Key text – Care and Treatment in a planned environment

Key text – learning from our history for today's situations

There is very little we have not considered previously

The following is drawn from a Key Texts written by Robert Shaw for the Therapeutic Care Journal. The Key Texts are classics from the past which helped to shape today's services. They are a "digested read".

NCERCC are making this available as the issue is one of current discussion and a pdf of the source document could not be found.

Advisory Council in Child Care (1970) *Care and treatment in a planned environment: a report on the community home project* London: Her Majesty's Stationery Office 0 11 340214 7

NCERCC decided to bring a brief discussion of the document to the fore then follow with the summary of the document.

Discussion (based on original)

The ideas in this report were the foundation to new responses to deprivation and delinquency. The 78 pages presents a blueprint for a planned, holistic, respectful and accepting environment in which both wider developmental needs and specific difficulties are dealt with sensitively by teams of staff who use of a wide range of interventions from noisy games to quiet reading, domestic activities to outings, schooling to keeping pets and who maintain the children's links with their families and the community.

It needs to be considered alongside *Spare the child* (Wills, 1971), a dramatic account of the difficulties involved in changing entrenched attitudes.

The most striking similarity to today is the emphasis on respecting children and making relationships with them which assure them of a sense of worth. The emphasis on participation has a long tradition in residential child care (waymarker names are included in the text)

There is a stress on parenting in the form outlined by the Winnicott and Britton. There is recognition of the significance of personal space and buildings and of on-site education.

In many ways it goes much further than anything currently available today in seeing residential settings as both embedded in and potential resources for the community, a theme taken up fifteen years later in a very different world by Berridge (1985). Also a theme with potential in the Reset?

The large size is very different to today.

There is a breadth of vision that needs to be mirrored by the Reset.

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Key Ideas

- environmental therapy
- participation in decision-making
- positive reinforcement rather than penalties
- creating a learning environment
- family and community involvement
- planned admissions and discharges
- small group living with respect for children's privacy
- opportunities for children to carry out normal domestic activities including cooking meals
- non-residential assessment

Contents

In the '**Introduction'**, the authors set out the background to the project, the attempts to draw on a wide range of experience to inform the report and the framework of the report.

In **Chapter 1 'Children and their needs'**, the authors argue that most children in care are there because of background factors, social and emotional factors, difficulties inside and outside their homes, disability, mental health, ethnicity and unsuccessful prior placements. Their problems may present in a range of behavioural difficulties but the focus of the project is on those children whose behaviours included anti-social and challenging behaviour.

It was understood that in order to deal with these it was necessary first to meet children's physical and relationship needs in ways that assure them of a sense of worth and offer them the security to learn, to make mistakes, to appreciate the needs and feelings of others, to make decisions, to communicate and to achieve. However, children in care usually have needs beyond these and staff will also need to maintain family relationships and further their education.

The authors argue that all these things do not have to be provided through long term residential care but may be provided through partial- or non-residential care or any combination of all three. Nor do all these needs have to be met in the one setting; some might be met through community resources.

In **Chapter 2 'The living situation'**, the authors argue for what is understood as planned environmental therapy in which positive acceptance underpins relationships, emotional and behavioural responses are recognised as normal and dealt with as such by staff, children are involved in decisions about daily living and positive reinforcement rather than penalties are used to manage behaviour.

Participation and shared decision-making will enable children to learn how to live harmoniously and to develop agreed social controls; even where staff have to make certain decisions, they will be made in consultation with the children. Rather than authority being external, it will come from the group of staff and children of which the child is a member and through which children will share in daily living including all the routines, ceremonies and customs that develop.

The authors envisage that each community will have rules but these must not suppress behaviour so that the symptoms of a child's disturbance cannot be discerned and the child helped to understand the impact of their behaviour on others, a process which may need adapting to the child and the stage in their development.

Children should contribute to the care of the establishment in some way, they should have an amount of pocket money which they are free to spend as they see fit and staff should not seek to prevent them from making mistakes but support them in dealing with the consequences of their mistakes.

Children should be treated as individuals, with personal possessions, privacy in personal care and in relationships and respect from staff. They need support to deal with their relationship, well-being and sexual development, their communication and any spiritual interest they may have. With few exceptions, children's families will be involved in planning for and regular contact with the child, and children will be encouraged to join in community activities and helped to make constructive relationships with members of the local community.

A group focus should inform the management of a home; children should have access to groups and to adults outside their own group.

Of interest and in contrast to today the authors argued that small homes do not have the breadth of staff available to meet children's needs, and that successful group management is a result of good staff communication rather than the quantity of staff.

There should be preparation for admission and for discharge and access to specialist facilities for children with medical or other conditions and everyone who works with a child should be encouraged to contribute to the child's record.

In **Chapter 3 'The staff'**, the authors argue that the staff should create an environment which is shared with the children; they need to be people who enjoy working with children, who can bring their own interests to the job, who can accept the difficulties presented by children with emotional and behavioural difficulties and can call on help when needed but who can see their work as part of a wider

environment in which the child's family plays a part. For this they need sound leadership from a director who is both at the centre of the work of the staff and part of the wider networks of which the home is a part.

The authors envisage homes having administrative staff, part-time staff in a range of roles from specialist subject teachers to clerks, night staff, students, trainees and volunteers. They recommend that staff work an 80 hour fortnight so that every other weekend is free and that child care staff spend at least two days in the home as part of the selection process.

In **Chapter 4 'Staff training'**, the authors argue that the child care worker's role is to mobilise all the resources available to promote the welfare and healing of children which involves assessment, planning and working with the child's family. They suggest that study of the individual child, structures and patterns of society, communities and residential institutions and social work should be complemented by practical experience and that staff should have opportunities for further professional training.

In **Chapter 5 'The buildings'**, the authors argue that homes should be close enough to community facilities to be able to use them, organised in living group areas with the option for children to have single bedrooms or a clear space in a shared bedroom dependent on the child's wishes. The living group areas should include spaces for noisy and for quiet activities along with educational areas which may be used as a school during the day and as spaces for hobbies in the evening. Children should also be able to have pets.

The authors also make recommendations for the rooms to be used by the administrative and other staff, for spaces for visitors, whether family or professional, and for the staff, recommending that the director should not have an office but rather a study in which people can feel relaxed and at ease. They stress the importance of having rooms and facilities in which children can perform domestic tasks such as cooking, washing or ironing and suggest arrangements for basins and toilets which reflect what children might find in an ordinary house.

There should be space for car parking for non-resident staff and for outside activities, whether educational or leisure, for the children.

In **Chapter 6 'Education'**, the authors argue that education should be integral to the life of a home but envisage that there would be educational provision on site. Part time work outside the home should be encouraged as part of preparation for work.

In **Chapter 7 'Assessment'**, the authors look forward to the integration of the previously separate facilities for the assessment of children. They argue that assessment should be undertaken recommendations on support or interventions should not be confined to specific types. The assessment should be based on existing information and a study of the child and their family's history and current circumstances.

In **Chapter 8 ‘The next stages’**, they outline the next steps envisaged for the project.

Further reading

Bazeley E T (1928) *Homer Lane and the Little Commonwealth* Allen & Unwin, London

Berridge D (1985) *Children’s homes* Blackwell, Oxford

Bettelheim B (1974) *A home for the heart* Thames & Hudson, London

Blumenthal G J (1985) *The development of secure units in child care* Gower, Aldershot

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Heywood J S (1978) *Children in care: the development of the service for the deprived child* Routledge & Kegan Paul, London, third edition

Makarenko A (1936) *Road to life: translated by Stephen Garry* Stanley Nott, London Originally published as *Pedagogicheskaia poèma*

Neill A S (1962) *Summerhill: a radical approach to education* Victor Gollancz, London.

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Taylor D and Alpert S W (1973) *Continuity and support: following residential treatment* Child Welfare League of America, New York

Wills, W. D. (1971). *Spare the child: the story of an experimental approved schoo*l Penguin, Harmondsworth

Winnicott D W and Britton C (1957) Residential management as treatment for difficult children. In Winnicott D W (Ed.), *The child and the outside world: studies in developing relationships*, chapter II:6, pages 98-116 Tavistock, London