

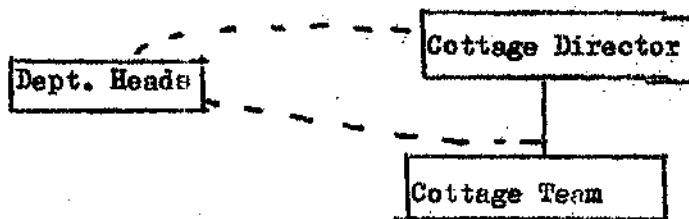
DEVELOPING A COTTAGE BASED PROGRAM

The time has come for *me* to state explicitly some of the ingredients of a cottage based program so that the team members have a clear idea of the fundamental concepts involved.

The authority structure is probably the most basic and necessary aspect because once it is clear, the other ingredients may be dealt with effectively. A cottage-based program has a director who is in charge of all aspects of the services that are given to a resident in the given cottage. This person is chosen for his or her leadership abilities and competence for handling the variety of needs that a group of residents will necessarily have. There is no particular discipline or department that is a prerequisite for this position. This person can be a nurse, M. D. Social Worker School Teacher, Child care worker, or what have you.

All persons who work with the residents of a cottage are directly responsible to the cottage director, regardless of discipline or the number of hours that these people may serve a certain cottage. These persons are under the directors authority whenever they are dealing with the residents from that directors cottage. Their relationship to their specific departmental units, i.e., teachers to Education Department, Social Workers to Social Work department, etc. is subordinate to the relationship between the line staff and the cottage director. The department head becomes a resource person who is responsible for training and assisting the cottage director and the line staff. He deals with higher administration in making the necessary professional demands of his 'profession. He deals with his line staff in a teacher-pupil kind of relationship. and the cottage director has the authority kind of relationship with the line staff person, and a peer type of relationship with the department head.

This is diagramed thusly:



———— Direct Responsibility

- - - - - Advising responsibility

This leaves the cottage director clearly in charge of the cottage staff and the activities that go on in that cottage. The cottage team is then Autonomous within the limits set by the superintendent, hence they are self directing their cottage and are responsible for all service to their residents. They are as competent as the individuals that compose the team and the team has the authority and flexibility to grow and develop as they will. They are free to plan, organize, and implement their own ideas, and they will be taught and helped to make progress if they are not growing.

The second ingredient of the cottage-based, program is one of the main reasons for being cottage-based as opposed to having centralized programs. This is efficient involvement. Therapy is based on concern and care. With genuine care and concern being expressed by staff to residents, it matters little if our "program" is a number system, janitorial work. playing with toys or anything else. I would like to have all members of the team start asking themselves and the other members the simple question, "How does this show that child that I really care for him or her?"

Referring to your actions on the job - Is the 4:30 p.m. exodus a good reflection of our concern for kids? Does it say anything to the kids when we send them to eat at one place and staff goes to another? Involvement, care, and concern are feelings that cannot be ordered or manipulated, but we can and must provide license and opportunities for genuine involvement. We need the opportunity to eat with the residents if we might desire. We need to have the people in the "higher" administrative positions involved with residents above and beyond the call of duty. The cottage-based program allows people to intensify their involvement and direct it toward certain individuals without being spread around to many other areas* If they do have concern and do want to be involved, this desire can be undermined if the care and concern is distributed in "equal" proportions to 50 or 100 people.

This leads to another ingredient of such a program which is a low staff resident primary relationship responsibility. By primary, I mean you are the member of the staff team that knows everything about a few individuals. The concept of "Social Doctor" is descriptive of the kind of relationship that is necessary, Several people are selected to be the social doctors. Each "doctor" has under his care a low number of residents. This number is based on the number that the particular person is able to deal with effectively. This person then is responsible for seeing that each of his residents is well taken care of and is making some progress. This work is above and beyond the daily calls of duty.

We now move on to the concept of growth. We may substitute other words like change education, therapy, training without much difficulty as it is in reality hard to differentiate these concepts. What we want to know is whether the resident is experiencing change and it is in a positive or negative direction. We want to inspire positive change which is growth. The "social doctors" must provide himself and his residents with a recording system for determining growth. This will be left up to the individuals who are in this role. The system that is developed will have to provide for a communication procedure that relates everything that happens to the group of residents in a 24 hour period. : This kind of thing has to be worked out among all members of the team.

In reviewing the above, the following ingredients of a cottage based program are:

1. An Authority structure with the cottage director being directly responsible for the team.
2. Opportunities for efficient involvement of staff to residents based on genuine concern and care.
3. The "social doctor" concept of small group leadership that is extra from the daily routine tasks that are currently performed.
4. A workable, clear, efficient system of recording the growth of residents.
5. Communication procedures among team members that relates daily activity to the "social doctors" and their work of insuring growth among residents

What is now needed is a clarification of the present authority structure and the actual implementation of the team approach and cottage director authority. The staff must have authority as well as responsibility. The team members must be made aware of their authority.

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Secondly, the model for the "social doctor" kind of program will be implemented with one person and one small group of residents. This person is being trained by myself and will be the guinea pig or prototype for going into a full scale program in which there are many "social doctors"•

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JM/gk