SIRCC 2021 Meet the Authors: Frank Ainsworth

Hello, and welcome to SIRCC Online’s Meet the Authors 2021. The theme of this year's online conference is workforce. And we have a special edition of the Scottish Journal of Residential Childcare with this theme released today. We are delighted to be holding a series of conversations with some of the authors who have contributed to this special edition to hear a bit more about their writing, and get to know the people behind the papers. I am joined here today by Dr. Frank Ainsworth, author of ‘A Personal Reflection - In it for the Long Haul’.

Frank, hello.

Hello, thank you, it is a nice introduction.

Can you tell us a bit about yourself, Frank, and you connections to residential Childcare?

When I was when I was at Liverpool University, doing social science. I had a placement in an open prison. And I was very impressed by the potential for rehabilitation. So that's what started my interest in residential work, so to speak. And when I completed that Liverpool University course, I was appointed the warden of a hostel in Manchester, for men who had just been discharged from prison, because men who were discharged from prison often had great difficulty in finding anywhere to live. And I did that for a couple of years. It was most interesting, because it meant to have lots of contact with people who had been convicted of a crime, and also the entire prison service in the UK. And, eventually what that did was, I applied for a job as an assistant governor in the British prison service. And I got posted to two Borstals. One was Feltham just outside London, which at that time was the place that used to take all the young people who were thought to be in need of psychiatric help. Though they had some mental health issues. And whilst I was in the British prison service, I got seconded out to qualify as a psychiatric social worker at the London School of Economics. And after that, I went to Borstal – the original Borstal. Borstal is the name of a village just outside Rochester. And I was in the British prison service, running a Borstal for five years. Then I saw this advert, and it was around the time when there was all controversy, when training for residential work was being moved away from specialized courses into mainstream social work education. And I got appointed to teach residential work at the University of Dundee at the end of my five years in the British prison service. And once I was at Dundee, I had to spread myself across all the different kinds of residential places, not just for children with also for age care, and I built my knowledge about residential care in that way. And then when I was at Dundee, I also had a sabbatical in the US and I went to, I went to the University of Washington in Seattle. And on the staff on the faculty, there were two people who I regard as great people in relation to residential services. One was Henry Maier, who wrote the book and wrote a lot of articles, but wrote the book, ‘Developmental Group Care of Children and Youth’, where he talked about what the function of a residential place for children and young people was. It was the place where in which they could live to learn and learn to live. And I think that's a very good description of what residential places should do and should be like. Unfortunately, many of them aren’t, but that’s what it should be like.

And also there was Jim Whittaker, who, at that point in time, was just finishing off writing a book which was all about residential services for children and in particular, the different theoretical materials that inform practice in those places. And I maintained contact with those people. And also widened my US contacts because they introduced me in turn to other people who are interested in residential services for children and youth. So it was a very important formative experience for me because it got me into a group of people in a group of people worldwide, who were interested in residential services. And I just followed that interest. And as you know, I’ve written quite a lot about it.

So that's how it all started.

Thank you for that. Can you tell us what was your article about?

Well, think it's a reflection of living in Australia. There is a very negative view of residential services. And Australia has one of the lowest rates of use of residential places, anywhere in the world, something like 6% of all the children who are in out-of-home care. And there are 45,000 children out-of-home care, but only 6% of the them are in residential programmes. They're mainly confined in to group homes, small, often four children and there is a push to go even smaller.

And they tend to say that these are therapeutic. And I don't believe that's the case, they are accommodation and low quality care, not therapeutic. But essentially, there's 800 group homes in Australia. And there is nothing, there are no bigger programs. So the opportunity to develop something greater is .. and there's absolutely no training for staff in residential services in Australia. I think part of what I wrote in that article was, as I said, a personal reflection on what I have seen and experienced across a number of years. And in some senses, it was also as I said to you, it's a celebration of what I've been able to do. I thought it was just interesting to share it with people. Because I do think the title – ‘In for the Long Haul’ is what everybody needs to get a hold of, because nothing is going to happen quickly. You're in for the long haul.

The title jumped out at me, Frank, immediately when I read it, I thought how true, how true. In terms of your motivation for writing that article. And the key message you wanted to share, can you tell us anything about them?

I talked about life space. Practitioners, unlike caseworkers, practice in front of colleagues all the time. So you are practicing in a public arena. And I think what that says to you is you have to be very cognizant of the life space. And that's a concept that was developed by Fritz Redl in 1946, or something like that. But Redl was a German refugee and psychotherapist. And he developed the notion of life space, with lots of ways of using life space to help individuals, and young people get back on to a normal life trajectory, and away from some of the destructive behaviors that they got engaged in. And recently, John Huefner and I wrote an article about the milieu. We're reminding people because, really think that whole concept of the milieu and the use of the environment in and of itself as a way of bringing behavior change, has got lost. Nobody talks about it here. I think it's got lost. I don't know what gets talked about in Scotland or in the UK, but I think it has to a considerable extent got lost and it needs to be revived because I think it is an absolutely critical way of conceptualizing what residential places need to be able to do.

One of our most prominent writers around residential childcare, Dr. Laura Steckley, writes about residential milieu. She talks about that. But, talk about yourself Frank, one of the one of the sentences that jumped out, in terms of the life space, from your article, ‘A Personal Reflection’, you write “The focus is on how residential childcare staff practice in a public arena where they are constantly under the gaze of fellow workers, hence life space conceptualization.”

What a powerful sentence to write.

That was the message I wanted to get across. You see, I told you I was an advisor for the Central Training Council. And I was appointed with a brief about residential work. The problem - and it was a point when the specialist courses just like those in Glasgow were being closed and everybody was going to the LTTA CQSWs. And the leadership of the Central Training Council consisted of people who were dyed in the wool case workers. They had an individual model of practice, they didn't have a group model of practice. And what they tried to do, instead of building on the notion of life space and milieu, and all that kind of stuff, which they didn't know, what they did was they tried to take a case work model of practice. And I was trained as a CQSW in the case work model of practice. And I know its limitations, because when you're in residential work you're working with the group, not any single individual. That isn't to say that still can’t work with a single individual. But when you're in a 24/7 program, most of your day is spent working with the group, not with an individual person. And the Central Training Council didn't take that on board, because it was a failure in leadership in my view. Priscilla Young, Phyllida Parsloe, Olive Stevenson and a guy at the LSE who I can’t remember, they were the leadership of that organization, and they did not understand what needed to be done in the transition. What they tried to do was simply imposed on residential programs, a individualized model of care, and it doesn't work.

Frank, thank you so much for these reflections. So, you're based in New South Wales, Australia just now. And your writing reflects significant international knowledge and expertise. Can you tell us how does residential care fit across the world?

It is very varied. You know Leon (Fulcher) has written these four books which is called ‘reflections on’ by people from 71 different countries. What it shows is that people from residential care still remains the dominant form of care.

Foster care, in many places it barely exists, kinship care has always been traditional in some communities. But, in the Northern Hemisphere, in particular, the deinstitutionalization stuff that came out of Stockholm (Declaration on Children in Residential care). The attempt to kind of behave as if somehow this is a model could be used everywhere, that all residential places should close, and everything should be foster care or kinship care. And I reject that completely. Because in New South Wales, for example, at this moment in time, we have 100 young people living in motels and hotels, because they have had a series of failed foster care placements and they now need to go into a residential program. And there are no vacancies.

It’s the de-institutionalization movement, in my view, is a northern hemisphere concept that has very limited utilization elsewhere in the world. And I think Leon would agree with me on that.

And it cannot become just deinstitutionalization and no other programs across the world, it simply cannot happen. It's a time for the de-institutionalization concept to be actively challenged.

Thank you.

Can I just add one other thing? Leon said and I agree with them, that no child should be in residential care that doesn’t need to be in residential care. But, unfortunately that's still happening. It's still happening in the US where the US population in residential programs is about 13-14%. So there are some children ending up in residential care who shouldn’t be. In the US, it's very common for the first time a child is removed from parental care they automatically go into a residential program. I don't think that's necessary.

Some very powerful messages, Frank. We are based in Scotland, the Residential Journal is based in Scotland. Have you any observations about how Scotland fits within the international context.

Not really, I'm not generally up to date on the Scottish scene. Although I did read part of The Promise, which I think is overly ambitious, and unlikely to be successful. It's ideologically based, it’s not fact based. And one of the things that is in it and I read the bit about residential services in particular, and I was shocked, horrified by this statement, “Staff must be recruited on the basis of their values rather than educational levels.”

Why are the two things made to seem to be exclusive? Surely you can be educated and have the right values anyway. And does it meant that if you have the right values, you don't have to be educated? It's a contradictory statement. The other problem with it is, if residential services are ever going to get professional status, then that undermines their profession status. Professional disciplines, invariably in this day and age, start with getting a degree in university. We saw nursing over the last 25 years moved from being hospital based, being university based. And if you now look at all the health professions, all the health disciplines, they're all professionalized and they all start with university education. What's wrong with a good level of education? Why should you if you get a good education, not also have the right values? It seems to me that statement is very, very harmful, it prevents residential work becoming a professional discipline. That will probably be my only comment about The Promise.

Thank you, Frank. You talk about an active research relationship with Boys Town in Omaha. Yeah. And you talk about it in your paper, you've got quite a significant research background and history. Has any of that research you've been involved in, over the years been particularly meaningful or impactful to you?

Boys Town, in Omaha, they have the teaching family model as their program model. That program model has been around for 50 years. It started in Kansas, with the name of a house, I can't remember. Anyway, it's been built very solidly based on Social Learning Theory.

And at Omaha they have an institute for research. Now the teaching family model has been better researched than any other program that I know of.

And lots of the research is measuring outcome. They've got lots of outcome data that shows the effectiveness of that program. It is a big program, it is what startles you. It is the size of the village on the outskirts of Omaha. In fact, when you drive down the freeway, they actually have a freeway sign that say ‘Boys Town’. But it's that big, that prominent. And it has, I think 70 houses all on one campus, but there's a school and their own fire brigade and recreation – everything, it’s huge. Some people would describe it as an institution, but it's broken down into essentially group homes that can take six or eight kids. And they are staffed by people that are called teaching parents. The emphasis is on teaching behaviour. The model is, the kid does something that is unhelpful, you don't criticise them for it. You say to the kid let's think about that and see if we can deal with that in a different way. And so they’ve got a whole series of things about you know, learning to accept criticism without having to get angry or being able to say something to somebody stop doing that without being overly aggressive. It's all about breaking down behaviors into manageable incidents. And they talk about every incident is a teaching moment. You teach, teach, teach, teach, teach. That's why I got working with The Dunlea Centre in Engadine, just south of Sydney. Every member of the leadership team went to Omaha to see it in practice. So they came back with a good image of what they had seen. And then Boys Town from Omaha provided DC (Dunlea Centre) with technical assistance. So they had 2 staff who came over progressively to teach the entire staff of DC about this model and how to use it. An enormous investment as money, but what we are now getting is the programme. It used to be six months, but that was far too long a time because training wasn’t getting embedded, it was just getting lost. In 2016, I started collecting demographic data and 40 variables. Up to that time DC did not have a demographic database. All they had was a guess or anecdotal information. So when I started collecting that data, what I found out was that one of the expectations of the program and it was calling itself a public dissertation program. I don’t think it was. When I looked at that only 30% of the young people in the program paid for the first six months. Many of them were left early and with very little behavior change. Then the other expectation was parents will attend once a fortnight for counselling. I checked out the attendance rate. Only 30% of parents were attending the family counselling, 70% weren’t. It was a Catholic agency run by the Salesians and all they had was the Salesian brothers’ value system. It didn’t know how to implement. It was no good – it was a belief system. That is not to criticise their values. It is a value system, and I quite uphold their values, but they had no way of implementing – they had no tools. They needed tools. And what the teaching family model does is it gives practitioners tools to do the job. It’s also about having stable staff. Now, if there's a need for casual staff, which does happen. Casual staff cannot go into a house in the program, without having done three days exposure to the teaching family model. And that is everybody, all the administrative staff all the workmen who maintain the place, they all have to go through the training - the teaching family model. And that is how it has to be.

And the other thing before that, there were four houses, one of which was for women. They were all doing different things. There was no consistency. So teaching family model means we have now reached a graduation rate of 70% or more. And people are staying for 12 months. And then we’ve been doing a very small follow up study. They're going back with parents, and they're going to school or college or going into the workforce. And that article that John Huefner wrote with Paul Mastronardi gives you some empirical data. And that's the other thing I want to say. I feel about the residential services sector, they've been far too slow in doing studies that are empirically based. Plenty of opinion pieces, but you don’t need opinion pieces, you need evidence of effectiveness. The only evidence is by doing empirical studies and using psychometric measures and I’m very keen on that.

Frank, that's absolutely fascinating. Thinking about your doctoral thesis, you talk and you've touched on this already you emphasize the lifelong importance of family relationships. Oh yes. Our theme of the conference this year is workforce. What are your key messages for the workforce thinking about that lifelong importance of family?

Residential workers and indeed social workers have to stop blaming parents. Lots of the difficulties parents get into is because they don’t have a particularly good understanding of child development, or of parenting. What they often do is use their own experiences as a child as a basis for where they bring up their own children. And that's a very unreliable basis. It is ironic, but it is very unreliable. And so, all too often I hear workers making negative comments about parents. ‘Oh, they're terrible aren’t they? Just look at the mess they have made of this kid..’ That kind of comment is very negative. And I think completely counter-productive. And far too often you hear social workers as well as residential workers saying nasty things about parents. ‘Oh, what a mess’ or ‘She’s a horrible woman’. All this kind of negative, dismissive, over critical. You have to get onside. You don't treat people like that, you get onside with people and you make them feel comfortable with you and what you're saying because, if they are not comfortable with you, they are not going to listen to you. The other thing that's come from Boys Town is something that's called common sense parenting. And that's once every two weeks for two hours in an evening for the parents. 70% of the parents who are digitally enrolled in DC, are now doing that and they're being very positive about it, because it is not about counselling people because counselling implies some kind of psychopathology. The issue is how would you teach people? This is what common sense parenting does, it is entirely skill based. It is two hours, skill based and the parents like it. It gives them some tools and one of the most interesting things was one of the young men in the program at DC, said to one of the staff, that his parents sound just like one of the staff members at DC. And I thought that was good, good thing, because it meant that the parents were altering their parenting style and taking account of what DC was doing and why they were doing it in a particularly way. I thought that was a wonderful comment from a parent. Just sound like a DC staff member.

We’ve talked about the workforce and the theme of SIRCC online this year being the workforce. Do you think the residential childcare workforce has changed over the years that you've been connected with residential childcare?

Well, in terms of Australia, the answer to that is no and I've lived here for 30 years. There is more happening in the US than I think is happening in most other places. Although interestingly, Holland - The Netherlands, The University of Groningen, they've had a long standing interest in residential care. And they've produced some useful things like they produce a climate scale, which allows you to measure the attitude of young people to the atmosphere in the residential program. So they have done some good work.

What I think is pushing it in the US is more than more, of them have got a research arm. And the research people – the director of research is almost certain going to have a PhD. So they have very good research skills and they are using those research skills to demonstrate the effectiveness of the program in which they work. And it will be increasingly difficult for somebody to get the CEO job in one of these large agencies without a PhD. So the educational level is going up dramatically. And if you read the journal: Residential Treatment for Children & Youth, you see some of that work now being published. And that's making a difference to the workforce. I think that's where the bit where.. Well Jim Whittaker started this group, The Therapeutic Residential Care Group that met in the UK. And he's also fronting with a book coming out through Oxford the next year called Revitalizing Residential Services. And that's jointly edited by Jim Whittaker, Lisa Holmes from Oxford, Jorge del Valle from Spain, and Spain's doing some interesting things. Jorge is responsible for that. And Digby James, who's now in Germany, but who wrote that, everybody knows, the famous article, that's what works in group care. And that’s an example – there are two books – the 2015 Therapeutic Resilience of Care and now this Revitalizing Residential Services, both basically coming out of the US.

Thank you, Frank. You have touched on this already, but in terms of empirical research and the relationship with residential childcare, and how important do you think research is moving forward?

Absolutely vital.

Because one of the reasons residential services has got such a bad press is that the foster care people have done lots of research, which they claim shows that foster care produces better outcomes than residential care. And they have been able to do that because the outcome research the residential programs should have been doing, hasn’t been done enough. So, essentially, the first lobby has had free rein. They've been able to claim effectiveness when there's lots of evidence through very large studies out of the US, that suggests that the outcomes for foster care are much less promising than the foster care lobby would like to say. And so residential services absolutely have to do empirically based open research in order to counter some of these false claims that are being made by other service forms. And that includes foster care.

Thank you, Frank. That's very interesting, and lots of food for thought, moving forward. In terms of your article published today, in the Scottish Journal of Residential Childcare, do you have any advice that you would give to viewers or listeners that may be thinking about submitting an article?

I think agencies have got to start thinking in terms of doing open research, and they have to put a lot of money in. It took me and others at DC, six years to get to where we are. Because we found that practitioners are very resistant to collecting data, because always say ‘Oh I have something more important to do’. But there is nothing more important than collecting data. Because it's going to show that what you're doing is effective. So they tend to dismiss the need for collecting data. I am doing, we are calling it, my partner and I, a study of Child Protection files. I read over 100 Child Protection files. And there was no information in those files about parental income. None at all. So they were making judgement, they were decontextualising important elements of the case. They were ignoring a major factor in all child protection cases which is poverty. Astonishing that all the Department of Communities and Justice as it is now, simply ignoring or not collecting what I would regard as absolutely vital information. So, agencies have got to start collecting demographic data, and then you have got to use that demographic data to demonstrate effect. And I think most of the places will probably have to create links with research institutions like yourself or with a university department, because most agencies don't have this kind of background. I was very fortunate, in that the director of DC was willing to allow me to go inside the place, and the door’s been open all the time, and I have had access to every piece of data that there is. Very unusual. That's the kind of thing that actually has to happen. Agencies and small residential places can't work in isolation. They just can’t. All you do if you work in isolation is increase your staff turnover. And staff turnover – I have a slogan. It's got one or two slogans at DC. One of my slogans is, stability is sacred. If you have a program where you've got constant turnover of staff or kids, that's unstable. And there will be no behavioral change, no incentive, you have to have a place has to be settled, and calm and nurturing and warm. And if you've got a constant change of kids and staff, you can’t get that. The other bit about that is that also, in the US, you'll find specialist programs. So for example, you'll find a program that deals with offending. DC predominantly deals with kids who aren’t going to school. Non-school attendees. What we've done is we've narrowed the population group, and once you have a single purpose program, where there's lots of overlap between one person's needs and another person's needs. Not like it used to be where anybody got in. And the place was a dustbin with a load of conflicting needs. You can’t in a small place, or indeed in a big place, you can't meet everybody's needs, because there is such range of diverse needs, but you have to narrow enough to narrow your entry group. And become much more single purpose that gives you stability, and stability is sacred.

Thank you, Frank. It has been an absolute pleasure to chat to you today to hear a bit more about you and your article in the journal but also the many many other books and articles that you've contributed to. All journal articles are free to read or download on the Journal section at the CELCIS website. And there are other recordings available in the series. Thank you.