CARE LEAVER IN TRANSITION: WHAT DO TOKEN SYSTEMS IN RESIDENTIAL CARE (NOT) PREPARE FOR?

Proces usamodzielnienia: do czego nie przygotowują żetonowe systemy wzmocnień stosowane w opiece zastępczej?

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Abstract

The article deals with the question of what kind of educational concepts in residential care adequately prepare young people for leaving care, and for the transition to a self-determined life. For this purpose, two debates, and research fields are brought together in the article: One discourse concerns the research findings on the specific situation of care leavers, who often have to master the transition to self-employment with fewer resources than peers, who move out from family home. The other discourse concerns the critique about residential care groups, which work with systematic punishment and token systems. It is discussed in depth on the basis of a case study of a group in which the staff abused power in the name of the behavioural IntraActPlus-approach. Data analyses is done by excerpts from the daily documentation of the professionals. It is shown how systematic punishment affects the interaction, and educational relationship between professionals and young people in care, and how the young people´s needs are faded out by a strictly behaviouristic perspective on adolescents actions and everyday life. Against the background of the empirical findings, the conclusion is drawn as to how group concepts can promote young people in care in subjective development processes, in learning to handle conflicts, and in their independence processes.

Keywords: residential care, care leaver, participation, token systems, force, reward and punishment.

Streszczenie

W artykule podjęto pytanie, jakie koncepcje wychowawcze w opiece pobytowej odpowiednio przygoto-wują młodzież do opuszczenia placówki opiekuńczej i rozpoczęcia samodzielnego życia. W tym celu w artykule zebrano dwie debaty i obszary badawcze: Jeden dyskurs dotyczy wyników badań dotyczą-cych szczególnej sytuacji osób usamodzielniających się, które często muszą poradzić sobie przy mniejszych zasobach niż rówieśnicy, którzy opuszczają dom rodzinny. Drugi dyskurs dotyczy krytyki grup opieki pobytowej, które działają w oparciu o system kar i systemy żetonowe. Jest to szczegółowo omawiane na podstawie studium przypadku grupy, w której personel nadużył władzy w imię behawio-ralnego podejścia IntraActPlus. Analizy danych dokonano na podstawie fragmentów codziennej doku-mentacji profesjonalistów. Pokazano, jak systematyczne kary wpływają na interakcje i relacje wychowawcze między profesjonalistami a młodymi ludźmi będącymi pod opieką oraz jak potrzeby młodych ludzi gasną dzięki ściśle behawiorystycznemu spojrzeniu na działania i codzienne życie na-stolatków. Na tle ustaleń empirycznych wyciągnięto wniosek, w jaki sposób koncepcje grupowe mogą promować młodych ludzi w procesach rozwoju subiektywnego, w nauce radzenia sobie z konfliktami oraz w procesie ich usamodzielniania się.

Słowa kluczowe: opieka pobytowa, osoba opuszczająca opiekę, partycypacja, systemy żetonowe, siła, nagroda i kara.

1. Introduction

Residential care provides a home for children and young people on a temporary basis. Some of them spend a short period of their lives in such places. Others grow up there. But around the age of 18, the legal beginning of adulthood, residential care ends in most European countries. Young people have to move out to live on their own without professional support. In this transition process it transpires whether and how they have been prepared for independence, and what personal resources and skills they have developed to be able to cope well with this situation.

In the past twenty years, there has been an increasing interest in the situation of care leavers in many countries (Mendes & Snow 2016). In Germany it were care leav-ers themselves, supported by social workers, and researches in this field, who founded an association, and drew attention to their experiences in care, to the process of leav-ing care, and to the meaning of participation in young peoples' lives. They emphasized the need to support and allow personal development in residential care. These young people persistently indicated that residential care not only has to help young people to deal with current problems, but also to prepare them for the challenges of transition out of care, and for gaining independence (cf. Care Leaver e.V. 2020). They asked for participative structures in residential care, and for supportive educational relationships to encourage their personal development. In this way, care leavers introduced a new perspective in the discussion concerning the pedagogical concepts of residential care.

Token systems in residential care, which have been critically debated for many years now, follow behavioural logics and use reward, punishment, and force as sup-posed pedagogical tools, and to allegedly promote the development of children (e.g. Kunstreich & Lutz 2015, Lindenberg 2015, Forum Erziehungshilfen 2019). Such prac-

tices based on compulsion and force include several structural features. A number of German residential care groups refer to token systems in their pedagogical concepts. Professionals in these groups work with privilege and step systems, level enforcement, and sometimes time out rooms (Lindenberg 2015). Some groups follow comprehensive behavioral therapy-graded plans that work with reward and punishment systems. The IntraActPlus-approach (Jansen & Streit 2006) is one of these plans and conceptually framed the case discussed in this article. There are no nationwide statistics concerning the implementation of such concepts and instruments. Based on regional studies, researchers presume an increase of behavioural methods in residential care in Germany (Kunstreich & Lutz 2015; Lindenberg 2015; Magyar-Haas 2015).

In the following paper, one considers *the consequences of token systems in residential care from the perspective of leaving care*. We focus on the experiences of young people interacting with professionals within such settings in residential care on the one hand, and requirements for the transition to independence on the other hand.

The paper is divided into three sections. Section one takes a closer look at the situation, and needs of care leavers in transition: What does leaving care mean for young people, and what does it require in residential care to prepare for this transition? Section two introduces the contemporary discourse in Germany concerning token systems in residential care, and presents research findings from a case study conducted from 2013 to 2016 (Kessl & Lorenz 2016, Lorenz 2020). This study originally focused on conceptually legitimized violence in residential care. One re-reads the material giving attention to the IntraActPlus behavioural concept, its implementation, effects on group life, and the relationship between professionals and residents. Section three discusses these findings from the perspective of leaving care: What do care leavers learn in such settings? Do token systems in residential care support a successful transition to living on one's own?

2. Young people in transition: Leaving care

In different countries, there are rising numbers of research relating to young people leaving residential care, or foster care (Mendes & Snow 2016; Stein 2006; Höjer & Sjöblom 2010; Pinkerton & Rooney 2014; Thomas 2017; Braenne Bennwik & Oterholm 2020). Cross-border, some characteristics of this group of young people indicate that care leavers constitute a vulnerable social group.

The most obvious characteristic of this group is the age of moving out, and becoming independent. In most European countries, the average age of young people leaving their parental home is between 23 and 30 years. In Germany, in 2018, the average age of young men moving out was 24.4 and it was 22.9 years among young women (Statista 2020). When young people move away from their families they usually continue getting family support in the form of financial, and hands-on assistance.

Compared to many of their peers, young people in care usually have to move out much earlier, i.e., between the ages of 16 and 18. At this age, most young people have not finished school, and compulsory education yet. Along with the conclusion of residential care, social services support is sharply reduced and ends soon. Due to the circumstances that originally led to a placement outside the family home, care leavers usually cannot rely on family support, and once they leave care, there is no option for return (Thomas 2017; Stein & Dixon 2006; Stein 2006). Hence, leaving residential care in most cases means more demanding, radical change as compared to leaving family care. Such young people need financial assistance to complete education and require attachment, social, practical, and emotional support (Höjer & Sjöblom 2010). However, care leavers are not accepted, and addressed as a vulnerable group in welfare systems yet (Thomas 2017; Höjer & Sjöblom 2010; Montserrat, Casas & Malo 2013). Some caregivers maintain contact with their mentees, but there are no structural measures to provide support to them after they have left care.

Considering the requirements concerning transition from care to independence, social services support for young people in transition is needed, as well as pedagogical concepts in care institutions to prepare them for this transition to independence and adulthood. Some research is being done relating to the differences between care leavers who cope well with this situation, and those who do not.

Pinkerton and Rooney (2014) explore the ways care leavers experience biographical events in their lives, and how this experience changes and forms a 'subjective pathway'. An underlying pattern to these subjective pathways involves a sequence beginning with the 'loss of felt security', continuing on to 'finding stability', and culminating in 'actualizing self''. The researchers demonstrate, that leaving care is more than just moving out: it is a fundamental change in life, requiring social and emotional development, and adjustments.

Other researchers focus on what helps young people to cope with such a situation. In a review of studies on care leavers, Stein (2006) identifies three outcome groups of the care leaving process: 'moving on', 'survivors', and 'victims'. Young people 'moving on' successfully "are likely to have had stability and continuity in their lives, including a secure attachment relationship; they have made sense of their family relationships, so they could psychologically move on from them; and they have achieved some educational success before leaving care" (Stein 2006: 277). Leaving care was gradually planned, and when moving out these young people were older than the other groups described. They often maintain contact with former caregivers, and obtain different kinds of support in an informal way. Based on these experiences, these young people can welcome "the challenge of independence" (Stein 2006: 277) and see it as "improving their confidence and self-esteem" (Stein 2006: 277). The second group called 'survivors' did not have as positive, and supportive experiences as the first group. They faced instability, and disruption, both in their lives, and in the care

process. They move out at a younger age, and are "likely to experience problems in their personal and professional relationships through patterns of detachment and dependency" (Stein 2006: 277). Survivors believe these experiences, and struggling with problems made them more grown-up and self-reliant. Although, in fact they often needed, and continue to need, substantial assistance. It seems to be the quality of assistance they get after leaving care that allows these young people to realize a positive construction of the process, and differentiates them from the group Stein calls 'victims'. These young people were the most disadvantaged, starting with the pre-care constellation in their families. Care could not, or did not, help to overcome these experiences. They left care very early, and have serious problems with maintaining their accommodation. They are likely to be lonely and live in isolation. Many of them also suffer from mental health problems (Stein 2006: 277).

What follows from this research? Most young people leaving their families stay attached and benefit from wide-ranging support. Care leavers cannot rely on the same. Therefore, one have to emphasize that residential care, and foster care must prepare young people for the requirements and challenges of leaving care, in order to realize an independent and self-reliant life following care. If care out of family is needed, such has to provide a high quality pedagogical relationship. This includes the reinforcement of relationships within families, and the compensation for pre-care experiences. High quality in residential care includes personal and institutional stability, and continuity. This means that young people are addressed as subjects of their lives, not as objects to institutional processes. They participate in decision making, in the help planning process, as well as in their daily lives. This enables them to take responsibility for their lives and decisions in a long-term perspective, and leads to the more gradual transition from care to independence – just as most young people would experience in their families. High quality care also provides special support for young people with mental health problems and complex needs – not only in care, but also after leaving care (Stein 2006; Thomas 2017).

3. Discourse: Token systems in residential care

In the first part of this section, the debate on token systems in residential care is introduced, and then in the second part provide, and extend the criticism of such methods from a pedagogical perspective.

3.1 The new debate on token systems in residential care

In recent years there have been (new) reasons to discuss token systems, force and punishment in residential care (Forum Erziehungshilfen 2019). The debate on staff violence against children had the strongest impact in this field. This situation has been

evident in different countries for more than two decades now (Andresen 2015, Wright 2017). Along with the debate on violence in the history of residential care, violent constellations from contemporary institutions have become public knowledge in Germany, as well as in other countries. Research has shown that in all of these cases of violence in residential care in Germany caregivers followed a strict behavioural concept, and implemented a token system into daily life (Lorenz 2020). These concepts are based on reward and punishment systems designed to change children's behaviour, and to adjust their conduct to normative expectations.

Critics consider token systems in modern residential care facilities as a continuity of violence from the history of residential care in a veiled and modified form. They interpret punishment systems, and level enforcement as the disciplining of young people in residential care (Kunstreich & Lutz 2015). However, today proponents of such methods declare associated practices as 'compulsory', or 'therapy'. Its violent content in practice is not linguistically visible (Lindenberg 2015).

In his study *Asylums*, Erving Goffman characterized institutions with a mandatory therapy as setting an ideal behaviour model, as an orientation for all inhabitants. This behaviour model constantly reminds patients of their personal failure (Goffman 1961). Notwithstanding the differences between the total institutions that Goffman examined in the middle of the twentieth century, and current residential care facilities, such generalized and ideal behavioural models form a common structural feature. The goal to adapt, and discipline young people's behaviour according to specific normative expectations, characterizes behavioural group concepts, and practices that are based on systematic reward and punishment (Kunstreich & Lutz 2015).

As aforementioned, token systems are employed in the concepts, and practice of residential care facilities in Germany, but it is not known to what extent. At the same time, these concessions are clearly criticized in the scientific social work discourse. This criticism is not only about the question of potential legitimization of violence against children within such concepts. It is also the question as to whether token systems conflict with pedagogical attitudes towards young people and participative work in educational contexts. We would like to consider these points more extensively.

3.2 Token systems from a pedagogical perspective

From a pedagogical perspective, critics question whether concepts that focus on behavioural adaptation through reward and punishment are educational concepts at all. They refer to a pedagogical relationship, subjective orientation, and individual development as fundaments of pedagogy, and argue that token systems lack this orientation (Lindenberg 2015). The difference in power between adults and children is utilized to reward, or punish desirable, and undesirable behaviour from an adult perspective. Power resources that adults, especially professionals, in relation to children in educa-

tional institutions (e.g., physical strength, care, material resources) are implemented in token systems to enforce certain behaviour (cf. Wolf 2007). Thus, existing power resources become a technical tool to pressure young people.

Furthermore, some authors emphasize the conceptual fixation of behavioural expectations, and rules preventing the negotiation of rules between young people and professionals (Magyar-Haas 2015, Lorenz 2020). Young people do not have any influence on them. Questioning rules is not valued as a critical involvement, but interpreted as a lack of respect and adaptability. In such a framework, children and adolescents can hardly experience participation. They cannot communicate their wishes and concerns, and learn to compromise. Furthermore, they do not experience adults as taking them seriously, setting up and evaluating rules together.

Instead, reviewers stress that routine punishment and reward systems disregard the dignity and integrity of young people in care, by reducing their personalities to certain behaviour patterns, and assigning them an object status. Young people have to follow fixed rules, to 'function', and to fulfil external expectations (Magyar-Haas 2015). If they seek privileges, they need to adapt and submit. This can change behaviour in the present, but it is questionable as to whether it leads to gaining independence in the future. In token systems in residential care, there are legitimate success criteria, such as school attendance, and the relapse rate in previous deviant behaviour. However, the focus is placed one-sidedly on the youngster's adaption to the system, instead of on subjective well-being and caring for an individual development. Little attention is paid to the actual everyday life of young people in the groups (Magyar-Haas 2015), and the experiences they gather when interacting with professionals. These are not adopted as the role models they are – in personal behaviour, as well as in building up and maintaining relationships, both key competences, and experiences for coping with independency.

4. Case study: Implementation of a token system in residential care

The presented analysis is a re-analysis of a case study concerning staff violence in a residential care home of the German Graf Recke Foundation. This case was disclosed in 2009, and publicized in the media in the year 2010. Friederike Lorenz was involved in a three-year research project, and investigated the organizational origins and effects of a violent team constellation (Kessl & Lorenz 2016, Lorenz 2020). In this article, we re-read the findings of that research by investigating what everyday life in residential care, which is based on a token system, looks like.

The study's qualitative sampling includes 18 narrative interviews with former and current employees of the organization, and two expert-interviews with professionals employed by public authorities, as well as the analysis of the behavioural group concept, and 164 pages of the teams' documentation. Due to the open trial in this peri-

od, children and adolescents in the groups, and their parents could not be interviewed. Therefore, the young residents' perspectives and their perception of experienced violence are missing from this analysis. Still, we get some information on how they experienced the violent acts in detail on the basis of statements made by young people in the course of the disclosure of the case (Lorenz 2020), and we can also analyse the relationship between residents and professionals, that created the conceptual framework in the residential group.

Data interpretation of the interviews, the group concept, and the team´s documentation was conducted according to the paradigm of data coding consistent with grounded theory methodology (Strauss 1998). To reconstruct and understand the enabling conditions of the team constellation, and the organisational practices that hindered its disclosure, a cross-material coding system and key categories about phenomena, structures and recurring patterns were developed (Lorenz 2020). The first analysis of the team documentation evidenced, that it can be understood as a collective narration, in which team members legitimized violence as supposed 'therapy' in their daily notes to each other in reference to the IntraActPlus behavioural approach. Therefore, we analysed the team documentation also with a narrative approach for 'social-work-talk' (Hall et al. 1997).

In the research process, the behavioural concept proved to be a crucial consideration for the professionals, their professional self-image, and based on this, for the design of their work. One first summarized the case (section 4.1) in order to discuss the behavioural concept of the institution, and its effects on educational work, the educational relationship, and the development of children and adolescents (section 4.2).

4.1. Summary of the case

The analysed team was responsible for two residential groups of young people with disabilities, one with five, and one with ten children and adolescents from the age of nine up to 15 years. Professionals classified them as extremely challenging. Under the veil of a behavioural concept called 'IntraActPlus' (Jansen & Streit 2006), the young people were maltreated and humiliated daily, over the course of at least three years. In particular, the team implemented two elements from the behavioural concept in a violent form:

A token system, in which children had a certain number of symbolic figures. In the event of misconduct, the professionals gradually withdrew them. After the loss of all symbolic figures, they punished the children.

Following the so-called body-oriented interaction therapy (KIT), the young residents were held under duress over a long period of time, often by several adults, supposedly to overcome body blockages. In fact, a power demonstration by the team was carried out in these supposed therapy sessions.

After the first disclosure in May 2008, initiated by three team members, and after a final disclosure in August 2009 initiated by one of the victims, the extent of violence was gradually revealed. This led to the organization's self-indictment, criminal investigations, and scientific research (Kessl & Lorenz 2016) on which the secondary analyses present in this article is based on. In 2017, a trial against staff members ended with fines, and three penal sentences, two of them on probation.

4.2. The token system, and its implementation in everyday group life

Re-analysing this case study, one first outlined the token system´s fundament in the group concept. Then we consider selected material from the case study, and how this determines the presentation of action in the team documentation.

The group concept was based on the "IntraActPlus approach" (Jansen & Streit 2006) which is very controversial, nevertheless still used in different therapeutic, and social facilities in Germany (Benz 2013). There are two central elements in this approach to which the group concept and the team referred.

First, there was a strict reward and punishment system aiming at giving *"feedback in the window of seconds"* (Jansen & Streit 2006, own translation) by taking away symbolic figures. The founder of the "IntraActPlus approach" suggests that *"[w]e have to learn to see reward and punishment completely without value"* (Jansen & Streit 2006: 43), acting in *"consequences"* through reward, or punishment such as *"depriving things that are important to the child"* (Jansen & Streit 2006: 193). The team implemented such a punishment system in a violent form in the everyday group life.

The second element adopted from the "IntraActPlus approach" was the so-called body-oriented interaction therapy (KIT) which the team carried out by holding the children and youngsters under duress over hours, and often by several staff members in combination with other forms of maltreatment.

The group concept of the two residential care groups mostly consisted of direct quotations of the IntraActPlus approach. All staff members attended further training in the approach at the IntraActPlus institute.

Against the background of the group concept, the team members no longer saw themselves as educators, but rather as behavioural therapists. Based on three excerpts from daily documentation, in which the team members documented every day, we would like to demonstrate how this self-understanding dominated the way young people were treated in the groups.

"The day was exciting and varied → Anne →"Baseline" continued successfully. Whereby I can hardly `control myself´, and so would like to work with her. She shouted and provoked a lot today. In the evening after some back and forth quite tired to bed." (team documentation, own translation)

In this entry, the professional presents herself to her colleagues as a passionate therapist. The focus of her self-narration is placed on being able to implement the next level of the behavioural program. What bothers the resident Anne, how she spent her time during the documented shift, and the reasons for her behaviour remain unknown. Only her visible behaviour is described (*"shouted and provoked a lot"*) in the context of the so-called behavioural therapy. This sequence shows the perspective towards the children through the lens of the behavioural concept.

Another note in the team documentation describes punishment as the reaction of the team members in many situations in the group's everyday life.

"Martin had to sit in the hallway for half an hour before lunch because he got stroppy [...] When he continued to vomit because of that, I extended another half an hour and laid out blocks, one of which I took away for flying glasses, and another for complaining." (team documentation, own translation)

The focus of this note rests on misbehaviour and punishment. The professional does not reflect why Martin might have got *"stroppy"*, and nothing is said about questions and dialogues. Following the token system and the punishment, 'forced sitting' is conveyed to the reader without any alternative. The professional, who made this entry, reduces Martin to the representation of disturbing behaviour, and declares the attempt to adapt it through punishment. The supposed therapy thus determines the daily routine of the children and adolescents in the group without any evaluation, or control. Children and adolescents constantly face punishment.

The residents' behaviour is penalized. Part of this behaviour stems from their disabilities, and cannot be changed at all. Still professionals observe the strict rules as evident in the following excerpt. It concerns a young person who is sensitive to stimuli. Following the token system, the team offers only one reaction: confrontation and adaptation to the conception of normativity.

"He tore his plastic curtain off the ceiling and was restless overall. [A crossed-out entry in the same manuscript follows.] *The curtain can be put up again tomorrow. Always put the curtain back on immediately. Confrontation, and → always put Tim on the floor again and hold him → very important!"* (team documentation, own translation).

This sequence from the documentation in which the behavioural logic is also applied to the child who cannot change certain behaviour due to his disability, shows particularly clearly that in such a setting the child with needs and skills is hardly perceived as an individual.

4.3. Effects of the token system on children's everyday life in residential care

Before we discuss the effects of the systematic punishment on children´s everyday life experience in residential care it should be noted that, as mentioned before, we did not conduct interviews with the children. Our reconstruction of their everyday experience

in the residential group relates to the analysis of practices and routines in the groups, based on interviews, the team documentation, and information from the videos taken by the team that were shown in the trial, as well as the description of the expressions and reactions of the children by adults from other groups in narrative interviews.

The study presented here shows that for some – not all – residents, constant control, confrontation, and punishment had a short-term disciplining effect. To outsiders, and even to their parents, they appeared changed and adapted. The team presented this change as proof of the concept's success, but it was actually the result of violent discipline. Shortly after the violent system ended, these effects collapsed. Violent discipline could not initiate long-term developmental processes. (Lorenz 2020)

Apart from the violent implementation of the token system in this children's home, the general question remains: What do young people experience and learn in an environment as shown, where caregivers constantly react to them according to behavioural logics and implement a reward and punishment system?

The strict token system in this group suggested one-dimensional behavioural interpretation. Most professionals in the case study followed this perspective, and assessed the residents' behaviour and its manifestations as an unjustified deviation. They disregarded the subjective meaning of young people's individual behaviour, and the needs behind it. As a result, they did not react individually. Children and youngsters in these groups missed a sensitive reflection of their personality, which is needed to develop a realistic self-image and self-confidence.

According to the data material, there are many things that these young people did not experience in this setting: the conceptual frame and the professionals practices did not give them the opportunity to balance between their own needs and expectations, and the needs and expectations of others. They were not encouraged to communicate their needs to others. Since professionals set the meaning of correct behaviour in advance, dialogue and discussion concerning individual perspectives were not encouraged. The focus was placed on the visible actions of the young people. They were primarily forced to adapt to external behavioural expectations. How they felt, what they thought and wanted hardly mattered in the concept, as well as in the team´s documentation of the group life.

How does such an atmosphere influence and promote the development of young people in residential care? Wolf (2007) emphasizes, that constant concern and fear of punishment ties up important resources that children actually need for their development. Young people in such settings do not experience self-efficacy as acting subjects because they are rewarded for adaptation, and punished for independence and creativity. They experience constant external determination, but hardly acquire any space for exploration. There is no room for adolescents to make mistakes in a protected, benevolent environment. Reward and punishment systems enforce behavioural adjustment, but they do not include relationship work, and allowance for the subjects and their needs.

Finally, the behavioural logic in pedagogical settings also affects the function of adults as role models in a pedagogical relationship. In a context strictly structured by a token system the spectrum of professionals' possible reactions is severely limited. Adhering to strict rules, professionals lose the capability of reacting individually, and adapting to the child's needs. As a result, young people do not experience adults as role models demonstrating empathic reactions to others in specific social situations. Instead youngsters are confronted with adults employing their power to punish, and reward less powerful residents.

5. Reflected from the End: Consequences of concepts in residential care for leaving care

This article aimed to analyze and discuss the consequences of behavioral concepts in residential care from the perspective of leaving care. First, we outlined the requirements for the transition to independence in the process of leaving care. Then, based on a case study in residential care, we discussed how limited, and pre-structured the interaction and relationship between professionals and residents is designed, if caregivers work with token systems. When we compare young peoples' needs from the perspective of leaving care with the frame of young people´s experience in residential care based on a strict token system, a strong contrast is evident.

Leaving care means a sharp twist to independency for young people. They have to cope with little, or no help. This requires making decisions. Young people need to understand situations and rules, to explore and assess possibilities, to decide what to do in ambiguous situations, and to learn to compromise. Young people learn to make decisions by actually making decisions, and reflecting upon this process and its outcome. Group concepts in residential care that are based on systematic reward and punishment do not support and encourage children and young people in this process. They are not encouraging relationship work and constructive communication between residents and professionals. Methods, such as token systems, train young people to be oriented towards professionals. Adults are the ones who set goals and establish rules, evaluate action, control, and reward, or punish. Within such a system young people learn to conform to expectations, but not to explore and decide on their own. At the same time, the popularity of simplified punishment concepts points to a need of professionals in residential care: They need supportive educational concepts, that offer them practical guidance in the complex, challenging every day relationship work with young people in residential groups.

Transition to independence also means getting to know oneself, exploring one's own feelings, needs and desires. Again, it stands in sharp contrast to token systems in residential care. Children are not encouraged to explore, and to express their needs and feelings. Instead, they are made to focus on professionals' expectations. Also profes-

sionals are influenced by strict rules. In the discussed example, therapeutic professionalism involved adherence to the rules, rather than responding to a child's individuality. However, in adhering to and abiding by rules without acknowledging a child's situation and needs, professionals do not serve as role models, and do not treat young people as subjects and partners in the educational process.

What kind of pedagogical concept prepares care leavers for their transition from care to an everyday life without professional support? Referring to care leavers' feedback on their experiences in residential care, the best preparation for participation is experience (see Care Leaver e.V., 2020). To cope with independence in everyday life young people need the experience of connection, of personal relationships and care, just as they need to experience independence and decision-making. Residential care aiming to prepare young people for independence should focus on individual development processes of children, and on their well-being.

Conclusions

Our re-analysis of an empirical study indicates, that this is not the case if teams of residential care groups align their work according to token systems instead of educational approaches. In fact, central methods in token systems contradict the pedagogical attitude. This does not question behavioural psychotherapy for young people in care. But it does question behavioural token systems in pedagogical concepts in residential care, shaping daily routines, and caregivers' attitudes and responses to children 24&7. The setting of residential care needs to provide different structures and relationships than psychotherapy. We need to differentiate between one and the other. Providing support for the goal of independent living requires much more than the following of rules.

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