

EUROPEAN  
PERSPECTIVES  
2



# RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

Tuhinul Islam  
Leon Fulcher  
Editors





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## DEDICATION

**TUHINUL ISLAM** dedicates this book to his late father Jahangir Hossain and his mother Setara Begum for their love and care.

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

\* \* \*

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# Preface

Mark Smith<sup>1</sup>

When Leon and Tuhinul asked me to write the Preface for their previous volume, *Residential Child and Youth Care in a Developing World: Global Perspectives*, I wasn't aware that this was but a preview of what was to come. That first book was, in its own right, impressive in its ambition, bringing together chapters telling of residential child and youth care histories, contexts and practices from 18 countries spread across the six Regions of the FIFA Football Confederation. I have since realized, however, it was merely a taster for what is intended as a truly global compendium of writing about residential child and youth care. Once completed, the books will span some 80 countries about which little is known of residential child and youth care practices. In placing residential child and youth care in this global context, this enterprise lays bare the narrowness of dominant, largely Western discourses of care.

Sticking with the format of using the FIFA regions as the organizing framework for this series, Volume 2 covers the UEFA (European) countries. While most of these are, by and large, economically developed, they nevertheless reveal a rich diversity of historical and cultural approaches to care, encompassing Catholic Mediterranean countries, such as Italy and Malta, conservative familial cultures such as Germany and Switzerland, social democratic traditions as in the Scandinavian countries, (neo) liberal regimes such as England, Ireland (and, to a slightly lesser extent, Scotland) and the countries of the former Soviet bloc. The chapter entries on each of these are written by national experts, working to some common themes. In all the chapters, what the editors identify as the interplay between geo-political histories, cultures and social values become apparent and how these influence care practices. Against this backdrop of diversity, just about every country – some more than others – because of geographical location, is having to care for the waves of unaccompanied asylum seekers arriving weekly.

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<sup>1</sup> **Dr Mark Smith** is Professor of Social Work at the University of Dundee. 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.

The Introduction stresses that the book is not intended to be either for or against residential child and youth care. It starts from the premise that no child should be placed unnecessarily in a care home, a position with which few would disagree. If poverty is a reason why children are brought into care (and there is no doubt that it was and still can be), then it would seem perverse not to seek to support a family in whatever way possible to care for their children rather than peremptorily (and often expensively) taking them into care. But there are times when material provision alone isn't enough to support families and children who need to be taken into alternative care. Moreover, contemporary imperatives aimed at responding to asylum-seeking children, where the option of supporting their families is not available, further complicates this laudable preference for family support.

As the Introduction proceeds, it struck me that some of the powerful voices in the global human rights movement and NGOs may be responsible for creating and perpetuating a false dichotomy between family or alternative family care and residential care. In fact, these lobbies appear stuck in a time-warp as far as their understandings of residential care are concerned. Some paint a picture of Goffmanesque total institutions that Goffman's work itself cannot sustain. Goffman's portrait is certainly not supported by most of the chapter entries in this volume, each of which provides a sense of thoughtful and progressive approaches to child and youth care, mostly based around small group living arrangements. The more one looks at the sometimes imperious statements of these groups, the more apparent it becomes that they are peddling dogma rather than evidence. As the editors say, it's a case of policy-based evidence rather than evidence-based policy.

I then started to consider how shallow and unhelpful this dichotomous thinking is. Like the editors, I am neither for nor against residential care. I live with a dual-diagnosis as residential child and youth care worker and foster carer. Our current foster child is a young asylum seeker who made his way across Northern Africa, was picked up by Italian coastguards in the Mediterranean Sea and left to make his way northwards through Europe to the Calais refugee camp. He was placed with us in a foster family setting – his two friends from the same region are in a children's home in a neighbouring local authority. I have pondered who has the better deal; there may be an advantage in having a secure family base, in terms of being able to take the next steps in life such as moving on to college or university (assuming, of course, that the family placement provided for this young man's foster care offers such stability and support, which many do not). By comparison, the two boys placed together in a children's home have one another for support. At a very practical and emotional level, these two boys are able to converse in their native language rather than living with the intense pressure of having to



try and speak and think in an alien tongue all the time, with no connection to the home they have left behind. On top of these considerations, if our foster child gets a good deal, which I believe he does, then one of the reasons for that is because my wife and I plied our trades in residential child care for many years and learnt a lot there about how to bring up other people's children. I sometimes wonder where expertise in child care might come from if there were no children's homes or institutions.

While this book asks questions of universal, rights-based agendas plied by Non-Governmental Organisations in respect of care, it similarly questions attempts to develop more explicitly therapeutic models of residential care. Again, I am with the editors. One of my current bugbears is around the dominance of (mostly clinical) psychologists in driving agendas for care. Increasingly, this is taking care in the direction of responding to a notion of trauma, which seems to be assumed rather than defined (and which is largely, a Western-developed world construct). It is also a 'cash cow' for many entrepreneurs in the training community! It is interesting, though, how practitioners also look to 'scientific' or programmatic models of care as though they have lost touch with, or confidence in the power of good everyday relational child and youth care. This is apparent in many chapter entries which sound almost apologetic at times, as though what they are doing isn't quite good enough – and yet much of what is described sounds very good! I am intrigued by the number of people who, when I tell them about our foster child and his experiences, ask '*Is he getting therapy?*' I tell them that he has a secure place where he can feel he belongs and that somebody cares, where he gets three square meals a day, a clean and warm bed, support with his education, weekly games of football and regular cycle runs. The last thing in the world he needs just now is 'therapy'. As an aside, the use of the FIFA Confederation regions as the organizing framework for this book series is, I believe, an inspired one. I have been in contact with many asylum-seeking minors lately, from different countries, and the thing that binds them together more than anything else is a love of football! I have no doubt that football is far more therapeutic than any counseling session.

Attempts to locate child care policy within particular systems or models of care come at things from the wrong direction. Rather than systems or techniques, there is a need to look more closely at practices of care in respect of adults (and indeed other children and young people) engaging with the 'concrete other' child in need of care, rather than the abstracted child of NGO discourse. Some of the care ethics literature becomes helpful in illuminating this distinction. Nel Noddings (1984) differentiates between 'caring for' and 'caring about'. Residential workers and foster carers 'care for' children and young people. They work in face-to-face encounters, engaging in

the dirty and messy aspects of care such as intervening in the moment in disputes about whose turn it is to do the dishes, the use of bad language or issues of personal hygiene. They are faced with negotiating issues of intimacy and inter-personal boundaries. There is an inevitable rawness and unpredictability to ‘caring for’.

‘Caring about’ is more vicarious; it does not require direct caring acts but is rooted in a more general predisposition to see that children are cared for. In this sense, there is a distance between the one ‘caring about’ and the one ‘cared for’, with an attendant absence of the rawness and messiness involved in ‘caring for’. ‘Caring about’ isn’t enough on its own and can get workers off the hook of ‘caring for’. As Noddings argues, ‘caring about’ can involve a certain benign neglect; it is empty if it does not result in caring relations. ‘Caring for’ is enacted through the expression of caring relations in everyday life events. Thus, both residential care workers and foster carers – by the nature of and the intensity of what they do – become experts in everyday life. It is an expertise, however, that is rarely validated in current professional hierarchies that privilege more detached, legalistic or ‘scientific’ versions of care.

We have myriad accounts in this volume of caring for children and of children, in turn, feeling cared for. The fact that each chapter seeks to reflect the voices and experiences of children gives lie to stark statements from the ‘Opening Doors’ campaign to ‘strengthen families and end institutional care’ across Europe. This campaign claims that:

*Over one million children are growing up in care across Europe and hundreds of thousands are confined to institutional care – a type of residential care characterised by depersonalisation, rigid routines, closed doors and a lack of any warmth, love or affection.*

These are lazy, ahistorical and de-contextualised claims that fail to define what is meant by institutional care and how to distinguish it from non-institutional residential care. These claims also assume that all institutional care is characterised by depersonalisation, and a lack of warmth, love or affection. My own early work experiences in a boys’ residential school throughout the 1980s were in what I suspect the authors would describe as an institution. And, while I can look back and think of things that – with the benefit of hindsight – we perhaps wouldn’t do now, I fail to recognise my experiences in the definition above. Nor do most of the boys with whom I worked. A Private Facebook page they set up is replete with entries such as ‘*Memory’s m8.. Home sweet home...;*’, ‘*gd old days – we were all family in there;*’ and ‘*just wish i could go bk in time for 1 more day there – what a laugh.*’

Children whose experiences are reflected in this volume tell similar stories. A girl in the Italian entry recounts ‘lovely memories’. Capturing the importance of the everyday, another former resident remembers trips and new experiences:

*We went to the sea, at Christmas we were all together and we went to the cinema and for a young boy like me this was something out of the ordinary; at that time I did not even know what a cinema was, so sincerely it was a very nice experience.*

Another describes her four years in residential care as ‘the best years of (her) life’. A young man from Bosnia-Herzegovina similarly belies the lack of warmth and affection claimed by ‘Opening Doors’:

*... in the SOS family I got everything I needed – SOS mothers’ love, warmth, care, my room and my bed ... but I missed my home village, my parents, my house, meadows, my father’s stories that for me were the most incredible and interesting fairy tales that you can imagine. It took a lot of time, patience and dedication by our SOS mother to make me regard the SOS family as my family, and the place where I truly belonged.*

Of course, it would have been better had this young man been able to live with his parents. However, his mother died early in his life and his father on his own couldn’t cope with a large family of children, even with support. Relationships between the father and his children were maintained through the SOS home. This young man went on to become a successful actor.

Even in chapter entries from Lithuania, for instance, where some of the more negative aspects of residential care are identified, such as the vying for attention and the ‘fake’ love demonstrated by carers – a minority of children still enjoyed their time in such settings. While things could be better and there is evidence of policy makers and professionals working to make it better, it is not the damaging ‘without exception’ experience claimed by the Opening Doors campaign.

There is a certain irony in these campaigns to close institutional care given that rates of children entering institutional care in Central and Eastern European countries and the former Soviet Union have risen, even though actual numbers of children in the population had decreased because of declining birth rates. For more than three generations, residential care and education for all children of the proletariat was promoted as government policy in these countries. The Opening Doors campaign appears to have given little consideration to such historical influences.

In and of itself, this trend is neither good nor bad. It may reflect the fact that states are better able to intervene in children's lives, that they have reached a saturation point in attempts to support birth families or to find alternative family placements. If the quality of provision and experience in residential care is good and as long as family contact, where possible, is maintained and supported, then it may be the best or only way to respond to need at any given point of time. Yet such responses to need are undertaken against a backdrop of constant negativity. I can't help but wonder if such harping does not itself feed into the stigma that has become associated with residential care. As Webb observes: "in the face of the impracticality of its total abandonment, (organisational responses have) consigned those in what is sometimes now called 'corporate care' to an even more stigmatizing experience" (2010, p 1394). I wonder if we might think about residential care differently if we (and former residents of care homes) were allowed to tell more positive stories of time spent there.

This book and the series within which it sits, brings to the surface some of these stories and in so doing, it posits an alternative vision of residential child and youth care. This alternative vision is neither better nor worse than its alternatives, but co-exists with birth family and alternative family provisions. It really is an incredible enterprise that Tuhinul and Leon have embarked upon (and without the financial or institutional support of Government or mainstream child care agencies). I look forward to the next two volumes in the series!

## References

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

# Introduction

Tuhinul Islam and Leon Fulcher<sup>1</sup>

## Abstract

*Residential child and youth care is examined in places from which practice-based evidence has been rarely shared with the rest of the World. Building on Volume 1 that used the FIFA Football Confederation Regions to step outside contemporary discourses about residential child and youth care, further contributions from 23 UEFA countries are offered in this second volume which follows. A brief rationale for the study and its comparative methodology is offered before highlighting five emergent themes about residential child and youth care in Europe, including: residential child and youth care workers as social pedagogues and educators; Opening Doors and the de-institutionalisation agenda in Europe; legacies of historical abuse as well as residential living and learning opportunities; asylum-seeking minors and the care of war refugee youths; and challenges associated with implementing the UN Guidelines on the Alternative Care of Children (2010) across all EU and non-EU countries of Europe.*

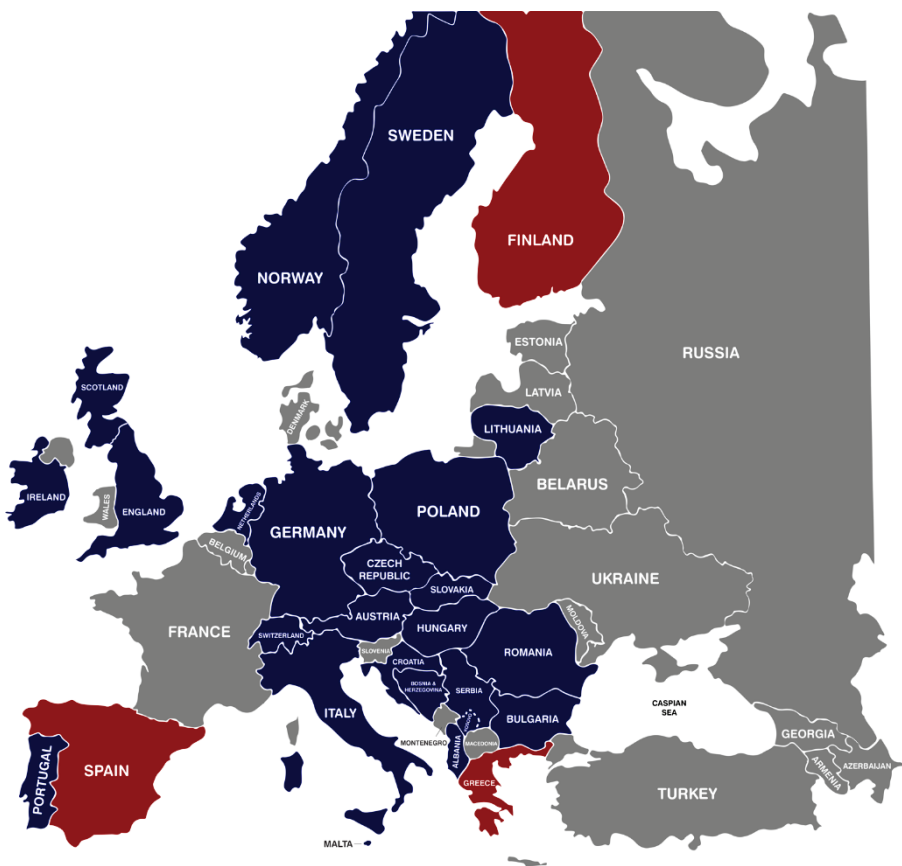
## Introduction

It is a time of transition, and in some cases turmoil, for residential child and youth care across the 23 European countries included in this Volume. As indicated by the 3 European contributors in Volume 1 from Greece, Spain and Finland, Volume 2 contributors have highlighted many of the same changes, challenges and opportunities in their stories about residential child

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<sup>1</sup> **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.

**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.



and youth care systems, policies and practices across Europe. We start from the southern tip of the continent and travel north, then easterly in a counter-clockwise direction around UEFA Europe to include: Malta, Italy, Switzerland, Austria, Hungary, Croatia, Bosnia-Herzegovina, Serbia, Albania, Bulgaria, Romania, Slovakia, Czech Republic, Lithuania, Poland, Germany, Sweden, Norway, Scotland, Ireland, England, Netherlands and Portugal. The three countries highlighted in red were included in Volume 1 (Global Perspectives) while countries highlighted in blue are included in this Volume.

Contributors highlight distinctive cultures, values, dynamics and discourses about the introduction of Western European institutions into Eastern European countries after 5 centuries of Islamic influence that saw family and community kinship care – not institutions – used for the placement of children without parents. The scale of devastation after World Wars I and

It was massive, leaving orphans, displaced peoples and refugees with nowhere to go. Post-war reconstruction efforts, supported to some extent by the US Marshall Plan and NATO, had out of necessity to focus on getting the basics back in operation. Carter (2005) highlighted ways in which the institutional care and education of children and young people was promoted for ideological reasons in Central and Eastern European countries as well as across the former Soviet Union under Communist administrations, leaving behind a legacy of large institutions not easily transformed into family-oriented sites conducive to the provision of community-based services. During this same period throughout Western Europe, the Catholic and Orthodox Churches, as well as Protestant Churches created parallel networks of orphanages and residential schools that cared for children and young people without parental care during post-war reconstruction. Large institutions such as these are located across Europe and have generated well-documented legacies of historical abuse at the same time as helping countless other young people prepare for better futures as educated persons with basic work skills training. Some tend to forget, or overlook the warfare, genocide and numbers of orphans and war refugee children and young people caught up in the chaos as the former Yugoslavia on Europe's Southern Balkan Peninsula broke up as a Communist federation into culturally divided regions – now European countries – still divided around historic religious traditions of Islam, Orthodox Christianity and Catholicism.

Volume 2 – *European Perspectives on Residential Child and Youth Care in a Developing World*, has been written to inform, pose questions and stimulate comparative study around the quality of residential child and youth care provided in 23 countries around Europe. This series has not been generated because the editors are for or against residential child and youth care, or residential boarding school practices. Nor does this volume offer solutions for the complex challenges faced by different European agencies and states around implementation of the UN Guidelines on the Alternative Care of Children (Davidson *et al*, 2016). Our vision is for a future where no child is placed in a care home or residential school unnecessarily, and where care leavers and boarding school graduates are empowered to become effective contributors on the world stage and responsible citizens in the communities they call 'home'. A central question is posed with the placement of every child or young person in a residential child and youth care centre with education: "*Would we send our child to this centre (or pay good money for the opportunity to obtain an elite UK boarding school place for our child at Gordonstoun or Eton)*"?

## ***Residential Child and Youth Care in a Developing World: The Series***

The literature about residential child and youth care has developed extensively during the last two decades, especially in the USA, Canada, the United Kingdom and Europe. The field has seen and heard arguments in support of evidence-based practices and, in particular, the need for ‘outcomes-based studies’ (Ward, 2006). Paradoxically, the ‘dominant focus’ of Western research still assumes that residential child and youth care is provided sparingly, and only for children diagnosed as ‘*mad, bad or sad*’ and whose needs require therapeutic or trauma-informed care. Smith drew attention to this ‘clash of perspectives’ when explaining how “in Eastern Europe there is a greater focus on notions of care and upbringing, while in the USA and the United Kingdom, there is greater focus on treatment (2015). A medical orientation is prominent in American writing, shaped in a policy environment where health insurance requires a medical diagnosis before funding can be released for treatment. ‘Last-resort’ status means that children placed in UK residential child and youth care demonstrate significant social and emotional challenges. All research highlights the influences of culture, context and value-orientations when seeking to achieve best practices and better outcomes.

*European Perspectives* which follows, highlight the interplay between geopolitical histories, cultures and social values when seeking to identify and achieve best practices in child protection and family welfare, along with better outcomes for children in need of care – including young refugees from war zones. These European narratives offer glimpses of how residential child and youth care has featured, and still features in the re-construction processes that have followed on from two World Wars and the more recent Balkan Peninsula war zone in south-eastern Europe. Few Western child and youth care workers could identify the so-called ‘Balkan States’, thus contributions from countries like Bosnia-Herzegovina, Serbia, Albania, Bulgaria and Romania in this volume should prove enlightening.

In an earlier review of how institutional care was used in Central and Eastern European countries as well as the former Soviet Union, Carter (2005) drew attention to eight key findings highlighted by that Eurochild-funded research, concluding that:

1. The rate of children entering institutional care in Central and Eastern European countries and the former Soviet Union had risen, even though actual numbers of children in the population had decreased because of declining birth rates.



2. The number of children in institutional care was significantly higher than the official statistics indicated.
3. Orphanages remained in Central and Eastern European countries and the former Soviet Union.
4. The 15 years of economic reform in the region after collapse of the Soviet Bloc had been disastrous for children and families living in poverty.
5. Children in Central and Eastern European countries and the former Soviet Union were in care for largely social reasons – although poverty was a significant influence.
6. Conditions in Central and Eastern European countries and former Soviet Union institutions were almost always terrible.
7. Institutions in these countries were considered almost always harmful for children’s development.
8. And family-based care is considered better for children than institutional care and is also significantly cheaper for the state (Carter, 2005: pp. 1-2).

The Volume 2 narratives go a long way towards supporting “The Opening Doors for Europe’s Children” campaign, a partnership between 5 international organisations – SOS Children’s Villages International, the International Foster Care Organisation (IFCO), the International Federation of Educative Communities (FICE), Eurochild, along with Hope and Homes for Children – with civil society across 15 European countries. The Opening Doors Campaign promotes de-institutionalisation initiatives and national efforts to develop child protection service-delivery systems that strengthen families and ensure higher quality family- and community-based alternative care services for children (Opening Doors, 2017). The Opening Doors for Europe’s Children campaign seeks to leverage EU policy and funding towards building capacity across the 15 targeted EU countries to change the way child protection practices still rely heavily on institutional care. The Opening Doors Campaign website claims that:

“Over one million children are growing up in care across Europe and hundreds of thousands are confined to institutional care – a type of residential care characterised by depersonalisation, rigid routines, closed doors and a lack of any warmth, love or affection. Most of these children have parents and their separation could have been prevented if the right services were in place to support vulnerable families.

Children are housed in facilities known as institutions or orphanages in numbers running into hundreds in some cases. These large groups of

children are supervised by employed staff, stigmatised, isolated and discouraged from maintaining or reconnecting with their own parents and families. Siblings are separated based on disability, gender and age, further eroding children's sense of identity and belonging to a family and a community (<http://www.openingdoors.eu>).

Building from where the Stockholm Declaration about de-institutionalisation and where Courtney and Iwaniec (2009) and Whittaker *et al*, (2015; 2017) left off after highlighting the importance of therapeutic care in North America, Europe, Israel and Australia, this Volume provides qualitative evidence to support many, but not all the claims promoted by the Opening Doors campaign in Europe (2017). Readers are encouraged to actively review the informative data sheets this campaign provides. These offer nation-specific demographic profiles for children in institutional care conveniently summarized for the 15 European countries participating in the Opening Doors campaign, made available here:

<http://www.openingdoors.eu/where-the-campaign-operates>

Further qualitative details for about half of these countries will be found in this Volume.

Volume 2 continues to build 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 (2009) or Whittaker *et al* (2015), our definition of residential child and youth care purposely includes private boarding schools, madrasah, seminaries and religious schools, educational hostels for rural children, college and university residential colleges and halls of residence, and other religious and military training centres. Some have questioned how a military training school might be included in this list. History has shown how families and youth courts have frequently turned to military training as a diversionary option for teenagers facing court and whom family members and the community considered “at risk”. Whilst the purpose, mission or licensed mandate may change, the organisational dynamics in a residential school or centre remain the same. Residential child and youth care with education is expanding world-wide and these residential centres are not being de-institutionalised.

The Opening Doors campaign has identified three major reasons for placement of children in institutional care in Europe, claiming that “poverty still remains top of the list as the Europe-wide cause for children's separation from their families. Tackling the roots of child poverty should go hand-in-hand with ending institutional care for children” (Better Care Network, 2017). Children with disabilities are the second major reason for placement in

institutional care across most of the participating countries in Europe, a response closely linked to family poverty.

“Children with disabilities are at the highest risk of being institutionalised [throughout Europe] due to the lack of support to families and inclusive education in the local areas. In Belgium, children with disabilities are among the most discriminated categories that enter public care. In Bosnia-Herzegovina, Greece and Serbia, children with disabilities live in the same institutions as adults, and those entering institutions might have to spend their whole lives behind closed doors as there are no opportunities for independent community living. Investment in prevention and support services at local level, including for vulnerable families or children with disabilities lags behind” (<http://www.bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/poverty-remains-a-europe-wide-cause-for-childrens-institutionalisation>).

The influx of unaccompanied war refugee and migrant children into Europe has brought about a third major reason for residential placement with a new generation of institutions and temporary camps to accommodate these children, as well as any family members that are still living.

“Migrant and refugee children do not have access to quality care. In reception, transit and destination countries, the Opening Doors Campaign has found that children are being discriminated against due to their migrant status. Both unaccompanied children and those living with their families in Greece are growing up in refugee camps or in inappropriate facilities with limited access to education or community-based activities. In Bulgaria, children are often placed in detention centres and then into big institutional centres. In Austria, there are 130 institutions for unaccompanied children, often sheltering up to 50 children per centre, a situation similar to that found in Belgium where children are being placed in big reception centres and institutional care settings. Foster care as alternative solutions to institutionalisation is rare for migrant and refugee children” (<http://www.bettercarenetwork.org/library/principles-of-good-care-practices/transforming-institutional-care/poverty-remains-a-europe-wide-cause-for-childrens-institutionalisation>).

We think it is paradoxical how some residential care with education is de-institutionalised across Europe, in keeping with an ideology that informs

the Stockholm Declaration and the Opening Doors campaign, while other forms of residential care with education expand internationally. Therapeutic Residential Care is still a rare form of residential child and youth care but other forms of residential child and youth care with education have proliferated, through public, private and charitable funding arrangements as well as through government-subsidized loans and family health insurance. All around Europe, residential group homes and centres are operating for young refugees from war zones, or they are living in refugee camps with minimal facilities and limited access to education.

Let's be clear about what we mean by Residential Child and Youth Care with Education. These are living and learning environments that operate with 24-hour activity-based life space care and education, 7 days a week for specified periods of time measured by cohort, semester, term, season or year. These places were once located in isolated places but are now more commonly found in local community neighbourhoods. Or these centres may be located within in a loosely-defined and multi-purpose campus community, either within or beside local communities where services like health and dental care might be offered to local families maintaining involvement with their children. Most residential care with education complies with national and EU standards for foster care homes, group home care, boarding schools and hostels or residential care with education. Adopting the United Nations definition of 'Youth' – as applies in many European countries – 'youth status' is retained in most places until aged 25.

Although residential child and youth care institutions have been made popular internationally through the cinema, most notably through Hogwarts in the *Harry Potter* series of books, boarding schools have been largely ignored in the literature on residential care. Interestingly, J.K. Rowling (author of the *Harry Potter* series of books) helps to fund de-institutionalisation initiatives in Europe and elsewhere through her NGO called "Lumos" (<https://wearelumos.org>). We still think it is ironic that with all these initiatives aimed at 'de-institutionalisation' across Europe, it is nevertheless worth being reminded of how boarding schools, educational hostels, college dormitories and residential colleges represent expanding forms of residential care associated with education in most parts of the world<sup>2</sup>, providing residential group living for youths of rural children and young people as well as for the economic and ruling elite in every nation. This sweeping claim is evidenced

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<sup>2</sup> In the USA, an extensive network of residential sorority and fraternity houses can be found operating across all the nation's major university campuses, closely aligned with intercollegiate athletics and sporting activities.

by anyone who ever lived in a university college or hall of residence while studying away from home. Most countries rely on boarding schools for the education and training of its military, and its military elite.

Unlike social work, there is no unified definition of residential child and youth care. Definitions vary from country-to-country, at different times in history, and from culture to culture. Definitions of residential child and youth care are dependent upon socio-religious as well as politico-economic influences, as seen through the different care practices employed with children without parents for 500 years under the Ottoman Empire and then the Habsburg Empire before World War I, or the historic responses to care for orphans and war refugees during post-World War II reconstruction in Communist-administered Europe and in Western Europe. Most agree that social pedagogy or child and youth care work – as with ‘good enough parenting’ – fundamentally involves relationships with children and young people through which social competencies are nurtured, personal learning and achievements are promoted, and that opportunities for a ‘good up-bringing’ oriented towards healthy living and holistic personal development are available for each child – every day.

Social pedagogues, as with residential child and youth care workers, are ideally situated to be among the most influential of healers, helpers and mentors in a young person’s life. It was not so long ago that child and youth care work was considered a sub-profession, identified as *auxiliary social workers* or ‘*salt of the earth people*’<sup>3</sup> (Milligan, 1998). With time and the evolution of practice methods, child and youth care practitioners, along with European social pedagogues, are now recognized as having particular expertise and a unique approach to working with children, young people and their families (Fulcher & Garfat, 2008; Garfat, 2004) – and not as social workers! It is worth noting how the European profession of *social pedagogy* accommodates child and youth care, 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 families and their children and young people.

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<sup>3</sup> In their investigations into why foster care placements succeed or fail, Sinclair *et al* concluded that “foster care is certainly seen as benign. Its carers are commonly seen as ‘the salt of the earth’. However, they are neither acknowledged as responsible parents nor treated as responsible professionals” (2005).

## Residential Child and Youth Care in a UEFA Developing World

We invited practitioners, educators and researchers from all 6 FIFA Football Confederation zones to contribute from an extensive knowledge of their country's residential child and youth care traditions, systems, policies and practices, as well as knowledge about children's needs, rights and upbringing there. We obtained almost 90 responses! Volume 1, *Global Perspectives* – highlighted 18 countries from around the world. This Volume 2 focuses attention on 23 of the 55 UEFA (Union of European Football Associations) countries. We have purposefully excluded 'non-traditional' European countries like Russia, Azerbaijan, Ukraine, Turkey and Israel, along with the smaller and some newer members of UEFA, like the Faroe Islands, Lichtenstein or Moldova. Chapters from Greece, Finland and Spain (recent European Cup Champions) featured in Volume 1. The contributions which follow offer a unique range of perspectives with some contributors having worked with children for many years while others have undertaken research about children and young people in care. The overwhelming response to our invitation yielded a unique range of stories about resilience, triumph and turbulence in the provision of residential care and education for children and young people around Europe.

The public image of residential child and youth care has not been a positive one in recent times, especially in Western countries. Residential child and youth care has been blamed for damaging children's development and compromising their rights (Swales *et al*, 2006: UNICEF, UNAIDS & USAID, 2004) as well as weakening family ties and offering poor educational and health outcomes (Courtney & Iwaniec, 2009). Most importantly, residential child and youth care has been slated for its inadequate preparation of young people leaving care and transitioning towards independent living (Biehal *et al*, 1995: Mendes & Moslehuddin, 2004: Stein, 2012). The Opening Doors Children Campaign claims that:

“The evidence is clear. Institutional care is damaging to children without exception. In order to develop to their potential, children need the love, care and attention of a family. Emotional support is essential for brain development and even the smallest baby will suffer if they do not have this close, loving contact from an early age.”

<http://www.openingdoors.eu/institutional-care-in-europe/damaging-to-children-damaging-to-society>).

A review of the research literature published over the past twenty years, especially in the United Kingdom, Australia, North America and in Western

Europe would challenge this claim that “*the evidence is clear*” when the evidence more accurately shows that certain children and young people are vulnerable, especially very young and children with disabilities. Residential group living is highly indicated for the care and education of war refugees, and young people involved in education and preparing to leave care. The issue is not as black and white as the Opening Doors and Lumos Campaigns would have Europe believe (Fulcher & Ainsworth, 2006). Major advances in the field of residential child and youth care have seen the growing prominence of evidence-based practices and the importance of ‘outcomes-based studies’ (Ward, 2006).

## **De-Institutionalisation and Improving Outcomes for Children in Europe**

Whilst endorsing the Opening Doors Campaign in Europe along with Lumos and others, we do not accept that it will ever be possible – nor prudent – to close all residential child and youth care services, even as they evolve towards more family-oriented living and learning groups in community-based settings. We think that residential child and youth care will continue to operate as a prominent form of service for young people, especially youths in the 15 to 25 year-old range – more commonly associated with education, and therapeutic or correctional re-education. It is all too easy, when thinking about deinstitutionalisation, to dismiss or ignore residential child and youth care with education services administered by any nation’s health and justice systems. It is simplistic to focus narrowly on welfare and educational institutions identifiable in any country. Our view is that residential child and youth care will continue to exist in various forms throughout Europe alongside in-patient health care, 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, as well as correctional facilities for young people below the age of 25. We agree with Anglin and Knorth that “for many young people... good residential care is not a last resort, but rather a preferred and positive choice when their developmental challenges [and social contexts] indicate the need for it” (2004, p. 141).

## **European Perspectives on Residential Child and Youth Care**

Contributors from across Europe have highlighted a variety of ways in which residential child and youth care is in a time of major transition. All trends see movement away from placements in institutional care to alternative care options developed around families, extended families and kinship

networks, foster families or family-living groups. We encourage support for the Opening Doors for Children Campaign in Europe while arguing for a deepening discussion about where the future for child, youth and family care services might lead through the purposeful re-development of residential care in different parts of Europe. And what comes after the Campaign? Campaigns are generally easier to run than implementation programmes. Governments may accept campaign proposals for de-institutionalisation and give a raft of promises to international NGOs or other more powerful institutions. However, the effects of Brexit are already starting to be realised, with a number of European countries, especially those with relatively poorer economies cutting back on child and youth care systems, policies and practices. We argue for an independent evaluation of the impact of de-institutionalisation in European countries before exporting these de-institutionalisation policies to other countries.

Five key themes are identified in what follows. First, de-institutionalisation for young children and children with disabilities has begun to find EU policy recognition and support. Different historic legacies of care were embedded in some countries after five centuries of Islamic Ottoman rule, only to have these replaced by new, institutional legacies modelled on Catholic traditions under the Habsburg Empire rule and then expanded during the Communist era in Eastern Europe. Dismantling or re-fashioning aging residential institutions and boarding schools into community-oriented service-delivery centres is proving a challenge across Europe, as is funding a new spectrum of family-oriented and community-based services.

The historic abuse of children in institutional care remains a constant reminder of the dangers associated with ignoring duty of care liabilities (Fulcher, 2002). That legacy casts a shadow on residential child and youth care everywhere. In some countries deinstitutionalisation policies have been driven by a sense of shame about the gross-mistreatment of ‘First Nation’ or aboriginal children, who had been placed in residential institutions as part of a general social policy based on institutional racism, and the exploitation of a dominant group over the original inhabitants of the land (Ainsworth, 1998). The legacy of historical abuse still does not take away from the many positive stories that are also told by young people across Europe, about growing up in residential care and the important work SOS mothers have contributed to their lives (Ullmann *et al*, 2006).

We call for a multi-dimensional approach to the care, protection, education and rehabilitation of children and young people, including unaccompanied and accompanied asylum-seeking minors (Cameron *et al*, 2015). Readers should note how terms like pedagogue and educator are used interchangeably as European praxis professionals. These are personnel who



would be recognised as child and youth care workers in Canada or South Africa. Social Pedagogues and Social Arbeiters are different professionals with different knowledge and skill sets. Only in the UK and North America does the push for a unified social work knowledge and skill base continue, long after deconstruction of the ‘socially stratified [UK-USA] social work career ladder’. Refuge for asylum-seeking minors and for children and young people classified as war zone refugees represents a far greater contemporary challenge for European countries than even the Opening Doors Campaign partners may care to admit. The European challenge presented by migrant refugee youths was evident in the three European chapters for Greece, Finland and Spain in Volume 1 of this Series. The plight of young war refugees remains a prominent theme for young people reaching countries along the southern boundaries of Europe, and for young people seeking refuge in Northern and Western Europe. We think it is worth posing the question: Why is it that the countries which led the “*Coalition of the Willing*” into more than a decade of war in Iraq and Afghanistan (with consequential destabilisation of Syria and the creation of ISIS) have taken in the smallest number of unaccompanied young asylum seekers and refugees of these war zones of any countries in Europe or North America?

Finally, child welfare services across Europe have struggled with the complexities associated with implementing the UN Guidelines for the Alternative Care of Children (2010) in the 23 countries included here, complexities highlighted by Davidson *et al* (2016). Clearly articulated in multiple languages, the UN Alternative Care Guidelines have been used to drive de-institutionalisation initiatives and influence policy decision-making about the funding and development of community-based alternatives to institutional care. The idea has been to target children in families in need of care and to wrap support services around these families in local communities across Europe. While the social ideals associated with such planning are laudable, the financial implications associated with such moves are extensive, just as the benefits for children and families would be enormous. One is reminded of the story of an American tourist who had flown into Shannon Airport and after hiring a car and getting lost on central Ireland’s scenic rural roads, he finally stopped to ask directions from a farmer who was standing by his tractor. The farmer scratched his chin and after a moment’s thought said, “*Well now, if I was gonna go there, I wouldn’t really start from here.*” The ideology and humanitarian thrust of deinstitutionalisation cannot simply ignore the realities of what is happening on the ground. A lot of detail goes into getting to the place where community services are ready and available in local communities across Europe, as envisaged by the Opening Doors Campaign, Lumos and their campaign allies. Simply closing institutions to bring about community

services was shown, more than forty years ago, to be a disaster in the State of Massachusetts, USA (Scull, 1977). Children and young people in care became expendable in the cause of saving them from institutional abuses. In Australia, Braveheart's founder, Hetty Johnston, calls for re-introducing institutional care for children following the death of Logan schoolgirl, Tiahleigh Palmer, in foster care. She said it was "about time" the issue of placing foster children in government-run "children's homes" was revisited. She continued, "those institutions (for children in the past) were horrible and they never worked, but it wasn't the institutions' fault, it was the people who ran them. Demonising what was (in the past) is fine because it was horrible. There's no saying it any other way. But the concept of children's homes is a valid one and a necessary one." (Maizey, 2016).

Davidson *et al* (2016) provided a detailed analysis of complexities associated with implementing the UN Guidelines for the Alternative Care of Children across Europe. These researchers concluded that "the transitional costs of this shift towards increasingly preventative community-based services, and the potential resistance of those leaders in this reform who inherently hold a conflict of interest, play powerful influencing roles" in reform efforts in any given country (2016, p. 13). The Opening Doors Campaign for Europe's Children would be well advised to address these complexities openly, including challenges associated with both capital costs associated with maintaining aging institutions as well as operating costs in transitioning into and implementing Alternative Care strategies. The Opening Doors Campaign gives little contextual reference to the Eurozone crisis in Greece, nor the macro economic status of Italy, Spain and Portugal. The impact which Brexit might have on both sides of the English Channel is likely to be substantial.

We watch with interest to see the extent to which priority spending will be committed in the foreseeable future by European countries to the needs of vulnerable, disabled and refugee children, both inside and outside the EU. We can only remain hopeful that the UN Alternative Care Guidelines will be fully implemented in this decade, and if not, hopefully the next. These issues are particularly important for young children throughout Europe, and also for children with disabilities who would be expected to thrive far more favourably in non-institutional environments with relational care offered in small family living groups. Caution is required, however, to avoid locating small groups of people with disabilities in purpose-built community-based housing that is even more isolated from peers and others than before, living outside an institutional community where they could access multiple services and recreational support opportunities quite easily. Contemporary economic and political challenges facing all European countries – inside and outside the

Eurozone – leave reason for doubt that full implementation of the UN Alternative Care Guidelines will be anything but slow. Davidson *et al* (2016) have clearly articulated important ‘complexities’ that will require attention if the UN Guidelines on the Alternative Care of children are to be implemented successfully across Europe.

## Questions for Small Group Discussion or Guided Reflection

1. How might you explain potential clashes of perspectives about child and family welfare after 500 years of Islamic teachings in Southeastern Europe before and after the Ottoman Empire fell to the mostly Catholic Habsburg Empire in the late 1870s, (less than a decade after the American Civil War)?
2. *Smith has shown how in Europe there is a greater focus on ideas of care and upbringing, while in the USA and the United Kingdom there is greater focus on treatment.* In what ways might the different histories of World War and refugee resettlement in Europe have laid the foundations for the residential child and youth care differences Smith described?
3. *The Opening Doors for Europe’s Children campaign – a partnership between 5 international organisations and civil society across 15 European countries – promotes de-institutionalisation and national efforts to develop child protection systems that strengthen families and ensure high-quality family- and community-based alternative care for children (<http://www.openingdoors.eu>).* How might you explain the Opening Doors Campaign in Europe to a fellow student or work colleague, and why you think this campaign is important?
4. *Institutional care is damaging to children without exception. Children’s physical, cognitive and emotional development is severely damaged and clear evidence exists to demonstrate structural and functional changes in the brains of children who grow up in institutional care.* What arguments might you put forward in support of a more balanced view of residential child and youth care practices that are beneficial to children, young people and their families?
5. To what extent do you think European countries are faced with challenges with refugee and migrant youths that are qualitatively different from challenges facing America on its Southern Border with Mexico?

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# *Conclusion: Viewing the World through Cross-National Lenses*

Tuhinul Islam and Leon Fulcher

**T**he stories and histories presented in this Volume share common themes with many of the themes highlighted in the eighteen chapters published in Volume 1 – *Global Perspectives* – especially the chapters from Greece, Spain and Finland. Along with similarities, important differences are also highlighted in the twenty-three chapters presented here, drawn from all around Europe, including countries from the original European Economic Community as well as more recent arrivals within the European Union. Authors have identified reasons for placing children in care and the support young people receive while living in care as well as after they leave care. Institutional systems, policies and practices are highlighted, including glimpses into policies and practices that support young asylum seekers and war refugees. The impact of public funding cuts in support of child protection and other forms of residential child and youth care have been harsh across Western Europe, but nothing close to the severe economic straits in which Eastern European countries found themselves for nearly two decades following the collapse of the Soviet Bloc. UK Brexit leaders, as with the new America-First politicians, seem to have little idea of how re-alignment of the former West Germany and the German Democratic Republic of East Germany impacted the national economy and welfare of the people of Germany. Americans have not experienced post-war reconstruction since their Civil War in 1860-65. And very few in the English-speaking world now think about the Balkan Peninsula, unless vacationing on Croatian beaches. Rarely is thought given to the acts of genocide and war-induced chaos that followed the break-up of the former Communist State of Yugoslavia into nation states defined socio-culturally as Communist, Russian and Greek Orthodox, Roman Catholic, Muslim and others. Few purveyors of assertive de-institutionalisation pause to consider the economic challenges associated with implementing UN alternative care guidelines, especially in recent war zones where national economies still barely function.

Language itself remains a big challenge for UEFA countries – and for our contributors. The EU has 24 official languages, of which three – English, French and German – have the status of “procedural” languages of the European Commission whereas in the European Parliament, all official languages are accepted as “working” languages. The word “institutionalisation,” for example, is an interesting case in point since it has two meanings as used in this volume (and elsewhere). On the one hand, it means being placed in an institution while, on the other hand, institutionalisation is what happens to a person who has been living in an institution for many years. Placement in a residential group home or emergency shelter is our preferred English in such instances, rather than institutionalisation in a home. The tendency to accept this dual interpretation for an important English word like institutionalisation without clarifying which meaning is being used is, we think, central to the deinstitutionalisation debate across Europe.

Stories from this volume suggest that family remains the most important provider for children’s care, and are those most concerned about particular children’s well-being, education and preparation for adult life. In many countries, kinship and extended family-based care remains the preferred option for those in need of care and protection, as was the case during the Ottoman period for 500 years, up through the end of the 19<sup>th</sup> Century. However, for a variety of reasons, including Communist ideology that instructed parents or guardians to send their children to child and youth care institutions, residential education prepared them for life and work in a socialist world. Parents or guardians in other places now also use residential schools, foster care or other specialist care homes to obtain education, health care, safety and security for their children, that which they themselves are unable to provide.

World Wars I and II orphaned millions of children and displaced millions of families. Post-war reconstruction in Central and Eastern Europe was a substantial challenge, further compounded by ideologies that favoured institutional care over family care. Meanwhile, on the Balkan Peninsula where Ottoman influences favoured family and kinship care, war and genocide following breakup of the former Yugoslavia and realignment of Albania has left child and youth services in a seemingly precarious state, even now, some years after warfare de-stabilized the entire region with severe impact on orphaned children and young people, and displaced families who could not care for their children. Industrialisation and urbanisation resulted in many parents being forced to leave their children with relatives in the villages, or enrol them in care institutions, hopeful that this would give their children a better future. Some child care institutions and madrasah provide special

education for children pledging to enter a Christian convent or monastery, preparation for Hassidic priesthood, or as an Islamic Imam, the Buddhist priesthood or true ‘communists’, during different periods of history around Europe.

Socio-economic, religious and geo-political conditions helped to shape and re-shape residential child and youth care policies and practices in individual countries. Prior to the 1970’s residential child and youth care was not seen in a negative way, as it is increasingly the case now. However, Germany, Norway, the Netherlands and Sweden are proud of the support they provide their children and families in need of care with long traditions of social pedagogue education and training a key element. Other European countries also have practice models, with education being emphasized.

Important historical differences exist between the richer Western European countries and those that are poorer and these historic legacies remain evident today. Countries that have valued residential care options have developed these services in a way that is quite different from those who have not valued residential care. Norway, Austria, Sweden, Germany are good examples of this. There is some variability in the quality of care, but in general the last twenty or thirty years have seen real progress, to the point where most commentators would say that these small residential establishments function very effectively with young people and families. Almost all social pedagogues working with children are qualified in these places. Attention is paid to children’s personality and skill development as well as to their physical and social condition, and it is believed that residential child care has fewer hidden scandals (Madge, 1994: p. 138).

Germany, Switzerland, Sweden and Denmark seem to have no fixed parameters of residential care while Spain has shown considerable willingness to learn from other countries’ experiences (del Valle & Bravo, 2016). These countries view helping and supporting children and young people in care as part of their nation’s heritage, culture and religious duty. Others argue that residential child and youth care is not the most favoured option, the UK being a case in point. Four major factors have been highlighted – historic legacies; research findings; finance and social attitudes (Berridge & Cliffe, 1991) – as influential reasons for the need to reduce the number of children in residential care placements.

Just as World Wars I and II, along with the Balkan War had a devastating impact on the lives of women and children, so too does the contemporary War on Terror play havoc across the Middle East and other mainly Muslim countries. This is impacting Europe with increasing numbers of unaccompanied young people, most fleeing war zones, reaching its southern borders and shores, claiming asylum. Though these numbers are relatively low



compared with the numbers entering countries like Turkey and Jordan, young unaccompanied asylum seekers, nevertheless require particular attention. Recently, the EU announced a framework to be adopted by all member countries in relation to dealing with migrant children, whether they be unaccompanied or with families, in order to protect their best interests throughout their journey once in Europe – from arrival to integration (EU, 2017). However, in reality, this framework appears yet to be fully enacted and the conditions for asylum seeking minors are seemingly far worse than one could possibly imagine.

The impact of changing Western norms regarding the use of residential care is most apparent in Romania, Czech Republic and Poland, where membership in the European Union has been influenced by more powerful member countries, as well as certain INGOs who have made EU membership contingent upon reducing the numbers of children in residential care and improving the conditions of children in their children's institutions. However, de-institutionalisation policies are creating numerous challenges, especially in the poorer nations. Some countries have failed to continue their de-institutionalisation due to a lack of financial support, as well as a lack of clarity about the social and strategic vision.

'Foster care' is a new buzz word in several European countries, namely Albania, Slovakia, Bosnia and Herzegovina, Croatia, Czech Republic and Malta. Yet, as in other countries, parents are not interested in sending their children to foster parents due to social, economic and religious reasons. In the recent push for de-institutionalisation, many European countries have had significant problems in coping with the changes, consequently leaving children uncertain about who will care for them and where.

If we look at the historic landscape authors have painted in this volume, it is clear that there are numerous 'social orphans' created by War and ethnic cleansing – e.g. Bosnia and Herzegovina, Slovakia, Poland and Romania. The Bosnia and Herzegovina chapter tells of children seeing their parents killed, coupled with the trauma and insecurity this brought. Children and young people were placed in large institutions because there were so few families capable of absorbing such large numbers of orphans. On the positive side, being in institutional care meant that these children mixed with others who had shared similar experiences and this bonded them together with some sense of security. They could share their pains and tragedy with fellow residents which proved therapeutic in its own way.

A blanket de-institutionalisation policy in EU countries could set off catastrophic unintended consequences because, for some children, residential care is not the 'last resort' – as some INGOs and countries disseminate. Many Western NGOs and campaign groups argue that poverty is the main cause of

children being in care. However, stories from authors of this volume would claim that poverty is only one of the causes, with many citing dysfunctional families and family problems, as well as abuse and disability. The sad reality is that warfare and migration are more generally the reasons why large numbers of children are in care.

*Towards the Right Care for Children* (Chaitkin *et al*, 2017) offers a recent examination of the circumstances of children and families involved in care systems in Asia, Africa and Latin America. It draws together findings from a survey of three continents and provides case studies from Chile, Ecuador, Indonesia, Nepal, Nigeria and Uganda. Key findings from this EU sponsored report include:

- Informal care arrangements are by far the most commonly used placements.
- Residential care is used far more frequently than formal family-based settings.
- National laws, standards and policies in place are not the main challenge; it is the implementation and enforcement of these that are failing.
- There is low cultural acceptance of caring for a stranger's child (i.e. foster care) especially in Africa and Asia.
- Up to 99% of care is commonly provided by the non-State sector (e.g. residential facilities funded by private donors).
- Reform of the care system depends on the State having both the ability and the will to make changes.
- How care is financed and from where, needs to be factored into any plans for reform of national care systems (Chaitkin *et al*, 2017: pp. 23-28).

Although this research was conducted in three different continents, it echoes the voices of many authors in this volume. Across Europe, while commonalities point to certain issues that will need to be addressed, the diverse histories, cultures and socio-political dynamics reinforces the need to understand each country's situation fully before attempting to draw up generic plans for service reform and de-institutionalisation.

In an era of suspicion, negativity and false or sensational journalism, the future development of residential care in Europe is at a crossroads. As Milligan and Stevens (2006) argued, viewing residential care as a 'last resort' not only sends unwelcome messages to children cared for in alternative care systems but it also denies the positive contribution that residential care can make to improve the lives of children and young people in need of alternative

care. Writing about Ireland, where children in Roman Catholic institutions children were historically abused, both physically and sexually, Williams challenges the very negative public image created about institutions run by nuns and the Christian Brothers, claiming

As a practitioner, manager and educator with more than 20 years' experience, I have witnessed the positive outcomes achieved by children in residential care. With increased focus on the positive elements that residential care can provide – adequate resourcing, the refocusing of care work on relationship-building instead of bureaucratic tasks and effective collaboration between policy makers, service managers and practitioners – residential care in Ireland can be viewed as a positive alternative for some young people living away from home.

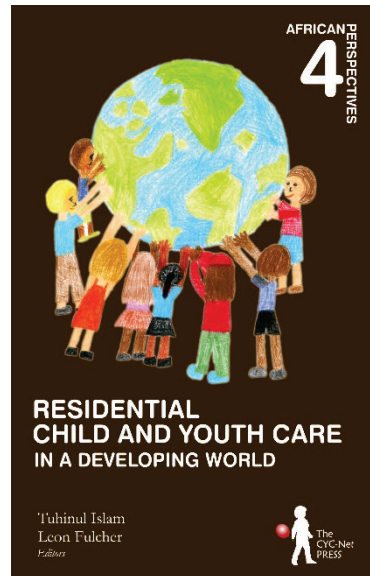
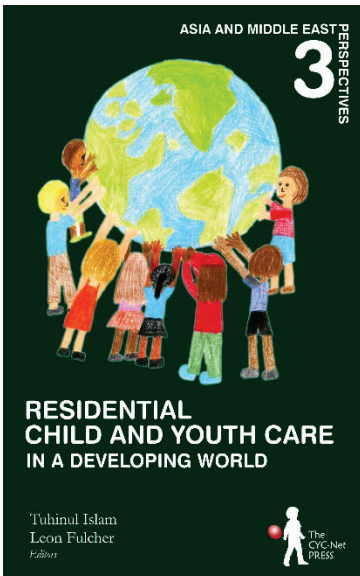
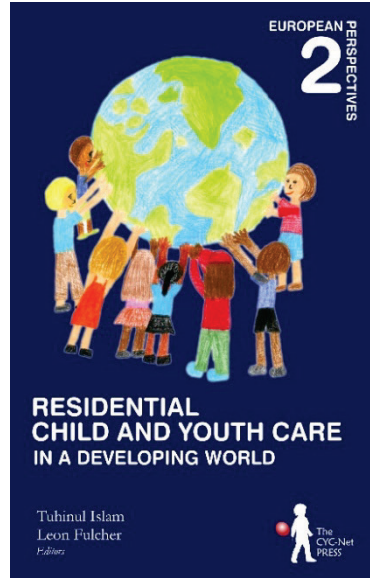
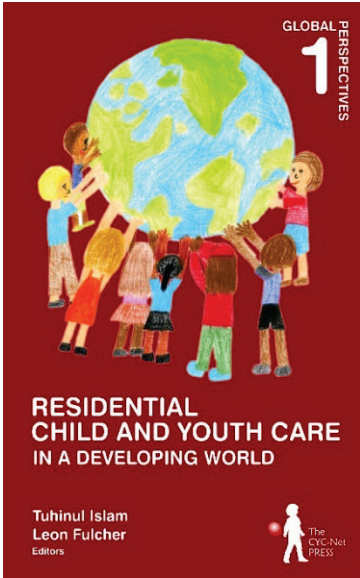
Many of the contributors in this volume shared such a view, that residential child and youth care is not all bad.

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# RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

*The Series*





### 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.

*I congratulate you for this amazing effort to collect “stories” of Residential Child and Youth Care worldwide! In trying to meet the individual needs of children and young people who can't live with their family, a variety of quality services and settings is required. Our 60 years of experience in delivering preventive services to families and providing direct care for children and young people - currently in 134 countries – reinforces messages shared in this Volume: It takes financial resources as well as dedicated and well-trained people to provide quality care for our world's most vulnerable children.*

Elisabeth Ullmann-Gheri  
Care Advisor, SOS Children's Villages International  
Innsbruck, Austria

*This is a most welcome publication that, during the next decade, could help shape residential care for young people across the European Union and beyond. Residential child and youth care continues to form an essential part of child welfare services throughout Europe. All countries in this study care about their children and young people in residential care – the challenge is to care for these young people with personalised, needs-led nurturing.*

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