

# CRITICAL PERSPECTIVES ON RESIDENTIAL CHILD AND YOUTH CARE: AN INTERNATIONAL CONVERSATION

*Sigrid James, PhD • Lisa Holmes, PhD • Jorge F. Del Valle, PhD • James K. Whittaker, PhD*

**WEBINAR**

February 14th, 2024 @ 11am-12:30pm CST

Moderator: Lisette Burton, J.D., Chief Practice and Policy Advisor, ACRC

# INTRODUCING OURSELVES



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**JAMES K. WHITTAKER, PHD**

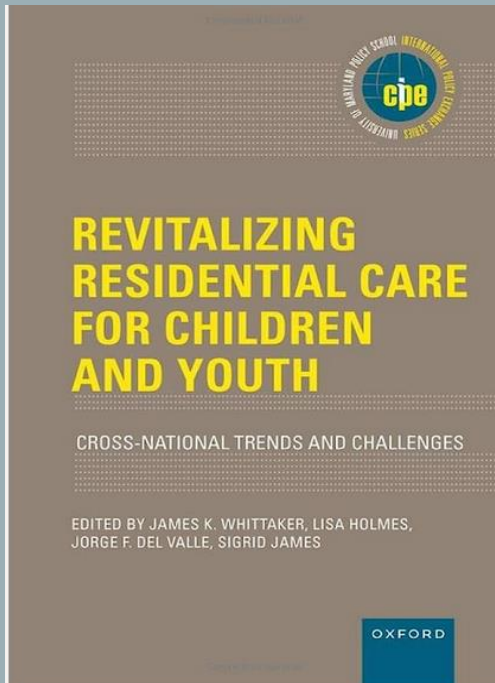
Charles O. Cressey Endowed  
Professor Emeritus  
University of Washington,  
United States

# STARTING QUESTIONS

- ✓ What did we learn from our comparison of residential care across 16 countries?
- ✓ How did it shape our thinking about residential care in our own countries?
- ✓ How can the information we gathered contribute to providing better services and systems for children and youth in residential care?



# WHAT WE WILL COVER



- PART I: Residential Care Utilization Rates
  - How are the 16 countries covered in the book similar and how do they vary in how they use residential care (vs. foster care) in meeting the needs of children and youth?
- PART II: Workforce Preparation
  - How do each of the countries use professional education, training, and internships to ensure high quality residential care services?

# PART I – UTILIZATION RATES

Sigrid James

University of Kassel (Germany)



# RESIDENTIAL CARE TERMINOLOGY IN A GLOBAL CONTEXT

- Residential care (for children & youth)
- Residential treatment centers
- Residential group care
- Residential interventions
- Group homes
- Group care
- Residential youth care
- Children's homes
- “Foster care”
- Therapeutic residential care
- Residential education
- Congregate care
- Alternative care
- Substitute care
- Institutional care / Institutions
- Orphanages

# DIFFERENT FUNCTIONS OF RESIDENTIAL CARE



***Residential care:*** Care and supported accommodation only – no in-house education or treatment services



***Residential education:*** Care, accommodation and in-house education



***Residential treatment:*** Care, accommodation and in-house treatment services

(adapted from Ainsworth & Hansen, 2009)



# RESIDENTIAL CARE – A CROSS-SERVICE SYSTEM SETTING / INTERVENTION





# WHY THE FOCUS ON UTILIZATION RATES?





## Stockholm Declaration on Children and Residential Care

The second international conference on Children and Residential Care held in Stockholm 15 May, 2003, sponsored by the Swedish Foreign Ministry and the Swedish International Development and Co-operation Agency (Sida), has discussed the situation of children in long-term residential care. 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 adoption of national strategies to support

### Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association

**Mary Dozier**  
University of Delaware

**Joan Kaufman**  
Yale University

**Roger Kobak**  
University of Delaware

**Thomas G. O'Connor**  
University of Rochester

**Abraham Sagi-Schwartz**  
University of Haifa

**Stephen Scott**  
Kings College London

**Carole Shaffer**  
Youth Law Center, San Francisco, California

**Judith Smetana**  
University of Rochester

**Marinus H. van IJzendoorn**  
Leiden University

**Charles H. Zeanah**  
Tulane University

Group care for children and adolescents is widely used as a rearing environment and sometimes used as a setting in which intensive services can be provided. This consensus statement on group care affirms that children and adolescents have the need and right to grow up in a family with at least 1 committed, stable, and loving adult caregiver. In principle, group care should never be favored over family care. Group care should be used only when it is the least detrimental alternative, when necessary therapeutic mental health services cannot be delivered in a less restrictive setting.



## CSAC Issue Brief

### Continuum of Care Group Home Reform

#### Background

Governor Brown signed AB 403 (Stone) in October 2015, eliminating most group homes starting in January 2017 and ushering in a foundational shift for the state's foster youth.

The goal of the bill, called "Continuum of Care Reform" (CCR), is to provide better, more appropriate care and services for foster children in home-based settings and to reduce the time spent in congregate care, or group homes. This will require investing in

AB 403 will require, at a minimum, funding for capacity building and new practice requirements in county child welfare services, probation, and mental health agencies.

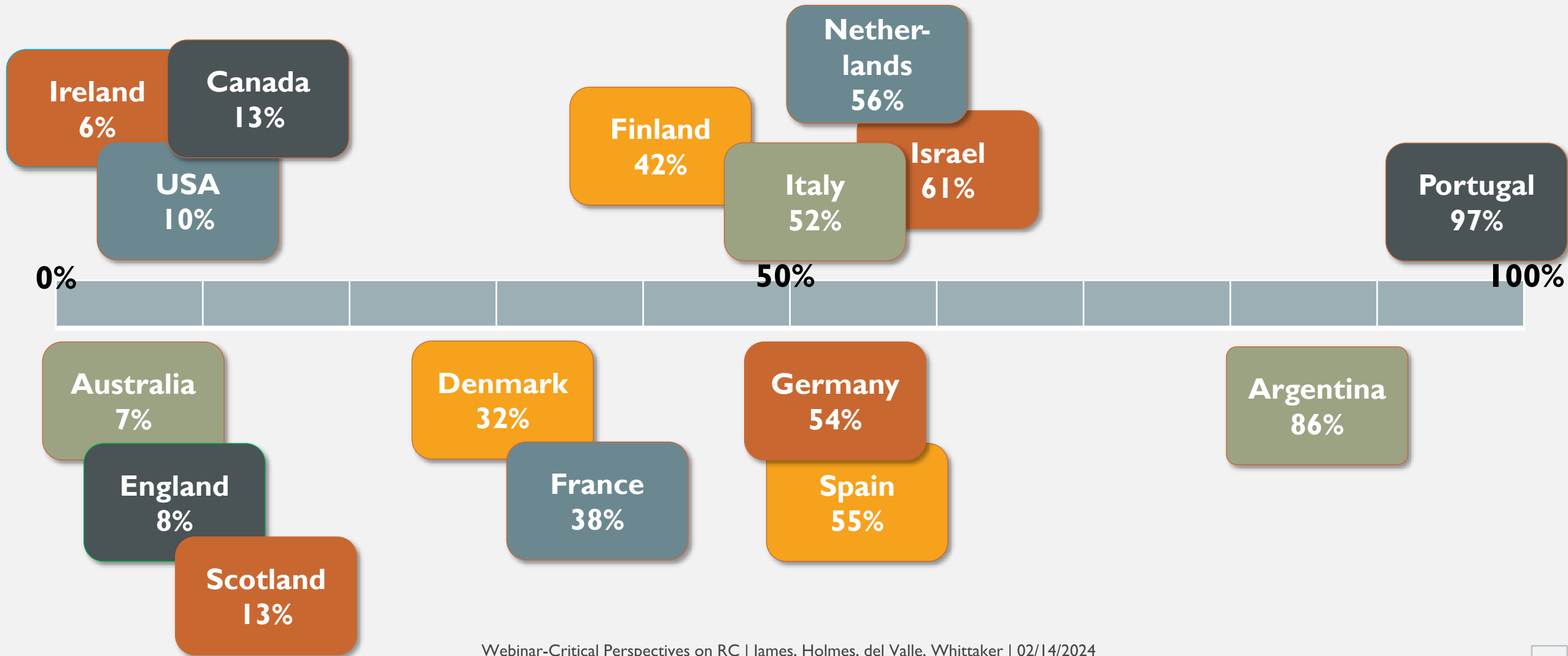
The Governor has proposed \$96 million for foster family recruitment and probation services in his 2016-17 January budget. While the funding is welcome, it falls far short of what is needed for implementation and ongoing activities associated with AB 403—

## Public Law 115-123 DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS TITLE VII—FAMILY FIRST PREVENTION SERVICES ACT



# RESIDENTIAL CARE – AN ADVERSE OUTCOME, A FADING INTERVENTION

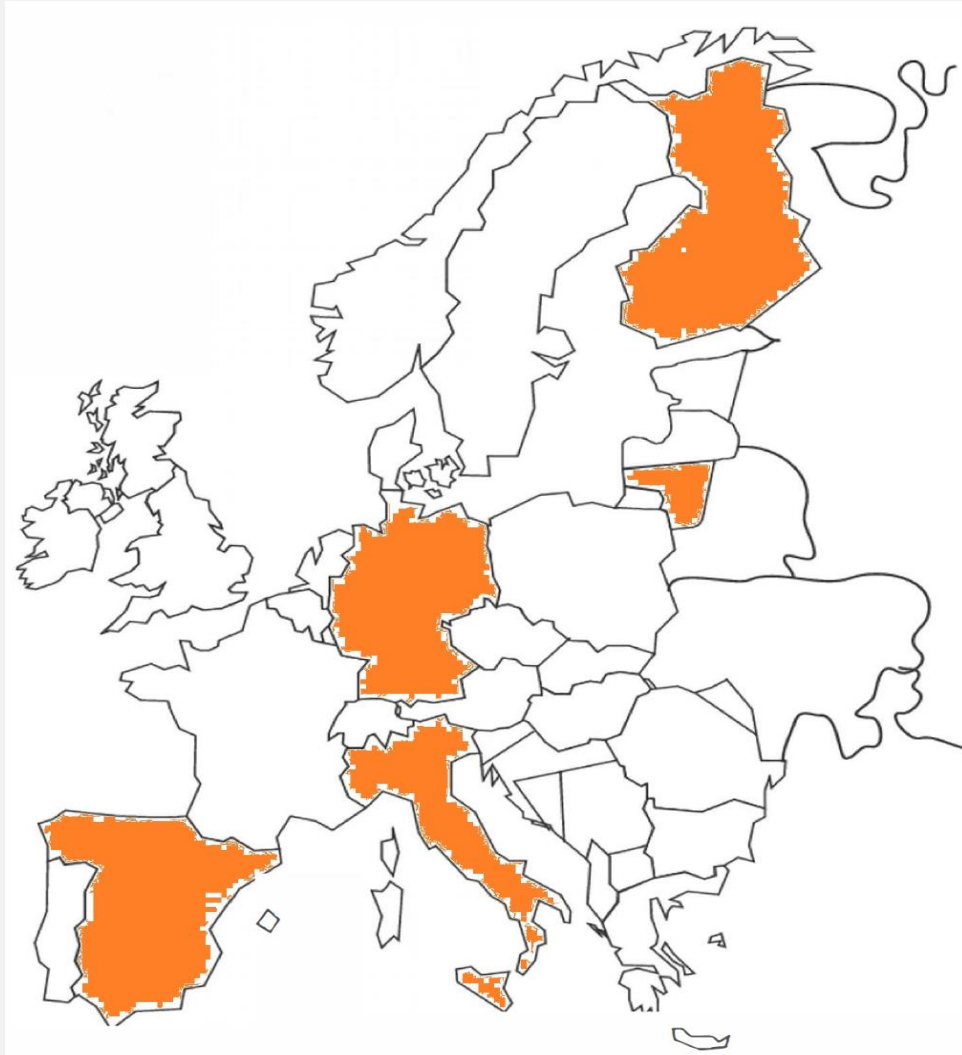
# A CROSS-COUNTRY COMPARISON OF UTILIZATION RATES OF RESIDENTIAL CARE (VIS-À-VIS FAMILY-BASED FOSTER CARE)



# ERASMUS PROJECT

## “EMPOWERING RESIDENTIAL CHILD CARE THROUGH INTERPROFESSIONAL TRAINING” (2018-2021)

**Project partners:** Finland, Italy, Lithuania, Spain, Germany



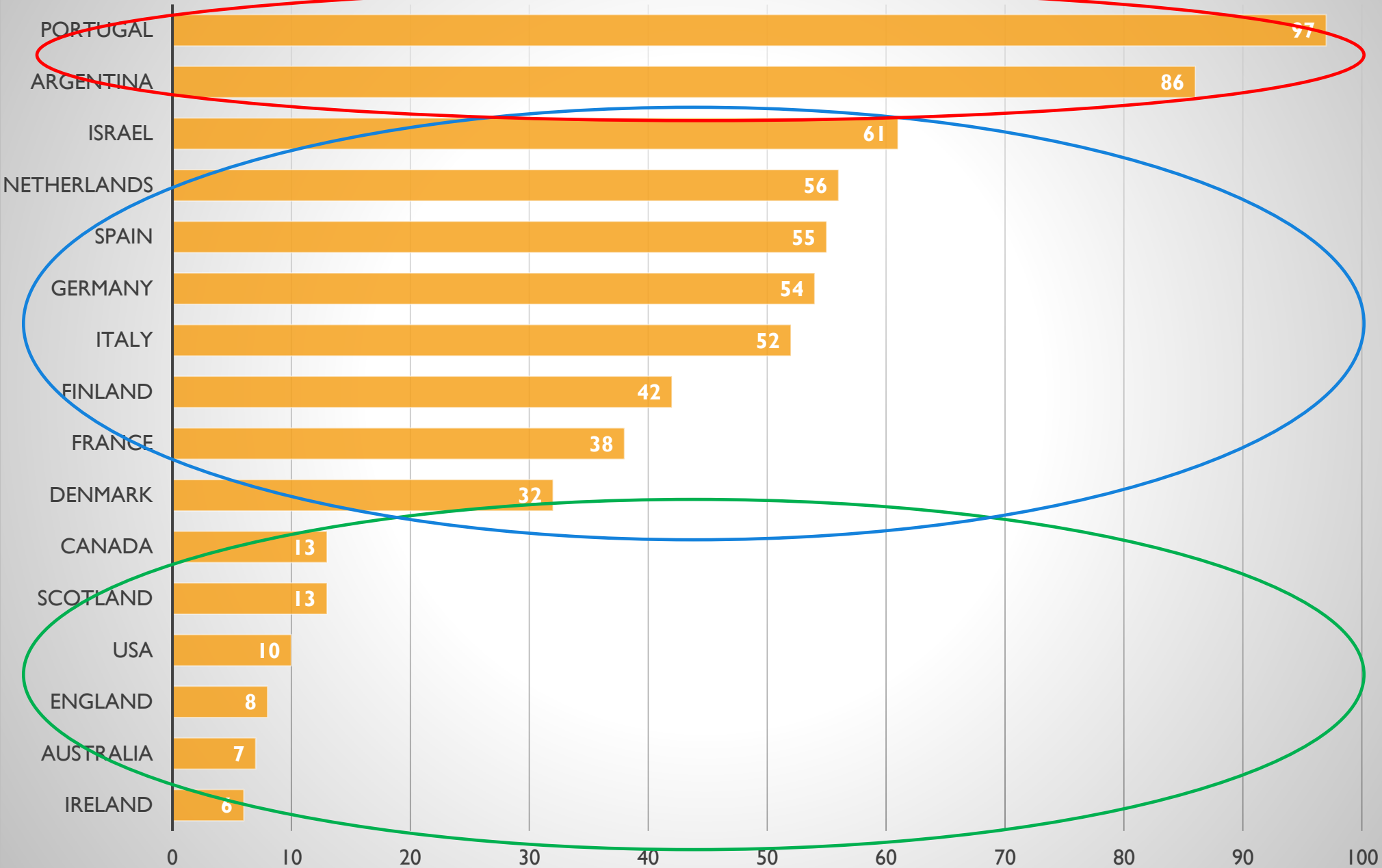
### AIMS

1. To understand differences in the use and function of RC in the partner countries
2. To understand needed competencies, qualifications and training for RC personnel across countries
3. To create an evidence-based teaching module to foster needed competencies
4. To disseminate and evaluate the use of teaching module

James, S., et al. (2022). A comparative analysis of residential care -a five-country multiple case-design study. *Child & Youth Care Forum*, 51, 1031–1062.

<https://doi.org/10.1007/s10566-021-09666-6>

# Utilization rates of residential care



# UTILIZATION TRENDS OVER TIME (PAST 5 YRS)

**Reducing RC utilization**



US, Ireland,  
Canada, NL,  
Denmark

**Increasing RC utilization**



Spain, Italy,  
Finland, France,  
Argentina

**Relative stability**



Portugal,  
Scotland

Patterns,  
distinguishing  
factors,  
hypothesis to  
be tested etc.

## Low

Recent administrative reviews,  
legislative reforms

Search for alternative “best  
practices;” emphasis on EBPs;  
‘sanctions’ for use of RC

Program closures and  
diversification

Shorter stays, treatment focus,  
behavioral stabilization

Evidence of increased clinical  
severity of youth

Evidence of “placement  
exceptions”

Comparably less developed  
workforce

## Medium

Varied patterns – need for  
subanalysis

Echo the logic of “family first”  
but RC integral and/or equally  
important part of OHC

Emphasis on improving quality  
of RC and building a  
professional workforce

Less clinical orientation; more  
focus on RC “milieu” and social  
pedagogy

In some countries, special  
factors at play (e.g., UMRs)

Some evidence of a more  
positive image of RC

## High

High usage is generally  
recognized as a problem

Few alternatives

Long institutional histories

Cultural factors that make  
family-based alternatives less  
likely





## CONCLUSION

- “A failure to recognize reality” (Schagrin, 2023, p. 3)
- Reduction policies have led to many unintended negative consequences
- “When society makes ... solutions unacceptable, it must provide alternative solutions” (Kadushin & Martin, 1988, p. 42)
- What is the empirical evidence with regard to RC?
- There is need for the development and/or implementation of RC models that fit cultural contexts (e.g., CARE, Teaching Family Model, Sanctuary Model, Trauma Pedagogy)
- There is need for the systematic evaluation of existing RC programs in their historical and cultural contexts (e.g., Lee & McMillen, 2017)
- RC utilization rates are markers for important contextual factors and developments in CW

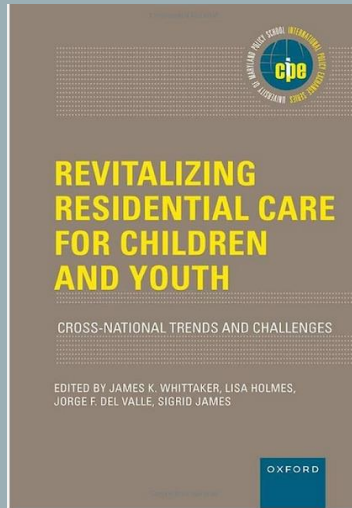
# PART IIA – WORKFORCE DEVELOPMENT: QUALIFICATION AND TRAINING

Jorge Fernández del Valle  
University of Oviedo (Spain)



# SOME INITIAL REMARKS

- Research shows that children and young people in RC are the most vulnerable and damaged group in child welfare
- Most of them are adolescents with long backgrounds of trauma, abuse and neglect who can show extremely difficult behaviors
- Therefore, residential child care staff requires specific, large and complex knowledge and skills to give appropriate care and education to them
- Our research in Spain on program evaluation in RC shows that staff is the most important factor for quality in children's homes
- It is difficult to imagine how staff without a high qualification and special training could address the complex needs of the most vulnerable children and young people



## FIVE LEVELS OF QUALIFICATIONS FOR RC STAFF

1. No minimum qualification required

2. High school level

3. Vocational training

4. University education

5. University level with a specific  
social education degree

## I. NO MINIMUM QUALIFICATION REQUIRED

- This is the case in countries such as the **United States, Canada, and Australia**. These countries try to recruit staff with some college education or diploma in child work
- Other countries that do not have this minimum entry requirement but instead develop on-the-job training to achieve a vocational certification are included here, such as
  - **England:** Required to undertake qualifications whilst in post, minimum qualification after 12 months is a NVQ level 3
  - **Scotland:** A practice qualification (usually a Scottish Vocational Qualification, or SVQ) and an award of certificated knowledge (usually a Higher National Certificate, or HNC)

## 2. HIGH SCHOOL LEVEL

- A high school diploma is sufficient to work in residential programs in countries such as:
  - **Israel:** high school with a full matriculation diploma
  - **Argentina:** care staff with high school level and a support team of university degree in psychology, social work, etc.
  - **Portugal:** Again, in this country there is a support team of university degree staff, but basic staff needs only high school level

### 3. SPECIFIC VOCATIONAL TRAINING

- In some countries specific vocational training in education, youth care, etc., make up a portion, or even most, of the workforce in residential care
  - **Netherlands:** Secondary vocational education in, for instance, Pedagogy is possible. However, a ‘youth care worker’ (higher education Social Work or Social Pedagogy bachelor’s degree) is preferred
  - **Germany.** Specific vocational training (educator) in this area is rigorous and takes several years to complete (70% of RC staff have vocational training, 30% have a university degree in social work or social pedagogy)



## 4. UNIVERSITY LEVEL

- In several countries, some or much of the residential care staff are university trained
  - **Denmark:** at least half of the residential care staff must have a bachelor's degree in social pedagogy or social services
  - **Finland:** licensed social service professionals (*sosionomi* in Finnish). At least half of staff must have a bachelor degree
  - **Ireland:** a three-year bachelor's degree at university level in social care is required

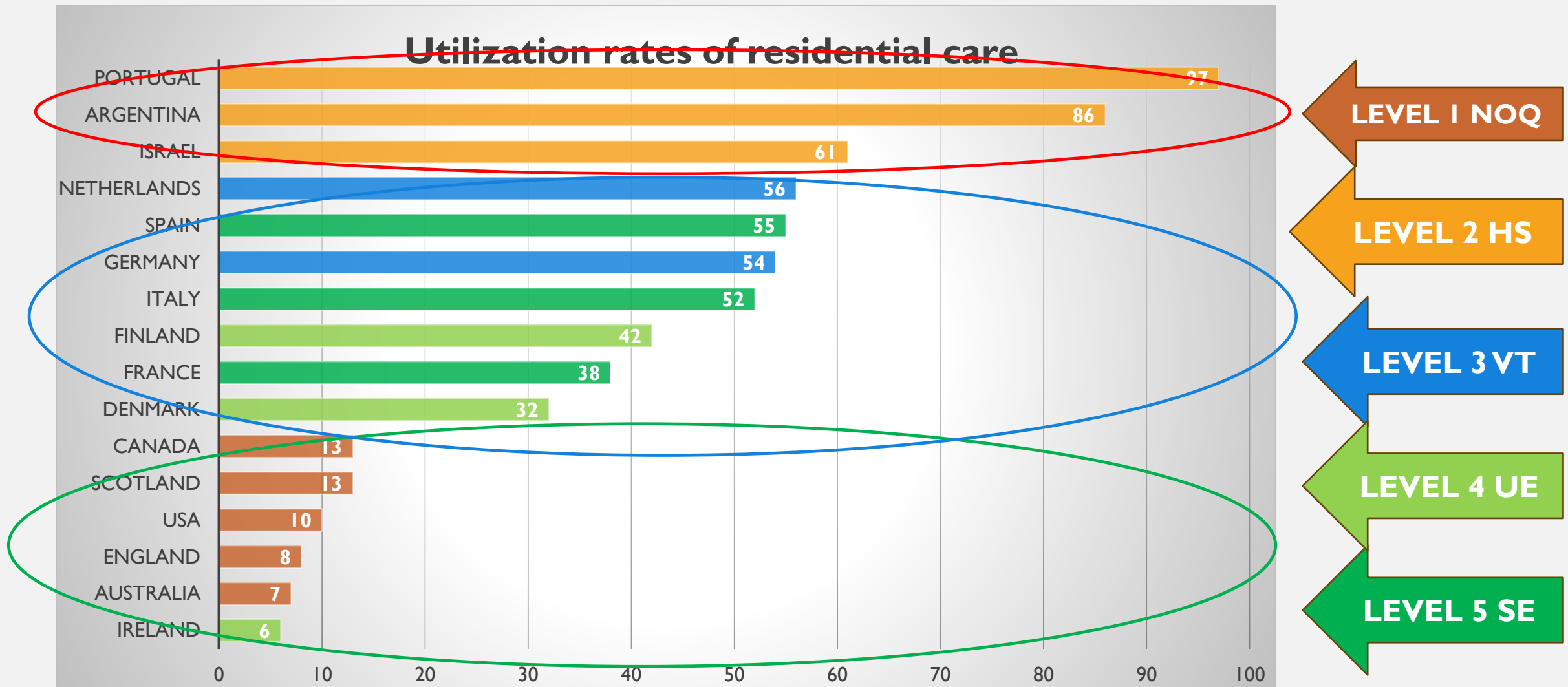
## 5. UNIVERSITY LEVEL WITH SPECIFIC QUALIFICATION IN SOCIAL EDUCATION

- Three European countries, **France, Spain, and Italy**, have developed social education as a practical discipline, framed in the science of social pedagogy, creating a new profession that develops its work with vulnerable groups, including children and youth in residential care.
- It is also important to note that several countries have hybrid models operating within residential care, using both vocationally trained staff and those with university degrees (for example Spain)

## THE EXAMPLE OF SPAIN

- Until 1985: religious orders and some public institutions (without any qualification)
- 1986-1995: New legislation, new model: children's homes. Qualified staff: university education. Teacher degree, social workers, psychologists and pedagogues hired as **SOCIAL EDUCATORS**
- 1995: A new specific university degree: **SOCIAL EDUCATION** (currently 4 years)
- Social educators become the basic staff in child residential care
- Also, some “support educators” with specific vocational training (2 years) in **social integration** can complete the staff (for example: 4-5 social educators + 2 social integration staff in a children's home)
- A **technical support team** made up of psychologist and social worker (or pedagogues) provides support for children and staff

## RELATIONSHIP BETWEEN UTILIZATION RATE AND QUALIFICATION



## CONCLUSIONS (I)

- Differences on qualification requirements are enormous among countries: A review of the education and training of residential care staff across all 16 countries yields the key finding that there is no specific profession or level of qualification that is uniform across the different countries.
- Considering that the needs of youth are complex and that emotional and behavioral problems represent one of the greatest challenges for daily life in residential programs, the lack of international agreement on who should provide care and what their level of qualification should be constitutes one of the largest problems we have observed

## CONCLUSIONS (2)

- Our analysis indicates that countries with lower educational requirements for staff are those who have considered residential care as a negative choice and have sought a drastic reduction of its use (particularly the United States and Australia, but also England, for example).
- In contrast, countries with a high qualification requirement, such as those with a social education model (Spain, France, and Italy) or social pedagogy specialties (Finland, Denmark, Germany, and the Netherlands) have higher utilization rates of residential care.
- It could be hypothesized that countries in the low utilization group are caught in an unfortunate cycle where low staff qualifications could lead to poor quality and outcomes, and this in turn could lead to reduced investments and funding, subsequently making it difficult to pay good salaries and recruit higher- qualified staff (as indicated in the matrix for England).
- A multidisciplinary team seems to be the most appropriate staff to address the complex needs of children and young people (social educators, social workers, psychologists, pedagogues...)

# PART IIB – WORKFORCE DEVELOPMENT: CULTURE, RELATIONSHIPS AND SKILLS

Lisa Holmes

University of Sussex (UK)





# SOME INITIAL REMARKS

- Variability in qualifications and training
- Need to understand more about the workforce and the child welfare systems they are working in
- Emergent themes from our sixteen within country chapters
- Synergies with a recent Residential Treatment for Children and Youth Special Issue (Residential Care Personnel: Workforce Issues and Solutions):  
<https://www.tandfonline.com/toc/wrtc20/40/4>
- It is difficult to imagine how staff without the right infrastructure and environment could address the complex needs of the most vulnerable children and young people

# SKILLS AND CHARACTERISTICS

- Qualifications and training are important, but are only the beginning
- Importance of opportunities for continuing training and skills development
- Principles of those working in RC
  - Reflexivity
  - Empathy
  - Communication competencies
- Specialist training
  - Trauma informed
  - Culturally appropriate

*“A good group care worker is like a centipede. He is not only committed to realizing and maintaining mutual accessibility in the relationship with socially maladjusted youth, but also shapes a varied program and a challenging living environment” (Wigboldus, 2002)*

## PAY AND STATUS

- Many countries pay for RC workers is below that of others working in child welfare
- Pay is either at the level of minimum wage, or close to, or below national average wage
  - Exceptions are **Israel** and **Australia** (Slightly above minimum wage)
- Perceived as low status work in many societies

# MORALE, WORKING CONDITIONS AND TURNOVER

- Morale and job satisfaction is low
- Lack of high quality, specialized supervision
- High turnover of staff (links with pay and status)
- Research by Parry and colleagues (2021) refers to RC workforce as the '*forgotten frontline*'
- Negatives associated with influence on wider system (Van der Ploeg & Scholte, 2002)
- Positives associated with direct work with young people (Dekker & Van Miert, 2020)
- Well established staff teams contribute to stability for young people (**Ireland**)

# CULTURE OF CARE

- Creation of a 'culture of care' that contributes to a stable environment
- The importance of the day to day, focused on the individual needs of young people
- Ratio of staff to young people

*“The social pedagogical thinking in Denmark also has an impact on how residential care personnel work on a daily basis with young people. The focus is on the individual needs of the young person, including both challenges, resources, and potential for development. In addition, many care units now include the birth parents as prerequisites and parent involvement is now seen as an integral part of the treatment plan” (Lausten, 2023)*

# RELATIONSHIPS

- The centrality of relationships was cited in most countries
- Relationships are multifaceted:
  - With children and young people
  - With family members
  - With wider child welfare system
- Associations with the 'culture of care' to facilitate and nurture relationships

# INTEGRATION OF SPECIALIST STAFF

- Multidisciplinary team that recognizes the needs of the children and youth (transcends the different levels of qualification)
- Professional support teams e.g., **Spain**
- Increase in the integration of specialist roles e.g., **Scotland**
- An example from **England**: No Wrong Door (Lushey et al., 2017)
  - State led service
  - Integrated multidisciplinary team
  - Holistic needs of young people

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## PROGRAM THURSDAY 3

8.30 Welcome and registration

9.00 - 9.30 Launching session

9.30 - 10.00 **Rationale to focus on innovative therapeutic programs in child welfare**  
Jim Whittaker (University of Washington, USA)

10.00 - 11.00 **The context of residential child care: an international review**  
Sigrid James (University of Kassel, Germany)

11.00 - 11.30 Coffee break

11.30 - 14.00 **The CARE Model in residential care. Implementation experience in Cantabria**  
Martha Holden (Cornell University, USA)  
Amaia Bravo (University of Oviedo)  
Carla Gonzalez Garcia, (University of Cantabria)  
Jose Angel Rodriguez (Government of Cantabria)

14.00 - 15.30 Lunch Pause

15.30 - 18.00 **The No Wrong Door Program: an integrated service for complex and troubled young people**  
Lisa Holmes (University of Sussex, UK)  
Janice Nicholson (North Yorkshire County Council, UK)

18.00 - 19.30 Poster session and coffee

20.00 Espicha (optional dinner)

## PROGRAM FRIDAY 4

9.30 - 12.00 **The Sycamores Program for children and young people trauma experienced**  
Debra Manners (CEO Sycamores)  
Joe Ford (Chief Program Officer Sycamores, California, USA)

12.00 - 12.30 Coffee break

12.30 - 13.30 **Child residential care in Nordic countries: a review**  
Mette Lausten (The Danish National Centre for Social Research, Dinamarca)

13.30 - 15.00 Lunch Pause

15.00 - 16.15 **The Specialized Family Fostering Program of the Provincial Council of Guipúzcoa**  
Alberto Rodriguez, Agintzari (Basque Country)

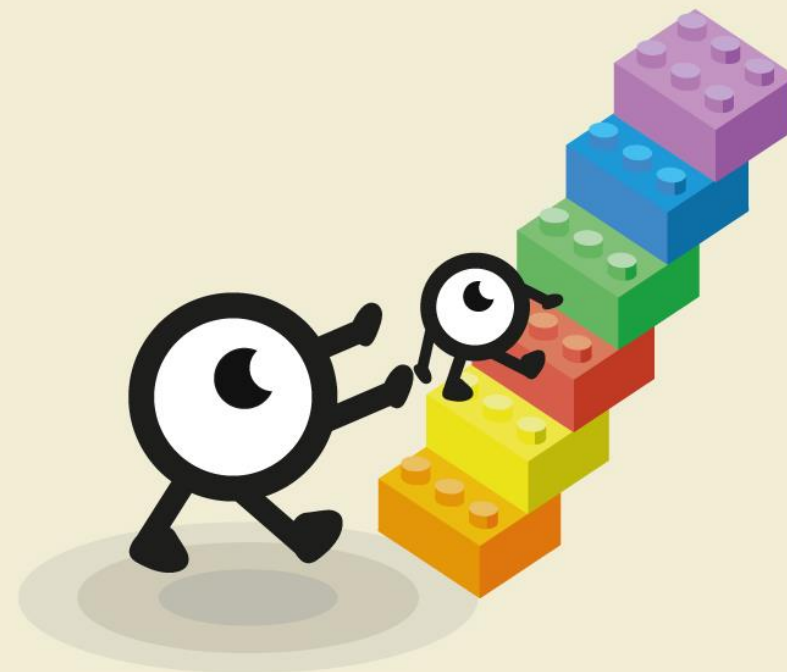
16.15 - 17.30 **The yoArte program: experience in a therapeutic center in the Principality of Asturias**

17.30 - 18.30 Round table on conclusions and future perspectives

# ACORES

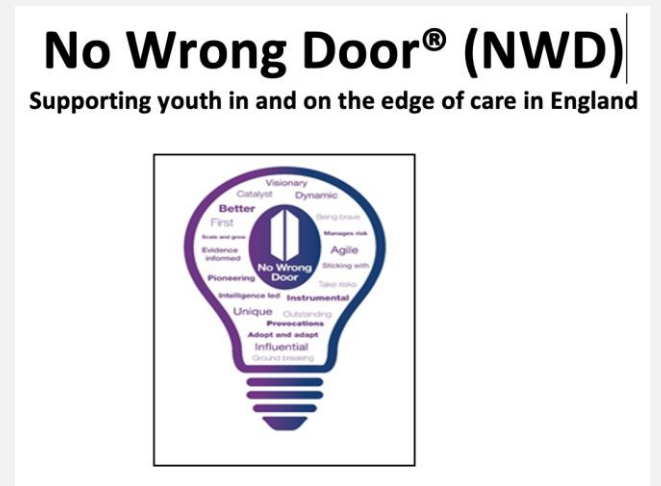
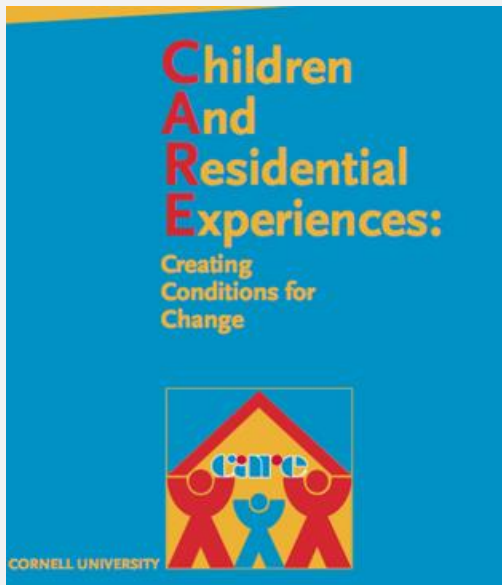
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**2024**



CHILDREN AND YOUTH WITH SPECIAL  
VULNERABILITY IN CHILD WELFARE:  
CROSS NATIONAL REVIEW OF INNOVATIVE THERAPEUTIC PROGRAMS





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# WE WELCOME YOUR COMMENTS & QUESTIONS!

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