Introduction

Purpose and stance of the text

It is the contention of this book that the various forms of residential care for children have a valuable part to play in the range of services available to support children, young people and their families. In this introduction, we will be exploring the overarching themes of the book, and explain our rationale behind the use of the central terminology.

This book is intended primarily as a textbook for students on social work courses and we introduce the reader to the place that 'collaborative practice' has in the new curriculum for the honours degree in social work.

Before proceeding further it is important to note that the term 'residential child care' refers to many different types of 'home' or accommodation. The various forms of residential provision include secure care, therapeutic communities, special residential schools, as well as the more numerous children's homes, and respite (short break) services for children with disabilities. Thus we must be mindful of the dangers of over-generalisation, and only having in mind one type of facility when we use, or read, the term 'residential child care'. As we note in Chapter 1 it is important to recognise how residential services have continued to develop and diversify over the years.

Social work and residential child care

This book is concerned to examine collaborative practice as applied to residential child care settings. Thus the main focus throughout is on two sets of professionals, local authority-based child care social workers, and residential workers providing care for 'looked-after children'. First of all we will examine collaboration between these two key sets of professionals themselves and then we will go on to explore how both may collaborate with other professionals, parents and children.

However, before setting out on the examination of the various types of collaboration Chapter 1 provides a foundation by way of an introduction to contemporary residential care in the UK. Residential care for children has always been somewhat

problematic for the social work profession, concerned as it is with trying to keep families together, and if that is not possible, then providing an alternative family through fostering or adoption. This has left residential care to be used as a last resort. Despite repeated appeals since the 1970s not to view it in this way, it appears that on many occasions social workers still regard an admission to residential care as some kind of failure; if not of them personally then perhaps of their agency. This book exhorts prospective child and family social workers to critically examine that perspective and to keep an open mind about the option of residential placement.

The quality of collaborative practice will have a major influence on the effectiveness of the care-plans for the children and young people in residential settings, and the transitions into and out of residential placement. When working well, collaboration strengthens the contribution of each participant and stops 'the buck' being passed. We believe that, as in other areas of social work, some degree of collaboration has always existed, but if we wish to significantly improve the quality of residential interventions, then better collaboration is a vital ingredient.

Foster and residential placements: complementing not competing

While policy since the Second World War has emphasised the preference for foster placement, especially for younger children, all major child care reports and reviews from Curtis itself (Home Office, 1946) to Short (1984) to Utting (1991, 1997) and Skinner (1992) have emphasised the continuing importance and role of residential placements. The problem of repeated foster placement breakdown has also been recognised by the same reports. According to Curtis:

> Children undergoing several changes of foster parents are often worse off than if they had never been boarded out at all. (Curtis, 1946, para. 461, quoted in Kahan 1994: 24)

This message was repeated 50 years later in the Scottish review of safeguards for children living away from home:

> A good experience of group care is better then going to the wrong foster home, and infinitely preferable to going to a succession of foster homes. (Kent, 1997: 23)

When children themselves are consulted they often express preferences for residential over foster placement, as we shall demonstrate in the coming chapters. We acknowledge that foster placements will continue to provide the majority of out-of-home placements and that they are the placement of choice for most younger children but it is necessary to point out the dangers of an over-reliance on foster care for every child, and to take account of the views of the children themselves. The needs

and wishes of young people often dictate the continuing need for, and value of, the residential option.

Residential child care and collaboration

We are supportive of the current government policy *ideal* of more 'joined-up-work', and its emphasis on evaluating the effectiveness of each profession from the perspective of the service user (Department for Education and Skills, 2003). However, there can be no doubt that turning such ideals into daily practice is far from straightforward. The policies are in place, and the local government and health structures are being reorganised, but effectiveness in practice will depend on the confidence, creativity and flexibility of practitioners. These can only flourish if there is support from managers. Practitioners setting out on new ways of working inside 'joined-up-departments' will depend on the leadership and example provided by their managers. This text aims to illuminate many aspects of collaboration and each chapter will explore some of the bridges and barriers to collaborative practice, the successful negotiation of which will determine the reality.

Having emphasised the necessity for all-round partnership some readers might be surprised that we also emphasise the *differences* between residential workers and social workers. Some would perhaps prefer that we see the residential setting as simply one among many places where social work happens, and would be happier if we simply referred to residential social workers. These issues are explored more fully in Chapter 5. We believe that there is a degree of overlap in the professional knowledge base and skill sets of residential workers and social workers. What is often referred to as the 'value base' of social work is largely common to both. The issues of values and ethics are explored further in Chapter 3. However, there are major differences in what residential and social workers routinely do and the skills that they commonly deploy. Given that these differences are not just about daily tasks but are reinforced by differences in pay, conditions, professional status and professional identity it is our contention that in order to promote collaboration it is necessary to recognise these differences and the consequences that flow from them. For example, it often happens that people start their social work/care careers as unqualified workers in a residential child care setting, then complete their qualifying training in social work and thereafter work in community rather than residential settings. There is rarely movement in the other direction from fieldwork to residential settings, especially after training.

We hope the book will be a resource for students of social work, and other professionals with an interest in looked-after children, and we especially hope that it will encourage residential practitioners, whether trained in social work or not, by highlighting the complex nature of the residential task, and the skills required to manage so many partnerships.

One of the implications of the drive to improve services from a user-centred perspective is that the organisational boundaries between professionals need to become more permeable. In this way it should be easier for children and families to access *all*

the services they need, so that they do not need to undergo repeated assessments or 'get referred' to several different agencies. The delivery of social services, health and education in separate 'silos', with separate criteria and different access systems, has to be replaced with 'joined-up-working' and single assessment frameworks. However, the existing professions themselves are not being abolished! Residential child care workers, social workers, teachers and nurses will remain. Thus the question of how they can *integrate their services and expertise at the point of service delivery* becomes the key challenge for all concerned in the wide variety of residential settings where children may live for shorter or longer periods.

The stance of the authors of this volume is that greater inter-professional under-standing and collaboration is both necessary and desirable to improve outcomes for children in residential care, and can be achieved without any threat or loss either to the professions or the individual professionals involved. The book will focus on four sets of professionals, the residential practitioners themselves and the social workers who have joint responsibility for the children, the teachers, and the health profes-sionals (such as nurses, GPs, psychologists and psychiatrists) whose work can make such a significant difference to the lives of very vulnerable and disadvantaged children and young people.

Terminology

Throughout the book we will adopt consistent use of terminology while seeking to avoid modes of expression which are clumsy or stilted. There are two areas where there is a degree of difficulty in this seemingly straightforward task. We use the term 'children' to describe everyone under 18 years of age as this is consistent with the legal position and the United Nations Convention on the Rights of the Child (UNCRC). We also think that it is important to remind our readers, and ourselves, that even the older child is still developing and is therefore entitled to the support necessary to reach his or her potential. Furthermore, we are concerned about the contemporary tendency within a 'youth justice' framework to neglect the *needs* of children in favour of an emphasis on their *deeds*, in terms of what is now called 'anti-social behaviour'.

However, many teenagers, do not like to be referred to as 'children', and much pre-fer to be addressed as 'young people'. This viewpoint has been forcefully articulated by advocacy organisations representing children in care, and a formula has therefore emerged within social work that the term 'children' should normally be used to refer to those under 12, while the term 'young people' applies to those over 12. Thus when describing the range of those under 18 the phrase 'children and young people' is often used. We do employ this phrase at times; however, we felt that to use it on every occa-sion would be to risk producing excessively long sentences or awkward phraseology. We have therefore decided to make 'children' our main designation, with occasional use of 'children and young people' when the context seems to demand it.

A much more complex and controversial area is how to refer to residential workers. We have to acknowledge that while there is no universally agreed job title for those

who work in residential child care units, the term 'residential worker' is the most commonly used in conversation and literature. Other designations include carer, residential child care officer, and sometimes residential social worker, to name but a few. With the registration of social workers has come the concept of 'protected title'. This means that only those people who have obtained a recognised social work qualification will be entitled to call themselves 'social workers', and this will rule out the use of 'residential social worker' for anyone who does not have a recognised social work award. However, it is the status associated with these designations which is the real heart of the issue, and one that will be revisited many times in this book.

As we address ourselves both to those who intend to work in residential settings and those who may work as children's social workers supporting children in care, we have decided to use as our standard designation the phrase 'residential workers and social workers' to reflect the reality of both different identities and qualifications profile. We also believe that, although they have much in common, residential work is a distinct profession in its own right. However, while we believe this, it is a simple fact that despite strong advocacy and many government reports and strategies over the years, residential child care has not yet established itself as a profession, with its own professional-level qualification.

As this book has a focus on practice around children in residential care the term 'practitioner' is also used. This is deployed sometimes just for variety and it is intended to refer to either a residential practitioner or a social work practitioner or both.

Collaborative practice in the social work curriculum

The curricula of all social work degree courses in the UK have their foundation in what is known as the Benchmark Statement for the degree (Quality Assurance Agency, 2000). The Benchmark Statement is a product of the Quality Assurance Agency (QAA) which sets and monitors academic standards for all university courses in the UK. In relation to the new social work honours degrees, the Benchmark Statement defines the knowledge, skills and understanding which social workers are expected to acquire during their undergraduate study. Due to the advent of devolution in the UK, and also reflecting the long tradition of separate social work legislation in Scotland and Northern Ireland the precise shape of social work courses varies across the UK. As well as the Benchmark Statement which governs the academic framework, course providers must make sure that their courses also meet the occupational standards drawn up by the professional bodies which include employer representation. These are expressed in the National Occupational Standards (NOS). In Scotland the Standards in Social Work Education for Scotland (SISWE) have been developed specifically to integrate the NOS and the Benchmark Statement. In this book we will mainly draw on the Benchmark Statement applying as it does to courses in all parts of the UK. The Benchmark Statement asks that social workers 'acquire, critically evaluate, apply and integrate knowledge and understanding from five core areas of study' (QAA 2000: 12). We will now introduce

the five core areas and discuss how a knowledge and understanding of collaborative practice is important in each of these areas.

Social work services and service users

This core area concerns itself with an understanding of the service and the users of that service. It highlights the importance of professional collaboration by pointing out that social workers must understand 'the relationship between agency policy, legal requirements and professional boundaries in shaping the nature of services provided in inter-disciplinary contexts and the issues associated with working across professional boundaries and within different disciplinary groups' (QAA 2000: 13).

The service delivery context

This core area concerns itself with place and location of social work services from a policy and practice viewpoint. It highlights the importance of professional collaboration by ensuring that social workers understand 'the significance of inter-relationships with other social services, especially education, housing, health, income maintenance and justice' (QAA 2000: 13).

Values and ethics

This core area looks at the values which underpin social work, examining their history and evolution. In the area of collaboration, social workers are expected to understand 'the conceptual links between codes defining ethical practice, the regulation of professional conduct, and the management of potential conflicts generated by the codes held by different professional groups' (QAA 2000: 13).

Social work theory

This is the core area which addresses the body of theoretical knowledge required by social workers. In terms of collaboration, it asks that social workers consider 'social science theories explaining group and organisational behaviour, adaptation and change' (QAA 2000: 13). Any type of collaborative effort requires adaptation and change, so this part of the core knowledge area is inherent in professional collaboration.

The nature of social work practice

This core area examines the characteristics of practice across a range of situations and settings. In terms of collaboration, it asks that social workers understand 'the factors and processes that facilitate effective inter-disciplinary, inter-professional and inter-agency collaboration and partnership' (QAA 2000: 13).

Skills, practice and training

The section on skills within the Benchmark Statement also talks about collaboration. In particular, students will have to demonstrate a capacity to 'build and sustain

purposeful relationships with people and organisations in community based and inter-professional contexts including group care' (QAA 2000: 15). They are required to present information adapted to a wide range of audiences, some of whom may be other professional groups. These and other skills needed for professional collaboration are both implicit and explicit throughout the Benchmark Statement.

The training agenda within professional education programmes throughout the UK increasingly reflects a view that some element of *training* in collaborative practice is necessary to underpin the development of skills in collaboration. Documents such as *Learning for Collaborative Practice* from the Department of Health (2003) emphasise the need for approaches to learning which encourage collaboration, and writers such as Whittington and Bell (2001) make a plea for new ways of learning in social work and social care. They feel that inter-professional learning opportunities will be essential if students are to become confident in negotiating new ideas and perspectives with colleagues from other disciplines. Currently there are a variety of models being tried to see how best to incorporate a collaborative approach during training courses, and in some places social workers and health professionals are sharing some classes and modules together. Whatever the pedagogical approach to shared learning we hope that our book will be a useful resource for all those engaged in it.

Conclusion

From the perspectives of policy, training and practice, we can clearly see that collaborative practice is central to current conceptions of social work. This book has something to say about all these aspects of collaborative practice as they apply to children in residential care. We will look specifically at key aspects of collaboration between residential and social workers in the first instance, then with parents, with the children themselves as well as with other significant professional groups. If this collaborative perspective becomes embedded in the reflective processes of students, and indeed practitioners, at an early stage of their careers, then we are confident that the professional capacity of the sector will increase and the outcomes for children and young people in residential care will improve.