Editor's note

Background to special issue

This special issue of the *International Journal of Child and Family Welfare* reproduces some of the keynote presentations from a conference that was held at University of Wales Swansea on 17-18 September, 2001. The conference was entitled *Residential Care: Last Resort or Positive Choice? Lessons from Around Europe.* The event brought together leading commentators from various European countries and policy makers and practitioners from Wales and England. The conference was organised by Prof. Dr. Matthew Colton and colleagues at the University of Wales Swansea in association with officials from the National Assembly for Wales and the European Scientific Association for Residential and Foster Care (EUSARF). The conference was funded by the National Assembly for Wales and the opening speakers included the Minister for Health and Social Services of the National Assembly for Wales, Jane Hutt, and the Children's Commissioner for Wales, Peter Clarke.

The office of the Children's Commissioner for Wales was established following a recommendation by the 'Waterhouse report' on the abuse of children and young people in care homes in North Wales (House of Commons, 2000). The purpose of the conference was to provide policy makers and practitioners in Wales with an opportunity to learn about encouraging developments in residential care in other European countries. The papers presented at the conference and included in this special issue explore residential care in Belgium, the Netherlands, Norway, Poland and Spain.

Issues in residential care

Residential care for children and young people in Europe can be traced back to the middle ages. However, contemporary approaches have their immediate origins in the 19th century. Large residential institutions were established in many countries to care for children who were orphans or had been abandoned by their parents, usually because of poverty. Institutions were also erected to protect society from a perceived threat to social order posed by so-called 'dangerous children'. Churches and charities played a major role in the running of institutions in many countries. Rigid daily regimes were based on discipline, training and religion. In this Special Issue, Tjelflaat describes the mouldy mattresses, filthy urinals and regular beatings that were part of the life of children in residential care in Norway in the early 1900s.

Residential Care as the Last Resort

By the end of the 1960s, residential institutions had become places of last resort in some countries. Residential care was criticised for providing out of date education and repressive regimes that failed to meet the individual needs of children and young people (Colton and Hellinckx, 1994). The last three decades of the 20th Century saw the widespread decline of residential care in all European countries and a corresponding growth in foster care. Hellinckx,

writing in this Special Issue about residential care in Belgium, has suggested five reasons for the decline in residential care: the fact that children in need of care now usually do have parents and, thus, a more family-oriented placement may be preferred; a new attention to the voices of children and their parents; the rise of ecological and systems theories, which do not fit well with residential care; the often negative impact of research studies; and, of course, the cost.

In Poland, Stelmaszuk provides a fascinating insight into the role of residential care before, during and after the communist era of 1945 to 1989. She observes that the 2000 amendments to the Social Welfare Act of 1990 were expected to lead to a shift away from residential care but the difficulty of finding foster parents has meant that residential care still lies at the core of the child protection system. Indeed, in a country with unstable economic conditions and impoverishment in rural areas, residential care is often the only way for young people to finish school and obtain vocational qualifications.

The trend toward the increasing use of family placement is further advanced in the United Kingdom (UK) than in other EU countries. Local authority social services in the UK look after some 65,000 children and young people, the majority of whom are placed with foster carers. Currently, there are less than 10,000 children in residential care in England. In Norway, the ratio of placement in institutions to placement in foster homes is even smaller: 2 : 8. However, in the Autonomous Region of Catalonia in Spain, Del Valle and Casas report equal numbers of children in residential and family foster care (about 13,000 in each type of care in 1997). In Poland, the ratio tilts in favour of residential care: Stelmaszuk reports over 62,000 children in residential settings, compared with 50,000 in non-residential care. In the Netherlands, admissions into institutions are increasing despite Dutch government policy which is directed towards decreasing the use of residential care.

The proportion of children in residential and non-residential placements respectively obviously has much to do with the perceived status of residential care as compared with family placement in the eyes of the various governments. Hellinckx describes residential care in Belgium as the current 'pariah' of child care and makes a strong case for the inclusion of 'rethought' residential care in a continuum of services that would also include prevention, support, and foster family placement. However, relative status does not explain the situation in the Netherlands, for example, where residential care is viewed as less desirable than foster care, yet more children are being placed in residential homes and, indeed, waiting lists for this type of placement point to a serious capacity shortage. Knorth explains the Dutch situation by remarking on the increased incidence of violent offences by young people (such as robbery with violence and attempted murder) coupled with a reduced tolerance for such crimes by society.

In the UK, residential care is usually reserved for the most troubled and difficult youngsters. Around two-thirds of young people in residential care are there because they have emotional and behavioural problems that preclude other placements. They are typically aged 13 or 14 and have experienced a succession of broken foster care placements. About a third of the young people in residential care had been sexually abused prior to placement (Warner, 1997).

Normalisation as it affects Residential Care

There has been a move away from large-scale institutions towards small-scale homes with an average of ten child-care places per home. Hellinckx remarks that, in Belgium, not only have the large asylum-like facilities been replaced by smaller houses or flats but the location takes into account the needs of the target group, placing adolescents for example in flats in the inner city. This attempt to ensure that residential facilities resemble family environments as closely

as possible is part of the process of normalization. Del Valle and Casas comment that, in Spain, normalisation efforts also encourage the use of community resources so that, rather than providing education, medical assistance and so forth on site, children are integrated into community life through obtaining these services within the community. In Norway, a white paper issued in 2000 has emphasised that young people should not be exported out of their communities but should receive services close to home.

Professional Development of Residential Care Staff

Professional development of residential staff has also advanced in Spain. At the beginning of the 1990s a new 'social educator' qualification was introduced, involving three years of university study and leading to a career in residential child care or other community programs. Tjelflaat similarly remarks that Norwegian residential homes are staffed by highly professional caregivers. However, in Belgium, Hellinckx observes that professionalism in residential care has been neglected for a very long time and specialised training is now very much needed. Similarly in the UK, despite having exceptional needs requiring highly skilled intervention, young people placed in residential care are looked after by largely unqualified and untrained adults. An estimated 15,000 staff work in children's homes in England. In London, for example, it was found that around 80% of care staff and 40% of heads of homes in the local authority sector have no relevant qualification (Warner, 1997). In the UK residential work with children and young people is the poor relation of a developing profession whose legitimacy is subject to ongoing challenge. The education and training, salaries, supervision and support, for residential care workers have, on the whole, all compared unfavourably with that given to field social workers.

Abuse by Caregivers

Extensive research undertaken in the 1980s showed that the child-care system in the UK was failing badly when judged against the outcomes for children and young people. All aspects of their development were found to be more problematic than those of children cared for by their own families or adopted at a young age (Department of Health, 1991). Moreover, public confidence in the care system in the UK has been shaken by numerous highly publicized controversies surrounding the physical, sexual and emotional abuse of children and young people, especially those in residential institutions.

A succession of official reports chronicle with disturbing similarity how the residential care system in all parts of the UK has failed to protect vulnerable youngsters in residential homes. Most recently, the Waterhouse inquiry into child abuse in residential institutions in North Wales revealed a dreadful pattern of sexual abuse by paedophiles operating alone or semi-organised 'rings' (House of Commons, 2000). Police forces in every part of the country have launched investigations into historical cases of abuse in children's homes.

The following have been identified by Wardhaugh and Wilding (1993) as factors that contribute to the abuse of people in residential institutions.

1. The neutralisation of normal moral concerns – those who are abused come to be seen as less than fully human. Children and young people in care are perceived as less than fully sentient beings because of their age, and are thus subjected to forms of behaviour and treatment that would be unacceptable with those not so stigmatised.
2. The balance of power and powerlessness in organisations – those responsible for highly vulnerable groups such as children and young people have almost absolute power over them.

3. Particular pressures and particular kinds of work – children in residential care lack value and worth in the eyes of society; they are easily stereotyped, and this affects the resources made available for their care.
4. Management failure – across most responsibilities at all levels of management.
5. Enclosed, inward-looking organisations – that serve to stifle complaints, criticism, and new ideas, and encourage routines and patterns of practice that are rigid and conservative.
6. The absence of clear lines and mechanisms of internal and external accountability – thus frontline staff are, in effect, unsupervised, and the organisation comes to judge itself by its own internal standards.
7. Particular models of work and organisation – this includes mistaken notions of professionalism, hierarchical structures, the concentration of those regarded as the most troublesome clients in one place, large size of some institutions; and bureaucracy.

Thus, although improved education and training, supervision, selection systems and registration can all make an important contribution to improving standards, it is clear that professionalism is not a panacea for the problems of the UK child and youth care system. Indeed, the professional's ability to make decisions in the 'best interests' of the child may override any concept of children's rights and natural justice.

Attention has also been drawn to issues of masculinity in relation to sexual abuse by men who work with children and youth. Woolmer (2000) has argued that the fundamental cause of abuse in residential care homes in the UK was the gradual replacement of women caregivers by men that appears to have occurred since the end of the 1960s. Given that most perpetrators of sexual abuse in residential care homes are men convicted of offences against boys, some may feel that only women should be employed. However, Woolmer (2000) contends that this would compound the tragedy, and that it is essential to employ good male social workers to look after teenage males with effective safeguards before and after men are employed.

Others believe that we have failed to take on board the scale of the paedophile problem and the potential sources of harm they represent to children in residential settings of all kinds, not just children's homes. The National Criminal Intelligence Service has a list of about 4,500 convicted or suspected paedophiles in the UK, and there are some 200 paedophile rings with roughly five members each. Research suggests that, on average, an abuser will have attempted or committed 238 offences before he is caught. A survey of 232 abusers found that they had committed 55,000 offences between them on 16,400 children (Warner, 1997).

Thus, it appears that the nature and scale of potential offenders, and the attraction to them of residential childcare settings, makes it vital to have effective checks in place for children's homes and to change their cultures. From this perspective, it is encouraging that the UK government has established Care Councils in England, Northern Ireland, Scotland and Wales with responsibility for setting standards and for the registration of those working in the services, including residential social workers. Another welcome development is the UK Government initiative called 'Quality Protects'. This is a major programme designed to transform the management and delivery of social services and is accompanied by the injection of substantial financial resources to help local authorities improve the quality of services.

Children's Rights

Significantly, at least half of the factors referred to in the previous section concern the transgression of human rights. It is evident, therefore, that any serious effort to improve the quality of residential care for young people must involve increased emphasis on their rights. The

Children Act 1989 which relates to England and Wales did seem to take children's rights more seriously than previous legislation, and provided new opportunities for advancing the wishes, autonomy and independent actions of children and young people. However, the Act does this in a very qualified way. A broader, more creative, approach is required.

In the same context, Hellinckx observes that the term 'child care' as used in the Convention on Children's Rights originally referred to child protection not protection of children's rights, and particularly not protection of children's rights from the child's perspective. The emergence of the ecological perspective in residential care marks, among other things, an important shift from the idea of the child as a passive object to be protected to the idea that it is necessary to involve children, as a group, in the identification of their interests.

Allied to the idea of children's rights is the broader concept of client empowerment. Hellinckx remarks that in Belgium the attitude of child welfare professionals towards parents was, for many years, blaming and patronising. More recently, the voices of children and their families have been heard, not only through the media but also in scientific publications.

Nevertheless, partnership with parents, though widely lauded as an admirable goal, continues to be imperfectly achieved. Knorth remarks that parents of children in residential care in the Netherlands are usually involved in admission and after-care decisions but not in decisions about daily care within the institution. Youth, similarly, are rarely involved in decisions about treatment issues.

Organizational Issues in Residential Care

The other factors contributing to abuse referred to above appear to be related to bureaucracy. Many residential institutions in the UK are both formal organisations in themselves and also a part of larger formal organisations. But whilst bureaucratic organization may help residential institutions to control heterogeneous groups of young people, it prevents them from fulfilling their officially avowed caring function (Colton, 1988). Hellinckx makes the point that residential care that does not address a clearly defined target group is doomed to failure because the target group and the care components are inseparably linked. A facility for child prostitutes addicted to heroin, for example, should be quite different from a facility for adolescent boys with conduct disorder. In the Netherlands, there are indeed categories of residential care, funded by different government departments. One of these is for youth with psychiatric disorders funded by the health department. Hellinckx avers that even a classification based on a psychiatric diagnosis is not enough, but it is certainly an advance on the 'one size fits all' system that presently holds sway within the United Kingdom.

In Norway, the Youth Care Bureau is responsible for all placements of children and youth and the direct placement of a child into a care setting is no longer possible. The Youth Care Bureau assesses the needs of every child through screening and makes decisions about desired outcomes in consultation with the client. The child is then placed in the programme best suited to achieve these outcomes. Hence, services in Norway are tailored to fit the child rather than the other way around.

Discrimination and Oppression

It is hoped that the UK Government's actions signal that the welfare of children and youth in public care is at long last receiving the priority it deserves. However, the appalling abuse suffered by children and young people in residential homes throughout United Kingdom ulti-

mately reflects deeply embedded social attitudes and associated structures of inequality. Although generally sympathetic towards child victims of abuse, there is long-standing anxiety about the threat to social order represented by troubled and troublesome youth. Ambivalence is fuelled by the social class background of the young people concern, by racism and by negative attitudes towards disability.

Research shows that the number of black children placed away from home is disproportionately high, that black children are more likely to be placed in residential care than foster care, and stay in care longer than white children. A 1993 survey of European Organisations by the European Forum for Child Welfare showed that few children from ethnic minority groups are placed in families of the same ethnic origin (Ruxton, 1996). Knorth reports that in the Netherlands more than half of the residents in juvenile custodial care institutions (funded by the justice department) come from an ethnic minority group whereas ethnic minorities comprise only 21% of youth under 25 in the general population. Europe-wide data are required on the extent, reasons, and consequences of differential rates of admission to care from different ethnic groups, and how best to recruit and support caregivers from all ethnic and religious groups.

Sexual orientation is a second area of concern for anti-oppressive practice. In the UK the special problems of young lesbians and gay men placed away from home have been highlighted (Ruxton, 1996). Much of the evidence appears anecdotal and further research is required. Research is also required to shed light on the controversy surrounding the placement of children with homosexual carers.

Integrating services for disabled children constitutes a further challenge to care agencies across Europe. Disabled children face discrimination in all countries: they lack access to buildings, transport, health and social care; their opportunities for education, training and work are severely restricted; and, they suffer stigma and abuse. Alarmingly, the number of disabled children in Europe remains unknown. Current classifications of disability reinforce medical approaches, and fail to recognise the impact on disabled children of wider discriminatory and oppressive attitudes and social structures (Ruxton, 1996).

Alternatives to Residential Care

In Belgium, as in other European countries, the decline of residential care was concurrent with policies intended to stimulate the expansion of foster care. Many new types of foster care were developed (Colton and Williams, 1997) and increasing numbers of children previously considered unsuitable for family placement were placed with foster families.

Day care is also seen as a desirable alternative to residential placement. Day-care centres which support the child and family and co-operate with the child's school have become a vital link between the family and child welfare in many European countries. However, as Hellinckx remarks, day care is not a valid alternative for young people with extremely difficult behaviour or children at risk of being abused.

The 1980s saw the rise of family support and family preservation programmes both in Europe and in the United States. Despite criticism of these programmes in the 1990s, it is still generally agreed that they represent a significant step forward in the advancement of children's welfare. Nevertheless, it is also apparent that no one form of care can meet the needs of all children and families with their very different problems in their range of circumstances. We might give reasoned consideration to the 'care to measure' principle advocated by Hellinckx, in which a continuum of care alternatives, including residential care, is flexibly tailored to meet the needs of the individual child.

Research

In most European countries research on residential care is funded by central and local government and, to a lesser extent, private and charitable agencies. Research is usually carried out at Universities, or at research units affiliated to Universities. Indeed, much research is completed in pursuit of academic qualifications in a range of disciplines. Governments usually only fund research on an ad hoc basis. Consequently, funding is often only given to projects reflecting policy concerns of governments; and research centres cannot plan long-term programmes. Moreover, the funds for research are limited; indeed, research is often commissioned to identify how spending on services can be redirected and/or reduced.

A more coherent approach has been followed in the UK, which has a well-established tradition of child welfare research. Yet, whilst the high level of central control has resulted in an abundance of policy relevant empirical studies, there is a conspicuous lack of support for theoretical research, academically relevant empirical work, and for critical research. Funded research often reflects the government's interpretation and construction of social problems. In this context, it is not surprising to find a manifest failure to develop new methodologies and widen the focus of research. Further, whilst research findings have been disseminated effectively and incorporated into policy and practice in the UK, the lack of follow through has meant that the necessary changes in philosophy, structure and practice have, all too frequently, not occurred.

Welfare interventions themselves can also generate problems for clients. Tjelflaat comments on research showing that young people can become more disturbed and disaffected during their stay in an institution and that even when benefits are achieved, they are not long lasting. Hellinckx quotes Melton, Lyons and Spaulding's (1998) conclusion that "there is little evidence of the effectiveness of residential treatment, especially relative to well-conceptualised non-residential alternatives". However, Hellinckx also remarks that this conclusion might be challenged on a number of counts, not least the over-simplified way in which research results are sometimes presented to policy makers. There is a need for more research which exposes bureaucracies to external scrutiny, and which seeks to redress the emphasis on issues proposed by policy makers with studies that begin with problems identified by other groups, not least young people. Equally, if research is to make a greater contribution to practice as well as policy, residential practitioners have to be convinced that research can be helpful, contribute to the formulation of research questions, and command some degree of purchasing power. In the same vein, researchers must be willing to respond appropriately to practice needs.

Despite the big differences between European countries in the level and scope of research on residential child-care, there is room in all countries for more emphasis on evaluative studies of both the processes and outcomes of intervention and residential placements. There is currently a lack of adequate data on the most basic questions, such as:

- How many children enter and leave residential care each year?
- How many children from ethnic minorities are placed in residential care?
- How many young people with disabilities are looked after in residential settings?

In addition to such basic data, we also require: the systematic collection of reliable information to identify needs and priorities; comparative research about different legal and policy frameworks and their effects; research comparing the outcomes of particular types of service; and comparative studies on children's perceptions of their circumstances.

In this Special Issue, del Valle and Casas describe some of the very few research studies on residential child-care in Spain. One outcome evaluation found that 87% of a sample of young people discharged from residential care were doing well in terms of socio-economic situation,

health, employment, family relations, and social integration. Other studies, however, are far more negative, pointing to deficiencies in process as well as inadequacies in outcome. There are, in short, many thousands of studies in the field of residential care, using different populations and methodologies, producing results which are often contradictory, and contributing less than they might to policy and practice because researchers often prefer to conduct their own studies rather than focus their attention on review, synthesis and summary. Grietens has tried to address these difficulties in the area of correctional treatment for juvenile delinquents by producing a paper for this Issue on a review of designs and findings from statistical meta-analyses. He draws attention to three considerations to be taken into account when trying to interpret findings with respect to their significance for policy.

The first consideration concerns measures of outcome or change. For example, some studies use recidivism as an outcome measure while other studies use behavioural or attitudinal changes on the part of the offender. Recidivism is a very conservative outcome, measuring the generalization of treatment effects over time. Conversely, behavioural and attitudinal changes measured during treatment offer information on the direct effects of a treatment programme. Grietens remarks that measuring the direct effects of a treatment programme and measuring the generalization of effects should be carefully separated in evaluation research.

The second consideration is the size of the change. For example, Grietens's secondary analysis showed that treatment of juvenile offenders produced an average reduction in recidivism of about 9%. This is quite low compared to the general effects of psychotherapy for behaviourally and emotionally disturbed young people. On the other hand, it is quite similar to some effects of treatment in the medical field: heart bypass surgery, for example, and some cancer treatments. Hence optimism or pessimism about the outcomes of treatment for juvenile offenders depends on the reader's knowledge of the effects of treatment in different fields and his or her interpretation of what 9% means in that context.

The last consideration is geography. Grietens found a remarkable difference between continents in that recidivism effect sizes are substantially lower in North America than in Europe. He warns that this difference may have to do with differences in the juvenile justice system or different criteria for police intervention rather than actual differences in rates of reoffending. Comparisons between countries are often suspect because of the large numbers of variables that need to be taken into account.

In sum, this Special Issue, provides a fascinating exploration of the present state of residential child-care in five very different countries within Europe together with identification and discussion of current issues and suggestions for future improvement.

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