

Living in Children's residential homes

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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1. Introduction

This short study provides an insight into the nature of children's residential homes, the characteristics and circumstances of the young people who live in them and on the short-term outcomes for these young people. It builds on our recent research for the Department for Education (DfE) *Raising the Bar? An Evaluation of the Social Pedagogy Pilot Programme in Children's Residential Homes* (Berridge *et al.*, 2011). This focused specifically on the introduction of social pedagogues into residential settings in England, gathering data from 30 children's homes in order to compare homes which employed social pedagogues with others which did not. In the course of this study we gathered a great deal of general information about the nature and functioning of residential children's in England today. In the current study we have drawn a purposive sub-sample of 16 homes from the sample in the earlier study, collected new data on these homes and re-analysed data gathered in the earlier research, as outlined in the section on *Methodology* below.

Changes in the provision of residential care

There has been a considerable decline in the use of children's residential care since the 1970s, largely due to changes in policy and in professional perceptions of residential institutions, as well as to concerns about its quality and cost. Changes in policy have had a significant impact on the size and nature of the residential sector. Until the early 1970s the care population included many young offenders, who were placed in residential homes by the courts and typically remained there for two years. The focus on alternatives to custody in the Children and Young Person's Act 1969 led to a decline in the use of community homes with education for this purpose, and this trend was reinforced by the Children Act 1989, which ended the use of care orders as a disposal for young offenders. As a result, a significant group of young people previously placed in residential homes as a result of their offending disappeared from the care system.

Another factor has been the generally negative perceptions of residential care. To some extent these derive from the long history of punitive separation of children from the poorest families which goes back for centuries. The history of residential care in England began with the workhouse, which was only abolished after the Second World War (Care of Children Committee, 1946). This legacy has long-lasting effects. Residential children's homes in England continue to be used almost exclusively for children from socially disadvantaged

backgrounds, as families with more resources would be able to seek other solutions. The anti-institutional movement which emerged in the 1960s reinforced these negative views, leading to increasing concerns about stigmatisation and a growing reluctance to use residential care, with the former use of community homes to accommodate many young offenders reinforcing the stigma attached to placement in a children's home (Goffman, 1961). Subsequent revelations about physical and sexual abuse in residential care over several decades hastened its decline (Utting, 1991, 1997).

A growing view that family placements are better able to meet children's needs has led to an increase in the use of foster care, which has become more professionalised and now accounts for nearly three-quarters of all care placements at any point in time (Berridge, 1997; Department for Education, 2011b). Nevertheless, the boundaries between residential and foster care have become somewhat blurred, particularly in relation to the number of children in placement, which may be very small in some residential placements and relatively large in some foster placements. Concerns about cost have also played a part. In 2010 the weekly cost of care in a local authority children's home was estimated at £2,689 per resident per week, compared with an average cost of £676 for foster care, although the cost of specialist foster placements for adolescents with levels of need similar to those of young people placed in children's homes is likely to be considerably higher (Department for Education, 2011a; Berridge *et al.*, 2008).

All of these factors have contributed to a steady decline in the use of children's residential care from 32 per cent of the care population in 1978, to 21 per cent in 1986, to only nine per cent in 2010/11, a figure which includes a small number of young people living in secure units and hostels (Berridge and Brodie, 1998; Wade *et al.*, 1998; Department for Education, 2011b). However, 15 per cent of looked after children have lived in a residential placement at some point (Department for Education, 2011a). The relative standing of foster and residential care has been reversed in barely 30 years, with residential care for children now generally perceived as a second-best option staffed by a largely unqualified workforce (Cliffe with Berridge, 1991). The emphasis on using foster placements wherever possible has meant that children's residential homes have increasingly come to be used principally for older children with more serious difficulties, who may have difficulty settling in foster care or who may not want a foster placement.

Today, therefore, children's residential care is used for only a small proportion of looked after children, mostly over the age of 12, many of whom have moved there either from home or from foster care as a result of their challenging behaviour. Although abuse and neglect are

less likely to be the primary reason they are looked after than for children in other placements, over 40 per cent of residents nevertheless enter care for these reasons (Department for Education, 2011a). Indeed, a higher proportion may have experienced maltreatment, as there is evidence some young people may have experienced abuse or neglect which was unidentified prior to admission (Biehal, 2005; Stein *et al.*, 2009). Residential care is also used when fostering fails and, in the context of a national shortage of foster carers, when no appropriate foster placements are immediately available. Residence is also still widely used for 'short-breaks' for disabled children and their families; to provide secure care to anti-social adolescents or to those whose own behaviour puts them at serious risk (secure units); and as semi-independent accommodation for older young people making the transition from care (hostels).

Over the last 30 years there has also been a decline in the in-house provision of residential care by local authorities. The number of local authority children's homes has shrunk considerably since the early 1980s (Berridge and Brodie 1998). Today, more than half of the children in children's homes, secure units or hostels are in units provided by the private or voluntary sector, with the majority of these external placements provided by the private sector (Department for Education, 2011a). It seems likely that this trend will continue, as at least 17 per cent of local authorities recently informed *Community Care* magazine that they plan to close at least one residential home or are reviewing their service. More than one-third of English councils no longer run any mainstream children's homes and almost half have closed at least one of their children's homes since 2008. Local authorities have shifted towards commissioning more placements from the independent sector, particularly from larger providers of children's homes (Pemberton, 2011).

Research on residential care

Against this background, research conducted over the past 25 years has contributed to negative views of residential care but has also provided some pointers to its potential and to how it might be improved. A survey of 48 residential children's homes found that standards were very uneven, and that four in every ten residents with no previous criminal record got one if they stayed for six months (Sinclair and Gibbs, 1998). There were worrying levels of self-harm and threatened suicide. Improvements while living in the residential home usually did not persist after they left.

Another study found that going missing was far more widespread in residential care than in foster care and, in many cases, residents committed an offence while they were absent.

Going missing from residential homes was associated both with environmental factors (the placement culture) and with the young people's pre-placement histories (Biehal and Wade 2000). Outcomes of residential care have generally been viewed as particularly poor, with residential units seen as difficult to manage and unpopular in many local communities (Department of Health, 1998). Residential staff have often been found to be more reactive than proactive, responding to children's problems rather than creating solutions (Colton, 1988; Berridge and Brodie, 1998).

Two contemporaneous studies, one mainly quantitative and one mainly qualitative, came to similar conclusions regarding the factors associated with success (Sinclair and Gibbs, 1998; Berridge and Brodie, 1998). They found that more effective homes tended to be small, which helped to reduce problems in managing individual behaviour and group dynamics (also see Barter *et al.*, 2004). Importantly, the homes offering high quality care tended to have effective leadership and demonstrate a coherent theoretical approach and staff consensus. In a similar vein, a third study found that enhanced well-being in young people was related to better management strategies concerning behaviour and education (Hicks *et al.*, 2007).

More recently, research undertaken as part of the former DCSF's *Quality Protects* research initiative provided a detailed account of how individual residential homes functioned (Berridge *et al.*, 2008). This comparative study of 'difficult adolescents' living in foster homes, children's residential homes and residential special schools found that, of the three groups, children's homes' residents had by far the most troubled histories and a greater combination of adversities. The authors argued that these need to be taken into account in understanding the adjustment and behaviour of young people in residential placements. There were, however, some encouraging findings. Most young people were very positive about the residential care they received, generally felt safe where they were living and said that there was an adult who would stand-up for them. The quality of care provided was also assessed as positive by the researchers and many residents showed improvement on general measures of behavioural, emotional and social difficulties and education. These results suggest that children's residential care might have the potential to make a more positive contribution.

The policy framework

There has recently been renewed policy attention to residential care. A revised suite of regulations, guidance and National Minimum Standards for children's homes was published

in 2010 and came into effect in 2011, providing a new statutory framework for the residential child care sector. Among other things, the revised framework emphasises the importance of the quality of children's relationships with residential staff. The revised statutory framework also includes an increased emphasis on care planning (in line with other recent guidance on services for looked after children), giving an enhanced role to Independent Reviewing Officers. Care planning must include the development of an individual placement plan, to facilitate delegation of responsibility for day-to-day decisions and so support staff to take a more normal 'parental' role. The guidance also emphasises the need to support staff and develop their skills in implementing a coherent behaviour management policy within each home.

Alongside the publication of this revised statutory framework, in September 2010 the government launched the *Children's Homes Challenge and Improvement Programme* to improve the quality of children's residential care. The aim has been to develop and share effective practice in children's homes in order to improve standards of care in the sector. It also aims to improve young people's transitions to adulthood on leaving care, particularly for those returning from out of authority residential placements.

Part of the Programme's remit has been to improve knowledge of the way the residential sector is currently functioning and of the children it serves. One strategy has been to undertake an analysis of existing data held by the DfE and Ofsted, which has resulted in the publication of the *Children in Children's Homes in England Data Pack*. This includes data on 6,200 children in a variety of residential placements (Department for Education, 2011a). In this context, this short study was commissioned by the Department for Education to provide a closer look at children's homes today and the characteristics and views of the children that they care for. Very little research on English residential care has been conducted since the mid-1990s, so new research is needed to assess the nature, use and outcomes of residential care in the current context.

Aims of the study

As noted above, this study builds on our earlier evaluation of the social pedagogy pilot programme, collecting new data and also reanalysing existing data in order to improve understanding of current residential provision for children (Berridge *et al.*, 2011). The aims of the study are to:

- describe the characteristics, purpose and staffing of a sample of residential units

- describe the characteristics and histories of the residents of the children's homes
- investigate short-term outcomes for individuals living in the homes (the 'stock' of residents at a single point in time)
- investigate placement patterns and key outcomes for all residents placed in the homes over an 18-month period (the 'flow' of residents over this period)
- explore the social world of staff and residents to improve understanding of day-to-day life in the homes
- explore the views of young people living in the homes.

Residential care for children is varied, including children's homes, secure units, hostels and also short-breaks units for disabled children who are not looked after. Building, as it does, on our previous evaluation, this study includes the two forms of homes included in the earlier study: children's homes and short-breaks units for disabled children.

Methodology

Research design

This mainly descriptive study had a single group design and included a short follow-up. It had two components: a process study and an outcome study. Data collection for the process study included observation visits to a sample of homes and interviews with residents. The outcome study included a follow-up survey of a cross-sectional sample of young people in the homes and the collection and analysis of aggregate data on all young people who lived in the homes over an 18-month period.

Sampling

The study includes a *Total Sample* of 16 homes, from which we drew an *Intensive Sample* of ten homes for the qualitative component of the study. The *Total Sample* for this study was selected from a larger sample of 30 young people's units in our previous study, which evaluated contrasting models for the introduction of social pedagogy into young people's residential care in England (Berridge *et al.*, 2011). Our total sample comprises 16 homes which took part in that study, but which were not involved in the social pedagogy pilot programme. This purposive sample includes the 12 homes in the comparison group for that study plus four other homes, which had employed a social pedagogue some time prior to the start of the pilot programme, but were not involved in that programme. (After all, any residential home can choose to employ someone with social pedagogy training.) The other 14 homes in the previous study were not included because they were likely to be

exceptional, as they underwent the formal introduction of social pedagogy through the national pilot programme and so received up to two years of specialist support from the programme's national implementation team at the Thomas Coram Research Unit. Furthermore, we had scheduled our observation visits to these homes to coincide with times when social pedagogues were working, which may have affected the practice we observed.

Having decided on our total sample of 16 homes, six of which had been included in the intensive sample for our earlier study, we wanted to supplement our existing qualitative data by undertaking four additional observation visits to homes, thus increasing the *intensive sample* for the current study to ten. In the early stages of the research we were informed that one of the 16 homes was being closed due to a change in the requirements of the local authority. This left a further nine homes from which to select the four additional units to visit. In order to gain an understanding of a variety of different types of units, we looked to include some homes across England, from the North, South and Midlands; homes provided by the statutory, private and voluntary sectors; large-, small- and medium-sized homes (those with four or fewer; five or six; or more than six places respectively); homes providing emergency- or long-term help to young people; and those providing a mix of both types of placement.

Our final sub-sample of homes selected for intensive study included six local authority, two private and two voluntary units. Five units were situated in the south of England, three in the Midlands and two in the north. Three of the homes were small, four were medium-sized and three were large. Of the ten homes which were visited, one provided emergency placements only, two offered long-term support only and the other seven provide both emergency- and long-term placements. This purposive sub-sample thus includes a range of homes and providers.

Process study

The process study used postal questionnaires to compare the intake, staffing, structure, size, purpose and aims of the 16 homes in the *Total Sample*. We then used observation visits, interviews and focus groups to focus down on an in-depth analysis of the ten homes in the *Intensive Sample*.

All 16 heads of the homes in the *Total Sample* were asked to complete a postal questionnaire which gathered basic details on the size, structure and function of the home; the number of staff; the number and age of children currently living in the home and the

duration of their placements. We also obtained the Statements of Purpose for all homes in this sample.

The ten homes in the *Intensive Sample* were each visited for a period of observation lasting two to three days, during which face-to-face interviews were conducted with heads of homes and group- or individual interviews were conducted with young people. During these observation visits researchers acted as observer participants, joining in some of the homes activities, including mealtimes and leisure activities. They observed day-to-day life in the homes, including the interactions of residents and staff. In some homes, when invited, we also acted as non-participant observers in team meetings. These observation visits enabled the researchers to enter into the social world of staff and residents in order to describe and analyse as accurately as possible how the homes functioned (Gans, 1982; Marshall and Rossman, 1995). This ethnographic approach to observer participation has been used in previous studies of residential care by one of the research team (Berridge and Brodie, 1998; Barter *et al.*, 2004).

A *Residential Homes Observation Tool* was used for recording the visits, to help map the main dimensions of social behaviour in the homes. The *Observation Tool* served as a means of recording and organising fieldwork notes, including illustrative examples of important events, under key sections which could then be compared across homes during data analysis. The visits were recorded during and shortly after the time they occurred. The *Observation Tool* was informed by our *Quality of Care Index* used in previous studies (Berridge *et al.*, 2008), which highlights key dimensions of effective care including: care and control; stability and continuity; safety; family links; close relationship with at least one adult; ethnicity and culture; and friendships.

During the course of our observation visits, semi-structured interviews were conducted with half (20) of the young people living in the ten homes in the *Intensive Sample*. These interviews took place individually or in small groups, once we had become acquainted. They were generally conducted towards the end of the observation visits, to give the young people some time to get to know the researchers. The groups used a range of games, activities and questions to explore the young people's views of daily life in the homes. Questions asked were mainly general and open-ended. The young people received a £10 token gift voucher to thank them for taking part.

Although we were able to talk informally to most residents of the homes during the course of our visits and many were more than happy to take part in the interviews, not all of them

wanted to do this, despite staff encouragement and the offer of a small reward. Others were unavailable to do so while we were present due to other commitments, including schooling, appointments, visits and the demands of their frequently busy social lives.

Outcome evaluation

The outcome evaluation focused on 14 of the homes in the *Total Sample*. The two homes providing short-breaks were excluded from the outcome evaluation due to their different role and population. It comprised a survey of residential staff to gather data on young people living in the homes at the time of our study (n=59) and an analysis of aggregate data on all young people who lived in the homes for any length of time over an 18-month period (n=200).

Survey

The aim of our survey was to gather background information on all young people living in the selected homes and to assess certain outcomes for this group. Residential staff completed postal questionnaires on 59 young people living in the homes at the time of our survey. We investigated whether any change was reported on a number of key outcomes between baseline and follow-up, an average of seven months later. The planned length of follow-up had been six to nine months, which was determined by the 18-month timeframe for the study, but the actual time to follow-up ranged from 4.7-9.4 months and was determined by how long it took individual homes to return questionnaires at both stages of our survey. In many homes this was not straightforward.

We prepared recruitment leaflets and consent forms, asking keyworkers to discuss these with young people and forward them to parents of those in voluntary care (Section 20 Children Act 1989). These information leaflets described the purpose and nature of the study, explained that the researchers would be collecting anonymised data only and offered children and parents the opportunity to opt-out of the study with no further repercussions. The survey data were anonymous, with the young people identified to us solely by their initials and dates of birth. It was essential to have this (minimal) identifier to avoid duplicate cases and to allow us to link baseline and follow-up data.

Postal questionnaires comprising a mix of pre-coded and qualitative questions were completed by the young people's keyworkers at an early stage in the evaluation and at follow-up. Full follow-up data were available for 39 young people in the sample still living in

the homes. Shorter questionnaires were returned on the 20 young people who had left the homes, providing information on their reasons for leaving and their destinations.

The baseline survey collected information on young people's demographic characteristics and any special needs that they had; their care history; the duration and purpose of the current placement; family contact; their participation and progress in education and engagement in other activities; and on any emotional and behavioural difficulties. Baseline questionnaires included the *Strengths and Difficulties Questionnaire (SDQ)*, a standardised screening measure of emotional and behavioural difficulties (Goodman, 1997). At follow-up, data were collected on our key outcome measures: participation and progress in education; emotional and behavioural difficulties, if any; and participation in pro-social activities.

Analysis of aggregate data

We also collected aggregate data on all 200 young people who lived in the homes at any stage during three consecutive six-month periods, which began up to six months before the study commenced. This was, therefore, a total sample of residents. We asked the heads of homes to tell us the number of young people who:

- lived in the homes for any length of time during each period
- had a planned move to a new placement
- had an unplanned move to a new placement
- were temporarily or permanently excluded from school
- went missing overnight.
- were reported to police for a recorded offence.

These data were collected from 12 of the homes in the *Total Sample*. The two homes which provided short-breaks for disabled children were excluded from this component of the study as these questions were not appropriate for them. Despite strenuous efforts, two other homes failed to return this data.

Data analysis

Quantitative data was analysed using the software package PASW 18. Most of the analysis for the survey of homes and residents was descriptive due to the single-group design and small sample size. Non-parametric tests were used for bi-variate analyses as the data was not normally distributed. Although the sample was larger for the analysis of aggregate data, this analysis was also descriptive as no case-level variables were available to allow us to

explore this data further. Since much of the aggregate data was retrospective, it would not have been feasible to ask heads of homes to provide detailed case-level data on all young people who had lived in the homes over 18 months. Details of the statistical tests used and the results of these tests are provided in footnotes.

All interviews and focus groups were recorded, with permission, and the data transcribed. A thematic analysis of qualitative data from the observation visits, interviews and focus groups was undertaken. Qualitative interview data were analysed using the software package NVivo.

Ethical issues

Before fieldwork began, approval was obtained from the ADCS Research Committee and from the ethics committees of the universities of Bristol and York. Each member of the research team had an enhanced Criminal Records Bureau check. Our approach to ethical considerations was informed by the Economic and Social Research Council (2010) *Research Ethics Framework*. This highlights the impartiality and independence of social researchers and the avoidance of not causing harm to research participants.

We sought informed consent from all participants in the study. Young people and parents of those accommodated under Section 20 of the Children Act 1989 were given the option to opt-out of the anonymised survey, as detailed above. The young people who took part in the group-/individual interviews had the opportunity to opt-in to these. Our recruitment materials emphasised that they were under no obligation to take part, that nothing they might say would be repeated to anyone and that our reporting of what was said in the interviews would contain no data that would identify them.

We were at pains to ensure confidentiality for all participants throughout the study. Data on the young people were gathered anonymously, as noted above. Children were identified by a project code, to which only the heads of home and a deputy held the key. The boundaries to confidentiality were clearly explained to participants in advance. The only exception would have been if we had discovered that a child was at risk of serious harm, but this situation did not arise. Care has been taken to ensure that nothing written in this report that would enable any individual young person, home or member of staff to be identified.

2 The homes

Questionnaires on the nature, purpose and staffing of the 16 homes were completed by the heads of homes. The majority of the homes accommodated looked after children but, for two of them, their sole purpose was to provide short-breaks for disabled children and their families.

Sector and location

Around two-thirds of the homes were provided by local authorities (11), with the others provided by voluntary sector (3) or private sector (2) organisations. In England as a whole, just over 40 per cent of homes and hostels (excluding short-break homes and secure units) are provided by local authorities in-house, with the majority of other homes and hostels provided by the private sector (Department for Education, 2011a). Over three-quarters (13) were in urban locations, although the majority of these (9) were in suburban rather than inner-city areas. The remaining three homes were in rural locations.

Time in operation

Most homes were long-standing. Eleven had been established for 13 years or more, six of which had been in operation for over 20 years. Of the remainder, four homes had been established for one to three years and one for six years.

Size and occupancy

Most of the homes were small, with an average of six places. This is consistent with the current trend towards small units, which has been encouraged by research findings (Sinclair and Gibbs, 1998). Nearly three-quarters had less than six places, as shown in Table 2.1. Only two had places for more than seven young people.

Table 2.1 Number of places offered (n=16 homes)

Number of places	Number of homes
3-6	11
7-9	5

In total the 16 homes had 94 places, 83 of which were occupied (an occupancy rate of 88 per cent overall). Six homes had either one or two empty places but one, a nine-bedded home, had four unoccupied places.

Aims of homes and services provided

According to the heads of homes, the services most commonly provided were placements for children presenting behavioural, emotional and social difficulties ('BESD') and long-term placements. The majority also provided preparation for leaving care, as shown in Table 2.2.

Table 2.2 Number of homes providing each service by group (n=16 homes)

Service	Local authority (n=11)	Voluntary sector (n=3)	Private sector (n=2)	Total (n=16)
Placements for children with 'BESD'	10	2	2	14
Preparation for leaving care	10	2	2	14
Long-term placements	9	2	2	13
Emergency placements	6	3	2	11
Placements for children with learning, sensory or physical disabilities	6	1	0	7
Short-breaks/respite care	4	1	1	6

Two of the local authority homes provided education support on-site and one private sector home provided education support off-site. Four of the homes studied admitted children for different durations (both long- and short-term care) and nine of the homes offering long-term care also provided emergency placements. The two short-breaks units provided a specialist service for disabled children, but a further five homes also catered for young people with disabilities.

Statements of Purpose

For the current exercise, we obtained the Statements of Purpose for our sample to obtain a broader view of how homes were depicted. These reinforce some of the points made above. We return to the Statements of Purpose in Chapter 5 to examine the degree to which the portrayal of homes' was consistent with our observations.

These Statements appeared quite similar in a number of respects in how homes described their aims and services, for example providing 'a safe and secure base', which might be assumed. Homes could accommodate both sexes, with the exception of one which provided specifically for young women. The breadth and flexibility of many homes, outlined above, is also conveyed in the Statements. In some of the homes this is reflected by reserving one space (sometimes 'bed'), for example

for an emergency placement or a semi-independent flat for an older adolescent.

In the heads of homes' questionnaires, only five of the 16 homes (three local authority homes and two private sector homes) reported that their work was underpinned by any particular theoretical approach. Interestingly, rather more information is provided in the Statements of Purpose. Two homes are described in very general terms, one as being 'child-centred'; and the other establishing routines and boundaries. It would be difficult to consider a residential home which did not do both. Three homes described their models of care being related to behavioural management: one referred to Therapeutic Crisis Intervention ('TCI'), in association with *PRICE* training (*Protecting Rights in a Caring Environment*). Another referred to *Team Teach* methods concerning safeguarding young people, managing risk and restraint-avoidance. The third (short-breaks) home, interestingly, referred to developing general behavioural plans with parents and other service providers: they intentionally avoided specialist therapeutic techniques for which staff were untrained. Specialist therapeutic approaches can be controversial and could be ineffective, if not harmful, in the wrong hands.

One home emphasised its participatory approach with young people and their families; while another, offering medium- to long-term care, outlined its 'family style'. Two units alluded to a psychodynamic approach, one in association with social pedagogy and another combined with attachment theory. Attachment theory was also mentioned in another home.

We scrutinised Statements of Purpose to see whether homes offered any specialist services. Half of the homes referred to specific, inter-professional services. The majority concerned therapeutic/mental health inputs. The unit operating a psychodynamic framework in its work with young women employed two in-house consultants, one a child and adolescent psychiatrist and the other a psychotherapist. Three others had dedicated or specific links with local health/CAMHS services. Another regularly used a local, specialist, therapeutic service working with young people who had been sexually abused. Two homes offered their own educational support service: one private group operated its own special school and another home offered a day education unit for young people not attending school.

Summary points

- The majority of the homes in the sample were provided by local authorities (11), with the others being voluntary sector (3) or private sector (2) organisations.

- The 16 homes offered a range of services including, in most cases, both long-term and short-term placements. Two of the homes had a more specialist function providing short-breaks for children with physical and/or learning disabilities. Apart from these two specialist units, the homes catered for children with a variety of needs and offered a variety of services.
- All of the homes were small, with 11 catering for 3-6 residents and the remaining five for 7-9 residents.
- Half of the homes offered or had dedicated links with specialist, inter-professional services, mostly therapeutic/mental health (CAMHS) support.

3 Staff in the homes

Data on staffing were available from 15 homes, which between them employed a total of 170 care staff and 28 managers, including both heads of home and deputies. The number of care staff employed in each home ranged from eight to 15, with a mean (and mode) of 11 care staff. Most homes (11) had either one or two managers, but four had three managers/deputies. All but one of the homes employed either one or two (part-time) administrative staff, one employed two teachers and over half of them (9) also employed at least one ancillary/domestic member of staff either part-time or full-time.

Staffing ratios in the homes for looked after children

The overall ratio of staff to residents (including both care staff and managers) was 2.5:1, but this ranged from 1.4 staff per resident to 4.3. Obviously staff presence is required 24 hours a day so not all staff work at the same time. These figures indicate the number of different carers working with the young people but do not take account of part-time status. The ratio of full-time equivalent staff to residents may, therefore, be rather lower for some homes.

Homes with fewer residents (three to four) tended to have higher staffing ratios, due to the need to provide 24 hour cover to a relatively small group of residents. Although the two independent sector homes had lower staffing ratios (an average of 1.9 compared with 2.7 for local authority units and 2.2 for voluntary sector homes), this appeared to be related to the size of these homes. The ratios for local authority homes ranged from 1.9 (for a home with nine places) to 4.3 (for a home with only three places). The number of homes in each provider sector was too small for tests of statistical significance. However, our evaluation of social pedagogy, which included a total of 30 homes, found little difference in the ratio of care staff to residents across the three provider sectors.

Staffing in the short-breaks units for disabled children

The two short-breaks units offering a service to disabled children each had one manager, and two deputy managers. Information on staffing was returned by only one of these homes. This home had six places and employed 11 care staff. It had a staff to resident ratio of 2.3, which was close to the average for all homes. This is interesting given the much higher supervision level the children required.

Matching staff and residents

According to the 15 heads of homes who returned questionnaires, in most homes the ethnic background of the home's care staff broadly matched the ethnicity of the resident group. Twelve reported that the ethnic origin of care staff was broadly similar to that of the residents and two reported that it was similar to some, but not all, of the residents. Just one home reported that the profile of staff was very different to that of the residents.

Characteristics and background of the managers and staff

We asked the residential staff who completed survey questionnaires about the young people in the 14 mainstream homes to provide us with some background details on themselves.¹ Questionnaires were returned by 59 staff in 14 homes, 47 of whom were care staff. Seven were completed by heads of homes and five by deputy managers. These staff accounted for 28 per cent of all care staff and 43 per cent of all managers and deputy managers. However, we do not know whether or not these groups were representative of all staff working in the homes at the time.

Age, sex and ethnic origin

Heads of homes reported that two-thirds of the total group of 170 care staff were female. This pattern is broadly consistent with previous research on children's residential care in England, which found that it has a mainly female workforce (Sinclair and Gibbs, 1998). There were similar numbers of female and male managers.

Among the 51 staff who returned survey questionnaires over half were under 40 years-old, but a sizeable minority (43 per cent) were older.

Table 3.1 Age of staff (n=51)

Group	20-30 years n (per cent)	31-40 years n (per cent)	41-50 years n (per cent)	51 years+ n (per cent)
Heads/deputy managers	-	2 (4)	4 (8)	1 (2)
Residential workers	10 (20)	17 (33)	11 (21)	6 (12)

¹ This information was not available on staff in short-breaks units as they were not asked to participate in our survey of looked after young people. Also, we did not gather background information on all staff as this was not part of the original social pedagogy evaluation.

Most of the staff in the homes described themselves as white (86 per cent). Nine per cent were black, most of them of Black Caribbean origin, and four per cent were said to be of mixed ethnic origin.

Training and qualifications

A total of 52 managers and staff reported on their training and qualifications, including three heads of home, four deputies and 45 care staff. None of the social pedagogues working in four of the homes were included in this analysis of training and qualifications as we know that, unlike most residential staff in the UK, they typically have degree-level qualifications. We need to bear in mind that staff completing these surveys were not necessarily representative of the whole group working in the homes. Nevertheless, only two respondents (one head of home and one deputy) had professional qualifications in social work (a degree, DipSW, CQSW or graduate diploma) and none of the staff had professional qualifications in education or nursing. Another ten respondents, including two heads of home and one deputy manager, were graduates in other subjects.

Among the three heads of home who responded to our questions about qualifications, one had a social work qualification, one had a degree in a subject other than social work but for the third, the highest relevant qualification NVQ Level 3. One deputy manager had a social work qualification and one had a non-relevant degree, but the highest qualifications for the two others were NVQ Level 4 and NVQ Level 3 respectively.

Of the 45 care staff who responded to these questions, seven had a non-social work degree and six had an NVQ Level 4, but for over 70 per cent the highest relevant qualification was NVQ Level 3. If these respondents were more broadly representative, which we do not know, this would suggest that the managers and staff in the homes did not have a high level of social work qualifications. For the majority of survey respondents (62 per cent), the highest level of professional qualification was NVQ Level 3.

Experience

The managers and staff in the homes were nevertheless an experienced group. They were also a generally settled staff group, as 70 per cent had been working in the same children's home for three years or more and only eight per cent had joined in the past year.

The vast majority of staff (88 per cent) had been working with children for over six years and nearly two-thirds (62 per cent) had worked with children for more than ten years. More

specifically, most had extensive experience of caring for children in residential settings. Over two-thirds had worked in residential care for six years or more and nearly one third had done so for ten years or more. Other English studies of children's homes conducted some years ago similarly found that staff typically have many years experience in working in children's residential care, so little appears to have changed in this respect. One found that the average experience of current residential staff was around seven years (Berridge and Brodie, 1998), while a larger national survey found that two-thirds of staff had been working in their current residential home for over three years, including two-fifths who had been there more than five years (Sinclair and Gibbs, 1998).

Summary points

- Information was provided on the profile of 28 per cent of the care staff and 43 per cent of the managers, but we do not know whether these were representative of all staff in the homes. Consistent with the findings of other studies, two-thirds of the care staff were female and a sizeable minority were over 40 years-old.
- Only two staff, a manager and a deputy, had degree-level social work qualifications. For 62 per cent of the care staff, the highest relevant qualification was NVQ Level 3.
- The care staff were generally an experienced group, as over two-thirds had worked in children's residential care for six years or more and nearly one third had done so for more than ten years.

4. The young people

This chapter describes the characteristics and histories of the young people living in the 14 homes which catered for looked after children (excluding those in the two short-breaks homes for disabled children, who were not included in our survey of looked after children). It draws on our initial survey of residential workers in these 14 homes, who returned postal questionnaires on all 59 young people currently living in them.

Characteristics

Gender and age

Just over half of the young people were male (53 per cent). Consistent with the pattern for young people in residential placements in England as a whole, the vast majority were over 12 years-old (Department for Education, 2011a). Their ages ranged from 10.5 to 18.7 years, with a mean age of 15.3 years. Around half of them were 15 to 16 years-old and roughly one-third were age 13-14, as shown in Table 4.1.

Table 4.1 Age by group (n=59)

Age	n (per cent)
< 13 years-	3 (5)
13-14 years	20 (34)
15-16 years	29 (49)
17 -18 years	7 (12)

Just two young people were 18 years-old. For one, who had entered the home only 18 months earlier, the main purpose of the placement was preparation for independence. The other had been looked after for ten years and had been provided with long-term care by the home for nearly four of these.

Ethnic origin

Fourteen per cent of the young people came from minority ethnic groups, including two residents who were unaccompanied asylum-seeking children. This represents just over half the proportion of 27 per cent for all looked after children in England, who come from minority ethnic groups (Department for Children Schools and Families, 2009). Since this is not a

representative sample of local authorities, this discrepancy is likely to be due to the demographic profile of the particular local authorities which took part in the study, or which placed children in the participating private and voluntary sector homes.

Table 4.2 Ethnic origin (n=58)

<i>Ethnic origin</i>	n (per cent)
White	50 (86)
Mixed	5 (9)
Asian	2 (3)
Other	1 (2)

Special educational needs

Over one-third (38 per cent) of the young people had a Statement of special educational needs (SEN). This is higher than the overall level for all looked after children (of all ages) in England, as the proportion of school age children who have a Statement of special educational needs and who are looked after continuously for 12 months or more is 28 per cent (Department for Education, 2010). A further ten per cent were under assessment at the time of the survey, or had been assessed as requiring School Action Plus, as shown in Table 4.3

Table 4.3 Statement of SEN (n=58)

<i>Statement of SEN</i>	n (per cent)
Has a Statement of SEN	22 (38)
Assessment for SEN currently in progress	3 (5)
School Action Plus	3 (5)
No SEN reported	30 (52)

Over one-third of the young people with a Statement of SEN had been assessed as presenting behavioural, emotional or social difficulties (BESD) and nearly one fifth had moderate learning difficulties, as shown in Table 4.4.

Table 4.4 Special educational needs (n =58)

<i>Special educational needs</i>	n (per cent)
BESD	20 (35)
Moderate learning difficulty	11 (19)
Speech, language and communication needs	3 (5)
Autistic spectrum disorder	2 (3)

Around one-third (six) of those with moderate learning difficulties were also reported to present BESD and two of them also had communication difficulties. One of the young people with an autistic spectrum disorder was also reported to have behavioural difficulties.

Care history

Reason for entry to care

We asked residential staff to indicate the principal reason for the young person's last care episode (if more than one episode), although there may often be multiple reasons why young people become looked after. The most common reason given was 'abuse or neglect', which was reported in relation to over half of the young people, followed by 'family dysfunction', reported in relation to nearly one fifth of them, as shown in Table 4.5

Table 4.5 Reason for entry (n=59)

<i>Reason for entry²</i>	n (per cent)
Abuse or neglect	30 (52)
Family dysfunction	11 (19)
Family in acute stress	9 (16)
Socially unacceptable behaviour	7 (12)
Absent parents	2 (3)

² Department for Education 'Children in Need' categories are used.

The proportion for whom the primary reason for admission was maltreatment was higher than the figure of just over 40 per cent young people in homes and hostels in England as a whole. The proportion of children in all non-residential placements for whom this is the primary reason for admission is generally higher, at over 60 per cent (Department for Education, 2011a). However, research has shown that some young people may have experienced abuse or neglect which has not been identified prior to admission, or may have a history of maltreatment even if the primary reason for admission is their unacceptable behaviour or family dysfunction (Biehal, 2005; Stein *et al.*, 2009). It is also age-related.

Age at last entry to care

The young people last became looked after between the ages of three months and 15 years. For the 46 young people for whom this information was provided, the median age at entry was 11.5 years. Nearly two-thirds had last become looked after when they were ten years-old or over. Overall, these young people in residential placements were more likely to have begun their last care episode in middle childhood or adolescence than the looked after population as a whole (DfE, 2011b), as shown in Table 4.6.

Table 4.6 Age group at last entry (n=46)

	<i>This sample</i> n (per cent)	<i>All entrants to care</i> <i>in England</i> ³ n (per cent)
0-4 years	4 (9)	40 (45)
5-9 years	13 (28)	17 (19)
10-15 years	29 (63)	31 (31)

Sinclair and colleagues (2007) in the *Pursuit of Permanence* study of 7,399 looked after children identified three groups of adolescents who are looked after. Some are 'adolescent graduates' of the care system, who become looked after before the age of 11 years and grow up in care. This group typically becomes looked after either for reasons of abuse or neglect or due to their parents' inability to care for them. The other groups are 'adolescent entrants' to care who enter at the age of 11 or over; and a smaller group of 'abused adolescents,' who enter during adolescence as a result of abuse or neglect (Sinclair *et al.*,

³ Department for Education (2011b) Statistical first release. Children looked after in England (including adoption and care leavers) year ending 31st March 2011. IN Education, D. f. (Ed. London.

2007). Adolescent entrants may have had previous admissions to care or, alternatively, may be ‘teenage erupters’ (Millham *et al.*, 1986; Biehal, 2005). The homes in our study accommodated all three of these groups. Just under half became looked after before the age of 11 (on the last occasion, if they had more than one care episode) and the remainder at the age of 11 or over, as shown in Table 4.7.

Table 4.7 Admission group (n=46)

	n (per cent)
Adolescent graduates	22 (48)
Adolescent entrants	24 (52)
<i>Abused adolescents</i>	6 (13)

For the vast majority (86 per cent) of those who became looked after before they were 11 years-old, the main reason for entry was abuse or neglect. In contrast, the adolescent entrants to care were equally likely to become looked after for maltreatment, due to family dysfunction or because their families were in acute stress, or due to their socially unacceptable behaviour. Just one-quarter (6) of the adolescent entrants had become looked after principally due to abuse or neglect. However, previous research has shown that while the admission of adolescents to care is often precipitated by their challenging behaviour, they may often have previous experience of abuse, neglect and domestic violence (Biehal, 2005; Sinclair *et al.*, 2007). There can be a tendency to overlook adolescents’ experiences of maltreatment compared with younger children, who arouse greater sympathy (Rees *et al.*, 2010). However, the adaptation and behaviour of residents in homes, which we outline later, need to be understood in this context.

Legal status

Nearly half of the young people were in voluntary care (i.e. accommodated under S.20 of the Children Act 1989) and around half were subject to care orders, as shown in Table 4.8.

Table 4.8 Young people’s legal status (n=59)

Legal status	n (per cent)
Voluntary care	27 (46)
Care order	29 (49)
Agreed series of short-term placements	1 (2)
Other order	2 (3)

The proportion in voluntary care was higher than the figure of 31 per cent for the looked after population as a whole and the proportion on care orders was correspondingly lower than the 60 per cent for all looked after children (Department for Education, 2011a). This is probably due to the high proportion of adolescent entrants. Over-two-thirds of those who entered at the age of 11 or over were in voluntary care. The adolescent entrants to care were less likely to be looked after under care orders than those who had entered care younger (29 per cent of adolescent entrants compared to 82 per cent of adolescent graduates).

Time looked after

There was a great deal of variability in the time that the young people had been looked after, with the duration of their current care episodes ranging from one month to 13.7 years. The median duration was 3.4 years. Just over one quarter had been looked after for less than one year, but 40 per cent had been looked after for five or more years, as shown in Table 4.9.

Table 4.9 Time in care (n=45)

<i>Time in care</i>	n (per cent)
< 6 months	7 (16)
6-<12 months	5 (11)
1-<2 years	6 (13)
2-<5 years	9 (20)
5-10 years	14 (31)
More than 10 years	4 (9)

On average (mean), the adolescent entrants to care had been looked after for 1.6 years (with a median of 1.2 years), compared with 7.5 years for adolescent graduates (for whom the median was close to the mean). Other research has shown that adolescent entrants are typically looked after short-term. For example, the *Pursuit of Permanence* study found that around half of them stay for less than eight weeks and two-thirds under six months (Biehal, 2005; Sinclair *et al.*, 2007). The average (mean) length of stay for the adolescent entrants in our sample was longer, as only 26 per cent (6) of this group had been looked after for less than six months. This is because a cross-sectional survey of the 'stock' of young people looked after at a single point in time is unlikely to include many of those who are looked after only briefly, as they have less chance of being in placement at the point the survey is

conducted. A survey which included the ‘flow’ of entrants into care over a period of time would, therefore, include a much larger proportion of children with shorter episodes of care. For this reason, as a group the adolescent entrants in our sample may have been looked after slightly longer, on average, than adolescent entrants in the wider care system.

Number of care placements

The total number of placements experienced by young people in their current care episode ranged from one to 12, with an average (mean) of two placements. Thirty per cent of children living in children’s homes in England have had at least five previous placements, but for our sample the figure was higher, at 36 per cent (Department for Education, 2011a). However, 29 per cent had lived in just the current placement, as shown in Table 4.10.

Table 4.10 Number of placements (n=52)

<i>Number of placements</i>	n (per cent)
1	15 (29)
2	5 (10)
3-5	16 (31)
6-9	12 (23)
10-12	4 (8)

As we might expect, those who had been looked after longer experienced significantly more care placements (correlation $r=.612$, significant at the 0.01 level). Thus, the adolescent graduates had an average of 6.6 placements, whereas for adolescent entrants the mean number of placements was 2.3⁴. Table 4.11 shows the relationship between the number of placements and time in care.

⁴ The standard deviation was 1.8 for adolescent graduates and 3.0 for adolescent entrants to care.

Table 4.11 Mean number of placements by time in care (n=44)

<i>Time looked after (number of young people)</i>	<i>Mean number of placements</i>	<i>Standard deviation</i>
< 6 months (7)	1.6	1.1
6-<12 months (5)	1.8	1.8
1-<2 years (6)	1.8	1.3
2-<5 years (8)	4.5	1.5
5-10 years (14)	6.5	2.7
More than 10 years (4)	9.8	2.1

However, although the number of placements was generally associated with time in care, two of the young people who had been respectively looked after for less than one year had already lived in four and five placements.

Age at entry and placement instability

Only a small proportion (approximately one quarter) of the adolescent graduates had become looked after before they were five years-old. Research has shown that, among children who cannot be reunified with their parents, those who enter care at an early age are more likely than others to leave the care system through adoption or to settle in long-term stable foster placements. Those who enter later are more likely to experience placement instability (Sinclair *et al.*, 2007; Biehal *et al.*, 2010). As a result, children who are admitted for the first time in middle childhood, or who are unsuccessfully reunified and then return to care at this stage in their lives, may be less likely to find themselves in a permanent placement during adolescence than those who enter when they are younger. Some end-up in residential care.

As noted above, the vast majority of the adolescent graduates in the homes had become looked after due to maltreatment. When late detection of maltreatment occurs, high thresholds for care or unsuccessful attempts at reunification delay the final admission to care for young children then, as previous research suggests, they may be less likely to find themselves in a permanent placement during adolescence. This may help to explain why the adolescent graduates living in the homes had experienced placement instability and so, in consequence, now found themselves in residential placements. However, although previous

research evidence suggests that this might be the case, the number of adolescent graduates in our sample was too small to allow us to test this hypothesis.

The current placement

Purpose of the placement

The two most common purposes for the current placement were long-term care and upbringing, and preparation for independence, as shown in Table 4.12.

Table 4.12 Main purpose of placement (n=58)

<i>Main purpose of placement</i>	<i>n (per cent)</i>
Long-term care and upbringing	25 (43)
Preparation for independence	13 (22)
Emergency placement	7 (12)
Assess young people's needs	5 (9)
Treatment	4 (7)
Help child and family get back together	3 (5)
Preparation for another placement	1(2)

The most common purpose was long-term care, followed by preparation for independence, but over one-fifth were placed short-term, either for assessment or in an emergency. Only seven per cent were placed for the purpose of treatment. Nearly two-thirds of those placed had become looked after before the age of 11. In contrast, all of those placed short-term were adolescent entrants to care and, for all but one of them, this was their first placement. Among those for whom the purpose of the placement was preparation for independence, roughly half were adolescent graduates of the care system and half were adolescent entrants.

Time in the home

The time that young people had been living in their current residential homes ranged from less than one month (in one case) to 4.2 years. The average (mean) duration of placements was just over one year, with a median duration of ten months. Although over a quarter of the residents had lived in the home for less than six months, another 40 per cent had lived in the same home for one year or more, as shown in Table 4.13. Therefore, it is mainly a relatively short-stay population.

Table 4.13 Time in the current children's home (n =55)

<i>Time in the current home</i>	<i>n (per cent)</i>
< 3 months	6 (11)
3 -<6 months	9 (16)
6 -<12 months	18 (33)
12-23 months	17 (31)
24 months and over	5 (9)

Behavioural and emotional difficulties

Behavioural and emotional difficulties in the past six months

Residential staff were asked to indicate the extent to which the young person displayed a range of behaviour problems. General behaviour problems were reported for the majority (88 per cent) of the sample and three-quarters were reported to be aggressive or violent. Three-quarters were known to put themselves at risk, as shown in Table 4.14.

Table 4.14 Behavioural and emotional difficulties

Behaviour	Some problems	Significant problems n (per cent)	Total
General behaviour (n=58)	34 (59)	17 (29)	51 (88)
Aggression or violence (n=58)	28 (48)	15 (25)	43 (74)
Putting him/herself at risk (n=57)	22 (39)	20 (35)	42 (74)
Going missing (n=57)	26 (46)	8 (14)	34 (60)
Alcohol, drug or substance misuse (n=58)	19 (32)	11 (19)	30 (52)
Self-harm (n=56)	17 (29)	7 (12)	24 (43)

As this table shows, a high proportion (60 per cent) had gone missing in the previous six months. Previous research has shown that going missing from care may be a particular problem in residential care (though it also occurs in foster care) (Wade *et al.*, 1998; Biehal and Wade, 2000). That study found that about half of young people in residential placements had gone missing, that they usually stayed away for a relatively short time (often for one day

or less), but that over two-thirds of them had committed an offence while missing. For the young people in that study, reasons for absence were often placement-related, for example peer group dynamics or peer pressure.

Among children who are looked after continuously for one year or more, a disproportionate number become involved in the criminal justice system compared with the wider population of children and young people (Department for Education 2010). In this study, two-thirds (37) of the young people had been in trouble with the police during the previous six months. During this period, 39 per cent had been convicted and 27 per cent had received a reprimand or final warning. The adolescent entrants to care were significantly more likely to have been in trouble with the police than the graduates of the care system (63 per cent of adolescent entrants compared to 38 per cent of adolescent graduates).⁵

On closer analysis, it appeared that trouble with the police and problems with going missing were particularly common in eight of the homes. Although all of the residents in three of these homes were adolescent entrants to care, there was little difference in the proportion of adolescent entrants to graduates in the other five, so age at entry to care alone was unlikely to be the only factor. However, there was some indication that there may be an interaction between age at entry and reason for entry to care, although the numbers were too small to tests for statistical significance. All of the young people who had become looked after due to socially unacceptable behaviour, all but one of those looked after due to family dysfunction and two-thirds of those who entered because their families were in acute stress had been in trouble with the police in the previous six months, and all but two of them were adolescent entrants. These accounted for half of those recently in trouble with the police (18). A further factor, indicated by previous research, may be the criminogenic peer cultures that develop in some children's homes, but this issue was beyond the scope of the current study (Sinclair and Gibbs, 1998). The reasons for the relatively high rates of offending by looked after young people are complex and require proper exploration in a separate study.

Mental health

We also used a standardised measure, the Strengths and Difficulties Questionnaire (SDQ), as an objective measure of the seriousness of the young people's emotional and behavioural difficulties (Goodman, 1997). The SDQ comprises five domains, four of which are summed to give a total difficulties score. Scores for total difficulties were banded according to

⁵ Chi-square test significant at $p=.034$ $n=46$.

Goodman’s criteria for normal, borderline and abnormal functioning⁶. As the SDQ is designed for use with children aged four to 16 years, we excluded all those age 17 years or over from this analysis.

Abnormal scores on the SDQ indicate clinically significant mental health problems. In the wider community only 11 per cent of adolescents would be expected to have clinically significant scores, while 80 per cent of children and young people would be expected to score in the normal range (Goodman, 1997). The young people in our sample were nearly *six times as likely* to have mental health difficulties compared with those in the wider population: 62 per cent of them had clinically significant scores while only one-fifth (had scores within the normal range. Previous studies have also shown that looked after children are disproportionately likely to have mental health difficulties (McCann *et al.*, 1996; Meltzer *et al.*, 2003).

We compared the proportion of our sample with clinically significant scores on the SDQ with data from studies of the mental health of representative samples of 11-15 year-olds in the wider community or in care placements looked after children (Meltzer *et al.*, 2000; Meltzer *et al.*, 2003)⁷. Table 4.15 shows the proportions of children with ‘abnormal’ scores for total difficulties on the SDQ, and for the four domains comprising the total difficulties score, to the pattern for these two samples.

Table 4.15 Per cent with clinically significant scores on SDQ: comparison with studies of wider care population and wider community

	<i>Study sample (n=52)</i>	<i>11-15 year-olds in care (n=480)</i>	<i>11-15 year-olds in the community</i>
Total difficulties	62	49	11
• Emotional symptoms	37	12	6
• Conduct problems	71	41	6
• Hyperactivity	39	7	1
• Peer problems	62	-	-

The young people in our survey were far more likely to have clinically significant emotional and behavioural difficulties than young people of a similar age in Meltzer and colleagues’ representative sample of looked after young people. However, 68 per cent of the young

⁶ The recommended bandings for total SDQ scores are normal (0-13), borderline (14-16) and abnormal (17-40) functioning. Mean domain scores were substituted for missing values.

⁷ The study of looked after children used a range of diagnostic measures including the SDQ.

people in that study who were in residential placements had SDQ scores above the clinical threshold. An earlier study of children looked after in a single local authority reported that two-thirds of the local care population had a mental disorder, but among those in residential care this proportion rose to 96 per cent (McCann *et al.*, 1996). Another study of the mental health of children at the point of entry to care reported that half of those who entered residential care had elevated levels of depression (Dimegen, 1999). The reasons for the higher rates of mental health problems among young people in residential care in all of these studies, including our own, are likely to derive from the particular role that the residential sector now plays in the context of provision for looked after children. Following the reduction in the use of residential care since the 1980s, today it is principally used to care for the most challenging children in the care population (see Wade *et al.*, 1998).

The above table also shows that 71 per cent of the sample had abnormal scores for conduct problems and two-thirds had abnormal scores for peer problems. The proportion with conduct problems was very much higher than for the representative sample of looked after adolescents in the national study (age 11-15 years) and over ten times as high as the figure for the wider population of 11-15 year-olds. The young people were also more than five times as likely to have clinically significant scores for hyperactivity than the wider population of looked after young people, and nearly 40 times more likely to do so than young people of a similar age in the wider population. They were also roughly three times as likely to have serious emotional problems as the wider care population and six times as likely to have these problems as other young people in the wider community. Clearly, residents are likely to be a troubled and challenging group.

Family contact

Interestingly, the vast majority (91 per cent) of the young people had face-to-face contact with one or both parents, which occurred at least monthly in most cases. Over half (56 per cent) saw a parent weekly and one-quarter saw them fortnightly to monthly. However, one in six only saw their parents at intervals of three months or more. Two young people had only indirect contact with parents (by telephone, letter or text) and four others (seven per cent) had none at all. Two of these were unaccompanied asylum-seekers.

The majority of the sample (70 per cent) had unsupervised contact with parents, including 24 per cent who had overnight stays, but for one-fifth (11) of the residents parental contact was supervised. Yet although the majority had regular contact with parents, residential staff rated this contact as 'mainly positive' in only 38 per cent of cases. They considered that

parental contact had a mixed effect on half of the young people who saw parents. They also thought that it had a negative effect on one-tenth (five) of them, yet all but one of these were having weekly, unsupervised contact. This raises questions over the management of contact, although many young people will soon be returning home in any case.

Over three-quarters (78 per cent) of the residents were in direct contact (in most cases unsupervised) with their brothers and sisters and a further seven per cent were in indirect contact with them. Nearly two-thirds saw siblings at least monthly and one third saw them weekly. For 44 per cent of those who saw their siblings, this contact was considered to be mainly positive by residential staff, but for nearly half (47 per cent) its quality was rated as mixed and in four cases (nine per cent of those who saw siblings) staff viewed it as negative.

Education

Educational provision

Low educational attainment is known to be common among young people living in residential homes, but the reasons for this are complex (Berridge, 2007; Berridge *et al.*, 2008). A minority, 41 per cent of our sample, had been in mainstream education, either at school or at a further education college, during the past six months shown in Table 4.16.

Table 4.16 Educational provision in last six months (n=56)

<i>Educational provision</i>	n (per cent)
Mainstream education	20 (36)
Further education college	3 (5)
Special school (day pupil)	11 (20)
Home/group tuition	7 (13)
Pupil referral unit	5 (9)
Provision within the residential home	4 (7)
No current provision	5 (9)

One-fifth of the residents were attending special schools as day pupils. The remaining young people received different, specialised, educational provision in pupil referral units, within their residential home or in the form of specialist home/group tuition. In a few cases, young people were receiving tailored packages of educational provision comprising attendance at more than one educational or activity centre.

Five young people, all of them resident in local authority homes, had had no educational provision in the past six months; although three of these were by now 16 years-old and, therefore, beyond compulsory school age. No information on any alternatives to continuing education was provided in relation to these, so we do not know whether they were in training or employment. However the two others who had no educational provision in the past six months were only 11 and 14 years old.

Results of Key Stage tests and GCSE examinations

Staff provided information on the most recent Key Stage tests (SATs) taken by 20 of the young people. Within this group the success rate was relatively low, as only just over half of them (11) were reported to have achieved the expected result in most or all subjects. One-quarter did not take the tests, as shown in Table 4.17. Half of these had a Statement of special educational needs. It is unclear why a quarter had not sat the tests. Staff reported that they had no information on Key Stage test results for 20 other young people – two in every five - even though 14 of these had lived in the home for three months or more.

Table 4.17 Results of Key Stage tests (n=51)

<i>Results in Key Stage Tests</i>	n (per cent)
Achieved the expected level in all subjects	5 (10)
Achieved the expected level in most subjects	6 (12)
Achieved the expected level in few subjects	9 (18)
Did not take these tests	10 (20)
No information on results	20 (39)

At the time of our survey just 11 young people were old enough to have taken, or be about to take, GCSE examinations. Of these, two had obtained five GCSEs at grades A-G, but none had five GCSEs at grades A-C. One young person was about to sit GCSE exams but two had left school before taking them. In another two cases staff reported that they did not know the results of any GCSE exams taken. We do not know whether this was because these young people had not sat exams, or because staff did not know their results. It is disconcerting that residential staff may be unaware of educational achievements, even though we suggested to those completing the questionnaires that this information could often be obtained from Virtual School Heads or local education support teams.

Participation

Only 39 per cent of the young people attended school or college regularly while others had poor attendance or frequently left the school premises without permission, as shown in Table 4.18.

Table 4.18 School attendance (n=49)

<i>School attendance</i>	n (per cent)
Attends regularly	19 (39)
Does not attend regularly	22 (45)
Leaves school without permission	8 (16)

The rate of temporary exclusion from school was high - over one-third (35 per cent). Another four had been permanently excluded from school.

Summary points

- The average age of the young people was just under 15½ years, with similar numbers of males and females.
- Over one-third (38 per cent) had been assessed as having special educational needs, most commonly behavioural, emotional and social difficulties .
- Nearly two-thirds (last) entered care over the age of ten years.
- High numbers had entered care because of abuse or neglect.
- Residents had experienced an average (mean) of two care placements.
- Residents had very high levels of mental health difficulties. Seventy-four per cent were reported to have been aggressive or violent over the past six months and the same proportion reported to have put themselves at risk. Over half had gone missing.
- Nearly all (91 per cent) of the young people had regular face-to-face contact with parents and 56 per cent saw a parent at least weekly. However, residential workers had concerns about the quality and impact of contact in over half of all cases.
- Young people had relatively low levels of educational attainment. Disconcertingly, staff were unaware of test results for a significant minority.

5. Daily life in homes

This section is based on researchers spending periods of time as observer participants in a sub-sample of 10 residential children's homes included in the overall group of 16. Six of these had been studied in depth as part of the original social pedagogy evaluation and we selected four more homes that had not been visited to increase the number to ten.

Researchers visited these homes usually in pairs over periods spanning two to three days. However, two of the four homes studied during the current phase were visited by a single (senior) researcher. These two homes were not large and we have always been conscious of not dominating physically or socially during our presence. Also, as we were interested in residential care more generally and we were not formally interviewing social pedagogues or staff (apart from the head of home), we did not necessarily need as long for our specific purpose.

As explained more fully in our original report (Berridge *et al.*, 2011), the aim of these visits was to explore what everyday life was like in these residential homes. Unlike most social work encounters, young people and staff spend a great deal of time together in residential homes: there are unique opportunities to develop relationships with residents, enhance their welfare and address problem areas. We were specifically interested to explore what are the settings like as a place to live? What regimes do they operate and what quality of care do they offer? For example, are they warm and caring or are staff detached and mainly preoccupied with behavioural control? What educational support do the homes offer? In addition, we were interested in three further dimensions that are important in successfully looking after adolescents: these are managing anti-social behaviour; evidence of inter-professional working; and staff attitudes towards, and relationships with, children's birth families. Researchers wrote lengthy, structured, fieldwork notes which summarised observation evidence on different issues, as well as providing illustrative examples. This component of the study also continues (and presumably concludes) the tradition of detailed, qualitative studies of English residential child care undertaken by one of the authors of this study over a period of nearly 20 years (Berridge, 1985; Berridge and Brodie, 1998).

As explained earlier, we do not claim that the ten homes visited are representative of residential care nationally, as this was a convenience sample derived from the sample in our previous study, as discussed in Chapter 1. This was a purposive sample of homes that were selected for intensive study according to criteria set out in that chapter. The sample is

derived mainly from comparison homes nominated by agencies volunteering for a national Pilot and we might expect these agencies to be more confident about the quality of their residential services.

Physical environment

External

The physical environment in which we live influences and conveys a great deal of meaning about who we are, how we behave and how we are perceived. So were homes attractive, well-looked after environments or were they neglected and uninspiring? The ten homes were located in a range of settings. About half were set in urban environments, three of which appeared quite affluent. Another three were situated in pleasant rural environments, embracing from teenagers' perspectives the benefits and drawbacks of village life.

Externally, the majority of homes appeared well-maintained but some were not, described by us as 'scruffy'; 'the gardens appeared a bit unkempt...'; or with recycling/rubbish left outside for the duration of our visit. Some front doors were damaged and left unrepaired. Most homes were unobtrusive in their neighbourhood without a stigmatising appearance and it can be difficult to locate a residential home on a first visit. There were a few exceptions, including one large building that stood out from its neighbours; one that was not as well-kept; and another that was conspicuous due to its design and location, and served as a congregation point for local youths - neighbours complained about noise late at night. There were no discernible patterns: the private homes were not necessarily the best (or worst) maintained; while two homes which were externally unattractive admitted short-term, emergency referrals, who might not respect their environment, but so did others that were more attractive in appearance.

Internal

Homes had a similar range of internal spaces: including kitchens sometimes combined with dining areas, lounges, computer/games rooms and so on. Each home had a, sometimes small, staff office; these were often heavily used, a point we return to later. We did not observe young people's bedrooms due to sensitivity concerning unfamiliar adults and personal space. However, single rooms would now be the norm. The focus of activity in most homes was usually the kitchen area or lounge. Some homes had a large dining table in the kitchen area, which allowed for a relaxed, comfortable space where staff and residents could sit and chat as meals were being prepared or hot drinks were made. For example:

The kitchen/dining room has a homely feel as it is a place where everyone can sit together and conversation can flow between the kitchen area and dining area.

The short-breaks home for disabled children had a more boisterous atmosphere, with a group of younger boys at the time of our visit around the age of eight years. We noted:

Children run a lot between different areas. The garden was a popular location during our visit, warm days in August: enjoy playing on the swings, climbing frames, playing with sand and with water from the fountain... 'J' liked dressing-up and walking round as well as the sensory room. 'S' liked the visual stimulus of the rotating wheels on the board, playing with toys and also liked to relax and 'chill' before running round again. 'M' organising everyone to sing and liking adult attention.

The majority of homes were comfortable and well-decorated, giving a welcoming atmosphere. For example:

The home has a homely appearance. It is nicely decorated with pictures on the walls and vases of dried flowers.

Most homes exhibited photographs of current (and former) residents on the walls. They were mostly in good repair, although on a few occasions we noted descriptions such as 'shabby' or 'a bit tired'. The following account seemed suitable for several:

Nicely furnished, in good repair, no visible signs of damage. Looks homely and comfortable but rooms a little bare, nice sofas, coffee tables etc but lacks the clutter of a normal home.

Despite the reasonably comfortable décor, several of the homes seemed to us to retain unnecessarily institutional features. In at least three homes, when the telephone rang a bell sounded loudly through the home; in contrast, in some other units, staff had overcome this by carrying cordless phones to avoid the constant clamour and interruption. In another, certain lights constantly went on and off when they detected movement. Elsewhere, a member of staff chose colour schemes and posters and young people said that they did not have a say in the decisions. A few homes had visible 'health and safety' posters and collections of young people's leaflets on display, on issues such as nutrition and healthy eating or sexual health. While important, these would not usually be displayed in a family home and reinforce an institutional feel. This highlights the ambiguities of a residential institution as both public and private space, as well as the tensions in the corporate state acting as a parent (Bullock *et al.*, 2006). Many homes managed to avoid these institutional features without adverse consequences. We should attempt to make residential environments as ordinary as possible in order to facilitate everyday, therapeutic relationships and reinforce young people's self-esteem and aspirations.

Regimes and quality of care

Though the physical environment of a home is important to set the preconditions for effective care, also important are the way it is run and the social relations between staff and residents.

It is the social and emotional development and behaviour of young people that have aroused most concern. Therefore, we spent much effort observing types of regime and how staff prioritised their efforts.

Theory and frameworks

Initially, we explored in interviews with heads of homes and during observations whether units ran according to a specific theory or approach. This was complicated by the fact that, from our original study, four homes were employing social pedagogues and this may have influenced overall frameworks. However, this often coexisted with other approaches. It was interesting to observe that there was probably greater reference by heads of homes to the existence of theoretical frameworks compared with previous studies of the residential sector (Berridge and Brodie, 1998). Previous research has confirmed the importance of heads of homes having a clear philosophy and the ability to maintain a consensus within a staff group (Sinclair and Gibbs, 1998). An explicit theoretical orientation may help to achieve this, although whether it is consistently understood and used by staff across the home is another matter. About half the homes used a form of behaviour modification, involving a system of rewards and sanctions to encourage positive behaviour. Young people generally understood these systems and engaged with them, although not always managing to follow the rules. Two other heads of homes described psychodynamic influences, supported by the involvement of clinical psychologists/psychotherapists and links with the CAMHS service as staff consultants or to undertake work with individual children. Two others mentioned specifically attachment theory while a third referred to TCI (Therapeutic Crisis Intervention). Staff had usually undergone at least some initial training in these approaches.

Quality of care

It is important for homes to take into account the diversity of modern Britain and provide a relevant service for young people and families from all backgrounds. A few homes were located in areas with little ethnic variation and diversity issues were less prominent. However most homes had served children from diverse backgrounds and usually employed a mix of staff. This was especially evident in the south-east. Particular examples of good practice were evident from our visits. One home had stimulated discussion of cultural issues in a young people's meeting and residents had expressed a desire to learn more about Islam and to visit a mosque. Posters were displayed giving information about Sikhism and Chinese culture. Another home made particular efforts to celebrate Black History Month, including special meals. Elsewhere, a home enquired with the Embassy for a girl from a South American country. They explored cultural issues and discovered that the 15th birthday is a particular celebration – a large party was planned.

There are concerns in England about the ethnic *majority* as well as ethnic minorities, especially the social exclusion and low educational attainment of white, working class boys (Evans, 2006). It was interesting to observe that one private home, which accommodated white young people from a large conurbation some distance away, had made an effort to get to know towns, communities and service providers from where residents originated.

It is also important to consider how homes work with both sexes. Little has been written specifically about gender and looked after children, although we know that certain residential settings can be oppressive for females (O'Neill, 2001) and that adolescent girls who have been in care may be especially vulnerable to violence from their boyfriends (Wood, Barter and Berridge, 2011). As we have seen in the in previous chapters just under half (47 per cent) of the residents and two-thirds of the care staff were female. We did not witness routine gender stereotyping in our visits to homes. One home was essentially an all-female setting, allowing girls the opportunity to develop their identity and self-confidence in a safe environment. We also observed in another establishment a thoughtful staff discussion about how males and females express their anger and distress. In contrast, in another mixed home some girls complained that there was not enough for them to do and that computer games were too masculine. Elsewhere, where young women's and men's bedrooms were separate, staff had bought posters to decorate nearby walls which were rather stereotypical.

The way in which access to space is allowed or restricted reveals much about the nature of a residential regime (Goffman, 1961), including whether it ultimately seeks to be caring, life-enhancing or controlling. Front doors were usually locked and residents did not have keys. We did not investigate access to own rooms and bedroom keys. Entry to some rooms was often restricted during the day, to try to ensure that young people attend school or college, or are engaged otherwise in some purposeful activity. Most homes managed to function without making large, staff bunches of keys evident, although in a few they were obtrusive. These exceptions could become less institutionalised by avoiding a 'prison warden' approach. Access to kitchens and food can be symbolic, allowing young people to exercise some independence over self-care. Many homes were preparing older residents for departure ('independence' is rather a misnomer [Stein and Munro, 2008]), who were expected to participate in planning, shopping for and cooking some meals. Apart from bulk storage, young people were generally allowed access to kitchens and everyday items, preparing drinks and snacks. We were generously welcomed by staff and young people in this way. Residents were also encouraged to express preferences over menus.

Staff-resident relationships

Interpersonal relationships are at the heart of effective residential care. Many looked after children have not had the consistent, loving care that is essential to upbringing and to guide the way to maturity. Residential staff seek to act as responsible, reliable adults, who provide positive affirmation, help address areas of difficulty and set boundaries. This can occur only if close, caring relationships emerge and this is how staff perceive their role.

Initially, we considered in our visits whether the homes appeared to us to be warm and caring. These are key human qualities although very difficult to define. We discuss young people's views in Chapter 8. However, we were disappointed in that only about half the homes we visited as observer participants demonstrated what we considered to be a consistently warm and caring environment, over time and across the staff group. Some young people could be detached and unapproachable at times but this was a different issue - the focus here is on staff professionalism and commitment. Everyday examples would include staff acknowledging young people, being respectful, making eye-contact, smiling, talking and spending time in their presence. This may appear obvious but not all children have experienced it. These everyday examples, which many of us take for granted, can be highly therapeutic for deprived children.

There were several examples of particularly sensitive practice where individual children were singled-out for special attention. One girl lay across a worker's lap, sucking her thumb, while she was hugged. Another had been encouraged to take a shower: afterwards she came downstairs, asked a worker how she looked and he replied that she looked beautiful. Staff offered to brush the hair of another girl. In one home, it was noticeable when staff arrived that they immediately sought out a young person with whom they worked closely (as 'keyworker'), asked how they had been and what had been happening. In some other homes, staff might instead go immediately to the office to get the same information from staff, log books or emails. One home, using child psychotherapeutic principles, had given a child a cuddly toy as a 'transitional object' to remind her of her favourite staff member while she was away on leave and to demonstrate that she would return. It is noticeable that these illustrations all concern girls and we need to ensure that adolescent boys also receive appropriate special care. It is important for children to realise that adult affection should be a normal human emotion and is not always exploitative.

The role of the short-breaks home was different to others in that children were admitted for a few days to give parents a planned break, as well as for children to undertake stimulating,

enjoyable activities. The concept of 'respite care' does have its critics, particularly in residential environments, including questioning why is it that it is the disabled child who needs to leave (see Tarleton and Macaulay, 2002). The short-breaks home we visited seemed to be particularly child-centred. Our fieldwork notes summarised:

Staff come over as friendly and warm. Pleasant group, obviously a little apprehensive at first. Welcoming towards children. Children holding staff hands and wanting to accompany them. No evidence of insensitivity. Children and parent warmly welcomed on arrival. Staff seemed pleased to see them...Lot of staff-child interaction. Worker playing with B on the floor in play area, stuffing plastic balls up his shirt – B laughing a lot and enjoying it.

There were specific examples of what appeared to us to be insensitive practice in some homes. We observed in one home:

['Does the home seem "warm and caring"?'] No. Relationships between staff and young people seem distant. [Name] seemed like he wanted attention/company or was bored at several points in the visit but staff did not respond to this.

The same young man was distressed to find an injured animal while out. A first worker was dismissive, but a second was more sensitive, made some phone calls and both took the animal to a vet. They discussed afterwards that the animal might need to be put down. Lack of care in homes mainly concerned inaction and disregard rather than direct, inappropriate interaction. There were examples of young people entering kitchen or lounges or hovering at the doors of offices, who were unacknowledged and ignored for long periods of time. Some residents spent lengthy periods watching television alone, or in their own rooms, without staff interest. There were also a few occasions where staff prepared meals, put them down on tables for young people and then left abruptly without speaking. These inconsiderate practices might reinforce young people's feelings of unimportance, let alone diminish them.

Residential work can be tiring and stressful. Most workers we encountered were required to sleep-in overnight, usually once or perhaps twice each week, often getting interrupted or little sleep and then having to work half the following day. Troubled young people can be very challenging, unresponsive and hurtful. Being exposed constantly to the trauma that children have experienced is also harrowing. However, it is one thing to be aware of the pain but another to have lived it and, if they are to flourish, young people need an orderly, caring and *positive* environment. Staff morale becomes an important consideration and, for our research, an integral part of the quality of care in a supportive environment. If we could gauge staff morale within two or three days no doubt young people could do the same.

Our perception in the clear majority of homes was that staff morale was high. Overall, workers seemed to us to be committed, to get on well and to work as a team. For example, in one home we observed staff welcome a new key-working system. Another unit seemed to have a staff group that was particularly closely-knit: the home had relocated but staff continued, despite often longer and more complex journeys. We described one staff group as 'confident, happy and enthusiastic'. Homes with a positive staff culture had a pleasant atmosphere with humour and laughter within the staff group, with young people and with us as visitors.

Examples of low staff morale included workers who regularly, and sometimes publicly, complained of working conditions or terms of employment. One expressed dissatisfaction of having frequently to attend meetings when not 'on shift'. In another home, staff criticised each others' inconsistencies, such as being unpunctual for, or overlooking, an arrangement with a young person. Of course staff should not be unprofessional or frivolous but workers in one unit, in young people's presence, struck us as very serious and somewhat dour. In addition, we should not generalise from just four private and voluntary homes but it was clear that funding shortfalls could impede the services provided and staff morale. This was sometimes attributed to priorities or cuts in Council budgets. Examples included being unable to access local, specialist, educational or mental health support; or, closer to home, being unable to replace a cook or cleaner and staff having to cover.

In the clear majority of homes staff were certainly approachable to residents – thus, there was little of what can be called 'social distance'. We observed one worker patiently helping a young person with their maths homework. In another setting, the manager emphasised the importance of collecting young people from school each day, rather than use taxis, as this was a good opportunity to talk with them and find out how they were. A third example was with a worker preparing dinner one evening: residents were constantly in and out of the kitchen to chat with her and she always gave them proper attention rather than focus exclusively on the cooking. A considerate, loving parent would do the same.

There were very few cases where workers did not seem particularly approachable. In one home we wrote that: 'Staff were mainly in the office. They didn't seem to take opportunities to engage with young people'. In another unit, staff were preoccupied with tasks, such as paperwork, phone calls, cooking etc and we did not observe any time when they were not engaged in these activities and obviously available for young people.

Apart from these few cases where emphasis was mainly on residents' physical needs and practicalities, there was much evidence of staff listening to, and communicating with, young people. For example, a worker listened attentively to a young person who talked about the sexual abuse of his sister by a member of his family. At the same home, the focus of attention at mealtimes was very much on children – their lives and concerns. Our fieldwork notes recorded in a different residential home that there was a great deal of communication between young people and staff: we noted that they seemed particularly confident when in the company of staff. There were many examples of residents being praised when they did things well in order to boost confidence, self-respect and self-esteem. However, this was not such an overt strategy as we may have expected. Workers in one home complimented a young person who showed the researchers a magic trick; and, in another case, emphasised how happy and proud they were with a co-resident.

There can be a tendency in residential care, as in education, to dwell on the more extroverted children or those posing disruptive behaviour. It is equally important not to overlook those who might internalise their difficulties and appear unduly quiet, upset or distressed. From our observation evidence, most homes did not make this mistake. For example, we witnessed prolonged discussions over a young person's self-harming behaviour and effects of being in a violent relationship. Staff also gave much attention to a resident who was very anxious about an imminent move into a foster home. Yet there were some cases where this did not occur: one young woman spent a lot of time alone in her room and sleeping, which did not appear to have received the attention it might have done. On occasions, there was also focus on controlling problem behaviour without considering what could have been the underlying reasons.

An important part of residential work is how staff prioritise their efforts and how much time they actually spend with residents rather than engaged in other activities. In most cases we concluded that staff spent the bulk of their time interacting with young people rather than engaged in organisational or bureaucratic tasks. An example was the short-breaks home for disabled children and their families, in which workers spent *all* their time with children involved in activities and supervision: we seldom saw a staff member enter the office. One boy, who was very challenging, had two workers with him all the time as he could be violent and run off. In a separate home, staff had responsibility for organising each evening's activities: one brought in her *Wii* (a video game), which young people and staff enjoyed playing together. We recorded in relation to another home:

Staff were engaging directly with young people all the time – chatting, watching tv, playing games. Staff were consistently warm, playful and calm – but constantly

watchful, intervened often to stop over-excited or aggressive behaviour escalating. Calm and warm but consistently firm and the young people responded well to this.

A couple of homes, in particular, were exceptions. In one, staff spent most their time in offices: we were informed that they had a great deal of paperwork to complete, including daily log, digital journal, young people's individual files, monthly reports for social workers, and movement forms completed every time the young person leaves the premises, with details of the time and clothing worn. In this home, two young people spent a long period of the evening alone – one in his room and the other watching television – without any staff interaction. In the second home in which staff were mainly office-based, young people when interviewed complained that staff did not spend enough time with them. They said they were bored and wished that staff would play a board game with them, adding that there were very few trips out. Most homes were not run like this and there should be no need for these exceptions.

We must ensure that residential homes are safe environments for children to occupy and that physical and sexual abuse by staff are things of the past (Utting, 1997). These are the main concerns but, as a result, it is sometimes claimed that children's residential care is unduly 'risk averse', which limits the relationships and activities that can be pursued. This includes attitudes to appropriate physical contact between young people and adults such as 'hugs and cuddles'. All children (and no doubt adults) appreciate this at some stage and those who are looked after are no different. More extreme allegations of preoccupation with 'health & safety', usually levied against public services and Councils, often turn out to be a myth. But to what extent was this a problem in the ten homes that we visited?

As we wrote in our social pedagogy evaluation report (Berridge *et al.*, 2011), residential homes are usually not highly tactile environments. We did not witness a great deal of physical contact but it was evident in about half the homes. A younger child (7 years-old) lay across a worker's lap in one. We observed a worker receive 'a huge hug' when she returned from leave. An ex-resident gave a worker a 'side-hug' and he reciprocated. A manager explained that the position with his staff was that a kiss on the cheek and a hug from a resident were acceptable. Older teenage boys are not the easiest group for professionals to demonstrate physical reassurance; despite this, in one home we recorded that relationships appeared close and affectionate.

In general, we did not perceive an obsession with risk aversion which significantly curtailed how homes were run and the activities that young people could undertake. The list of

possible activities that one resident group came up with – some outdoor and challenging - was not vetoed, with the understandable exception of bungee-jumping.

A positive example towards these issues was demonstrated in the short-breaks home for younger disabled children. (This example was also used in our social pedagogy report.) We accompanied the group on a trip to a farm centre and recorded the following:

Two staff members talked about how there was a lot of attention to health & safety/risk assessments etc but they thought it was good for children to take risks. Children on swings and getting up high on climbing frames. Touching and patting animals. Staff vigilant of possible harm eg to chicks. Children on one long rope-slide where worker ran down alongside them to make sure they were safe. Staff certainly not averse to letting them take risks but aware of the situation. Didn't let [name] get on a horse but he did travel round in a train carriage with a worker running next to him... One senior member of staff said several times 'I'm the shift leader and I've done a risk assessment and I think that's safe'. Children allowed to take more risks than I [the researcher] might have anticipated but staff were confident in their judgements. [Name] not allowed on rides – has inflammation of the brain and staff have immediately to ring 999 if he has a knock on the head [but he enjoyed indoor play more in any case]. Children giving staff some hugs, staff don't discourage. Holding of hands. This all seemed very enjoyable and professional.

Therefore, it did not seem that everyday interactions in the sample of homes studied were unduly restricted by a risk averse culture. However, as indicated above, staff were conscious of the responsibilities of looking after other people's, vulnerable children and this occupied much attention behind the scenes. Male staff, especially, were also conscious of the likely repercussions if young people were to make allegations. Despite recent efforts to bolster public confidence in social work, there is no evidence that media reactions are likely to be sympathetic. Staff welcome strong guidelines on these issues and for them to be fully implemented in their agencies.

Education

Recent governments have spent much attention attempting to narrow the educational attainment gap between look after children and their peers (Berridge *et al.*, 2009). An important part of our studies of residential care has been to examine to what extent the residential setting contributes to this aim.

We were interested in the extent to which staff encouraged young people's belief in their own ability through positive affirmation. This is an important educational strategy and was linked to the wider pattern of staff-resident interactions in homes, which varied to some degree. There were probably not as many direct examples of this as may have been expected, although detailed discussions of school or college work may have occurred privately rather than in public. We observed some good illustrations of positive reinforcement, including a worker spending time with a young person on his college cookery course work. This entailed planning a menu and writing a shopping list. The worker supported the young person with his writing and made remarks such as 'I'm looking forward to trying what you are going to cook'.

Many looked after children have low educational attainment, linked with their special educational needs and pre-care experiences, as well as any shortcomings in the care system (Berridge, 2007). However, it is important not to have low expectations of pupils as it has long been recognised that these can be self-fulfilling (Hargreaves, 1967). It is regrettable, therefore, that one worker said to us: 'These are young people in care, you cannot expect more from them, at least they are attending the school'. We need to make sure we have moved on from these attitudes.

We were interested to explore the extent to which education, training and jobs were discussed and whether attention to these questions permeated the homes' culture. These issues were clearly evident in the majority of homes. Interestingly, given the older adolescent age-group now accommodated in many residential homes (as we saw earlier, over 60 per cent of our sample were age 15 years or over), it is not only schooling that is relevant but also college, work, training and apprenticeships. A planned, shared curriculum has also emerged for young people with social and educational difficulties, who spend time in several settings.

Our observations indicated that education and work issues were a noticeably high priority in about half the homes. For example, in one home, two young men were expected to do well in the GCSE and left each morning in their (suitably adapted) smart school uniforms. In contrast, the third co-resident, who was more problematic, received only an hour and a half's education each day in an offsite unit and was sent home the day of our visit. It was said that each day he was made to study art: this was not his favourite subject and his lessons consisted mainly of looking through the pictures in an art book. Despite his difficulties, this young man was not unintelligent (convincingly beating the researcher in several card games in the evening). Staff in this private sector home were critical of the lack of local educational

and also CAMHS support: even though funding was available from the local authority concerned (an 'out of borough' placement), there was said to be no local capacity. At another home, we witnessed a long discussion over mealtime of a job offer in a restaurant that a young person had received, including its suitability.

In a third home, we observed a lengthy staff meeting in which educational and job issues were discussed. A keyworker referred to a young woman who was interested in the legal profession and this was being explored. A colleague was attending from the Virtual School and she agreed to pursue it afterwards. This seemed a prompt response. At the residential unit catering specifically for girls, workers informed us of the lack of suitable educational opportunities for their highly vulnerable residents. A member of staff had qualified professionally as a teacher and she brought particular expertise to these discussions.

In a very few homes was there not much attention to education, training and work. In one unit we witnessed a young man return from his college skills programme with a print-out of possible jobs. He seemed eager to discuss this and loitered in the doorway of the office. A worker talked with him about this for a short time but it was a brief interaction and she was otherwise preoccupied working on a computer.

The short-breaks home for children with an autistic spectrum disorder had a high level of activity and stimulus. Children spent much time outdoors with the swings, sand and other activities. Indoors, workers engaged with children using games, books and other educational learning resources. One boy was adept at using a computer. An elaborately-equipped sensory stimulation room was popular with the visitors during their break.

We also considered the available educational resources in other homes, including access to a computer and the Internet, to books and to a quiet area. All homes had one or more computers available for residents' use as well as some books. However, in some, the books were not especially exciting: in one unit the books appeared too young for the current age-group; while in another we recorded that the books kept in the kitchen were '...a little bit of a jumbled mess'. Young people often kept books and study resources in their own rooms. In about half the homes, the computers, books and board games were being used proactively in a way that was educationally stimulating. For example:

Internet access, lots of books around in dining room and lounges. Some GCSE study books, some novels, some reference books. One young person read while others watched television.

One home temporarily loaned a laptop to young people to use. Staff expressed a great deal of concern about how best to monitor appropriate internet use, including the social networking site *Facebook*.

School attendance *per se* is not the ultimate goal of education but an important precondition. As we saw in Chapter 4, nearly half of the young people in our survey did not attend school regularly. Many residents had a mixed educational history and emphasising regular school attendance was an important priority for just about all homes visited. One exception concerned an adolescent who stayed in bed until the afternoon and there was no discussion, from what we could see, of where he was supposed to be or what would be done about it.

One home had a policy that attending school or college regularly was a requirement of joining and living at the unit. Staff said that they did not have major problems with this and the current resident group all attended mainstream school. Interestingly, this particular home did not emerge as the most impressive in other respects, for example in the quality of its staff-resident relationships. One young man returned home after finding his first day at college difficult due to conflict in relationships with other students. Staff immediately raised this with the college and it was promptly resolved by having him attend on different days. In another home, school attendance was a key topic of conversation throughout our visit. Regular presence was emphasised and staff explained that they arranged packages of education suitable for young people's needs and abilities. If young people were reluctant to attend, they stressed the importance of investigating the reasons. Workers in one setting would accompany residents to the pupil referral unit (PRU) if it would help. Staff in another home drove a young man 15 miles each way when he started his new college, until he became more settled and confident in using public transport. Elsewhere, a staff member escorted an ex-resident to school to support her with her GCSEs. These may appear as examples of good practice but they are the steps that responsible parents would take and need to become the minimum for looked after children, who require extra efforts all-round.

When young people missed school or college, homes often adapted the regimes so as not to make time in the unit more attractive than education. For example, access to lounges and televisions could be prevented. One staff group explained that they set out to make presence in the unit so tedious and unattractive that school or college were preferable. There were sometimes complex arrangements for students to attend several units as part of a package of education. Consequently they were difficult to monitor: for example, if a student was due at one site or another, if arrangements had changed or attendance was not required. We also came across an example where a birth parent (father), it seemed, did not

appreciate the importance of part-time education and took his daughter shopping instead. In this case, the contact was useful but not its timing.

Managing anti-social behaviour

Occupants of residential homes have frequently posed behavioural management problems at home or in the community, which may have contributed towards entry to care or breakdown of previous foster placements. Both our own survey, reported in Chapter 4, and the national survey by Meltzer and his colleagues, reported high rates of emotional and behavioural difficulties among young people in residential care, with particularly high rates for conduct problems and peer problems. Therefore, we were interested in the anti-social behaviour of the resident group and how it was managed by staff.

Initially, we were interested in peer relationships in the home and whether these were harmonious or, alternatively, whether there was much evidence of conflict. The group can be supportive but research has shown that peers can also demonstrate rivalry and intimidation (Barter *et al.*, 2004). Peer violence can be difficult to evade in a residential environment. We did not witness peer violence in the short-breaks home: children could potentially be violent towards adults, one boy in particular, but there was little interaction between the group, who were instead more immersed in their own worlds.

We did not always observe lengthy interactions between residents in other homes, as units could be quite small and young people were often out. Also, exchanges do not always happen in public. There clearly was peer conflict in several of the homes. There was a particular problem of violence from and between young women in one home, which staff attributed mainly to jealousy. Residents had been informed that the police would be called if violence was used. A visit to the police cells had been arranged as a deterrent. There were tensions between two residents, with intimidation and conflict at night.

At another home, a young woman was said to be a bully to other girls. We recorded:

[Name] spoke about two girls feeling unsafe in the home. They had a relationship with an older girl in the home who, at first, offered them protection. 'The girls felt protected by her, they would give her money, take food out of the fridge for her, but we would say they were being bullied.' Now there are problems with two of the girls not feeling safe in the area. Young women are staying with family as a result of this.

We were informed that an incident had happened one evening during our visit while we were absent. One young man was said to be very controlling and he had engaged in some abusive behaviour and racist insults towards a worker. During an interview at another home, a resident stated that there was some friction between residents. The head of home informed the researcher that there was usually one major incident each day, sometimes more.

Using unacceptable language by swearing is a form of anti-social behaviour and we were alert to its use in homes and curious how staff would respond. Social attitudes to acceptable language change over time. There was actually very little resident swearing publicly in most homes. Sometimes young people swore at staff if they were very angry or upset. We heard only one staff member who swore in front of young people. In just about all homes staff responded to young people's swearing and discouraged its use.

So this was not a major worry but we wondered, more generally, what the balance was for staff between managing anti-social behaviour and meeting young people's broader needs, for example through supporting education and learning, and so on. Earlier research (Colton, 1988) demonstrated that much staff time in residential units was concerned with behavioural control and that communications were frequently *reactive* – curbing behaviour; rather than *proactive* – initiating positive activity and interactions. This was in contrast to (specialist) foster care, where encounters tended to be more positive.

The extent to which behavioural control problems dominate residential life partly relates to the function of a home and its resident intake. Concerning behaviour *within the home itself*, one young man had attempted to attack his girlfriend: a worker intervened and was bruised in the process. However, this situation was exceptional and most homes were not dealing regularly with these extremes of behaviour within the home itself. More typical was a young man who was hitting and kicking doors and walls – staff responded by asking 'What are you doing?' and 'Why are you doing that?'. In another setting, a young man refused to leave the staff office for over an hour, where confidential papers were accessible. The head of home was called out, who later explained the behaviour as a pattern of sibling jealousy.

Overall, though, major behavioural management within the home itself did not dominate most homes. We witnessed no physical restraints of young people during our periods of observer participation but were informed that two physical incidents had occurred during the evenings. One concerned a head of home who removed a cigarette lighter from a young man, who had been persistently uncooperative and was pretending to set fire to curtains.

She was slightly hurt in the process. The second incident involved a residential worker who pushed a young man in the chest, who was attempting to barricade him in a room. There was regular physical intervention in the short-breaks home with disabled children. We observed:

J was held frequently to keep him safe, stop him running-off or prevent him slapping or grabbing. He grabbed hair on some occasions and his hands had to be removed. This was all done carefully and with no unnecessary physicality.

Reinforcing school attendance, a behavioural problem of a type, generally required and received more attention than serious misconduct within the home. Staff relations with young people mainly consisted of everyday interactions and discussions rather than confrontations.

We were interested in the extent to which young people involved themselves in risky behaviour, such as smoking, drinking, offending etc. We did not quantify its exact incidence but smoking (outside the building) appeared quite common. From what we could see, staff overall did not strongly condemn this practice and there were not clear, anti-smoking messages. Four of the homes were currently concerned about other forms of self-harming behaviour including cutting. At one home, most the current female resident group was said to self-harm. In another, a girl had just shown first signs of self-injury: staff were very concerned and had contacted the CAMHS service immediately. One young man in a semi-independent flat believed to have an autistic spectrum disorder danced violently and hurt himself while listening to music. Staff at one home informed us that a recent former resident had attempted suicide by hanging.

Although everyday life within the homes was not constantly being disrupted, trying to influence young people's behaviour *outside the home* in the community was a different matter. In one home, for example, most residents were involved with the criminal justice system in different ways and their behaviour required much attention. One resident had been arrested for intimidating a witness and feared a custodial sentence. There had been a case of arson, stolen goods and a young woman had returned bruised.

Drug misuse with outside friends or contacts was a concern in many locations. One extreme case was a young woman, who was still in bed in the late afternoon. She was known to misuse alcohol and drugs and professionals were very concerned about the health consequences. A doctor visited and warned her of the hazards but she replied that she knew the risks but liked drugs and did not intend to stop. A multi-professional meeting was being arranged. Concerns were expressed about other young people who went missing or

stayed out late and misused drugs. Staff gave a much stronger message about the health and interpersonal risks of misusing cannabis and other drugs compared with smoking. There were also concerns about the risky behaviour of vulnerable girls in the community, including sexual exploitation.

With perhaps the one exception where staff had little interaction with residents, workers were proactively engaged in trying to manage these wider behavioural problems outside the home. They discussed the problems with young people concerned and pointed out the hazards. They sought to ascertain which friends they would be with, what they were doing and to set times for return. Young people usually complied but not always and were not necessarily truthful. Homes were not secure units: they could not restrict young people's liberty and instead relied on the powers of caring relationships, concern, advice and support. There were several concrete examples. One unit did not admit young people with known alcohol or drug problems. Another home in the capital made particular efforts concerning gang membership; a drugs worker also came into the home to work directly with residents. An adolescent resident told us that she was not allowed to have a mobile phone. A worker always accompanied her even to the local shops, as she had said that older men flirted with her and asked for her phone number. A number of young people, therefore, took risks. For most, homes appeared to be taking steps to help keep them safe but it felt precarious.

Monitoring friendship networks can be an important strategy to keeping young people safe and is something that many parents would attempt. For those with delinquent peers, encouraging pro-social friends can be an important strategy for social inclusion and to promote social mobility (Nacro, 2005). Most homes made some effort to find out who the young people's friends were and to discourage those who were considered undesirable, especially in relation to offending, violence or drugs. This could raise ethical concerns and it is important in being discriminating not to become prejudiced. One home emphasised that they made an effort to invite-in friends who were a positive influence. We also observed a worker asking a resident detailed questions about his new girlfriend. An adult came to visit one young person: he had a court appearance later the same day and had to remain outside the building, while staff hinted that he might leave ('Sorry to be a nag but...'). Another male resident had formed a relationship with a girl with learning difficulties, which could involve risks – staff with the girls' parents devised a strategy so that they would meet only at college. Staff in a different home took young people to a local youth club twice a week in a deliberate effort for them to mix with a wider social group. In addition, one very able, quite sturdy young man represented a local rugby club and he was due to go on a southern hemisphere tour the following week. This young man had some interesting insights into what two years' of good

quality residential care had offered him compared with his previous unsuccessful foster placement.

Friendship issues were different for children visiting the short-breaks home. We were informed that they tried to schedule the same groups of visitors over time so that friendships might develop. Staff also attempted to plan groups in terms of age, gender, ability and interests in order to make the visits more enjoyable.

Inter-professional working

Effective inter-professional working is important to support looked after children and their families. Young people may experience problems in different areas – for example health, education and offending – and different professionals have specialist expertise, as well as the ability to access resources. Inter-professional working has been emphasised in government policy (DES, 2003). Interestingly, however, social pedagogues participating in the earlier evaluation often felt that the wide-ranging service involvement in England could undermine the professionalism of the residential worker's role (Berridge *et al.*, 2011). In Germany, it was stated that social pedagogues – who tend to be better qualified and higher status than residential workers here – would take on wider responsibility concerning family contact, education, healthy lifestyles etc, rather than referring on to others.

Probably with the exception of one home that appeared quite professionally isolated, most maintained a range of inter-professional contacts. As would be expected, there were frequent links with social workers. Private homes could be frustrated over some contacts, including obtaining commitment for long-term planning. About half the homes seemed to have strong relationships with teachers and other education professionals. We observed an example of a Virtual School Head actively involved in planning the career of a young man, including exploring suitable college courses.

Though there have been problems of capacity with the CAMHS service in supporting young people with complex emotional, psychological and mental health problems (Department of Health, 2008), the service probably had a higher profile in this group of ten homes than would have been found previously (Berridge and Brodie, 1998). One home also employed its own therapists to undertake individual- and group-work as well as offer staff support. One home, whose specific purpose was to care for looked after children with considerable mental health needs, worked closely with the local CAMHS Looked After Children team. This team provided psychological assessment, staff consultation, staff training and, where appropriate and accepted by the residents, individual psychotherapy for young people and family

therapy. A psychologist from the CAMHS team was linked to the home and was involved in decisions about admissions.

A clinical psychologist attended a staff meeting in a home while we were present; and we were conscious of a worker liaising with a CAMHS worker to review the progress a resident was making in her therapy. The Connexions service did not appear to have a high profile with the homes or their staff, possibly linked to its marginal status and uncertain future.

Several homes had contact with youth offending teams, depending on the exploits of their residents. We came across examples of a restorative justice programme being planned for one young man; links with the local team concerning violence-reduction in a home; accessing anti-racism education; and planning the return of a young man following a sentence in a youth offending institution. A range of health appointments coincided with our visits, including GPs, dentist, opticians, sexual health clinic and planning a mental health assessment.

Relationships with children's families

The final aspect of daily life to be discussed concerns links with children's birth families. In the past children's services were often discouraging of family contacts (DHSS, 1985), which was addressed in the Children Act 1989. Many residents we encountered were in contact with families, although not all would be returning to live with them. Staff usually adopted a positive attitude towards contact, although sometimes they were more neutral, neither encouraging nor off-putting. We did not hear disparaging comments about birth families. Positive examples included the detailed planning of Christmas home visits depending on children's individual needs and circumstances. Two grandparents were invited for an evening meal and staff planned this carefully with the young person, including what to cook and how much. Examples also involved: a meeting involving a father concerning how to keep his daughter safe; reminders to return a mother's phone call; and supporting a young man who was attending a family wedding, including what to wear. We were unaware of noticeably poor practice in relation to birth families, although in some circumstances contact seemed to be occurring without staff giving it particular attention. Of course, some of this deliberation may have been taking place privately.

The home with a specific family support role and most contact with parents was the one offering short-breaks. We were informed that there were attempts to include some flexibility in planning dates of visits to accommodate changes in parents' circumstances: it is intended to be a service for families after all. As there was a waiting list, 'Pathfinder' days had been introduced, whereby those awaiting visits could attend for a day. In this way children

became prepared for their stays and temporary respite was offered to families. Parents were warmly welcomed when they brought their children for the visits: staff seemed to know well parents and siblings. It appeared to us that parents were perceived as 'competent experts' and there was respect for their difficult lives, often as lone parents, in caring for a disabled child with accompanying health needs.

The home gathered detailed information was gathered from short-breaks parents about their children, including their likes and dislikes as well as preferred routines. Efforts had been made to involve parents more in the running of the home. Parents and children were involved in staff selection but there had been resistance from parents in extending this – it seems that 'a break' should be just that, rather than including extra efforts and responsibilities. We met three parents when dropping off their children, who were very complimentary about the home. One called it 'A lifeline'. A parent said that she just liked to read a magazine while her son was away for the day. Another remarked that it made a change for them to be able to go out as a family and not be stared at. Keyworkers phoned parents after the visit to give feedback about how everything went.

Consistency with Statements of Purpose

It is interesting to consider whether our direct experiences of the ten homes were consistent with how they were depicted in their Statements of Purpose. We would not expect homes to be static but sometimes to adapt or evolve over time, depending on young people's needs and other local services. Yet Statements are regularly updated so we would generally expect there to be consistency. They can be an important source of written information informing commissioners and social workers when seeking suitable placements for young people.

Overall there was congruence between what was written in Statements of Purpose and how homes functioned during our visits. Homes did not exceed the number of residents admitted. Only one had changed its age-criteria and admitted a younger resident. Similarly, just one home had altered its functions, now supporting transition to independence on top of a short- to medium-term focus. However, homes that intended to undertake short-term work and assessments often experienced drift when young people were unable to move on elsewhere.

Most operated similar models of care to what was described, with one exception, although a small number had not outlined any framework. Furthermore, the links that homes claimed in their Statements of Purpose with other services were also evident from our visits. There was

one exception: a home had claimed a close link with a local CAMHS service but no evidence of this emerged.

Analysing the quality of care

Both in our earlier evaluation of social pedagogy and in the current, more modest exploration of children's residential care, we have tried to consider which variables might be associated with the quality of care that homes offer. We need to emphasise that this is a tentative exploration based on a qualitative approach. At best it could highlight certain issues for further exploration rather than demonstrate unequivocally the route to success. We sought to be as rigorous as possible and fieldwork data was obtained usually by pairs of researchers, who engaged in discussion and negotiation over what they had observed. As with most research, we have been cautious throughout. In any case, regrettably, good quality care does not automatically translate into improved outcomes, depending on young people's characteristics and what else is occurring in their lives.

In both studies we have concentrated particularly on three dimensions of residential life: the overall quality of care demonstrated in staff interactions with young people; education, training and work; and managing anti-social behaviour. We used within the research team some researcher ratings to assist with our understanding and discussion of qualitative data.

Of the ten homes studied in depth, two stood out for us regarding the overall quality of care offered. One was local authority-managed and the other privately-run, so there was no simple relationship with provider status. These were among the smaller homes. In addition, they did not admit emergencies. These factors emerged also in our social pedagogy report. Furthermore, the two heads of homes in the current study responsible for the high quality homes were among the better-qualified. We need be cautious not to assume a causal relationship. Good homes may find it easier to recruit better qualified staff. The influence might also be attributable to *external senior managers*, who recognise the best people to appoint while supporting and guiding them in their work. There was another home with a well-qualified head which, in our analysis, did not feature among the most impressive. However, this home had idiosyncratic features including staff friction. On the other hand, most residential children's homes are probably idiosyncratic in one way or another. The furthest we can go is to state that there seemed to be certain benefits from our modest, qualitative study for homes that were small, did not admit young people as short-term emergencies and had well-qualified heads of homes running them. These issues deserve attention in greater depth.

Summary points

- The majority of the ten homes studied in detail were comfortable environments but several retained what researchers felt were unnecessary institutional features.
- Compared with previous research, there appeared greater reference to specific theories or approaches in how homes were run. About half used some form of behaviour modification involving systems of rewards and sanctions.
- About half the homes were judged to offer a consistently warm and caring environment, over time and across the staff group. Exceptions involved inaction and disregard rather than direct, inappropriate interaction.
- A clear majority of staff spent their time engaged with young people. Two of the ten homes were exceptions in which staff were mainly office-based and appeared rather detached.
- Everyday interactions in homes were not unduly restricted by risk aversion, although this received much staff deliberation behind the scenes.
- Most homes gave attention to education and work issues and it was a particularly high priority in about half.
- Most settings were not dominated by major behavioural management issues within the home itself. However, young people's behaviour outside the home was a major concern, including drug misuse and residents' safety. With perhaps one exception, homes worked proactively to attempt to manage these risks.
- The operation of homes was generally consistent with what was written in their Statements of Purpose.
- Although the results are tentative, homes offering high quality care seemed to be among the smaller; not accept short-term emergencies; and to have better qualified heads of homes.

6. Outcomes for the young people

We followed-up the looked after young people in the study just under seven months after our initial survey, on average.⁸ By this point there had been considerable turnover in the homes. Although nearly two-thirds (38) of the residents had remained in the same establishment, just over one-third (21) had left their placements by this point. The mean length of follow-up was 6.8 months, ranging from 4.7 to 9.4 months, with around two-thirds of the follow-up questionnaires completed six to eight months after our initial survey.

This chapter first compares the young people who remained in the same home at follow-up with those who had left by this point. It then discusses a range of outcomes for those who had stayed. Full outcome data were only available on those who had stayed. Finally, it focuses on those who had left, describing the reasons for doing so and their destinations.

Comparing 'stayers' and 'leavers'

At follow-up, those who had left the homes (the 'leavers') were slightly older, on average, than those who remained (the 'stayers'), with a median age 16.2 years for the leavers compared with 15.6 years for those who stayed in the same placement.⁹ However, there was considerable variation within these groups. The age of the leavers ranged from 10.9 to 18.6 years, while the age of the stayers ranged from 12.2-19.2 years. The two groups were equally likely to be male or female. There was no difference in the likelihood that young people in private or voluntary sector homes, as opposed to local authority homes, would be either stayers or leavers.

As we might expect, those for whom the purpose of the placement was long-term care and upbringing were more likely to remain in the same home. Only one-quarter of them had left by follow-up, the majority of whom were adolescent entrants to care. A high proportion of residents placed for the purpose of preparation for independence also remained (77 per cent). Among young people placed for these two reasons, those who left by follow-up

⁸ This chapter excludes temporary visitors to the short-breaks units, who were not included in the outcome evaluation. As explained previously, the planned length of follow-up had been six to nine months, determined by the time available for our study, but the actual time to follow-up was determined by how long it took individual homes to return questionnaires at both stages of our survey.

⁹ Mann-Whitney U test significant at $p=.014$ ($n=37$).

tended to be slightly older, on average (with a mean age of 15.7 years for the stayers and 16.9 for the leavers in these groups)¹⁰. Among residents placed for short-term reasons, including for assessment, getting the child and family back together and emergency placements, there was little difference in the proportions which stayed in the placement or had left by this point.

By follow-up, a higher proportion of adolescent entrants to care had left the homes (48 per cent) compared with the more settled group who had entered care before they were 11 years-old, only 18 per cent of whom had left. This difference in the likelihood of remaining in the placement was unrelated to the age-profile of these two admission groups, as their mean ages were similar¹¹. However, it may be related to the purpose of the placements, as adolescent graduates were nearly twice as likely as adolescent entrants to have been placed for the purpose of long-term care and were, therefore, less likely to have left the placement within a relatively short follow-up period.

On average, the leavers had spent less time in the study homes than the stayers, as shown in Table 6.1.

Table 6.1 Months in placement (n=54)

	Mean (<i>range</i>)	Median
Stayers n=36	20.4 (7-50)	17.3
Leavers n=18	14 (2-50)	12

Overall, the stayers were slightly younger than the leavers, had spent more time in the home and were more likely to be placed for care and upbringing or for preparation for independence. A higher proportion of the stayers had entered care before the age of 11 (58 per cent) than during adolescence.

Behavioural and emotional outcomes for the stayers

Residential workers had provided baseline data on a range of possible behavioural and emotional problems or risk behaviours (outlined in Chapter 4). We repeated our questions

¹¹ Chi-square test of stayed/left by adolescent graduates/entrants significant at p=.045. Mean age at follow-up was 15.6 years for graduates and 15.7 years for entrants (n=45).

on these issues at follow-up and compared the answers given at both points in time to investigate whether there had been any change.¹²

General behaviour and aggression

Our initial survey showed that general behavioural problems were reported in relation to as many as 90 per cent of the stayers. There had been little change by follow-up, as behaviour problems were reported in relation to the majority (82 per cent) of those who had behaviour problems at baseline, although in six cases behaviour problems were reported at baseline but not at follow-up.

At the time of our baseline survey, three-quarters of the stayers were reported to be aggressive or violent. The picture at follow-up was similar to that for general behaviour problems, with aggression or violence reported for 82 per cent of those for whom these had been reported at baseline. However, for five of the young people reported to be aggressive or violent at baseline, this behaviour appeared to have improved.

Risk behaviour

By follow-up, there was little or no change in the proportion involved in the risk behaviours reported at baseline, including going missing, abusing alcohol and drugs or generally engaging in risky behaviours, as shown in Table 6.2.

Table 6.2 Young people involved in risk behaviour at baseline and follow-up

	<i>Continued (per cent of those with this problem at baseline)</i>	<i>Only reported at follow-up (per cent of those with no report of this problem at baseline)</i>
Risky behaviour (n=38)	73	42
Going missing (n=37)	74	33
Alcohol/drug abuse (n=39)	79	21

Although the majority of the young people displaying risk behaviours at baseline were also reported to demonstrate them at follow-up, for a correspondingly smaller proportion these behaviours were no longer considered significant. However, among those not reported to engage in running away, substance misuse or generally risky behaviour at baseline,

¹² Although we encouraged consistency, questionnaires had been completed by the same member of staff at both points in time in only 17 cases (27 per cent of stayers).

between one and two-fifths (depending on the behaviour) apparently begun to do so by follow-up.

Self-harm

Many of the stayers (42 per cent) were reported to have self-harmed during the six months prior to baseline. By follow-up this concern was reported to only 40 per cent of those previously reported to have self-harmed. However, for another four young people not previously reported to have self-harmed, this was reported to be a problem by follow-up.

Involvement in crime

In order to compare patterns of recorded offending for the six-month period prior to our baseline survey with those for our follow-up period, we asked residential staff to report any formal reprimands, final warnings or convictions since the date the initial survey questionnaire was completed. Clearly this is a very short period for potential involvement in crime to come to light. Some reports might concern criminal behaviour prior to admission to the residential home. It is also possible that some involvement in the criminal justice system might have been reported twice (although to avoid this, we asked respondents to report on events since the date the initial questionnaire was completed, and noted this date on each follow-up questionnaire before it was sent out).

Information on recorded offending was provided at both points in time for all but three of the stayers (36 young people). For one third (12) of these, there were no reports of any involvement in crime at either point. Two-thirds (24) were reported to have been involved in the criminal justice system during the six months prior to baseline and half of this group had received a further final reprimand or conviction during our follow-up period. However, there was no evidence of fresh involvement in recorded crime over the follow-up period for the other half of the previous offenders. The majority of these 'desisters' were adolescent entrants, who had been in their current placement for between ten and 30 months. It is possible that for these young people the placement was protective, although other factors may also have played a part. It is equally possible, however, that some of these had indeed continued to engage in illegal activity that had not been detected or for which they had not yet been convicted. To sum up:

Among the stayers group as a whole:

- 12 were 'non-offenders' at both points in time;

- 24 had received a reprimand, final warning or conviction in the six months prior to baseline;

Of the 24 reported to have been involved in crime at baseline:

- 12 were ‘continuers,’ who committed recorded offences during both periods;
- 12 were ‘desisters’ who had offended prior to baseline but not during our follow-up period.

Education: participation, progress and outcomes for the stayers

Educational provision

All but one of the young people who had been attending mainstream schools or further education colleges at baseline were still there at follow-up. Slightly more young people were in mainstream education, as three who had previously received non-mainstream schooling (in special schools, pupil referral units or at their residential home) plus three others who had previously had no provision, had also moved into mainstream education by this point, as shown in Table 6.3.

Table 6.3 Educational provision at baseline and follow-up (n=36)

<i>Follow-up</i>	<i>Baseline</i>			<i>Total at follow-up</i>
	Mainstream	Non-mainstream	No provision	
Mainstream	15 (94)	3 (19)	0	18 (50)
Non-mainstream	0	10 (62)	1 (25)	11 (31)
No provision	1 (6)	3 (19)	3 (75)	7 (19)

One young person previously attending school and six others (three of them previously in non-mainstream education) had no any educational provision at follow-up. In total, around one-fifth of the stayers were not in education, employment or training.

School attendance

There was little improvement in the pattern of school attendance over the follow-up period. Of the 33 stayers for whom information on attendance was available at both points in time, two additional young people were reported to be attending regularly. Ten others reported to truant from school during the six months prior to baseline had now left school or were refusing to attend at all.

School exclusion

Fourteen of the 31 stayers (for whom information was available at both points in time) were temporarily excluded from school during the follow-up period. Just over half of these (8) had been temporarily excluded during the six months prior to baseline, but six others had not been excluded during that earlier period. However, five who had previously been temporarily excluded had not been excluded again during the seven month follow-up period.

At baseline seven stayers had been permanently excluded from school. One of these was no longer excluded, but three additional residents were. During the course of our follow-up period, therefore, the number permanently excluded had risen from seven to nine. These accounted for nearly one-quarter of the 38 stayers (on whom information on permanent exclusion was available).

Progress, effort and attainment

According to those completing the survey, 42 per cent of those attending school or college were reported to be making 'good progress' in some or most areas of their work. A further 42 per cent were making 'good progress' in just a few areas but nearly one-fifth were not considered to be making progress in any areas of their education. A quarter of those in formal education 'always tried to do their best' at school and nearly two-thirds were said to try to do their best at least sometimes; but one in ten were reported to do their best only rarely or not at all.

Although reports about progress and effort were positive in relation to many of the young people, attainment for those old enough to take public examinations was generally low. Despite some advances, this remains a continuing problem for the looked after population (Berridge *et al.*, 2008). Of the 19 young people old enough to have taken GCSE examinations, ten had not sat the exams (in some cases because they had left school before they were due to do so) and three had sat GCSE exams but not passed any. Six had 1-4 passes at grades A-G or a GNVQ, but none had five passes at grades A-C. Some young people were following vocational rather than academic pathways, for example studying mechanical engineering or hairdressing at college, sometimes in combination with attendance at a pupil referral unit.

Other activities

Two-thirds of the young people were also reported to try to achieve in other ways. Many of the residential staff who completed questionnaires indicated that had they tried to engage or support the young person's interest in a wide range of activities including various sports, drama, music, handicrafts and cooking and had encouraged some to join youth groups including army cadets. A few mentioned that one of the aims was to engage them in constructive activities and offer opportunities to integrate with the local community. But in most cases they simply listed a range of activities rather than commenting on their aims in encouraging these activities.

The leavers

Where did they go?

Information on the destination of the leavers was available for all but one of this group. Half of them had returned to their parents by follow-up and a quarter had moved on to other residential units, as shown in Table 6.4.

Table 6.4 Destinations of leavers (n=20)

	<i>n (%)</i>
Residential unit (local authority)	1 (5)
Residential unit (private or voluntary sector)	4 (20)
Foster placement	4 (20)
Semi-independent/independent accommodation	1 (5)
Returned home	10 (50)

Half of the leavers left the home because they were leaving care. Five returned home at the age of 16 -18 years, following a placement for long-term care or preparation for independence which had lasted between 18 months and just over four years. The others who returned home had been placed short-term, either for assessment or in an emergency. This was also the case for the 16 year-old who moved to semi-independent accommodation. In these cases, the return was sometimes prompted by the wishes and actions of the young people. One young person had begun spending longer periods at home and eventually decided to stay there; while in another case the young person and parent wished to be reunited and their social worker agreed to this proposal.

The five young people who moved to new residential placements had spent only one to ten months in the home. Those who moved on to other residential placements were age 14-18 years at follow-up and three of them had been placed for long-term care or preparation for independence. Two of the moves to other residential units were planned. For example, a specialist unit was found for a 17 year-old with learning difficulties, who wished to live with other young people of a similar age.

The three who moved to foster placements were slightly younger, on average - only 14 years-old - than those who moved elsewhere. They had lived in the homes for between four and 14 months. Two had been placed in the children's homes for assessment and one had been placed for treatment, in collaboration with the local CAMHS team, prior to a planned move to foster care.

Why did the leavers move on?

For nearly two-thirds of the leavers the placement ending had been planned, but over a third (seven) had left because the placement had disrupted. Where placement endings were planned, five had moved on because this was a time-limited placement which was planned to end. Another five moved because they had left care at the age of 16 or over. One placement ended after a young person went missing and did not return and three others disrupted because the young person wanted to leave the home. However staff reported that five of those who left had wanted to stay. In six cases, staff reported that it had been difficult to find a suitable place for the young person to move on to.

Five of the seven young people whose placements disrupted had been moved because of their violent behaviour within the home. Three had made serious assaults on other residents (in one case with a large knife) and two had assaulted staff. In at least one of these cases, staff noted that this incident was part of a pattern of difficult behaviour, which could not be managed within the home. The placement had ended when the young person assaulted the head of the home. In at least two cases the police were called in response to this violent behaviour towards other residents or staff and the incident was formally dealt with by the criminal justice system. In one other case, staff reported that the disruption had been caused by the young person's 'negative behaviour', but did not specify the nature of this behaviour. Three of these young people were moved to out-of-authority residential units, but two were returned home and one was fostered with a relative. The seventh young person had decided to leave the placement and return home, apparently encouraged by her family and friends.

Summary points

- The young people in our survey were followed up 6.8 months, on average, after our initial survey. By this point two-thirds (39) remained in the placement (the 'stayers'), but 20 had left (the 'leavers').
- Among the 'stayers,' there was little change in behaviour problems, risky behaviour, going missing and drug or alcohol misuse during the follow-up period. Half of those with previous warnings or convictions had been involved in further trouble with the police, but for the other half there was no evidence of involvement in recorded crime.
- All but one of those in mainstream education placements at baseline were still there and three others had moved into mainstream education by follow-up. The pattern of school attendance improved slightly. There was no evidence of improved attainment during this short follow-up period.
- Half of the 'leavers' had returned home, a quarter had moved to other residential units and three had moved to foster placements following a period of assessment. Half of those who returned home were 16-18 year-olds making the transition from care.
- One third of the 'leavers' had moved because the placement disrupted, usually due to their challenging behaviour. Five of the seven young people in this group had assaulted other residents or staff.

7. Aggregate data on outcomes

In Chapters 4 and 6 we presented data on patterns of placement moves, school exclusion, going missing and involvement in the criminal justice system for the 59 residents who were living in the homes at the time of our survey. This chapter presents *aggregate data* on these issues for all 200 young people who lived in the homes for any length of time during the course of an 18-month period. We asked the heads of the homes to provide us with information on the number of residents accommodated during three consecutive 6-month periods. We also asked them to tell us the number of young people who, in each six-month period:

- had a planned move to a new placement
- had an unplanned move to a new placement
- were temporarily or permanently excluded from school
- went missing overnight
- were reported to police for a recorded offence.

We did not collect this data from the two short-breaks units as their different role meant that these questions were inappropriate. We were able to collect aggregate data for all three six-month periods from 11 homes, and on one of these periods from a twelfth (because the home moved to new premises and information on the previous 12 months was no longer accessible to staff). Two other homes failed to provide this data despite our efforts.

Findings from our analysis of this aggregate data may differ somewhat from the findings from our survey. This is because of the different nature of the samples used for the two sets of calculations. Our survey sample was a cross-sectional sample of young people living in the homes at a single point in time (the 'stock' of young people in the homes on a single date), whereas the aggregate data refers to all residents who spent any time in the homes during a six-month period (the 'flow' of young people over this period). These aggregate data can more accurately represent patterns for a home as they include information on all young people passing through that home in a given period, including those who stayed only briefly (who would have less chance of being represented in a cross-sectional survey).

The number of residents living in each home during the course of each six-month period ranged from three to 18, as shown in Table 7.1.

Table 7.1 Total number of residents in each time period

	<i>Period 1</i> (11 homes)	<i>Period 2</i> (11 homes)	<i>Period 3</i> (12 homes)
Total number	88	88	100
<i>Range</i>	3-18	3-18	4-12
<i>Mean</i>	8	8	8

Two homes (one with seven and one with nine places available) had a particularly high number of residents entering and leaving them, as each looked after 18 residents during one of the six-month periods in question. For the others the number of residents accommodated during the course of six months ranged from three to ten.

Planned and unplanned moves

There was a high turnover of residents. During the 18-month period investigated, over 200 young people lived in the 12 homes at some point and 141 moved out of them (since one home only provided data for six months, the total number of residents in the 12 homes over the full 18 months would be higher than 200).

Most moves were planned, which is consistent with the pattern for our smaller survey sample. Analysis of patterns of leaving for that sample suggests that in some cases, planned moves would have occurred because young people were placed only for short-term purposes, for example in an emergency or for assessment; while in other cases older residents may have moved because they were leaving care to return home or move to semi-independence. However, moves were unplanned for between (roughly) one-third and one half of all residents, who left because their placements disrupted.

Table 7.2 Residents who made planned or unplanned moves

	<i>Period 1</i> (n=88 residents)	<i>Period 2</i> (n=88 residents)	<i>Period 3</i> (n=100 residents)
Residents who made planned moves (n)	39	28	29
Range (number per home)	0-12	0-7	1-5
<i>Per cent of all residents</i>	44	32	29
Residents making unplanned moves (n)	17	13	15
Range (number per home)	0-6	0-4	0-4

As this table shows, 29-44 per cent of all residents made planned moves, with the number per home ranging from none (in one to four homes during any six-month period) to 12 (in one home). The proportion making unplanned moves was lower, accounting for less than half of all departures from the homes. In six homes in Periods 1 and 2, and in four homes during Period 3, no placements were reported to have disrupted. However, there were four homes in which at least four placements disrupted in at least one six-month period, and in one of these homes four placements disrupted every six months.

There was, therefore, little stability in the composition of the resident group, as the total proportion of residents who remained in the same placement during any given six months ranged from only 37– 56 per cent overall. In every six-month period over half of all residents moved out of five to six of the homes, and in seven to eight of the homes one third or more of all residents left. In view of this turnover, which was partly due to the planned ending of both short and long-term placements and partly due to placement disruption, the findings which follow often refer to substantially different groups of children living in the homes in each six-month period. It is therefore difficult to know whether any changes in home-level outcomes, for example in patterns of going missing, are due to any changes in the practice or culture of the homes or to changes in the population of young people living within them during each period.

Exclusion from school

Some young people in all of the homes were temporarily excluded in at least one of the three periods. In nine of the homes, one to five residents were temporarily excluded in all three six-month periods but in two other homes, one to three young people were temporarily excluded during just one of the periods investigated¹³. Table 7.3 shows the numbers temporarily excluded in each period

¹³ Since one home only provided data on one of the three periods, during which three residents were excluded, we do not know whether or not this also occurred in the other two periods.

Table 7.3 Residents temporarily excluded from school

	<i>Period 1</i> (n=88)	<i>Period 2</i> (n=88)	<i>Period 3</i> (n=100)
Number	24	22	25
Range (number per home)	0-5	0-3	1-5
<i>Mean n excluded per home</i>	2.2	2	2.1
<i>Per cent of all residents</i>	30	29	33

In five of the homes, one-third or more residents were excluded at some point during at least one of the periods in question, but there was variation both over time and between homes. Although, in one home, no-one was temporarily excluded from school for an entire year, in another all residents were temporarily excluded during one six-month period.

Between 20 and 27 per cent of residents were permanently excluded from nine homes in at least one of the six-month periods, although we do not know whether the permanent exclusion had commenced before or after they moved to the home. Rates of permanent exclusion were particularly high in three of the homes during all three periods, but we do not know whether the same young people, or alternatively successive groups of residents, were involved. Given the high turnover of residents in these three homes, it seems unlikely that precisely the same young people were involved throughout.

Without additional information on the particular young-people concerned, it is difficult to know how far the variation between homes in rates of school exclusion is due to variation in the intake of the homes, variation in policy and practice between schools or to variations in practice within the homes. Evidence from a previous study of children's homes suggests that school exclusion may be associated both with the reason for admission to care (with those entering due to family breakdown or trouble outside the home more likely to be excluded) and with the quality of leadership of the head of home (Sinclair and Gibbs, 1998).

Going missing overnight

Over half of the young people went missing overnight during every six-month period. Residents went missing from all homes in at least one of the six-month periods and some went missing from at least ten of the homes in all three periods. The average number missing per home ranged from 4.4 - 5, as shown in Table 7.4.

Table 7.4 Residents who went missing overnight

	<i>Period 1</i> (n=88)	<i>Period 2</i> (n=88)	<i>Period 3</i> (n=100)
Number	55	48	54
Range (number per home)	0-18	0-12	1-12
Mean n missing (per home)	5	4.4	4.5
<i>Per cent of all residents</i>	63	55	54

Again, there was considerable variation between homes. Four homes reported particularly high proportions of residents absent overnight, ranging from 56-89 per cent in all three periods for two homes, 80-90 per cent in one home and 100 per cent in all three periods in another. These four homes also had particularly high rates of placement disruption and permanent exclusion from school. In three other homes, rates of going missing were much lower, ranging from 17-25 per cent in most periods (with a slight increase for two homes during a single period).

Since aggregate data provides information at the level of the home rather than the individual, we cannot tell how far the variation between homes is related to variations in their intake. Previous research on children's homes has found that the likelihood of going missing rises with the length of time spent in the home, suggesting that peer cultures and staff approach may be influential (Sinclair and Gibbs, 1998). However, research on going missing has shown that patterns of absence from care placements are associated not only with the quality and culture of the placement but also with the young person's own biography; for example, whether they have previously run away from home or other placements (Biehal and Wade, 2000). Both of these studies found a strong association between going missing from children's homes and involvement in crime.

Involvement in the criminal justice system

Between 38 and 45 per cent of the residents of the homes were reported to the police for an offence during one or more of the designated periods, as shown in Table 7.5.

Table 7.5 Number of residents reported to the police for an offence

	<i>Period 1</i> (n=88)	<i>Period 2</i> (n=88)	<i>Period 3</i> (n=100)
Number	40	33	38
Range (number per home)	0-12	0-14	0-8
Mean n missing (per home)	3.6	3	3.2
<i>Per cent of all residents</i>	45	38	38

In one home, no young people became involved in the criminal justice system over the entire 18-month period, and in three others only one young person was involved during this time. In contrast, in four other homes three-quarters or more of the residents were reported to the police for a recorded offence in at least two six-month periods. Two of these also had high rates of going missing, placement disruption and exclusion from school. This suggests that the risk of involvement in criminal behaviour might have been related to the particular population of residents in certain homes, their potentially negative influence on other residents (for example, if they had a history of offending) and to the broader culture within each home including local policies towards 'criminalisation', as previous research has found (Wade *et al.*, 1998; Sinclair and Gibbs, 1998). Two of the homes with particularly high rates of recorded offending also had high rates of placement disruption, going missing and school exclusion.

Summary points

- Aggregate data, at the level of the home rather than the individual, were collected on 200 residents who lived in 12 of the homes at any stage during three consecutive six-month periods.
- There was considerable turnover in the population of the homes, with only 37– 56 per cent of residents remaining in the same placement during any single six-month period.
- Most moves were planned rather than unplanned. Between 29 and 44 per cent made planned moves from the homes in each period, but 15-19 per cent left because their placements disrupted.
- Between 29 and 33 per cent of all residents were temporarily excluded from school during each six-month period and 20-27 per cent were permanently excluded.
- Rates for going missing ranged from 54-63 per cent overall and the proportion reported to the police ranged from 38-45 per cent during each period.

- Rates of placement disruption, school exclusion, going missing and involvement in the criminal justice system and exclusion from school varied considerably between homes and, in some cases, over time. Differences between homes may be due to differences in the intake, or in the peer or staff cultures or a combination of these.

8. Young people's views

We were able to interview 20 – half – of the young people living in homes at the time of our visits. This took place in small groups or individually, once we had become acquainted. Not all residents wanted to spend time with us and it did not always fit-in with their hectic social lives, despite staff encouragement and offer of a token reward. Questions asked were mainly general and open-ended. However, we also asked young people to complete a specific task, identifying which members of staff (if any) they would prefer to be with in imaginary scenarios: this included if they were angry or upset; needed help with school or college work; or to accompany on a visit or a trip. This method was used in the previous study to ascertain how often residents would choose social pedagogues and for what reasons. In the current research we have analysed responses more generally to provide insights into residential life and young people's perceptions of staff.

General views about living in the home

Young people in the homes spoke about many issues and, initially, we try to capture what living in the home meant to the young people, and what thoughts or feelings it raised for them. For example, two young people expressed deep sadness and wanting to be back with birth families. Two others said that the home should be more like 'a home', suggesting they disliked its institutional feel. For one young person, residential care meant being safe; whereas, for another, the home signified a lack of safety and the feeling of being alone at night. One young person spoke about how pleased he was to have clear privileges, possessions and money. Another young person spoke of the food as the best thing about the home. We can sometimes forget the deprivation that children have lived through. The two young people in the study who expressed a longing to return to their birth parents had not been living in their placements for very long. It was unusual for young people to voice these feelings but important that they are included, because they were so strongly felt and because they may be a more common experience of family breakdown and being in care:

I would like to go home and life would be much easier, then staff wouldn't give my mum and dad grief all the time...

I want to go home back to my mum...Because I miss my mum...she's always very kind ...I'm not used to children, I'm used to my mum...I'm used to being at home.

These examples highlight how difficult adjustment to living in a children's home must be; children's loyalties may still be to birth parents, as they are not yet ready to accept any benefits from their new situation.

Two young people said that children's units should be made more like families, one remarked:

I think that the children should be treated and made to feel more like a family rather than children knowing that they're in a children's home. 'Cos sometimes it can be like scary and a bit uncomfortable knowing that you're in a big kids' home.

These comments suggest that the institutional aspects of children's homes are occasionally dominant for some young people. In contrast, it is noted that one young woman stated that she felt very safe since moving to the home.

One young woman spoke about her personal difficulty of living in an independence unit attached to the home. She enjoyed having her own space and the associated privileges, for example, being able to use the internet, watch television or cook when she wanted.

However, this young woman was certainly not enjoying being alone in the flat:

...I don't like staying here, sometimes I like going out until like 1 o'clock in the morning until I get tired, then I come back and go to sleep...[I] like having my own space. But that's me, I love having my own space but I don't like being on my own, so that's why I stay out until like 1, 12, 1 until I get tired to go to sleep...

This account of a young person's experience of the process of 'preparing for independence' shows that, because of her very specific needs, she is not yet able to manage the emotional dimension of living independently. We noted, in the discourse of many of the staff members we spoke with in the different homes, that preparation for independence was described essentially in practical terms as teaching young people to budget, cook and so on and that the emotional aspects seemed overlooked (in their conversation at least). Research indicated this 25 years ago (Stein and Carey, 1986). But there was a positive side to having greater independence and two of the young people talked about appreciating the privileges and material gains that they received in care. The first spoke about being able to have savings and go shopping:

When I came here I didn't have any privileges, but now I've got my TV in my room, my TV aerial on the weekends, I'm allowed to hold 80 quid clothing allowance to go shopping on my own and with my mates. I've got time out by myself and with my mates.

In our discussion with this second young person, she expressed her appreciation that rules regarding young people's finances had recently changed to make it more difficult for them to spend money on drugs:

Young person ... the rules are different now and it's them being more stricter with the money and all...

Interviewer Do you think that's better or worse?

YP *That's better, it's better because you get young people that are using the activity money, their pocket money and all that fund like toiletry money, for drugs. So now they're not giving the...toiletry money so now they have to take them out with the staff, has to go out with us to get toiletries and that so it's better now.*

In our group discussion with three young people in one home, very varied views were given about daily life: young people mentioned the food; the staff, young people and their peers; and 'nothing' as the best things about living in the home. These replies showed that young people could have very different experiences of living in the same home.

Over half of the young people in the study were very positive about the variety and number of activities that were available to them while living in the children's home. Young people's leisure interests included watching DVDs, playing on the Xbox, Wii, playing sports, playing pool, creating artwork and using computers. They also mentioned activities outside the home such as going for walks, visiting the cinema, bowling, attending football matches and ice-skating. Several young people spoke approvingly about recent holidays with staff or special evenings out to the theatre. However, a significant minority of young people mentioned that they were 'sometimes bored' in the home. To some degree this might be a more general adolescent trait. Some young people, living in rural areas especially, complained that they were often unable to get lifts from staff to go visit their friends. Thus, our interviews revealed a wide range of feelings about living in homes. Some young people were very focussed on their relationships with staff and the range of 'privileges' which could be negotiated, whereas others talked about missing birth parents or their homes. Many enjoyed the activities on offer, although others found it tedious.

Young people's relationships with their peers

When asked about how they got on with other young people in the home, a few spoke about the close friendships they had made. Young people made important bonds with their peers in the homes, these were friendships which could be long-lasting. However, living with other young people was more often mentioned as a *difficulty*. Participants mentioned how much they were affected by the actions of their peers. One example is given in this conversation during a group interview:

I *And how well do you think everybody that lives here gets on with each other?*
YP *Okay, yes. But sometimes we get arguments, we have arguments.*
I *Is that often or is that...*
YP *Yeah. Mostly every day.*
I *And what kind of arguments, you just shouting at each other or...*

YP *Fighting.*

Young people who are looked after have often experienced or witnessed abuse or violence in their lives (Sinclair *et al.*, 2007). Continuing exposure to conflict and violence will impact on their happiness and general well-being. It was difficult to probe this question because we did not want the interview to cause distress but we were aware that peer conflict was a major issue in some homes. One implication was that young people who were uninvolved had more limited access to staff. We know that peer violence in residential homes is a more general problem (Barter *et al.*, 2004).

The fieldwork notes of one researcher showed how fighting might lead to insecurity for young people who were not directly involved:

... she said she didn't like it when the two older boys were play-fighting (they were both large and the play-fight I observed was pretty scary – to me, anyway!)

When asked how he felt about living in the home, one young person said it was:

Good, except [young man's name] and [young man's name], who are just arguing all the time...

A young man also suggested that that he felt intimidated by older boys within his unit. Sometimes, conflict was centred on particular young people in the home but, in other accounts, young people mentioned difficulties being more general:

I [How do young people get on?]

YP *Not the best at times. We always bicker and argue and all that...sort of like, usually.*

I So sometimes you sort of bicker and don't get...[on at all]...Is it like that a lot of the time or just...?

YP *Most of the time it is, yeah.*

As well as conflict leading to physical confrontations between young people, they could also lead to other tensions in the home:

I How well does everyone get on in the house?

YP *Really bad...Fighting all the time. [Name's] the worst one 'cos she play-fights.*

YP *We have moments of not talking, sometimes there are arguments – that's not very good.*

On the other hand, two young people emphasised that conflict is an everyday part of 'normal' home life and that teenagers, in particular, often disagree. One said:

It's like a normal house really, everyone has ups and downs. So, yeah, everyone gets along with each other okay I suppose.

Another young person spoke of the conflict being similar to that within sibling relationships:

Well it's kind of like a brother and sister relationship really. Brothers and sisters fight, we fight. It's kind of the same thing in the house but...yeah. It's ok, but we have arguments and stuff just like brothers and sisters do.

Certain young people could have a major effect on the mood of a home and the amount of conflict. In two homes, interviewees explained how matters had significantly improved (in terms of the level of conflict and tension) when a particular young person had moved out.

Young people's relationships with staff

Almost all young people, when asked, could mention a member of staff that they felt particularly close to, or someone they might approach if they needed support. Furthermore, most young people had no difficulty identifying staff members that they would turn to if they were experiencing a specific problem, such as being angry or upset, or needing practical help. For example preparing food. Indeed, the 20 young people that we spoke with were usually positive about staff and their relationships with them: they valued staff sensitivity and listening skills; being able to share a joke with staff; relationships that resembled family relationships; and staff being reliable. This is an important finding, consistent with previous research into the residential sector (Berridge and Brodie, 1998). Young people may have lacked reliable, caring adults in their lives and this is a vital precondition for effective care.

Positive relationships

Young people described positive relationships with staff in a variety of ways. Several spoke about staff being reliable and dependable: researchers' field-notes contained the following:

Staff always there to talk to and to help them.

He said that the staff are all kind and helpful and that he felt he could go to them if he had any problems. He particularly likes two of them (one male and one female).

Feels he gets sufficient one-to-one time with staff...When asked what's best about the home, he replied that it was the 'kind and helpful' staff.

One young person interviewed felt grateful for the consistent support that he had received from staff:

I And what would you say is the best thing about living here?

YP *The staff...They always do stuff for me and when I were hurt right, that's why I came back here and so I went to call them and [Name 1] picked me up and I were upset so he sorted me out... And like [Name 2], at my last keyworker session, he took me out for my tea. And [Name 3] took me out for my dinner as well...All the staff, they're really good, doing their job...*

Another participant commented approvingly:

I have a strong relationship with them, really good relationship. I can speak to them about everything.

At a home in which residents displayed particular emotional difficulties, one young person remarked that the staff team allowed her a choice about whom to seek for support. She remarked that:

There are different staff, if you have a kick-up with one, you can keep going with another. They don't bear grudges...

Several young people mentioned how well they felt listened to and understood by staff (one in four participants said this unprompted). There seemed to be a quality in the exchanges that young people really valued:

Yeah, she understands where I'm coming from. And [name of residential worker] as well, I think they all understand...like what we do is understandable if you see what I mean. So yeah, it's good, they understand a lot...

When the researcher asked a young person why she would choose a particular residential worker to turn to if she became angry or upset, she hesitated but said:

I don't know, it's just...feels like she listens to me better. I feel it anyway.

Another spoke about how residential workers' own admissions were very important as they made the young person feel less alone in their experience:

If I was angry or upset they know...like [name of worker] talks to me about her problems when she...and then it makes me think, I can talk to her, talk to another worker because they went through the same, they went through a problem that I used to go through. What I go through they went through, it's like depression. That's what I go through and I get upset and then I try and hurt, harm myself and then I go and talk to them because they stop me. So it's better, they're nicer. And the other two would be third and fourth because they are the only two that helped me. It's...helped me with college...

Most of the young people in the study said that they could talk to their favourite residential workers with ease. For many, there was no barrier to getting support if they wanted it. The following interview extracts highlight this:

... he's really easy to talk to, he's like very sensitive, and he knows when I get upset and he's able to talk to me about it. I'm never shy to talk to him about it. He's like one of the main people I go to...

I talk to her about everything, and she's always supporting me and helping me if I get angry and stuff. It's just always nice to have her around and talk to her...

... I've known her forever basically. So she understands and everything. So basically I just talk to her and she just listens...

Importantly, young people valued the everyday aspects of residential care work of building relationships, being available and ensuring that young people feel listened to and understood. Over a quarter of participants raised the importance of humour in their lives and being able to 'have a laugh with residential workers'. When asked why they preferred particular residential workers, humour, being able to share a joke, often featured in their replies:

[Name] always makes me laugh...

...I went to the cinema once with [name] and it was so funny. The thing with [name] is she tells a lot of jokes...

We have some fun...

When you go out with this [name] in particular you know something funny's going to happen, so...it's like going out with one of your friends...

The issue of humour seems relevant in the context of some of the young people's homes that we visited - in which strict boundaries were being imposed, yet when staff and young people spent time together, humour was often also present. For example, in young people's description of the same residential worker, they both spoke about his 'childlike' nature:

YP *It's [name] really, he's just a big kid. So it's like going out with one of your friends.*

YP *Oh he loves it. He's so childish.*

Previous research has shown that the ability to generate humour can be effective to deal with stress (Rutter, 1985). There is also a strong historical tradition of 'survival humour' among the English working class population as a response to adversity (Alexander, 1997).

Some young people fought against the hierarchies within the residential units and preferred staff who they imagined treated them more as peers rather than children. When asked why they had chosen specific workers as their first choice for help with specific issues, two of the young people spoke of members of staff resembling family members:

...[RW's name] is my brother...

She [RW] is really mother...

We found this for more participants in our previous Social Pedagogy study (Berridge *et al.*, 2011). For some young people, thinking of residential workers as family may be difficult because that might raise questions about why they are not living with their birth families or been rejected by them. But it is interesting that for some young people, residential workers and the residential home seem to provide substitute care which, for them, reproduces certain experiences of a family home.

Towards the end of each of the interviews, we asked young people individually, 'What is the best thing about living in the children's home?'. It was heartening that for some young people, staff featured top of the list of positive aspects about the home:

Q *And what would you say is the best thing about living here?*

YP *Support. They're giving you a lot of support, any help you... like when you move out...good support because they help you, if you don't know how to be independent they help you budget your money and everything... And then you learn to clean up after yourself as well...*

Young people also expressed their appreciation for staff cooking and other practical skills. For example, one young woman praised the residential worker for the quality of her food.

[Name] makes the best food...she done this thing today for lunch – all potatoes, like those takeaway potatoes...and pitta bread, and that was yum...

A few young people identified members of staff who were particularly calm or had the ability to reassure them. Two young people were able to recognise that they sometimes needed soothing and they spoke about being with staff who would be a good calming influence or who were able to offer reassurance when needed.

YP *[Because she can] sometimes calm me down.*

YP *'Cos when you go out with [name], he's just laid back and chilled out.*

YP *I think the staff are all like really friendly and reassuring.*

The vast majority of comments about staff were positive, exemplified in the following two statements:

I have a strong relationship with them, really good relationship. I can speak to them about everything.

...[this (worker) is] just basically one of the nicest guys you'll meet. So...yeah, I talk to him about stuff as well.

Negative aspects of relationships with staff

Some young people raised difficulties in their relationships with residential workers. Just a couple of young people mentioned problems getting access to staff when they needed to speak to someone. One person said humorously:

No. RWs ok. No. They're always busy. Only joking, you can talk to them, it's whether you choose to.

But it is interesting that in the same home another young person mentioned wanting to go out more with staff. A clearer statement in a conversation by a group of young people in this home concerned staff who varied in the amount of time they spent with young people or were usually otherwise preoccupied.

The issue of confidentiality was raised by young people as a serious barrier to talking with residential workers. For some young people, this may be their first looked after experience and they may understandably be loyal to birth family members. Some young people found it difficult to confide in residential workers because they perceived them to be aligned with the social worker in opposition to birth parents.

I *And if somebody was like worried about something or upset, could they talk to somebody if they wanted to?*

YP *They [staff] can't keep it a secret, no, they have to tell someone. So if I say I'm going to get beat-up or I'm going to get shot or something, they have to say that don't they?*

One young man gave the impression of being particularly self-reliant. When he completed the group interview task, he said that he would not go to anyone in the residential unit if he encountered those problems or wanted to take part in the activities. One young woman who was unhappy to be living in the home felt able to take part in activities with staff but unable to confide in them.

How young people feel they are treated

When young people were asked how they were treated in the unit, there was a wide range of responses. The consensus in some homes was very positive. For example, one set of fieldwork notes recorded:

Very positive about this. Said that staff have to be firm to help them and that they are fair to everyone.

Young people's perceptions of being treated unfairly mainly concerned inconsistency rather than overall injustice as a group. One exception was a young man outnumbered by female residents:

Yeah I hardly ever get one-to-one anymore because I'm basically one of the only boys here, so the girls get more attention than the boys.

We saw in Section 5 that half the homes used forms of behaviour modification, which inevitably creates winners and losers. Adjudication over rewards and sanctions can be time-consuming and complex, including consistency between staff in their judgements. There were several examples in which young people felt they were sanctioned unjustifiably:

Well if I go out and I like don't come back on time, I either get an early bed or...not allowed out the next day. But there's people here who's been out before, and they come back and they're allowed out the next day – which is quite unfair.

Um I think like the punishment and stuff, some kids get more punishment than others. For instance [name], if he runs off or something, he gets twice as much as anyone else would, which is kind of unfair on him.

Support with schooling

There was a strong view that staff supported young people with their studies. One young man reminded us that some students perform perfectly well at school without staff help ('Don't need help to do well at school'). However, many others commented favourably on the help provided:

If you have homework, all you have to do is ask them to help you and they come and sit with you for as long as you want really.

Yeah, they're always supporting us to get into education and being in education, and help us to move on and stuff. And [name of worker], he's just like really easy to talk

to about it and he's easy to listen. He listens and gives me advice on it and stuff...like my exams and stuff.

Two young people seeking training and work expressed similar views – 'I feel I get enough help looking for jobs and stuff'.

Suggestions for improvement

We rounded off our interviews by asking residents about ways in which their residential home might be improved. Questions such as this can generate something of a 'wish list': many adolescents would welcome fewer restrictions, more pocket money and later bedtimes and this group was no exception.

Some broader issues were identified. One young man, reasonably, wanted more involvement in the process of moving between placements. As he expressed it:

I think us kids should have more say in where we go and stuff. Like, say, if we got moved out, yeah, I think the resident should have more say in where to go. And try and provide where to go and to see the place – where you're moving to.

A resident at the same home criticised their policy of reporting young people who were absent to the police, in situations where staff had spoken with the resident on the phone, knew their whereabouts and that they were safe. Perceptions of what are safe or desirable, of course, may vary.

A young woman at a home elsewhere would have preferred the resident group to be all-female:

YP Make the house all girls. It's good when it is just us four. When the boys are here they ruin things for everyone else.

YP Girls don't really kick-off.

Another group expressed consensus that young people should be able to socialise in each others' rooms, which would concern many professionals.

Summary points

- We were able to interview half of residents, individually or in small groups. They expressed wide-ranging views, with occasional glimpses of loneliness and missing family life.

- Young people valued their friendships with other residents but peers were more often depicted as a source of difficulty and conflict.
- Interviewees expressed positive views about staff and almost all could identify a residential worker to whom they would turn for help. They valued staff sensitivity and listening skills; reliability; a sense of humour; and relationships that felt akin to family.
- There was general appreciation of the range of activities on offer in homes but a significant minority of young people were sometimes bored.
- There was a general perception that staff were supportive concerning school, college, training and work.
- Young people felt that they were generally treated fairly, although there was a perception that rules were sometimes applied inconsistently across the group.

9. Conclusion

We end this report by highlighting some of the main findings from this research and discussing their implications. To reiterate, our purpose has been to provide a general insight into the nature and practice of care in a group of 16 children's residential homes in England. We did this by undertaking further analysis, supplemented by additional data, relating to residential homes participating in our previous evaluation of the Social Pedagogy Pilot (Berridge *et al.*, 2011). The homes included are those which did not employ a social pedagogue as part of the Pilot and, therefore, provide a more general picture. Though a good cross-section, we are not suggesting that they are nationally representative. For example, the private sector is under-represented but this was a feature of the original Pilot and beyond our control. Nonetheless, this should provide a useful background to discussions about the current role of children's residential care and its future development. It is likely that the issues highlighted here have wider relevance.

Residential homes nowadays are usually small, with an average in this sample of six places. There was a high occupancy rate, indicating that their services are in demand. Most homes fulfilled a variety of functions, including short as well as long-term admissions. This brings complications and associated tensions, as crisis entrants can be disruptive to group dynamics. Residents were looked after by a predominantly female workforce and female, social care labour in the UK is traditionally low status and, many would argue, undervalued. Indeed, staff had low levels of professional qualifications and, in the preceding study, were certainly envious of the professional standing of the usually graduate, German social pedagogues. In the homes we visited, there was criticism of the quality and variability between colleges of National Vocational Qualifications, the main training route up until now for residential staff. However, staff were a committed and experienced group, often remaining working at the homes for many years. The rapid turnover and youthful inexperience of residential staff, which bedevilled the service over many years (Berridge, 1983), seem a thing of the past.

The young people sheltered by the homes were certainly a welcoming but challenging group. Their average age was almost 15½, which is slightly older – by about six months – than in Sinclair's (1998) study. Many young people entered care late, nearly two-thirds at the age of ten or over. There was a great deal of variation in the time they had spent in their

current placement, which ranged from less than one month to just over four years. For many, however, the placement was fairly short, as the average duration was only ten months. Over half had become looked after for reasons of abuse or neglect: adolescents as well as young children can experience severe maltreatment but it receives less attention (Rees *et al.*, 2010).

No doubt at least partly as a consequence of their previous experiences, about half of residents raised issues of special educational needs; for some others these may have been unidentified. Strikingly, their level of mental health difficulties had been assessed at nearly *six times* the rate of the wider child population. Residents posed very significant behavioural problems, including aggression and violence as well as putting themselves at risk. Two-thirds of young people had been in trouble with the police during the previous six months. Interestingly, a high proportion were in regular contact with birth families: half seeing a parent weekly. However, earlier research also found a high level of contact (Sinclair, 1998).

Despite their profound difficulties, the residential experience was often brief. We undertook a seven-month follow-up, the maximum duration possible within the timeframe for the study, by which time a third of residents had left. Mostly the exit had been planned and half returned to birth families. Depending on the continuing support, and the extent to which they act as responsible parents, they have an unenviable task. A third of placement endings were due to disruptions, which might seem high, but nearly three-quarters involved violence to other residents or assaults on staff.

We analysed outcomes for residents to attempt to gauge the extent to which the residential care impacted on their situation. (This excluded the two short-breaks homes for disabled children and their families, which were fulfilling a different function.) This was complicated by the rapid turnover. Many areas remained unchanged. However, half of those who had offending records in the six months prior to baseline did not repeat this experience during the follow-up period. For a quarter, their exposure to risk behaviour improved; although some others started to take risks. This is a mixed picture.

We took another, slightly different approach to assessing residents' outcomes, this time gathering data on *all* occupants over three consecutive six month-periods, that is over a total of 18-months. One again, this was complex given the high turnover, as the group of residents at one time-period was not entirely the same as at another. Nonetheless, of all residents living in the sample of homes, during their stay just under a third were temporarily excluded from school; over half went missing overnight; and 40 per cent, on average, were

reported to police for an offence. There was noticeable variation between homes, although the functions of homes and characteristics of residents varied.

This may appear a disappointing record and the question arises - to what extent did homes adequately address young people's difficulties, or even exacerbate them? For our research we studied in detail 10 of the 16 residential homes, usually spending between two to three days at each. This involved interviewing and talking more generally with young people, staff and managers. We also observed everyday life and interactions, structured by a pre-planned framework.

Our overall conclusion was that the residential homes were comfortable environments but retained some unnecessary institutional features. If the intention is to provide a normalised, nurturing environment; welcoming, supportive relationships; and in which boundary-setting occurs, then these institutional features are a hindrance. Several homes functioned effectively without them. Yet more important than the physical environment are the interpersonal interactions and we were disappointed, in our assessments, that only about half the homes provided a consistently warm and caring environment throughout the day and across the staff group. In two of the ten homes staff were rather detached: young people also sensed this and told us in interviews.

Various explanations might be proposed for the inconsistent level and quality of interactions. Homes were not usually under-staffed, probably the opposite. Despite what many would assume, they were not unduly restricted by risk aversion – such as fear of allegations – although this consumed much attention behind the scenes. Furthermore, they were not constantly dealing with behaviour problems within the home (although externally, anti-social behaviour and personal risk were major concerns). But in general, it is important to emphasise that young people were mostly complimentary about the residential experience. They mainly felt that they were treated fairly. Most were positive towards staff. The qualities they especially valued were: listening skills and sensitivity; reliability; a sense of humour; and relationships that resembled family. On the other hand, young people were often wary of their co-residents. We should not automatically perceive the peer group as problematic rather than supportive, but it was a source of anxiety to many. Some might argue that young people do not necessarily know what is in their best interests, and their expectations may be low, depending on past experience and self-esteem. Our view is that young people obviously do not have all the answers but have an important contribution to make to any study of residential care, which hopefully this report has demonstrated.

Some final thoughts

So what are our final comments from this additional, more general stage of our work? We do not intend to set out a blueprint for the future of the residential sector. Indeed, we need to remind ourselves that there is now a large, private, residential sector which is under-researched, yet forms a fundamental part of modern services for looked after adolescents (Sinclair and Gibbs, 1998). Many independent proprietors have strong views about Council commissioning in the current age of austerity, as well as about local education and health support. We do not have good evidence about whether residential practice in the private sector is better, worse or indeed different than their public counterparts. There are certainly some different models, including very small homes with one or two places. It would be useful to extend our work into this field. We conclude our report with three points concerning the nature of current residential practice; quality of care and outcomes; and overall research messages.

First, there are questions about the current role of the residential sector and the model of care that is required. We explained at the outset how the residential sector has shrunk markedly in England. It is now a minority and expensive service. In many other European countries, residential care is the *majority* service for children in care; foster care is under-developed or seen as less acceptable; young children can enter residential homes and effectively grow-up there over many years. That is seldom an option in England and we need to be very cautious, therefore, about international comparisons of residential services and outcomes. Few would want to undo the many advances in foster care in recent years but some of that development may have been at a cost to the residential sector, if it is left with a small, highly problematic core as we have shown. There are continuing questions about what exactly is its purpose alongside fostering for teenagers and what services can residence provide that specialist family placement cannot. The latter has the advantage of less complex peer dynamics. It may be argued that residential care should be seen as a high quality, specialist service for those who are unable to benefit from foster care or who are unsuitable for it. Despite their best intentions, it would be difficult to conclude from the current evidence that this is what we currently have. If residential care is set-up as a residual service for young people with the greatest difficulties, then it is unsurprising if this is how it operates and that outcomes are mixed. At present, the consequences are mitigated to some degree by the high staffing levels.

We showed in the preceding chapters that residents display very high levels of difficulty. They often live in local, open settings with regular contacts with birth family and peer groups.

Their stay is often short-term and the homes are, thus, turbulent environments with rapid turnover. These are the features which seem to generate peer conflict, as young people vie for affirmation and status in the residential hierarchy (Barter *et al.*, 2004). They may lack status in other aspects of their lives. The resident group is older than in the past, with a sizeable minority over school leaving age. College, training and work are key considerations, which have not been the mainstay of group care previously. *Transitions* become increasingly important, including access to adult services (Stein and Munro, 2008). Residential staff and social workers, as *corporate* parents (Bullock *et al.*, 2006), need to encourage and create the opportunities that middle class parents would generate for their children. To give just two small examples, we were surprised in a previous study to find that hardly any residents had part-time jobs (Berridge *et al.*, 2008). This can be an entry to the world of work and generate income (as well as get adolescents out the house). In addition, we encountered just one adolescent in the Social Pedagogy study who was having driving lessons. Residential staff said that this had a significant influence on his aspirations and well-being. (We are intending to pilot this further in the south-west with the generous support of the AA Charitable Trust.) All of these issues have consequences for the required current model and style of residential care.

A second general conclusion from this study concerns not just the pattern but the quality of interventions. We saw, over a short-term follow-up, that there was mixed evidence of improvement in young people's outcomes. Longer-term interventions may have produced different results but by then many would have left. Numbers were admittedly small to demonstrate statistically significant results but this is not the only reason. There were differences in the quality of care offered between homes but this was not automatically translated into better outcomes. A previous study, using different measures, did report some improvement in residents' difficulties but the link between quality of care and outcomes was not strong (Berridge *et al.*, 2008).

This finding could be interpreted in different ways. Perhaps what the homes offer is inadequate. Alternatively, it might be seen as too little too late. Indeed, Sinclair (2000) cogently reminded us that social work interventions may be quite marginal to people's lives and to expect them to have great effects may be unrealistic, given their history and wider problems they experience. Current debates about welfare have introduced notions of conditionality, that receipt of state support depends on the individual concerned behaving responsibly. This would be ruled out for children on moral grounds and we have a duty to do our best irrespective of the results. There are also questions of how outcomes are perceived (Parker *et al.*, 1991)). Preventing further deterioration may be a laudable aim for those on a

downward trajectory, such as keeping a young person out of custody; safely managing drug misuse; avoiding sexual exploitation; or, as we saw, even keeping someone alive. We reported that almost all young people could identify a member of staff they felt particularly close to, or might approach if they needed support. They usually said that they could talk with their favourite worker with ease. These are no small achievements. In themselves they do not guarantee progress but they are important preconditions. There are no grounds for complacency and residential services can and should be improved: there has always been too much unevenness (Berridge, 1985; Utting, 1991). Yet we also need an informed, realistic view of current difficulties.

Finally, we need to consider how our results fit in with other studies. In common with other recent research that we have discussed, we know that homes are benign. However, peer conflict remains a problem. Young people are appreciative of the residential setting and mostly get on well with staff. In themselves, however, these do not in the short-term overcome their major problems in life. There is consensus that small living groups are preferable and more easily managed. We also know that effective leadership is key; staff coherence and consistency are important; and that these can be enhanced by a common philosophy or theory. The current study is far from definitive but from our qualitative evidence, homes providing higher levels of care tended to be smaller; not to take short-term emergencies; and to have better qualified heads of homes. Obviously someone has to accommodate short-term emergencies and we cannot leave them homeless. However, there are questions, in a small existing sector, about combinations of residents. There seems to be much consistency between our research and the results of other major residential studies undertaken over the past 15 years. We hope it plays a useful part in informing discussions about the future development of the residential sector.

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