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Ten principles of residential child care

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Introduction

The history of residential care for children and young people is quite extensive and features positive stories of resilience and adult-child relationships as well as negative stories of institutional abuse and the abdication of adult responsibility (Coldrey, 2001; Sen et al., 2008). Residential child care has manifested itself in many different ways over the past century. We have accounts of orphanages in Europe, residential schools for aboriginal children in Canada and settlement homes for the children of immigrant families in the United States (Addams, 1910; Korczak, 1925; Chrisjohn & Young, 1997). Over the course of twentieth-century history, residential child care has shifted from voluntary and often faith-based initiatives, to large institutional organisations run by medical or social work professionals, to much more community-based and often much smaller programmes staffed by professional child and youth workers (Anglin, 2002). When we think of residential child care today, we are thinking typically of professional organisations operating within a variety of public and private sectors. In Canada these can include shelters for young people who are homeless, group homes, children’s mental health centres that provide treatment for children, young people and often their families, and child welfare programmes that care for children and young people who are unable to live with their families for reasons of safety and well-being.

Alongside the development of residential child care in practice, there has also been a growth of theoretical, conceptual and research-based literature. In principle, it is very positive that the practice of residential child care has been accompanied by a steady and intense flow of academic literature pursuant to that practice. The contributions of scholars and academics have raised the quality of teaching in further and higher education institutions where child and youth care certificates, diplomas or degree programmes exist. It has also been notable that while the professional designations of those working in residential child care vary considerably across the globe, contributions to the tasks involved have come from North America, the UK, Europe, South Africa, Israel, Australia and New Zealand, among other places (Aldgate & Hill, 1995;

Beker & Magnuson, 1996; Ainsworth, 1998; Eisikovits & Shamaï, 2001; Barber, 2001; Desmond et al., 2008; Johansson et al., 2008; Smith, 2009). Particularly since the 1990s, the volume of practice literature has increased dramatically, especially when we also consider literature related to professional designations that differ in name but not profoundly in practice. These include *Educateurs* in France, *Sozialpädagogen* in Germany and Residential Social Workers and Youth Workers in Australia and New Zealand (Cameron & Boddy, 2008).

I believe, however, that we also have a problem. In spite of all the excellent work that has been done in order to ensure that children and young people receive the best possible care while living in residential placements, the transfer of knowledge from the academic research sector to the practice setting in North America has been limited. In my view, this has been the result of having failed to organise the profession of child and youth care sufficiently to achieve mandated pre-service qualifications. The net result has been a workforce that reflects huge variations in terms of pre-service qualifications, as well as very limited access for existing workers to training and professional development that is directly relevant to the day-to-day experiences of workers in residential care (Stuart & Sanders, 2008).

In Canada and the United States, the quality of work performed by residential child and youth workers ranges from excellent to misguided, and the outcomes for children and young people living in residential care range from satisfactory to disappointing, and, sometimes, catastrophic (OACAS, 2006). In everyday practice, the conceptual and theoretical underpinnings of the profession are often invisible, and workers are applying their own brand of knowledge, derived from ‘common sense’ and ‘intuition’, and frequently a sense of what they consider to be necessary ‘real world’ competencies. On a positive note, there is a great deal of promising activity such as the development of qualifications, more assertive professional associations and greater participation on the part of residential child and youth workers in field-specific conferences and online discussion groups.

As a result, I believe that it is helpful to provide residential child care workers with a simple, memorable and provocative way of reflecting on everyday practice and events. To this end, this paper is proposing ten principles as the basis of preparing for and engaging residential child care workers in the absolutely essential processes of reflection and critical thinking that can be applied to lifespace environments and ‘in the moment’ interventions.

In articulating these principles, the emphasis is on ethical conduct and an understanding of self. Each principle attempts to reflect the experience of children and young people living in residential care as well as the experience of their staff. While many of the principles would find support in the literature, some are presented specifically to be provocative and perhaps overly simplistic.

They may, however, motivate individuals and teams to engage in some debate about what residential care is, what practitioners ought to be doing, and how children and young people might be experiencing their interventions. I also offer the principles for consideration outwith the North American context, as the literature suggests areas of common concern throughout the world.

Principle 1: A client is a person

Given that we serve dozens and maybe even hundreds of ‘clients’ a year, it is easy to forget that every ‘client’ we admit is in fact a person. All persons, whether marginalised in some way or not, are vulnerable to some degree. Most of us can manage our vulnerabilities reasonably well, but only because our lives are relatively stable, and therefore we can avoid exposing our vulnerabilities to threats. Our ‘clients’ typically do not have stable lives, and by virtue of being significantly marginalised, they cannot control their social environment. This means that they cannot avoid exposing their vulnerabilities. As such, there will be times when they feel under threat.

We know that when a person perceives a threat, stress begins to build, and under conditions of stress, our ability to function constructively is reduced. Our response to stress varies. Some of us become depressed or passive in spite of the obvious need to take action; others become defensive and incapacitated by a lack of trust. The children and young people with whom we work present us with a wide range of responses to the stress of living as a marginalised person, and we must abstain from judging such responses until we understand them fully. It is reasonable that a young person may be uncooperative in an environment in which they feel threatened.

It is imperative that we do not form opinions about the behaviour of children and young people until we get to know them not as ‘clients’ but as persons. In discovering their vulnerabilities, we can then assist them to find ways of avoiding exposure to threats in spite of the lack of stability in their lives. This help will be a major step forward in the search for stability.

Principle 2: Each person is unique

Having recognised that every client is a person, we must now recognise that each person is unique. The children and young people with whom we work have families, cultures, communities and socio-economic status which contribute to their unique story. Each story includes experiences, and no two experiences are the same. Yet we all know that who we are today has been shaped by the experiences we have had throughout our lives. Some experiences may have had a strong impact on how we see ourselves and the world today, while others may not have had such an impact. Nevertheless, all of our experiences are important.

Within any residential setting, some concessions need to be made to the group. At the same time, however, we need to understand that when we make decisions or take actions for the sake of the group, we are explicitly negating individual differences amongst the children and young people who live in the setting. By making decisions in the best interests of the group, we may be denying each child their uniqueness. Although this may be necessary for operational purposes, it should never be taken lightly.

The more we rely on a blanket set of rules within the group as a way of ensuring order and stability, the more we deny our children and young people their individual identities, and therefore the more we promote group identities. It is extremely important to understand this dynamic. In a setting that constructs the identity of the group as the dominant one, it is reasonable for each individual to be concerned about, obsessed by, and involved in the situations experienced by other members of the group.

While recognising that consistency of approach to the group is an important tool in our work with children, we should not allow it to limit us in recognising the uniqueness of each child. To be able to recognise a child by name is no big accomplishment; to recognise him or her by his or her 'story' confirms our commitment to acknowledging the uniqueness of each young person, and that is a huge accomplishment.

Principle 3: Behaviour is rational, emotions are not

Many of our children and young people present us with challenging behaviour, ranging from non-compliance to outright aggression. The rules in our units spell out the consequences for each such behaviour, and we frequently equate breaking the rules with a lack of motivation or a lack of interest on the part of the child. At times, it does not seem to make much sense that they break those rules if they really wanted to use our help effectively.

This reflects simplistic thinking. Behaviour is always a rational response to an emotion. As such, it should not be interpreted to relate to a young person's articulation of his or her interests or goals. After all, it would seem contradictory that a young person behaves badly because they do not need our help, but then becomes upset when their placement breaks down. In fact, we all exhibit behaviour all the time. The differences between our behaviour and the behaviour of the children and young people for whom we care can be attributed to the relative stability of our feelings versus their turbulent emotions. Individuals who are (dis)-placed, homeless, and who lack the stability of family or community, are more likely to experience mood swings and other feelings and emotions that promote 'uncooperative' behaviour.

As practitioners, our focus should be on the emotions that give rise to various behaviours, rather than on the behaviours themselves. Our goal should be to determine why a particular child or young person risks their placement. I would argue that it is our mandate to assist marginalised or disadvantaged children and young people in overcoming the major challenges and barriers in their lives. We do that by understanding the emotions which underlie behaviour.

Behavioural patterns also constitute a major part of a person's identity. To judge such patterns is to judge the value of a person on the basis of his or her identity. This is discriminatory at the best of times, but when it happens in an environment that is specifically designed to be supportive to those with special challenges, then such judgement is ethically bankrupt.

Principle 4: Children and young people are welcome here but you may not be

The very existence of any social service agency is a statement of social justice. Our units exist because we believe that homeless, marginalised or emotionally challenged persons have had a raw deal at some point in their lives. Whether prenatal, during adolescence or at a later stage in life is inconsequential. As an agency, we are committed to providing every child and young person we serve with an opportunity to achieve change, because we believe that every person has a right to pursue change and to better their lives.

To live in a residential care setting, our children and young people have to meet the criterion of being in need of our support because of their level of disadvantage. Once this criterion has been met, our young people do not have to prove themselves, or to demonstrate their eligibility in any way. To work in a residential care setting you have to meet criteria ranging from education to experience to commitment to dedication. As such, you have to prove your eligibility continuously, if you want to remain as a practitioner in residential child care.

Residential care should offer children and young people an opportunity to explore their identities and to find ways of achieving change that suits them. Such explorations are difficult and frustrating and often our children will take two steps back before taking one step forward. This is called struggle, and such struggle is an inherent by-product of instability and social alienation. For this reason, all children and young people must always be welcome. Whether or not a practitioner is welcome, however, depends on that practitioner's level of interest in supporting the children and young people in this struggle. So if a child's placement is in danger of breaking down, practitioners and their team need to ask whose problem that is.

Principle 5: Disengagement is an abdication of responsibility

There are many good reasons to discharge a child or young person from a care setting. I would argue, however, that teaching him or her to take responsibility for his or her actions is not one of them. If we feel that a child or young person has done something very inappropriate, or has failed to meet the expectations of the unit or the group, then discharging that child or young person means disengaging from the problem. It means that we are stopping the dialogue and ending our responsibility for him or her. In any unplanned discharge process, it is likely that we will reinforce the belief that injustice in this world is rampant, and as a child or young person facing some barriers, the odds of exerting any control over such injustice are slim.

It is true that we can learn from our experiences and that therefore a discharge may result in a child or young person learning something. Let us, however, be perfectly clear: if it is the experience that does the teaching, then there is no need for practitioners. If we want a child or young person to learn, we will have to accept his or her barriers to learning and work around them. If we want a child or young person to grow, we have to actively nurture that growth especially when it is threatened. If we want to help a child or young person take responsibility, then we cannot abdicate our responsibility to show the way to that young person.

Principle 6: Speak less, listen more

If you want to help someone, a good place to start is to find out what the problem is. You cannot understand someone's problem if you speak. You must listen. Most young people do not like to be asked to explain their problems. Virtually all of them, however, do like to represent themselves through stories. It is not your job to determine whether or not the stories are true. It is your job to determine what the stories might mean. Don't guess; listen to as many stories as possible, and you will find the meaning.

It should be understood that most of the speaking we do as part of our work is not designed to help children and young people with their problems. Our speaking is designed to help us meet the needs of the unit. For example, we urge children and young people to go to bed not because we think they have a problem with sleeping, but because the unit requires that they do so by a certain time. We demand that children and young people complete chores not because we feel that they have a problem with doing dishes, but because the unit has its rules.

We often speak to children and young people as a way of imposing order in their lives. While this may be necessary for some of them, little consideration

is given to how such order may suit a particular individual. When we listen to children or young people, we allow them to create order in their lives through their stories. This is much harder, but it is also much more sustainable. The art of listening is one of the foundations of good practice. Speaking is merely a rudimentary tool.

Principle 7: Know yourself and use yourself appropriately

It is true that we are all unique, and our differences will be reflected in our respective approaches to working with children and young people. Difference is beautiful and invaluable and should be celebrated. On the other hand, our particular personality traits and behaviour cannot override the expectations of our profession. We cannot be aggressive toward children or young people and blame it on who we are. We cannot express anger toward them and blame this on culture. We cannot insult children or young people because that is how we interact with our friends. We cannot use a loud voice in the presence of a victim of physical abuse even if that is our normal voice. We cannot make jokes in the face of trauma even if we use humour as a way of coping.

When we come to work, we are there as practitioners. Our professional designation must overlay our personality traits, our habits, our customs, and, most importantly, our needs. Working with children and young people, where each one is a unique person with a unique set of experiences, requires us to focus on their needs, and to adjust ourselves accordingly. It is assumed that they are placed with us out of necessity, whereas we are here by choice. If we cannot adjust our behaviour and actions to be focused on their needs, then we should not be here.

Principle 8: Do not take it personally

The importance of a practitioner is not his or her identity, but rather what he or she represents. When a child or young person thanks you, he or she is thanking the practitioner embodied by you. Conversely, when a child or young person criticises you, he or she is criticising what you represent. In other words, you are not as important as you think. In fact when you believe that you have become overly important in the life of a child or young person, you are taking on a role that you may not be able to sustain.

To take accolades from children and young people because of the overall work of the unit is arrogant. To take criticism from them personally is just as arrogant. The children and young people with whom we work are private individuals, and it makes sense for them to personalise their experiences. You are here as a member of a profession, and as such, your experiences in your interactions with children and young people should be guided by the ethics and values of

your profession. When a child or young person criticises you, therefore, do not be judgemental and take it personally. Try instead to be interested in the content of the communication.

Principle 9: The root of oppression is the belief in truth

Truth is an ambiguous concept at best and a highly oppressive one at worst. Sadly, we have to assume that we will never know how to do things right every time. We will never know what the most effective way of working is with children and young people in residential care. Some argue that a good unit must have structure; others suggest that a good unit must individualise its young people. Some believe that children and young people make choices and have to be responsible for those choices, while others argue that they have very little control and should be empowered to gain more control. If you think one of these views is ‘the truth’, you may have crossed into the realm of the oppressive. By practicing a version of ‘the truth’, you may be adopting a dogmatic approach which could preclude a better style of intervention for a particular child.

The task for the children and young people with whom we work is to explore change and achieve growth. We have to work with them to determine what that might look like. For example if a young person expressed sadness after having secured independent housing and employment, is this a better outcome than a young person who has secured nothing but claims to be happy? Evaluating change is not a one-time activity; it is an on-going process with ambiguous outcomes at its various stages. We should never become complacent about change. We must never feel that we have found the right way or ‘the truth’ of doing things; we should be obliged by the ethics of our profession to keep searching.

Principle 10: Pick it up!

A good residential child care worker will spend hours listening to the stories of young people, provide endless advice, support them through pain and anger, make dozens of referrals, and advocate on behalf of children and young people strongly and with determination. An excellent residential child care worker will also walk across the hall, pick up a sweet wrapper, and throw it in the bin. Simple acts of care provide a role model and also demonstrate a desire to provide the best environment possible for children and young people.

In conclusion: beyond passion

Some residential child care practitioners bring to the job what has variably been referred to as ‘the twinkle in the eye’ (Trieschman, 1982), ‘spiritual depth’

(Nightingale, 2000), ‘values and habits’ (Stuart, 2007), ‘the secret’ (Garfat, 2002), and ‘the wild ambition to change the world’ (Fewster, 2007). Today, however, it has been my experience that residential child care can struggle to find this passion. It is populated by a wide range of professional, non-professional and quasi-professional individuals with many different qualifications, ambitions and motivations (Gharabaghi, 2005). Moreover, my feeling is that the professionalisation and the bureaucratisation of the helping professions has had a negative impact on residential child care to the point where policies and procedures are at least on a par with shaping day-to-day, moment-to-moment interaction and co-existence between young people and their staff. The work of Milligan and Stevens (2006) on the impact of health and safety policies is one small example of this.

In my view, the ten principles articulated above capture the core realms of working and living in residential care. They do not, however, provide answers or resolutions for the infinite number of dilemmas the practitioner might face on a day-to-day basis. I believe that any search for such answers or resolutions is a hopeless project; residential child and youth care practice unfolds unevenly, unpredictably and in the absence of perfection. Most of the time, answers and resolutions are partial, contextual, and unsatisfactory if left to their own devices.

I am presenting these principles as a way of provoking a desire to debate and argue, to reflect and contemplate, on what residential care is all about, and therefore, examining the criteria against which the practitioner might be referencing his or her decision-making. In the face of growing bureacratism and its dampening effects on passion, a series of ten short but contentious principles might go some way to introducing the ‘chaos’ of reflective thought as a way of mitigating the ‘chaos’ of troubled lives amongst our children and young people.

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