

On the shoulders of giants (Part One): Inspiring residential child care

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Introduction

This paper will be one of a series of two papers based on the keynote speech given by Keith White at the SIRCC conference on 7th June, 2007. The first paper in this series will begin by identifying a few of the historically significant figures in residential child care. It will then summarise four key messages which have emerged from this examination of history. The life and work of Janusz Korczak, one of the 'giants' on whose shoulders residential staff should seek to stand, will be revisited to demonstrate how principles of care are put into practice. The paper will then go on to discuss briefly five principles of practice which may be used to guide residential child care. The second paper in the series, which will be published in the next issue of the Journal, will focus on the life of Pandita Ramabai, an extraordinary woman who lived an extraordinary life in extraordinary times. Reflections on the life and work of Ramabai in terms of the principles of practice will be discussed with a view to inspiring residential child care staff in their everyday work.

Keywords: residential child care; history; principles of practice

Remembering some pioneers of residential child care

The United Kingdom has known a range of 'giants' in residential care. In Scotland, the names of Andrew Gairdner, who founded the Orphan Hospital of Edinburgh in 1894, Robert Owen who developed New Lanark which cared for hundreds of pauper children, or William Quarrier who established his famous village at Bridge of Weir in the 19th century may be familiar. English pioneers such as Thomas Barnardo of Barnardo's Homes fame, A.S. Neill who set up Summerhill School and Leila Rendel who began the Caldecott Community may also be known to practitioners in this field. The inspirational work of pioneers from outside the UK may be less well known. The stories of people such as Pandita Ramabai who established services for women and children in India in the late 19th and early 20th centuries, and Janusz Korczak who worked with children in Poland before and during World War II deserve to be heard and celebrated. It is hoped that the two papers in this series will do just that.

By understanding the work and legacy of the pioneers, we can see how they have helped to shape the whole idea in people's minds of what we mean by residential child care. With the value of hindsight, we may criticise some of what these pioneers did (including notably the transportation of thousands of children across the seas to parts of the British Empire; the severing of links with family, home and community; the

stress on physical cleanliness and obedience at the expense of inner growth and development; the size of some of the orphanages). Their work, however, must be contextualised within their time in history. The pioneers mentioned felt compassion for the plight of children in need and did something: the best that they could at their time. The garden villages of Barnardo and Quarrier had a massive impact on the world of residential child care and still do. It may be that is what most people outwith the sector have in mind when thinking about ‘children’s homes.’

From the practice of the pioneers named above, four key messages emerge about residential child care. It is my contention that these key messages should be retrieved so that they can inform residential child care in the modern world.

1. Care includes education

The fact is that, in Scotland, education in a broad sense was never separated from the basic care that includes feeding and clothing children. The history of residential child care is set within an educational context. This may seem a small point but it has huge, and hopeful, implications. The pioneers saw learning as an integral part of every aspect of childhood: you could not separate out care and education in the way they operated. In recent times, however, residential child care has become detached from a more holistic view of children that includes the whole process of learning. As a result, we see poor educational outcomes for children in care (Maclean and Gunnion, 2003). It would be beneficial for residential child care in Scotland to reclaim this pedagogical framework. We are involved with the whole life of children and young people, and this requires a holistic approach, including care and education.

2. Residential care can challenge the status quo

It is in residential communities of various sorts in Scotland that some of the most significant challenges to the status quo developed. The influence of Dingleton Hospital (Millar, 2000), for example, has been international. This has had a major bearing on the therapeutic communities in which children and young people live for periods of their lives. Therapeutic communities enriched lives of disadvantaged children and yet their contribution has been all but forgotten in the modern world of residential child care. When discussing the work of Korczak, later in this paper, I will describe how he consciously challenged aspects of the status quo, particularly in relation to beliefs about children.

3. The ideology of ‘the good family’ versus ‘the bad institution’

There is a strong ideology in Western society that ‘normal’ families and neighbourhoods are loving, warm, friendly places. The Adverse Childhood Events (ACE) study in America showed that two-thirds of families did not meet this view. The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention, and Kaiser Permanente (Anda and Felitti, 2006). The ACE Study is perhaps the largest scientific research study of its kind, analysing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life.

The corresponding ideology is that any institution is ‘the bad institution’ and the place of last resort. This ideology finds its way into public policy, as well as private perceptions (Dunn, Jareg & Webb, 2003). The wisdom of people like Korczak has still

not found its way into the discourse. He stated that ‘children are tormented in the institution and the family alike’ (Korczak, as cited in Josephs, 1999). He recognised that it is as difficult a task to develop a good residential setting as it is to create a loving family. Modern residential child care should assert its value as a positive choice once again.

4. Hearing the voice of children and young people

Many of the pioneers mentioned appreciated the voices of children. Korczak was perhaps one of the most powerful advocates of listening to the views of young people. He stated that ‘*if we are constantly astonished at the child’s perceptiveness, it means that we do not take them seriously*’ (Korczak, as cited in Josephs, 1999). In my practice, I often read about the surprise of the ‘powers-that-be’ when a substantial number of young people say they prefer residential child care to foster care. The task of practitioners is to continue to listen and to be advocates for the voice of children.

In the following section, I will describe the work of Janusz Korczak, and highlight how he put these key messages into practice.

The work of Janusz Korczak

Janusz Korczak was born in Warsaw in July 1878 into a Jewish family. When he was 18 his father died and he became the breadwinner in the family. From 1898-1904 he studied medicine and also wrote for Polish newspapers under the pseudonym by which he became universally known. He became a paediatrician and after getting to know the local Orphan’s Society he became director of Dom Sierot, an orphanage he helped to shape and design. It was intended to be a children’s republic and had its own parliament, court and newspaper.

From 1914-18 he served as a military doctor, but immediately after the First World War he resumed his work among children. He founded another orphanage, called Nasz Dom. He encouraged the children to found their own newspaper, and became known himself through broadcasts and books. When the Nazis formed the Warsaw Ghetto his orphanage was forced to move into it. He did so too.

In late summer 1942, German soldiers came to collect the 190-200 children in his care and put them on a train to Treblinka. Despite having been offered sanctuary, Korczak insisted on going with them. He boarded a train with them, and they died together. There is a memorial grave in Warsaw, and also a wooden memorial in Yad Vashem, Israel.

Most of Korczak’s writing was in Polish and some is still hard to come by in English (Korczak, 1919; 1925), but anyone who has studied his works realises that their creative imagination, insight and empathy come right from the heart of a man of huge intelligence, wide learning and instinctive understanding of children.

What is less well known is the radical nature of Korczak’s residential communities, informed by substantial theological and philosophical reflection and insight. He called his homes ‘children’s republics.’ He called for a charter of the rights of the child long before the UNCRC was ever envisaged. He established children’s parliaments and newspapers run by the children, and his own writings are imaginative and profound.

He refused to accept the prevailing ideologies, traditions and the despair that eventually infused the Warsaw ghetto. He viewed children and young people as agents in their own healing. He believed that their inner worlds were deeply significant and viewed the group as potentially a place where individuals could help each other. He not only rejected the false dichotomy between words and deeds, philosophy and practice, policies and action, but demonstrated how radical beliefs become revealed and expressed uniquely in individual actions and moments in the lives of particular children and groups. Despite, and against, all the odds this extraordinary pioneer of child welfare believed utterly that the trust and dreams of the children in his care should never be betrayed. He set up his sanctuary for children in overwhelming conditions of famine, starvation, disease, war and death, but they refused to despair or give up hope. Even as he walked into the gas chamber of Treblinka, he led his children while singing songs of hope so that they would not be afraid.

I feel that the work of Korczak has been largely forgotten. I would suggest that one of the reasons for this may well be that the implications of what he did was too radical, too demanding and too practical (in the sense that he showed what actually could be done, because he did it). It may also be that there is a tendency to assume that any ideas from earlier on in the 20th century are seen as old-fashioned and having little relevance in the modern world. I would suggest that an ownership of this historical legacy is extremely important for modern practitioners.

Learning the lessons of history to inspire practice

Residential child care is a challenging and professional task of considerable skill and demands. Good practice demands working at integration of theory and practice, and valuing the lessons of the past. I suggest (White, 2008) that there are five principles upon which residential care can be based:

1. Security

All the people I have referred to in this paper recognised that children must have some form of secure base. This is not to be confused with a place or a routine but to do with something or someone whom they can trust to the uttermost. A child or young person who has not experienced the safety of a secure base stemming from a trusting relationship will experience problems in later life (Bowlby 1988; Hughes 1998). If there is not security then we should make it our primary objective to work out with the child where it can be found. Winnicott (1990) summarised what this security meant in practice by use of the symbol of holding. Given all the current fears since Pindown (Levy and Kahan, 1991), this may be a difficult metaphor for practitioners, but it is important that staff have a good understanding of this. Much of what is therapeutic in residential care is the successful and systemic holding of the disturbed child. The opposite is a succession of rejections and different placements where neither child, nor staff feel safe enough, and where loss is compounded.

2. Boundaries

Children in care have experienced chronic chaos: life is unpredictable in any creative or hopeful sense. It is the task of practitioners to begin to build the elements of firm, sustainable boundaries, relationships and patterns of life. The word that Winnicott (1990) used was reliability. Childhood adversity penetrates the core of the personality

and creates a state of unthinkable anxiety. Under these conditions children will fail to reach emotional integration. An important part of residential care is the reliability of the adults, which, over a period of time, can counteract the earlier experience of unpredictability. Part of the boundary-keeping is a non-moralistic attitude on the part of the carers. This is not to be confused with having no philosophy or beliefs, but an approach which is not prescriptive and judgmental. As practitioners, we must not expect gratitude. We are not the givers who deserve thanks. We are the duty-bearers and have a responsibility to provide the care that we must.

3. Significance

Most of the pioneers discussed in this paper aspired to relate to children and young people in such a way that the children felt that they were significant as individuals. They were valued because of who they were, not because of categories or need or labels, but by name. Korczak had such respect for each child as an individual, and children as a group (the two are not synonymous) that he was one of the forerunners of the UN Convention on the Rights of the Child. The source document was written 60 years before the UNCRC was signed (Korczak, 1929). This was not just a matter of pious pronouncements or well-intentioned communiqués, but something that he practised and embodied in every aspect of his life among and alongside children.

4. Community

The group is a creative resource, and shared living can be therapeutic. Of course it is difficult and there are many pitfalls. Korczak believed that residential communities offer special opportunities for child growth and development, and for the discernment and encouragement of potential, as places of learning and discovery for every member of the community whether child or adult. This explains his vision of his orphanages as children's republics.

5. Creativity

Creativity is about imagination, play, risk, experiment and spontaneity. In our society, we value independence of mind and choice. It should be remembered, however, that there is no division between learning, education, care and play. This is very close to a concept of childhood that acknowledges the importance of social pedagogy, and accepts that every professional construction and understanding of children is inevitably partial. Caring and learning are inextricably linked, as previously mentioned. Contemporary residential care is in danger of sinking beneath the weight of health and safety regulations and risk assessment (Milligan and Stevens, 2006). As residential workers, it is important to remember the role of creativity in building the self-esteem and identity of the child.

Conclusion

Korczak's willingness to lay down his life in order to be with his children in their hour of greatest need on the railway platform in August 1942 continues to inspire and haunt me. Would I be prepared to do the same? Without a vision the people perish. Sadly, our contemporary culture in the UK has no positive vision for residential child care. It is for us to rediscover the vision and to live it out in practice. Martin Wolins (1982) found that the key factor in a residential unit functioning well was an agreed inspirational vision held by all the staff. Korczak may provide some of that inspiration.

The story of Ramabai, which will be discussed in the next issue of the journal, will hopefully consolidate those inspirational feelings.

References

Anda, R.A. & Felitti, V.J. (2006). *The Adverse Childhood Experiences Study (ACEs)*. Accessed in October 2007, from www.acestudy.org.

Bowlby, J. (1988). *A secure base*. London: Routledge.

Dunn, A., Jareg, E. & Webb, D. (2003). *A last resort: the growing concern about children in residential care*. London: Save the Children UK.

Hughes, D.A. (1998). *Building the bonds of attachment: awakening love in deeply troubled children*. New York: Rowman and Littlefield.

Josephs, S. (1999). *Korczak: A voice for the child*. London: Harper Collins.

Korczak, J. (1919) (Tr. H.A. Jinabi). How to love a child . Geneva: UNESCO.

Korczak, J. (1925) (Tr. E.P. Kulaweic). When I am little again. New York: University Press of America.

Korczak, J. (1929) (Tr. E.P. Kulaweic). The child's right to respect. New York: University Press of America.

Levy, A. & Kahan, B. (1991). *The Pindown experience and the protection of children: the report of the Staffordshire Child Care Inquiry 1990*. Stafford: Staffordshire County Council.

Maclean, K. & Gunion, G. (2003). Learning with care: the education of children looked after away from home by local authorities in Scotland. *Adoption & Fostering*. 27(2), 20-31.

Millar, K. (2000) (Ed). *The story of a community : Dingleton Hospital, Melrose*. Melrose: Chiefswood Publications.

Milligan, I. & Stevens, I. (2006). *Balancing rights and risks: the impact of health and safety regulations on the lives of children in residential care*. *Journal of Social Work*. 6(3), 239 - 254

Winnicott, D.W. (1990). *The maturational processes and the facilitating environment*. London: Penguin.

White, K. (2008). *The growth of love: understanding the five essential elements of child development*. Oxford: Barnabas.

Wolins, M. (1982). *Revitalizing residential settings*. New York: Jossey-Bass.