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In their best interest?

Protecting children from abuse in residential and foster care

Summary

There is increasing concern about the abuse of children in residential and foster care. Information on the abuse of children is reviewed and three types of abuse are identified: the physical and sexual abuse of children; programme abuse and system abuse. Developments in organisation, management and procedures to prevent abuse by staff and carers in residential and foster care in the UK are highlighted. Three crucial aspects in safeguarding children are stressed: listening to children; the selection, support, and training of staff and carers; and promoting openness through the involvement of families and the community. While improvements have undoubtedly taken place in policy and practice, there can be no room for complacency. The UK experience, therefore, has important lessons for practice in all countries. Children in care have often experienced abuse and neglect in their own home environment; the least they should expect is safety from abuse when in care.

Introduction

Article 19 of the UN Convention on the Rights of the Child stresses that all children should be protected from abuse, neglect, maltreatment or exploitation 'while in the care of parent(s), legal guardian(s) or *any other person who has the care of the child*'. Article 20 goes on to state that a child 'temporarily or permanently deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment, shall be entitled to *special protection* and assistance provided by the State' (UN Convention on the Rights of the Child, emphasis added). Professionals and the public around the world, however, are becoming increasingly concerned about the abuse of children in residential and foster care. Recently, in the UK, extensive abuse has come to light in residential establishments in Cheshire and the North-west of England. In Wales, a tribunal is under way to investigate allegations of widespread abuse in children's homes and in Scotland, two residential care workers have been jailed for the sexual abuse of children in the 1970s and 1980s.

Efforts to address the prevention of abuse in out-of-home care have been taking place for over 20 years, particularly in the US, where the first major conference on the institutional abuse of children was held in 1977 (Department of Health and Human Services, 1980). The National Center on Child Abuse and Neglect has sponsored a number of research, training and demonstration projects (Gil & Baxter, 1979). In the United Kingdom, there is much less information on the abuse of children in care (Westcott, 1991; Kendrick, 1994, 1997; Doran & Brannan, 1996). Several inquiries have been conducted and, most recently, parallel government enquiries in Scotland (Kent, 1997) and in England and Wales (Utting, 1997) have focused on the safeguards to protect children living away from home from abuse. Little research, however, has been done.

This paper will review the information about the abuse of children in residential and foster care. It will highlight the developments in the UK in organisation, management and procedures to prevent abuse by staff and carers in residential and foster care.

Abuse in residential and foster care

A recent overview of child protection research in the UK has highlighted that there is no absolute definition of abuse (Department of Health, 1995, p. 11). The issue of what constitutes abuse creates major problems in the identification of, and response to, abuse in residential and foster care (Rindfleisch & Rabb, 1984b; Rabb & Rindfleisch, 1985; Nunno & Motz, 1988). An early and useful definition identifies the particular features of institutional abuse as: 'any system, program policy, procedure, or individual interaction with a child in placement that abuses, neglects, or is detrimental to the child's health, safety, or emotional and physical well-being or in any way exploits or violates the child's basic rights. This abuse of children in out-of-home care is of three types: physical and sexual abuse; program abuse, and system abuse' (Gil, 1982, p. 9).

Physical and sexual abuse

Physical and sexual abuse is like abuse which occurs in family situations but is perpetrated by the professional carer or foster carer (Garrett, 1979; Harrell & Orem, 1980; Gil, 1982). Rabb and Rindfleisch (1985) also identify 'failure to provide' and 'emotional maltreatment' as forms of institutional abuse which parallel abuse in the family (see also Garrett, 1979).

In the USA, a nation-wide survey of residential establishments estimated that 'the rates of occurrence of complainable situations in residential facilities may be twice as large as rates of occurrence in families' (Rindfleisch & Rabb, 1984a, p 39). A number of authors have highlighted the physical and sexual abuse of children and young people in residential establishments in Australia (Single, 1989; West, 1996); Canada (Overton, 1993); Germany (Conen, 1995); Greece (Agathonos, 1983); the UK (Westcott & Clement, 1992; Lindsay, 1997); the USA (Blatt & Brown, 1986; Groze, 1990; Blatt, 1992) and the developing world (Tolfree, 1995).

Reflecting possibly the high-profile scandals, there has been an assumption in the UK that abuse of children in care tends to take place in residential homes (Waller & Lindsay, 1990).

However, studies have also highlighted the abuse of children in foster care. Cavara and Ogren comment on the large number of investigations carried out in the 570 foster homes of Hennepin County; 125 in 18 months, of which 29 incidents were substantiated (Cavara & Ogren, 1983). A UK survey identified 305 investigations of reported abuse in foster care during the year under study, representing 4% of foster homes; just over one-fifth of the cases were substantiated (Nixon & Verity, 1996). Bolton, Laner and Gai (1981) and Benedict et al. (1994) found that the rate of maltreatment in foster care was higher than that in the general population.

Studies provide information on abuse and neglect of children across different care settings. Rosenthal et al. (1991) describe 290 reported incidents of abuse and neglect in Colorado: 38% of complaints were of incidents in foster homes; 38% in residential treatment centres; 14% in group homes and 11% in institutional settings. In each setting physical abuse referrals were most common (59 - 64%); sexual abuse referrals were second in frequency (20 - 29%) and neglect referrals were least common (16 - 22%) (Rosenthal et al., 1991). Spencer and Knudsen (1992) calculated rates of maltreatment in care settings in the state of Indiana between 1984 and 1990. Over the period, the rate of maltreatment in residential homes was 120.35 per 1,000 children, at least seven times the rate in any other type of out-of-home care. The child maltreatment rates in other forms of care were as follows: foster homes 16.93 per 1,000; state institutions 8.88; hospitals/other facilities 15.66. This compares with a maltreatment rate in the child's family home of 11.59 per thousand (Spencer & Knudsen, 1992). In the UK, an analysis of calls made by 676 children to the national telephone helpline 'ChildLine for Children in Care' identified cases of sexual abuse in both residential and foster care and the evidence also suggested 'that physical abuse from carers was more of a problem for children in foster than residential care' (Morris & Wheatley, 1994, p. 39).

Programme abuse

Programme abuse occurs when 'programs within a facility are below normally accepted standards; have extreme or unfair policies; or rely on harsh, inhumane, or unusual techniques to teach or guide children' (Gil, 1982, p. 10). Gil includes over-medication, inappropriate isolation, mechanical restraint and disciplinary techniques. Excessive corporal punishment and inappropriate restraint accounted for almost half (47.8%) of the 232 allegations of abuse in New York psychiatric facilities (Blatt & Brown, 1986, p. 175; see also Blatt, 1992). Groze found that three-quarters of the confirmed cases of mistreatment of children were for 'inappropriate treatment' and this 'suggests that the majority of staff who mistreat youths in institutions do so by violating statutes, regulations, written rules, procedures, directives or accepted professional standards and practices' (Groze, 1990, p. 239).

Two cases of programme abuse in the UK have been the subject of major inquiries. In Staffordshire, at least 132 children were subjected to 'pindown' between 1983 and 1989. Pindown involved persistent isolation in an area cordoned off as a 'special' or pindown unit; removal of ordinary clothing and the enforced wearing of shorts or night clothes; persistent loss of 'privileges' and non-attendance at school, no writing or reading materials, no televi-

sion, radio or visits. While the pindown regime had a purported 'philosophy' to give children intense, individual attention, the Inquiry concluded that it was 'intrinsically unethical, unprofessional and unacceptable' (Levy & Kahan, 1991, p. 167). In Leicestershire, a purported treatment approach known as regression therapy involved dealing with young people as with a child under five, e.g., dressing the child; spoon-feeding or using baby bottles; 'the apparently bizarre use of the paraphernalia of babyhood in the treatment of adolescent boys and girls' (Kirkwood, 1993, p. 57). There were significant complaints 'because young people found the treatment to which they were subjected in the name of therapy to be abusive in itself' (Kirkwood, 1993, p. 62).

System abuse

Gil suggests that the third type of abuse, system abuse, is the most difficult to define, acknowledge or correct and gives examples of the damaging effect of 'foster care drift' and multiple placements to highlight the abuse 'by the immense and complicated child care system, stretched beyond its limits and incapable of guaranteeing safety to all children in care' (Gil, 1982, p. 11). Kahan states that 'stability and continuity are not only essential for good care but they are the necessary conditions for a child to grow up well' (Kahan, 1994, p. 104). However, over a number of years, research in the UK has highlighted the disruption and harm caused to children and young people by multiple care placements and changes in educational provision (Berridge, 1985; Berridge & Cleaver; 1987; Department of Health, 1991; Kendrick, 1995; Triseliotis et al., 1995; Berridge & Brodie, 1998). This has meant that young people have frequently left care with no educational qualifications and with limited opportunities for employment and housing; 'care leavers account for less than 1% of their age group, yet they are massively over-represented amongst those who are disadvantaged' (Action on Aftercare Consortium, 1996).

Factors in abuse in residential and foster care
Denial of abuse

Bloom (1992) suggests that the single greatest impediment to adequately protecting residential clients from sexual abuse is the attitude that 'it can't happen here' (Bloom, 1992, p. 133). Brannan, Jones and Murch (1993a; 1993b) highlighted that a significant feature in the investigation of abuse at Castle Hill School was the 'disbelief of other professionals and parents and their initial inability to accept and comprehend the sheer volume and extent of the abuse' (Brannan et al., 1993b, p. 273).

Institutions may be reluctant to report incidents of abuse because they fear damaging their reputation, and the possible loss of their credibility, referrals and licence (Gil & Baxter, 1979; Harrell & Orem, 1980; Durkin, 1982; Powers, Mooney & Nunno, 1990). 'In the authors' work with educational programs for deaf children in which sex abuse occurred, they have seen staff and students threatened and coerced into not talking to investigators, records destroyed, and children who sought therapy intimidated and ostracised... the reaction was denial, lying,

stonewalling and a Gestapo-like martial law environment as the crisis peaked' (Sullivan, Vernon & Scanlan, 1987, p. 258).

Placing agencies may also be reluctant to disturb the situation in relation to the most difficult young people who are placed in last resort placements (Rindfleisch & Rabb, 1984b); 'there is a cost to categorising a setting as unable to care for a child rather than simply unsuitable for a particular child' (Molin, 1988, p. 244).

Vulnerability and isolation of children in placements

'Institutions function as a closed system with their own established policies and procedures for operating and for defining their contacts with the outside world' (Nunno & Motz, 1988, p. 523; see also Harrell & Orem, 1980). The physical and geographical isolation of residential establishments reduces visits by professionals and families and there is thus more potential for the denial of abuse than in the wider community (Powers, Mooney & Nunno, 1990; Westcott, 1991; Spencer & Knudsen, 1992; Wardhaugh & Wilding; 1993; Berridge & Brodie, 1996; Doran & Brannan, 1996). Utting (1997) also highlights the isolation of children in foster care placements.

The power imbalance between adults and children is exacerbated by the residential environment: 'Children in institutions are frequently described as a 'voiceless' population, having no control over decisions affecting their current and future placements, and no influence over the quality of care they receive' (Westcott, 1991, p. 12-13; see also Gil & Baxter, 1979; Nunno & Motz, 1988; Brannan *et al.,* 1993a, 1993b; Wardhaugh & Wilding, 1993).

This is a crucial factor in preventing children from reporting abuse and has been highlighted in a number of Inquiry reports (Hughes, 1986; Levy & Kahan, 1991; Kirkwood, 1993). Siskind also stresses that children in institutions are often particularly vulnerable to sexual abuse 'because of their developmental lags and insecurities and their increased reliance on adults' (Siskind, 1986, p. 15)

Management and organisation

Berridge and Brodie, in their comparison cases of abuse in residential care in the UK, identify three common features: '...management of facilities and heads of homes tended to be ineffective or non-existent. Line managers also had minimal, if any, direct contact with units and so were in no position to observe malpractice, assuming of course that they would have recognised it. Adequate complaints systems were not in place' (Berridge & Brodie, 1996, p. 184).

Wardhaugh and Wilding stress the 'absence of clear lines and mechanisms of accountability' as a factor in institutional abuse (Wardhaugh & Wilding, 1993). Siskind identifies a number of 'administrative styles' linked with patterns of institutional sexual abuse: an autocratic director who discourages participation by staff and residents in shared decision-making; emphasis is placed on the difficulty of handling residents and on control; reliance is placed on theoretical or ideological models which tend to distance and dehumanise relationships with residents; and an oppressor mentality promotes hostility toward females, children or minorities (Siskind, 1986, p. 20).

Staff and carers

Residential workers are often overworked and underpaid and they have little say in decision-making (Gil & Baxter, 1979; Agathonos, 1983, Siskind, 1986; Baldwin, 1990; Powers, Mooney & Nunno, 1990; Nunno & Rindfleisch, 1991; Westcott, 1991; Spencer & Knudsen, 1992; Wardhaugh & Wilding, 1993). Nunno and Rindfleisch (1991) also point out that child care staff have conflicting demands placed on them with little support. Generally, they are poorly trained and inadequately screened (Gil & Baxter, 1979; Powers *et al.*, 1990; Westcott, 1991; West, 1995). Tired caregivers suffering from burnout may abuse children (Maslach, 1983, in Daly & Dowd, 1992) and a number of authors have identified the way in which burnout is characterised by increasing negative attitudes towards clients or children, including depersonalisation and dehumanisation (Maslach & Jackson, 1981; Mattingly, 1981; Swanson, 1987). Harrell and Orem suggest that 'institutional maltreatment often results from the gradual development by a staff member of a *pattern* of reacting impulsively and impatiently to residents and of resorting more and more frequently to physical solutions to the problems of confrontation and challenged authority' (Harrell & Orem, 1980, p. 16). Blatt and Brown (1986) found that staff to child ratio was one of the factors related to abuse incidents. Stressors such as staff lay-offs and the movement of groups of children to new living areas were also related to abuse incidents (Blatt & Brown, 1986, p. 178), as were particular times of the day such as early morning and early evening (Blatt, 1992).

McFadden and Ryan comment that much of the abuse in foster care happens 'not in inadequate families but in families stressed by the rigors of fostering, especially sequential overloading' (McFadden & Ryan, 1991, p. 215).

Targeting of residential and foster care by paedophiles

Paedophiles target work settings and activities which will give them access to children whom they can abuse: schools, hospitals, youth work, coaching of sporting activities. '...residential child care settings - in which there will be many children who are particularly vulnerable because abuse will have already become an integral part of their personal history - are likely to attract those individuals who might seek to take advantage of the position of responsibility and authority in which they are placed' (National Children's Home, 1992, p. 16).

Safeguarding children from abuse

There are three crucial aspects in safeguarding children from abuse. It is essential that children are listened to and that mechanisms exist to make it easy for children to make abuse and potential abuse known. Staff and carers must be of the highest quality, which demands rigorous procedures in selection and assessment, and ongoing training and support. Finally, there must be openness in residential and foster care through the involvement of families and the community.

Listening to children

The most crucial lesson from cases of abuse in residential and foster care is the need to listen to children and young people. There must be a culture 'which makes it easy for children to complain, and welcomes complaints for the positive contribution they can make to the development of services' (Gulbenkian Foundation, 1993, p. 102). Complaints procedures are statutory for authorities providing care for children and most local authorities have arrangements where children can make complaints privately, outside the line-management of the residential establishment (Warner, 1992). However, inspection reports and research have highlighted a lack of information and dissatisfaction with complaints procedures; children fearing reprisals if they complain (Moss, Sharpe & Fay, 1990; Lindsay, 1991; Triseliotis *et al.,* 1995; Lyon, 1997). Significantly, Triseliotis *et al.* found that awareness of complaints procedures was less common among those in foster care than in residential care (Triseliotis *et al.,* 1995; see also Fletcher, 1993). It is essential, then, that children and parents are provided with easily understood information about complaints and that they have support in using complaints procedures. Utting argues that children also need 'ways of airing and resolving grievances which are faster and less formal than statutory procedures' (Utting, 1997, p. 185).

Access to telephones and telephone helplines

The provision of easily accessible, private telephones in schools and residential homes may be the first step in providing children with a means to talk to someone about any abuse they are suffering (Home Office, 1991; Utting, 1991; Skinner, 1992; Westcott & Clement, 1992). However, children and young people in care often do not have access to a private phone (Fletcher, 1993; Triseliotis *et al.*, 1995). Telephone helplines have provided an invaluable support for children in care and important information on the extent of abuse. When ChildLine first reviewed the use made by children in care of the helpline, they 'found them to be among the most troubled and unhappy children to whom we have talked, and among the most isolated and alone' (Morris & Wheatley, 1994, p. 12). Kent calls for increased funding to ChildLine to ensure that all calls can be answered (Kent, 1997).

Planning and decision-making

The importance of including children and young people in decision-making and planning has long been recognised. Sinclair highlights that 'the right of children to participate is closely linked to their rights to protection' (Sinclair, 1996, p. 91). Kent (1997) states that the child's safety should always be considered in reviews. Utting expresses concern about a lack of progress in children's participation in reviews (Utting, 1997, p. 109). However, it must be recognised that the formal nature of review meetings, involving large numbers of professionals, may inhibit children from fully participating and those meetings will not always be appropriate for younger children (Kendrick & Mapstone, 1991; Sinclair, 1996).

Children's rights officers, children's organisations, and children's commissioners

Development of children's rights is crucial in promoting children's safety. 'Children's rights officers in social work departments can provide a useful background for children's rights and promote good practice in residential child care. They also provide an appropriate way of handling the vast majority of complaints and concerns' (Skinner, 1992, p. 44). Since the first children's rights officer was appointed in 1987, an increasing number of local authorities have established such posts, and many 'have entered into partnerships with voluntary child care organisations to establish some independence for them' (Willow, 1996, p. 31). Utting describes children's rights services as 'one of the most beneficial developments of the last decade' (Utting, 1997, p.111).

The collective action of young people in care has also been important in the development of their rights and entitlements (Willow, 1996; see also Lindsay, 1991; Kent, 1997; Utting, 1997). In the UK, organisations such as *Who Cares? Scotland* and *Voices from Care* provide support, advice and a campaigning voice for children in care. *Black and in Care* has been influential in raising awareness of the rights and needs of black young people (Black and In Care, 1992; Willow, 1996). *Safe & Sound*, a group formed by young people abused in care, provides a support and advice service and works with professionals to develop safe child care services (Safe & Sound, 1995).

There is an increasing demand for the establishment of the role of Children's Commissioner in the UK to promote the welfare of children; review legislation; issue codes of practice; review complaints procedures and report on the implementation of recommendations of child abuse inquiries (Williams of Mostyn, 1996; Kent, 1997). Children's Commissioners or Ombudsmen have been established in a number of countries throughout the world (Rosenbaum & Newell, 1991).

Selection and assessment of staff and carers

The second crucial factor in ensuring the safety of children is the quality of staff and carers. Selection and assessment procedures must prevent, as far as is possible, the entry of paedophiles and other unsuitable people into residential and foster care. Staff and carers must also be supported and trained to ensure the highest quality of care.

Many of the inquiry reports dealing with abuse in residential care have highlighted inadequacies in recruitment practice (Levy & Kahan, 1992; Williams & McCreadie, 1992; Kirkwood, 1993). Following the trial and conviction of Frank Beck in Leicestershire, an inquiry was established to look specifically at selection and recruitment methods for staff working in children's homes (Warner, 1992). The Support Force for Children's Residential Care (SFCRC) was also established to offer advice on the appointment, selection, support, development and training of staff (SFCRC, 1995a). The Warner Report and the SFCRC stressed the need for improvement in selection and assessment and both 'Safeguards' reports strongly endorse the Warner recommendations and the work of the SFCRC (Kent, 1997; Utting, 1997).

Rigorous selection procedures begin with good job descriptions and person profiles for

posts, and the external advertising of posts. The selection process should make appropriate and considered use of written exercises, group exercises, aptitude tests and personality tests. All short-listed candidates should be required to visit the residential establishment and meet with staff and young people (Warner, 1992; SFCRC, 1995a). There are also strong arguments for involving young people in the selection of staff (Lindsay & Rayner, 1993; SFCRC, 1995a). The selection process should explicitly address attitudes to the control and punishment of children and issues of power and sexuality (Warner, 1992; SFCRC, 1995a; Kent, 1997). These issues also need to be addressed in the selection and assessment of foster carers (Francis, 1991; National Foster Care Association, 1993).

Inquiries and inspection reports have raised a number of concerns about references, police checks and other vetting procedures. 'Choosing with Care' stressed the importance of using references to gain detailed information on a candidate's strengths and weaknesses and disciplinary history (Warner, 1992) and appointments should never be made subject to references (SFCRC, 1995a). One foster agency, with the permission of applicants, specifically asks referees 'whether they have any reason to believe that the applicant(s) would physically or sexually abuse a child' (Francis, 1991, p. 73).

Checks on criminal records are widely considered to help protect society against people who may seek to abuse positions of trust. They are not the sole answer to ensuring the applicants' suitability, as 'many people who abuse positions of trust are not known to the police and have no previous convictions', but they can act as a deterrent (Scottish Office, 1996, p. 1). Other sources should be used for vetting potential employees. In England and Wales, the Department of Health maintains a list of people who have been dismissed or have resigned in circumstances which suggest the welfare or safety of children has been put at risk, or following convictions for offences which suggest a risk to children (SFCRC, 1995a; Kent, 1997).

The National Commission of Inquiry into the Prevention of Child Abuse recommended that a fully integrated and automated system should be established 'to record information about all those working in children's services found guilty of, or cautioned or subjected to formal disciplinary action for, any kind of assault against children or other serious misdemeanour which has placed children at risk' (Williams of Mostyn, 1996, p. 51). Given the lack of regulation of the UK social work profession, both 'Safeguards' reports recommend professional registration, either through a General Residential Child Care Register or the establishment of a General Social Services Council (Kent, 1997; Utting, 1997).

However, no matter how intensive the selection, assessment and vetting procedures for residential staff and foster carers, it is unlikely that they will ever be able to effectively screen out all abusers. It is therefore essential that the possibility of abuse in out-of-home care is always recognised and mechanisms to detect and investigate abuse are in place (Francis, 1991; Utting, 1991; Pringle, 1993).

Support of carers and staff

Regular and effective supervision is essential in promoting a positive, child-centred culture in residential care and providing a close monitoring of staff performance. Both 'Safeguards'

reports endorse the work of the SFCRC (1995b) on supervision and urge further improvements in staff supervision (Kent, 1997; Utting, 1997).

Support for residential staff should also be provided by other specialist staff. Warner was concerned that 'the picture to emerge from our visits is that too often staff in children's homes are left to cope with abused, disturbed and violent young people without access to the specialist psychiatric and psychological services that are needed' (Warner, 1992, p. 144). Foster carers should also have access to specialist staff and be provided with practical support to foster carers to prevent burnout and stress-related abuse (Boushel, 1994).

Training

Training and staff development ensure that practice does not stagnate. In addition, it can prevent poor practice becoming the norm by encouraging staff to reassess their approaches and procedures. It is the prime means of bringing new ideas and practices into children's homes. Training is essential to good child care practice and, ultimately, to the safety of children (Warner, 1992, p. 113).

Following the reviews and inquiries of the early 1990s, a number of training initiatives have been established to increase the levels of qualifications of residential staff (Skinner, 1992; Berridge & Brodie, 1996; Utting, 1997). However, both Kent and Utting call for the co-ordination of training of residential child care staff and the development of training curricula to include issues relevant to the safety of children (Kent, 1997; Utting, 1997). Kent makes the case for the development of the role of the 'social pedagogue' in the UK to raise the status and profile of the residential child care career (Kent, 1997; see also Durkin; 1982; Crimmens, 1994; Madge, 1994).

In relation to foster carers, there has been increased training addressing the issues of abuse and the safety of children (Kendrick, 1997). While Kent states that foster carers 'are now exposed to very thorough training as an induction to the service' (Kent, 1997, p. 70), Utting expresses concern about the levels of training (Utting, 1997, p. 130). It is vitally important that foster fathers are involved in training about abuse and its effects on the victim, as is the need to prepare other children in the foster family (Macaskill, 1991).

Inspection, monitoring and standards

'The primary function of inspection... is serving the public interest by providing an additional safeguard for vulnerable people' (Utting, 1997, p. 176). While praising the work of inspectors, Kent and Utting express concern at the complexity of the inspection systems and the fact that while some children's services are subject to several types of inspection, others are not subject to any regular inspection (Kent, 1997; Utting, 1997; see also Burgner, 1996). They recommend that all services should be brought within the inspection framework and that there should be standardisation of formats for inspection reports to allow easier monitoring (Kent, 1997; Utting, 1997; see also Williams of Mostyn, 1996). In England and Wales, the Social Services Inspectorate published standards for residential care to support inspections of residential

child care services (Social Services Inspectorate, 1994) and Kent recommends that, for Scotland, 'there should be national standards for inspection together with associated Guidance for Inspectors' (Kent, 1997, p. 117).

Whistleblowing

The fear of retaliation and dismissal is a real issue for staff in reporting abuse by colleagues. Staff in all children's homes must be able to raise concerns outside their line management structure in the confidence that genuine complaints will not have repercussions for them in their day-to-day work or their later careers (Warner, 1992; see also Gulbenkian Foundation, 1993, Public Concern at Work, 1997). Both 'Safeguards' reports stress the duty to report concerns about the safety of children and that staff should have access to a named person to whom they can go with suspicions or concerns (Kent, 1997; Utting, 1997; see also Vinten, 1994; Public Concern at Work, 1997). A number of states in the USA have passed specific legislation to protect employees who report in good faith (Besharov, 1987) and Utting argues that in the UK, 'the individual employee's position would be substantially strengthened by legislation' (Utting, 1997, p. 159).

Family and community involvement

It is essential to reduce the social, physical and geographical isolation of residential and foster placements. Kahan advocates that everyone visiting a residential establishment in an official capacity should be aware of their responsibility to safeguard the welfare of the children living there and 'it is important that parents, placing agencies and others with an interest in the children have regular access to the home or school to help ensure that children's welfare is properly safeguarded and promoted' (Kahan, 1994, p. 187). In England and Wales, local authorities have a duty to provide a child with an independent visitor if he or she is out of contact or in infrequent contact with a parent, but local authorities fall short of what is required. Utting considers that 'independent visitor schemes should be developed to the fullest extent possible' (Utting, 1997, p. 112). Kent also recommends that 'every child living away from home without immediate access to a parent should have a befriender or independent person or guardian appointed' (Kent, 1997, p. 123).

Building community supports through linkages to family, neighbourhood, and other caregivers is another crucial aspect in safeguarding children (Whittaker, 1987). 'The increased awareness in the community about abuse and related issues means that adults unconnected with the care system may be happy to take up cudgels on behalf of a young person they have come to know through community activities' (Kent, 1997, p. 84). Similarly, Boushel highlights how a 'rich social network' for children in foster care can provide 'potential confidantes, role models, opportunities to develop social skills, and intellectual and social stimulation' (Boushel, 1994, p. 36).

Conclusion

While improvements have undoubtedly taken place in policy and practice, and many of the current scandals relate to abuses in the 1970s and 1980s, there can be no room for complacency. It is crucial that a holistic and integrated approach to the care and protection of children and young people is adopted. This must take into account their experiences of care on a day-to-day basis and link this to the wider organisational and policy contexts in which care is provided; to the relationships between different professions and agencies; and to the social, economic and legislative processes which underpin the provision of care and the protection of children. Providing a safe and caring environment involves action at all levels; in day-to-day practice, in management and planning and in politics and policy-making at local and national level. Children in the care of the state have often experienced abuse and neglect in their own home environment: the least they should expect is safety from abuse when in care.

> 'Who can we trust? Who do we trust? Who should we trust?' (young person abused in care, Safe & Sound, 1995, p. 8).

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