

RECOMMENDATIONS FOR THE EU COMMISSION CONCERNING EDUCATIONAL STANDARDS FOR PROFESSIONALS WORKING WITH CHILDREN PLACED IN PUBLIC CUSTODY

- Based on the 2008-2010 Leonardo Lifelong Learning Project www.fairstart.net and the free e-learning education program www.fairstart.net/training

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INTRO

For the 1.500.000 European orphans, their chances of becoming learning, working and participating EU citizens as adults depend on the educational level of their public parental substitutes: the professional staffs and organizational leaders of orphanages and foster family managers. The professional care givers – especially those in care for young children - are the key target group for preventing social deroute in orphans. This paper examines the common educational standards required for orphan care, based on a program developed in cooperation between child care professionals in 5 EU member states.

I. THE CULTURAL BACKGROUND OF THE LIFELONG LEARNING CONCEPT

Providing Lifelong Learning opportunities for all citizens is a major objective in EU policies since education it is a key prerequisite for global competition and social stability. Rapid changes in production methods, commerce and lifespan expectations have increased the demand for a highly skilled and flexible workforce.

Society development has also produced the tendency that today the European population amounts to relatively 25 % of the global population, whereas in 2030 the percentage will be a mere 16 %. A fact reflected in the large number of 3rd World migrants and fugitives in Europe. In other words the workforce pyramid has turned upside down: increasing numbers of middle aged and senior citizens and decreasing numbers of childbirths. Thus the problems of education and production are closely linked with a decline in reproduction and fertility.

These circumstances make children and youth the most important resource in society and create the European Commission Lifelong Learning focus: it is important to educate the major part of the scarce new generations as effectively as possible in order to maintain a democratic and prosperous society.

CHALLENGES FOR SUCSESFUL LIFELONG LEARNING: THE LACK OF PARENTING AND PRE-SCHOOL CARE

At the same time large numbers of Europe's children do not perform well in school and education, and even in Denmark (offering free public education all the way through the education system including university), 20 % of youth fail to reach a level of knowledge enabling them to participate in the workforce and thus they end up unemployed and uneducated. Clearly this problem is not economic but due to social circumstances, and resources spent on providing learning opportunities in school may fail if the social preconditions of learning are unaccounted for.

The core of inability for school performance and the production of antisocial behavior and later unemployment is mainly produced by a percentage of families (in Denmark an estimated 3 %) being unable to provide for their young children to a sufficient degree. In general, some families are dysfunctional, but the major part is produced by disrupted family structures due to internal and external migration, alcohol and drug abuse problems and other impacts disabling parents and families. Some urban areas develop into ghetto like structures to the point where public authorities are unable to supervise child care in general.

Almost all orphans have parents who are in fact alive (according to a recent study from SaveTheChildren, 98 % in Eastern and Central Europe) but are unable or unwilling to practice parenting, and parents either abandon or deprive their children on a major scale, particularly if they are born prematurely or with physical handicaps or deficits. These children can be described as "functional orphans", a high risk group for general life failure if governments do not replace the parenting function early in life.

According to vast research over decades in child physiology and –psychology, the most devastating and chronic lifespan consequences of lack of care – being also the most efficient intervention period - concerns pregnant mothers, birth and age 0 – 3 years.

FUNCTIONAL ORPHANS – AN INCREASE IN SPITE OF DECREASING BIRTH RATES

Due to a lack of research and rapid changes in society, the number of orphans in Europe is difficult to pinpoint - a conservative estimate may be 1.500.000 orphans aged 0 – 17. An estimate from a cross-European organization (Eurochild report 2010) counts 1.000.000 or 1 % of all children placed in residential care.

Statistics are more precise when estimating the number of children three years and younger placed in public care. In Scandinavian countries this amounts to 1 per 10.000, in former Communist countries up to 50 per 10.000, amounting to somewhere between 46.000 and 90.000 European babies and toddlers. This however is probably only a fraction of orphans – governments tend to minimize the orphan problem, and many orphans outside public care are not registered at all.

Apart from the core of orphan children, an estimated 15 % (depending on country and area) are still with parents, but receive too little attention to their needs or inappropriate parenting and therefore often lose motivation and self-esteem in general - affecting their general life performance and especially the tenacity and parental back-up required for average and good school performance.

WHY DO EUROPEAN CHILDREN BECOME ORPHANS? - Four major sources of abandonment

Four major sources of abandonment, placement and lack of pre- school parenting in Europe (and globally) can be identified to explain the growth in abandonment in spite of still fewer children:

1. The economic and social transition in former Communist countries to market economy

For example in Russia 1999, between 1 and 4 million children were street children, or 3 – 12 % of all Russian children. 50.000 children ran away from home each year due to parental alcohol abuse and neglect. This scenario is common in many former Communist countries, as the gap between rich and poor has widened and industry has been restructured. One result is poverty which is pointed out in many reports as the major reason for abandonment.

2. Sudden waves of internal migration between members of EU

The “extended family” or clan system providing for children is mainly a rural and pre-industrial phenomenon, tending to turn into “single mothers and absent fathers” when families migrate from farming areas into still larger cities. In Denmark the percentage of divorces in couples with children rose from 4 % in 1955 to 40 % at present during the transition from agriculture to an industrialized country. Many former family obligations are now public tasks, including child rearing circumstances.

In Romania alone, an estimated 100.000 children were abandoned when Romania recently entered the EU. More than 20.000 children are counted as street children providing for themselves, often as members of street gangs in order to increase their chances of survival.

Other reasons are - in some countries – armed ethnic conflicts.

3. Sudden waves of external migration in and between EU member countries

Especially in the Mediterranean member countries, large waves of migration from the African continent have increased the number of registered and unregistered immigrants (including single children coming alone). When this author visited the University de Los Baleares in Mallorca, child care authorities described that in fifteen years the percentage of migrants had increased from less than 1 to 20 % of the Balearic population, representing a major problem for all departments of child care and education because of children not only with language and cultural problems but also a large number of deprived children with severe learning and behavior problems. The Turkish partners in the present project report large numbers of children coming from Afghanistan and other countries ridden by conflict and famine.

4. Parental disabilities

Such as: Domestic conflict and violence. Addiction problems (increasing), a lack of social networks and family for young mothers, psychiatric diseases in parents (especially in mothers) such as schizophrenia, manic-depressive states and severe personality disorders, frequently in combination with abuse and/ or children born very prematurely or with physical handicaps. These groups have always been the core of disabled parenting, but a general disruption of social bonds supporting reproduction seems to promote an increase in parental disabilities.

TYPES OF PUBLIC CARE - ORPHANAGE AND FOSTER FAMILY PLACEMENT

The trend in placement strategies – particularly when placing children younger than three - favours foster families (Browne 2006, Johnson 2006) over institutional care. Since Rutter published studies comparing outcomes of institutionalization with adoption into families for Romanian children, this country has moved 90 % of institutionalized children into foster families (NAPCR 2006). These results and others have caused new practices in EU so that institutional care is still less used for children 3 years and younger in favour of foster family placement.

While Rutter's general conclusion – children thrive much better in foster families – is amply documented, two problems remain unresolved: What to do with the large number of children who are and will be in institutions in the future in many countries, and how to educate and manage care quality in foster families that live spread over the country. Romania now struggles to cope with the latter problems. Periods of drug flooding and sudden migration also tend to overwhelm social systems and especially the available number of foster families, forcing authorities to the use of institutional placement in lack of foster families as seen in the US when crack was introduced. Foster and adoptive families also experience major problems in containing children with severe handicaps, brain injury, Reactive Attachment Disorder, Attention Deficit and Hyperactive Disorder and Institutional Autism (severe lack of growth and personality development due to deprivation in outdated organization in large orphanages) (O'Connor 1999, Rutter 1999).

The main objectives and target groups in Lifelong Learning opportunity improvement and preventive intervention are:

- *Pregnant mothers at risk of abandoning children*
- *Families on the verge of abandoning especially babies and toddlers*

(The fact that 4 out of 5 of abovementioned children have live parents calls for intensive work to support parents in keeping their children. However, this is not a general priority in the EU, and it is not a highly prioritized common or individual government political goal. This part of the orphan problem is not addressed in the present project)

- *Providing sufficient care for (especially young) children already placed outside home*

The latter challenge is the goal of the Fair Start project, and the main question is the care giving competences in care givers for functional orphans.

COMPETENCE LEVELS IN PROFESSIONAL CARE FOR FUNCTIONAL ORPHANS

The main target group for improving learning conditions for placed children are professionals caring for functional orphans and their daily leaders, especially the 5 % of orphans who are younger than three.

The competences and education level in leaders and staffs vary extremely from country to country and from region to region, as does the quality of the organizational practical and conceptual framework. In the two extremes there are large, hospital-like orphanages where children's mortality rate can be up to 30 % a year, staffs are uneducated, they have low social status, leaders in some countries run the institution from prison-resembling concepts, and children literally stay in bed until they die. At the other extreme there are

regions where individual care and groups of highly educated professionals ensure the best possible care in public placement.

For all groups however, it is difficult to provide children with continuous contact and specific care givers when placed in institutions because of work hour restrictions and work market regulations. In many places being an orphanage employee is a low status job, causing frequent job changes and low engagement in child work.

It is a major problem to monitor, control and educate foster care families who are often spread over large areas, and finding and paying substitutes for foster parents during education also represents a major problem.

AT WHAT CHILD AGE SPAN DOES CARE GIVE THE BEST RESULTS?

The most important age span for effective intervention for children already placed is from birth to age three. Many funded programs incorporate children from school age and up, but the most important neurological, personal and social foundations for later life depend on pregnancy and birth impacts and care quality during pre-school age. Interventions should target the preschool age span, as does the "Zero to three" (Graham 2003) and a number other intervention programs. The relevance of targeting this age span is well documented in deprivation literature, as are the positive effects on later life and school performance resulting from quality early public care. Early care quality has permanent effects on school age and youth performance.

PARTIAL CONCLUSIONS

The core of children with low school performance and motivation are those who receive aberrant, little or no care from parents during infancy and pre-school life. Almost all children in public placement have live parents.

The major challenge in giving EU children learning opportunities is improving conditions for preschool parenting and professional care - rather than a sole focus on improving school system education.

The most important and critical period for intervention is age 0-3. Professional care givers must receive education in baby, toddler and pre-school life care theory and practice.

Most placements happen - not when the child needs them (the crucial period age -3)- but because the child's behavior disturb other social systems – such as in school, kindergarten or public spaces.

Although research shows that foster family placement must be preferred over institutional settings, it is a fact that many young children are still in institutions. Education must be offered equally to foster families and orphanage institutions.

Providing opportunities for educating staffs and leaders is crucial, but meets a number of obstacles such as expenses for travelling and substitutes for foster families, lack of budgets, low status for jobs in child care and social isolation for child institutions and foster families.

2. RESULTS AND RECOMMENDATIONS FROM THE FAIR START PROJECT

The Fair Start project objective concerns the real life testing of educating caregivers for young children already placed. The project (2008-2010) was directed towards young children regardless of placement type.

The project included Romanian, Spanish, Italian, Turkish and Greek EU partners and local orphanage/ foster family leaders, a Danish project management group, and three organizations qualifying educational standards and facilitating e-learning programs (Die Berater, Austria, Seedlearn.org, Switzerland and Argo, Denmark). The objectives were:

1. Defining "Quality care" in professional settings for functional orphans
2. Design and "real-life" test educational programs for professional care givers and leaders in the project countries
3. Disseminate programs in ways offering easy access to education for care givers and their daily leaders by educating institutional leaders and foster family managers in a 6 day instructor's curriculum. Instructors then conveyed the program to their respective staffs and foster families.
4. On the basis of this: to propose recommendations to the Commission: general strategies and standards for educating professional care givers in Europe.

DEFINITIONS OF QUALITY CARE

Defining "quality in orphan care" was managed by a survey of databases and the creation of a scientist network concerning orphan care studies by the Fair Start content expert N. P. Rygaard. This is described in more detail in the adjacent paper "improving professional care".

(NB. The following principles do not describe the necessary efforts to reunite children and parents before abandonment, since this is most important but outside the project purpose. Only internal quality in professional care work is defined)

SPECIAL FEATURES OF QUALITY CARE IN WORK WITH FUNCTIONAL ORPHANS – DEFINING COMPETENCE IN SOCIAL EDUCATORS

Conclusively, the special needs of orphans demand an organization of daily work and attitudes replacing the parental or family function. Professionals must know and be educated in professional handling of the following dimensions (only the special needs of children in public placement are described here):

- As in a family between parents, the relations between care givers decide the experience of having a secure base for children. One of the most important variables in teaching children social relations competence has demonstrated to be: good social relations and a high degree of engagement between daily leader (or foster family manager) and staff, and between staff/ staff. The quality of social relations so to speak "cascade from top to bottom" in the organization. The Fair Start program defines the improvement of workplace relations in detail. *Providing good manager/staff relations* is a particular problem in foster families where managers and supervisors are often too few and visit the families infrequently or too seldom. The frequency of supervision and dialogue is clearly related to positive child development, and more supervising and educating manpower should be transferred to foster family management.

Professionals should learn how the quality of social relations between staffs - and relations between staff and leader - influences the quality of staff/ leader or foster family manager relations.

This includes that professionals must be educated in how to design "The Learning institution" (as opposed to authoritarian systems where staffs simply obey orders), where staffs and leaders are in dialogue, take decisions together and design local methods for care. Only if children grow up in such a social unit can they learn the basics of self regulation, negotiation and democracy through the professional role models demonstrated by adult interaction.

- Orphan children should in general live in small stable social units. Especially for children younger than three only foster care can offer normal development and compensate for loss of parents. Since this is not the possible in many countries, orphanages/ larger units should be divided into units with 6-8 children resembling "family" groups.

Professionals must learn the importance of early attachment and how to establish conditions offering small social units and long term contact with a few caregivers.

- The basic need of orphans - besides physical care - is care giver emphasis on social relations work and learning how to relate to others in an organized and secure relation.

Professionals must learn how to practice the relational dimensions of secure attachment behavior in care practice.

- Any child should be offered one or a few adults behaving as long term attachment figures and “parental substitutes”. Staffs should not wear uniforms or be otherwise anonymous as in hospital care, but must be easy to identify and recognize individually for children, and personal relations between staff and care givers should be allowed much more than in normal kindergartens where children have parents of their own. In any practical task staff must consider an opportunity for relating with the child and exercise its social competences. Larger institutions should be divided into small social units with particular staff groups are responsible for a particular child group’s wellbeing and development, as in the project and in the SOS Children’s Village concepts.

Professionals should be educated in the harmful effects of the Hospital Model of care and how to create opportunities for family resembling care cultures, where children can learn how to relate to others.

- Any child has the right to be a valued peer group member. Children should not only be placed together in random groups, staff must understand and encourage group formation and peer relations such as friendships and group activities and tasks, as a valuable replacement for being in a family and attaching to siblings.

Professionals should learn how to give children opportunities for promoting long term relations with peers during placement, including the management of conflict resolution and friendships enhancement.

- Young children should be offered *continuity* in care giver contact. In the daytime children should have the same care givers every day and over time during their stay as much as possible. This is particularly important in any setting where care depends on shifts in work plans. The Fair Start program offers designs for negotiating work schedules. The use of random workforce should be reduced to a minimum and staffs expected to stay in the job for several years should be preferred.

Professionals should learn how to plan work schedules and discuss with management and colleagues how to make work plans that makes long term relations between children and staff possible.

- Young children should be offered *physical stimulation and physical contact*, since this is a prerequisite for healthy attachment, experienced safety and particularly for brain development in general. This can be included in natural events such as shifting diapers, giving baby massage, not give a child in bed a bottle, but take it up and talk to it while feeding. Children should be offered an active daily schedule, from babies crawling on the floor with care givers, to many daily activities such as painting, running, skipping, hopping, learning games, etc. for toddlers and older children. The most devastating effects on brain development occurs when children are put in beds or are

otherwise physically de-activated most of the day, particularly babies and toddlers are crippled for life in this kind of aberrant care.

Professionals should learn the importance and methods of daily physical stimulation as part of activities, especially for children younger than three.

- Orphan children have the right to experience from the first day of placement that they are equal members of local society. Relations and activities between (orphanage or) foster family and environment should be offered, especially if the foster child is the only child in the family. In orphanages, mutual activities encouraging contact with local society life and institutions should be encouraged and be part of daily life. This calls for educating staffs in handling prejudice in the institution and in local society about being an orphan, and locals should be offered information meetings and other activities where being an orphan is presented in a positive spirit.

Professionals should learn how to work with children's feelings of loss and rejection, how to heighten their self-esteem and how to break down isolation and local society's prejudice about children with problems and children without parents. Professionals should learn how to meet children with insecure or disorganized attachment due to early neglect, deprivation or abuse.

- Contact with live parents should be encouraged. The child should experience staff or foster parents talking respectfully and openly about relatives and the child's problems with loss and relations, and staff encouraging contact with relatives. This does not mean that dysfunctional parents necessarily should take back the child, but that the child experiences staffs inviting and accepting parents. This is sometimes a problem especially in foster family settings which is the placement form with the least and most problematic contact between biological parents and foster family. It is also the most common complaint from formerly placed adults that these matters were not talked about openly while the person was in placement, traumatizing and preventing the persons from overcoming loss and also creating conflicts of loyalty in the child's understanding of belonging to several family groups.

Professionals should learn the ethics and practices of contact with biological parents.

- Much research is needed to link early care practices and environments to child development outcome, school performance and work life. However, a large study indicates that well educated staff work in institutions practicing quality care for babies and toddlers have a long lasting positive effect on both school work and social competence in puberty. Less behavior and conduct problems were also measured (Vandell 2010).

Professionals should learn to understand how important their work is for child development, and that quality care in fact does have a long term positive impact on child development.

DESIGN AND TEST OF EDUCATIONAL METHODS FOR PARTNER COUNTRIES

Key principles of design were:

1. *Cultural diversity and high adaption to local cultural norms in program use.*

This was obtained by splitting up the program in 10 basic principles (science based) of child care, which are unfolded, discussed, planned and practiced individually by local users according to culture and circumstance. *Users are co-designers* of their own practices based on the practices, and learning is practical and daily experience-based.

2. *A high degree of program relevance, accessibility, versatility, usability.*

For accessibility and versatility an internet e-learning program was designed to be used by the educated instructor and local participants. Also, seven different individualized language versions were completed, since staffs can't be expected to speak and read a second language (English, German, Spanish, Italian, Turkish, Greek). This also promotes the feeling of connectedness and familiarity.

Each session can be used individually to train a specific topic or all sessions can be used consecutively for a more systematic competence development. This ensures relevance.

For usability a handbook for instructor and leader in program conduction and 15 2-3 hour sessions were designed. Each session starts with theory supported by photos and small video clips of demonstrations of good practices. These videos have a major impact on the understanding of the principles and facilitate the implementation of new practices. A session is performed during work hours in the institution or foster family, so that theory demonstrated can be planned in the second part of the sessions, and staff can go out and immediately transfer knowledge to modify daily practices.

Another aspect of versatility is covered by the program addressing institution and foster families equally – in Turkey the concept of foster family is unknown and in Romania the major form of placement.

The very high impact of real life changes from the program is probably due to this design. Many staffs complained from other educations about a large gap between education/theory and a lack of learning how to transform what was learned into practice. As a result they had learned theory but were left without means for implementation.

CONCLUSIONS

Recommendations are therefore that the abovementioned principles should be applied to educational orphan care designs in general.

(Reference documenting the long term positive effects of quality care:

Vandell, D.L., Burchinal, M., Vandergrift, N., Steinberg, L. & NICHD Early Child Care Research Network (2010): Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development. *Child Development*, 81. 737 – 756.)