RESIDENTIAL CHILD AND YOUTH CARE
IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher

Editors

The CYC-Net
PRESS

RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

GLOBAL PERSPECTIVES

1

**Tuhinul Islam
Leon Fulcher**

Editors

RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

GLOBAL PERSPECTIVES

Tuhinul Islam and Leon Fulcher – *editors*

ISBN 978-1-928212-20-1

Copyright © 2016 The CYC-Net Press

TUHINUL ISLAM dedicates this book to Mohammmad Asgar Ali, former Director of Bangladesh Shishu Adhikar Forum (BSAF) who recommended him to Md. Abdul Hamid Bhuiyan, Executive Director of Society for Social Service (SSS), Bangladesh; Hamid 'bhai' who opened up the field of child welfare to Tuhinul and believed in him enough to support his further education abroad; Mahmudul Kabir, Country Director, TdH-Netherlands Bangladesh and Farah Kabir, Country Director ActionAid Bangladesh – for being such valued role models and for being truly wonderful inspirational individuals working for child welfare for many years.

LEON FULCHER dedicates this book to his grandchildren – Jacob, Luke, Caitlin and Harley – and to their Carers.

Contents

Preface

Mark Smith[1]

I was delighted when asked to provide a Preface for this volume. I have a personal connection with both authors. After having worked in a residential school for four years, I realised that it was time for me to undertake a professional social work qualification if I was to continue in this line of work – which is something I wanted to do. I had heard that the University of Stirling was the place to go if you wanted a grounding in residential child care. Unusually for social work training courses, the Director of Social Work Education there had a background in residential child care. He was, of course, Leon Fulcher.

Having moved into academia myself, I took up a post in 2005 at The University of Edinburgh. Around that time, so too did a new PhD student arrive from Bangladesh, Tuhinul Islam. I recall Tuhin's frustrations with some of the direction he was given for his PhD, essentially pushing him towards Western notions of residential child care, which made little sense in the context of his experience of Bangladeshi institutions. He resisted these pressures to produce a PhD that spoke of the positive role of residential child care in his home country.

It can be difficult to assert a positive role for residential child care in the current climate. We are fed a diet of – at best – poor outcomes and in many instances of outright abuse, so much so that we can imagine that the whole system was rotten to the core. The message is so relentless it can be hard not to internalise it. Indeed, the grand narrative of a shameful history is so powerful that I have found myself at times questioning whether it really was as bad is it is made out to be, or whether there is a continuing role for residential child care at all. However, this is but one narrative; there are other, submerged, stories. In recent years, I have become interested in the life stories

---

1   **Mark Smith** is a Senior Lecturer in Social Work at Edinburgh University. Prior to his move into academia, he was a practitioner and manager in residential care settings over a period of 20 years. He has written extensively on residential child care, the nature of care, and upbringings.

of those who give their accounts of residential care. Yesterday, I came across this one:

> *My mother and her sisters were raised in a children's home in Belfast. Throughout my childhood, my mother would tell stories of her upbringing in what she always referred to as the 'Home'. These would be funny stories and sometimes fond recollections. I cannot recognise my mother in the grand narrative. This inheritance conflicts with the grand narrative previously described, and temporarily places distance between her personal narrative and the hegemonic discourse. But the distance remains only for a moment. The grand narrative is too powerful and its position of dominance is sustained* (Edwards, 2014).

The humour and the fond recollections in this account chime with my own recent experiences of re-establishing contact with a number of former residents of care homes in which I worked. Several spoke of fantastic memories, of their time in care being the best days of their lives, of safety, of loving staff members as their own family and of witnessing only positivity and real Christian goodness – but most of all of the laughs! These are the narratives submerged below what has become the dominating influence. Of course, others had less favourable experiences. But, here's a thing about stories; we are rarely free to tell our own story as an unmediated reflection of reality. We are constrained and corralled to choose from stories currently circulating. I can't help but wonder whether, if more positive stories were permitted to circulate about residential child care, those encouraged by powerful voices to look back on their pasts with a sense of shame or identify instances of abuse, might construct stories that were more nuanced and, ultimately, less destructive of themselves and others.

The powerful voices generally belong to those in social work establishments, or those who represent NGO interests. They can be haughty voices, untroubled by doubt. Ironically, while they speak loudly convinced of their own rectitude, rarely do they speak from a position of experience or grounded understanding. The warmly persuasive concepts of attachment, trauma, human rights and de-institutionalisation echo loudly. These are terms that sound good about which few will disagree. But I'm never quite sure what they mean, and I guess that most of those who bandy them about don't either, especially in a Developing (Majority) World context, where they can sound effete and self-indulgent when set against challenges of absolute poverty, dislocation and lack of resources faced by many other countries.

The starkness of some of the comparisons introduced in this book serves to destabilise the dominant web of belief. There is a fundamental disconnect between abstract concepts and everyday reality. I am reminded of an experience at the 2015 NACCW Conference in Cape Town. A delegate from a major NGO sought to have us understand Africa's problems in terms of First World concepts of patriarchy and human rights. Later the Government Minister got up to speak. A veteran of the ANC struggle, she had a script that her civil servants had obviously prepared, to which she occasionally referred. Most of her speech was improvised and it subverted or (to put it more charitably) added texture to NGO understandings. Her take on UNCRC articles around children's participation, was that teenage boys should be made to take their turn at scrubbing the household pots because of the desirability of building a sense of doing things together. It would have been a foolhardy teenage boy to dispute that fact with this Minister as her oration took on presence and force. Child and youth care isn't about abstract concepts such as attachment and rights. When it comes down to it, it is about practical everyday experiences that include washing pots.

As I read the Introduction to this book, its significance began to dawn on me. It builds from where Courtney & Iwaniec (2009) and then Whittaker, del Valle & Holmes (2015) left off. I reviewed the latter book for the *British Journal of Social Work* and praised it for stimulating thinking and debate about the place of residential child care in children's services. On the other hand, I wasn't convinced by its quest for 'evidence based' therapeutic programmes that might be identified to make a case for residential child care in wider political and professional contexts that seek to position it as, at best, a last resort. First off, I'm not convinced by the evidence-based practice paradigm and secondly, I'm not sure how one might apply it to the everyday practice of residential child care. As Fulcher and Islam argue, 'therapeutic residential care is a theoretical construct that has limited transferability from Western practice research centres to life on the ground elsewhere in the World' – how might one measure the therapeutic value (or just the value) of washing pots? The book raises questions such as these, to take forward a conversation and to stimulate discussion.

The book adopts a novel approach, offering case studies from countries according to the FIFA demarcations. This has a particular resonance for me as I write this preface during the EURO 2016 championships and have set myself the task of completing it before the evening game. The 18 chapters are written by a range of contributors, some academics but also practitioners and care leavers. To be honest, I expected that, given such a disparate group of

writers and the fact that, for many, English is not their first language, the quality of the chapters might be variable. In fact, I was impressed by their consistency. The guidance given to the authors, the copy editing or both, impose sufficient of a common structure to allow for worthwhile comparison.

The chapters themselves are intriguing. I was particularly struck by a question raised in the Palestinian chapter about how you might operate a residential care system when so much of the country is penned in by walls. Or, how might a colonial legacy or a particular religious belief system shape the nature of care, more powerfully perhaps than any psychological or 'evidence-based' constructs? Culture, I suspect, is a far more powerful determinant of the care experience than programme.

While not down-playing the problems faced in many countries, in almost all of the chapters there is a sense of residential child and youth care offering the chance of a better life to residents. In many cases, parents were desirous of having their children placed there for their own betterment, despite the cost to themselves in not having their children living with them. The importance of peer relationships and the role of children and young people in looking out for one another was another salient feature in several of the chapters. Children were seen as attached to each other but they also complained, called each other names, quarrelled and squabbled. It is easy to forget that this is what children do, in our ever widening quest for perfect systems of child care.

Hardly surprisingly, the underpinning message in all the chapters, is the importance of relationships both short and long term. Through relationships, children and youths are able to experience that sense of knowing they were loved through the care they received and experienced. Each chapter ends with a series of questions, which prompt the reader to reflect on particular historical and cultural influences that have shaped residential child and youth care in that particular country.

Ultimately, many of the systems written about seem to have maintained a sense of moral purpose that one struggles to detect in much contemporary residential child care in the UK which has become complacent and soulless – perhaps a feature of our relative prosperity. A fascinating observation in the Greek chapter suggests that having to cope with grinding austerity and the mass influx of refugees has led to a situation whereby values such as 'solidarity, love for, interest in and a selfless offer of help to sufferers and the disadvantaged have been reinforced and are now much stronger in Greek society'. The moral impulse to respond to human suffering can be dissipated

in increasingly bureaucratised and 'professionalised' Western models or cultural mind-sets. This is not an argument for austerity but against becoming too comfortable and complacent.

Finally, this book is all about comparison, in this case geographical comparisons. I have touched in some of my earlier comments on historical comparisons. I end here with a quote from one of my favourite articles on residential child care in which David Webb (2011) offered a biographical account of his aunt's time as matron of a Church of England children's home and the moral certitude which went with that vocation, contrasting starkly with what he sees as the 'insidious leniencies' of present day care. He concluded:

> *Neither the perspective of the elapsed half century since, nor the easy assumption that things in all respects have improved serves as a reliable basis for judgement: the drawing of any invidious comparisons with what takes place today in 'corporate care' might invite a brief reflection on the parable of the mote and the beam* (2010: p.1400).

This book invites similar reflection; we cannot afford to believe that we know what is right in respect of how best to provide care, education and supervision for children and young people in any culture. For many across the Majority Developing World, residential care still has an important role to play. Too many in the Minority Western World simply ignore the social and community legacies associated with the 20th and 21st Century proliferation of private boarding schools, residential colleges, sorority/fraternity houses, residence halls and hostels.

References

Edwards, D (2014) Remembering the home: The intricate effects of narrative inheritance and absent memory on the biographical construction of orphanhood. In E. Boesen, F. Lentz, M. Margue, D. Scuto, & R. Wagener, (eds) *Peripheral memories: Public and private forms of experiencing and narrating the past.* Berlin: De Gruyter.

Webb, D (2010) A certain moment: Some personal reflections on aspects of residential childcare in the 1950s, *British journal of social work.* 40(5): 1387-1401.

Introduction

Tuhinul Islam and Leon Fulcher[1]

Abstract

Residential child and youth care is examined from outside the traditional places in this field from which evidence-based practices have been generated and distributed to the World. The six Regions of the FIFA Football Confederation are used to step outside contemporary residential child and youth care narratives informed by normalisation and de-institutionalisation within the child rights perspective enshrined in the UN Convention on the Rights of the Child. Contributions are provided from 18 countries, including 3 from the Africa Confederation, 8 from the Middle East and Asia Confederation, 3 from Europe's UEFA Region, 2 from the North, Central & Caribbean Confederation Region, including the English-Speaking Caribbean nations and Jamaica. Argentina contributed from the South America Confederation Region, and New Zealand contributed from the Oceania Region. Relational child and youth care practices are encouraged that promote family relations, support educational achievements and nurture family-group living and belonging within family houses located in a supportive community. Young care leavers need assistance in preparing for transitions from residential care into community-based, inter-dependent living.

---

1   **Tuhinul Islam,** PhD was awarded his PhD from the University of Edinburgh for a thesis entitled Residential Child Care: The Experiences of Young People in Bangladesh. He has an MA in International Child Welfare from the University of East Anglia, UK and an MBA in Human Resource Management with 20 years of teaching, research and practical experience in the fields of residential child care, child welfare management, education and development in Bangladesh, Malaysia and the UK.

   Leon Fulcher, MSW, PhD, has worked for more than forty years as a social worker in residential child and youth care work in different parts of the world. As a practice researcher, scholar and author, Leon has given special consideration to working across cultures and geographies, how this impacts on team working, supervision and caring for caregivers, as well as promoting learning with adult carers.

Introduction

Residential child and youth care is in a period of transition in many countries around the globe. This book – and the series of which it is a part – captures some of the challenges and changes faced by residential child and youth care workers in 73 countries – places that rarely feature in the international literature. Our contributors have portrayed these changes, challenges and opportunities as stories of their own country's residential child and youth care systems, policies and practices; their culture, values and identities; dynamics and discourses about triumphs and turbulence around care experiences with children and young people. This book is neither for nor against residential child and youth care practices. Neither does it propose solutions for challenges being faced. Rather it has been written with the intention of raising questions that stimulate exploration of ways in which one might improve the quality of care provided across all residential child and youth care sectors in different countries. We seek a future where no child will be placed unnecessarily in a care home; and a future where care leavers are empowered to be more effective contributors on the world stage and more responsible citizens in the countries they call 'home'.

We begin with a story Tuhinul's father told him when he was a child, a story well-known in South Asia where there are several versions. The story that Tuhinul's father told was:

> *Long ago five old men lived in a remote village in Bangladesh. Each had been born blind. The other villagers loved the old men and kept them away from harm. Since the blind men could not see the world for themselves, they had to imagine many of its wonders. They listened carefully to the stories told by travellers to learn what they could about life outside the village.*
>
> *One time, someone brought an elephant into the village. People had read and heard of elephants but no one in the village had ever seen one. Thus, a huge crowd gathered around the elephant, and it was an occasion for great fun, especially for the children. The five blind men who lived in the village heard about the elephant. They had never seen an elephant before, and were eager to learn about one.*
>
> *Someone suggested that they could go and feel the elephant with their hands. That way they could then get an idea of what an elephant looked like. The five blind men liked the idea and went to the place in the village where all the people made room for them to touch the elephant.*

They were all extremely happy and on their return began discussing their experiences. One blind man who had touched the trunk of the elephant, said that the elephant must be like a thick tree branch. Another who touched the tail said the elephant probably looked like a snake or rope. The third man, who touched the leg, said the shape of the elephant must be like a pillar. The fourth man, who touched the ear, said that the elephant must be like a huge fan; while the fifth, who touched the side, said it must be like a wall. They sat for hours arguing, each one certain that his view was correct.

Obviously, all were correct from their own points of view, but no one was quite willing to listen to the others. Finally, they decided to go to the 'village wise man' and ask him who was correct. The 'wise man' said, "each one of you is correct; and each one of you is wrong. The elephant is a giant animal, each one of you had only touched a part of the elephant's body. Thus you only have a partial view of the Elephant. If you put your partial views together, you will get an idea of what an elephant really looks like." They all agreed.

If this story is re-told from a residential child and youth care perspective, it would follow that each of us – in our own place in the World – views residential child and youth care exclusively from our own point of view or perspective. It is when we try to understand others' perspectives that opportunities arise to inspire and stimulate action amongst those who believe we can and must do better for society's most vulnerable citizens – children and young people in care – upon whom the future of each nation depends. *Residential Child and Youth Care in a Developing World* is unique in its time and place, grounded in an historic legacy of storytelling about international child and youth care practices.

An Invitation to Residential Child and Youth Care Storytellers

Local practitioners, educators and researchers were invited from all the FIFA Football Federation countries to contribute from an extensive knowledge of their country's residential child and youth care traditions, policies and practices, as well as knowledge about children's needs, rights and personal upbringing there. Some contributors were themselves brought up in care. Others have been working with children for many years, and some have carried out research with children and young people in care. Some

contributors are established writers, while others are first-timers. Some have degrees in child welfare from developed countries while others have significant local practice experiences. Such variety offers a unique range of perspectives.

Some contributors shared stories that offered insights into what residential child and youth care policy and practices might be like in the countries where they live. Others shared accounts of different kinds of residential practices in places where colonisation and indigenous child and youth care practices intersected. Still others supported arguments about how relational child and youth care, social education and education for living are inseparable (Cameron *et al*, 2015). The relational manner in which we invited contributors to join us in compiling this book and series meant we identified people from a range of geographic and social backgrounds, acknowledging different voices of age, gender and ethnicity of people working in different settings and places in our world.

This volume and the series which follows offer a qualitative baseline about how residential child and youth care was operating in the Developing World during 2015-2016. This qualitative baseline provides opportunity for on-going review of how residential child and youth care is impacted though a challenging and difficult decade ahead. Without judging the quality or quantity of residential care for children and young people in different places, we connected with prospective authors through selective, snowball sampling – starting with countries that had not participated in earlier publications on this theme and inviting each contributor to reflect upon and write about the following questions:

What might someone need to know about where you live by way of introduction to care practices there?

- What does child protection and youth welfare policy mean for children and young people where you live?
- What is the history of residential child and youth care practices where you are, and what values and aims operate in these places?
- Why do children and young people end up in out-of-home care where you are?
- What types of residential child and youth care are available?
- How many children and young people are in out-of-home care where you live and how many different kinds of out-of-home care placements might be found there?

- What are the physical environments of residential child and youth care institutions or group homes like, and what are the routines and rhythms of a typical day in the life of a child or youth in care in these places?
- Think about a life story of a typical care leaver for a few moments and then ask yourself: What experiences did that child or young person go through while in care, or experience from the first hour of his or her first admission right through to a year after leaving care?
- What good child and youth care practices might others learn from what is happening in your place(s) in the World?
- Looking ahead, what are your thoughts on the future for residential child and youth care where you live – including hopes, fears and challenges?

Residential Child and Youth Care in a Developing World

An overwhelming response yielded a unique range of stories about resilience, triumph and turbulence in the provision of residential care and education for children and young people world-wide. In recent times, the public image of residential child and youth care has not been positive, especially in the West. Residential child and youth care has been blamed for damaging children's development and compromising their rights (Swales, Geibel & McMillan, 2006; UNICEF, UNAIDS and USAID, 2004) along with the weakening of family ties and poor educational and health outcomes (Boyle, 2009; Courtney & Iwaniec, 2009; Jordanwood, in press). Most importantly, residential child and youth care has been questioned for its inadequate preparation of young people – particularly those leaving care – transitioning towards independent living (Biehal *et al*, 1995; Jordanwood, 2015; Mendes & Moslehuddin, 2004; Stein, 2012).

For at least four decades, questions have been raised about the effectiveness of residential care, of child welfare care systems, and about child and youth care policies and life space practices. Some have argued (Fulcher, 1998) that relationships between residential child and youth care practices and poor care outcomes are complex, and are shaped by different personal, family, organisational, policy and cultural contexts. Questions remain about the extent to which residential child and youth care studies reflect bio-psycho-social perspectives that 'fit' with a 'Western' Developed (hence Minority World) viewpoint, rather than a 'non-Western' Developing (Majority) World context (Fulcher, 2001).

The literature about residential child and youth care has developed considerably during the last twenty years, especially in the United Kingdom, the USA and Canada, and in Western Europe. Major advances have seen the

growing prominence of evidence-based practices and, in particular, the need for 'outcomes-based studies' (Ward, 2006). The primary focus of Western research still assumes that residential child and youth care is provided sparingly, and only for children diagnosed as '*mad, bad and sad*' and whose needs require therapeutic or trauma-informed care. Smith drew attention to this 'clash of perspectives' when explaining how there is "in Eastern Europe a greater focus on ideas of care and upbringing, while in countries such as the USA and the United Kingdom there is greater focus on treatment" (2015, p.1014). A medical orientation is prominent in the USA, shaped in a policy environment where health insurance requires a medical diagnosis before funding can be released for treatment. In the UK, 'last-resort' status means that children placed in residential child and youth care demonstrate significant social and emotional challenges. All research highlights the influences of culture, context and values when seeking to achieve best practices and better outcomes.

A Comparative Research Methodology

Residential Child and Youth Care in a Developing World builds from a critique of Courtney & Iwaniec's *Residential Care of Children: Comparative Perspectives* which summarised residential care policy initiatives in 11 countries: the USA, the UK, Australia, Sweden, Romania, Botswana, South Africa, Korea, Israel, Ireland and Brazil (2009, p.192). Those authors asserted that *institutional care has negative consequences for both individual children and society at large* with Courtney, Dolev and Gilligan concluding that although some parts of the world use residential care less than others, *"we are unaware of any country with an industrial or post-industrial economy that does not place at least some of its children in residential care. ... Residential care is alive, if not always well, all over the world and seems likely to remain a part of child welfare service provision for the foreseeable future"* (Courtney & Iwaniec, 2009, p.191), thus illuminating "*economic, political, ideological, and cultural factors*" influential "*in the re-development of residential care*" across all 11 sample countries.

Building on policy work carried out by Courtney & Iwaniec (2009), Whittaker, del Valle & Holmes (2015) adopted more of a professional orientation for their international review of *Therapeutic Residential Care for Children and Youth*. Therapeutic residential care which was defined as:

> *the planful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support and protection to children and youth with identified mental health or behavioural needs in partnership with their families and in collaboration with a*

full spectrum of community-based formal and informal helping resources (2015, Chapter 1: Kindle Edition).

Several countries involved in the Courtney & Iwaniec (2009) initiative were also involved with Whittaker and colleagues in their search for evidence-based international practices associated with therapeutic residential care. Our view is that therapeutic residential care is a theoretical construct that has limited transferability from Western practice research centres to life on the ground elsewhere in the World. Therapeutic Residential Care is arguably a very scarce resource in all parts of the World, even in the countries contributing to both of these publications.

Residential Child and Youth Care in a Developing World builds from where Courtney & Iwaniec (2009) and then Whittaker, del Valle & Holmes (2015) left off. We started from the scholarly assertion that residential child and youth care "places" exist everywhere in our World – whether called homes, orphanages, hostels, schools, centres, residences, colleges, refugee camps or institutions. Unlike Courtney & Iwaniec or Whittaker *et al*, we purposely include in our definition of residential child and youth care private boarding schools, madrasah or religious schools, college and university residential colleges and halls of residence, and other religious and military learning centres.

These living and learning environments operate with 24-hour activity-based life space care, 7 days a week for specified periods of time measured by cohort, semester, term, season or year. Most comply with local and international standards for boarding schools or residential care with education. And by adopting the United Nations definition of 'Youth', one highlights how young people retain 'youth status' in our World until age 25.

What Sectors are Included or Missing?

Although residential child and youth care institutions have been made popular in the cinema, most notably through Hogwarts School of Witchcraft and Wizardry in the Harry Potter series, boarding schools have been largely ignored in the literature on residential care. Instead of 'de-institutional-isation', boarding schools, hostels, college dormitories, fraternity and sorority houses and residential colleges represent expanding forms of residential care associated with education – everywhere.

Boarding schools and residential colleges provide residential group living for youths of the educational, economic and ruling elite in any nation. This is evidenced by all who ever lived in a university hall of residence, sorority or

fraternity house while studying away from home – regardless of who paid for it. Most countries also rely on boarding schools for the education and training of its military, and its military elite.

It is thus paradoxical how some residential care is de-institutionalised in keeping with ideology that informed the Stockholm Declaration, while other forms of residential care with education expand in the Western World. Therapeutic Residential Care is still an extremely rare form of residential child and youth care – everywhere. Other forms of residential child and youth care have proliferated, through public, private and charitable funding arrangements as well as through loans, government-subsidized or not. But what do we mean by Residential Child and Youth Care?

Residential Child and Youth Care Practice

Unlike social work or care work there is no unified definition of residential child and youth care. It varies country-to-country, practice-to-practice and culture-to-culture depending upon social, religious, economic and political influences, suitability and stability. Almost everyone agrees that child and youth care work involves working with children and young people as whole persons, in order to nurture and promote their social competence and healthy development.

Residential child and youth care workers are ideally situated to be among the most influential of healers and helpers in a young person's life. That statement represents our basic belief about residential child and youth care practice. It was not so long ago that child and youth care work was considered a sub-profession where carers were considered auxiliary to other helping professionals, most commonly social workers (Milligan, 1998). In their investigations into why foster care placements succeed or fail, Sinclair *et al* concluded (2005) that foster care is seen as a benign intervention. Its carers are commonly seen as 'the salt of the earth' but are neither acknowledged as responsible parents nor treated as responsible professionals. However, with the passage of time and the continuing evolution of a distinct method of practice, child and youth care practitioners – along with Northern European Social Pedagogues – have come to be recognized in some places as having particular expertise and a unique approach to working with children, young people and families (Fulcher & Garfat, 2008; Garfat, 2004). It is worth noting how the European profession of *social pedagogy* accommodates "child and youth care services, youth work, family support, youth justice services, residential care and secure units – services that may appear somewhat disparate to British or North American eyes" (Petrie *et al*, 2006). Child and

youth care practice involves the same wide spectrum of services for children, young people and their families.

A child and youth care worker's position in the daily life of a child or young person allows her to intervene pro-actively, responsively and immediately to help them learn new ways of acting and experiencing in the world (Fulcher & Garfat, 2008). No other form of intervention is so immediate, so grounded in the present experiencing or, one might say, so *every day*. This immediacy of intervention creates in-the-moment learning opportunities that permit individuals and families to experiment with new ways of acting and experiencing others as they are living their lives. Residential child and youth care practice is not oriented around temporally spaced and infrequent visits to an office where the 'client' meets with a therapist who has no direct experience of that young person's everyday life.

Residential child and youth care practice is based on being *in-the-moment* with young people and family members, experiencing their life with them and living as it unfolds (Baizerman, 1999). It is a practice-oriented approach oriented towards helping young people live their lives differently, as they are living it and in a manner that is focused, timely and practical (Garfat, 2002). Above all, residential child and youth care practice – as with social pedagogy in Northern Europe – is an immediately responsive form of helping which uses "*applied learning and daily knowledge to inform more responsive daily encounters with children or young people*" (Fulcher, 2004). It is immediate in a child or young person's 'life space', and focuses on interactions in the moment – as these moments are occurring. Social pedagogy, as well as child and youth care, enables children and young people to learn and rehearse new thoughts, feelings and actions in the most important arena of their lives – their daily life space(s), as life is happening.

Freeman and Garfat (2014) developed Figure 1 (over the page) which identifies twenty-five Characteristics of Relational Child and Youth Care Practice associated with *Being Available* **(B)**, *Noticing and Interpreting What's Happening* **(I)**, and *Doing Something Purposeful* **(D)** in the daily lives of children and young people.

The purposeful use of daily life events involves identifying moment by moment opportunities (Being – Interpreting – Doing) as residential child and youth care workers engage with young people as well as with family and community members. Each characteristic helps to guide decision-making and planning by maintaining focus on the following questions:
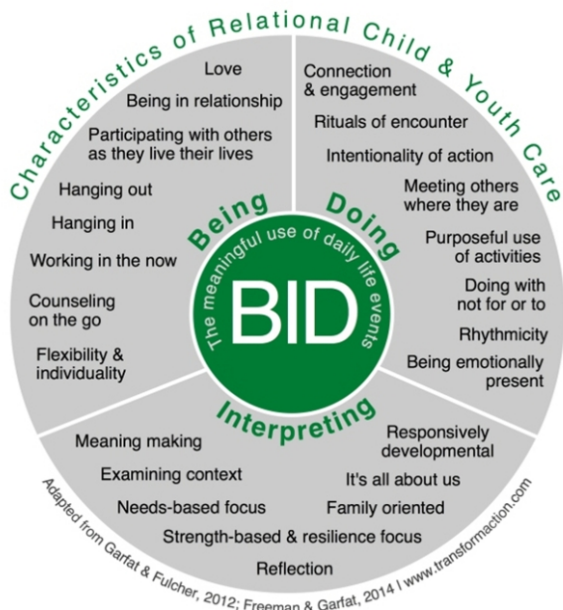
FIGURE 1
Relational Child and Youth Care Characteristics with BID Options
(Fulcher & Garfat, 2015)

- What relational characteristics underpin my way of *Being* as a Carer with this young person and her or his family members?
- Which characteristics assist with my noticing and *Interpreting* what is happening with this young person and her or his family, at this particular time in their lives, and in the particular social and cultural context in which we are engaging together?
- And what characteristics may assist me with *Doing* what I might do as a Carer so as to help nurture and restore diplomatic relations between this young person and her or his family members, or others who are most important to this young person?

It may be worth reminding readers that these same Being-Interpreting-Doing characteristics also apply when working with colleagues and other professionals involved with particular youths and their families. '*Walking the talk*' and '*practicing what we preach*' in engagements with young people and family members need also to apply in relationships with work

colleagues. Now and again, it is worth taking time to consider what opportunities for *Being*, *Interpreting*, and *Doing* something we actively nurture and celebrate amongst co-workers and colleagues.

Locating Residential Child and Youth Care Practices within Historical, Cultural, Family and Socio-Economic Contexts

Child and youth care practices have histories and stories that are unique to any given country. The same might be said about States or Provinces within countries not represented in this volume. Questions have been highlighted during this exercise about how so-called Western World 'experts' get recruited as advisors to the Developing World on how to improve child and youth care policies and practices in those countries. 21st Century practices in Child and Youth Care – as well as Social Work – have been changing throughout the world since the end of the 20th Century even though working definitions used in some parts of the World don't transfer very well into other contexts (Fulcher, 2003). Changes have been driven largely through economic considerations and promoted by six Western ideologies, the first two being translated into United Nations policy initiatives: *Normalisation*; *De-Institutionalisation*; *Mainstreaming*; *Placement in Least Restrictive Environments*; *Minimum Intervention*; and *Diversion* (Fulcher & Ainsworth, 2006). Normalisation and de- Institutionalisation have been the most dominant ideologies of recent times, driven by a decline in resources (Pinkerton, 2011) and a search for innovative practices (Grietens, 2010).

At the same time, globalisation has afforded opportunities that have enabled residential child and youth care practitioners from 'developed' and 'developing' worlds to travel beyond their own countries and to explore different ideas, methodologies and challenges abroad. There is a sense in which child and youth care practices have become a world-wide phenomenon of interest to international bodies and national governments, non-profit organisations and private businesses which now seek to promote and support the health and wellbeing of children and young people living in poverty and perhaps fleeing warfare, natural disasters, famine and diseases, reaching all regions of the World.

Many Western Non-Governmental Organisations have been created to work exclusively for de-institutionalization in the Developing World. With the backing of famous celebrities they are able to influence national and international policy makers to prioritise their funding. They act frequently

through naivety or ignorance about social, cultural, religious and economic challenges and priorities throughout the Developing World, here identified as the majority world. Representatives of the minority 'Developed World' have dominated world publication and thinking about residential child and youth care. For example, whilst the UK has only a few thousand children in care across the whole country, that total number of children in care is equivalent to one of 20 children's homes in some Developing World countries! The minority Developed World caters for only a small number of children in residential care. Western consultants struggle with comprehending that as many as two-thirds of the world's children and young people in residential care live on the Asian and African continents, many living in war refugee camps or in houses for unaccompanied asylum-seeking youths.

Developing countries have few options other than to 'buy in' to Developed World prescriptions for reforms to achieve better outcomes for children and young people in care through ensuring quality care standards and child protection under the United Nations Convention on the Rights of a Child. Funding is allocated to projects in developing countries often conditional upon using such money to purchase expertise and trainings from Developed World consultants and training institutes. In many respects, it is a way of taking aid money back, and in reality, not making very much of a positive impact on child and youth care systems, policies and practices in Developing World countries. In many cases, donor 'conditions' create more of a mess because not infrequently their 'domestic advisor or consultant' does not possess the 'fine contextual knowledge' required to appreciate the host country's own exotic and historic identity. The Developing World is a long way from Kansas, Dorothy!

What might be expected from Developed World consultants and expert reports? Sometimes their assignments only last for a few days and they are expected to produce a report on 'fancy glossy paper' for government leaders in countries with limited experience and understanding of the information they are provided with. Understanding local values, regional cultures, religious motivations and overall systems, policies and practices in any country takes time. Most INGO consultants and advisors rarely have the luxury of having extra time. In recent years, organisations have been seen to work virtually around the globe compiling consultancy reports in the formats demanded of funding agencies. Note the Disclaimer USAID offered as a footnote to the Jamaica Chapter in this regard.

Consultants' and advisors' first language is invariably English with good report writing skills that help to impose notions about evidence-based

practice on the Developing World without any reference to critiques of such material. Western consultants and advisors stress the need for residential child and youth care practices to use a 'bottom-up instead of a top-down' approach, thereby reinforcing individualistic human rights with little regard for citizenship and citizen responsibilities within particular cultural and economic contexts outside the West. Consideration is rarely given to the impracticality and inappropriateness of introducing Western ideas about care involving small numbers of selected children without reference to abject poverty in a country, or where cultural and family values identify some children as abandoned and in need of life-long care, as highlighted in the Saudi Arabian Chapter. Western preferences for foster care do not easily transfer across national and social boundaries as seen in the Japanese, Malaysian and Jordanian Chapters.

It is still important to ask whether there are, or whether there can be, universal standards of 'best practice for residential child and youth care', without recognising the international context in which those services operate? Smith (2006) explains that what may be right for one child might not be right for the next. Different cultures and different periods of history might well conclude that what constitutes 'best practice' or what is 'in the best interests of the child' in one particular context might be ridiculous in another. He reflects, "I am reminded of this in my regular discussions with a Bangladeshi PhD student in the Department. His descriptions of residential care in his country might be considered anathema to professionals in this country" (Smith, 2006, p.1). A foundation tenet of comparative research is that 'the findings' are not 'qualitatively better or worse'. The challenge is to ask *what is different, and what accounts for these differences* around the basic practices of residential child and youth care in this place. Through continuous comparative analysis there is something to learn for everyone.

Western discourses commonly address what goes wrong in residential child and youth care, not what works alright or even pretty well. In Western society many interpret children in care as being 'troubled or troublesome'; as young people unlikely to achieve anything positive in their lives. There is seemingly an imposed 'stigma and discrimination' around residential child and youth care services generally, and for the children and young people who live in care and are brought up there. Challenging that view, a young care leaver from Scotland, Megan Sutherland, found these negative connotations 'strange and disagreed' with the 'experts'. She argued ".... *those people are wrong! Care-experienced people have a great deal to offer and we celebrated this last week through National Care Leavers Week Scotland....'I don't know where the stigma of care comes*

from. Most young people are taken into care because they have been victims of an offence or neglect, not because we're "bad kids". Due to social prejudice 'to achieve success after care means having to disprove the systematic myth that people brought up in care just won't make it' is quite challenging" (Sutherland, 2015).

Supporting Megan's claims, we argue that Western Minority World notions of negativity about residential child and youth care represent a significant mis-interpretation of how residential child and youth care features in the lives of children and young people elsewhere in the world – The Majority World. Although empirical research on residential child and youth care in the Majority World is limited, direct practice experience and several academic and policy studies in different parts of the world offer an alternative view of what residential child and youth care means in the Developing World.

Common Misconceptions about Outcomes

Research, as is available from the Developing Majority World, significantly challenges common perceptions about residential child and youth care and negative connotations that accompany the very mention of care, as exemplified in the Malmo and Stockholm Declarations (Courtney & Iwaniec, 2009). See, for example, research from Bangladesh (Abdallah *et al*, 2004; BEI, 2011; Islam, 2012; Kabir, 2011; Riaz, 2011); Cambodia (Emond, 2009); Indonesia (Martin & Sudrajat, 2007); Ghana (Frimpong-Manso, 2013); Jordan (Ibrahim, 2010); Malawi (Freidus, 2010); Mizoram (Lalzallana, 2008); Pakistan (Ahmad, 2005); Saudi Arabia (Albar, 2010); Sri Lanka (Jayathilake & Amarasuriya, 2005), and South Africa (Mamabolo, Dlamini & Fulcher, 2015). These studies highlight different and more positive experiences of residential child and youth care for young people in the Developing World. Residential child and youth care gives opportunities for education, health care, caring relationships and social networks that would otherwise not have existed. After leaving care, life chances of employment, higher education, marriage and family life were improved for many young people, as a direct result of their experiences in residential child and youth care.

There are likely to be several reasons for poor outcomes achieved through residential child and youth care services in the Developed World. For a start, childhood for these children has been significantly damaged before they are placed in Western residential child and youth care. Other factors include: multiple placement breakdowns (Stein, 2006); inadequate family/parent/guardian contact; insignificant social and community engagement (Frost, Mills & Stein, 1999); too many restrictions placed on children's activities; unnecessary suspicion and surveillance by caregivers (Emond,

2000; McIntosh *et al*, 2010); small child care units; and even the absence of a religious or moral code (Barratt, 2009).

In the Majority World by contrast, most children are sent to a care home primarily for education, health care and personal survival. Their childhood is not necessarily damaged. Many children – especially those placed in faith-based care centres – remain in care until they have secured a job after completing their education, or entry into a marital state. Regular family contact, community support and engagement are other important booster outcomes. Staff do not need to complete 'risk assessment' forms for every activity a child takes up.Institutional rules and regulations are flexible, thus accelerating different outcomes in Developing World locations. The Western, Minority World could learn from studies which suggest that the whole community needs to take responsibility for its children (Islam, 2012). Attention must also be paid to faith and religious beliefs in children's upbringing. Islam's study demonstrates that improving financial resources may not necessarily lead to better outcomes for children and young people. Instead, building relationships with adults, peers, parents, and the wider community may offer the best chances for good outcomes.

There are apparent ambiguities and tensions around the *Stockholm Declaration on Children and Residential Care and the Malmo Declaration* about the practice of residential child and youth care across the Developed and Developing World (Courtney & Iwaniec, 2009). We agree with the intent behind the *Malmo Declaration* but stop short of endorsing aggressive moves towards de-institutionalisation. There is still no solid evidence to suggest that children's quality of life in Developing Countries improves once they are removed from residential child and youth care services. By definition, de-institutionalisation on its own does not produce better outcomes for children and young people in a Developing World. Without evidence drawn from different parts of the world, and majority populations from the Developing World in particular, de-institutionalisation offers yet another example of Western policy being exported to the rest of the World.

It will not be possible one day to close down all residential child and youth care services, even though some may wish for this. Our forecast is that residential child and youth care will continue to operate as a dominant service format for young people under the age of 25: the United Nations working definition of Youth! Residential child and youth care will continue to exist in various forms alongside residential education, private boarding schools, residential colleges, college and university hostels and halls of residence, religious boarding schools and madrasah, military training centres, refugee

camps and re-settlement centres. In this context, we agree with Anglin and Knorth when they counter "for many young people… good residential care is not a last resort, but rather a preferred and positive choice when their developmental challenges indicate the need for it" (2004, p.141).

Global Perspectives

Residential child and youth care is in a period of transition throughout the world, as highlighted by residential child and youth care key informants who have contributed to this volume. Transformation and change have been especially prevalent in the Developed World where residential care has moved since the 1970s from the dominant form of out-of-home placement to a position where it is now viewed as a 'last resort' for children requiring alternative care placements. We hope this volume will stimulate discussion about the continuing development of residential care in different parts of the world and where the future of residential care services might lead. We call for a multi-dimensional approach that replaces a simplistic de-institutionalisation strategy.

As noted, contributions received for this volume were selected using the FIFA Football Federation demarcations. There are three contributions from the African Confederation Region, from *Ghana*, *Kenya* and *Zambia*. There are 8 contributions from the larger Asian Confederation, increased because of population, geography, size and cultural diversity to include *Bangladesh*, *Cambodia*, *Palestine*, *India*, *Japan*, *Jordan*, *Malaysia* and *Saudi Arabia*. From Europe's UEFA region there are 3 contributions – from *Finland*, *Greece* and *Spain* – illuminating 'portals' for refugee and migrant youths fleeing towards Europe from the southeast and the southwest and also from the North. From the North, Central America and Caribbean Confederation there are 2 contributions, from the *English Speaking-Caribbean Countries* and *Jamaica*. Multiple chapters have been written and published about residential child and youth care in *El Norte*, and North America. By contrast, the World knows very little about residential child and youth care on the islands closest to Cuba, nor about the specialist residential facility maintained at Guantanamo. From the South American Confederation, one contribution was selected – *Argentina*. *New Zealand* was the final contribution, selected from the Oceania Football Confederation.

Some contributors to this series have crossed geographical and cross-cultural borders seeking to fulfil personal and professional aspirations. Some have fulfilled family or tribal expectations and have helped to give recognition to residential child and youth care as a professional activity that is

truly global. Anyone involved with child and youth care, whether directly as a care worker, or indirectly as a health and welfare professional, manager or policy maker may find it beneficial to know what is happening in other parts of the world. The ongoing quest for better ways to support children in care is ever with us, as illustrated by 14 exercises of organisational re-structuring for child and youth care services in New Zealand in 30 years, coupled with what Matheson calls 'indifference' in the New Zealand chapter.

Abusive as well as complacent practices with children and young people in residential child and youth care were historically, and remain, serious crimes that undermine the safe care of children. We hope this volume will assist practitioners, supervisors, managers, educators and policy-makers to formulate a wider range of images about what residential child and youth care systems, policies and practices in different countries look like. We hope it is a reminder of how underlying stories and histories of residential child and youth care intersect. We have prepared this volume with the intention of raising questions instead of providing answers. As noted in the story of The Blind Men trying to explain what an elephant looked like at the start of this Chapter, the ending of that story offers a metaphor for residential child and youth care as we remember how "*they listened carefully to the stories told by travellers to learn what they could about life outside the village*".

Questions for Small Group Discussion or Guided Reflection

1. In what ways do you think the story of the 5 Bangladeshi blind men meeting an elephant for the first time offers a metaphor for the ways in which residential child and youth care means different things in different place(s) that we know?
2. What is meant by a methodology that involved *selective, snowball-sampling*?
3. *Western research still assumes that residential child and youth care is provided sparingly, and only for children diagnosed as 'mad, bad and sad' whose needs require therapeutic or trauma-informed care.* How do you think such research informs the care of children rescued from poverty in Africa or Asia as HIV-AIDS survivors, given food and a safe place to sleep and educational opportunities living in a residential child and youth care home or village?
4. *Boarding schools, hostels, college dormitories, fraternity and sorority houses and residential colleges represent expanding forms of residential youth care associated with*

education – everywhere. Why do you think these types of residential child and youth care are virtually ignored by those working in this field?

5.   The purposeful use of daily life events involves identifying moment by moment opportunities (Being – Interpreting – Doing) as residential child and youth care workers engage with young people as well as with family and community members. In what ways might you be more available, get better at noticing and interpreting what's happening, and do something more purposefully with young people as they are living their daily lives?

References

Abdallah, A., Raisuddin, A.N.M. & Hussein, S. (2004). *Pre-primary and primary madrasah education in Bangladesh*. Washington, D.C: Basic Education and Policy Support (BEPS) Activity/USAID.

Ahmad, M. (2005*). Madrassa education in Pakistan and Bangladesh*. Honolulu: APCSS: 108.

Albar, A. (2008). A triangulated multi-sites case study of abandoned young people in residential care and care leavers in Saudi Arabia, Unpublished PhD thesis. York University: UK.

Anglin, J. & Knorth, E. (2004). Competing declarations on residential care for children and youth—Stockholm versus Malmö: International perspectives on rethinking residential care, *Child & youth care forum*, 33(3), 141-149.

Baizerman, M. (1999). How can you recognize a Youth Worker? CYC-Online. Retrieved 3 April 2016 from http://www.cyc-net.org/cyc-online/cycol-1299-youthworker.html

Barratt, C. (2009). Supporting the religious and spiritual needs of looked-after and accommodated children in Scotland. *Scottish journal of residential child care, Volume 8* No 1 pp.38-50.

BEI (Bangladesh Enterprise Institute) (2011). *Modernization of madrasah education in Bangladesh: A Strategy Paper*. Dhaka: BEI.

Biehal, N., Clayden, J., Stein, M. & Wade, J. (1995). *Moving on: Young people and leaving care schemes*. London: HMSO.

Boyle, R. (2009). *My heart is here: Alternative care and reintegration of child trafficking victims and other vulnerable children*. Phnom Penh: IOM.

Cameron, C., Connelly, G., & Jackson, S. (2015). *Educating children and young people in care*. London: Jessica Kingsley Publishers.

Courtney, M. E. & Iwaniec, D. (Eds). (2009). *Residential care of children: Comparative perspectives*. Oxford: Oxford University Press.

Emond, R. (2000). *Survival of the Skilful: An ethnographic study of two groups of young people in residential care*. Unpublished PhD Dissertation. The University of Stirling.

Emond, R. (2009). I am all about the future world: Cambodian children's views on their status as orphaned children. *Children & society, 23*, 6, 407-417.

Freeman, J. & Garfat, T. (2014). Being, interpreting and doing: A framework for organizing the characteristics of a relational child and youth care approach. *CYC-online*, Issue 179 (n.p.).

Freidus, A. (2010). Raising Malawi's children: Unanticipated outcomes associated with institutionalised care. *Children & society, 24*, 4, 293-303.

Frimpong-Manso, K (2013) Leaving and after care in Ghana: The experiences of young adults leaving a private children's home. Unpublished PhD thesis. Belfast: Queens University.

Frost, N., Mills, S. & Stein, M. (1999) *Understanding residential child care.* Ashgate: Arena.

Fulcher, L. C. (1998). Acknowledging culture in child and youth care practice, *Social work education.* 17(3), 321-338.

Fulcher, L. C. (2001). Differential Assessment of Residential Group Care for Children and Young People, *The British Journal of Social Work.* 31(3), 415-434.

Fulcher, L. C. (2003). The working definition of social work doesn't work very well in China and Malaysia, *Research on social work practice: Special edition on the working definition of practice.* Thousand Oaks, CA: Sage Publications 13(3), 376-387.

Fulcher, L. C. (2004). Programmes & praxis: A review of taken-for-granted knowledge, *Scottish journal of residential child care.* 3(2), 33-44.

Fulcher, L. C. & Ainsworth, F. eds, (2006). *Group care for children & young people revisited.* New York: The Haworth Press.

Fulcher, L. C. & Garfat, T. (2008). *Quality care in a family setting: A practical guide for foster carers.* Cape Town: The CYC-Net Press.

Fulcher, L. C. & Garfat, T. eds. (2015). *Child and youth care practice with families.* Cape Town: The CYC-Net Press.

Garfat, T. (2002). But that's not what I meant: Meaning-making in foster care. *Irish journal of applied social studies,* 3(1), 113-124.

Garfat, T. (Ed), (2004). *A child and youth care approach to working with families.* Binghamton: The Haworth Press, Inc

Garfat. T. & Fulcher, L. C. Eds, (2012). *Child and youth care in practice.* Cape Town: The CYC-Net Press.

Grietens, H. (2010). Discerning European perspectives on evidence-based interventions for vulnerable children and their families. *International journal of child & family welfare*, 13, 6-17.

Ibrahim, R.W. (2010). *Making the transition from residential care to adulthood: The experience of Jordanian care leavers.* Unpublished PhD Dissertation. Norwich: University of East Anglia.

Islam, Tuhinul (2012) *Residential child care: The experiences of young people in Bangladesh*, Unpublished PhD Research. Edinburgh, UK: University of Edinburgh.

Jayathilake, R. & Amarasuriya, H. (2005) *Home truths: Children's rights in institutional care in Sri Lanka.* Colombo: Save the Children Sri Lanka.

Jordanwood, M. (2015). *Achieving positive reintegration.* Phnom Penh: Friends International.

Jordanwood, M. (in press). *The impact of informal school fees on access to school of members of the care-leavers network*. Phnom Penh: M'lup Russey.

Kabir, H. (2011). 'Contested notions of being 'muslim': Madrasas, ulama and the authenticity of Islamic schooling in Bangladesh'. In S. Keiko & F. Adelkhal (eds.) *The moral economy of the madrasa: Islam and education today*. London: Routledge.

Lalzallana, J. (2008). *Home truths: Children in residential institutions in Mizoram*. Mizoram: Human Rights and Law Network.

Mamabolo, S., Dlamini, H. & Fulcher, L. C. (2015). Isibindi family-oriented child and youth care practices. In L. C. Fulcher & T. Garfat (eds). Child *and youth care practice with families*. Cape Town: The CYC-Net Press.

Martin, F. & Sudrajat, T. (2007). *Someone that matters: The quality of care in child care institutions in Indonesia*. Jakarta: Save the Children UK/The Ministry of Social Affairs (DEPSOS)/UNICEF.

McIntosh, I., Punch, S., Dorrer, N. & Emond, R. (2010). 'You don't have to be watched to make your toast': Surveillance and food practices within residential care for young people. *Surveillance & society* 7(3/4): 290-303.

Mendes, P. & Moslehuddin, B. (2004). Graduating from the child welfare system: A comparison of the UK and Australian leaving care debates. *International journal of social welfare 13*, 4, 332-339.

Milligan, I. (1998). Residential child care is not social work! *Social work education,* vol 17, No 3. pp.275-85.

Petrie, P., Boddy, J., Cameron, C., Wigfall, V. & Simon, A. (2006). Working with children in care: European perspectives. London: Open University Press.

Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care, in: Children and Youth Services Review, vol. 33, pp.2412-2416.

Riaz, A. (2011) Madrasah Education in Pre-colonial and Colonial South Asia. *Journal of Asia and African Studies 4*6, 1, 69-86.

Sinclair, L., Wilson, K., & Gibbs, I. (2005). *Foster placements: Why they succeed and why they fail. London:* JKP.

Smith, M. (2006) Ethics. CYC-Online, Issue 87, April 2006. http://www.cyc-net.org/cyc-online/cycol-0406-smith.html

Smith, M. (2015). Book review of Therapeutic residential care for children and youth. Exploring evidence-informed international practice. London: Jessica Kingsley Publishers. *British journal of social work*, 45(3):1073-1076.

Stein, M. (2006) 'Young people aging out of care: The poverty of theory'. *Children and youth services review 28*, 4, 422-434.

Stein, M. (2012). *Young people leaving care: Supporting pathways to adulthood*. London: Jessica Kingsley.

Sutherland, M. (2015). Youngsters in care are real people, Saturday 7th November 2015, The Scotsman. http://www.scotsman.com/news/megan-sutherland-youngsters-in-care-are-real-people-1-3939072#axzz3qhTDSEw9

Swales, D., Geibel, R. & McMillan, N. (2006) Applying the standards: Improving quality childcare provision in east and central Africa. London: Save the Children.

UNICEF, UNAIDS & USAID (2004). Children on the brink: A joint report of new orphan estimates and a framework for action. http://www.unicef.org/publications/files/cob_layout6-013.pdf, accessed 15 January 2016.

Ward, Adrian (2006). Forward. In L. C. Fulcher & F. Ainsworth (Eds.) *Group care practice with children and young people revisited.* Binghamton, NY: Haworth Press, pp.*xix-xxix.*

Whittaker, J., Del Valle, J.F., & Holmes, L. (2015). *Therapeutic residential care for children and youth. Exploring evidence-informed international practice.* London: Jessica Kingsley Publishers.

Conclusion
Viewing the World through
Cross-Cultural Lenses

Tuhinul Islam & Leon Fulcher

Residential child and youth care has achieved a very negative image within the English-speaking developed world. Any literature review from Western sources might leave one thinking that residential child and youth care is for '*bad*, *mad* or *sad*' children that require treatment. However, contributors to this book from around the globe describe residential care as part and parcel of a country's "growth and development". The curious reader, after reading accounts herein, will no doubt be thinking that those who are aggressively against residential child and youth care will be left feeling apprehensive about these 'real life' accounts from around the world. Those who advocate wide-spread de-institutionalization may need to rethink the speed and motives from which they act, and whether they are, in fact, acting in the best interests of these children.

Reviewing this volume as a whole, the message comes through loudly and clearly that residential child and youth care – in almost all countries – is supporting children and young people, not only those deemed '*mad*, *bad* and *sad*' but also those in need, at risk and even those from privileged backgrounds. Residential child care makes a wider contribution to society, most importantly in supporting children's safety and security as well as their education and health care. Many of the storytellers in this book remind us that residential child and youth care is essential for a country's economic growth and development. Care institutions have deep-rooted histories and stories that underpin each country's socio-economic, religious and cultural values. Few who send their children to elite boarding schools at considerable cost argue that institutions such as these need to be 'de-institutionalized'!

The idea of growing up in residential care is not viewed so negatively in developing countries, as portrayed through the literature and media

distributed from the English-speaking World. Rather, in many countries, residential care is described as an alternative service, supporting children and young people in need with safety and security, education, and health care. As shown in the stories provided, residential child and youth care institutions have their triumphs and turbulence, joys and frustrations, successes and failures while laying the foundation for better futures for many of the children that use these services.

The Western reasoning for placing children in care has been challenged by authors in this book, in particular those from Bangladesh, India, Cambodia, Ghana, Greece, Jordan, Palestine, Saudi Arabia and Zambia. NGOs and Western academics have claimed that poverty is the single most important reason for placing children in care. However, authors from places unpublished in the Western World contradict this, as in Bangladesh where only 10.7 percent of children placed in faith-based community-managed orphanages were there because of family poverty (Abdallah *et al*, 2004). Japan has a long history of residential care institutions for children who are not 'economically poor', a history dating from an historic emperor decree. Such patterns also apply in other Asian and African countries with parallel socio-economic and religious profiles.

Another myth that has been contradicted was the idea that guardians put their children into care for material benefit. There are very clear differences between children who are at risk and in need of care and protection, and those who are in care primarily for educational and social improvement opportunities. Due to urbanization, globalization, social engineering and re-structuring, many middle and upper class parents place their child in residential care institutions for educational or child-minding purposes because they themselves, lack time to spend with that child. Why is a child placed in an elite residential boarding school, anywhere?

Whilst religious or faith-based child and youth care services may have less positive images in some policy circles across the secular 'Global North', faith-based community child care institutions are still the biggest service providers for children and young people across the entire world. All those who spoke through this volume highlighted the importance of religious institutions in the histories, evolution and continuing provision of residential child and youth care. In nearly all of the countries represented here, it was through the efforts of religious leaders or religious communities that the first children's homes were established and such organizations are continuing to provide such services. The stories remind us of the part played by care institutions in the social re-integration of children and their communities by

accepting all kinds of children and offering them education and social development opportunities. In this way, religious or faith-based community run child care institutions are still, in a strict sense, better positioned to help develop a just society in many countries around the globe.

Colonisation had had a major impact on residential child and youth care's histories, systems, policies and practices – both positively and negatively. The import of 'Western' notions of residential child and youth care has destroyed or nearly destroyed many countries' traditional value-based community care. The British occupied Bangladesh, India, Cambodia, Malaysia, Ghana, Kenya, Zambia and New Zealand and many traditional child care services were replaced causing havoc due to clashes between differing religious, cultural, tribal and moral values. The expansion of Muslim faith-based child care institutions in Asian and African countries often resulted from religious clashes between the British rulers and local communities.

The impact of urbanization, globalization and the welfare state, has also had an impact on child and youth care across the Developing World. Although welfare states have taken responsibly for their citizens' basic needs, this has often been achieved to the detriment of family units by encouraging nuclear families and weakening extended family kinship ties. Following nuclear family norms, grandparents or close relatives may not be so readily available to support children when it's needed. In developing countries, like Bangladesh, Cambodia, Ghana, Jordan, Saudi Arabia and Zambia, children generally grow up in extended family units and so, if there is parental absence, the extended family takes over the responsibility for maintenance. Not until all other avenues have been exhausted are children placed in a care institution.

In some countries, communities take responsibility for looking after children who need care and protection. In Zambia, for example, there is no word for 'cousin'. All are brothers and sisters. In New Zealand, the Maori word for family – *whanau* – makes no distinctions about nuclear, extended or adoptive family relationships; all are family. Both examples show how children are not just simply parts of their own nuclear family or extended family but are part of a wider community family. The importance of thinking beyond nuclear families was important in Greece and Spain, as well as in Muslim majority countries where extended family units are prominent. Care leavers in different countries told of how they banded together as family.

The accounts shared in this volume have challenged the transfer of 'Western Ideologies' about residential child and youth care to the so-called developing world. Negative publicity about Western notions of residential child and youth care in the name of child protection and welfare has not

served the best interests of children in care. As discussed in the introductory chapter, NGOs, with the backing of Western media and celebrities – often with the of best intentions – have established a negative image of residential child and youth care using the UN Convention on the Rights of the Child as their tool. Yet here, most authors have emphasized both the 'needs and rights' of children along with 'traditional' social, cultural, religious and community values for the benefit and development of children in care. Some authors in this book have gone so far as to suggest that many less developed countries were 'bribed' with promise of international aid if their countries ratified the UNCRC. These governments often signed up to a raft of child welfare and protection policies, and introduced wide-ranging legislation in this area in the hope of receiving this aid package. However, policies and legislation have not always been put into practice. Moreover, INGOs have made their voices heard above all others because they were able to offer funding to poor nations, if those countries implement their own UNCRC agenda, often without taking into consideration local socio-economic conditions, cultures and/or values. The INGO focus, in general, has been 'de-institutionalization', though the word itself had different meanings in different contexts.

The focus of de-institutionalization has been highly selective in Western countries. Whilst there has been a decline in State-funded residential facilities for the care and protection of children and young people, the number of residential child and youth care services in the non-profit and private sectors, driven by business ideologies, has skyrocketed. These include: private boarding schools; Fee-for-Service Residential Treatment Centers with Education – for any registered DSM (Diagnostic Statistical Manual) Health Insurance approved treatment providers; Private and Endowed College & University Student Accommodation; and Institutions for Young Offenders Operated by Private Companies, for a start. However, in countries where families and communities look after their own children, this is not the case. Here the community sees the 'recipient of care' as their child. This helps to develop a sense of community within the child, and thus promotes the idea of 'responsibility', or the South African sense of Ubuntu – '*I am because you are*'. In such countries, children are only being placed in care once all other kinship options have been exhausted, for educational reasons or other support purposes. These children are not necessarily 'institutionalized' in the way Western countries define it. The definition and understanding of 'institutionalization and institutionalized' children in developed and developing world are markedly different, and can also be confusing. Often one is not sure what exactly is implied. Mid and front level practitioners often

do not understand the meaning of these terms, even though they are using them every day.

A common complaint is that residential child and youth care is not a 'natural setting'. Such settings do not produce good outcomes for children, and many care leavers have reported negative experiences they had while growing up in care. These authors drawn from across the developing world are saying that many of the care leavers they wrote about were doing pretty well after they left care. In Spain, 85 percent of care leavers had positive experiences about their care, while the 15 percent unable to stand on their own feet was because of addiction issues or delinquency. Of course, it is quite clear that some residential care homes continue to treat new entrants poorly, and not provide children with adequate care and support for their development, well-being and preparation. Such inadequacies are commonly associated with funding shortages, lack of training and monitoring, and a failure to implement new child protection laws. De-institutionalization on its own is not enough. Yet to achieve 'de-institutionalization' many developed countries have handed over care responsibilities to the non-profit and private sectors through purchase of service contracting. When business receives higher priority than the needs of children, as when competition between local providers drives costs down in order to ensure 'value for money' in services funded by the State, how do cost vs quality outcome debates shape such processes? Most authors talked about how community-based or community-involved care offers far better outcomes.

Thinking realistically about contemporary world politics and about all the places scarred by warfare and armed conflict as well as all the people uprooted by famine, health pandemics, earthquakes, tsunamis and nuclear reactors meltdowns, it is inconceivable that the need for residential child and youth care centres will diminish. As authors in this volume have shown, early residential child care institutions were commonly linked to religious groups or came about after situations of war. Contemporary concerns with 'greed and war' will no doubt maintain residential child and youth care centres around the world, with increasing numbers of refugees and migrants – young and old – moving to 'places of safety' around the globe. Whilst there is talk in the USA and Europe about the catastrophic impact of refugees and migrants and their reluctance to accept them within their borders, few mention how these people became refugees. Without working towards creating a fairer, just society, de-institutionalization remains little more than a cost-cutting exercise for those seeking to reduce public spending and promote private enterprise.

Residential child and youth care in each country emphasizes its own characteristic systems, policies and practices, some of which are uniquely different. Nonetheless, a few issues emerged repeatedly across all stories in this volume, namely:

(1)   the need to try to engage community and family participation;
(2)   a focus on education and skill development; and
(3)   re-integration of culture and values with child rights and aftercare support.

Community-based care is still dominant across the developing world, especially where religious establishments are key-players, as for example, in Bangladesh, Ghana, Saudi Arabia and Zambia. It has been highlighted that reintegration is much easier if community and families are involved in the care process. However, it is noted that in many cases there is no real need for reintegration in the strict sense because children are looked after in a community based care institution where their routines and rhythms are connected with the community. Goffman's image of 'totalitarian' residential child and youth institutions is not the contemporary narrative shared by these initial storytellers.

Many authors in this volume drew attention to ways in which improvements are still required when preparing young people to leave care and the need for providing better support once they have already left care. Some emphasized formal policies while others reported better outcomes using informal support networks. Regardless of differences, all authors acknowledged that leaving care practices need to be directly helpful and useful to those about to leave care, and at the same time contribute to the wider society.

Due to globalization and technological development, communication among residential child and youth care practitioners and academia has increased exponentially. One positive effect of this is the sharing and understanding of knowledge and values upon which residential child and youth care is based. However, we must be alert to the dangers of these free and easily available solutions. As there is a dearth of research and literature on residential child and youth care in many economically under-resourced Asian, Middle Eastern and African countries, so it is easy to become influenced by the 'theories, ideas and models' developed by the West, which is often set in a very different context and may not necessarily fit with one's own setting.

Reading the Jordanian, Kenyan and Saudi Arabian chapters one notes the influences of a UK residential child and youth care literature, a literature

which for the most part, does not support the values, culture and the practices of those very countries. As Cree argued

> *"for those who are currently working in the 'Southern' countries of the world, there is a realization that theories and models built in the global 'North' cannot and should not be transported 'lock, stock and barrel' to countries in the global 'South', as has undoubtedly happened in the past"* (2013, p.215).

Nonetheless, times have started to change, as findings, knowledge and values are more and more considered and contested. For example, our Bangladeshi, Indian, Ghanaian and Zambian authors have shown that local knowledge and practices incorporating traditional and religious values are crucial for and thus promote better child development outcomes than some Western ideas and practices.

At the end of this book – and with 3 more volumes of chapters still to be published – we write with certain conviction that there is no apparent prospect of any dramatic reduction in the number of residential child and youth care institutions required in the near to medium-term future. We agree with Courtney *et al* that

> *"residential care will survive and that it will be a field in which people will work, in which children will be served, and about which people will be researching a hundred years from now. Even where attempts have been made to eliminate residential provision, as in Australia for specific reasons of history and culture, it is nevertheless notable how remarkably resistant residential care is to such elimination. It reappears in a new guise, weakened perhaps, but not obliterated"* (2009, p. 208).

To conclude, we invite readers to pause and think about the plight of the World's children – those aged between infancy and age 18. In India alone, with a population of 1.2 billion people, 39% or 468 million are children and young people! 468 million children and young people in one South Asian country is more than the total population of the entire English-speaking World of Americans (325 million), Canadians (36 million), British (65 million), Irish (5 million), Australians (25 million) and New Zealanders (5 million) – 461 million in total! Make that comparison another way: those 468 million children and young people in India represent nearly two-thirds the total population of Europe.
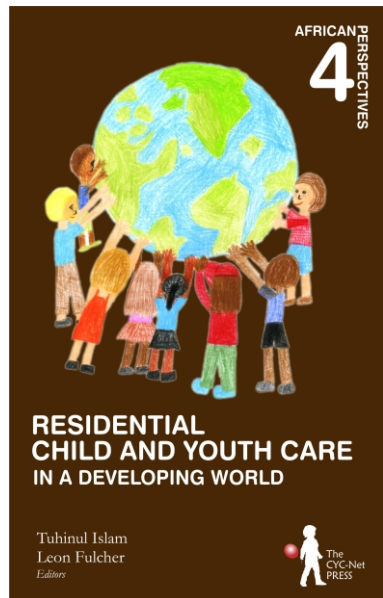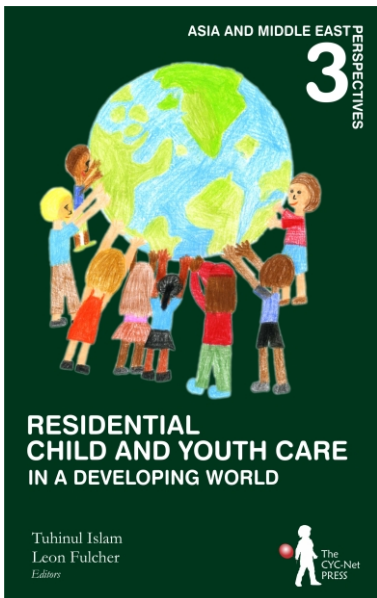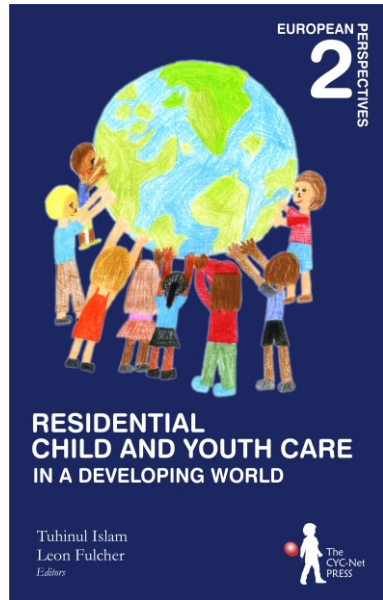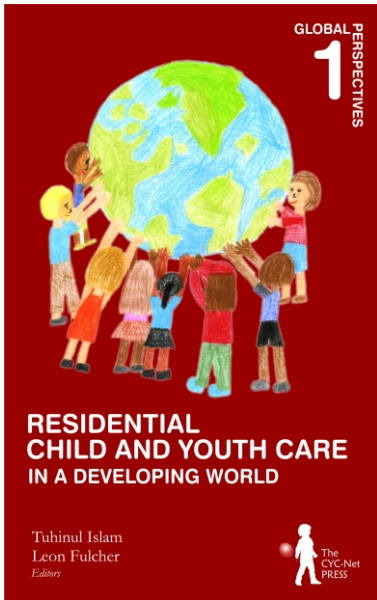
Little wonder that cross-cultural stereotypes persist in the developing world about far-flung encounters with Western Experts? Why is it that some residential child and youth care gets de-institutionalised while other fee-paying, insurance or endowment funded private residential youth care services proliferate? While family-based care remains the 'best option' for children, it will still not be available for every child. Residential child and youth care will continue to play a role in ensuring that some children receive the care and protection they need – even before we look more closely at the World's Refugee Camps.

References

Abdallah, A., Raisuddin, A. N. M. & Hussein, S. (2004). *Pre-primary and primary madrasah education in Bangladesh*. Washington, D.C: Basic Education and Policy Support (BEPS) Activity/USAID.

Courtney, M., Dolev, T. & Gilligan, R. (2009). Looking backward to see forward clearly: A cross-national perspective on residential care. In M. E. Courtney, & D. Iwaniec, (Eds). *Residential care of children: Comparative perspectives* (pp. 191-208). Oxford: Oxford University Press.

Cree, V. E. (2013). *Social Work: A Global Profession*. In Cree, V.E. (ed) Becoming a Social Worker: Global Narratives, London: Routlege.

RESIDENTIAL CHILD AND YOUTH CARE
IN A DEVELOPING WORLD

The Series

GLOBAL PERSPECTIVES

1

RESIDENTIAL
CHILD AND YOUTH CARE
IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher
Editors

The
CYC-Net
PRESS

EUROPEAN PERSPECTIVES

2

RESIDENTIAL
CHILD AND YOUTH CARE
IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher
Editors

The
CYC-Net
PRESS

ASIA AND MIDDLE EAST PERSPECTIVES

3

RESIDENTIAL
CHILD AND YOUTH CARE
IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher
Editors

The
CYC-Net
PRESS

AFRICAN PERSPECTIVES

4

RESIDENTIAL
CHILD AND YOUTH CARE
IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher
Editors

The
CYC-Net
PRESS

http://press.cyc-net.org

TUHINUL ISLAM, PhD
has over 20 years of leadership, operational and strategic management, teaching, research and practice experience in the fields of residential child care, child welfare management, child protection, brothel, sex workers, orphanages, madrasah, gender, education, healthcare and development in Bangladesh, Malaysia and the UK.

LEON FULCHER, PhD
has worked for more than forty years as a social worker in residential child and youth care work and foster care in several parts of the world. Leon has specialised in working across cultures and geographies, team working and caring for caregivers, as well as supervision and promoting learning with adult carers.

This volume will unsettle the beliefs of legal, policy and rights advocates who think residential care has no place in the continuum of services for children and youths. No attempt is made to diminish harms served up to generations of children in the name of residential care, education, and treatment. That history is exposed as part of a Western colonial history involving the servitude of children, highlighting local practices that are nothing short of life-saving.

Emeritus Professor Gale Burford, University of Vermont

This collection offers a cross-cultural exploration of critical aspects in the residential care of children and young people, illustrated by narratives from countries that rarely feature in the Western literature. Probing beyond contemporary discourses, a deeper investigation is offered into what integrative services in diverse contexts might look like. Instead of focusing on whether or not residential care is desirable, it examines the notion of quality care in developing countries and poses questions about how non-Western policy and practice perspectives may offer more fruitful outcomes for young people than have been considered previously.

Dr Rika Swanzen, Associate Professor, Child & Youth Development, Monash South Africa