

## **Residential special education, market forces and integration: Caught between a rock and hard place?**

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### **Introduction**

The reforms implemented following the introduction of market forces, and the 'commercialisation' of care which followed the National Health Service and Community Care Act (1990), brought about far-reaching changes to the provision and financing of health and social care in the United Kingdom. Market forces received an enormous boost, 'for-profit' organisations became increasingly active, notions of 'best value' became increasingly relevant within funding formulae, and users of services were more likely to be involved in decision making (Knapp and Kavanagh, 1995). Market ideals as a key principle of public service provision continued to be an acceptable feature of the neo-liberal agenda pursued by New Labour. Initially, there was the establishment of a 'quasi-market' within the public services and the 'not-for-profit' sector occupied a much more level playing field with the 'for-profit' sector. Alongside this was the increasing emphasis on integration and inclusion in education, driven by ideas such as normalisation (Wolfensberger, 1972).

This paper focuses on how the ideologies of market forces and inclusion can have an impact on special education. Smith, Mackay and Chakrabarti (2004) raised a number of questions as to whether provision for some of society's most damaged children should be determined by market forces. This paper picks up on these questions. It presents a case study which highlights how these ideologies are informing one particular authority and what the possible implications of this may be for one provider of special education in the North of Scotland. It analyses why the ideologies have come to be so dominant and argues that there is a basic clash between care values and market values which may be irreconcilable. In addition, it asks readers to consider the effects that a dogmatic imposition of an 'inclusion' ideology can have on those young people with complex and severe educational difficulties. It will be argued that the acceptance of such ideologies could compromise the residential education of some of the most vulnerable young people in our society.

## **Special residential education and market forces**

It is clear that in the United Kingdom the provision of social care services, including residential special education, is being increasingly opened up to market forces. The National Workforce Group for the Social Services in Scotland has reported that over the last 10 years there has been an adjustment in employment in the sector, with the 'for-profit' and the 'not-for-profit' sectors expanding while local authority employment has remained at the same level as ten years ago. In particular, the growth in the 'for-profit' sector has been noteworthy in Scotland (Scottish Executive, 2006).

This trend continues apace despite the acknowledgement, in one of the first comprehensive reports on social care, that care services run by the 'for-profit' sector in England are consistently out-performed by those run by the 'not-for-profit' sector (Commission for Social Care Inspection, 2005). With the passage of time, competition is likely to favour those 'for-profit' companies that are able to maintain their competitive edge by keeping costs low. Pollock (2005) has argued that this is likely to be achieved by the recruitment of poorly paid, inadequately trained and under-motivated staff. The implication of this is that 'not-for-profit' organisations may be squeezed out, leaving commercial companies to dominate the market.

Pollock (2005) has drawn attention to a comparable situation in the National Health Service, also faced with increasing privatisation:

In the past, doctors were free to speak out – in fact they were under a moral obligation to do so – if they felt it was in the interests of their patients. In a business culture, however, loyalty is said to be due above all to the shareholders (Pollock, 2005, p. 213)

Bakan (2004) has provided evidence to support the notion that a 'care corporation' is a contradiction in terms. He has pointed out that the legally-defined mandate of a corporation is to pursue its own self-interest. If a corporation is caught breaking the law, it can pay the large fines and continue doing what it did before. The fines and the penalties paid by corporations can be trivial when compared with its profits, especially if the corporation is large.

Stone (2000) has argued that there is a fundamental clash between care and business ethics:

Once care is contracted out to a 'for-profit' managed care organisation, the ethical situation becomes problematic. Every rationing decision has an impact on the caretaker's own personal bottom line (Stone, 2000, p.391).

In terms of the special education of children with complex needs there are two main sets of ethical guidance for staff. One set of guidance provides the ethical framework for the practice of teachers involved in the education of children. The General Teaching Council for Scotland's publication *Professionalism in Practice* (2004) makes specific reference to care by saying that a teacher is 'a professional entrusted with the care and education of children' (General Teaching Council, 2004). The other set of guidance provides the framework for practice of care workers within a social service setting. The codes of practice for social workers and residential child care workers in Scotland were produced in 2003. The first standard states that workers must 'protect the rights and promote the interests of service users and carers' (Scottish Social Services Council, 2003, p.4). This raises the question of how closely these ethics can be married to the ideology of market forces, where the first allegiance is to the shareholder.

Perhaps this is best illustrated with an example. A recent study examined the performance of Care Tech which is one of the market leaders in care and is the only care corporation listed on the London Stock Exchange (Jackson, 2007). The accuracy of the company's claim to being a market leader was assessed by examining the inspection reports on 24 of their premises which had been published by the Commission for Social Care Inspection (CSCI, 2005). It was found that one quarter of these premises had to meet at least six or more statutory requirements. In other words, a quarter of the premises were in serious breach of their legal obligations.

Three areas occasioned the Commission particular concern:

- 1 *Overuse of agency staff:* The inspectors drew attention to the need for the company to review recruitment procedures to ensure that more was done to employ permanent staff teams thus reducing the use of agency staff. A further concern noted was a failure to obtain satisfactory clearance for agency staff and to produce evidence that they were appropriately qualified.
- 2 *Staffing levels:* A recurrent concern noted by inspectors was a failure by the company to employ a sufficient number of staff to meet the needs of residents, particularly those requiring 1:1 attention. It was pointed out that if demands for 1:1 staffing were not met then this could lead to restricted choice for other residents thus increasing the risk of neglect and abuse. Insufficient staffing also meant that opportunities for social, educational and recreational experiences for residents were limited.
- 3 *Failure to implement Care Commission requirements:* The company failed to implement the statutory requirements repeatedly identified by the Commission. In one case the registered manager had been required to ensure that suitably qualified, competent and experienced persons were working in the home at all times and in such numbers that were appropriate for the

health and welfare of residents. This requirement had been made on no fewer than three previous occasions.

It might be reasonably expected that a responsible service provider would pay attention to requirements or recommendations made by the CSCI and seek to implement the changes needed as expeditiously as possible. The failure of *Care Tech* to appoint sufficient permanent and appropriately qualified staff to meet the needs of residents points to an unwillingness to invest adequately in staffing. The evidence from the inspection reports strongly suggests that running costs are being deliberately kept down through the use of agency staff and by maintaining low staffing levels.

### **Special residential education and the ideology of inclusion: A case study**

On the 1<sup>st</sup> October 2007 *A Strategy for Transforming Services for Children and Young People: 2007-2010* was submitted to and adopted by Aberdeen City Council (Aberdeen City Council, 2007). Great stress was laid on the fact that the strategy should be seen in the context of the City's vision of being recognised 'as a leading Council in Northern Europe by 2010' (Aberdeen City Council, 2007, Item 5f, p. 3). No challenges were made by any of the councillors to any of the recommendations contained in the strategy document. The lack of debate might lead one to suppose that the content of the strategy document was uncontroversial. In reality, an examination of the document reveals that it is driven by market considerations and not educational or social concerns. A key recommendation was made in relation to the provision of special education:

Aberdeen City is experiencing a significant increase in 'out-of-authority' placements for 'looked after children'. This is primarily due to the lack of suitable resources in Aberdeen City that has resulted in increasing costs, currently standing at £9.5 million and increasing. As this spend increases, there is a reduction in available resources at the prevention, diversion and early intervention service spectrum which deliver better outcomes for children (Aberdeen City Council, 2007, Sect. 8.2.9, p.35).

The voice of the market is heard quite clearly in the document through the use of language referring to costs, resources and spending. The document also states that the policy objective for the Council should be to make greater provision within the City for young people with additional support needs and avoid special educational placements out of area. The proposed solution is that care plans for all children and young people in residential school provision outwith the authority should be reviewed in order to identify resource deficits. The aim would be to identify the resources needed to re-integrate children and young people resulting in cost savings. Once again the emphasis in the document is on savings and resource deficits.

None of the councillors at the 1st October meeting asked what would be the consequences for those pupils and their families who were no longer able to benefit from a form of provision which had been professionally recommended by educational psychologists, social workers and GPs.

What those who framed this strategy overlooked is the need to look beyond the individual child to the family unit of which that child is a member. A residential special school serves two purposes of equal importance: it seeks to meet the individual needs of the child and the collective needs of the family (Jackson, 2004). The strategy document did not acknowledge the consequences for those families where their child is returned to them and where no specialist support is available in the community. Left out of the Council's calculation was the possible cost of family breakdown, both the financial and psychological cost. Parents freely acknowledge that the opportunity for their child to receive specialist education in a supportive residential setting has saved the integrity of the family unit thus benefiting both parents and siblings.

In the strategy document, great emphasis is placed on the importance of the principle of inclusion and on evidence-based research, yet nowhere in the document is there any reference to literature that may challenge the educational and ethical grounds on which the case for inclusion rests (See Jackson, 2004, for a review). Frequent reference is made to the 'better outcomes' that will result from the implementation of this strategy but no indication is given as to the nature of these 'better outcomes' or how they may be assessed. The language of the document leads readers to believe that outcomes are narrowly defined.

If this strategy is implemented, there is a strong possibility that one of the residential special schools used by Aberdeen City, Camphill Rudolf Steiner School, may face possible closure. There is a certain irony in the fact that the strategy document highlights the intention of the Scottish Government to move towards the Scandinavian social pedagogic model of service delivery for young children. This model forms the basis for the BA in Curative Education programme that the Camphill School offers in a unique partnership with the University of Aberdeen, the only special educational establishment in Scotland to do so (Cameron, 2006; Jackson, 2006; Cameron, McQuail and Petrie, 2007). If the school were to close then not only a regional but also a national resource would be lost for ever, as there would be little likelihood of it being reopened. A feature of the strategy document is its acknowledgement that:

*whilst the overall school population is declining, projections indicate Aberdeen will see an increase in the number of children with life long limited illnesses and with complex needs. The current provision of support for children requiring additional support will not meet this increase in demand (Aberdeen City Council, 2007, Section 9.2.4, p. 40).*

The strategy document concedes that lack of capacity in Aberdeen City means that there will be insufficient places for the potential demand and therefore an increase in the use of out-of-authority provision. Given the Council's own acknowledgement that it does not have the capacity to provide services for the increasing number of pupils with special needs, it is likely to put such services out to tender and accept the lowest bid, as is happening in other Scottish authorities. The introduction of the free market into this area could compromise the special education of children with severe and complex needs, as was noted in the example of *Care Tech*.

As residential special education does not enjoy a strong and positive public or professional image, it makes arguing for the maintenance and development of a diverse residential education sector extremely difficult (Milligan and Stevens, 2007). The White Paper *Valuing People: a new strategy for learning disability in the 21<sup>st</sup> Century* makes clear that one of the Government objectives is to enable people to have as much choice and control as possible over their lives through a person-centred approach to planning the services and support they need (Department of Health, 2001); however, person-centred planning can only become a reality when the government releases the resources to enable this to happen. Given the primacy of the ideologies of the market and social inclusion throughout government policy, it is difficult to see this happening.

## **Discussion**

Market forces are at odds with care values because they place 'value for money' above child-centred planning. Policies based on the ideology of social inclusion fail to acknowledge the positive features of residential special education. If policy makers are led by these ideological stances, without looking at all of the evidence, it is possible that the best possible education for a child with severe and complex needs may be overlooked. Power-deFur and Orelove (1997) state that 'although the law requires decisions to be made apart from financial concerns, these concerns are ever-present in the minds of government officials (Power-deFur and Orelove, 1997, p. 11). The worrying aspect of this is where officials are driven by market forces which lead them to overlook the individual best interests for a child and their family. It is difficult to quantify good outcomes for children with complex needs in a world of performance indicators and outcomes measures.

The strategy document referred to in the case study was strongly informed by ideological concepts around inclusion. The growth of this ideology has seen the corresponding decrease in the residential special school sector. Cole (1986) also noted the decline in use of residential special schools. He argued, however, that this did not necessarily mean that residential special schools are no longer

needed. As he stated 'even in the long term when as many as possible of children with special needs are being educated with their peers in ordinary primary and secondary schools, a variety of special boarding schools is still likely to be needed as part of the range of special educational provisions' (p. 152). Further, he argued that the expertise built up within specialist educational provision was extremely valuable and should be maintained. As he stated 'whatever the moral and egalitarian arguments, it is unwise to disrupt an established special school network for an alternative whose superiority is not established on a firm empirical base' (p. 144). Maloney (1994), when arguing to extend the diversity of placement options available for children with special educational needs, stated that 'this is increasingly urgent as the entrepreneurial spirit consumes ever-larger areas of welfare' (p. 25). Writers such as Booth (1988) questioned the concept of integration and cautioned against its dogmatic application (Barton, 1998). If the best interests of the child are to be placed at the forefront of education, then these diverse sources of evidence need to be taken into account.

## Conclusion

The educational provision of some of the most vulnerable children of our society is in danger of being crushed between the 'rock' of market forces and the 'hard place' of social inclusion. I have argued that there is room for a diversity of provision and that decisions on placements should be made by keeping the child at the heart of the process. Dogma must be replaced by maintaining a person-centred approach.

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