

Defining the Residential Task

by

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ABSTRACT-It is important to seek an accurate working definition of the residential care worker's major tasks. This involves making some arbitrary divisions between aspects of caring functions. Some of these divisions relate to aspects such as physical care functions, creating

a total living situation, relating to families, and using resources of specialists. These aspects are presented diagrammatically and discussed. It is concluded that a definition of residential care functions is one key in the future development of residential care services.

INTRODUCTION

Defining the residential worker's task is a very difficult exercise. However it is a process which is vital as a starting point to looking at the future development of residential care programmes for a wide range of people.

What level of skill is involved?

Do we need to seek personnel who have more to offer than just a good pre-disposition towards our residents?

Are we talking about a para-professional group?

Can we develop our residential programmes with only limited staff training for our personnel?

These and many other questions depend for their resolution on the development of a clearer understanding of what the residential worker's task involves and the functions which he is called upon to perform. It will not be possible to seek to answer this list of questions in this paper, but rather an attempt will be made to examine some aspects of tasks and functions in the hope that this will enlarge what is at present a very limited area of job description.

RESIDENTIAL CARE WORKER AND HIS RESPONSIBILITIES

On the broadest level the residential care worker is responsible for creating a total living situation, almost an environmental milieu. On

a more didactic level he is expected to develop meaningful relationships with residents, and to plan with them their individual care. On a more general level again he is required to be responsible for a resident's physical care, to liaise with social workers and welfare officers, and to encourage the involvement and continued interest of the resident's family. He is accountable for a resident's general well being, and has a responsibility to act always to safeguard the resident's interests.

The residential care worker, however, is very much dependent on an organizational setting, and a difficulty in making an accurate working definition is that all these aspects of the worker's task are shared with other members of the organizational setting. Some care functions can be viewed as having definable boundaries, but generally these are related more to the physical care functions.

PROBLEMS ARISING FROM DIVISIONS IN RESIDENTIAL CARE FUNCTIONS

Once many of these functions are shared between staff, it is very difficult to organize a normative pattern of care for any one resident. An attempt has been made to present some of the aspects of the residential care functions in a diagrammatic form. A central question that one can ask is how do these care

functions lend themselves to being compartmentalized, and how can they be organized into a residential programme. Do we see workers moving in an arbitrary fashion between performing these functions, and is it possible to talk in terms of a coherent task?

UNIFORMITY BETWEEN DIFFERENT RESIDENTIAL CARE UNITS

Another question which is important to raise in discussing the residential worker's task, is that of uniformity between the staff functions in different residential units. Can one identify a common task that is represented in units for different groups of residents, including

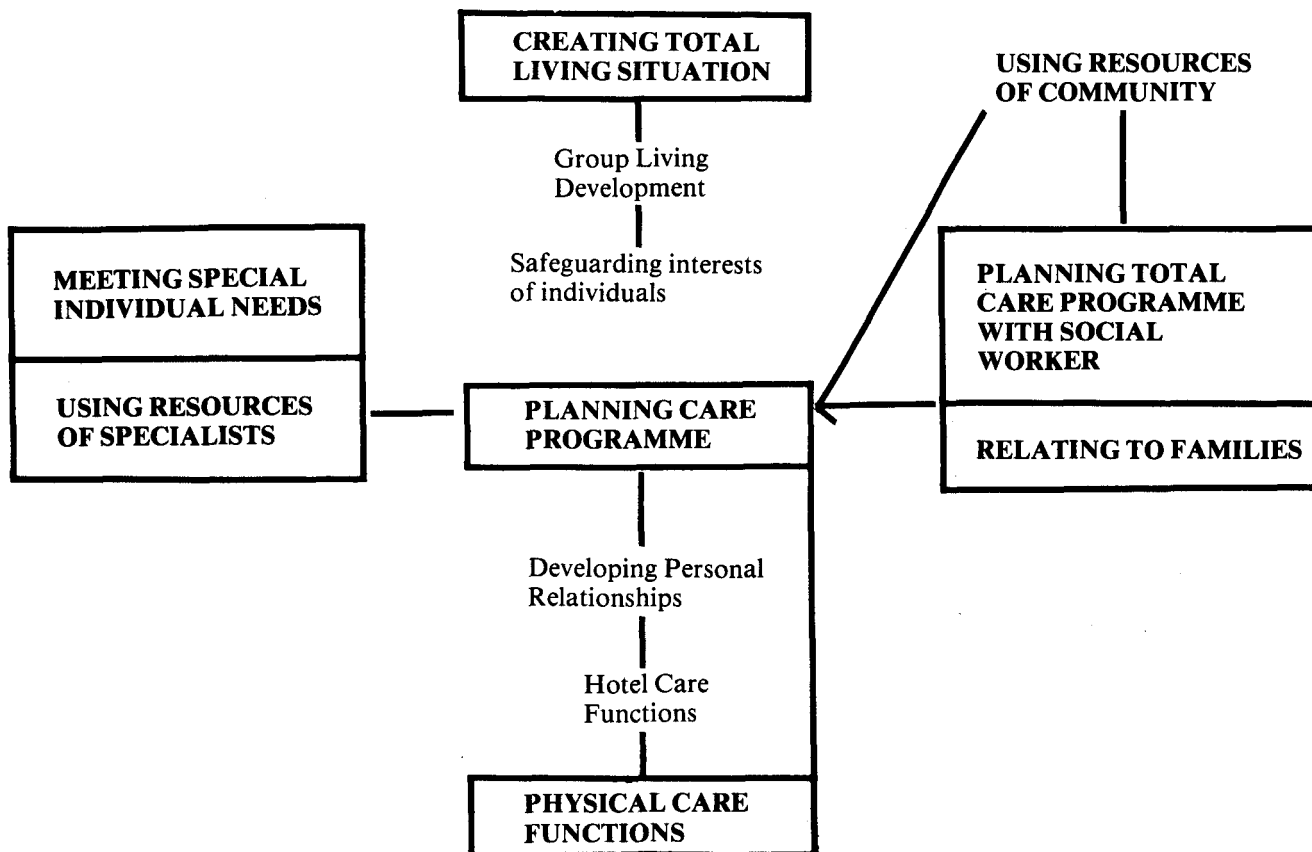
children, handicapped children and adults, and the aged? To answer this question one would have to chart some of the differences in organizational structures between different models of residential care and the variations in functions which might be associated with different need groups. However, it is important to seek some of the common components in the task which might be represented in some way in different residential settings.

ATTEMPTS AT DEFINING TASK

Different attempts have been made to look at the various aspects of the residential worker's tasks. A recent report from the United

Kingdom pointed to the high social work content of residential care functions.¹ Polsky and Claster,² attempted to develop a typology using the concepts of systems theorists to look at the functional relationships in the residential situation. They indicated that, "... uncovering the complex interplay of functions underlying an apparently unitary role enables us to develop a more comprehensive picture of the dynamics, conflicts and potentialities of the cottage worker's role ..."³ However there is little to suggest how applicable individual descriptions are across a variety of residential care units which perform some seemingly diversified service functions.

THE RESIDENTIAL WORKER'S RESPONSIBILITIES



IDENTIFYING CENTRAL FUNCTIONS

One could argue that there are some central aspects of residential functions that exist on a more general level. Referring to the diagram on page 33, one can identify what could be classified as residential care worker responsibilities. Thus there are aspects of planning for each individual resident which link a normative expectation about his future, with aspects of care within the unit. Planning has to be in a life context, rather than just in terms of the resident's functioning at a particular time. Planning as a residential service responsibility will exist in all residential units, though in practice, will vary according to the type of unit and according to the needs of the particular residents. The responsibility to safeguard the interests of residents will like-wise exist in each unit, but to a different degree according to the dependency of the resident and to the nature of the control that the unit is required to exercise over him.

The need to form personal relationships with residents will be a common task requirement of staff in all residential services. Some variation in nature of this relationship will exist in different units, according to the degree of support that residents require. In addition the implication of forming relationships with children, adolescents, handicapped people and the aged, will be relevant in different units.

It is in the area of the total living situation that differences in terms of tasks might exist. Differences will be marked in the requirements of staff in a residential unit which was heavily programmed, compared with a unit which was more oriented to meeting the individual needs of a resident. However, even despite such differences at the unit level, one could argue that some common understanding of group functioning is required.

CONCLUSIONS

A definition of residential functions is important for the develop-

ment of a residential care service. It is important to examine the differences in interpretation that exist between staff of their respective roles in units catering for different groups of residents, and organized along different lines. The influence of organizational patterns will have a profound influence on his interpretation of his role, and one has to ask whether it is the difference in organization or the type of response the worker makes to the needs of the resident, that is responsible for the variations. More precise definitions of the residential task will have important implications for future development of residential care services, and for such issues as training and general mobility of residential care workers. ●

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2. Polsky, H. & Claster, D. *The Dynamics of Residential Treatment*, North Carolina Uni. Press & Oxford Uni. Press, 1968.
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