

## **Revitalising Residential and Foster Care: New Horizons in the 21st Century: 7th EUSARF International Congress, Trondheim, Norway, 11 – 14 September 2002.**

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### **Introduction**

The European Scientific Association for Residential and Foster Care for Children and Adolescents (EUSARF) held its 7<sup>th</sup> International Congress in the ancient Norwegian capital of Trondheim. SIRCC made a good showing at the congress, with papers presented by Ian Milligan, Andy Kendrick and myself. There was a wide and varied programme with presentations from practitioners and researchers from across Europe, as well as from the USA, South Africa and New Zealand. It was reassuring, although also disappointing, to discover that other countries still wrestle with many of the same problems as we do in Scotland. High on the list of concerns were:

- abuse in care
- high levels of physical restraint
- getting the right balance between residential and foster care (this varied between approximately 20 – 80 per cent in foster care)
- poor outcomes for children and young people in residential and foster care,
- insufficient resources and placement shortages (particularly in countries which are highly committed to foster care)
- un-integrated systems of delivery of care services
- how best to qualify the workforce (although most are better qualified, they are still deciding whether courses should be specifically for residential child care or more generally for ‘social pedagogues’)
- how far to regulate care and assure quality (this seems generally less developed in Europe, possibly because of higher professional qualifications and standards),
- regular re-organisations and restructurings

It was particularly helpful to meet researchers and service providers from countries with roughly the same size population as Scotland (e.g. Norway,

Denmark, Sweden) and with large rural as well as urban areas. I will briefly outline some of the highlights and main lessons of the congress for me.

### **Permanence Policies**

June Thoburn of the University of East Anglia gave a key-note address on 'Out of Home Placement: An International Perspective on Permanence Policies'. She stated that she was talking about a relatively small group of children who have to stay long-term in care because it is unlikely they will ever go home (80 per cent of looked after children go home within two years). Long-stayers in the care system generally enter care aged between one and nine years old (that is, they are not generally babies or teenagers). The number and rates of children needing out-of-home care have gone down over the last few years in most countries, but have doubled in the USA. Seven per cent of children are adopted from care in the USA, compared to 4 per cent in England and less than 1 per cent in most other European countries (the figure for Scotland was not specified but is slightly lower than in England). Mainland Europe has put more resources into preventative services – generally there are lower rates of looked after children, but these children are those with the greatest difficulties. An unintended consequence of improving care services, however, can be that more children are admitted to care. Social workers are less inclined to leave children at home in neglectful circumstances if there are sufficient good quality care resources.

If you hold behaviour and age constant, there is no difference among the breakdown rates in adoption, foster care or residential care. Children placed under the age of five in permanent foster or adoptive placements have a 10 per cent breakdown rate, children placed at eight years of age have an average breakdown rate of 20 per cent; eleven year olds, however, have a 45 per cent breakdown rate. Perhaps surprisingly, this comes down to 30 per cent for teenagers which may possibly reflect the availability of fee paid, professional fostering schemes for teenagers. The children who have the worst outcomes in any form of placement are children who have been severely maltreated before they are five years old. The 'sensitivity' of foster carers, that is, they are reflective, accepting, co-operative, accessible and empathetic to the child and his/her family, is directly related to successful outcomes. June Thoburn hypothesised that the same would possibly apply for residential workers. Those foster carers willing and able to facilitate contact with birth families are more successful at caring for foster children, even if there is no contact. June Thoburn asked, 'Can permanence, or at least long term stability, be provided in residential care?' She suggested this might be possible, provided residential units can meet the needs of children for security, belonging, a sense of identity, development of self esteem, family life, being loved and giving love.

## **Models of Shared Care**

There seemed to be a considerable number of countries where residential homes were developing models of shared care with much greater involvement of parents than in Scotland. Intensive support, family therapy and parenting classes can be provided by residential staff to parents and their children. Research in Holland shows that shared care is not necessarily more likely to achieve a successful return home, but the child spends a shorter period in residential care and there is less friction between parents and staff. Projects that work intensively with parents also appear to give much more aftercare support.

## **Residential Care for Younger Children**

There seemed to be a more general acceptance in some countries of residential care for much younger children. One presentation described residential care in Holland for babies with severe attachment problems deemed un-fosterable because of their inability to bond with foster carers and the foster carers' difficulty in taking to these babies. However, this struck me as a case for improved training of foster carers, rather than providing babies with multiple care workers in residential care. Another presentation described a residential unit in Ireland that prepared younger children for foster placement. Aged between three and twelve years old, the children had experienced a series of previous disrupted placements. This project worked closely with parents as well as the prospective foster carers, and children were prepared at their own pace. There was a lot of post-placement support from the unit and none of the placements had broken down so far, the longest having lasted 24 months [see Cliona Murphy in this issue].

## **Medical/Psychiatric Models**

Medical or psychiatric models (some benign and therapeutic, some less so) are alive and well in some countries, for example, Austria and the USA. In Austria, provision of psychiatric and psychological assessment seems routine and psychotherapy, music therapy and ergotherapy (the closest translation seems to be 'occupational therapy') is much more readily available. Children in residential care in the USA are fourteen times more likely, proportionately, to be in some kind of psychiatric facility than in England. This is often associated with high use of psychotropic drugs.

There were some interesting and, in some cases, rather alarming behaviour modification regimes described. These ranged from the adults taking complete control of every facet of the child's life to creating positive peer pressure to change behaviour. Most seemed to rely on the young people being on court orders and being situated miles from anywhere to retain them on the programmes! Some had quite high success rates as measured by the young people being in jobs or in education, having accommodation, and being drug free, two years later.

## Educational Outcomes

Poor educational outcomes for looked after children are not confined to the UK. In Norway, there are problems of integration, exclusion, and poor examination results. The Norwegian solution was to build special units on to schools from which looked after children were supported back into the mainstream. This was relatively successful but sounded potentially rather stigmatising.

## Peer Group Support

A presentation which caused quite a stir was one given by a Scottish colleague, Ruth Emond. She gave a paper that was based on research which involved living alongside the young people in a children's home for six months (6 days and nights per week). Many of the academics present were impressed both by her research method and by the quality of her work on the 'social currencies' which young people 'exchanged' in a group care environment. Ruth's research has shown that there were many and varied ways in which young people could achieve status in a residential unit, for example, by showing expertise in helping each other. She called on residential workers to allow young people to advise and 'counsel' each other more freely without feeling they had to 'jump in' and do all the helping themselves. In general terms, she felt that residential workers needed to pay more attention to the interactions of the young people and not to assume that bullying was the main or only way in which young people achieved status [see *Understanding the Resident Group* in the first issue of the journal].

## Conclusion

The EUSARF Congress was an important opportunity for practitioners and researchers to come together to exchange knowledge and best practice about services for children and young people. There was considerable interest among the delegates in the work SIRCC is undertaking. We seem to be a unique institution in Europe.

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