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The value placed on everyday professionalism

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Abstract

This special issue is focusing on the 'extraordinary ordinary' of everyday life in residential care. This is appropriate as daily life is not only the bread and butter but also the meat of the work. It is its main strength but also its main weakness. The residential care profession does not have its own distinct body of knowledge, and its status in the UK, unlike much of continental Europe, is low. The key to successful care lies primarily with the values and motivation of the workers.

Keywords

Residential childcare, daily life, professionalism, care environment

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Daily life and professional care

It is through sharing the living situation with children and young people that close relationships are built, and it is the trust in those relationships that enables confidence and self-confidence to grow and problems to be faced. It should be acknowledged that the same thing applies to foster care. Both foster carers and residential child care workers spend long hours with their children and young people, sharing activities, providing personal care and conversing.

This contrasts with virtually every other professional group whom the children and young people meet. Social workers, psychologists and psychiatrists tend to see children sessionally, for an hour or so, and in that time they usually have to address the reason for the session directly — to administer a test, or to discuss a care plan, for example. In short, they have to focus on problems.

In residential care, it is the daily task which is the focus and provides the milieu in which the individual child or young person may choose, if they feel comfortable, to raise the problems which they are facing. They can choose from the staff team the person whom they most trust — who may or may not be their keyworker — and they can open up and disclose as much as they wish to share. There is not the pressure to focus on the problems that led to admission that exists in sessional contact.

What is more, the aim is to make daily living enjoyable, stimulating and rewarding, if at all possible, and to build on the child or young person’s strengths and positive interests. This contrasts with the pathological concern of other professions.

Millham, Bullock and Cherrett (1975) showed that young offenders in residential care respected the instructors who taught them trades most, as they needed to learn the skills which the instructors taught if they were to get jobs. Next, they respected the teachers who helped them to read and write. The least respected were the care staff, as they appeared to do no more than domestic tasks around the house units.

These differences were played out in the 1960s when Clare Winnicott (1971) sought, as Director of Studies at the Home Office Central Training Council, to develop a framework for lifelong training for those working in residential care. Following the transfer of these functions to the newly extended Central Council for the Education and Training in Social Work, a working party developed proposals for a new form of training which Hudson (1973) criticised because they did not take account of the non-verbal interactions which are central to residential care.

There had been notable attempts before then to bridge the gap between the continuous nature of residential care and the sessional nature of professional interactions, two of which were described twenty years later by Bettelheim (1974) and forty years later by Silverman (1992). The former describes the design of an environment within which professional interactions can take place; the latter describes the use of a sessional approach, the 'life-space interview,' to support the aims of a residential care setting. In the UK Lenhoff (1960) and Balbernie (1966) had both described institutions intended to cross this boundary. In 1981 Ainsworth and Fulcher were to attempt a synthesis using the term 'group care' but it is fair to say that this concept never took off in the UK.

Smith (2009) helpfully covers recent developments and notes that the UK has never been touched by the European concept of social pedagogy (Petrie, Boddy, Cameron, Heptinstall, McQuail, Simon & Wigfall, 2005) which had informed the training of residential care staff in continental Europe so that, whereas the care staff in an English approved school were less well trained than the teachers, in continental Europe the care staff would be better trained than the teachers in an equivalent institution.

The evidence

At a time when there has been so much emphasis on abuse within the care system and, in particular, residential care, it is difficult for people to conceive of residential care as being beneficial. Yet there is overwhelming evidence that residential, foster and adoptive care can bring benefits to people's lives when the relationships are positive and are allowed to develop.

Kadushin (1970) found that severely damaged children who had been considered unsuitable for adoption but had then been adopted had lost all evidence of prior harm five years later; Koluchová (1972) reported that two severely abused twins had fully recovered after four years of stable foster care; Tizard (1977) found that adoption and care by foster parents who ignored instructions to be 'professional' was the most effective; Wiener and Wiener (1990) found that adoption was the most successful and stable residential care the second most successful placement for children. In particular, they found that stability measured as no more than five changes of placement in 14 years was significant for success.

There are echoes in these findings of the National Child Development Study (Fogelman, 1976) that only long-term changes in a child's situation have any effect and of Bronfenbrenner (1974 a, b) that short-term interventions only have a short-term effect; real change only happens if there is a long-term positive change in a child's life.

Both Tizard and Wiener and Wiener make the point that adoptive parents are prepared to give so much more time to the children than natural parents; in other words, for the typical child in care, not just quality but also quantity is needed to make up for all the lost time. On the sheer arithmetic of contact hours, a foster parent is available for 168 hours per week, and a residential child care worker for five working days per week, whereas the other professionals may have one-off sessions, or a series of sessions for treatment or an occasional visit to fulfil statutory requirements. Teachers fall somewhere between the sessional professionals and the carers, as they may have substantial daily contact, but it is within the framework of educational requirements.

Foster carers and residential child care workers can therefore have a fundamental and substantial impact on the lives of those for whom they care. This is not inevitable, as there can be failure for all sorts of reasons, but the opportunity is there. The important point is that the development of relationships permitting change and growth are in the context of the everyday. There is no operating theatre full of expensive equipment; there is no solemn court room with lawyers and other officials all playing their roles. Instead, there

are cups of coffee to be made, washing to be done, and discussions about food or family contact. These provide the milieu for therapy.

How might these everyday tasks become professional?

Hudson (1974) has argued that professionalism can be defined by values, by a body of knowledge or by being paid to exercise skills. Since the 19th century, professionalism in the UK and Europe has increasingly been seen to be associated with a body of knowledge and, apart from social pedagogy, there is no discrete body of knowledge which might be used to define the professionalism of residential care workers. Yet many of those who work in caring environments, whether hospitals, social care facilities or foster homes, do not rely on a discrete body of knowledge; rather they are defined by the values they hold and the skills they exercise. While we may respect an airline pilot who lands a large plane safely, a lawyer who knows their way round the law and the surgeon who can deal with tricky operations skilfully, in the end we are reliant on their values, that they will not drive the plane into a mountain, that they will represent you to the best of their ability and that they will not use you as a playground for their fantasies.

Wolins (1969), in a cross-cultural study found that successful residential child care was associated with an ideology, expectations around that ideology, long term aims, integration into the local community, support from peers and socially constructive work. These all rely on the values and skills of the staff, not on a body of knowledge. More broadly Ladd (2005), reviewing a century of psychological research, found that successful childrearing depended on children having access to positive attachments while, from the opposite perspective, Rodriguez-Srednicki and Twaite (2006) found that emotional abuse, not sexual abuse as is commonly believed, has the greatest adverse impact on children and young people.

In other words, the success of adoptive parents, foster parents and residential child care staff is founded on their values and the skills they employ to put those values into practice. Their particular advantage over natural parents is that, in the case of adoptive and foster carers, they often give a much greater commitment to those in their care and, in the case of residential child care

workers, they can offer collective support when dealing with children and young people with profound difficulties, support which would not be available to most natural parents.

However, natural parents have a key role in maintaining their commitment when foster parents and residential child care workers care for children and young people over a short period; in this case, the success of the short term placement is dependent on the level of contact with natural parents (Taylor & Alpert, 1973; Fanshel & Shinn, 1978). In other words, commitment to a positive relationship, whether provided over a short period by natural parents or over a longer period by adoptive or foster carers or residential child care workers, is essential for children and young people's well-being.

Demonstrating success

Unlike the airline pilot who lands the plane safely, the lawyer who wins the case and the surgeon whose patient becomes well again, a foster carer or residential care worker can only demonstrate their success many years later when the children and young people are themselves successful, for which, quite properly, the credit is seen to go to the adults who, as children and young people, were in care. Those involved may be aware of the impact of the caring adults, but it is hard to demonstrate to outsiders.

However, two studies illustrate this, Wiener and Wiener mentioned above and Skeels's (1966) follow-up study of the adult lives of children who had experienced contrasting experiences of residential care; all of those who had had the positive experience were self-supporting in their adult lives; only one of those who had experienced the less satisfactory experience was not dependent on benefits and he had, interestingly, spent some time in a more positive environment after leaving the less satisfactory one.

The world is full of people who have been children and remember what it was like being brought up, and of parents who have brought up their own children and remember what worked for them. Too often politicians and others in positions of influence see child care as something pretty basic, which almost anyone can do, and they do not appreciate that care workers, unlike parents,

are doing this for someone else's children, who often bring with them the baggage of poor parenting, histories of abuse suffered, low educational attainments and a bleak view of life, and need to bring to this task an extra commitment. What is asked of them is no ordinary parenting, but that is not how the public at large often see it.

It is helpful for child care workers to understand how children develop, how things can go wrong and how to deal with difficult behaviour and with ordinary upbringing. It is helpful if they understand family life and the social context of the families of the children and young people. It is helpful if they can share activities with children and young people. It is helpful if they know something about the physical and mental illnesses to which children and young people may be subject. Residential child care workers may not have a body of knowledge which is peculiar to their profession, but there is a very wide range of skills and knowledge which has a bearing on their work.

However, to be successful carers, it is in the everyday nature of residential care that such professional knowledge and skills have to be worn lightly, and even if the workers are thinking hard about the best way to tackle a crisis it should not be apparent to those they are caring for. The key is that they need the right values and the skills to put those values into practice. Putting values into practice is not simple and straightforward; it demands careful thought and planning, sometimes hard physical work, and constant reflection on the attitudes, values and motivation which they bring to their work (Smith, 2009), something well explored by Terry O'Neill (1981) who had been in care and then became a residential child care worker.

Professional development

Because quality care work is underpinned by values and skill development rather than by a body of knowledge, it requires the lifelong professional development envisaged by Clare Winnicott in the 1960s both because care workers need to revisit and explore the values which underpin their work and because skill development can only take place over time and in the light of experience. Vander Ven (1981) and Anglin (1992) have described some of the dimensions of such professional development and, while reflective practice was originally

developed for professionals who rely on a body of knowledge (Schön, 1983), it is eminently suited to care workers who can develop their skills by reflecting on how they have used them in the past and becoming more focused and creative in how they use them in the future.

The wider context

Conventional professions in part gain their status from the standing and wealth of their clients whereas social workers, community workers and care workers are identified with the underclasses whom they serve, and by association and limited rewards their status is similarly low. Sadly, this can affect the caring professions in a number of ways. They are often paid less, trained less, or given poorer support and supervision. In much of continental Europe the profession of social educators or social pedagogues is well established, with thorough training, appropriate salaries and a stable and skilled workforce. Too often in the UK the workers have not had these benefits.

Conclusion

Over the last 60 years many people have fought to improve understanding of the residential task, of its scope, of the skills involved, of the training needed, and in the process to improve the status of residential child care professionals, but it has been an uphill task, not least because people have tried to conceive of care work in terms of a body of knowledge rather than in terms of the values and skills that underpin its professional status. If anything, standards have slipped, not least because its potential contribution and its support needs have not been understood, but also because those who have relied on a body of knowledge to define the profession, not least the many abusers who have held social work or similar qualifications, have lacked the values that are essential for quality care work.

We need to take up this battle, because losing it has and will affect the lives of children and young people for whom it is worth fighting.

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Robert Shaw undertook voluntary and paid work in child care before moving into higher education to work with mature students over many years and later to become a management consultant specialising in team development. An early user of micro-computers, he qualified in information management and now supports voluntary organisations over the internet.