

Residential Care of Children

Comparative Perspectives

EDITED BY
MARK E. COURTNEY
DOROTA IWANIEC

OXFORD

RESIDENTIAL CARE OF CHILDREN

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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 of Children

Residential Care in Ireland

ROBBIE GILLIGAN

Residential care is in decline in Ireland¹ 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 affairs⁴
- 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