

Residential care – at the frontline of practice ...

Views from the United Kingdom

TAKING THE LONG VIEW

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THE LONG AND THE SHORT

I believe that it was Cardinal Hume who, when asked what the educational aims of Ampleforth College were, said, 'To prepare boys for death'. It sounds a bit stark, but he was making a point. The long-term future of children matters in education. As a contrast, how many teachers are there at work at this moment whose main thought is getting through the next lesson without too much stress and hassle?

Robbie Kydd was an outstanding Scottish lecturer in residential child care and, when he gave a paper to a Social Care Association Fortieth Anniversary Conference in 1989, he said that, retrospectively, he had come to the conclusion that what his work as a residential child care worker was about was 'giving children futures' – viewing their lives holistically, investing in them, and giving them the message that they are worth investing in. By contrast, how many residential child care workers on duty at this moment are hoping they will not have too much trouble on this shift, before they hand over to the next lot of staff?

In one sense it is obvious that we should be taking the long view of a child's future. Clearly, we not only want children to have a pleasant and fulfilling childhood, but we hope that as a result of our intervention they will be able to have a better adulthood as well – perhaps as partners or parents, as colleagues, in their social life, in their overall sense of personal fulfilment, in their understanding of life and, to take Cardinal Hume's point, in being able to face death with equanimity in the light of their life experiences.

DAILY PROFESSIONAL PRACTICE

However, in residential child care this long view does not tend to be the sort of thing we think of when we go on duty in the morning and it's time to get children and young people up and off to school, college or work. We are too caught up in the minutiae and practical problems of daily living.

Unfortunately, the longer view is rarely considered when staff sit down at the end of the shift in a children's home and write up the log. Having read quite a number of logs over the years, I have found that typically they contain a lot of factual detail, especially about misbehaviour, but relatively little

about any attempt to understand the significance of the behaviour and its possible implications. Clearly, staff should be trained to be objective and any analysis of behaviour should be evidence-based, but in my view it is a fundamental aspect of the work that we should be curious about why children and young people behave as they do, trying to grasp what makes each individual tick, in order to learn how we may help them cope with their pain. Simply describing misdemeanours does not do that, and without a deeper understanding, problems are likely to multiply, rather than be solved. Asking why is the first stage towards finding answers, and answers need to be found if children are to overcome the problems they face and be able to look to the long-term future positively.

Even more unfortunately, there is often a short-term view even in the reports and minutes relating to progress reviews. My current work entails reading a lot of case files containing ongoing social work case records and details of reviews. Reviews are meant to be the opportunity for strategic long-term thinking. Some files indicate excellent work, but there are those where there are no plans at all, or where planning is limited to a few immediate practicalities, such as getting an eye test or arranging the next parental contact visit. There are very few that take a positive view of the long-term future, or consider seriously the way that the child views his/her long-term hopes and aspirations.

In England the current review forms are very thorough, lengthy and detailed. This format was no doubt devised for commendable reasons, to ensure that no important aspect of the child's functioning is overlooked, but the result is often curiously dead. The boxes are all ticked, and there are responses where they are required, but too often there is no sense of an individual person who matters and is valued coming through the information provided; there is more of a sense of the completion of a bureaucratic procedure which, if fulfilled properly, will protect the author from censure in the event of problems.

EVERY CHILD MATTERS

Children and young people brought up in families usually matter a lot to their parents. Even when they behave infuriatingly, their well-being is often still the most important thing in their parents' lives. That the children

matter shows up not only in their concern and approval, but also in their parents' anger when something goes wrong.

Children in the public care need to matter to the workers responsible for them. It is difficult, especially when there is staff turnover, as, for people to matter to each other, there needs to be continuity and contact over a long period. Typically in the files I read, social workers move on every two years. It does not surprise me that children do not confide in social workers when their carers abuse them, if their contact amounts to one or two visits a month. Yet it is the social workers who carry case accountability for overseeing the ongoing management of the children's cases.

In England, prior to the introduction of Social Services Departments in 1971, it was often the practice in Children's Departments for child care officers to carry case-loads of well over a hundred children. At any one time only a handful were live, but a good child care officer kept occasional contact with the remainder, calling in if s/he was in their street, just to see how they were, show interest and take the long-term view of the child's development. With the introduction of Social Services, the policy was to reduce case-loads to the minimum and to close cases once the presenting problems had been managed.

Adoptive parents, foster carers and some residential workers may be more constant in the life of a child who has to be brought up away from his/her birth family, but there are also horrendous cases where children have multiple placements – thirty-four in a recent case – each one severing ties and requiring major personal re-adjustment. How do we demonstrate to the children and young people that they matter, when official behaviour uproots them continually in this way?

MOVING INTO ADULTHOOD

Parents are concerned that their children get a good education and are prepared to make sacrifices to pay for it. They want their children to find a life-style that suits them, whether married, or single or in some other relationship. They want to see their careers develop. They want to see them be successful, however success is defined.

Children in the public care need the same commitment on into adult life. In England now, there is much greater emphasis on after-care and through-care, which is a welcome contrast to the sad pattern in past decades of offering children so-called independence when they were too young to cope alone.

It used to be said that children leave their birth families on average at the age of just over twenty-three, but that children in care moved to independent living on average at the age of just over seventeen, despite the fact that the needs of children in care for continued support as young adults is clearly greater.

The young adult often needs 'to go back to mum' – when jilted by the boyfriend, when under the weather with flu, when university is over and there is no job to go to, when needing help with the washing. Those who were in care often have no person to turn to, though there are exceptions, such as foster carers who see their former foster child as a family member.

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SUPPORT FOR A LIFE-TIME?

Even later in life, parents have a role as the person one can tell about the new grandchild or a new job, or with whom worries and sorrows can be shared. The child in care has the same needs. And yet our systems generally fail them. Social workers and residential staff move on. Children's homes close. Sometimes there is nothing of the past to which a former child in care can return in reconsidering his/her roots. Even the archives are destroyed.

Perhaps we need to create some form of ongoing community to which people who were in the public care can belong – a network run by the social workers responsible for the aftercare of young people leaving care? a club? an electronic friends re-united? somewhere to socialise and have a coffee, share problems and offer support? a replacement extended family?

Such a support system could not start by being long-term, but once established, it might keep going, and those who had made it through the care system could become mentors for their successors, creating a supportive network and helping to overcome the social isolation suffered by many of the children and young people whom the care system serves.

INVESTING IN HOPE

The reason why we invest large sums in the care of children and young people should essentially be because they matter. Each person is important and we need to demonstrate that each of them is of value to us. This means that we want them to succeed not only as children but as adults. We should want those in the public care to have the opportunities we want for our own children. And we should want them to

know that they are valued, that their lives will make a difference.

As adults, they will be the next generation, and we will need to rely on them to fulfil their roles as mature, responsible citizens. They may even be called on to care for us in our old age. If so, even from a selfish point of view, we should be investing in the long-term future of children in care.

When I arrived at Pembroke College in Cambridge in 1961, my tutor, Professor Francis Camps, summoned the group of freshmen into his room, and asked us what our career intentions were. One said he intended to become a minister in the Anglican Church; 'Ah, a Bishop', said Camps. The next intended to do law; 'Ah, a High Court Judge', said Camps. And so on, encouraging each of us to set our sights high and to believe that our dreams could come true. We should wish the same for children in the public care, and offer them the wherewithal to achieve their dreams too.

It is fashionable these days to talk about the importance of outcomes. This is good, but the outcomes by which services are judged are often fairly short-term, such as finding a job or accommodation on leaving care. Herodotus said, 'Call no man happy until he is dead.' I think that is pushing the outcome test rather further than we need to, but I would like

to see research which shows the impact of different systems of care on people's lives as adults.

Obviously, I am not suggesting that there is no-one who is concerned about the long-term futures of the children and young people for whom they are responsible, but I do suggest that too often we become submerged in immediate problems at the expense of long-term aims, that our professional practices often have a very short focus, and that we are not helped to take a long-term view by some of our legislation and policies. □

After studying Classics and Moral Sciences at Cambridge, David Lane began his career with eight years working in residential child care. He was a senior local authority Social Services manager for eighteen years, concluding his salaried career as Director of Social Services in Wakefield, Yorkshire. Since then he has dabbled in all sorts of interesting things, and is Editor of Children Webmag (www.childrenwebmag.com).

A VISION FOR RESIDENTIAL CARE

Richard Clough OBE
Secretary of the Residential Forum and
former Chief Executive of the Social Care Association UK

Readers of this article will have become accustomed over the decades to hearing and reading of the doubts about the benefits of residential care for children. Whilst there can never be any doubt that residential child care services have failed some young people, there remains a significant proportion whose lives have improved because of a residential intervention.

With this in mind, it was a pleasure to be able to administer an event organised by the Residential Forum which brought together representatives from the voluntary, private and statutory sectors and included government officials, practitioners, managers, owners, providers, policy makers and academics from throughout the United Kingdom over a 24-hour period to discuss the theme *Modernising Residential Care for Children and Young People*. Unfortunately our best efforts to involve service users proved unsuccessful.

We set ourselves the task of setting a vision for children's residential care in the United Kingdom in the 21st century and sought to identify the key elements of a framework to embody and deliver the vision.

We know that about 9,000 children looked after by local authorities are in residential placements on any one day and that up to 40% of young people positively choose residential care in preference to other alternatives.

THE VISION

It will surprise no one that our vision did not contain any radically new ideas but brought together good philosophies that as a whole could provide a service that we could all be proud of.

The vision, as we saw it, was that:

- the service should be child-centred, geared to putting children's interests first and helping them to overcome their difficulties;
- residential child care should promote and extend children's human and civil rights and help them grow, develop and realise their potential;
- children should be enabled and encouraged to participate in the range of decisions affecting them, including the

way their units are run and priorities for the use of resources;

- residential care should be a service children and young people receive as a positive choice, providing a valued, stable, nurturing and therapeutic form of care;
- instead of concentrating solely on the position of children in the public care, the focus should be on policy and practice implications concerning the scale and diversity of the whole residential sector;
- residential care should be seen as an integral part of the whole spectrum of services for children and families, offering specialised and expert provision, and closely linked to fostering, adoption, family support and services for children in need and children at risk;
- child protection strategies should seek to ensure that abuse of all kinds is prevented, and where it arises, it is subject to early identification and action;
- high quality staff should be enabled to develop skills and promote innovation.

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IMPLEMENTING THE VISION

How, then, do you bring the vision about in order to modernise children's residential services?

- Quality residential care needs to be adequately resourced, both financially in terms of staffing levels, and in the provision of expert support from other services, particularly child and adolescent mental health services.
- Regulation of residential care and its workforce should be rigorous but flexible, to encourage innovation and creativity, and to enable the service to be wrapped around the child, not making the child's needs subordinate to the service.
- Investment should be made in research and development programmes to build the knowledge base for good practice in residential child care

- Investment is required in the development of a skilled, knowledgeable, sensitive and creative workforce able to express and encourage high aspirations for all children in terms of their potential.
- There is a pressing need to develop a cadre of leaders in residential child care, able to communicate the vision to their staff, young people, councillors and trustees, and the public.

The Residential Forum will examine the issue of leadership at a future workshop for, if we do not find a way of letting skilled people communicate this vision, the chances of modernising residential care for children and young people will be limited.

Similarly the chances of modernising will be hugely restricted if we do not reintroduce justified risk into care policies and practice. I believe this applies to all forms of care for children, whether in their own home or away from it. Life skills cannot be developed without sensitive and creative work that brings out the potential in young people. The fear factor and blame culture that our care workers and teachers feel is clearly inhibiting good quality practice. Providers and regulators are often reluctant to support risk for fear of opprobrium.

AN INTEGRATED SYSTEM

We, at long last, seem to be moving towards a system of 'whole package' care which will not be compartmentalised into fragments. The package must take fully into account the move into adulthood for it is surely in this area that the system has encouraged failure. We have an absolute responsibility to ensure that the transfer of life stages for a young person is not left to be taken in isolation.

Modernising residential care for children and young people will not be easy without the will of all those involved but so much could be undertaken with some positive attitudinal change, and I hope that the Residential Forum will be able to do its bit to support those responsible for developing the framework for the twenty-first century. □

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