INQUIRY INTO THE AUDITOR GENERAL FOR SCOTLAND’S REPORT “GETTING IT RIGHT FOR CHILDREN IN RESIDENTIAL CARE”

During the meeting of the Public Audit Committee on Wednesday 8 December 2010, I agreed to provide the committee with more information on international comparisons of residential childcare.

Please find attached a short paper, prepared by the Scottish Institute for Residential Child Care, which summarises research in this area.

Yours sincerely,

Leslie Evans
1) Introduction

International comparison can provide us with useful lessons, and help us question assumptions about the way we approach residential child care services and practice. There are, however, significant difficulties in such comparative analysis:

- The definition of residential child care is problematic in itself;
- The overlap between residential care and other forms of institutional care for children – e.g. hospitals, boarding schools, and penal establishments – will vary across different countries;
- There is a lack of comparable, cross-national, statistical information, even in relation to basic issues such as the number of children entering and leaving residential care;
- Federal systems and devolved government systems mean differences within countries;
- There is differing use of terms and definitions, and different meanings are attached to similar practice;
- There is wide variation in economic arrangements, legal and administrative systems.

This overview will highlight the relevant issues for residential child care in Scotland which can be drawn from international comparison. While we must acknowledge the important role played by residential care in developing countries, particularly in relation to specific issues such as disaster relief, HIV/AIDS, poverty and famine, this paper will primarily draw on research and literature from the developed world – Europe, the USA, Canada and Australia. Even so, the potential scope of this is considerable, and we have had to be very selective in the material covered.

2) The Use of Residential Child Care

In recent years, in the developed world there has been a move away from large-scale, institutional provision to smaller, residential provision, and to foster care and community services – although these trends vary from country to country. Overall, there is variation in the proportion of children and young people in state care. One comparative study found that some countries (Canada, Denmark and France) had over 100 children per 10,000 in state care. Scotland, at 66 children per 10,000 in care, ranked alongside USA (66) and Norway (68). Australia had a low proportion in care (58 per 10,000) as did England (55) and Spain, while Japan had only 17 per 10,000 children in care.

The balance of residential care to foster care also varies widely. In some countries, there is little use made of foster care and the vast majority of children are in residential care (Japan). In others, there is a roughly even balance between residential care and foster care (Germany, Denmark). A number of countries have between 10 per cent and 20 per cent of children in residential care (Scotland, England, Ireland, USA, Norway, and Sweden). Australia has a relatively low proportion in residential care, five per cent. Even within countries there can be wide regional variations. Moreover, trends are not uniform, with rapid changes in the balance in some countries and much slower pace of change in others.

The use of residential care for very young children is the exception in Scotland, and residential nurseries have long since closed: only 12 children aged under five were in
residential care in Scotland on 31\textsuperscript{st} March 2009. A European survey (2003) found wide variation in the numbers of children aged under three in residential care: ranging from none in Iceland and Slovenia to almost 3,000 in Romania and France. The rate per 10,000 children, ranged from zero (Iceland and Slovenia) to 60 (Czech Republic); the rate in the United Kingdom was less than one per 10,000.

At the other end of the age range, the numbers of young people over the age of 18 in care also varies widely (these figures are for all foster care and residential care, but one can assume that a significant proportion is in residential care). So while in Scotland it is only 1 per cent of the care population and in the USA only 2 per cent, in Norway it is 14 per cent, in Sweden 18 per cent, and in Germany 28 per cent.

A confounding factor in interpreting these figures is that different sectors may or may not be included in the figures. For example, in Scotland, not all disabled children in residential care are categorised as ‘looked after’ and therefore don’t appear in the Scottish Government figures.

On the other hand, because young offenders are dealt with in the same system as child protection cases, they do appear in the figures. In the USA, discussion of residential care tends to focus on the child welfare system which is totally separate to the juvenile justice system. But the USA, has the highest rate of child custody in the developed world, with approximately 130 children in 100,000 in custody. Russia has over 100 per 100,000 in custody, England and Canada about 30 per 100,000, while Finland locks up less than 1 in 100,000.

Similarly, in relation to mental health, in Scotland there is a small number of ‘in-patient’ child and adolescent psychiatric beds, and no secure psychiatric provision. Finland, in contrast, has over 500 child and adolescent psychiatric, in-patient beds, and 24 secure psychiatric beds.

3) Differing types of Residential Child Care

Even within the UK, there has been an acknowledgement that the term ‘residential child care’ covers a wide variety of settings. When one considers residential care in an international context, this variety is increased even further. Attempts to classify residential care have used several criteria: administrative category (for example, social services, education, health, juvenile justice); aims or goals (for example, care and upbringing; treatment or therapy; custody); functions for children and for wider system (for example, respite, assessment, shelter, permanence, protection, custody); and, regimes (how aims and functions are put into operation).

One type of residential setting is the campus or village model. This is found in both the developed and developing world. In the US an example of this is Boys Town which has villages across the United State; the largest being the Village of Boys Town in Nebraska which is a municipality in its own right – with its own police and fire departments. At any given time, some 550 children and young people live in the village. Boys Town approach is for an integrated continuum involving: community support services; in-home family services; foster family services; treatment family homes; intervention and assessment services; specialized treatment group home; and intensive residential treatment. Another example of the village model is SOS Children’s Villages with some 500 villages in 124 countries around the globe. Children are placed with permanent resident SOS mothers to form family groups in the village. A similar model in the UK can be seen in the Camphill Communities.
Generally, however, there has been a tendency for residential settings to become smaller. This has been exemplified by the de-institutionalisation of residential care in Eastern Europe, and the move to community-based alternatives (including group care). Certainly in Scotland and the UK this has been the case. Residential schools have tended to decrease in size, as have care homes for children and young people, with few care home establishments having places for more than eight children and young people.

Following from this trend, has been the rise in the number of residential settings for individual young people. This involves individual young people being supported by a group of residential staff members, often these placements arise out of crisis situations. The significance of this development is the move away from the ‘group care’ element of residential care.

4) Staffing and Training

While residential child care is located under the broader umbrella of social work in Scotland and the UK, in many European countries people who work in residential child care are social pedagogues; trained in the education of children in the broadest sense, promoting wellbeing through wide ranging socio-educational approaches. In North America, South Africa, New Zealand, Australia and some parts of South America, residential child care falls within the child and youth care (CYC) profession, which is also a discipline distinct from social work. Child and youth care is primarily focused on the growth and development of children and young people in a holistic way, based on direct, day-to-day work with children and young people in their environment (the lifespace). The most dominant and overarching of themes across the traditions is the centrality of relationship to good practice: the therapeutic relationship and relational practice.

The level of qualifications, however, varies markedly in these different contexts. For example, in a comparative study of residential care in England, Germany and Denmark, almost all the Danish workers had degree level qualifications in pedagogy, the majority of German workers had mid-level qualifications, and almost no English workers had relevant degrees with a minority holding low-level vocational qualifications. Even across the UK, there are differences, with half of residential staff in Northern Ireland having a social work qualification.

5) Outcomes

There has been very little direct, cross-national comparison of the outcomes of residential child care. A number of papers have drawn together outcome studies from different countries, but the studies themselves have been undertaken within a single country. A recent review of the research on the outcomes of residential child care identified 110 studies, of which 27 were suitable for statistical comparison. These studies took place in: USA – 15; Netherlands – 7; Canada – 2; Australia – 1; Germany – 1; and, Finland – 1.

The main conclusions of this study are that:
- After a period of residential care, children and young people – on average – improve in their psycho-social functioning
- Behaviour-modification components and family-focused components in the intervention seem to achieve positive results;
- Residential care seems to achieve better results than treatment at home for the same (very) problematic group;
Specific and focused work, aimed at developing the social-cognitive and social-emotional skills of young people, can generate a significant strengthening of the treatment effect.

This is consistent with two recent reviews of what works in residential child care in the UK. A major issue, however, is the wash-out effect once children and young people leave the residential environment.

One recent study has directly compared outcomes for children and young people in residential care in England, Denmark, and Germany. Even then, the authors stressed that they were not comparing like with like – for example:

- 12 per cent of the English under-16s were not attending school compared to 2 per cent of the German and Danish children
- 55% of English residents were not in education or employment compared to 23% of German residents, and 5% of Danish residents;
- The index of the rate of offences per resident was 1.73 in England, 0.158 in Denmark, and 0.092 in Germany.

The study found that staff characteristics, including qualifications, were the most important statistical predictors of outcome indicators, for example, young people’s engagement in education, incidence of pregnancy under the age of 19, and rates of criminal offending.

6) Cost

We could identify no direct comparisons of the cost of residential child care across different countries. In the most recent international comparison of residential child care (2009), while there is some discussion of general finance issues in relation to specific countries, there is no comparative discussion of costs. Information on the costs of residential child care in individual countries can be found but in some cases is very dated, for example, the country specific chapters in a collection on child care in the EC (1993), and is often presented in different ways which makes comparison difficult. This is a major gap in the international literature. A Department for Education and Skills study used data from the 2001 Children in need survey to explore the reasons for the variation in child social care costs between different local authority areas. It found considerable variation around the average weekly social services costs for looked after children, often driven by a few children on whom particularly high sums are spent, with the highest weekly cost for a looked after child being £8,969.

Residential child care tends to be more expensive than alternative forms of care, such as foster care and community-based provision. However, although it is difficult to draw specific conclusions from the international literature regarding value for money, the main points identified in this paper would appear to support the conclusions of a study of the costs of child care placements in England. Good initial assessment is crucial in making appropriate placement decisions to ensure that more expensive residential placements are provided for those children with extensive and complex needs. And such decisions should sometimes be made at an early stage, because the consequence leaving children and young people in damaging family situations or in inappropriate placements can lead to additional costs through placement breakdown and the need for extensive additional support services.

7) Conclusion

This brief overview has identified the wide variations in the use and development of residential child care in an international context. It has shown that there are clear trends
towards the ‘de-institutionalisation’ of residential care; with a move towards smaller establishments. There is a clear identification of the need for residential care to be focused, therapeutic, collaborative, and part of an integrated, continuum of care.

Andrew Kendrick
Professor of Residential Child Care
8) Bibliography


