# Residential Care of Children

## Comparative Perspectives

EDITED BY
MARK E. COURTNEY
DOROTA IWANIEC

OXFORD

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**Mark E. Courtney and Dorota Iwaniec**

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# INTRODUCTION

MARK E. COURTNEY AND DOROTA IWANIEC

In May 2003, more than 600 individuals representing government, civil society, and the research community in 80 countries attended the second international conference entitled Children and Residential Care in Stockholm, Sweden. The result of the conference was the "Stockholm Declaration on Children and Residential Care," to which the participants had committed themselves. The declaration suggests principles to follow and actions to take for government, civil society, researchers, and the philanthropic community to reduce or even eliminate the use of residential care for children. It begins with the following statement:

> There is indisputable evidence that institutional care has negative consequences for both individual children and for society at large. These negative consequences could be prevented through the adaptation of national strategies to support families and children, by exploring the benefits of various types of community based care, by reducing the use of institutions, by setting standards for public care and monitoring of the remaining institutions.

A reader of the Stockholm Declaration might easily conclude that there is universal agreement that residential care should be eliminated and that it is only a matter of time until responsible individuals and institutions make that happen. In fact, however, the situation is much more complex. Countries' reliance on residential care varies widely. Postindustrial democracies that for decades have had official policies discouraging the use of institutions for children nevertheless continue to use them. Why is this so? What lessons do their experiences have for other countries

considering when and for whom to use residential care? Some countries consciously make extensive use of residential care for children, in some cases exceeding the use of family-based out-of-home care. What are their reasons for doing so and are those reasons likely to lead other countries to increase their use of residential care in the future? How does the use of residential care differ from place to place around the world and can this variation tell us anything about how child welfare practice might be improved?

Current international interest makes timely a critical examination of the history and current use of residential care around the world. Only an international comparative perspective on the development and current status of residential care can answer the kinds of questions raised above. *Residential Care of Children: Comparative Perspectives* is intended to fill important gaps in knowledge about residential care of children and in the process inform debates within and between nations about the appropriate use of such institutions. The volume grew out of a series of meetings convened by the Residential Childcare Working Group of the International Network of Children's Policy Research Centers. This network is staffed and supported by the Chapin Hall Center for Children at the University of Chicago and includes centers in Brazil, England, the Republic of Ireland, India, Israel, Korea, Northern Ireland, Norway, South Africa, and the United States. At the time this volume was conceived, the Residential Childcare Working Group consisted of researchers from Brazil, Ireland, Israel, Northern Ireland, Norway, and the United States.

The Residential Childcare Working Group decided to invite interested scholars from member centers to prepare papers for an edited volume on residential care around the world. In addition, to obtain a broader representation of countries, papers were solicited from colleagues in South Korea and Romania. In September 2003 a meeting was held at Queens University, Belfast, to discuss early drafts of papers from Brazil, Ireland, Israel, South Korea, Romania, the UK, and the United States. Based on discussions at that meeting, additional papers were invited from colleagues in Australia, Botswana, Sweden, and South Africa. The country case studies were discussed at meetings of the working group to identify common themes that emerge from the case studies. The papers that emerged from these meetings benefit from the shared wisdom of scholars from eleven countries in Africa, Asia, the Middle East, Eastern and Western Europe, North and South America, and Australia.

*Residential Care of Children: Comparative Perspectives* is intended to provide the reader with a better understanding of residential care for children around the world. Case study chapters provide a rich description of the development, current status, and future of residential care in eleven countries. The volume focuses on settings where *(1)* children sleep at night (i.e., not day treatment) and *(2)* children are not routinely locked up or denied their freedom (i.e., "open" facilities). Authors were free to note examples of residential care that may be important in their countries that are outside this definition (e.g., juvenile corrections facilities), but for comparative purposes we focus on residential care that meets this loose definition.

This is a broad definition and the case studies show that residential care takes a wide range of forms around the world. Each chapter also describes how residential care has evolved over time, including its history, trends over time, and any landmark events in the evolution of residential care. Authors examine factors (e.g., historical, political, economic, ideological, cultural) that have contributed to the observed pattern of development of residential care and provide a description of the current state of residential care (i.e., number of children in care, ages, average length of stay, reasons that children/youth are placed in residential care, etc.). Last, each case study describes expected future directions for residential care and potential concerns. The case studies are clustered geographically, starting in Europe and moving around the globe to the Middle East, Africa, Asia, Australia, and finally the Americas. Although they were expected to address the topics described above, authors were given wide latitude in deciding how to focus their attention. This decision reflected the varied interests and expertise of the authors and the fact that the nature and availability of historical and empirical literature on residential care varies considerably from country to country. A concluding chapter identifies common and disparate themes in the historical development of residential care to provide an explanation of the underlying factors that drive its use; it also examines similarities and differences across countries in the current status of residential care so as to speculate about the future of residential care around the globe.

*Residential Care of Children: Comparative Perspectives* was not put together with the intention of providing a summary judgment regarding the proper role(s) of residential care in the provision of services for children. Widely varying opinions regarding the merits of residential care are found within this volume. Indeed, early in the discussions of the Residential Childcare Working Group it became clear to us that trying to come to a consensus regarding the merits of residential care would be premature given the wide heterogeneity in the development and current use of residential care around the world and the poor availability of sound data on the populations served and outcomes achieved. Our hope is that our volume helps illuminate the wide range of individual, family, and social problems that residential care has been used to address around the world, the factors that influence its use, and under what circumstances and in what forms residential care is likely to persevere, if not thrive, in the future.

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# Residential Care in Ireland

ROBBIE GILLIGAN

Residential care is in decline in Ireland[1] in numbers served and in morale, although expenditure on residential care is considerable and rising because of new investment in expensive specialist provision. Residential care appears to be used, especially, to serve challenging or marginal populations within or on the edge of the child welfare system. A key function appears to be to absorb any slack left by foster care or family placement provision, which is the preferred mode of care in the Irish system. Overall, it might be argued that the Irish residential child care system is at risk of becoming more "child preoccupied" and less "child-centered."

## Evolution of the Residential Child Care System in Ireland

The evolution of residential child care in Ireland has three phases: institutionalization and seclusion (1850s to 1970s); professionalization and deinstitutionalization (1970s to 1990s); and secularization, specialization, and accountability (1990s onward). It can be argued that each of these phases reflected developments in wider Irish society and in the world more generally.

### *Institutionalization and Seclusion (1850s to 1970s)*

Developments in residential child care in Ireland seem closely intertwined with the growth in Catholic female (and also new male) religious congregations (residential communities) in the nineteenth century—there was an eightfold increase in the

number of nuns in the period 1841–1901 (Clear, 1987, p. 37). Most of these congregations began to pursue their mission through providing institution-based care to different groups seen as needy, including children with particular needs. An emerging legal framework for the formation and operation of reformatories and industrial schools (and later children's homes) allowed these Catholic religious congregations to gain approval (and from 1868 financial support) for their children's institutions. The ensuing developments might be said to represent the "foundation layer" of the subsequent Irish system of residential child care. Gradually these Catholic-managed institutions came to dominate—possibly accounting for 90 percent of provision for children in care for more than a century, with the remainder sponsored mainly by organizations within the Protestant tradition (see Clear, 1987; Raftery and O'Sullivan, 1999). In general, these institutions tended to be large, austere, isolated, unimaginative, and subjected to little effective scrutiny or control by the state. Factors accounting for the origin of these institutions might include the following:

- The availability, in that early period, of large numbers of Catholic women willing to dedicate their lives to this socially valued work by religious congregations (Clear 1987)
- The tradition in Catholic countries, suggested by Hazel and colleagues (1983), of removing the vulnerable from danger into the safekeeping of the institution or monastery[2,3]
- The religious and political tensions between the Catholic and Protestant traditions in Ireland at that time that led to considerable competition—and duplication—in the provision of welfare activity (Luddy, 2005)
- The passivity of the state (the British state that ran Ireland until 1921, and the Irish state that emerged after that date following independence) in matters to do with welfare provision. The state played a limited role in regulating and funding such provision, but almost none at any level in direct delivery of services
- The political power of the Catholic church, meaning that government had little appetite to challenge how religious institutions ran their affairs[4]
- The low status of institutions serving children (presumably because they generally served people of low status); it has been suggested, in the Catholic tradition at least, that these did not necessarily attract the most able members of sponsoring congregations to manage or staff them (Dunne, 2004, p. 42).[5]

Overall, residential child care in this period might be said to mirror a broader and related tendency at that time in Ireland to rely on institutions to hide society's "outsiders" or to "bury" social problems.

### *Professionalization and Deinstitutionalization (1970s to 1990s)*

Gradually a process of deinstitutionalization evident in other spheres (for example, in the fields of disability and mental health) also began to assert itself in the field of residential child care from the 1970s onward. This change, in the case of child care, had multiple roots in addition to the social change of the 1960s that impacted Ireland as elsewhere. The Second Vatican Council of the Roman Catholic Church (1962–1965) was of genuinely historic importance and had quite an impact in Ireland (Whyte, 1980). It urged, among other things, a much more outward-looking attitude and practice among religious congregations, in which they were to engage wholeheartedly with the wider community.

An additional factor was an emerging trend toward the professionalization of child care (child welfare) practice. Some elements in religious bodies saw this professionalization as a necessary step for the benefit of the children but also because the shrinking availability of religious personnel (due to falling recruitment and redeployment) led to greater reliance on lay staff, who increasingly sought and were expected to have training.

A government committee reported in 1970 on residential child care (Kennedy, 1970) and made a series of recommendations that broadly lent momentum to the deinstitutionalization of provision and the professionalization of practice. In this context, the term *deinstitutionalization* generally meant a move to smaller, new units purposely built for child care and often dispersed in local neighborhoods; the recruitment of at least some professional staff; and the greater integration of the lives of residents into the local community (e.g., attendance of the residents at local schools rather than in the institution's own school, participation in clubs, and similar activities).

Additionally, the Health Act 1970, which led to major reforms in the scope, structure, and delivery of health services, led also to the gradual emergence of a state-provided social work service that largely focused on children's issues (Skehill, 1999). One priority was implementing preexisting but neglected official policy that favored foster family care as the placement of choice for children in care. These efforts certainly had an impact; for example, recent official figures suggest that the absolute numbers of children in foster care doubled to around 4,000 from 1989 to 2003.

Broadly, in this period, residential child care was characterized by an optimism about the capacity of reform, training, and investment to transform radically the nature of care in the direction of a more child-centered provision.

### *Secularization, Specialization, and Accountability (1990s Onward)*

Closely linked to the trend of professionalization has been a move toward bureaucratization in which there are modest but ever increasing attempts to define, measure, standardize, and generally "regulate" child care practices. This is evident in provisions in the Child Care Act 1991 and related regulations, in the later Children

Act 2001, in the publication of national standards for residential care (and foster care), in some efforts to gather standardized national data about child care services, and in attempts to promote more standardized practices in relation to child protection and interagency cooperation (Department of Health and Children, 1999). In the residential child care field, the clearest sign of a new official resolve to hold the field to some accountability (and to deflect criticism of past—or current—neglect) is in the emergence, in 1999, of the Social Services Inspectorate (SSI). While its title implies a broad authority across various client groups, the immediate trigger for its establishment and the focal priority for its early work was the residential child care field.

Perhaps the most remarkable trend in residential child care in the past decade or so has been the almost complete and largely unnoticed withdrawal of religious bodies as direct providers of residential child care, virtually completed in late 2003 with the final withdrawal from this work of the (Catholic) Mercy congregation (Social Services Inspectorate, 2005a), which in recent times had been the largest single provider of residential child care places. A series of factors accounts for this historic withdrawal from the work:

- The aging profile and rapidly shrinking membership of the congregations involved
- The precipitate drop in morale among those involved in this work as a result of the avalanche of allegations of past wrongdoing (physical and/or sexual abuse) or mismanagement directed against members of many congregations (Raftery and O'Sullivan, 1999)
- The logistical and other challenges posed by bureaucratic demands for compliance with higher professional standards
- The behavior of what seemed like ever more troubled children, who demanded a paradigm of care far different from the one traditionally embraced by religious service providers of rearing or minding (largely compliant) children who needed care

Interestingly, in the late twentieth century, as Irish society opened up to self-questioning and acknowledged more fully its own social problems, the proportionate importance of residential care declined. One of the social problems increasingly acknowledged was the degree of physical and sexual abuse suffered by children who had been placed in residential centers, mostly those run by at least some Roman Catholic congregations. This phenomenon has triggered a remarkable outpouring of public testimony from former victims and a very strong public response. A range of victim accounts has appeared in various media. A significant review of available evidence (and one that is critical of implicated Church providers and of state reactions) has been undertaken by Mary Raftery and Eoin O'Sullivan. In response, the government established a Commission of Inquiry into Child Abuse, whose work is ongoing at the time of writing (April 2008). It has worked on two levels: receiving testimony from victims, and investigating the circumstances in which the alleged abuses occurred and what might have contributed to or inhibited such occurrences.

While much current public debate about residential child care has focused on past failures, it is important to acknowledge that there is important progress in seeking to secure a better quality service to children being cared for today:

- The Social Services Inspectorate (SSI) will undoubtedly come to be seen as having played a critical role in anchoring and promoting high standards of practice at a critical period of change and uncertainty in the residential child care field. While the title of "Inspectorate" might carry connotations of policing and control, the Inspectorate has operated more on the basis of constructive cooperation with the management and staff of centers. It also is careful to model good practice in how it conducts inspection visits. It is careful to draw on the views of all stakeholders, especially children. It also publishes all its reports—not an intrinsic, nor common, feature of Irish administrative or political practice. This level of public transparency (including the availability of reports or appropriate summaries on the Inspectorate's Web site) seems to be a powerful incentive for providers to comply with the Inspectorate's broad agenda and specific messages in individual locations. The Inspectorate also plays a further developmental role in the system through a series of guidance notes.
- The United Nations Convention on the Rights of the Child (UNCRoC) has had an impact on the National Standards for Residential Care (against which SSI inspects), in particular concerning children in the area of consultation, complaints, and information. Special separate versions for children and young people in residential (and foster) care have been produced and circulated. In addition, the National Children's Strategy highlights the needs of children in state care.[6]

There has been progress but also recurring failures—for example, in the absence of systematic evidence about outcomes for children in residential care whether based on consumer or other studies. Also, data are not systematically gathered about the extent of abuse reported among children currently living in residential care.

Overall, this most recent period seems to be characterized by a growing disillusionment because of revelations about earlier failings in the care system and about more current limitations that have been exposed. The period has also witnessed efforts to regulate/standardize provision of care, and despite the influence of UNCRoC it is possible to discern a drift from a system that strives to be child-centered toward one that very often finds itself "child preoccupied" in relation to hard-to-serve children and young people. Rather than serving (or aspiring to serve) the needs of children in a proactive, holistic child-centered way, the residential care system finds itself increasingly trapped in responding *reactively* and possibly suboptimally to the needs of young people who present challenging behavior that many residential centers have proven unable to accommodate (this, of course, reflects at least as much on the nature of the center as on the children's behavior).

Chronology of Recent Key Legal /Policy Developments in Residential Child Care Field

| | |
|---|---|
| 1970 | Kennedy Report—major review of residential care system and related provision that provided important impetus for the first wave of reform |
| 1971 | First professional training course established for residential child care workers |
| 1984 | Responsibility for industrial schools transferred to Department of Health from Department of Education |
| 1991 | Child Care Act 1991 (first comprehensive child welfare legislation since foundation of the Irish state in 1921; implemented in stages until 1996) |
| 1995 | Child Care (Placement of Children in Residential Care) Regulations, 1995, Statutory Instrument No. 259 of 1995 |
| 1996 | Report of Madonna House Inquiry published (with certain chapters censored but published in 1999 by States of Fear TV program)<br>Enactment of Child Care (Standards in Children's Residential Centres) Regulations, 1996, Statutory Instrument No. 397 of 1996 |
| 1997 | Freedom of Information Act 1997 passed (entitles any person to access to any records held about him or her) |
| 1999 | Irish Social Service Inspectorate established<br>Commission to Inquire into Child Abuse appointed to investigate historical child abuse in children's institutions<br>*Child First* published—national child protection guidelines (see especially Section 10.5—10.10.5) |
| 2000 | Expert group recommends that child care workers be accorded professional status (with implication that untrained staff in residential care be eventually phased out)[7]<br>*National Children's Strategy* published |
| 2001 | Special Residential Services Board appointed<br>Children Act 2001 is passed, providing for wholesale reform of the juvenile justice system<br>*National Standards for Children's Residential Centres* published by Department of Health and Children. These standards are used for inspections of residential centers by the Social Services Inspectorate |
| 2002 | Residential institutions reviewed under auspices of Department of Education and Science<br>http://www.education.ie/servlet/blobservlet/sped_education_review.doc<br>Residential Institutions Redress Act, 2002 passed |
| 2003 | Special Residential Services Board placed on statutory basis with responsibility for advising minister on policy relating to children placed in Special Care Units (November)<br>Last institution run by Mercy congregation closes; Mercy had been the largest religious provider of residential child care in the country and this closing virtually ended the role of Catholic religious in the direct provision of residential child care<br>Administrative and legal responsibility for the four children detention schools (located in Finglas and Lusk) transferred from the Department of Education and Science to the Irish Youth Justice Service, an executive office of the Department of Justice, Equality and Law Reform (March 1)[8]<br>Children Acts Advisory Board replaces Special Residential Services Board and is to play a stronger advisory and promotional role, especially in coordinating provision for children in detention schools and special care units<br>Health Information and Quality Authority established; its remit includes the work of the Social Services Inspectorate (which retains its own identity) |

## How Residential Child Care Is Defined in Ireland Today

Residential child care in Ireland currently embraces a number of models for different groups of children and young people and operates under the auspices of a number of different sectors and legal arrangements. In this paper, the focus is primarily on the child welfare system.

At the end of 2004 (latest year for which data are available for the numbers of children in care at a point in time), there were 5,060 children in the care of the child welfare system in Ireland. Residential care provided for a small minority of these children. Nine percent (442) were in residential care, with 84 percent placed with families (with nonrelatives and with relatives) and 7 percent in other arrangements (Health Information and Quality Authority Social Services Inspectorate, 2007, p. 4). Approximately 105 additional young people are placed in residential settings under the juvenile justice system at any one time (derived from Special Residential Services Board, 2005, p. 18).

In terms of admission to care, figures for 2002 indicate that of 2,054 admissions to care (child welfare system), 209 (10.2%) were to residential care settings; of these, 59 children were younger than 12 years old (or 4.1% of children under 12 admitted to care).[9]

In the past 20 years, the following patterns have been evident in provision for children in the Irish care system:

- There has been a steady growth in absolute and relative terms in the numbers of children in care (from 3,724 in 1980–1981 to 4,508 in 2001) (Department of Health, 1983; Department of Health and Children, 2003).
- Foster care has become the dominant mode of care (more than doubling its absolute number of placements at any one time since 1989).
- There has been a corresponding dramatic decline in the number of children cared for in residential (nonfamily) placements.
- Kinship care (placement with relatives) has become an important mode of care and has recently eclipsed residential care in its share of care places provided.

The current state of residential care provision for children and young people presents a mixed picture. Most children are cared for in the child welfare system and, to some extent, in the juvenile justice system. There is also a residue of relevant provision that does not fall neatly into either of these two sectors. This chapter does not cover boarding schools or institutions serving children with disabilities.[10]

This range of legal categories of current residential facilities embraces the following:

- Children's residential centers serving children in the child welfare system and made up of four categories