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Close Enough?: Professional Closeness and Safe Caring

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Introduction

In countries around the world, residential child care has been rocked by scandals of abuse of children and young people by the people who were supposed to be caring for them. In the UK, in particular, the reaction to these revelations has been to implement a raft of measures that seek to ensure that nothing of the same nature or scale might happen again. However, there can be tensions between the implementation of such measures and the developmental and emotional needs of children and young people in residential care. In this paper, we outline recent policy and legislative developments and address some of the issues which we see as important in attempting to strike a balance between safe caring and quality caring, between professional closeness and abusive practice.

Listening to Children and Young People

The most crucial lesson from cases of abuse in residential and foster care is the need to listen to children and young people. A range of measures have been incorporated into practice to ensure that there are formal mechanisms for young people to be heard.

Complaints Procedures

Repeatedly abuse inquiries have highlighted the need to improve complaints procedures. However, research has highlighted inadequacies and the lack of trust that children and young people place in the procedures (Frost and Wallis, 2000). The government is proposing a number of reforms, including: speeding up the process; making it more user friendly; and giving a right to advocacy to children who wish to make a complaint (Department of Health, 2000a). Complaints are also addressed in Standard 18 of National Standards for 'Care Homes for Children and Young People' (Scottish Executive, 2002a).

Children's Rights and Advocacy

William Utting describes children's rights services as 'one of the most beneficial developments of the last decade' (Utting, 1997, p. 111). An increasing number of local authorities have established such services or commissioned advocacy services. The UK Government 'recognises how vital it is to listen to children and is committed to encouraging the development and use of high quality advocacy service and is undertaking consultation on providing looked-after children who are pursuing a complaint the legal right to an advocate' (Department of Health, 2000b, 22-23). Standard 19 of the National Standards for Care Homes for Children and Young People (Scottish Executive, 2002a) covers access to advocacy and other services to support children and young people in making their needs and preferences known.

Young People's Organisations

The collective action of young people in care has also been important in the development of their rights (Kent, 1997; Utting, 1997). *Who Cares? Scotland, Voices from Care* in Wales and *A National Voice* in England provide support, advice and a campaigning voice for young people in care (Willow, 2000).

Children's Commissioner

There has been an increasing demand for the establishment of the role of Children's Commissioner in the UK. Following the clear recommendation of *Lost in Care* (Waterhouse, 2000), an independent Children's Commissioner for Wales has been established. In England it has been decided not to appoint a Children's Commissioner because the senior post of Children's Rights Director in the new *National Care Standards Commission* is considered to fulfil a similar role. The developments in Scotland are described in detail by Susan Elsley elsewhere in this volume.

Support for Staff and Carers

Recruitment and Selection

Waterhouse (2000) echoed many of the inquiry reports dealing with abuse in residential care which have highlighted inadequacies in recruitment practice. Warner's detailed recommendations on recruitment and selection (Warner, 1992) should be standard practice. The Department of Health has recently produced a training pack on recruitment and selection for councils (Department of Health, 2000c). In Scotland, materials developed by the Scottish Recruitment and Selection Consortium have been produced in the form of a 'tool kit' and are now widely used (Scottish Recruitment and Selection Consortium, 2001).

Unsuitable People

A number of new legislative safeguards to prevent unsuitable people from working with children have been taken forward. Recent legislation in England and Wales (Criminal Justice and Court Services Act 2000) disqualifies certain offenders from working with children and makes it a criminal offence for them to seek work with children. The Protection of Children Act 1999 requires childcare organisations to check the names of anyone they propose to employ in posts involving regular contact with children against a statutory list. This list includes the names of people who have been dismissed, resigned, retired or transferred because of misconduct which harmed a child or placed a child at risk of harm (Department of Health, 2000d). The Scottish Executive has made a similar commitment and 'legislation to set up a new system establishing an Index of adults unsuitable to work with children will be introduced during the current parliamentary session' (Scottish Executive, 2002b).

Training

Training of residential child care staff is given high priority in all the various inquiries into residential care (for example, Skinner 1992; Kent, 1997; Marshall et al, 1999). In England, a Department of Health initiative provides funding to train all residential child care staff in 'Caring for children and young people'. A new induction package for all social care staff is also being developed. In Scotland, the Scottish Institute for Residential Child Care is central to developing relevant, high quality training to residential child care staff. In light of this emphasis on training, it is a source of concern and disappointment that the consultation document on qualifications criteria has set, as a minimum, qualifications which are well below the current Scottish qualifications target (Scottish Social Services Council, 2002).

Whistleblowing

The fear of retaliation and dismissal can be a real issue for staff in reporting abuse by colleagues. The Public Interest Disclosure Act 1998 provides protection against victimisation for persons who, acting in good faith, raise concerns about a wide variety of malpractices both within the organisation and externally, in the public interest. In addition the new Care Standards include a requirement for clear whistleblowing procedures.

Quality Protects

The Quality Protects programme was launched in England and Wales in September 1998. While the objectives for children's services are wide ranging, three focus specifically on the 'special protection' of children and young people:

to ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood; to ensure that children are protected from emotional, physical and sexual abuse and neglect (significant harm); to ensure through regulatory powers and duties that children in regulated services are protected from harm and poor care standards (Department of Health, 1999). The work on the programme is grouped around five themes: better governance - working with elected councillors to develop the corporate parenting role; listening to children - promoting the active involvement of children and young people; life chances - promoting achievement by children particularly those leaving care; improving placement choices - tackling recruitment, retention and improving quality; and establishing the baseline - building effective management information and quality assurance (Quality Protects Website). The Quality Protects programme therefore appropriately considers the protection of young people more holistically, placing it in the context of their wider developmental needs

A slightly different approach has been taken in Scotland where a Strategic Framework for Children's Services will set objectives against which progress on the development of children's services can be based. In For Scotland's Children, a six point action plan has been developed to improve the integration of children's services (Scottish Executive, 2001). It is necessary to: consider children's services as a single service system (Action Point 1); establish a joint children's services plan (Action Point 2); ensure inclusive access to universal services (Action Point 3); co-ordinate needs assessment (Action Point 4); co-ordinate intervention (Action Point 5); and target services (Action Point 6).

Regulating Care Services

'The primary function of inspection.., is serving the public interest by providing an additional safeguard for vulnerable people' (Utting, 1997). This agenda has been taken forward through independent national bodies to regulate care services. In England, the responsibility for the registration and inspection of care services transferred to the National Care Standards Commission on 1st April 2002 (National Care Standards Website). In Scotland, the Regulation of Care (Scotland) Act 2001 established the Scottish Commission for the Regulation of Care (Care Commission), also from 1st April 2002 (Care Commission Website). The Care Commission will issue a Certificate of Registration to care services which meet the statutory requirements. It takes over the inspection of services from local authorities and NHS Boards, taking into account the new National Care Standards. The Care Commission will enforce the standards and when other routine actions have failed to improve the quality of services, it will be able to use legal sanctions which include Condition Notices, Improvement Notices and Cancellation of a registration.

Regulating the Workforce

There has been a long-standing debate in the UK about the need to regulate the social care workforce. Driven, then, in no small part by the scandals of abuse in residential child care, this agenda has been taken forward by the Government. On 1st October, the General Social Care Council for England (General Social Care Council Website), the Care Council for Wales (Care Council for Wales Website), the Northern Ireland Social Care Council (Northern Ireland Social Care Council Website) and the Scottish Social Services Council (SSSC) (Scottish Social Services Council Website) were established. The Councils' tasks are to: set standards of conduct and practice for the workforce and publish codes of practice for social services workers and their employers; establish a register of individuals in specified groups; and regulate education and training and approve courses. In Scotland, residential child care workers are included in the first phase of the registration process.

Whilst these various developments are important planks in ensuring safer residential environments, procedural approaches alone are insufficient in ensuring healthy and safe experiences for young people growing up.

> 'It has been said that strong belts and strong braces don't make good trousers; procedures and guidelines can help but the fundamental fabric is the culture'. (Kent, 1997, p. 129)

Professional Closeness and Safe Caring

One of the issues about the raft of procedures outlined above is the extent to which it can create a defensiveness in agencies. There is a danger that, in interpreting 'safe-caring', there is a presumption that close adult-child relationships are intrinsically suspect and should be discouraged. From first principles, the notion of safe caring ought to apply to ensure the safety of young people in care settings. However, other considerations relating to the safety of staff from allegations and the safety of organisations from possible litigation can be powerful determinants of actual practice in residential units and may in fact detract from the ability of staff to provide appropriate developmental care.

The importance of relationships in residential child care

In residential child care, 'practitioners take as the theatre of their work, the actual living situation as shared and experienced by the child' (Ainsworth, 1981, p. 234). This reality makes it inevitable that emotional attachments and bonds

will develop between workers and young people. Rather than avoid such attachments, child and youth care has to consider them as agents of personal growth and to assert them as fundamental to the professional task. Indeed one of the oft-quoted totems of the child and youth care tradition is Uri Bronfenbrenner's assertion that every child needs at least one adult who is 'crazy' about them.

> "Somebody's got to be crazy about that kid, and vice versa!" But what does "crazy" mean? It means that the adult in question regards this particular child as somehow special – even though objectively the adult may well know that this is not the case… For the child, the adult is also special – someone to whom the child turns most readily in trouble and in joy, and whose comings and goings are central to the child's experience and well-being. (Bronfenbrenner, 1994, pp. 118-119)

Residential child care must be concerned with enhancing a young person's development. This is a social process involving growth and development predicated largely upon the social interactions with carers and others in the young person's social network. Research has consistently demonstrated that it is the personal qualities of professional helpers which are the main criteria by which young people judge a service. They tend to confer trust on individuals where there is: a genuine willingness to understand the young person's perspective and to convey empathy; reliability (keeping promises, being available, punctuality); taking action; respecting confidences (Hill, 1999). Jackson and Martin's study (1998) of 'high achievers' who had grown up in care found that most of the high achievers reported a special relationship with at least one person who made time to talk with and listen to them; providing a positive adult role model (see also, Willow, 2000). For children and young people in residential care that adult might need to be one of the staff.

If the task of residential child and youth care is to promote growth and development, then consideration needs to be given as to how this is achieved. Phelan (1999) suggests that the task for workers in child and youth care is less to address past difficulties and failings through a counselling type relationship and more to arrange and become involved in activities and experiences which allow young people to re-script their personal 'stories'. The increasing body of writing around 'resilience' (Daniel et al, 1999; Gilligan, 2001) similarly indicates the importance of staff and young people sharing activities across a range of sporting, cultural and leisure pursuits. It also highlights the importance of strong adult-child attachments as a powerful bulwark against abuse. Many staff in present organisational climates are wary of engaging in shared activities or in developing strong personal relationships. Yet in failing to do so they cannot fulfill some of the essential functions of the job.

Conclusion

The scandal of abuse in residential care indicates only too clearly the potential for personal relationships between staff and young people to cross boundaries and to become abusive. It is essential that this potential is recognised and that staff are supported to recognise and avoid it. There is a risk that cultures which suppress or fail to acknowledge this potential and in which staff are afraid to openly discuss feelings or relationships for fear of pejorative connotations or consequences may indeed be the most dangerous ones.

Roger Kent stated that 'it is essential that we provide the necessary warmth, affection and comfort for children's healthy development if we are not further to damage emotionally children and young people who have usually had a raw deal from life' (Kent, 1997, p. 18). To avoid that eventuality of further emotional damage (or in some places to turn around that reality), there is a need to validate and support notions of 'professional closeness'.

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