



Keyworking in residential child care: Lessons from research



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ABSTRACT

Developing quality relationships is recognised as an active ingredient for effective interventions with young people in care. Essentially, care staff has the opportunity and capacity to positively influence the young person's experiences in care, through the positive relationships they form. This paper presents selectively on the findings of two separate but related qualitative Irish studies exploring relationship-based approaches in residential child care practice, from the perspectives of both residential child care workers and young care leavers. Thirty-two professionals and four care leavers participated in either focus group or individual interviews. The findings are integrated in this paper with the wider literature on young people leaving care, with the aim of identifying core knowledge that is needed by service providers who are tasked with the support of young people making the transition out of care and towards independent living. In this paper we attempt to identify the knowledge base on relationship-building which is needed by care staff in order to carry out their role. It is argued that an explicit knowledge base is overdue now that the complex needs of young people in care are increasingly visible through advances in research and more recently the emerging literature concerning the personal testimonies of care graduates.

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1. Introduction

A wealth of international research conducted over the last three decades exploring outcomes for young people in state care has highlighted a disturbing trend of poor outcomes across a range of indicators (Berridge, Biehal, Lutman, Henry, & Palomares, 2011; O'Higgins et al., 2015). These disappointing trends are not confined to Ireland, and Bullock, Courtney, Parker, Sinclair, and Thoburn (2006) make the observation that in both the United Kingdom and the United States studies reveal a consistent pattern of poor outcomes for care system graduates. While this evidence is drawn from the children in state care more generally and does not refer specifically to children in residential care, selected evidence from England (Bilson, Price, & Stanley, 2010; Dixon, 2008; McAuley & Davis, 2009); Scotland (McClung & Gayle, 2010); France (Dumaret, Donati, & Crost, 2011); Northern Ireland (McCrystal & McAloney, 2010); Australia (Townsend, 2012); USA (Pears, Kim, Fisher, & Yoerger, 2013), nonetheless points consistently to poor educational achievement, poor physical, mental and general well-being, homelessness, criminality, unemployment, teenage parenting and poor social networks. While research to date highlighting the success of care-leavers is relatively scarce (Martin & Jackson, 2002), what is known points consistently to the importance of stability, not solely related to stability of placement setting but also more significantly the importance of positive and stable relationships with professionals involved in their care (Dumaret et al., 2011; Martin & Jackson, 2002;

McLeod, 2010). Indeed Berridge et al. (2011) concluded that relationships may be a key factor in successful interventions with such young people.

Grounded theoretically in 'relationship-based practice' (Ruch et al., 2010), the practice of keyworking is founded on the idea that human relationships are of paramount importance and a fundamental need for human beings. Bowlby (1952, as cited by Munro, 2002) asserted the importance of secure and sensitive relationships throughout childhood in order for a person to develop into a "happy well-balanced adult" (Munro, 2002; 39). Young people receiving care within their own homes develop bonds with their carers, most often their natural parents, which can continue across the lifespan. Conversely, in residential care units these bonds are established with paid personnel and they are relative to staff shift work (Jones, Landsverk, & Roberts, 2007). As such, the ability to establish a positive relationship with clients is a fundamental tool for service providers working in the helping profession (Woods & Hollis, 2000), considering their work begins and ends with a human encounter. The relationships developed between care staff and young people differ from other forms of relationships experienced by the young person. This relationship is not indefinite and does not hold continuous emotional bonds such as a parent-child relationship (Munro, 2002).

Developing quality relationships is recognised as an active ingredient for effective interventions with young people. Essentially, care staff has the opportunity and capacity to positively influence the young person's experiences in care, through the positive relationships they form. Morrison's (2015) positive account of her journey through care, aftercare and into a professional caring role underscores the

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knowledge base available to and required by service providers if they are to successfully support young people living in care or in the process or transitioning out of the care system. Her strengths and resilience are impressive as is her capacity to insightfully reflect on the positive and negative sides of her cared for experiences and to channel the totality of her life in a very positive direction. Unfortunately, for many young people leaving care the outcomes, at least initially, are less positive.

This paper integrates the findings of two separate but related Irish studies exploring relationship-based approaches in residential child care practice, from the perspectives of both residential social care workers¹ and young care leavers with the wider literature on young people leaving care, with the aim of identifying core knowledge that is needed by service providers who are tasked with the support of young people making the transition out of care and towards independent living. In this paper we attempt to identify the knowledge base on relationship-building which is needed by care staff in order to carry out their role. It is argued that an explicit knowledge base is overdue now that the complex needs of young people in care are increasingly visible through advances in research and more recently the emerging literature concerning the personal testimonies of care graduates such as Morrison (2015).

2. Context for the research

There have been a number of key shifts in the function, organisation and delivery of residential child care in Ireland as in other jurisdictions. Traditionally, the pattern of child care services in Ireland placed great influence on institutional care. The institutional care provided largely involved placements for youth offenders known as reformatory schools placements for those who were neglected, orphaned or abandoned called industrial schools, which were established under the Reformatory Schools Act 1858 (O'Sullivan, 2014). Reformatory and Industrial Schools were large-scale institutional buildings that catered for large numbers of children and were managed by either Catholic religious congregations or voluntary organisations. These institutions were also geographically isolated (Williams & Lalor, 2001). There were approximately 71 industrial schools in Ireland in the 1960s (O'Sullivan, 2014).

These institutions remained essentially unchanged until the publication of the Report of the Committee Enquiry into Reformatory and Industrial Schools Systems (Department of Health, 1970, better known as 'The Kennedy Report'). The Kennedy Report (1970) was an important catalyst in the history of residential childcare in Ireland, creating an awareness of the needs of deprived children (Skehill, 2005) and leading to the closure of the Industrial and Reformatory schools and initiating the change from large single sex isolated institutions to the development of small group homes in the community (Williams & Lalor, 2001). The Kennedy Report (1970) also recommended that residential care should be considered only when there are no satisfactory alternatives.

Gilligan (2014) observes that from the 1860s to the 1960s, residential childcare reflected a general propensity in Ireland as elsewhere, to depend largely on institutional care to conceal what were considered our social problems. Throughout this period, the number of children in alternative care, particularly in residential care was high, with approximately 3000 young people placed in various form of residential care by the mid 1960's (O'Sullivan, 2014). During the mid-1950s the number of children in alternative care began to drop. However from the 1980's onwards, this number has been steadily rising with currently an

approximate of 6420 children in state care (Department of Children and Youth Affairs, 2015). While the overall number of children in care has continued to grow from the mid-1980s onwards, the preferred care placement shifted decisively from residential care to foster care (O'Sullivan, 2014). By 1980, there were slightly more children in foster care than residential care; in contrast, in 2013 (the latest available figures for children in care) 93% of all children in state care were placed in either general or relative foster care (Department of Children and Youth Affairs, 2015) and just 5% of that population placed in residential childcare. O'Sullivan (2009; 21) concludes that:

"the role of residential care has moved from a position of dominance in the provision of alternative childcare in Ireland to now being a residualised and specialised service".

The most up to date data published by TUSLA (2016), the National Child and Family Support Agency, indicates that at the end of December 2015, 327 children were living in residential care facilities and 16 were in special residential care facilities, amounting to a total number of 343 children in residential care within the Irish State. An additional 4 children were reported as placed in secure residential facilities located outside the state. In contrast, 4100 children were recorded living in foster placements in December 2015 with an additional 1832 children residing in approved extended family foster care arrangements, bringing the total number of children living in foster care settings to 5932 in total. In percentage terms, this calculates as 94.5% of children in care are placed in foster care arrangements and 5.5% of the total number of children in care are living in residential care settings in Ireland. These figures do not include children who are living in private arrangements away from their natural family.²

In the literature, the roles and responsibilities of the residential social care workers have received increased recognition, consequently highlighting the complexity of the care work task (Williams & Lalor, 2001). Traditionally, in the Irish context, individuals working in the early industrial homes were untrained with little or no professional development opportunities (O'Sullivan, 2014). The Kennedy report (1970) emphasised that there was a lack of awareness of children's needs in the industrial homes and that this was a consequence of the lack of professional training in child care (Gilligan, 2014). Subsequently, there was a shift in the qualification of child care staff from basic vocational training to professionally trained and recognised care workers (O'Sullivan, 2014). The introduction of legislative initiatives such as the 1991 Child Care Act and The Standards and Criteria for the Inspection of Children's Residential Centres 1999 further increased the need for appropriate training of care staff and high standards of professional practice among social care workers (Williams & Lalor, 2001). Currently there has been an increased focus on the social care role and related knowledge base with the enactment of the Health and Social Care Professionals Act 2005 which has led to the establishment of CORU (the Health and Social Care Professionals Council), which has oversight of regulatory matters related to social care as well as professional accreditation. The aim of the legislation is to ensure that a high quality standard of performance is maintained across a range of health care professionals, including social care workers and to offer the public protection from individual professionals who display incompetence or worse. To date, CORU (2016) has not opened the Social Care Register due in part to ongoing preparatory work aimed at achieving agreement on the criteria for approval of educational programmes and a national set of proficiency standards for the profession. Therefore, at present, social care and the education of prospective social care workers is in a period of transition as it moves towards a regulated workforce and an agreed educational curriculum.

¹ In the Irish context, previous titles for professionals working in residential child care, such as 'child care worker', 'residential child care work' and 'residential care worker' were replaced with the title 'social care worker' under the Health and Social Care Professionals Act (2005). This title infers professional training and will be legislated for when social care workers are mandated on to the Health & Social Care Regulatory Board in 2016 following the introduction in 2015 of the Social Care Workers Registration Board.

² For more information on residential child care services in Ireland, please visit <http://www.tusla.ie/services/alternative-care/residential-care/what-are-childrens-residential-services/>.

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