# **International Conference, Bucharest, February 2006**

## Residential care in Europe – opportunities and threats.

#### **Abstract**

Residential Child Care has undergone major changes in Europe in the past 60 years but each country of the European Community has, appropriately, followed its own pathway. One feature of that is that we have not always learned enough from each other either as academics or practitioners. The basis of this presentation will be that residential child care ought to be regarded as a positive choice for some children and families in difficulties; however residential child care has been and still is under threat from those who believe that there is little or nothing positive about that sector of work. The presentation will consider a number of concepts from the basic one of what is residential child care, including close support and secure care and how to ensure that residential child care still has much to offer in the lives of children and young people. The paper will also touch upon social pedagogy and children's rights when cared for away from their own or substitute care home.

## **Biography**

Andrew Hosie is a Lecturer in Residential Child Care in the Scottish Institute for Residential Children National Office, based at the University of Strathclyde, Glasgow. Having gained a qualification in accountancy, he qualified in the Certificate of Qualification in Social Work in 1972 and was a practitioner in residential child care and in fieldwork from then until his appointment as a lecturer in 1992. He began a course of post-qualifying work in 1990, graduated MSc in 1994 and is at present waiting the outcome of a PhD submission. His principal interests in research and practice are young people who are offending and the resources available to meet their needs together with interests in safe care for children and young people. He had lead responsibility for a training needs analysis for all of the children's homes in Scotland in 2001, which underpins the SIRCC short court training programme, and had lead responsibility for the quality audits of qualifications for workers in residential child care in 2001 and 2003. He is the Short Course Manager in the National Office of SIRCC in Glasgow.

At Strathclyde University Andrew is also the Course Director for a programme in Advanced Professional Studies for social workers, teachers and other professionals from Scotland, Ghana, China and Pakistan. He is a member of the Faculty of Education Board of Studies and a member of the University Ethics Committee.

One of the things he enjoys, apart from reading and music, is being the Secretary of FICE Scotland.

#### Introduction

May I thank the organisers for inviting me to take part in this conference albeit at very short notice. I had hoped to be at a FICE meeting and Conference in Romania last autumn but work and the difficulty of travel between Scotland and the location the meeting was being held meant that it was impossible for me to attend: so I am pleased at last to be in Romania for the first time. The short notice of the conference means that I need to return home tomorrow so I have still to see something of your country – maybe at the next meeting of FICE!

I have been asked today to deliver a repeat of a paper I first gave in Austria last June but no paper can ever be a total repeat as we continue it learn and reshape our views and opinions. My topic; however, is still about residential care in Europe and the opportunities and threats facing the residential chid care sector and I shall deal with these in a sequential way. I would have liked to tell you something about the organisation I work for, especially as it is a unique organisation so far as I know in Europe and maybe world-wide but to save time, I have put the details into the handout and I can answer questions about it later. The following are key principles and values are those to which all SIRCC members of staff are expected to work. They are part of the handout which is available:

### Commitment to Education, Training, Consultancy and Research

We believe that education, training, consultancy and research should have a major role in improving the residential services provided for children and young people. Residential child care staff should be critical, reflective practitioners enabled to use their learning effectively in the workplace. Likewise, courses, consultancy and research should be informed by practitioners and practice experience.

# **Empowerment of Children and Young People**

Children's and young people's views should be heard, not just in planning for their own lives, but in shaping the nature and quality of the services they receive. This applies equally regardless of disability or age. We are committed not only to emphasising children's and young people's rights in the training, consultancy and research we provide but also to ensuring they are involved and influential in shaping that training, consultancy and research.

## **Empowerment of Residential Child Care Staff**

Residential staff have often been undervalued in the past. We aim to support them to have a positive and influential voice in the development of residential child care, through involvement in training, consultancy, research and publications. As a result of the Institute's promotion of a higher, more positive and professional profile for residential child care, residential staff should be empowered both to promote good practice and challenge poor practice.

## Flexibility and Innovation

In order to remain relevant and helpful, residential care must be flexible and innovative, adapting itself to best practice internationally, to the changing needs of young people and their families, and to changing boundaries and models of provision. The Institute will also be flexible and innovative in the services it provides, both to adapt to, and influence, this changing environment.

# **Inclusion and Equal Opportunities**

We are committed to providing services that are equally accessible and equally relevant to staff regardless of their geographical location, type of service, position or hours of work. We aim to offer services which are anti-discriminatory and anti-racist and which recognise and value

diversity within the workforce and the children and young people looked after.

### **Partnership Working**

We will regularly consult, work jointly with and provide feedback about our work to children and young people, their parents, residential staff, employers and owners, the Scottish Executive, the Scottish Social Services Council, and the Scottish Commission for the Regulation of Care.

#### **Evaluation**

We intend to make a positive difference to children and young people's lives and to residential workers' confidence and competence, and for that difference to be measurable. We will evaluate, and are open to others evaluating, all our services and their effect on practice, and will change our approach if shortcomings are found. We will also encourage residential care staff continuously to re-appraise their own practice, using and participating in relevant research.

### **Advocacy for Residential Child Care**

In order to realise the above principles and values, we will advocate for good quality residential child care and speak out or take action against poor practice, whether individual or institutional, wherever the need arises.

The SIRCC staff regard these as essential principles for our work with residential child care staff who work with some of the most disadvantaged and damaged children in Scotland. I have had the great privilege in my life to work with children in residential child care and to have visited children's' homes and residential schools in the United Kingdom in Africa, in Germany, Holland and Russia and the children I

have there seem to me to little different to the young people I know in Scotland.

To work with the residential staff and for the young people, our overall objective is to ensure that children's needs, views and rights are at the heart of our service delivery. But my task today is to think about Europe and it is that to which I now wish to turn.

The presentation will consider a number of concepts from the basic one of what is residential child care, including close support and secure care and how to ensure that residential child care still has much to offer in the lives of children and young people. The paper will also touch upon social pedagogy and children's rights when cared for away from their own or substitute care home.

## **Europe**

During 2005, there were many events to mark the 60<sup>th</sup> anniversary for the end of Second World War and none of us can ignore the major impact that event had on residental child care. Europe, and here I will ignore the rest of the world, was ravaged, countless families wrecked by the loss of a loved one, thousands of children left either as orphans or in families who could not cope with the new order of post-war Europe. I can speak from experience; born at the end of 1944, my Father was one of that group known as the Marines who are even in any conflict today the first soldiers in and the often the last to leave. I didn't know my father when he was eventually discharged in 1947 and being without a home it was even more difficult to get to know him. We, however, were fortunate at least my Father was alive unlike so many of my generation not least in Germany.

In the later years of the 1940s, there were throughout Western Europe major changes in social policy affecting children and families. There was also the positive creation of voluntary organisations like FICE, created in 1948, to bring together those who worked with and cared for children in care outwith their family. FICE, and organisations like it, should be acknowledged for their pioneering work for they at least were attempting to bring together those working with young people regardless of National boundaries, not something politicians can claim to do even 60 years on. Of course, Europe was greatly divided after 1945 and it was only largely after the fall of the Berlin Wall that many began to see the major differences in social policy in residential child care between the West and the East, not least in the care of children and young people with a disability, particularly those who have a mental disability. It was not just for those who were slow learners that differences were found. In 1997 I visited a day unit, which offered counselling to men and women who had been sexually abused (ages 2 -27). This is a service not unlike many in Scotland but the difference there was that perpetrators and survivors were dealt with in the same building. This place was in the former East Germany, which, according to the politician's pre-1989, claimed there were no such social problems as sexual abuse. The amount of historic abuse work being undertaken was enormous, catching up from that former short-sighted view of social policy. I had considerable admiration for the unit I have described above and the quality of work it was undertaking. I was impressed by its ability to share carefully the different aspects of work with people who were abused and those who were abusers. I was also impressed by its willingness to offer a service to those living in residential care, those living in families and willingness that sexual abuse was not a new phenomenon. Inevitably, the youngsters who lived in residential child care were there for "behavioural reasons."

Despite the age range, when I visited I met a lady of 82 who was so pleased that for the first time she was having a difficult part of her past recognised and people listening to her and not in judgement. I do not want to give an impression that historic sexual abuse was limited to the former East, nothing could be further from the truth. We have had problems in the UK and there are well documented problems in homes in Portugal.

I now wish to turn to the opportunities and threats, to think first about the threats and consider in that the issue of historic abuse as one of the threats facing residential child care.

#### **Threats**

I want to pose a question: is Residential Child Care a Last Resort? The title "A Last Resort" comes from a report of that name produced by Save the Children, International Save the Children Alliance. I must confess considerable dubiety about the title and some content of the Report. There are parts of the Report which must be welcomed but covering as it does the West, the former East, Asia and sub-Saharan Africa seems to me to me to be a strange scenario as all of these areas are clearly at different stages of development.. It cannot be claimed that there is a single Western culture as many parts of mainland West Europe adopt a pedagogical approach in residential child care while in the UK "...social pedagogy is unfamiliar." (Cameron, JSW, 2004) This is not a minor issue and ought to have been taken into account by the Save the Children authors when dealing with the West in their report.

Residential child care has been and still is under threat from those who believe that there is little or nothing positive about that sector of work. The concept of care in the community is a positive concept and area of

practice. There are low expectations held by and ambivalence about residential child care among some policy makers and those who are strongly pro-family in their thinking and attitude. I am pro-family but I know that there are children who cannot cope with families at different parts of their young life. I take a very positive view that Residential Child Care has undergone major changes in Europe in the past 60 years, with each country of the European Community following its own pathway of development. In my view, one major feature of developments in residential child care has been that we have not always learned enough from each other either as academics or practitioners. My strong view is that residential child care ought to be regarded as a positive choice for some children and families in difficulties and never as a last resort but I have to acknowledge that there have been past problems in the UK as well as in Europe as a whole.

Let me consider some of the threats or indeed dangers children have faced in residential child care, some of the threats could be considered dangerous. I think some of these matters are about "Systems Abuse" and include the following:

- ♣ A lack of stability for a young person. There have been for some young people too many different placements.
- ♣ A lack of consistency of practice among adults.
- ♣ A Misuse of theory: for example behavioural theory used inappropriately and a description of "Counselling" when it means just talking and not listening.

Alan Levy and Barbara Kahan were both UK prolific advocates for the rights of young people in residential child care, Levy in particular was a

leading lawyer and led many inquires into practice and policy which needed change. Levy and Kahan jointly chaired an inquiry into what became known in England as pin-down. The philosophy of pindown, by those who created it, is crystallised as "DO AS IS TOLD" and "... the intensive care is undermined if the Rules of the Establishment are not strictly adhered to." (Levy and Kahan, 1991) One cannot do anything but condemn such practices; homes are not there to need children for their existence, homes need to work safely for young people who require admission

In a book Chapter entitled "Many Roads Converge on the Same Hilltop: Children's Rights in Scotland," Furnivall, Hosie and Lindsay state,

All children and young people have rights. It can be argued, however, that those in public care have historically been the most likely to have those rights denied. Ensuring that rights are respected, in deed as well as word, involves attention to minor detail as well and the imagination and courage to achieve major change. It can be argued that the group, which most needs those who care for them to portray these attributes, are children and young people who are looked after by local authorities, particularly those living in residential care. Enquiry after enquiry has demonstrated the vulnerability of this group separated from families, frightened to speak out about abuse and maltreatment they have experienced, seldom listened to or believed if they do bring themselves to do so. (Levy and Kahan, 1991; Waterhouse, 2000; Marshall, 1999)

Children and young people who are looked after in residential care therefore have been the focus of much attention in recent years as to how best to protect their rights. The two major reviews of the safety of children in residential care (Kent, 1997; Utting, 1997) as well as the inquiry occasioned by the abuse of children in North Wales (Waterhouse, 2000) have stressed the need to develop techniques for protecting these children's rights, particularly the right of protection from abuse, whereas the Children Act 1989 and the Children (Scotland) Act 1995 have both highlighted the rights of these children among others to have a strong voice in decisions about their own lives. (2004)

Both Waterhouse and Marshall headed inquiries into matters of historic abuse, Waterhouse in North Wales and Professor Kathleen Marshall in Edinburgh. In passing I would mention that Kathleen became the Children's Commissioner for Children in Scotland in 2004. We need to deal with issues of historic abuse and learn from each other rather than hide bad practice. In many ways I think that is organisations like SIRCC, with its academic environment and its knowledge of children's homes, which enables organisations to undertake reviews of practice as opposed to those originations that are actually involved in caring and against whom complaints are made. There are some matters which always need to be considered:

- Issues to do with truth in relation to allegations, false allegations, false memory etc and the need to take children seriously, which is not the same as necessarily believing.
- Issues to do with people using abuse to get money whilst others are mainly looking for acknowledgement by the agency.
- Differing views exist in relation to how offenders are dealt with in relation to the person who has been abused, (e.g. psychological long term effects) and whether or not there is police involvement.
- Concerns over abusers "getting off" and the difference between unsafe convictions, people who are released after a while as a result and "not guilty" verdicts. Employers have to work with this and think about the accused as well as the children.
- Problems with gaps in checking e.g. Europeans working in the UK and ex-forces personnel where there is limited availability to obtain police checks on possible convictions
- Defining Historic Abuse: What is historic? Does it relate to a
  period prior to (for example) Child Protection committees i.e. a
  defining period.

I believe we need in Europe to work to an agreed agenda for considering historic abuse and to create a unified system for police checks so that we can have a truly level playing field for the free movement of workers in social care across Europe.

# **Opportunities**

In this section I intend to deal with opportunities and at the conclusion I want to offer some suggestions about a way forward for residential child care throughout Europe.

I want firstly to outline the underpinning principles, which were created by the former Scottish Chief Inspector's report on residential child care. The report was entitled "Another Kind of Home: A review of Residential Child Care (1991)" and what workers and managers came to know as "The Skinner Principles" and I strongly believe that these principles or something like them should be considered throughout Europe. These principles are

- 1. Individuality
- 2. Children's Rights
- 3. Good Basic Care
- 4. Active encouragement in education
- 5. Health needs carefully identified
- 6. Establishing a partnership with parents
- 7. Establishing child centred collaboration
- 8. A feeling of Safety. Young people and children should feel safe and secure in any residential home or school.

There is a UK body known as the UK Residential Forum. The forum raised a number of themes and issues about the future of residential care:

- 1. Is there a future for care homes and if there is can we drive up standards?
- 2. Residential care still has a poor reputation what can we do about it?
- 3. How will long term care be valued?
- 4. Can we deal effectively with residential care for children and adults?

- 5. Does increased specialisation make this impossible?
- 6. How do we ensure users have a real voice and choice? Is the end of residential care now in sight?
- 7. How can we best address recruitment and retention staffing issues?
- 8. How do we best meet the skills and training needs of the staff?
- 9. How can we create a confident workforce?
- 10. Future workforce needs, including management, are vital for the future what are we doing to prepare for the changes we expect?
- 11. The role of regulation as a positive force.

This is a series of questions that deserve answers if there is to be a future for residential child care. They also deserve an answer from me in this paper, given my strong belief in residential child care as a means of substitute care for young people who cannot, for whatever reason, live in their family home. I do not intend to speak to all eleven questions rather I will take several issues and consider them. Let me outline briefly the Law and organisation of residential child care in Scotland. In terms of the law of Scotland, the children and young people are what is termed looked after and accommodated. In Scotland young people can only be legally looked after and accommodated by a local authority but can residentially live in a children's home owned by a local authority, a voluntary organisation like a Church or by a private organisation.

a) **The future:** There must be a future for that group of young people who cannot live either in their own home or in a substitute family. I want to give you the following examples of some young people whom I have met or had contact with in the past three years. These are available to you as a handout and I will not deal with all of

them verbally. The names of the young people have all been changed to avoid identification either here or in Scotland

### **Sam 16**

When I met Sam, he was beginning an apprenticeship. Having started work when he got his first decent wage he got very drunk over the weekend. His grandmother with whom he had lived with for many years in the absence of his parents sought help and it became clear that she had not been coping with Sam's growing up pains. Sam felt shut in much as he adored his granny. They needed a break from each other but there were no hostels so Sam entered a home. He had never been looked after by any authority. The thought of foster care appalled him: he had a family and didn't need another.

#### Julie 15

Julie, when I met her, displayed such behaviour which could be best described as horrendous. She was one of a large family and the parents were described in a Scottish term as feckless, which means not really knowing how to care for children and young people; certainly Julie seemed to have no boundaries in her life or actions. She had been regularly suspended from schools since primary and eventually expelled from secondary. None of her extended family wanted any contact with her and this was reinforced when Julie fell pregnant. Her behaviour MIGHT have indicated some earlier abuse in her life but there was no sense that the pregnancy was as a result of anything other than normal circumstances and the father, whatever age he was, had broken the law. Julie had been looked after through supervision at home but had no previous periods in residential care. The pregnancy brought major family problems and the parents asked for her to be removed from their home. When I first met her the baby had been born and was living with her

mother in the children's unit: the baby was neither looked after nor accommodated. During my first meeting Julie she, in a very loud voice, told my host that she wanted to talk to him now and turning to me said in the broad Scots language "And you kin look efter the wean" which means and you can take care of the baby! So much for child protection procedures!

## George 14

George was a severe asthmatic and had been over protected during childhood because of that, to the extent that he expected everything when he wanted it. I never knew whether his mother was tired by bringing him up but when his behaviour became such that the Children's Panel decided to accommodate him, his mother was described as relieved and rarely saw though her promises to visit George at the children's home. One of George's pals was in secure care and George decided that was for him and everything he did was to achieve that end. I don't think I have met the family that could cope with George at the stage he was at when I met him

#### William 13

William is described as a delightful child. His problem is that his parents have put so much energy into domestic abuse of each other that they have almost ignored him. When they learned that he was not going to school, probably for domestic reasons, they were amazed. He needed a different environment which could meet his needs but foster care was not for him an option: in his words, adults fight with each other!

#### John 9

John is not sadly unusual. Children under 12 in Scotland are not normally expected to be in residential child care but sadly many are in residential care with no alternative care obvious. From what we could learn about George, he had had a chaotic lifestyle and demonstrated regularly what a

Romanian writer called "... dangerous behaviour." Dr Marc Noom of Leiden University speaking about the historical perspectives of youth in the Netherlands (May 2005), said that their had been in that county "... too much focus on the problem, thereby neglecting the child's competencies." I can say that the same issues have applied in Scotland, but for John, such was his life that it was rarely possible to get near enough to him at that stage to know what his competencies were and to help him define what he was good at and enjoyed. What he did say was "I will destroy any family you place me with" and he had almost succeeded with at least one foster family.

# Registration and minimum qualifications.

If we have no residential care, who will cope with these young people and others like them? They need to be cared for and to discover some boundaries in their life and find out what they offer any community they live in. I strongly believe that if we do not have residential child care, in a short time we will need to recreate it!

b) Standards and Regulations: One of my first jobs in residential child care was in 1970 and as young man who had worked in a very regulated profession with clear standards, before moving to social care/social work, I found it peculiar that in working with people's lives that there were very limited regulations and no real standards and that it took so long to create standards. There had been regulations from about 1948, but it was not until 2000 that the newly created Scottish Care Commission created Standards by which residential schools and children's homes are inspected by the Commission. There are separate standards for schools and homes and other standards for foster care and respite care. I have

brought examples for perusal and will offer an example of one element as part of this presentation.

You feel safe and secure in all aspects of your stay in the care home. At any time, there are enough staff available to help you when needed.

- 1) Unless all residents are aged 16 years or over, you know that there are at least two staff on duty and available at all times. There is at least one member of staff on duty and another available on call at night.
- 2) You are protected from all kinds of abuse. You can be confident that staff are aware of child protection procedures and that they know what to do when they have a concern. Staff know what to do and will help you get appropriate specialist help if you wish to tell someone that you have been abused or ill-treated in any way by anyone at any time.

These are the standards by which places are judged and I think their role should be seen as a positive force. I am also pleased to say that we now have in Scotland a baseline qualification which leads to the registration of units and workers. The baseline could be higher than it is HNC and SVQ3 but it is a start. More importantly, workers can be struck off the register and this act will prevent them from taking on another post with young people or vulnerable adults. This is a major step forward and one I would urge other European countries to follow.

# c) Staff recruitment, motivation, retention and training

Throughout the UK, there have been three different studies into these areas. In the Scottish study, 66% of the 400 staff said that morale was high but that leaves 34% saying the exact opposite. That needs further work to be undertaken. 77% said that they had no intention leaving their job in the next 12 months but there is a continuing thorny problem of a relationship between qualification and training, especially as we near the set Scottish date for all residential staff to be qualified, which is 2008. (Kendrick et al)

### Some recommendations for consideration ...

If Europe is to be a place where workers can move freely across the Community, then there has to be a common qualification in residential child care and it must not be at lowest level available from any country. And for those courtiers who wish to seek membership of the Community, this must be a goal to work towards. This, for the UK, will mean a change from qualifications of the social work criteria to a social pedagogical pathway. Many European countries already follow that pathway and others from the countries joining the Community are signifying their intention to adopt the social pedagogy model. This will not be easy but needs to be attempted. There is an organisation called European Network for Quality Assurance in Study Programmes in Social Professions (ENQASP) which is working on the Bologna Protocol and which will achieve harmonisation of courses by 2010. That is laudable but I am hoping that ENQASP can take a part if achieving a common level of qualification for residential workers as well as those who work in fieldwork.

Across Europe we should have a single registration of workers so that no

young person is ever put at risk from unsuitable workers moving form

one country to another. We can improve the quality of practice in

residential child care if we can get practitioners to work and share ideas

on what works best, how rights of young people and workers can be

enhanced.

I am believer in worker exchanges, not of the long placement variety but

of study tours and ongoing contacts. I think there is a clear role for an

organisation here, like FICE, and I think FICE should have a group,

meeting and working together specifically on issues of residential child

care. I believe in residential care as a part of a continuum of care for those

youngsters who require it. Above all, I believe in a safe and secure care

for all children who require to be accommodated and looked after.

Thank you for listening and if I can, I will answer any questions you

might have.

Andrew Hosie

25<sup>th</sup> January 2006

19