

"Who Do we Trust?": The Abuse of Children Living Away from Home in the United Kingdom

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Introduction

Article 19 of the UN Convention on the Rights of the Child stresses that all children should be protected from abuse, neglect, maltreatment or exploitation "while in the care of parent(s), legal guardian(s) *or any other person who has the care of the child*". Article 20 goes on to state that a child "temporarily or permanently deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment, shall be entitled to *special protection* and assistance provided by the State" (UN Convention on the Rights of the Child, emphasis added). Professionals and the public around the world, however, are becoming increasingly concerned about the abuse of children in residential and foster care. Recently, in the UK, the extensive abuse which took place in residential establishments in Cheshire and the North-west of England has come to light. In Wales, a tribunal is under way to investigate allegations of widespread abuse in children's homes and in Scotland, two residential care workers have been jailed for the sexual abuse of children in the 1970s and 1980s.

In the United Kingdom, there is much less information on the abuse of children in care. Several inquiries have been conducted and, most recently, parallel government enquiries - in Scotland, by Roger Kent (Kent, 1997), and in England and Wales by Sir William Utting (Utting, 1997) - have focused on the safeguards to protect children living away from home from abuse. Little research, however, has been done (Kendrick, 1997).

Abuse in Residential and Foster Care

Physical and Sexual Abuse

Physical and sexual abuse is like abuse which occurs in family situations but is perpetrated by the professional carer or foster carer (Gil, 1982; Garrett, 1979; Harrell and Orem, 1980).

In the USA, a nation-wide survey of residential establishments estimated that "the rates of occurrence of complainable situations in residential facilities may be twice as large as rates of occurrence in families" (Rindfleisch and Rabb, 1984, p 39).

Reflecting possibly the high profile scandals, there has been an assumption in the UK that abuse of children in care tends to take place in residential. However, studies have also highlighted the abuse of children in foster care. A UK survey identified 305 investigations of reported abuse in foster care during the year under study, representing 4% of foster homes; just over one-fifth of the cases were substantiated (Nixon and Verity, 1996). In the UK, an analysis of calls made by 676 children to the national telephone helpline 'ChildLine for Children in Care' identified cases of sexual abuse in both residential and foster care and the evidence also suggested "that physical abuse from carers was more of a problem for children in foster than residential care" (Morris and Wheatley, 1994, pp. 39).

The sexual abuse of children by other young people is also a very serious concern and research suggests that it is more frequent than abuse by staff members. Bullying is an often hidden torment to children and young people living in residential establishments.

While there is extensive literature on bullying in schools, less is available about bullying in residential care. In Morris and Wheatley's (1994) analysis of calls to 'ChildLine for Children in Care', over a quarter of the boys and 1 in 10 of the girls reported bullying and violence from other residents as their main problem. In one Youth Treatment Centre over half the young people were frequent victims of bullying. Three-fifths of the incidents involved violent assault (Browne and Falshaw, 1996). There is also a deeply-entrenched culture of verbal threats, "taxing" and competing regional loyalties in the prison system and bullying was seen as part of the "natural order" of prison life (Howard League, 1995).

Anti-bullying strategies in prisons and secure care have stressed the importance of supporting the victim; challenging and working with the bully; and creating a positive climate within the establishment. The Support Force for Residential Child Care stresses that staff vigilance is the most potent deterrent against bullying ceased (Support Force for Residential Child Care, 1996). Residential establishments should consider promoting the equivalent of 'whole school' policies on bullying.

There is increasing evidence of the problem of the sexual abuse of children by other residents (Kent, 1997; Utting, 1997). Half the cases identified in a survey of NSPCC teams and projects involved peer abuse (Westcott and Clement, 1992). Spencer and

Knudsen's (1992) study found that other children or residents were more likely than staff to be the perpetrators of sexual abuse and were involved in 70% of residential home cases. Approximately one-third of the peer abusers in Westcott and Clement's (1992) study of cases of abuse in residential and educational establishments had a known history of abuse. A survey in Scotland found that 31% of residential services were caring for sexually abused young people together with those who had abused others (Centre for Residential Child Care, 1997). Placing victims of abuse and adolescent abusers in the same establishment should be avoided, but it can never be entirely prevented. Where abused and abusive young people have been placed together, there must be careful assessment of risk, agreed protection plans and appropriate levels of surveillance. It has, however, been suggested that this rarely happens.

It is crucial to recognise that children and young people do sexually abuse others, but it is also important to recognise that not all sexual behaviour between young people is sexually abusive. The literature stresses the importance of an anti-oppressive culture in residential care; staff must provide positive role models in their relationships both with other staff and young people. There must be an open and honest approach to sexuality and sex. Information on sexual matters and programmes of sex education need to address the individual needs of children and young people. There is an important need for the training of residential staff in this area. Agencies should have policies and guidelines which address sexual relationships of young people in residential care (Centre for Residential Child Care, 1995).

Programme Abuse

Programme abuse occurs when "programs within a facility are below normally accepted standards; have extreme or unfair policies; or rely on harsh, inhumane, or unusual techniques to teach or guide children." (Gil, 1982, p. 10). Gil includes in this: over-medication, inappropriate isolation, mechanical restraint, and disciplinary techniques.

Two cases of programme abuse in the UK have been the subject of major inquiries. In Staffordshire, at least 132 children were subjected to 'pindown' between 1983 and 1989. Pindown involved: persistent isolation in an area cordoned off as a "special" or pindown unit; removal of ordinary clothing and the enforced wearing of shorts or night clothes; persistent loss of "privileges", and non-attendance at school, no writing or reading materials, no television, radio or visits. While the pindown regime had a purported "philosophy" to give children intense, individual attention, the Inquiry concluded that it was "intrinsically unethical, unprofessional and unacceptable" (Levy & Kahan, 1991, p. 167). In Leicestershire, a purported treatment approach known as regression therapy involved dealing with young people as with a child under five: e.g., dressing the child; spoon-feeding or using baby bottles; "the apparently bizarre use of the paraphernalia of babyhood in the treatment of adolescent boys and girls". There were significant complaints "because young people found the treatment to which they were subjected in the name of therapy to be abusive in itself" (Kirkwood, 1993 p. 62).

System Abuse

Gil suggests that the third type of abuse, system abuse, is the most difficult to define, acknowledge or correct and gives examples of the damaging effect of 'foster care drift' and multiple placements to highlight the abuse "by the immense and complicated child care system, stretched beyond its limits and incapable of guaranteeing safety to all children in care." (Gil, 1982, p. 11) Kahan states that "stability and continuity are not only essential for good care but they are the necessary conditions for a child to grow up well" (Kahan, 1994, p. 104). However, over a number of years, research in the UK has highlighted the disruption and harm caused to children and young people by multiple care placements and changes in educational provision. This has meant that young people have frequently left care with no educational qualifications and with limited opportunities for employment and housing; "care leavers account for less than 1% of their age group, yet they are massively over-represented amongst those who are disadvantaged" (Action on Aftercare Consortium, 1996).

Factors in Abuse in Residential and Foster Care

Denial of Abuse

Bloom (1992) suggests that the single greatest impediment to adequately protecting residential clients from sexual abuse is the attitude that "it can't happen here." Brannan et al (1993) highlighted that a significant feature in the investigation of abuse at Castle Hill School was the "disbelief of other professionals and parents and their initial inability to accept and comprehend the sheer volume and extent of the abuse" (Brannan et al 1993, p. 273).

Institutions may be reluctant to report incidents of abuse because they fear damaging their reputation, and the possible loss of their credibility, referrals and licence. Placing agencies may also be reluctant to disturb the situation in relation to the most difficult young people who are placed in last resort placements; "there is a cost to categorizing a setting as unable to care for a child rather than simply unsuitable for a particular child" (Molin, 1988, p. 244).

Vulnerability and Isolation of Children in Placements

The physical and geographical isolation of residential establishments reduces visits by professionals and families and there is thus more potential for the denial of abuse than in the wider community. Utting (1997) also highlights the isolation of children in foster care placements. The power imbalance between adults and children is exacerbated by the residential environment. Children in institutions are frequently described as a 'voiceless' population, having no control over decisions affecting their current and future placements, and no influence over the quality of care they receive (Westcott, 1991). This

is a crucial factor in preventing children from reporting abuse and has been highlighted in a number of Inquiry reports.

Management and Organisation

Berridge and Brodie (1996), in their comparison cases of abuse in residential care in the UK identify three common features: management of facilities and heads of homes tended to be ineffective or non-existent; line managers also had minimal, if any, direct contact with units and so were in no position to observe malpractice, assuming of course that they would have recognised it; adequate complaints systems were not in place.

Staff and Carers

Residential workers are often overworked and underpaid and they have little say in decision-making. They have conflicting demands placed on them with little support. Generally, they are poorly trained and inadequately screened Tired caregivers suffering from burnout may abuse children and a number of authors have identified the way in which burnout is characterised by increasing negative attitudes towards clients or children including depersonalisation and dehumanisation. Harrell and Orem (1980) suggest that "institutional maltreatment often results from the gradual development by a staff member of a pattern of reacting impulsively and impatiently to residents and of resorting more and more frequently to physical solutions to the problems of confrontation and challenged authority" (Harrell & Orem, 1980, p. 16). McFadden and Ryan comment that much of abuse in foster care happens "not in inadequate families but in families stressed by the rigors of fostering, especially sequential overloading" (McFadden and Ryan, 1991, p. 215).

Targeting of Residential Care by Paedophiles

The literature stresses that paedophiles target work settings and activities which will give them access to children whom they can abuse: schools; hospitals; youth work; coaching of sporting activities.

Safeguarding Children from Abuse

There are three crucial aspects in safeguarding children from abuse. It is essential that children are listened to and that mechanisms exist to make it easy for children to make abuse and potential abuse known. Staff and carers must be of the highest quality which demands rigorous procedures in selection and assessment, and ongoing training and support. Finally, there must be openness in residential and foster care through the involvement of families and the community.

Listening to Children

The most crucial lesson from cases of abuse in residential and foster care is the need to listen to children and young people. There must be a culture "which makes it easy for children to complain, and welcomes complaints for the positive contribution they can make to the development of services" (Gulbenkian Foundation, 1993, p. 102).

Complaints procedures are statutory for authorities providing care for children and most local authorities have arrangements where children can make complaints privately, outside the line-management of the residential establishment. However, inspection reports and research have highlighted a lack of information and dissatisfaction with complaints procedures; children fearing reprisals if they complain (Lindsay, 1991). Significantly, Triseliotis et al.(1995) found that awareness of complaints procedures was less common among those in foster care than in residential care. It is essential then that children and parents are provided with easily understood information about complaints and that they have support in using complaints procedures. Utting (1997) argues that children also need "ways of airing and resolving grievances which are faster and less formal than statutory procedures" .

Access to Telephones and Telephone Helplines

The provision of easily accessible, private telephones in schools and residential homes may be the first step in providing children with a means to talk to someone about abuse they are suffering. However, children and young people in care often do not have access to a private phone. Telephone helplines have provided an invaluable support for children in care and important information on the extent of abuse. When ChildLine first reviewed the use made by children in care of the helpline, they "found them to be among the most troubled and unhappy children to whom we have talked, and among the most isolated and alone" (Morris & Wheatley, 1994, p. 12).

Planning and Decision-making

The importance of including children and young people in decision making and planning has long been recognised and Sinclair highlights that "the right of children to participate is closely linked to their rights to protection." (Sinclair, 1996, p. 91). However, it must be recognised that the formal nature of review meetings, involving large numbers of professionals, can inhibit children from fully participating and they will not always be appropriate for younger children.

Children's Rights Officers, Children's Organisations, and Children's Commissioners

Development of children's rights is crucial in promoting children's safety. "Children's rights officers in social work departments can provide a useful background for children's rights and promote good practice in residential child care. They also provide an appropriate way of handling the vast majority of complaints and concerns" (Skinner, 1992). Utting describes children's rights services as "one of the most beneficial developments of the last decade" (Utting, 1997, p.111).

The collective action of young people in care has also been important in the development of their rights and entitlements. In the UK, organisations such as Who Cares? Scotland and Voices from Care provide support, advice and a campaigning voice for children in care. Black and in Care has been influential in raising awareness of the rights and needs of black young people. Safe & Sound, a group formed by young people abused in care, provides a support and advice service and works with professionals to develop safe child care services (Safe & Sound, 1995).

There is an increasing demand for the establishment of the role of Children's Commissioner in the UK to promote the welfare of children; review legislation; issue codes of practice; review complaints procedures; and report on the implementation of recommendations of child abuse.

Selection and Assessment of Staff and Carers

The second crucial factor in ensuring the safety of children is the quality of staff and carers. Selection and assessment procedures must prevent, as far as is possible, the entry of paedophiles and other unsuitable people into residential and foster care. Staff and carers must also be supported and trained to ensure the highest quality of care.

Many of the inquiry reports dealing with abuse in residential care have highlighted inadequacies in recruitment practice. Following the trial and conviction of Frank Beck in Leicestershire, the Warner inquiry was established to look specifically at selection and recruitment methods for staff working in children's homes. The Support Force for Children's Residential Care (SFCRC) was also established to offer advice on the appointment, selection, support, development and training of staff.

Rigorous selection procedures are necessary including: good job descriptions and person profiles for posts, and the external advertising of posts. The selection process should make appropriate and considered use of written exercises, group exercises, aptitude tests and personality tests and all short-listed candidates should be required to visit the residential establishment and meet with staff and young people. There are also strong arguments for involving young people in the selection of staff. The selection process should explicitly address attitudes to the control and punishment of children and issues of power and sexuality (Warner, 1992, Support Force for Residential Child Care, 1995). These issues also need to be addressed in the selection and assessment of foster carers.

Inquiries and inspection reports have raised a number of concerns about references, police checks and other vetting procedures. "Choosing with Care" stressed the importance of using references to gain detailed information on a candidate's strengths and weaknesses and disciplinary history and appointments should never be made subject to references.

Checks on criminal records are widely considered to help protect society against people who may seek to abuse positions of trust. They are not the sole answer to ensuring applicants' suitability as "many people who abuse positions of trust are not known to the police and have no previous convictions" but they can act as a deterrent (Scottish Office,

1996, p. 1). Other sources should be used for vetting potential employees. In England and Wales, the Department of Health maintains a list of people who have been dismissed or have resigned in circumstances which suggest the welfare or safety of children has been put at risk, or following convictions for offences which suggest a risk to children (Kent, 1997).

However, no matter how intensive the selection, assessment and vetting procedures for residential staff and foster carers, it is unlikely that they will ever be able to effectively screen out all abusers. It is therefore essential that the possibility of abuse in out-of-home care is always recognised and mechanisms to detect and investigate abuse are in place.

Support of Carers and Staff

Regular and effective supervision is essential in promoting a positive, child-centred culture in residential care and providing a close monitoring of staff performance.

Support for residential staff should also be provided by other specialist staff. Warner was concerned that "the picture to emerge from our visits is that too often staff in children's homes are left to cope with abused, disturbed and violent young people without access to the specialist psychiatric and psychological services that are needed" (Warner, 1992, p. 144). Foster carers should also have access to specialist staff and be provided with practical support to foster carers to prevent burnout and stress-related abuse (Boushel, 1994).

Training

Training and staff development ensure that practice does not stagnate; and it can prevent poor practice becoming the norm, by encouraging residential staff and foster carers to reassess their approaches and procedures. It is the prime means of bringing new ideas and practices into children's homes. Training is essential to good child care practice and ultimately the safety of children (Warner, 1992). Kent makes the case for the development of the role of the "social pedagogue" in the UK to raise the status and profile of the residential child care career.

Inspection, Monitoring and Standards

"The primary function of inspection... is serving the public interest by providing an additional safeguard for vulnerable people" (Utting, 1997, p. 176). While praising the work of inspectors, Kent and Utting express concern at the complexity of the inspection systems and the fact that while some children's services are subject to several types of inspection, others are not subject to any regular inspection. They recommend that all services should be brought within the inspection framework and that there should be standardisation of formats for inspection reports to allow easier monitoring.

Whistleblowing

The fear of retaliation and dismissal is a real issue for staff in reporting abuse by colleagues. Staff in all children's homes must be able to raise concerns outside their line management structure in the confidence that genuine complaints will not have repercussions for them in their day-to-day work or their later careers . A number of states in the USA have passed specific legislation to protect employees who report in good faith and Utting argues that in the UK, "the individual employee's position would be substantially strengthened by legislation" (Utting, 1997, p. 159).

Family and Community Involvement

It is essential to reduce the social, physical and geographical isolation of residential and foster placements. Kahan advocates that everyone visiting a residential establishment in an official capacity should be aware of their responsibility to safeguard the welfare of the children living there and "it is important that parents, placing agencies and others with an interest in the children have regular access to the home or school to help ensure that children's welfare is properly safeguarded and promoted" (Kahan, 1994, p. 187). Building community supports through linkages to family, neighbourhood, and other caregivers is another crucial aspect in safeguarding children. "The increased awareness in the community about abuse and related issues means that adults unconnected with the care system may be happy to take up cudgels on behalf of a young person they have come to know through community activities" (Kent, 1997, p. 84). Similarly, Boushel highlights how a "rich social network" for children in foster care can provide "potential confidantes, role models, opportunities to develop social skills, and intellectual and social stimulation".

Conclusion

While improvements have undoubtedly taken place in policy and practice, and many of the current scandals relate to abuses in the 1970s and 1980s, there can be no room for complacency. It is crucial that a holistic and integrated approach to the care and protection of child and young people is adopted. This must take into account their experiences of care on a day-to-day basis and link this to the wider organisational and policy contexts in which care is provided; to the relationships between different professions and agencies; and to the social, economic and legislative processes which underpin the provision of care and the protection of children. Providing a safe and caring environment involves action at all levels; in day-to-day practice; in management and planning; and in politics and policy-making at local and national level. Children in the care of the state have often experienced abuse and neglect in their own home environment, the least they should expect is safety from abuse when in care.

"Who can we trust? Who do we trust? Who should we trust?"
(young person abused in care, Safe & Sound, 1995)

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