

## RESME Newsletter

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### On the Borders between Residential Child Care and Mental Health Treatment in Europe



In the “RESME - On the Borders Between Residential Child Care and Mental Health Treatment in Europe” – project, financed by EU’s Lifelong Learning Programme, six partner countries were actively implementing the national researches and piloting interprofessional continuing education during the years 2012-2015.

#### Key research findings

One of the key findings in RESME project was the comparative use of residential child care across countries; in Scotland less than 10% of child in care population in other countries around 40%. In many RESME partner countries, e.g. **Lithuania** the residential care is seen as a mainstream service than a last resort. In the future the reduction in use of residential child care will mean that only the most difficult children with severe problems are placed there. However in **Spain and Denmark** the new tendency is moving towards social educators taking “foster” children to their own home and being paid by municipality for this work.

#### “On the Borders” continuing education

The main aim of the RESME project (2012-2015) was, based on the research,

to design a joint inter-professional continuing education for the practitioners and professionals working on the residential child care and mental health treatment. In all partner countries, the national pilot courses were held altogether with 159 practitioners from both sector residential child care and mental health treatment. During this course professionals from both sides had the chance to discuss the cross-sectorial cooperation in mutual client cases in groups. As part of the education, the joint case work was a helpful tool for participants from both sectors to discuss these cases where they have felt helpless and where they had difficulties finding out the best solution for the child. This way the course also offered a forum to confidential reflection and exchange of experiences.

#### The RESME course revealed three main themes:

- 1) Problems that practitioners face every day (e.g. family work, trauma, loss and key problems of children)
- 2) Inter-professional issues and cooperation (e.g. borderline work between residential child care and mental health services)
- 3) European context (e.g. residential child care in partner countries)

Through these three key themes, the continuing education encourages participants to challenge their own thought patterns and develop their inter-professional competences.

As a result, the RESME project showed the need of professionals for this kind of continuous inter-professional education and mutual learning. It has also been evidenced that residential child care practitioners showed the highest level of interest in participation. One reason for this would be that the residential child care workers work with young people and their problems on a daily basis and therefore they need better solutions for the wild problems, whereas mental health practitioners treat tame and specified problems and might meet the young person only once a month.

Therefore practitioners and professionals from both sides of the borderline need to learn about the realities of mental health treatment or residential child care and circumstances of the child in everyday life. It is important to recognise the limitations of medical treatment and the importance of the child's social mastering. This also helps practitioners to identify and define their own professional competences compared to other professions.

Especially in **Finland, but also in other partner countries** the educational course was seen as a meeting point for the practitioners and professionals to exchange the information and it was evaluated by participants as an innovative, fruitful and needful continuing education.

A more general learning point was the attempt to develop the RESME

joint interprofessional education and the guiding education manual to be used across Europe was a more challenging objective than expected. Each country still had to tailor the programme according to their own needs and national circumstances. In that regard, the produced RESME education manual needs to be regarded more as a resource that interested organisations can use for their own targets.

### **Communication on the national and international level**

Working together on the boundary between residential child care and mental health treatment was the theme for the national seminars and also for the international RESME conference "Let's work together!" in Hamburg 12.02.2015. These RESME seminars and conferences were generally well received and booked out a huge amount of participants from child and adolescent psychiatry and psychotherapy, the educational system, public administration and many of the regional and national professional associations.

In a concluding panel discussion in Germany, like in other countries, representatives of all professions discussed future directions for boundary work and came to the consensus that good cooperation between different systems, institutions and



Mark Smith keeping the presentation in Hamburg on February 2015.



disciplines requires personal and institutional commitment, a regular appreciative personal exchange, but also innovative concept and a comprehensive policy support.

### **Best collaborative practices for working together**

During the RESME project, research data revealed cooperation and communication difficulties between residential child care and mental health services. One of the surprising findings was that there were only a few good practices in the participating countries; Finland, Spain, Lithuania, Scotland, Germany and Denmark. One example of the good practices was the **virtual therapy** in Murcia for the children in residential child care.

The other significant result and developed promising practice was the RESME educational course which was an extremely valuable forum for the mutual client case analyses, exchange of experiences and discussions in interprofessional group. There had been lack of possibilities for cross border communication and discussion between practitioners. However, the interprofessional collaboration function partly well on informal, individual level but not on the organizational level. The educational course was, and in the future will be one potential tool to encourage these groups of practitioners to create an open, dialogic communication with each other. **Case work** seemed also to be a good way of working with inter-professional or cross sector challenges.

The third promising practice would be the **work shadowing** which was proved to be a great success in the project. The participants of the educational course had seen this shadowing as an “eye-opening” possibility they would not have had otherwise. By work shadowing we mean the work placement to the other sector e.g social educator went to visit and to shadow a mental health nurse in his every-day work for one day and vice versa. Through work

shadowing the practitioners could receive the information of the institutional settings and its daily routines and therefore were even more able to recognise the limitations and possibilities to treat or care on different sides on the borderline. According to course participants, this was seen highly important part of the education.

### **Future perspectives and developmental ideas for the RESME course**

One developmental aspect for the future would be the aimed collaboration on the borderline with individual child to ensure the fluency of the mental health treatment and wellbeing also in the residential child care settings.

It has also shown to be important to have tailor-made the educational course for the needs of practitioners on the local level. The practitioners who work on the borderline residential child care and mental health treatment in partner countries have various professional backgrounds and also partly different needs for education. By doing this the education would in the future be even more valuable for the participants. Nevertheless this will demand active partnership between organizations and institutions from all relevant sectors from residential and mental health service providers to universities for developing these courses further. Also the work structures must be developed to enable and encourage the need for cross sectorial cooperation.

In each RESME partner countries some parts of the piloted education will continue whether in bachelor degree, continuing education or in a summer course. The continuing education will also be available in many partner countries in the future and national project partners are looking for potential organisations to collaborate and continue this work.

In RESME project we have proved that continuing education can be a strong tool



for the change in interprofessional work culture from informal, individual level to formal organizational level. Through this education and with the support of politicians and managers we could slowly build up a fruitful interprofessional work practice and are also better equipped to meet the various needs of the vulnerable children living in the residential care settings.

More **RESME-project's outcomes and the publication** can be found on the website [www.resme.eu](http://www.resme.eu). You can also contact

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