This discussion paper, which addresses the abuse of children in residential establishments, is presented in outline form and includes comments and contributions from a wide range of professionals working in various settings. An introduction notes the reported increase in sexual abuse of children in institutions, a variety of proposed monitoring and inspection requirements, and the need to integrate this issue with others concerning severely disabled children in institutions. The second section identifies particular concerns with independent and private institutions. Principles of inspection and monitoring are briefly considered next, followed by problems in the distribution of resources resulting from overreaction to the possibility of sexual abuse. A section on response to the issue of abuse stresses that child care must be emphasized equally with child protection and workers must not be intimidated from developing close, caring relationships with children. Consideration next are assessments of institutionalized children (especially those deeply emotionally deprived or disturbed) and referrals to residential establishments. A concluding section offers general recommendations in the areas of assessment and referral, training for residential workers, consultancy and counseling, and research. (DB)
ABUSE OF CHILDREN IN RESIDENTIAL ESTABLISHMENTS

John Cross

This discussion paper was written in response to considerable concern and anxiety widely expressed by members of the Special Educational Needs National Advisory Council. It includes comments and contributions from a wide range of professionals including both field and residential social workers, and teachers, psychologists, and psychotherapists working in both day and residential settings. Additional copies can be obtained from:

Ian Petrie
Department of Education
The University of Liverpool
19 Abercrombie Square
PO. Box 147
Liverpool L69 3BX

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1. Introduction

i) The reported increase in the incidence of sexual abuse of children, particularly in relation to those in residential establishments, has rightly aroused great anxiety and concern. Concern is fully justified, but the more emotive responses are unhelpful if not dangerous, and much of the present discussion certainly needs clarification.

ii) As it is the policy of Local Authorities to keep the majority of children at home wherever possible, the children and young people referred to residential schools, homes and units are among the most emotionally disturbed, deprived and damaged in the country. No doubt reflecting wider social developments affecting the family, family life and perhaps some aspects of education in general, workers who have had many years of experience in this field feel that this group of children is increasing both in numbers and in their level of disturbance.

iii) Because of the profundity of the disturbance involved, and the depth of relationship required if anything like healing is to be accomplished, it is inevitable that these children and the adults who work with them in residential settings will be particularly vulnerable in relation both to actual sexual abuse and to allegations of abuse. If we are not at the very least to do more harm than good to the children concerned, and if we are not sometimes going to damage unnecessarily the very workers in residential environments who hold out the only real prospect of meeting the needs of these enormously deprived and damaged, and often previously abused, children and young people, then our response must be informed, objective, sensitive and flexible.

iv) Some of the proposals in reference to inspection and monitoring which are currently being discussed could be seen as impractical or potentially harmful, while others, if executed with proper insight and imagination, could be very useful. The most effective answer to current concerns, however, most probably lies in tackling much more fundamental issues relating to the assessment, care, treatment and...
education of the deprived, damaged and seriously disturbed children who come into residential care. The now all too common practice of hiving off and taking out of its wider context one particular issue (in this case sexual abuse) is not only ineffective in the long run, but can create rather than solve problems and difficulties. The primary safeguard will lie in the way in which Local Authorities and other agencies originally assess these children; refer and place them in appropriate and “good” residential establishments; and thereafter monitor and support the placement in a thorough and effective fashion.

2. Independent Establishments

i) Much of the current concern has been focused on independent and private institutions because of a few well-publicised cases in the media; this could give rise to the false impression that issues of ill-treatment and abuse of children do not arise in the public sector, which is not the case. The reality is that most Local Authorities either lack the expertise and resources, or have not yet mobilized them, effectively to evaluate and monitor their own and/or other residential establishments, and that ill-treatment and abuse, lack of care, and the lack of appropriate resources all too often do occur in establishments within the public sector.

ii) Lack of clarity in the discussion is contributed to by the fact that some refer to all special schools or units which are not in the public sector as “private”. There are some important distinctions to be made, specifically between the profit-making “private” sector, and the non-profit making “independent” sector.

iii) Many of the non-profit making independent institutions are charitable trusts, and they often have Boards of Governors made up of professionals who are outstanding in their different fields of work, and who therefore bring to these schools an experience and knowledge and skill which far exceeds that available to most schools within the public sector. It is also the case that a number of these independent schools have a reputation for providing a unique therapeutic residential experience, and can offer unequalled expertise and resources, which are not available within the state system.
3. Inspection and Monitoring

i) Any new procedures which could genuinely safeguard children in residential situations would be welcome, not only for the sake of the children, but because such procedures should also safeguard the schools and units and those who work in them. Unfortunately, providing additional procedures which will be positive, effective and sufficiently sensitive to provide safeguards without on the one hand preventing therapeutic work, or creating unnecessary distress or damage on the other, is not easy.

ii) Gillian Shephard in the House of Commons on 16th May, 1989, did not appear to appreciate fully that there is very little difference between non-maintained schools and the non-profit-making independent schools with distinguished Boards of Governors. However, she was certainly correct in indicating that Her Majesty's Inspectors and Social Services Inspectors have neither the time, resources, nor often the expertise and experience to increase their evaluation and monitoring of special residential schools, homes and units. The assumption that this could be done effectively by Local Authority advisors or inspectors either in relation to their own schools, homes and units, or those in the private or independent sector, also has to be questioned.

iii) Unfortunately, no system of inspection can absolutely guarantee to prevent sexual or any other abuse in a residential setting. In establishments where there has been lack of care, ill-treatment and abuse (also in a significant number of cases where suspicions have fallen upon individuals or institutions which have later proved to be groundless) it has too often been difficult to establish the truth facts without damaging individuals, both adults and children, and the residential environment.

iv) If independent residential schools and units are to be positively and effectively monitored by Local Authorities, some adequate system must be devised which will ensure that the person who carries out the inspection has the appropriate knowledge, insight, expertise and experience to do so - and this must be knowledge, insight, expertise and experience which is relevant to the particular unit being inspected. A system whereby the "user authorities" for particular schools nominated a specific officer from among themselves, who had the requisite qualifications, might be best, or at least better than the current system.
4. Use of Resources

i) Concern is being expressed that in some areas it has become very difficult to get Social Services assistance for any child with very serious difficulties - even in cases involving children from extremely deprived home backgrounds, where there is a clear and present danger to health, care and general welfare - unless there is some suggestion also of sexual abuse. This contrasts with a "total over-willingness" on the part of some Social Services Departments to involve themselves in cases where there is the slightest hint of sexual abuse.

ii) Consequently, the whole input from Social Services has often become totally unbalanced. Children with very serious problems where there is no suggestion of sexual abuse receive no attention, while children with relatively minor difficulties but the hint of a possibility of some sort of sexual risk - often unfounded - receive considerable attention, which has been on many occasions hasty, ill-conceived and inappropriate.

5. Response to the Issue of Abuse

i) Local Authority Guidelines for dealing with Child Abuse and the Department of Health’s “Working Together” (1988) do not address the question of abuse in residential establishments. Guidance must exist within procedures which are flexible, and which enable any allegations to be dealt with on an individual basis - with an awareness of the potential damage to both adults and children when allegations/suspicions are false.

ii) Any procedures must take into account child care as well as child protection. Child Protection Registers include the categories of Physical, Emotional and Sexual Abuse; it must be said that some of the current responses by Local Authorities to allegations of sexual abuse could be said to constitute abuse to children in that they can be coercive; undermine a general trust in adults; and lead to added experiences of loss and separation. There is also a danger that staff anxieties, because of a feeling of being unsupported and fears about how allegations of abuse might be responded to, could result in the most deprived, disturbed and abused children not receiving the only treatment which can ameliorate their damage - namely a close,
nurturing, physical, non-abusive relationship with a mature, reliable adult.

iii) It must be taken into account that in schools which are really doing their job properly, the adults themselves are particularly at risk. The necessities for the child of building genuine adult-child relationships recognizes the value to the children of interacting with them in as many situations as possible, and especially in situations where the child is freed to experience, express and demonstrate their feelings for adults, or for one particular adult. Adults are at risk because at therapeutically appropriate times they do not prohibit children from expressing primitive and disturbed feelings and/or showing primitive behaviour, and the adults accept as legitimate the attendant risks because of the knowledge that this is necessary if the child is to experience any healing.

iv) There is in practice a contradiction in the policies of Social Services Departments in that at a time when we are making residential workers fearful of interacting with children in any meaningful way - depriving the children of therapeutic experience - and suggesting that they are putting themselves "at risk" every time they are alone with children, we are sending very disturbed, damaged, "dangerous" children into foster/adoptive homes where the adults are in precisely that situation much of the time. In both the residential and the "home" situation there is a need to achieve a very difficult balance between providing procedures and support that will reasonably safeguard the child whilst not undermining the often very fragile but crucial trust and relationship being established between adults and the child.

v) Inspection and monitoring, of themselves, only increase the ultimate possibility of the detection of abuse, they cannot prevent it - there are numerous cases in which abuse has taken place undetected for long periods despite what appeared to be regular supervision and strict procedures of inspection. Prevention depends in the end upon the quality and appropriateness of the particular residential environment.

vi) Except for the "rogue" element, which can never be completely eliminated, abuse (and sexual abuse is not always the most damaging abuse), lack of care, inadequate and inappropriate treatment do not occur in good, well and appropriately conceived and resourced residential units. It does all too often occur in "bad", ill-conceived and ill-resourced and inappropriate residential units. This means that there is a real need to clarify fully the principles and practices which distinguish the "good" from the "bad" establishments, and on that
basis to provide the resources necessary to establish, maintain and support more “good” residential units.

vii) In a “good” unit - one which is properly conceived, organised and resourced, in which staff have recourse to external, sympathetic and responsive managers/ governors/ consultants - the most effective safeguard against abuse within the provision of therapeutic experience lies in the selection of competent and caring staff. Given constant communication with an external support system, it is the staff who ensure that standards are maintained within a unit, and who themselves deal with or report any abuse that takes place or is reputed to have taken place.

viii) The Leeways and other enquiries have conclusively shown that staff are willing to alert managers to worrying situations, but that they are often ignored. Alternatively, the risk is that by raising even the slightest anxiety, they set in motion massive, heavy-handed and inflexible procedures, with the knowledge that this can be extremely, sometimes disastrously and indiscriminately damaging to everyone concerned as well as to the total environment in which they live and work.

6. Assessments

i) Assessments of deeply emotionally deprived, disturbed and damaged children for whom residential placement is appropriate is still too often unsatisfactory and inadequate. Children who have been statemented under the 1981 Education Act have at least had some minimum assessment, and usually some specific indication that residential placement is needed has been given. The reason why children are placed by Social Services Departments may be less clear, also they may be sent to establishments which have not necessarily been approved by the D.E.S. It must also be said, however, that even children with Statements are now often being referred to schools on the basis of less comprehensive and satisfactory assessments and information than was the case ten or fifteen years ago. The reasons for this are:

a) Rather than reflecting an objective or universal standard, Statements and the advice upon which they are based may be written in the light of what an Authority feels it is willing or able to provide.
b) Whilst the primary needs of children for whom residential placement is appropriate are social and emotional, much of the language of the 1981 Act and of the documents and advice which flow from it - and in turn the Statements themselves - do not delineate or give sufficient emphasis either to the emotional or to the social needs of these children.

c) A whole area of difficulty arises because Statements are drawn up and recommendations are made by Education and Social Services Departments with an eye to potential funding. Children can be denied referral to residential establishments or are referred to inappropriate ones because of lack of or disputes over funding.

d) Teachers and others are reluctant to identify social and emotional needs or to identify them as the primary special needs in Statements and other reports because of its funding implications. Similar difficulties and conflicts between Education and Social Services Departments prevent referral or lead to breakdown in 52-week residential placements.

e) There is often no genuine multi-professional assessment of the children, culminating in a unified and comprehensive assessment and recommendation for a specific type of residential placement. Whilst advice may be given by a number of professions, this is not a multi-professional assessment and recommendation as formulated by a multi-disciplinary team including a psychiatrist, psychologist, social workers and others working and discussing the case together.

7. Referrals to Residential Establishments

i) A properly documented referral to a specific, appropriate residential unit requires a thorough and comprehensive assessment. This means that those who make the referral must have a sufficiently detailed and in-depth knowledge of specific residential establishments in order to place the right child in the right type of environment. Where this in-depth knowledge is lacking, the emotionally disturbed and deprived child is at considerable risk of ill-treatment and abuse. Particularly this is the case when children whose primary needs arise from emotional damage and deprivation are placed in environments where the educational aims are conceived too narrowly or where the response to the children's difficult behaviour is to manage and control them rather than to nurture and provide therapeutic relationships. This is not to deny the right of a child to a broad,
balanced and relevant curriculum, nor for clear guidelines from adults about management and control. It is rather to emphasise that if we are going to speak in terms of healing for the emotionally disturbed and deprived child, this requires a particular type of placement, which has created an environment to help this type of child.

ii) Where there has been a truly multi-professional assessment and referral, there flows from it the possibility that there will continue to be vital and adequate support for the children and their families (or alternative families) which is external to the residential establishment itself. Not only is this in many instances crucial to the ultimate success of placements, but it also provides a “monitoring” element to the relationship between referring agencies and residential units in the most positive, effective and sensitive fashion possible.

8 Conclusion

i) The issue of abuse of children and young people in residential establishments is the tip of an iceberg that reflects the general unsatisfactory nature of the assessment and statementing and referral to specific and appropriate residential establishments for the group of children requiring residential experience. Further, it is inevitable that this results in subsequent inadequate support and monitoring of the placements. A number of specific issues are highlighted below; these will have organizational, cost and funding implications.

ii) Assessment and Referral: Procedures should be developed that ensure that a genuinely multi-disciplinary group working as a team should assess and refer children in response to their total needs, emotional, social and educational. Procedures should ensure that conflicts of interest between different agencies, for example Education and Social Services, or issues relating to funding do not prevent a referral of a child to an appropriate residential establishment, and the subsequent support of that placement.

iii) Training: Training for residential workers is at present probably best provided in leading independent residential establishments. In the public sector, in-service and external training programmes for teachers are not broad enough and not sufficiently available; many care workers receive no systematic training at all. At all levels some multi-disciplinary training would be extremely valuable and could be said to be essential. There should be a requirement and adequate
funding available for residential workers of all professions to receive at least a basic training for their work.

iv) **Consultancy and Counselling**: Consultancy and counselling should be available to all workers in every residential establishment which is seeking to meet the needs of deeply emotionally disturbed and deprived children and young people. This should be provided by experienced professionals with the specific and appropriate skills which are relevant to residential work. Consultants ought not to be directly a part of the management structure. This should enable residential workers to voice and deal with concerns about themselves, their colleagues and any aspects of their situations that cause them anxiety.

v) **Research**: Too little is being done to identify and evaluate the principles and practices which distinguish the best of residential establishments; the research by David Berridge of the National Children’s Bureau, for example, was not completed or developed due to the unfortunate lack of funds.
The Council consists of representatives from each of the following organisations:

Association of Educational Psychologists
Association for the Education and Welfare of the Visually Handicapped
Association of Special Education Tutors
Association of Workers for Maladjusted Children
British Association of Teachers of the Deaf
Forum for the Advancement of Educational Therapy
National Association for Remedial Education
National Council for Special Education
National Standing Conference of Hospital Teachers

Organisations sending observers to meetings include:

National Association of Advisory Officers for Special Education
National Association of Head Teachers
National Association of Schoolmasters and Women Teachers
National Children's Bureau
National Union of Teachers