***CUSTODIAL ALTERNATIVE***

Conceptual Premises for Proctor Provider Parent and Client Parent and Child Model

*A new approach to an old idea*

Systems of foster care often provide an enhanced system identified as “proctor home models” or “proctor care”.  These enhanced models provide extended service and training components that increase successful outcomes for children with special or challenging needs within the foster care system.  This provides the foundation for the formation of another level of proctor care that surrounds both the parent and child – rather than just the child.  This extension of the model increases the potential and success for custodial reunification and allows for realistic assessment of independent custodial care by the client parent.  In some cases, the assessed outcome will reveal that both parent and child(ren) will always remain in proctor care to insure the safety of the child. This inclusive model of proctor parent-client parent and child allows and promotes the positive bonding and social/emotional development and attachment that can create a very different outcome for both the client parent and child. The client parent does not give up and go back to drinking and other self-destructive behaviors and the child is able to be nurtured and safe within the context of birth and provider families.

A proctor home model that has been successful for families with an FASD are private individual family homes including the following components:

      Licensure containing all necessary requirements and mandates for safety and developmentally appropriate access within the context of certified foster home care.

    Intensive training (beyond standard foster training) in FASD and other consequences of prenatal exposure, or other processing deficits, that may compromise the safety of the client parent-child interaction so that the proctor home family (including all members) is well versed in positive behavioral interventions.  Include training in household structure and environment to diminish stimulation, create consistency and predictability and help the proctor provider family create a retreat space creating successful outcomes for all.

    After intensive training, practice with the proctor provider family and insure ongoing remuneration in such a manner that it insures that at least one proctor provider parent is not working outside the home.  The optimal and most successful settings have been those in which both proctor provider parents are home and proctoring is their career.

    Provides consistent follow up training and home visits in a supportive manner that identifies positive markers for success and includes technical assistance accessibility for specific behavioral interventions from a task analysis context.  Insure a minimum of weekly access to this technical assistance for specific behaviors.

    Provides budget that not only insures delivery of the above needs, but that can also provide appropriate materials to support appropriate play and activities.  For example, taking age appropriate toys on a monthly basis to share and show developmentally appropriate play with both the proctor provider parent and client parent – the toys may come from a rotating toy and material library.  Another example; create with proctor provider/family toy making activities that promote identified areas of development.

    Provides forum and gatherings for proctor provider families to meet, discuss and share successes and frustrations on a structured monthly basis.

    Ensures that the proctor provider family is central to case coordination and involved in all relevant meetings, family group conferencing, treatment planning and education planning acting as part of the case management role integrating all services for the client family.

*Remember that grandmothers and grandfathers provided the original proctor homes.*