

WORKING TOGETHER FOR CHILDREN'S WELFARE

Child Protection in Residential Care

REPORT OF THE CONFERENCE HOSTED BY THE MICHAEL SIEFF FOUNDATION HELD AT CUMBERLAND LODGE, WINDSOR SEPTEMBER 1992

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Introduction

The topic chosen for this year's conference reflected considerable public concern about the welfare and protection of children in residential care. It provided an opportunity for those attending to discuss and develop initiatives and policy in the residential care field. Participants were drawn from the health and social welfare professions, local authorities, lawyers, police, civil servants, and representatives of a wide range of voluntary organisations.

Speakers

Mary MacLeod, ChildLine

Dick Clough, General Secretary, Social Care Association

David Lovell, Social Work Director, The Children's Society

Norman Warner, Chairman, National Inquiry into the Staffing and Management of Residential Children's Homes

Graeme Farquharson, Director, Peper Harow Foundation

Barbara Kahan OBE, Chairman, National Children's Bureau

Daphne Statham, Director, National Institute for Social Work

Tim Yeo MP, Parliamentary Under-Secretary of State, Department of Health

Rupert Hughes CBE, Assistant Secretary, Department of Health

John Parker, Assistant Secretary, Dept of Health

Summary

The conference heard about the problems facing residential care from those representing the interests of children; those representing the professionals providing care and from those recommending changes in the light of recent scandals.

One of the overriding themes was that there was deep commitment and care from the staff working in the residential care field but they felt under-valued and alone. It was clear that managers had not provided sufficient support or adequate training for staff at the sharp end of care, and that a radical change of approach was needed.

Concern was expressed about the increasing emphasis on cost-led rather than needs-led services which was limiting the amount of time vulnerable youngsters were able to receive specialist therapeutic treatment thus building up problems for the future

The conference supported the need for more participation by young people in care and by their families in the treatment services provided

A framework for managing allegations of abuse was outlined and supported, and the need for residential care to be given a higher profile with proper recruitment and management of staff was stressed.

Working Group Recommendations

The conference split into small inter-disciplinary working groups to discuss in more detail a number of the issues affecting children in residential care.

Open Systems

The relationships between the three aspects of child protection procedures (the child protection procedures, the police criminal investigation procedures and possible staff discipline) and complaints procedures was considered. It was important that the two were kept separate. If there was any possibility of abuse, child protection procedures must be followed but the complaints procedures could also be invoked if the child, or his/her advocate or family felt the child protection investigation was not being carried out satisfactorily. There may also be a residual complaint after investigation that they were abused in care.

Discussion with a child and his family about the possibility of cause for complaint needed to be handled sensitively. They should be told about the procedures that would be followed if any complaint about abuse were made.

Tensions could remain following an allegation of abuse against a member of staff. This was particularly so if the complaint was not proven and the child and the member of staff continued to live and work in the same place.

Children in residential homes must participate in decision making

It was felt that openness should be encouraged in residential homes and that encouraging innovative fora for debate on a range of issues affecting the running of the home was part of the residential social workers job. Children in residential homes must participate on a regular basis in decision making on a number of issues central to the running of a home. For example if children are to live in a home they need to talk openly about what will happen if they misbehave. Other issues could include the children's rights and responsibilities; behaviour and control; choices of expenditure of certain budgets; activities, and complaints.

While local authorities are encouraged to develop and make use of independent visitors, it was felt that they were not being used as effectively as they could be. There may be merit in removing the restriction on them acting as advocates. In addition panels of independent advocates should be encouraged according to local circumstances.

It was also important that each child in a home had an allocated social worker so that there was always someone external to the home who was available.

Looking after children is not a substitute for parenting but must complement parenting in meeting children's needs and entitlement to nurture, affection, security and continuity.

Care is not factory farming, warehousing or dustbinning children

Unfortunately looking after children is increasingly becoming focused on what you cannot do and there needs to be a fundamental shift in emphasis to what you can do. Care is not factory farming, warehousing or dustbinning children. It should be recognised that there are problems and tensions in creating generic principles and mechanisms in trying to meet the individual needs of children.

Looking after children is getting tougher and tougher. Legal changes, pressures on public expenditure, school exclusions, and changes in the criminal justice system were all putting more troubled and troublesome children into residential care. It is therefore critical that staff are trained, supported and supervised to ensure a competent workplace. To do this there needs to be put in place a system of staff development and management which is both effective and relevant.

Staff are frightened, perplexed, confused and demoralised. We need to find ways of developing open systems which allow the fears and concerns they and children have to be expressed before problems become intractable.

Staff are frightened, perplexed, confused and demoralised

It was not always enough just to issue new guidance on these matters, however. This could create even more of a siege mentality. Staff may feel that they can achieve everything in residential care and consequently feel alienated when things go wrong. They should understand that some things are more achievable than others.

Investigation of allegations of abuse by adults or by peers

The purpose of any investigation is to ensure the protection of children. Undoubtedly there are tensions which have to be managed, and it is important to be aware of the scope and resource implications of any investigation.

In defining what an allegation is, emphasis should be

placed on 'harm'. Then an attempt should be made to clarify what is happening in terms of criminal law, regulations and guidance and codes or memoranda of practice attached to adult behaviour.

The initial response to an allegation is always complex but it is important to try to identify what has happened, and how, so that proper judgements can be made on the information gathered. Proper records should be kept throughout especially as adults and children may disagree about the facts or the significance of an event, at the time or retrospectively.

Impartiality was an important issue for investigations since there were a number of institutional interests that came together during an investigation. The skills required were also different to those required for the investigation of abuse in families.

The techniques needed for investigations were wide ranging but there was need for planning and regular reviews of the processes included. The impact of an investigation should not be underestimated and the choice of specially trained personnel was crucial. Caring and counselling of the child who had made the allegation should be a priority even if this made the gathering of evidence problematic. It was essential that adequate time was allowed to ensure that there was a successful outcome to any investigation. Research from Dartington had shown that the impact of investigations was far reaching even with 'clear' outcomes and this also needed careful handling when results were made public.

There could be problems of further allegations of abuse if a child were moved to other institutions whilst an investigation was under way. This suggested there was a need for some links between investigative agencies and institutions involved.

The recommendations arising from this discussion were:

- staff and children should be prepared for the likelihood and purpose of an investigation if allegations were made against peers or adults
- procedures should include a requirement for the agency in charge of a home to have a written plan for the management of a crisis with the identification of a critical paths for allegations of abuse by staff or by peers
- agencies should ensure that investigations were seen to be impartial.

Training Implications

Training will be totally ineffective unless a number of issues were addressed. These must include a clear definition of what residential care is about and who requires such care. The expected outcomes for children in care should be expressed and each agency should be clear about the purposes of its services.

Training must be supported by a range of management elements articulated earlier in the conference but in particular adequate supervision.

Staff cannot be critical of malpractice if they have not been trained

The need for all staff to be trained was emphasised but a balance had to be struck to ensure that 'high fliers' in residential child care were not lost if they were not given the potential to develop. However, it would not be possible to have good quality care in homes if the only people trained were the heads of homes. Staff could not be expected to be critical of malpractice if they had not been trained.

The Department of Health, local authority associations, CCETSW and other relevant bodies should jointly investigate and identify resources required to implement a training plan which would result in 90% of staff being qualified to NVQ/SVQ level 3 competencies in a short time scale. The target percentage may not be set in a tablet of stone but the principle of setting a realistic target was important.

There does not yet exist a structure to enable residential child care staff to achieve this level of competence and a wide variety of learning methods should be made available to enable all staff to have equal access. Learning for each level must include supervised practice within an accredited learning centre. Creating a structure would involve training trainers both within and outside the workplace, as well as supervisors, assessors and advisors. These elements should be included in the overall plan.

Family Participation

Family and children need to be involved and given appropriate information if they were to play a full part in the planning and delivery of child care services. There were beacons of good practice and services were much better than thirty years ago. Nonetheless there was still an atmosphere of doom and gloom.

It should be possible to identify good practice across agencies to which professionals could commit themselves. Residential service is about care, but it is also about control and exclusion - with beds only on offer to particular children.

Residential care is part of an integrated child care service and if families are to have a part to play they need information on what is on offer and what will happen if the goals set are not reached.

It was therefore proposed that the recommendation in paragraph 4.17 of the Utting Report be given new emphasis. This made optional the need for local auth-

orities to formulate, publish and disseminate a 'plan for children and their families. This should now be made a requirement.

The second proposal relating to family participation was that children and their families should be involved in the overall discussions about plans and arrangements for the running of each residential centre. The principles behind each plan are that:-

- it should be proactive;
- performance indicators should be set;
- outcomes are important;
- it should be needs-led not cost-led;
- it should build upon what works and be linked to the consumer's perspective;
- the consumer must be part of the plan and not just be consulted;
- it should link with other agencies plans (education health etc.).

Inevitably participation is time-consuming and requires resource and commitment if it is to be effective. Some models exist, such as that in Birmingham, and managers should be aware of developments elsewhere. Staff will need training if they are not to feel under threat from the proposal and flexibility will be needed to adapt the plan as time progresses~

Management and treatment of traumatised sexually abused children

The working group considered the processes which occur when traumatised sexually abused children are placed in residential care. In many cases their previous experiences will be re-enacted within the care context. There is an issue relating to the cost of treating such children in residential care. If 30% of children in residential care generally and 60% within therapeutic communities have been abused they represent a highly significant group of children.

The cost of not treating them is considerable

The cost of not treating them is considerable. Victimised girls present health and parenting problems whilst victimised boys are at risk of developing offending behaviour and subsequent imprisonment at enormous cost. There are now also additional costs of criminal compensation and of suing educational and social services departments if reoffending occurs within institutions. It may be that some additional funds should be channelled into the treatment services.

Unfortunately the opposite is happening as treatment services are becoming fragmented, arbitrary, and uncoordinated and therapeutic communities are being undermined and dismantled. The first recommendation was therefore that there needs to be central planning of resources and some unification of budgets to provide for traumatised and at risk children.

There are now whole communities of disturbed youngsters

The children in residential care are not an ordinary group of children. There are now whole communities of disturbed youngsters who need a context where they can cope with the re-enactment of the effects of their abuse on themselves, their peers and their workers. Consequently a structure must be provided where behaviour is confronted, abusive action is noted and a matter for intervention rather than being ignored. Staff need to provide steps towards ordinary life.

As a result there must be adequate staffing levels, training, supervision, external consultation and multi-disciplinary working. The final part was becoming increasingly difficult but must not be forgotten and it would be important to have a multi-disciplinary component as part of residential care at a number of different levels.

Residential care provides a living context to confront and model behavioural relationships but it also focuses on 'reprocessing' specific traumatic experiences before placement. This requires assessment of dangerousness of young people, of their protective needs and of treatment required. There should be specific integrated treatment programmes developed within the community and with others. Some children will need to start their treatment in the community, spend some time in a therapeutic community before returning to the community again. Consequently it was recommended that there should be specific psychiatric and mental health consultation to residential settings to provide consultation, assessment and to assist with programme development and quality control.