



FICE International statement on Group Care for Children and Adolescents

Since its creation in 1948 under the auspices of UNESCO, FICE International (currently comprised of representatives from over 30 nations) has been working on developing and improving group care services for children and adolescents in need of out-of-home care. For almost 70 years, FICE has worked towards better fulfillment of the rights of children wherever in the world they may be. In order to fulfill this aim, FICE created initiatives for improving the professionalism of care workers (Grupper,1993; Van den Bergh, Knorth, Verheij & Lane, 2002), set up a Code of Ethics for residential care workers (Lane, 1998), and collaborated with ECOSOC and SOS International to create the *Quality for Children Standards* (2002). These quality standards are designed to support the fulfillment of the 1989 United Nations Convention on the Rights of the Child (UNCRC), especially while children and adolescents are living in out-of-home care facilities. Currently, FICE-International is working with the European initiative 'Moving Forward' geared to implementing the UN Guidelines for Alternative Care published in 2009.

FICE members share a commitment to the basic principle that every child has a basic right and need to grow up in a safe home with a stable continuous relationship with at least one adult who is a trusted, caring and committed parent figure. However, we know that unfortunately many children do not have this opportunity and therefore are in need of alternative care. Therefore, we cannot accept the American Orthopsychiatric Association (AOA) consensus statement that: *"In principle, group care should never be favored over family care. Group care should be used only when it is the least detrimental alternative, when necessary therapeutic mental health services cannot be delivered in a less restrictive setting"*.

FICE members believe that such a generalized and unqualified statement does not take into account the cultural dimensions and the complexities of difficult life-situations of individual children and their families that are at the origin of the need for high quality out-of-home care programs. Looking at the large numbers of "children on the move," minors and adolescents running away from wars, poverty, exploitation and abuse, refugees and unaccompanied minors deprived of any kind of security and care, residential care programs and foster care models are their only havens, and should have to be invented if they did not already exist.

FICE-International is supportive of the UN Guidelines for Alternative Care (2009) and the joint European initiative "Moving Forward" (towards the implementation of the UN Guidelines). The "Moving Forward" handbook (Cantwell, Davidson, Elsley, Milligan and Quinn, 2012) states as one of its objectives: *"seeking to assist all concerned to advance along the road to implementation and describing 'promising' examples of efforts already made to apply them in diverse communities, countries, regions and cultures..."*. FICE is very active in

enhancing innovative changes in out-of-home care programs, especially in relation to two major issues. First, changing the attitude of educators toward parents; collaboration between program staff and the family is now considered essential whenever it is possible. Second, since 2008 FICE has actively promoted the concept of 'after-care' and preparing the young people in care for the transition to independent life (see for example Stein, Ward and Courtney, 2011). These two concepts appear in both the UN Guidelines and in the 'Moving Forward' handbook, and FICE-International is working to close the gap between intentions and reality for both issues.

Recent reports of Eurochild (2010) and researchers such as Del Valle and Bravo (2013) show that the number of children in out-of-home care, which was decreasing after the publication of the UNCRC (1989), is once again increasing. Societies around the world have to recognize and accept that the complexity of children's situations precludes keeping all of them in supported family life or even foster care families. Therefore, FICE-International's on-going policy is to deploy efforts in order to assure the quality of education and care given to children in out-of-home care worldwide. It has to be emphasized that FICE does not see residential care and foster care as two opposite models, but rather as complementary responses to the need for out-of-home care.

We do not intend to debate all ten points mentioned in the AOA Consensus Paper. We choose three main points in order to demonstrate FICE's different point of view on what is in the best interests of children and the ongoing need for quality out-of-home care.

The first point in the AOA consensus statement says that "*healthy attachments with a parent figure are necessary for children of all ages.*" FICE members would certainly agree with this statement. However, we reject the implication by AOA that "*shift care, whether the shifts last hours or days, interferes with accessibility to a parent...*". In a book published by FICE-International (1986) titled: *The social pedagogue in Europe - Living with others as a profession*, we articulated, based upon extensive professional experience, how well-prepared and devoted care givers who live together with the children and adolescents under their care, with proper professional knowledge, commitment to a suitable Ethical Code and a set of quality care standards *can* create effective attachments processes.

A second point in the AOA statement says: "*Especially during adolescence, it is critical to balance children's need for parental control and regulation with their developing needs for autonomy.*" This is also a principle with which we agree, as it reinforces the UNCRC basic principle of participation. However, we must challenge the implications related to out-of-home care in the concluding sentence of the following AOA statement: "*...this interaction depends on the parent's knowing the child and having the corresponding flexibility to adjust rules to meet the child's unique needs. In this way, the child experiences the natural consequences of good and bad decisions. In addition, this system allows the child to gradually assume ever more control of his or her life with a safety net for errors in decision making. An institutional setting with fixed rules and procedures that are not adapted to the individual is not conducive to the healthy development of autonomy.*" Quality residential programs are adept at flexibly and creatively adapting to the needs of each and every individual young person in accordance with their developing capacities and needs. Professional out-of-home care programs working in accordance with FICE policies are far from the 'Goffman type' asylums (Goffman, 1961). Well-functioning out-of-home care programs, implement youth self-governance, participation and empowerment processes. The development of youth autonomy is a key program objective.

The AOA consensus statement also states: *Group care should never be used for young children.* Later in this paragraph, it is stated: *Placement in families is the most urgent intervention for these children and has demonstrated substantial gains in their development including formation of secure attachments.* This is also the policy of UNICEF which urges countries to give high priority for placing young children (under three years of age) in need of alternative care in foster families and not in residential care programs. FICE-International agrees with this objective which is in line with the principle of 'the best interests of the child' (as defined in the UN Convention on the Rights of the Child). However, while foster family or kinship care is preferable for very young children, this does not mean that group care could not be a very appropriate and important setting for working with older children and adolescents.

To conclude, the deinstitutionalization movement that started in the 1960s and which gained momentum in the 1980s has succeeded in creating many important changes and innovations in services for children and adolescents at risk. FICE-International has been a partner in many of these developments and applauds continued efforts in this direction. However, it is important to note that this does not entail abolishing and closing down all forms of out-of-home or group care. Many young people will still need and benefit from these forms of care when implemented with skill and according to quality and ethical standards. We do not believe the research or practice evidence supports the AOA consensus statement's position that these kinds of services for vulnerable children and adolescents should be eliminated.

The FICE-International position acknowledges the need to support young people to remain in families whenever possible while also ensuring the provision of high quality residential programs when these are in the best interests of young people. We believe children have a right to such alternative care when they are born into or experience dysfunctional family situations. Our mission is to ensure that, young people who are in need of alternative services will receive quality care wherever they live. This was the founding purpose of FICE-International, and it continues to be a cornerstone of our work.

References

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