. Even today Hungarian universities do not have enough professors experienced in actual practice, and there are few available practical guidelines in this area. There was even less in Hungary in those earlier years.

Although I had not learned practical methodology during my student years, I was lucky with my teachers and supervisors, because they taught me that I must not give up even in situations that seem inexplicable at first sight. So I started to observe what solutions were available and why they worked, “by instinct”, and I looked for logical explanations behind the surface behavior. My aim was to help my colleagues who struggled with the same problems, as that seemed to me to be part of my job as a psychologist. I believe this even more deeply today.

Now I am familiar with a larger part of the international, English-language professional literature of residential care, and I know that several different professional models exist concerning treatment processes. One of the summarizing papers, for example, is James’ (2011) article, “What works in group care? — A structured review of treatment models for group homes and residential care”. This recent holistic paper of working models and approaches is in Whittaker, del Valle, and Holmes’ (2015) book, *Therapeutic residential care for children and youth: Developing evidence-based international practice*. I have become more familiar recently with models such as Holden’s (2009) CARE model and Anglin’s (2002) framework for well-functioning group homes. I will refer to these in more detail below.

But I did not know about these when I was faced with the problem of how to help the girls. I had to analyze what was observable, and create a solution on the basis of my previous knowledge. It was clear from the first minute that I could not be a “Don Quixote” as a psychologist: I could not help the children on my own. Such a task requires team work. My work was supported by evidence coming from the children about their situation: they referred to themselves many times as *intézetis* (in effect, “institutionalized waifs”). This term often has negative connotations, but if we look deeper we find the key to the solution: the children know very well that they are living in an institution and they react to the effect of the whole home. This fact is represented in the name I chose for the model I developed: “Armchair or Armrest?”. I wanted to express in the name of the model that we must take care to look at the whole system. When we look at an armchair, we see a holistic picture, not a collection of components. We have to understand and respond to children’s needs at an organizational level too (Major, Mészáros, & Tatárné, 2008). My aim first of all was

to help the helpers in their daily work with children placed in residential care by drawing on appropriate theoretical principles in an easy-to-understand, practical way.

Over the past 15 years, I have recognized sadly that CYC is an undervalued area everywhere in the world: our social and economic systems give little respect or value to this work. Gilligan (in his foreword to Whittaker et al., 2015) makes the point that despite the bad reputation and bad press, society does need residential treatment for some children and youth, and, therefore, we have to continue our research into TRC to find out what types of problems can be addressed by it, and in what cases it can be the appropriate solution.

Following on from the recommendations of Whittaker et al. (2015) to collect and share valid and useful knowledge, models, and methods of TRC, I present my model and the findings to date on its effectiveness. I also make recommendations, hoping to contribute to future research and model-building, and to inspire and support professionals in their jobs, for the sake of the children's well-being.

### ***Theoretical Principles: International Parallels***

Once I had an argument with an academic professor about the basic needs of children in residential care. He did not want to accept my assumption that deep behind the surface of a child's problem behaviours, every child who is in the situation of having been taken away from his or her biological family has shared, core needs. The disagreement was about children with different socioecological backgrounds. My firm position that core needs exist was still mostly an unproven belief. So, it was a reassuring surprise when I discovered TRC models from the United States and Canada, and recognized significant similarities with my thoughts and beliefs. I am referring specifically to the Children and Residential Experiences (CARE) program model, developed in the United States by Martha Holden (2009) and her colleagues at Cornell University, utilizing some of James Anglin's framework for responding to children's psychoemotional pain and pain-based behavior, and for "creating well-functioning residential care" (Anglin, 2004, 2013).

While my focus on these two frameworks for understanding out-of-home-care is selective, and does not encompass the full range of TRC models that exist internationally, I believe they offer a set of core principles that are based upon strong research and that may be of wide cross-cultural relevance.

### ***Trauma-Informed Professionalism and the Core Needs of Children***

I find that a helpful way of analyzing and responding to children's needs is to ask, "Why? What? How?" As the first step — before doing anything else — we have to look behind the surface and understand *why* our children in residential care often display such problematic behaviors. For this, we have to look deep behind the symptoms observable by our eyes, as the origins of the behaviors will often be found in the past; in most cases, in early childhood. If we can capture the deep structure of the situations we face, it will help lead us to an understanding of *what* we should do in the present. We thereby become better able to implement and transform this knowledge into

the methodology of daily practice, both at the individual and organizational levels; thus we can find out *how* to make the residential service more effective and “well-functioning” (Major et al., 2008). This approach seems to align with the findings of Anglin and Holden as indicated earlier. Anglin (1999) has mentioned that the realities children face have not traditionally been seen, nor have their voices been adequately heard. Holden and many more authors use the “trauma-informed” expression as a core principle of the TRC system (Holden, Anglin, Nunno, & Izzo, 2015; Murphy, Moore, Redd, & Malm, 2017). A trauma-informed therapeutic approach means that we have to analyze the reasons behind the children’s behavioral problems, and we have to establish our treatment and care processes based on this knowledge.

In the Armchair model the starting point is the recognition of the common core dimension in the situations of children living in out-of-home care. This dimension is the powerlessness of a “victim position” (Major & Mészáros, 2017). Verena Kast (2014) lucidly describes what it means to be a victim. She has stated that at some point every person finds him- or herself in a victim position (e.g., having a bicycle or pocketbook stolen, being robbed, being fired from a job). It is easy to see that children in residential care, living away from home, are all in a victim position, even if they are not being abused physically, emotionally, or sexually. Drawing on Kast’s statement, Major and Mészáros (2017) described the psychological consequences of powerlessness in a victimized person. People in such situations miss the satisfaction of such basic needs as feeling secure, in control, competent, and joyful. In residential care, children (a) do not feel safe in their problematic circumstances; (b) have lost control because they did not want to leave their families (even if they asked to be placed in residential care, that is not what they really wanted as their destiny); (c) feel they were not able to solve the situation; and (d) lose the ability to be happy due to the resulting distress and angst (angst and joy are on the same continuum, but at opposite ends; it is impossible to feel both at once).

This analysis answers the “what” question, about what we would have to provide to meet the needs of children in the present circumstances. But it is far from answering the question of “how” to implement this in our daily practice. In order to find some possible answers, we have to define in a practical way what these needs really mean. Briefly:

- Feeling secure means, “I do not have to defend myself” and “My environment’s (re)actions are stable and predictable.”
- Control means, “I do have rights and I have opportunities to make decisions for myself.”
- Competency means, “I am able to solve situations and to create things.”
- Joy means, “I am able to be happy, at least for moments or in certain activities.”

If we were successful in making this transformation in children’s lives, it would be because we have found simple ways to satisfy these needs in the present. Everyone feels safe in him- or herself when listened to with empathic attention (even without any answer). We feel in control, to some degree, when we can make decisions even in the simplest everyday situations, such as

choosing pasta or soup for dinner, choosing what to play on a weekend afternoon, and so on (Major & Mészáros, 2017). The Armchair model works with this dynamism, as does the CARE model (Holden, 2009).

### ***Long Term Approach: A Specialty of CYC***

The outcomes of residential care are difficult to assess due to its inherent complexities, and few rigorous studies, such as that of Havlicek and Courtney (2016), have been undertaken of its long-term effects. This situation has affected the reputation and scientific status of residential care.

In Hungary, unfortunately, up to this time there is no academic-level longitudinal research that has measured the effectiveness of residential care services. There are many anecdotal accounts of young people making important life changes in the years after leaving residential care; however, it is not possible to demonstrate a causal effect without more rigorous research (Courtney & Hook, 2017). While important evidence is emerging now (inter alia: Berridge et al., 2016; Clark, Smith, & Uota, 2013; Farmer, Murray, Burns, Ballentine, & Rauktis, 2017; Glisson & Green, 2011; Glisson, Green, & Williams, 2012; Glisson & Hemmelgarn, 1998; Holden et al., 2015; Holden et al., 2010; Izzo et al., 2016; Nunno, Smith, Martin, & Butcher, 2017), we need to keep building upon qualitative analyses and practice wisdom. CYC work depends upon staff who have qualities of patience and tolerance, who take a relational approach with a sense of professionalism and pride in their important roles despite inevitable failures. Part of the uniqueness of CYC is its deep belief in the worth of every young person along with a commitment to offering quality professional support (Major & Mészáros, 2017; Major et al., 2008).

### ***Meeting Core Needs of Children at the Organizational Level***

In order to offer quality care, we need to pay close attention to the organizational climate and culture. There is no formal research available comparing residential settings internationally on corporate dimensions, such as corporate culture, the complexity of coordinating work processes, and interorganizational communication. I will refer to my own personal observations in Hungary and my impressions from relevant literature.

Glisson and colleagues' perceptive works and their findings about the corporate climate and its effects on positive outcomes in TRC are a useful source of information (Glisson & Green, 2011; Glisson et al., 2012; Glisson & Hemmelgarn, 1998). These authors have demonstrated convincingly in a number of studies that the organizational climate influences outcomes, and in particular that a positive climate leads to more positive outcomes, more satisfaction of staff with their jobs, and more commitment to the organization from staff (Glisson et al., 2012). However, Glisson and Green (2011) also indicated that there is a need for further research about understanding how aspects of the organizational climate link to specific outcomes.

Glisson and Hemmelgarn's (1998) findings suggest that increasing the interorganizational service coordination will not show a correlation with positive outcomes. In the following section, I present a possible way to coordinate the professional activities of a residential system with

attention to staff's needs and a focus on corporate climate. The description will emphasize Hungarian experiences, as it is those with which I am most familiar.

### ***Goals and Processes: The Plan-Do-Check-Act Quality Assurance System***

After a presentation on this topic at the FICE Vienna conference in 2016, one man came up to me from the audience and said, "Finally a model which presents not just 'what' to do, but offers concrete examples too about 'how' to implement the principles." This appears to be a need not only in Hungary, but in CYC around the world.

Children in residential care have core needs that have gone unfulfilled. In accordance with these needs, the Armchair model summarizes those activities that can meet the needs or best interests of children at an organizational level in a transparent manner. This model offers a practical guide for implementing activities in daily practice, with particular attention to the climate of the agency (Major et al., 2008).

One of the main needs of children is "feeling safe". As they react to the climate of the whole system, there is a need for the professional processes in the organization to try to build a sense of security. Implementing the principles of "safety science" in residential care settings seems to be a possible good pathway, as some professionals have already suggested (Aven, 2014; Cull, Rzepnicki, O'Day, & Epstein, 2013).

The Armchair model uses the Plan-Do-Check-Act (PDCA) model of organizational process development, as presented in papers by Raluca and Adriana (2015) and Ning and Hu (2013). The steps when using this approach are: (a) create a *plan* — a clearly structured description of the main professional activities and processes; (b) offer technical methods for how to *do* the professional activities and processes; (c) put in regular *check* points to monitor whether they are working in an appropriate way; and (d) always be ready to *act* with a development intervention if needed. In order to implement a TRC model that follows these steps, it was recognized that the use of computer technology would be required.

Given the longer-term nature of our ultimate goals with children, we need to separate the goals from the activities that will guide the organizational approach to achieving the goals. The list of activities can then be defined and structured so that they are able to satisfy one or more unmet needs. How they can be carried out in an appropriate way can also be defined (along with the type of documentation and a schedule of check-in times). A core feature of the model is its flexibility. The number of topics and involved processes is expandable in every moment according to the assessments of professionals (staff and management). The use of the system includes its continuous and sustainable development.

***7<sup>th</sup> of March 2018, Wednesday***

<b>COLLEAGUE:</b>				
STARTING TIME OF WORKING.:				
<i>House in appropriate condition – YES / NO, signature:</i>				
ENDING TIME OF WORKING:				
<i>Unusual episode WAS / WAS NOT, signature:</i>				

<b>TO DO'S</b>	<b>Done / signature</b>

<u>CHILDREN</u>	<u>Medic.</u>	<u>OUT time</u>	<u>BACK time</u>	<u>WHERE?</u>	<u>LEARNING ACTIVITY</u>	<u>HOBBY ACTIVITY</u>	<u>Keep in touch with family</u>
<i>Jane Sample</i>		14:00	15:30	Classmate	History: Greeks in the 1st century English: grammar practice	Hip-hop dance	
							  
<i>Richard Model</i>		15:00	18:00	Football	NO	Football	
							  
<i>Sylvia Template</i>		13:00	14:00	Shopping	Math: geometry Biology: gender of humans	NO	
		14:30	16:00	Mother			   
<i>etc.</i>							
							  
							
							  
							
							  

**EPISODES:**

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Figure 1. Sample of logbook developed for quality assurance system.

<b>II/2 LEARNING AT HOME</b>					
<i>CONTENT OF QUALITY CRITERIA</i>	<i>QUALITY CRITERIA</i>	<i>DOCUMENT</i>	<i>TIMING OF ADMINISTRATION</i>	<i>TIMING OF CONTROL</i>	<i>POSSIBILITIES FOR DEVELOPMENT</i>
Lack of learning occasion	0	Log-book of children's house	daily	every 3 months	✓ Team meeting out of turn ✓ Increase the help of special pedagogists
Rate of children who participated	80%				
<b>III/1 HOBBY ACTIVITY FOR CHILDREN</b>					
<i>CONTENT OF QUALITY CRITERIA</i>	<i>QUALITY CRITERIA</i>	<i>DOCUMENT</i>	<i>TIMING OF ADMINISTRATION</i>	<i>TIMING OF CONTROL</i>	<i>POSSIBILITIES FOR DEVELOPMENT</i>
Number of hobby-activities per child per day	Min. 1	Log-book of children's house	daily	every 3 months	Increasing the presence of volunteers

Figure 2. Sample of analytical description of organizational activities.

<b>QUALITY MANAGEMENT CONTROL REPORT</b>					
<b>Date:</b> 2018. 01. 15. <b>Place:</b> _____ <b>Quality system registry number:</b> 2017/IV/2					
<b>Controlled activities:</b>					
<i>ACT.</i>	<i>QUALITY CONTENT</i>	<i>CRITERIA</i>	<i>VALUE</i>	<i>REASON OF DISCREPANCY/DEVIATION, TO DO'S AS DEVELOPMENT</i>	
				<i>OK?</i>	
<b>II/2.</b>	Lack of learning occasions	0	0	OK	Not necessary
	Rate of part. children	80	60	no	<b>Reason:</b> Desertion of children <b>To do:</b> Modify the motivation system of the house!
<b>III/1.</b>	Hobby-activities per child per day (on average)	1	0,74	no	<b>Reason:</b> ∞ Desertion of children ∞ Lack of time from the part of colleagues <b>To do:</b> ∞ find out, survey the interest of children ∞ increase the range of possible hobby activities ∞ provide more possibility inside of the house ∞ look for volunteers from university
<b>Etc...</b>					
<i>Signatures:</i>					
.....					

Figure 3. Sample of quality management monitor meeting report.

In practice, this means that the realization of the professional activities is documented in the logbook of the group in a “user-friendly” way. Staff usually only need to mark keywords into a dedicated place in a prestructured logbook (see Figure 1). This means there is no need for more effort from the staff than is absolutely necessary. Moreover, during the check-in procedure in a team meeting, the staff members of a group home or residence can, when necessary, look for developmental activities together. Examples for the administrative working process of the system are also shown below (see Figures 2 and 3).

The PDCA-based quality assurance system is able to efficiently support residential children’s homes in being ready to address challenges, even those still unknown, and to realize the vision of a “learning organization” as recommended in some CYC studies and articles (Claiborne, Auerbach, Lawrence, & Schudrich, 2013; McPheat & Butler, 2013).

The dynamic structure of the system integrates the core principles as mentioned in the cited TRC models. The list of involved corporate activities includes, for example:

- team meetings for staff,
- involving children as expert partners in their treatment meetings with the staff,
- maintaining contact with the family,
- organizing family days, and
- engaging in public relations with the wider environment; for instance, by organizing an “open day” inviting school teachers, neighbors, classmates, and so on.

The list can be enlarged at any time, and the dynamism of using the system automatically ensures that it will avoid becoming too rigid.

As an example, the system can be configured to fit the core principles of the CARE model: developmentally focused, family-involved, relationship-based, competence-centered, trauma-informed, and ecologically oriented (Holden et al., 2010). It can also be configured to fit Anglin’s three dimensions of group-home work: basic psychosocial processes, interactional dynamics, and the levels of group-home operation (Anglin, 2004).

Overall, experience to date indicates that implementation of this system has created a clear, transparent, and sustainable framework. It is easy for the staff to use and, due to its working procedures, it can contribute to the positive climate of the home. Unfortunately, there is still no evidence-based research in Hungary to confirm the efficiency and efficacy of the model, but there are many similarities and parallels with other researched quality assurance models (e.g., Ahn, Hartzel, Carter, & Reiman, 2016; Farmer et al., 2017; Holden et al., 2010; Izzo et al., 2016; Williams & Glisson, 2014). Such further research is recommended. Qualitative findings coming from observation and staff feedback will be presented in the following parts of the article.

Before we explore these findings, the question of how the Armchair model is employed needs to be addressed. The system encompasses the administration and transparent operation of all professional activities in the residence. In addition, in Hungary we are developing further systems, based when possible on information technology (IT), to support everyday processes in group homes, such as the system presented in the next section. In accordance with the findings of Williams and Glisson (2014) with regard to the supportive effects of good system administration, a multidisciplinary team created original software to support the administration of the model. Our aim was to increase the level of safety by providing exact information and by saving time formerly spent in manual calculation.

### ***Resource Management: IT-Based Support for Staff in their Everyday Activities***

When I decided to be a psychologist, my intention was to contribute to other people's jobs by supporting them in their activities. This was also my approach during the period when I worked as vice-director of a children's home. On my first day of work as leader, I was horrified by how many working hours staff spent on administration instead of in professional work with the residents. One of the most time-consuming activities was logging the monthly working hours of colleagues, and then summarizing them following labyrinthine rules, all by hand. The children's home comprised several group homes, each of which submitted a monthly report that took them at least three hours to prepare. My own part of this process, summarizing the administrative reports from the group homes, required about three working days a month. I realized that much of this time could otherwise have gone to more important activities. I decided then to design a solution for automating both the logging of hours and the calculating. It took 5 years to go from idea to working system, but finally this has been successfully accomplished. Now colleagues in all the children's homes of Budapest use the developed software.

Our aim was to create a system that would not take excessive time and energy, and would generate summary reports automatically. The tasks were to:

- increase the efficiency of communication and data-retrieval;
- decrease errors of calculation; and,
- reduce deviation from regulations (e.g., instances of inappropriate use of time).

Our multidisciplinary team worked on the software development with continuous consideration of future users' feedback and suggestions. Some selected colleagues regularly tested the completed modules of the program and shared their experiences as we worked towards a user-friendly design and functionality.

The result is a custom-designed web-based software for group homes. It provides almost all of the necessary information for planning and summarizing a schedule of working hours, including an automatic alert in case of deviation from the regulations. We hope use of the software will contribute to and support the achievement of the quality assurance system's goals, aligning with the earlier described methodology (see Figure 4).

E L S Ő Z Ő	nevelő			csoportvezető nevelő			gyermekfelügyelő			gyermekvédelmi asszisztens			
	Heti óra: 40.00	<b>Beoszt.:</b> 32.00	"Admin"- idő: 8 óra	Heti óra: 40.00	<b>Beoszt.:</b> 27.00	"Admin"- idő: 13 óra	Heti óra: 40.00	<b>Beoszt.:</b> 40.00	"Admin"- idő: 0 óra	Heti óra: 40.00	<b>Beoszt.:</b> 40.00	"Admin"- idő: 0 óra	
	Átlag napi 6 óra 24perc			Átlag napi 5 óra 24perc			Átlag napi 8 óra 0perc			Átlag napi 8 óra 0perc			
	Áth: 13.60	Sz óra: 0.00 Sz nap: 0.00	ÉBP: 0.00	Áth: 3.00	Sz óra: 27.00 Sz nap: 5.00	ÉBP: 0.00	Áth: 2.00	Sz óra: 24.00 Sz nap: 3.00	ÉBP: 0.00	Áth: 0.00	Sz óra: 0.00 Sz nap: 0.00	ÉBP: 0.00	
	Beosztandó: 140.80	Bsz: 0.00 Bá: 0.00	<b>DMP:</b> 64.00	Beosztandó: 118.80	Bsz: 0.00 Bá: 0.00	<b>DMP:</b> 48.00	Beosztandó: 176.00	Bsz: 0.00 Bá: 0.00	<b>DMP:</b> 16.00	Beosztandó: 176.00	Bsz: 0.00 Bá: 0.00	<b>DMP:</b> 19.00	
	Beosztott: 142.00	P: 9/9 IGL: 0	<b>ÉMP:</b> 30.00	Beosztott: 135.00	P: 9/9 IGL: 0	<b>ÉMP:</b> 20.00	Beosztott: 181.00	P: 9/9 IGL: 0	<b>ÉMP:</b> 98.00	Beosztott: 178.00	P: 9/9 IGL: 0	<b>ÉMP:</b> 109.00	
	Ledolg: 142.00	Plussz: 14.80	Túl: 14	Ledolg: 108.00	Plussz: 19.20	Túl: 19	Ledolg: 157.00	Plussz: 7.00	Túl: 1	Ledolg: 178.00	Plussz: 2.00	Túl: 2	
	V 03. 01.	P			P						20:00 - 08:00		
	H 03. 02.	13:00 - 19:00			P			08:00 - 20:00					
	K 03. 03.	P			13:00 - 20:00			P			08:00 - 15:00		
Sze 03. 04.	13:00 - 20:00			P			20:00 - 08:00			P			
Cs 03. 05.	08:00 - 12:00			08:00 - 12:00			20:00 - 08:00			08:00 - 19:00			
P 03. 06.	08:00 - 20:00			P			10:00 - 16:00			20:00 - 08:00			
Szo 03. 07.	08:00 - 20:00									Nincs meg a minimum 8 óra pihenő idő! Egy munkanapon nem osztható be 12 óránál többre!			
V 03. 08.	P			08:00 - 20:00			20:00 - 08:00						

Figure 4. Illustration of software interface. The text is in Hungarian. Each of the four wide columns represents one care worker's details and hours worked. Red indicates an error, and the pop-up message provides details about it.

The use of the software has led to the saving of an estimated three working hours per group home per month (compared with an assumed expert use of MS Excel, as a “semi-professional” IT support for calculating). In Budapest alone there are about 150 group homes, so at least 450 hours, or about 56 working days, are saved each month. This is a significant quantity of time from the point of view of management and service delivery; moreover, the availability of additional information provided by the system is increasing the homes' ability to meet their core goals in accordance with children's needs.

The system matches well with Gillingham's (2016) perspectives and recommendations about designing software to support the activities of staff in residential homes. Smith and Eaton (2014) summarize the recent papers on this topic, and their findings and conclusions correspond closely with our qualitative observations in Hungary. We experienced broadly similar reactions, and even at a broadly similar rate, from our staff. For example, many colleagues have a strong overall reluctance to use the computer, and little willingness to become more familiar with it. The

reasons they offer are similar to those found by Smith and Eaton, namely, that the use of IT takes time they see as better spent on interacting with the children.

On the basis of Smith and Eaton's (2014) findings and our own experience, it is evident that it takes years for staff to accept and be familiar with an IT-based administrative system, and to recognize that it works to their benefit. As one of my colleague's confessed recently:

You know, at first you wouldn't want to have heard what we thought about you when we encountered the software. Now, more than 9 months later, we are just beginning to discover how useful it is for us, and now we do believe that it works in our interest.

The IT development team continues with this work, developing further software modules for managing general data storage, the use of corporate cars, the upkeep of the houses, financial transactions, and the children's personal data during residency. This last feature could be expanded in time to other parts of the social service system; for example, to "twilight homes" for seniors. There is even a plan to develop an e-logbook for the children's homes, following the pattern presented in Figure 1. All the applications are being expanded to the national level. In addition, the e-logbook, for example, holds an extraordinary amount of data and thereby provides many opportunities for designing academic research projects in the future. The developmental team adheres to a safety policy focused on data security and privacy (e.g., by anonymizing data provided to researchers).

Smith and Eaton's (2014) findings that a "community of practice" (CoP) approach to supporting the process of adopting IT into TRC holds promise. Training in the core methods of the quality assurance system (see detailed description below) may be able to help the community to develop into an effective CoP. However, to support the work of a CoP, we need to take a deeper look behind the negative comments made by CYC workers when first incorporating IT into their practice, and establish an analysis of possible further reasons for resistance against these developments.

### **Method: Participant Observation**

In order to uncover these possible further explanations, I gained valuable information by taking on the position of a "participant observer". Participant observation is a well-accepted method in ethnography, as the many research studies based on it show (Reischauer, 2015), even in the field of organizational analysis (Watson, 2012). Users of the method sometimes interpret their methodological approach as a "scale," with the *pure observer* on the one end, and *active participator* on the other (Evans, 2012; Johnson, Avenarius, & Weatherford, 2006; Moeran, 2007) There are many advantages to the researcher becoming an active part of the organization, as this presents opportunities to get more detailed and deeper information than would be available to the analyst as a non-participating observer.

As the Armchair model was developed in the middle of everyday practice, my position was closer to the participant end of the methodological scale. As I did development work on the model, such as leading training sessions, designing the information tools, and so on, I was able to gain a deeper understanding of the organization, and became aware of aspects I had previously not encountered. In the following section, I will report the findings of the qualitative factor analysis I did on the contents of my observations during the years spent in organizational development. At this point, there is no quantitative analysis of these observations; I hope they may form the basis of further research in the future.

### **Results: Observed Weaknesses, Threats, and Challenges**

Prior published research, as well as our findings, indicate that staff do not welcome innovations like IT services that increase transparency in the organization. Several aspects of transparency need more examination, and will be discussed in the following sections.

#### ***Integrity***

During my participant observation process I noticed a strange cultural value existing within the community of CYC staff: the presence of a kind of “favoritism”. Favoritism can be defined as one of the lighter types of “corruption”: it is not actually illegal, but it takes inappropriate advantage of opportunities in the operation of the organization. When we use the term “corruption”, we do so very broadly to address a wide range of inappropriate or immoral activities, whether or not they are actually illegal. Many times these activities have a positive intent, for instance when the working schedule is planned in a way that favors (gives more working hours to) those who are earning less money and don’t have non-salary benefits. This may be acceptable in an environment where the salaries are under the subsistence level. However, those who take advantage of it have a reason to oppose any increase in transparency. Also, the quality assurance system, with its requirement of thorough documentation, can at first create a feeling among the staff that “Big Brother is watching”. Especially when the professional self-esteem or identity of colleagues is not well enough established, the possibility of increasing oversight of daily activity can cause fear and anxiety, rather than a sense of safety and security; the negative feelings may perhaps filter down to the experience of the children as well.

As far as I am aware, there is no specific research on the “corruption” dimension of corporate culture in residential CYC. However, we can consider discussion and results on this topic from other workplace contexts. Recent studies tend to prefer a change in approach from a “fight *against* corruption”, to a “fight *for* integrity” (Chapman & Samira, 2016). For Pallagi (2012), integrity means “that a person has conscious and consistent values that guide his or her decisions and action” — both in personal and professional life. She describes it as follows:

Integrity management in the public sector is based on four pillars: accountability, ethics, competence and the exclusion of corruption: *Accountability* means that the system allows stakeholders to track whether an organization is doing what it is

supposed to do, and responds to legitimate internal and external expectations; *competence* is the sum of all professional skills that enable the organization to do a good job; *ethics* means that the organization performs its activities ethically. (Pallagi, 2012, pp. 2–3.)

We can see here some similarities with the fundamental principles of TRC. We can also find articles reporting concrete benefits — even in financial terms — deriving from an effective fight for integrity (Barlow, 2015). If we transform these findings into the language of CYC, we can say that creating integrity in residential homes is the best way to achieve our professional goals and to create an environment for the children where they are able to grow and evolve their own strengths, skills, and competencies for living their own lives.

To implement these principles at the operative level, we have to consider several other concepts and processes as well: the “fraud triangle”, the professional identity of CYC workers, and their empowerment.

### ***Fraud Triangle***

The “fraud triangle” describes those factors or components that influence the willingness or probability of the members of an organization to commit fraud during their professional activities. It encompasses the full range of inappropriate or immoral activities, from minor infractions of policy or procedure to seriously illegal acts. Although research on this topic is focused primarily on the economic sector (Roden, Cox, & Kim, 2016), the concepts and findings also seem to be applicable in residential CYC. Especially significant are the parallels regarding the effects of the triangle on the institutional climate (Murphy & Free, 2016). The climate has a reciprocal interaction with elements of the fraud triangle, or, in a more recent development of the same concept, the “fraud diamond” (Ruankaew, 2016).

The four elements of the diamond represent the intersections that will result in the magnitude of willingness or likelihood for fraud:

- Opportunity — the vulnerabilities of the system, which can be exploited;
- Pressure — motivation or incentive to commit fraud (including the social context’s pressure also as a factor affecting inner pressures);
- Rationalization — justification of dishonest or improper actions;
- Capacity — the skills or knowledge needed to exploit the vulnerabilities.

These factors constitute a dynamic system. For the success of organizational development, we have to take care both with these particular elements and with the dynamic relations amongst them.

The system presented in this paper is able to decrease the number of opportunities for improper conduct. The best results can be achieved if we make a point of addressing a key element — the personalities of the staff members, especially their identities.

### *Identity of CYC Professionals*

Identity refers to how we think about ourselves. It includes all the factors that may influence our integrity: the values we hold and follow, the emotional attitudes that shape our behavior, and other factors that result in particular kinds of behavior (for example, rationalization, the third vertex of the fraud diamond).

Identity is developed by our social representations. Moscovici (1988) has explored this concept, and has evolved and expanded his interpretation of identity continuously over the past decades (Moscovici, 2010; Moscovici & Marková, 1998). His approach has the advantage of not focusing on the individual's self-concept as a static cognitive representation, and of having instead a flexible frame for understanding in a more dynamic way, keeping the social context and its effects on cognitive representations in mind. In brief, Moscovici's theory considers the social environment as *creator* of representations; that is to say, as an active part or component of the ongoing identity formation process.

In practical terms, this means that our self-concept (identity) is not independent of the attitudes — we can say “judgements” — present in the society around us; they are in active reciprocal interaction. This understanding is particularly helpful when examining the identity of social helpers. Some of Moscovici's followers have used this approach to map the identity formation process (Breakwell, 2011). One of the most illustrative findings comes from Leigh's research on exploring the identities of child-protection social workers (Leigh, 2014).

In her research, Leigh (2014) used the narrative interview technique to analyze the factors and labeling of social workers' identities as described by themselves. The starting point of her research is the effect that news presented in the press about child care has on their self-concept. Usually, the images and stories are not predominantly positive. She cites negative news about a social worker who was blamed and punished after the murder of a girl who had been placed back with her family at the social worker's direction. The power of social judgement is evident given that this story from the 1970s still has an ongoing effect.

The situation is similar in Hungary. If we search in Google on any given date for “article or news, children's home”, more than 50% of the results will be negative, with many outright “horror” stories. One reads that staff have injured children, that children have no food, and so on. In the first five results of several searches undertaken by the author, the rate of negative news was 90% or more. CYC has very little good press. This affects the evolution of our identity, in accordance with the dynamics of social representation.

If society does not accord honor and respect to child protection, nor to those people practising the professions involved, it will not help them to build up strong, stable, trustful, and resilient personalities. It will render more difficult, indeed almost impossible, the creation of a positive climate in the residential organizations that are seeking to offer a positive environment and identity to the children.

This negative and detrimental process is illustrated graphically (and, unfortunately, in accordance with my own experience) by the cited interview contents in Leigh's research (2014). The interviewees recite mostly negative emotions, including powerlessness, defensiveness, and even shame (not being proud to be a child protection professional, and keeping it a secret in their circle of friends). When they were asked to talk about the help they got from their organization, they showed anger and other negative feelings because they felt left alone without any support. However, hope can be taken from the willingness of the staff to develop coping mechanisms for this stressful situation: they created their own supports and achieved the feeling of belonging to an "exclusive club" as a CYC professional.

To keep this hope alive, and to support CYC professionals in their struggle for integrity at both the personal and professional levels, such methods and approaches in organizational development as we are talking about here need to be implemented; ultimately, they will serve the best interests of children as well as staff.

### ***Empowerment***

Another important aspect of the developmental process is that the ideal staff for a children's home are committed and self-regulated, with inner motivation coming from a stable personality. Blanchard et al. have used the expression "empowerment", within an economic and business environment, to mean a method of gaining the maximum from the staff's potential in order to accomplish the organization's interests, by having self-motivated colleagues characterized by a kind of "owner-minded attitude" (Blanchard, Carlos, & Randolph, 1998).

To achieve such a motivated workforce is not simple, and will not happen automatically. Blanchard's experience indicates that it "takes more than a minute", because people need clear roles and firm but flexible expectations in order to "learn by doing". Our findings in Hungary show, in accordance with other research findings, that this process in fact requires several years. The quality assurance system, which is based on the best interests of children, IT support, and its operational techniques (see below), is intended to support this process.

### **Positive Findings**

A period of years sometimes seems too long; at times it can feel like a "mission impossible" to achieve concrete results. In keeping with an evidence-based approach, this paper cites preliminary results that provide some evidence for the effectiveness of the Hungarian Armchair model. These qualitative illustrations come from actual practice under the model, and perhaps represent a starting point for future research efforts.

### ***Other Relevant Research Results: Collateral Affirmation***

The CARE model, which was introduced earlier in comparison to the Armchair model, has been researched quite extensively (Holden et al., 2010; Izzo et al., 2016; Nunno et al., 2017). The results of these research studies show, on the one hand, that the model can contribute effectively

to the development of a positive organizational climate due to increasing the motivation and commitment of staff, based on a deeper understanding of the meaning of children’s “pain-based behavior” (Anglin, 2002).

On the other hand, studies of the CARE model have also assessed “harder” indicators that confirm the efficacy of the interventions. Holden and colleagues (2010) found that implementing the CARE model (a) increased the knowledge of staff about children’s behavior and psycho-emotional factors; (b) increased the numbers of contacts with family; and (c) decreased the incidence of punishment. Izzo et al. (2016) found that CARE decreased the number of behavioral incidents on the part of children — one of the best predictors of the quality of the organizational climate.

The shifts in the thinking of staff after working under the CARE model are illustrated by anecdotal descriptions from colleagues about their changed attitudes and approaches, and the resulting changes in their responses in problematic situations, which have led to successful problem-solving. One illustration:

A student left the school without permission at 12:15 p.m. and went to the cottage area. I went and found him in his room playing the piano. PLAYING PIANO!!! One thing leads to another and before I knew it, both he and I were banging out songs on the piano. We are both fans of each other now and as I left to return to the school, the student asked, “Can I come back to school now?” At 12:45 p.m., student back in school. (Nunno et al., 2017, p. 8.)

Behind the hard numbers and facts, these changes in mindset are at the heart of the developmental process. They can be brought about only by the regular personal presence of the change facilitators.

### ***Continuous, Regular, Ongoing Support for Staff***

Both in the case of the CARE model (Holden, 2009) and the Armchair model, regular, multi-occasion training and consultation sessions for staff at all levels of the organization have been found to be critically important. Training and consultation means not only providing necessary information (for example, in lecture-style presentations), but also creating a range of occasions when the participants come together to solve problems through creative teamwork. For example, experiencing in simulated form the emotions of children can internalize newly acquired knowledge, skills, and empathic understanding, and so prepare for their use in future practice. These kinds of training are the core methods in other models of TRC development as well (Berridge, 2016).

The Armchair model provides several related areas of content (e.g., communication and conflict-resolution, leadership, quality assurance, organizational development), all proceeding from a detailed, easy-to-understand description of the background of everyday challenges. When the model is introduced and implemented in a given children’s home, at least six multiple-day

training sessions are offered. This is about the same amount of time as other models appear to take. Training for staff at regular intervals, as has been adopted by some institutions, should be considered for wider use.

Over the past four years, two large children's homes have decided to continue training staff on an ongoing basis to work with the model. Clark et al. (2013) found that providing regular professional development opportunities to the staff generally creates better retention, a significant advantage for the organization. Such training reduces inconsistencies within the staff group that can seriously impair the children's need for a safe, predictable, and stable environment.

In our recent application of the model, we provide one-day or half-day training occasions for the staff of the group homes every two to three months. These address the core structure of the quality assurance system by focusing on the most important organizational activities. The training sessions also provide opportunities to discuss actual challenges or problems that staff members may be facing.

Our experience indicates that the trainer for such occasions should be expert both in TRC within CYC and in training leadership skills. Such a person, who is ideally either an external trainer or an employee reporting directly to the main director, needs to create a good learning atmosphere during the sessions in order to improve the corporate climate in addition to strengthening the staff's sense of identity, as discussed earlier.

It is important to underline that the structure of the quality assurance system provides only the framework: it gives reference points for discussion, but the essence is stimulating learning from each other's good practices — as a community of practice.

### *Anecdotal Data on Positive Outcomes*

In this section, I offer some actual comments from staff feedback on the process; it is important to recognize that these shifts took between two and four years to happen. The significance of sharing real stories with positive outcomes during the training process is crucial.

It is evident, that you were in similar — many times felt unsolvable — situations, as us ... Now I wonder what this training will lead to. (A participant at her first training session)

It is so good to feel, finally, that the organization is caring about us! (A staff member of a group home after starting the regular training sessions)

I can tell you, I was not sure it would be successful, but the training has started something: people are talking about the training sessions, and finally has increased the communication between them, both inside the staff group and with us as supportive professionals. (A special pedagogue who works in parallel in several group homes within the organization)

Some of the shifts in professional activities that have happened are illustrated from two specific projects. These initiatives offer some evidence of how an organizational development process based on a quality assurance system such as ours can help bring about a shift in the desired direction:

We decided to organize “open-days” as part of the quality assurance system and professional activities, with the target of “at least one in a half year”. On regular training occasions, we reminded ourselves of this goal assiduously (we can say “doggedly”), every 3 months. And we noticed, that nothing happened, not on the following occasion, nor for the next one, and so on. But after almost two and a half years, something happened. We were talking about the difficulty of building up good relations with school pedagogues, and at this point I made mention of the importance of “open days”, explaining how they could help to build up the relations the staff were talking about, during and after a pleasant afternoon spent together, when the pedagogues would have experienced how a group home looks, how it works, and what it is all about. At this moment, I could catch the moment of “lighting up” the minds of staff members, as they recognized the relational importance of coming together in this way. In two months, that group home had organized its first “open day”, and in half a year several other homes have followed the example. (Worker, Project 1)

There was a similar situation with the “family day”. We had talked many times about the importance of supporting the biological parents as well, wherever possible. It took several occasions to demolish the wall of resistance. Comments such as, “It is not my job; I have no time for it. It has to be done by the social workers of the family services...”, and so on were heard as excuses and evasions. But once they discovered that there were available positive examples about family intervention related to their tasks (Major et al., 2015), this opened their minds. A few months later, the first family day was organized. On the first occasion, they felt the difficulties and challenges of holding such a day (for example, how to encourage attendance even by parents with low cooperation), but the shift has provided a base for further developmental conversations and actions. (Worker, Project 2)

### **Conclusion**

In the international literature of CYC there is a range of evidence that CYC, and within it the TRC, is a unique, individual discipline and profession (Anglin, 1999; Holden, 2009; Whittaker et al., 2015). Findings and results presented from the Hungarian Armchair model indicate parallels in the challenges experienced when facing the problem of serving the best interests of children in

residential care, and when developing possible solutions and good practices during implementation.

The author feels validated in this work and reinforced to be an active part of the academic and practice community of the international CYC field, All of us working in this area of residential care can profit from each other's experiences and knowledge, and we can also contribute many mutual professional benefits.

As a result, the author is planning to design and implement academic research studies related to the topics and methods presented in this paper. Using largely qualitative methods, such as focus groups and narrative interviews, further plans include:

- Confirm and assure the efficacy of the Armchair organizational development model in residential CYC, with special focus on: (a) system development and quality assurance, (b) training, and (c) IT support; and
- Design a longitudinal, follow-up research study, based on current findings, to describe and understand in a deeper way the interests of children, with the intention: (a) to translate this understanding into daily practice to help and support the staff, and (b) to integrate the findings into the university degree education of future colleagues (ideally in several “Departments of Child and Youth Care”).

In summary, the aim is to raise the status of CYC to its deserved level and rank amongst disciplines, hopefully using this research to provide evidence for such a social change, which will, in turn, lead CYC workers to be proud of their place in society.

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