

The Value Added Task

by Richard Rollinson

Focusing on Residential Child Care

Several weeks ago I realised that this was a very special occasion, not simply because I'd been asked to give the opening and keynote address, and hence my ego had been polished nicely! No, it's something else as well. It must be, because I have been thinking very seriously about this talk and the theme of the entire Conference for over six months. Usually when I agree to speak on a date many months in the future, I put it in my diary and then forget about it until not long before. (I think that I sometimes agree to speak because I half believe that it's so far ahead the day will never arrive!)

But not on this occasion. It's been on my mind and in my mind a great deal. So I thought about why there is this difference, and the answer came quickly. I have devoted my entire adult working life, either directly or indirectly since 1974, to residential child care and treatment, and this is a conference hosted by the Scottish Institute of Residential Child Care and entirely focussed on residential child care.

And here is a group - in the largest part not forced by duty or obligation to be here, but wanting to be here - because we are like-minded, at least in so far as we have a positive regard for such provision. I suspect that we also share an intense curiosity about children and young people who come into residential care and how we can help them live, learn, change, grow and, not infrequently, heal, and not just be hotelled or warehoused.

Not on this occasion does residential child care have to accept a space offered almost as an afterthought in a gathering keen to focus elsewhere, or indeed offered only rather grudgingly after our persistent harrying of local or national government officials to look beyond compliance with minimum standards or, for example, to remember that in England Choice Protects is supposed to be about increasing choice of placement across residential as well as foster care.

So, today and tomorrow residential child care is centre stage and in the spotlight, and right now so am I (so to speak)! Such a responsibility; such an opportunity! Part of me wants to go all "Fidel Castro" on you and, dressed in combat fatigues, declaim from a balcony for 6 or 7 hours as you stand attentive below while I tell you about all the things I've been thinking about for the last six months.

However, fear not. Taking my fantasising largely in rein, I realise that I've got to use as my model Willie Wonka, who greeted Charley and the other Gold Ticket winners by saying, "Welcome, my friends. We must away. There's so little to do and so much time to do it in! No, wait; turn that around." So, with a lot to say and little time in which to say it, where do I begin? Where better than like Mr. Wonka - with the children?!

Children I've Known

I have a friend, Pedro, who is a child psychiatrist in Lisbon and who is a consultant to a day therapeutic primary school for children who have suffered severe neglect and abuse. We were visiting while the children were in lessons. In one class they were having an English lesson. Pedro introduced me and several of the children were able to say, "Hello" and "How are you?" in English.

I was impressed, as my spoken Portuguese is not so good! One of the children, Luis, then asked Pedro (in Portuguese) whether the children in the school where I work have English lessons. Pedro replied, "Yes, they do. In fact all their lessons are in English." Luis looked at me open mouthed and said to Pedro with some degree of awe, "That must be very difficult for them."

A few months later Pedro was visiting one of our Peper Harow centres for primary-aged children. The children had been told we were visiting, so on our arrival several rushed over to say hello. One of them, Leo, said to him, "Speak some Portugal." Pedro said, "You want me to speak some Portuguese?" and Leo said, "Yes". So Pedro did so, prompting Leo to ask, "What did you say?" Pedro replied that he had said hello to the children and was happy to be visiting. He hoped they were enjoying playing in such a lovely garden.

Leo then asked him when did he speak like that. Pedro said that when visiting England he usually spoke English, but when he was in Portugal where he lived he spoke Portuguese all the time. Leo turned to me and asked with amazement, "Richard, how does he understand what he's saying?"

Now I've told you about these children, not simply for entertainment on a weekday morning but as a way of reminding ourselves about a child's view of the world. It is very much their world, very personalised and "personal-sized", not just for young children but also for many of the adolescents we encounter in our residential work, especially at times of difficulty or crisis for them.

Today I cannot explore in depth the profile of the population we most often encounter in residential provision these days, but I trust that you will recognise them if I say many are often deeply troubled and at times troublesome, by virtue of their exposure to the severely unsettling or even traumatising experiences in their lives (abuse, intermittent / confusing care, neglect and / or violence). Hence my reminder that we can encounter a particular "world experience and view" when we come in contact with the world of children in residential care, rarely predictable, always distinctive.

More broadly on the subject of "reminding", I heard someone speak years ago who said, "People need reminding far more often than they need telling". In our adult world where there can be so much change and uncertainty, it's useful to be reminded about some of the important things that we do know, even if we may have forgotten some for a time.

However much change and development our sector of Residential child care still requires, it's time for "remembering" to play a part.

There certainly has been a lot of "dismembering" in residential child care over the past 15 years, not just in its scale, but in its focus and in its integrity. Some of this "dismembering" has come from within – either by terrible betrayals of children through abuse or lack of care or by the refusal sometimes of practitioners/providers to adapt to meet changing circumstances.

Other times the "dismembering" has come from without – through the unthinking retreat from residential provision (as Sir William Utting identified south of the border in 1997), a retreat sometimes accompanied by a disregard bordering on suspicion or scornful denigration, not only of residential care but of those committed to it.

So today I want to help make a good start to this conference – to turn away from various agenda that marginalise residential care. I want to move beyond addressing (yet again) minimum standards and compliance, and I want to mark and celebrate the value(s) of good quality residential child care and all that you add to that value by your interest, your commitment and your efforts.

Moreover, by thinking and talking together over these two days, inside and outside formal sessions, we shall be modelling that "working together" which, while part of the theme / title of the conference, is in fact the very foundation of our activity in residential child care that will ensure value for the children and in our various provisions.

Value of the Task

Perhaps not surprisingly my own thoughts have turned regularly to the phrase "Value Added Task", - or VAT, a familiar acronym across the EU. Of course in that EU context T for Tax makes perfectly clear how value is measured and added – as an additional financial cost, a price on the price.

Well, using the word value might not be entirely cynical, at least not in the way that Oscar Wilde regarded the cynic, whom he saw as one "who knows the price of everything and the value of nothing" (Lady Windermere's Fan). No, as one might expect, for the tax system the use of value can be seen as a "bureaucratic disingenuity", to soften the blow. Still, people know that whatever you call it, a tax is a tax is a tax, and it costs you!

But we're looking at a task, which has and adds value. Well, it might cost more as a result; it probably should in some parts of the sector (and cost should not be ignored entirely, or we risk becoming Wilde's "sentimentalist" – "one who sees an absurd value in everything and doesn't know the market price of a single thing").

However, the Cs we're interested in relate directly to the nature of our activity. They are concern, care (as in caritas, loving care), consistency, co-operation, communication, compassion and a host of other elements

that begin with other letters of the alphabet!

And these are the things that I want to consider with you now. I want to identify things that children value in / from / about residential care. How do I know they value these things? Because they've told me – not necessarily at the time – sometimes weeks, months, years later – most recently 22 years later! Or they've told someone else who has related that communication to me.

And of course it's not always been via words, especially in conceptualised form (as for example a child saying, "You know, I really am glad you caught me trying to kick the handle off this window frame. I've been feeling really upset lately about something." Well, Paul, aged 11, actually did say that to me once, but he thought that since I was new I might buy it!)

However, by a combination of words and actions, at the time or later, I can remind you of some of the things children value that you bring to your task in residential child care. And when I mention something valued, please remember that I have many examples in mind, but time, not my inclination, prevents me from telling you most.

What Children Value

So let's start at a level (of resolution) closest to the child's experience; the child in residential care is in residence. Whatever the particular detail and complexity of a child's circumstances, s/he lives there, wherever "home" might be or s/he wishes it to be. One of the most important things for a child is to have a sense that the grown-ups who provide the care "live" with them. That is, in their work they are living alongside the residents, inhabiting / sharing the space with them rather than simply coming in to fill in some forms and in effect hygienically turn the cheeses over so they don't sweat too much on one side.

Now this doesn't require full 24/7 physical presence. Children in residential care can cope well with absences, so long as they know that people are there based on a programme or timetable that has the children in residence high amongst its organising principles and that, when there, these people are not just physically present and mechanically going through the motions but emotionally available, engaged – in a human and humane way; hence the living, the inhabiting.

Then, available and engaged, they are not just telling children what or what not to do. They are really listening and responding. This makes a huge difference at the time and much later. As the Little Prince exclaimed, "Grown-ups never understand anything for themselves, and it is tiresome to be always and everywhere explaining things to them." Many of our charges will not simply use exasperated words if we are not listening to what they say and how they say it. If we are not available, many become supreme artistes at getting our attention in ways unhelpful to all.

Once that happens, our attention is truly distracted because another thing children tell us they value is "our attention to detail", the right

detail, the detail it takes to create and sustain a way of daily living that allows the child to take it for granted. And we are not alone or faddish in emphasising attention to detail.

William Blake declared in his poem Jerusalem, "He who would do Good to another must do it in Minute Particulars; General Good is the place of the scoundrel, hypocrite and flatterer; for Art and Science - (and we can add here residential child care as a craft that combines both) - cannot exist but in minutely ordered Particulars." Our Minute Particulars are the details borne of learning, for example, how a child likes to be wakened, how to offer a choice that can be taken, not rejected, and how to know not only when a child is beginning to "lose it" but also how helpfully to intervene to divert or calm.

This attention to detail can extend to feelings and emotional expression. There is the possibility / opportunity that, before a powerful feeling overwhelms a child internally and suddenly gets discharged into a powerful behaviour, a grown-up can name an emerging feeling/emotional state. By so doing we give it permission to exist as a feeling that can be thought and talked about and either be held as a feeling or expressed in a less troubling way.

Generally too, when people are alongside children, available and attending to the details of daily living, they are trying, always trying, never giving up. This I believe ranks very high, if not the highest, in any hierarchy of things children in residential care value.

As Karen told Christine six years after she left, "I don't know why you and the grown-ups kept bothering with me or how you survived me being so awful to you." Of course, just because we are trying to care / to help doesn't mean we will always succeed. Being human means that sometimes we fail. Nevertheless the difference to the child could well be that she knows you have at least been trying. It's amazing, too, the chances the children will give us to get it right the next time. And there is of course the opportunity for learning from experiences, not least when things don't work / go wrong – a very key feature of living together.

Then again, even if we don't finally manage to get it right / good enough we at least haven't let the child down completely. This distinction – between failing and letting down – was always very important to Mrs. Dockar- Drysdale at the Mulberry Bush. If we fail with / for a child, we were trying, and in the future we or someone else can try again. However, if we don't even bother to make an effort, for whatever reasons, that is letting the child down and quite likely puncturing any little remaining hope the child might have had that someone someday might make a difference.

Noel was 11 when, after over three years I finally had to bring his placement to an end – for reasons that are a story in themselves. We had spent six months struggling to hold onto him as he himself declared he wanted. At his leaving ceremony (which involves inter alia giving the child a set of photos and a woollen blanket made in a nearby Cotswold village) Noel leaped in after my welcome to everyone to say, "I don't get it. You're kicking me out, but you're still giving me the photos and the

blanket.” (You know, I love it when a child, or adult, does your work for you! I felt like slipping him £20 for saying that.)

I was now able to say more naturally to him and to the other children, “I can see how you feel that I’m kicking you out. It’s not how I’d describe it, but I’ll accept that, as it was my decision that you leave now. In fact you do know just how long and hard we all tried to help you manage well enough so that you could go to a mainstream school next year. That was the only reason for you staying on an extra year. We can’t really say we’ve been successful at it, you or us. However, this is the end of your time at the Mulberry Bush; it’s not the end of your whole life. If you still really want to get to mainstream school you can try again in your next placement. You know what you have to do.

“Also, just because we failed in this goal, you have actually changed and grown a lot in other ways. You can be pleased about that. So, while it’s sad you’re leaving in this way, you still deserve to have your progress recognised. We also want to wish you well for your future.” “Yeah”, he said, “but it’s still funny, doing it this way.” We shall have to wait and see.

Boundaries, Spaces and Limits

This example touches upon some other things the children value, even if they don’t paint signs and go on a demo in support of them, namely boundaries and spaces and honest talking.

Of course, setting boundaries clearly involves setting limits. Again, what makes the difference is the purpose for which boundaries are set. If they are to be but barriers, often very petty, against which children are invited to rail and to cross / break, so that they can be wrong or punished, then this is merely concrete containment. And it may often descend into the chemical cosh, a punitive regime and ultimately ever more numerous locks, until for some it’s high fences topped with razor wire.

In the end, by what we do and how we do it, we can keep children in or we can drive them out over the boundaries (physical, social, emotional, psychological). And we must not think for a moment that boundaries can’t be (mis)used to drive people away, although I don’t think it will ever be more apparent than in a young offenders’ institute I visit outside Lisbon.

Some years ago it was enclosed on only three of its four sides! A very few would just run off. Most others - surprisingly - stayed, except for another few whom some staff would identify as “troublemakers”. Then their lives were made intolerable until they ran off. But they were driven off. I’m pleased to say that for some time now Caxias has been secured on all four sides, and within its boundaries a very positive programme is in place.

Boundaries of the kind I am thinking about, which are clearly set out, do not just define limits (and save children from that terrifying belief / fear that “I can do anything I want because nobody cares” – a terrible vertigo and anchorless limbo where anything / everything is really nothing). As

healthy emotional containment as well as any physical or social demarcation, boundaries create actual spaces – in terms of opportunities for living, doing, choosing.

In residential child care it is the difference between on the one hand children being put in a place / put in their place, where there is an expectation that they are largely seen, not heard, perhaps preferably inert, certainly not making waves and, above all, compliant, and on the other hand creating a space, a place / location where children can feel welcome, there by right and need, not by somebody's sufferance, and where in time / for a time they might even wish to be.

Into such spaces too can grow stability, continuity, an ordinary unthreatening predictability – where workers can introduce routines and patterns of living that can become familiar, make sense and feel safe. This is an aspect of living that has often been missing (and missed) from the predictably unpredictable lives many children had been leading for years. Through those patterns and routines carers begin to exist for the child across time, helping to locate a child's self and experiences in space and time (much as the pre-frontal cortex does in the individual human brain?).

Here too is the opportunity for adults to help the children and themselves by working in agreement and collaboration so that for the residents the staff team is the worker and the worker is the team. Chris Beedell wrote about this many years ago in *Residential Life with Children*, and my good friend, Adrian Ward, emphasises it regularly today.

Of course, individual adults remain important to children, but their absences are not felt so strongly as a vacuum. The team can help a child tolerate gaps in contact because the child can recognise that the other grownups do care and are equally committed to maintaining continuity through familiar routines and patterns. It is this linking of boundaries, space and continuity that is the basis for the comment from some former residents, "You people were always there for me."

Staff

Now I want to look more closely at the care staff themselves, who, perhaps unsurprisingly, not only are at the heart of our task but indeed are the heart.

Residential child care is a focussed human activity. Children are the focus of adults, adults the focus for many children. The adults then keep a focus on the task. I learned a few years ago that in Latin focus means hearth – the warm, life-giving, life-preserving centre of a home, just as the heart is the equally warm, life-giving and life-preserving centre of each human. The staff provide the heart and hearth for the children, and they do so by consciously using themselves, (offering themselves?) as a most valuable resource for the children in their living, learning, changing and growing.

At least that's how it can be. Sadly I do recognise that in many types of

residential centres adults can underestimate just how tremendously valuable a resource they themselves really are / can be, individually, severally and as a whole team. Certainly other resources, human, material and organisational, are necessary too. Without high levels of them, however, there's still a chance to make a difference.

Whereas, without the adults consciously making themselves available to the children (for / in a complex set of relationships), there is little that an otherwise highly resourced setting can provide, apart perhaps from a good hotelling function, which would be insufficient for all but a very few of the children who come our way.

And we know children value adults who give of themselves, their time, their attention in genuinely caring and thoughtful ways, just as they respond to these carers who show that they believe in change, in growth, in healing and in the potential of even very troubled, damaged children to achieve this.

These are people who don't restrain or impede this potential through excessive gloom, judgement, diagnosis or labelling of children (as disordered, for example). Children soon know that these are grown-ups who, while ensuring they and others will be safe enough, are prepared to "allow things to happen", and not always and in every way seeking to control and direct, with the child living entirely according to the dictates of another person or a system.

Mainly these are people who can (and are helped to) tolerate uncertainty and not panic in the face of not knowing what might happen next. They can say that while they know some things, they don't, - just now at least, - know other things. They are prepared, however, to wait and go along with things and see what emerges. Then they will deal with what is, rather than worry continually about "what if." Again, I'm not talking about matters of genuine, immediate serious danger, but about ordinary living which often involves uncertainties and some anxieties. Instead of rushing to impose an absolute and controlling certainty adults keep their minds open and their own anxieties in check. (It's not always easy, but it can be done.)

In this way grown-ups can confer meaning on the ordinary unfolding of day to day living and help residents make sense of what is happening. Whether it is happy or sad, it can be talked and thought about. This is the prelude perhaps to being able to make sense of what has happened to them earlier in life and what might happen in the future that could be different from an inevitable re-enactment of a confused, chaotic past.

As the author, Barbara Kingsolver, wrote, "To live is to be marked, but to live is also to change, to acquire the words of a story." (The Poisonwood Bible, p.458). And workers become the custodians for many years of at least parts of a child's story, preserving the memories.

One last thing about the worker who uses him / herself : children value grown-ups who know their own limits, who can realise when they need help and even when they are wrong and who can acknowledge this to children and colleagues honestly (and as part of their own learning and

change). For the children the world isn't divided into unassailable adults and impotent children.

Involvement

I trust it is clear that what I'm talking about as value / valued is involving children and being involved as adults, real participation through living and learning, not just service delivery. The problem for many a child "looked after" is that there can be far too little or no emotional involvement. Instead, too often there is just looking (although there can even be very little of that, given adult and institutional preoccupations elsewhere) with little active looking after.

All residential child care must have emotional involvement. The only thing that may differ is the degree of such involvement. I wouldn't presume to suggest that it must always be the deepest, near-total preoccupation level needed by some of the most damaged children. I am, however, cautious about the English notion of the corporate parent of the state serving as our model for looking after children living outside the family. I'm not at all sure that it helps them experience the kind of involvement I have in mind, one that is more of an of-volement that signifies a secure belonging.

You see, I have something in my mind that I want to share with you. As a child I attended a Catholic primary school in New York, and from day one we had a catechism. On pages 1 and 2 it dealt with the big issues, "Who is God?", "Why did God make us?" etc.. On page 3 there was a drawing: a young boy and girl were stood right on the edge of a very high precipice, the bottom of which could not be seen. But they were smiling and clearly completely safe because between them was a beautiful, glorious angel with an arm and wing wrapped around each.

Many years later I was in a small village school outside Leningrad in the then Soviet Union. There was a book, a citizenship book, and there, to my amazement, were the same two children. They were at the edge of the same precipice, facing the same big drop and again smiling and safe because this time there between them, an arm firmly around each, was Lenin.

I've mused about these two children lately. What if they were "looked after" in the United Kingdom today by the corporate parent of the state? Let's imagine that. There would be the same precipice, the drop just as deep, the two children once more perched on the very edge. And the corporate parent?

Well, not entirely as a fantasy, I see a person of indeterminate sex, but more importantly with no arms - and, thanks to the wonders of digital technology, the entire image has been altered so that the three together have been angled forward, just about to plunge headlong. And this time we can see the bottom, way below, a boulder-strewn terrain.

But wait! There's an ambulance; uh-oh, it has only three wheels. Oh, all right; here comes the Government-contracted Jarvis maintenance team. No, wait; they've not brought a fourth wheel, but they are replacing the

flashing lights so that they're much flashier. And they're installing a new and louder horn and, best of all, they're repainting and re-lettering the vehicle with new colours and logo! So that's OK.

Well, I guess that's my rather madcap way of reminding myself that the corporate state in and by itself can't do anything, whatever your views of angels or Lenin. It's down to real people, and on this occasion real people, residential child care staff, came and led the children back from the edge. They had missed them because the children belonged with them, grown-ups and children. They must not die apart from them. They were all part of the living group.

This is the value in residential care of the group as a group, not simply a collection of isolated individuals. It affirms belonging - just as the team organises and gives a sense of belonging to workers and a meaning and coherence to their work together.

Perhaps in this way whistle blowing won't often be necessary, because caring, involved team members can think together and will raise something or voice concern long before things become unsafe or go badly wrong. Real involvement (as of-voivement) can produce thinking and communication, which gives children a sense of belonging and safety

In the end it comes down to real, lived experiences. In the end it comes down to real, lived experiences. Let me offer you an example that rather sums up much of what I've been talking about this morning. Rhoda wrote this about Aaron as part of her training :

Aaron was a very chaotic child who lacked any boundaries when he first came to the School. He found bedtimes very difficult and would run around shouting and swearing. He would get into other children's beds, he would hide, he would go to the toilet and lock himself in, he would make incessant demands to be given things, such as drinks and medication.

However, I believe that Aaron's behaviour at bedtime and our response to it must be seen in the context of his overall needs and his level of deep emotional deprivation and disturbance. Thus we must attempt to meet Aaron's emotional needs by providing strong containment and high level of care and nurture, to try to provide him with some of the nurturing experiences which he has missed out on.

When I used to try to give Aaron attention at bedtime it never seemed to help him settle. I would spend time tucking him in, and talking with him. We bought him a teddy bear to try to ease his bedtimes and although this was a positive thing and overall was well used by Aaron, it had limited effect in terms of aiding his settling at such times. However, over the time that Aaron has now been with us (18 months) I believe I can now use the relationship I have with him to help him settle in his bed at night.

Aaron is often put to bed earlier than the other children, either because he cannot manage to be with them in a settled way or because his bedtime was so difficult the night before. I believe that when this

happens we should try to respond to what Aaron is trying to communicate in terms of his needs; thus I will often use this time to read to Aaron. He will often protest, but usually gives in fairly quickly and it is always an enjoyable time (please note the punishment of individual attention and a shared experience!)

Once when I was with him I was trying to get him to think about bedtimes and what was difficult about them and how we might help. This followed several nights when Aaron had not gone to sleep until nearly 11 p.m. On that occasion he was unable to engage with this, but he obviously held on to this idea because several days later he asked me to write a "bedtime list" for him. This was Aaron's list:

A drink

A biscuit

A teddy bear Bill

Toothbrush

A sore-throat sweet

(The teddy bear Bill was a children's vitamin tablet in the shape of a teddy bear. The use of the word Bill is in fact the result of one child calling them pills but Aaron turning this into the word Bill).

Although I did not give him everything on the list I was able to give him some of the things and reasons why I did not feel that the other things would help him at bedtimes. Aaron seemed to accept this and now frequently asks me for things on his list, or even just to look at his list. This personalised routine has often made it easier now for Aaron to settle.

I believe that Aaron uses bedtime to communicate to us what a desperately needy child he is. It is a time when he can drop the defence of having to prove to other children that he is tough or streetwise, which is his preferred daytime behaviour. Instead he can express his most basic infant needs. I believe he is desperate to have an adult close to him, and it is the time of day when I find Aaron most receptive to adult care.

Summation

What have we got here?

- living alongside,
 - listening and responding,
 - attention to detail,
 - feelings given permission to exist,
 - conscious use of self,
 - belief,
 - belonging,
 - thinking and tolerating uncertainty and facing and accepting the mess and the authentic child while still caring,
 - not needing a sanitised idea of a needy child in order to keep trying.
- Perhaps each is a small, modest element on its own, but altogether they represent something quite distinctive.

Above all, this example shows relationships and the loving care that

arises out of them are key and of true value for children in residential care.

As Mother Theresa of Calcutta said shortly before her death, "I have walked in New York and seen the marvels of your wealth, and I have walked in England at night, where you have a welfare state; but in these areas you have a poverty, though it is different from the more familiar poverty that is the absence of riches and money.

"No, I have gone into your homes and found people living and dying unloved. That is your poverty in the West, a poverty of the spirit, of loneliness, of being unwanted, uncared for, deserted by everyone. And that is the worst disease in our world today, not tuberculosis, not leprosy or even AIDS."

So I think that the example of Rhoda and Aaron - the antithesis of neglect and loveless care - also highlights what is most professional in our work, that is, this conscious use of self by the worker, which is, without paradox, a vocational involvement. Thus, to be therapeutic in our relationships we use ourselves, not in an unthinking but in a conscious way. Professional, vocational, therapeutic - all come together in the person and in the work valued by a child - holding in mind, holding in heart, holding the line even.

Envoi

Well, do we have a very big problem here? Am I denying reality, with the state of residential child care as it has been, with many betrayals, lack of concern, a limbless state parent? Consider the study of residential care by Heron and Chakrabarti (Qualitative Social Work, 1(3), 2002) brought to our attention earlier this year by the Scottish Executive in their newsletter Research Into Practice - a "depressing picture" with few meaningful goals achieved, insufficient resources, sense of inferiority, apathy, poor supervision, no feedback, mainly reacting to crises. In all, residential care is judged to be in an impoverished position. Why bother? Let's pack up the tent and move on until time and circumstances change!

However, this is precisely the time for us to commit, to re-commit, to state the case for residential child care. It's time because the need is now, and you, the practitioners, the providers, the educators and trainers, you who manage, support and guide the workers and the task are the very ones who can make a difference. It won't happen only from the top down. As Margaret Mead, the anthropologist, an activist, said, "Never doubt that a group of thoughtful, committed citizens can change the world. Indeed it's the only thing that ever does!"

A Promethean Task? Very few enterprises of true value are ever anything but. And Prometheus is not a bad source of inspiration for us. Yes, he brought humankind fire, but perhaps his greater gift to us derives from his name, which means forethought. In Greek mythology it was he who showed humans to think and then act in the light of such thinking, very differently from his brother, Epimetheus, which means afterthought. He, according to what version of the myth you read, either

opened or allowed Pandora to open the box that released evils and illnesses into the world. Luckily Prometheus heard something still trapped in the box and released Hope!

So, my sentiments today may be with the angels. And we know, as always, the Devil's in the detail of doing what I've been talking about. The dangers are doing nothing or doing terribly wrong, as Mother Theresa identified and the betrayals of children in care have shown.

Therefore, let's look for further inspiration, and we need not look too far afield. Take a look around as you sit in this large and crowded auditorium. You can see hundreds of faces looking at me, looking at one another, interested in and committed to residential child care. From where I stand, however, I see something different. I see not many faces but one - the face of the future of residential child care as valued and valuable.

So, with this inspiration and your own perspiration, highly troubled children and young people can be offered what Dr. Winnicott called "the real possibility of Life." This is a life that's possible and positive not just because of the absence of things that will harm but because of the presence of the child's own potential and the added value you bring to your task.

Keep up the good work.

Author's Details

Richard Rollinson qualified in Social Work at Oxford in 1983 and has since secured an M.Sc in Organisational Consulting at Ashridge Business College/Middlesex University. Currently an independent consultant in health, education and social care, he lectured on the Health and Social work courses at Reading University for 5 years. From 1991 he was Director of the Mulberry Bush School in Oxfordshire and then joined the Peper Harow Foundation in September 2001 until 2005. For quite some he was Chair of the Charterhouse Group of Therapeutic Communities and of its Research committee. Currently he is a Trustee of Care Leavers Foundation and from July 2011 he will be the Executive Director of the Planned Environment Therapy Trust.

He may be contacted at: morelight42@gmail.com

This paper was given to a conference organised by the Scottish Institute of Residential Child Care.