

## RESME newsletter

April 2014

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



### **R**ESME empirical research on the borders

Our main aim is to get knowledge that is interesting in a European context. Partner countries represent different welfare regimes. The hypothesis is that this would significantly differentiate the care and treatment for children and outcomes of residential child care work. One of the main objectives of RESME in 2013 was to carry out empirical research about international comparisons of mental health and child care systems in the partner countries.

Children and young people in care demonstrate significant mental health needs (as we know by reviewing international scientific literature). However, practitioners from both sides tend to see the 'other' system and its facilities from a very limited perspective and may have unrealistic expectations of one-another. Research findings show that professional and continuing training varies in partner countries. A desire for more cooperation and joint training is welcomed from both sides. Preliminary

analysis indicates that practitioners in the mental health sector have to some extent stronger professional status and position than practitioners in the child protection sector. As a main conclusion, the RESME proposal for increasing cooperation and joint training between both systems in order to get the best services for children is clearly justified. Both sides have a very limited and critical perspective on the other system.

It seems that best practices in cooperation are related to specific plans and specialized services in close touch with child care workers and promoted mostly by child protection departments. As a consequence, all the interviewed professionals of those specific programmes had a very different opinion about cooperation between systems, their role, attitudes and expectations. They have a clear picture about what children's homes are, the relevance of the residential workers and their possibilities to intervene in everyday life. Although they have some criticism about residential workers attitudes (asking miracles, immediate interventions, anxiety) they also realize that residential staff are working with many

children, very different and highly demanding cases, under a lot of pressure. Thus the main task in collaboration for specialists is helping and supporting social educators work.

However, being realistic, it would be difficult to have more specialized services for children in care in the future due to the current economic crisis and budget cuts. On the other hand there are plenty of services, expertise, programmes and well-developed practices in the child protection and mental health sectors in some partner countries to offer good quality care for children accommodated in residential settings. These ideas, expertise and facilities are now transformed into study plans for piloting continuing training courses (15 ECTS) in partner countries. Hopefully in coming years this updated joint training will be available for all practitioners who are interested to develop their professional competencies. We are happy to provide consultations for future training.

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### **Piloting course in Scotland**

In Scotland, we are proceeding to deliver the RESME curriculum between May and September. The pilot group will all come from Kibble Care and Education Centre, who, along with the University of Edinburgh, is one of the Scottish partners in the project.

The project comes at an interesting time for residential child care in Scotland, as the Scottish Government has recently announced that workers will, for the first time, need a degree level qualification to work in the sector. We are hoping that the RESME curriculum might be integrated into the degree programmes that are being developed for residential workers.

### **For more information:**

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