

Now and then: Reflections on practice

Jean Cran and Irene Stevens

Abstract

This reflective paper was inspired by the SJRCC special edition on history. The paper focusses on the experiences of the authors as residential child care workers in the 1970s, 80s and 90s in Scotland. Having worked together in two different group care settings, they used their own experiences and relationship to reflect on the 'Now and Then' – what felt right and what has changed. The authors acknowledge that some aspects of care have improved, particularly in the areas of qualifications and safeguarding. However, they also conclude that the need for warm and genuine care still exists and can be even more of a challenge to provide than it was in the past.

Keywords

History, residential care, rhythms, community

Corresponding author:

Irene Stevens, irnstevens@aol.com

Introduction

The authors of this paper worked as residential child care practitioners across a range of settings between 1978 and 2010. We continue to be involved as educators and consultants and wanted to share some reflections on our past experiences and what we think are priorities for current practice.

Reflections on the 1970s: Irene

When I got my first job in residential child care, I was 20 years old. The children's home was a large house with a huge garden in a leafy middle class suburb. We had around 20 children, aged from eight months old to 16 years old, including sibling groups. All bedrooms were shared and we had a 'baby and toddler' room. Arrangements were made in the house to have our oldest child (a boy) in a small room on his own.

I was recruited through a friend of a friend. I didn't know what a children's home was, I had no experience of social work and no qualifications. I was a houseparent, and the shift was led by senior houseparents. I did no writing at all. If any recording was done, it must have been done by the seniors. Ours was a busy house but my overwhelming sense of it was that it was warm and welcoming.

We stayed across the road from a large park. In good weather, we would take most of the children over to the park. We would also go further afield...no need for risk assessments. At Christmas or during the holidays, if a child had no relatives to go to, it was common for staff to take the children to their own

homes or on holiday with them. Looking back, it felt like a giant family. This was before social policy changed and fostering was made a priority for children who needed to be looked after away from home. There was lots of hugs and closeness in the house, between both staff and children. Older teenagers often helped the younger children in the house, or played with them.

On reflection, it was never considered that child abuse might happen. That potential danger existed when children went home with staff or went on holiday with them. There were no qualifications. The matron and deputy matron were trained nurses, which wasn't exactly relevant. There were no occupational standards or independent inspections. Occasionally, meetings would be held in the house. Houseparents never attended these so didn't really know about the issues for the child or the proposed care plan. Decisions were made and we would be told that a baby or toddler was leaving. The older children tended to stay.

Nowadays, staff are more knowledgeable and involved in placement and care planning. We are getting better at helping children and young people to participate in decisions. We are much more aware of children's rights though we are still struggling to understand what rights-based practice means. Children's homes are much more diverse in nature and tend to be smaller and based in local communities. We are getting better at inter-disciplinary work though we still need to advocate to be recognised as equal with our fellow practitioners from other disciplines such as social work and teaching. We have a distinctive and necessary role, and often we are best placed to know children and young people well. We need to remember that, and to continue to develop our self-confidence as practitioners.

On reflection, it seems to me that there is not enough spontaneity and there is certainly not enough practice that gives children and young people the message that they are loved and cared about. There is a need for a qualified and critically thinking staff group but there is also a need for staff who care and who are allowed to truly care and to use their initiative. I feel ambivalent about care inspections. They focus on what can be seen (e.g. recordings, size and state of rooms, number of staff on shift etc) but don't focus on the intangibles, such as how cared for or safe a child actually feels. This, to my mind is much more important. I think inspections and ratings mean that too much time can be spent providing paper evidence, to the detriment of actually doing the good work needed.

Moving into the 1980s and 1990s: Jean

I commenced my career in residential care in the early eighties, at a time when there were no National Standards and little regulation. Establishments were run depending on the value base and practice of those in charge. However the care provided in my experience would have stood up to the rigours of today's standards and inspections. In the eighties we discovered child abuse but for the purpose of this paper, I would like to focus the positive experiences that helped children thrive.

I believe the majority of children experienced being cared for and had their dignity upheld. I reflect positively on my experience of daily routines and structures. Staff knew that routine was important for children, such as bedtime routines and sitting down together for meals. They believed it was in the child's

best interests but few would have been able to articulate this or connect it with sociology or psychology.

During my career, I worked in a variety of residential settings from community care to secure care. Although varied, I can say with some confidence that children's primary care needs were met. Their health was seen as important: each child visited the optician annually and also the dentist. Staff took pride in walking children to school. The children wore appropriate uniforms, their hair was clean and shoes polished. Homework was part of the daily routine after school. Today, in my role as educator, it saddens me when I see children commence the day looking dishevelled, with staff telling me "it's the child's choice".

The nineties brought major changes to residential child care with Another Kind of Home (Skinner, 1992). This report emphasised to external and internal management the importance of introducing National Occupational Standards and training. There was nothing earth shattering in the recommendations: many of them have been stated in previous reports since 1945. But we were ready to listen. By having a qualified work force, no longer would establishments be run only on the basis of what the manager thought.

We also saw the introduction of Who Cares? Scotland¹. Today they provide amazing support to children. In the beginning, however, there were a few teething problems. One example was the distribution of a leaflet called 'Your Rights' to all residential establishments. Sadly, there was no input to explain rights-based practice to children or staff. As a consequence, children demanded

¹ www.whocaresscotland.org

that all rights were immediately met, but this simply wasn't possible. For example, it was the practice to share a bedroom, sometimes with one or two other children, yet the leaflet said that children had a right to a room of their own. Staff could not change the numbers being accommodated or the size of units. Sadly, this led to residential staff being viewed as rigid and not supportive of children's rights. Not a good start!

The promotion of fostering was a major social policy shift. While positive in its intention, we shifted from children living in 'home like' accommodation to 'units' for adolescents and 'last resort' status for residential care rather than a positive option. When children lived in mixed age homes they had opportunities to display and develop caring attitudes and skills to younger children, and this was sadly lost. I believe by housing adolescents together, we give them a poorer experience. Child development tells us that adolescence is a difficult time and particularly for those who experience trauma. For many it is neither good nor desirable to live with six other teenagers, all vying to be the leader or to have their high level of needs for attention and nurturing met. This is not a 'family like' experience. For many, their needs were better met when there was a range of age and need in the unit.

In recent times the increase in regulation and registration has in many ways depersonalised the 'care' children experience. We display care in a number of ways. Everyone can see the physical care: clean appropriate clothing, clean bed, healthy menus. However, what about positive reinforcement for the child doing well? Who is giving the hug when the child hurts? Who claims them as special?

No matter how we deliver care, it will never replace what children long to receive, and that boils down to love in the warmth and security of their own family. Sadly, all we may ever manage will be a poor substitute unless we make some drastic changes to how we view and deliver residential child care. So, reflecting on now and then, we should strive to take some of the best things forward. In particular, we feel that we gave genuine care. At the end of the day that can be the most enduring thing for our children.

About the author(s)

Dr Irene Stevens is an independent child care consultant with a practice background in residential child care, disability and children's rights dating from 1978. She qualified as a social worker in 1982 and after working in social work area teams for 2 years, she moved into group care for children and young people. She worked in a variety of settings including mainstream, disability and secure services. In 2001, she joined the Scottish Institute for Residential Child Care at Strathclyde University. Her main work there was training, evaluative research and developing practice guidance literature. When she left SIRCC in 2011, she continued to carry out training, evaluation and research as an independent consultant in the field of residential child care, education and disability.

Jean Cran was brought up in large single parent household in Lanarkshire in the 1950s and 60s. In her early adult life she volunteered in various projects supporting young people in ways that she had not been supported in her own adolescence. Having left school with no qualifications, she returned to study aged thirty-five and went on to qualify as a social worker. She spent a short

time in a children and families social work team before transferring to residential child care, which she loved. She sees her career since then as mirroring the course of many young people's careers in care - she worked in the community, was admitted to care and moved to secure care before escaping and going into further education, running her own SQA centre offering SVQs and HNC awards. She is now retired.