



**SPECIAL FEATURE:**  
**REFLECTIONS ON COVID-19**

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**PROBLEM POSING DURING  
THE COVID-19 PANDEMIC:  
RETHINKING THE  
USE OF RESIDENTIAL  
CHILDCARE**

**BY JOE GIBB**

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# 'Problem posing' during the COVID19 pandemic: Rethinking the use of residential childcare

**Joe Gibb**

## **Abstract**

Starting a new residential childcare service can be a daunting task at the best of times and, it could be argued, even more daunting during the wake of a global pandemic. Located in North Ayrshire, Compass Child and Family Services is a small charity providing support to children and families. The charity's first children's house, named Taigh Araich (which translated from Gaelic to English means Nurture House), offered a home to its first child during March 2020.

The charity utilises the Social Pedagogy perspective within its philosophy of care and is beginning to connect the perspective to the Scottish context. In this article Joe Gibb, residential service manager at Taigh Araich, provides an overview of some of the learning that has taken place during the past five months. Joe concludes by arguing that social pedagogy and the GIRFEC (Getting It Right For Every Child) national practice model in Scotland, have an excellent fit in which a new residential childcare paradigm could emerge as society begins to make sense of the new normal that awaits its citizens.

## **Keywords**

COVID-19, social pedagogy, GIRFEC, residential childcare paradigm, Scotland

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## Introduction

During January 2020, our new children's house based in Dalry in North Ayrshire, Scotland, achieved its registration with the Care Inspectorate. Having previously worked as a manager in an established children's house for a local authority, setting up a new service from scratch was for me a new and, in some ways, daunting experience. To help me achieve this I relied upon the support of the charity's trustees who had significant experience in setting up services within their countries of origin. Although our charity is an independent entity, our trustees have senior managerial positions with Compass Child and Family Services (Ireland) & KJSH (Germany). Both organisations have successfully used the social pedagogy perspective as a way of helping shape practice when working alongside and supporting children and families.

With the support of our trustees we have embraced the idea of using the social pedagogy perspective. In devising our philosophy of care, I have fused the components of the Scottish GIRFEC National Practice Model<sup>1</sup> with the social pedagogy perspective. I have found that by using the resilience matrix, ecological assessment triangle and the SHANARRI wellbeing indicators<sup>2</sup> that the assessment and observation tools fit neatly with the main components found in social pedagogy (Context, Culture, Head, Heart, Hands, Ethics, Life-Space, Personal, Professional, Private and Rights or CCHELPR) that are at the forefront of helping to shape practice.

In the lead-up to our registration being granted we recruited a core group of carers, provided them with a robust recruitment and induction programme and by the time that our registration was granted we were ready to welcome the first child into our care.

Between the months of January and March 2020 our management team began contacting local authorities with the proviso of offering care and support to

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<sup>1</sup> See: <https://www.gov.scot/policies/girfec/>

<sup>2</sup> See: <https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>

children aged between five and 10 years of age. Our decision to focus on providing a service to a specific age range of children was based on anecdotal information from the field that suggested foster placements were hard to come by and there was an increasing demand for suitable placements for younger children and sibling groups. Despite this information being mooted, uptake in using our service proved to be slow, and referrals came mostly via personal networks I have built up over the years. The referrals from outside my own networks were almost exclusively enquiring about placing older children on an emergency basis. Similarly, other referrals came from England, referrals that could be described as being crisis in nature whereby the child was older with more pronounced behaviours.

## **COVID-19, a crisis and an opportunity**

On 11 March 2020, Scotland awoke to the news that the COVID-19 crisis was now deemed a pandemic. By 17 March 2020, our new service still had no referrals. As a team we were keen to stick to our initial plan of working with younger children. We had specifically recruited carers with experience in looking after younger children or with a desire to do so. As things were beginning to look bleaker, I received a phone call from a colleague from another third sector organisation asking if we had space to accept a child into our care. I was able to say that we did have space and would be keen to speak with the local authority. The colleague passed on my details and within half an hour I was in contact with the child's social worker.

The social worker passed on all paperwork and was keen to place the child in our care. By 5pm on 17 March a plan was agreed that would see the child placed in our care. On 20 March, the child arrived with their social worker and respite foster carers. In their short life, the respite foster placement was the child's third placement move. It was agreed that the child would come and live with us.

It is now five months since the child was placed in our care. Due to the uncertainty surrounding the COVID-19 crisis, it was agreed at board level within our organisation that for the first three months we would not actively seek further admissions to our house. We were keen that the child had a period to

adjust to their new surroundings and to allow time for the child and their carers to build relationships with each other. This provided everyone in the house with a unique opportunity to provide what in all sense and purposes was as close to a family environment as possible.

The house itself is a detached Edwardian Villa, comprising of two sitting rooms, a conservatory that is used as an art room, a kitchen/dining room, four double bedrooms and a small sensory room. All the rooms in the house are decorated using subtle tones that provide a calming effect for those who share the space. A small group of six carers and three relief carers, co-ordinated by myself and our assistant manager, work in teams of two providing round the clock care and support to the child in our care.

Although there were a number of initial challenges, the approach we used with the child has resulted in a number of the behaviours that were prominent in kinship and foster placements virtually disappearing. The child is now sleeping throughout the night, has excellent daily routines, physical outbursts have stopped, and is now attending a specialist educational placement. Although the care the child has been receiving is closely aligned to what could be experienced in a well-resourced foster or kinship placement, I feel what has contributed to our success is the fact that the child has been cared for by a small team of carers who have worked a roster that comprises one 14-hour day and a sleepover and then one or two rest days. A changeover with the next team takes place the next morning at 10 am. This roster provides the child with enough predictability and time to be able to connect with a caring adult and at the same time gives the team of adults enough time away from the house to be able to rest and make sense of the various daily life events they experienced with the child. Our carers tell me that the use of the roster was a crucial component in making the child's stay a success. In addition, the induction and training that each carer received prior to coming into post has been followed up with regular formal supervision, team meetings, consultations with a range of specialists, and top-up training.

The power of residential childcare as an intervention is found during what Trieschman (1969) refers to as the other twenty-three hours, noting that

children often receive an hour of therapy per day. I agree with Trieschman's assertion that 'the magic' takes place in what happens before and afterwards. In our house, daily life events are filled full of creativity and fun. To the untrained eye the approach looks spontaneous, however, our carers engage with the child in such a natural way that you would be mistaken for thinking that the interventions are unplanned, yet the day to day rituals and routines are capitalised upon and mapped within the child's care plan meaning that growth takes place in a planned process.

During the COVID-19 pandemic the skills and experiences of those living within the house have been used to great effect. Whilst more established ways of entertaining young children, such as going to the soft-play or organised group activities that rely on spending money haven't been available, carers have reverted back to more traditional ways of socially educating the young child; for example, the local countryside and beach have been used to great effect. The key components that have led to significant change are time and the power of the relationship. Carers have had less involvement from other professionals and as such autonomy manifested itself naturally. Carers were encouraged to look for strengths within the child's ecology to overcome any weaknesses, and positive risk taking was also encouraged provided the proposed activity could be justified. The sense of empowerment has been evidenced both during informal discussion with carers and more formally during the supervision process. These are areas of learning that we must capitalise upon as we move in the direction of what has been described as our new normal.

## **Banking concept**

As an organisation, and within the wider team, we have been preparing each other and the child in our care for the eventuality that another child will come and live with us at some time soon. We see this as being a crucial component in supporting our child to develop socially and as such it would be our preference that the next child that comes to live with us is matched closely with the child who is currently living with us.

The possibility of such a process happening, however, appears unlikely, since the default position of using residential childcare on an unplanned basis will be more likely. Writing in the mid-20<sup>th</sup> Century Freire (1970), introduces us to the possibility that education is structurally oppressive due to the way in which we are conditioned to bank the information that is given to us. Essentially those in power provide those who are less powerful with information that they use to form opinions about issues that are important to them in their lives.

Although Freire was referring to a particular group of oppressed people living in the Brazilian rainforest, I argue that as a group of multi-agency professionals working in the human services we are conditioned through the teachings that we are exposed to and as a consequence have accepted various pieces of information that have been thrust upon us by those in power to the extent that the information has affected our own professional internal working models about people, professional discourses and wider society. In respect of this it is the people, professionals and wider society are conditioned into thinking that residential childcare is toxic and of no value.

## **Problem posing by rethinking the use of residential childcare: A new paradigm**

This period of our history has on the whole been a challenging one, however, for the child in our care it has been a time characterised by nurture and predictability within a setting that is registered as a residential children's house. But the current structure of the house is a residential house in name only and is not what is normally identified as a residential childcare provision. A new normal, needs to consider residential childcare as a paradigm in its own right, a specialism taking the best elements from a Scottish context and using the social pedagogy perspective to help shape relational practice. The COVID-19 period can act as a catalyst for change. Our profession is worthy of more than the last resort strapline.

Freire highlights the notion of problem posing to encourage reflection and action and as such I have one question for those responsible for commissioning services. This question is prompted by the success that our carers have had

looking after the child in our care. My question is: 'What variables are required before you would you consider using residential childcare services early in preparation for foster/kinship care or a return home?'

I can start by problem posing, however, to elicit change, collective action is required amongst the multi-agency professionals found within the human services. So far, I haven't witnessed any real momentum to change how residential childcare connects with other services. The Care Review commissioned by the Scottish Government recently published its findings, including *The Promise*<sup>3</sup> and I think it will take political will and financial resources to make that 'promise' a reality.

In the meantime, what I can say is that social pedagogy and GIRFEC have an excellent fit in which a new residential childcare paradigm could emerge as society begins to make sense of the new normal that awaits its citizens. As we wait to see what direction COVID-19 takes us, our service in Dalry remains a resource to which local authorities across Scotland can refer children and young people. Preferably any proposals for children to come and live with us would involve a successful matching process and planned introduction to the house, however, to remain sustainable we are open to unplanned placements and this will remain so for as long as local authorities continue to use residential child care as a placement of last resort.

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<sup>3</sup> <https://www.carereview.scot/conclusions/independent-care-review-reports/>

## **About the author**

Joe Gibb works as a Residential Service Manager for Children's Charity Compass Child & Family Services which is based in North Ayrshire. Joe has worked in residential child care for over sixteen years. Joe is a passionate advocate for using residential child care as an intervention rather than a placement of last resort.

Joe has three children and is married to Karen. In his spare time Joe enjoys going to the gym and watching Kilmarnock FC.