Living in Children's Residential Homes

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Background

Residential care for children looked after by local authorities has changed significantly in recent years. The sector has shrunk in size and it now caters mainly for an older troubled and troublesome group. There have long been negative perceptions of residential care in England, linked to its history, as well as concerns over outcomes, residents' safety, levels of professionalism and costs. Up to date, reliable information is important to inform current debates about the role and future development of residential care.

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 the short-term outcomes for these young people. It builds on the authors' 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 that study we gathered a great deal of general information about the nature and functioning of residential children's homes in England today. In the current research we have drawn a purposive sub-sample of 16 homes from the sample in the earlier study, which had not recruited social pedagogues as part of the Pilot programme. We collected new data on these homes and also re-analysed data gathered in the earlier research, as outlined in the section on *Methods* below.

Key findings

- The average age of residents - 15½ years – was slightly older than found in previous research. This has important implications for residential services, which increasingly need to consider not only schooling and aspirations to attend university but also further education colleges, training and employment.

- Residents could be very challenging and most homes accommodated a diverse group, including emergency- and longer-stay admissions (average ten months), which complicated their task.

- Despite this, unlike their continental European counterparts, staff had low levels of professional qualifications.

- Short-term outcomes for residents were mixed, including offending and engaging in risky behaviour.

- Only about half the homes intensively studied provided a consistently warm and caring environment, throughout the day and across the staff group.

- However, young people were mainly complimentary about the residential experience, spoke positively about staff and found them supportive.

Aims

The overall aims of the research were 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.

Methods

This mainly descriptive study had a single group design and included a short follow-up. The study included a *Total Sample* of 16 homes, from which we drew an *Intensive Sample* of ten homes for more detailed, qualitative study. The *Total Sample* provided a reasonable, more general picture of children's residential care; although we are conscious that the private sector was under-represented in the social pedagogy initiative. The *Intensive Sample* of ten homes selected for intensive study included six local authority, two private and two voluntary units. One provided emergency placements only, two offered long-term support only and the other seven provide both emergency- and long-term placements.

The research comprised a process study and an outcome evaluation. The *process* study used postal questionnaires completed by heads of homes to compare the intake, staffing, structure, size, purpose and aims of the 16 homes in the *Total Sample*. The ten homes in the *Intensive Sample* were each visited for a period of observer participation lasting two to three days, during which semi-structured interviews were conducted with heads of homes and group- or individual interviews undertaken with young people. A *Residential Homes Observation Tool* was used for recording the visits, to help map the main dimensions of social behaviour in the homes, informed by our *Quality of Care Index* used in previous studies (Berridge *et al.*, 2008).

The *outcome* evaluation focused on 14 of the homes in the *Total Sample* (excluding two homes providing short-breaks). 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). The planned length of follow-up had been six to nine months, determined by the 18-month timeframe for the study. We took careful account of ethical considerations.

Findings

Homes and staffing

Residential homes nowadays are usually small, with an average of six places for the homes in this sample. There was a high occupancy rate, indicating that their services are in demand.   Most homes fulfilled a combination of functions, including short- as well as long-term admissions. This brought complications and associated tensions, as crisis entrants can be disruptive to group dynamics. Residents were looked after by a committed, experienced and mainly stable staff group. However, staff had low levels of professional qualifications and often were envious of the professional standing of continental European social pedagogues.

Young people

The young people sheltered by the homes were certainly a challenging group. Their average age was almost 15½, which is slightly older – by about six months – than that found in previous research (Sinclair and Gibbs, 1998). Thus, most residents nowadays are young people not children, a significant minority are over school-leaving age and college, training and work are increasingly important alongside school. Partner relationships, and their management, are also more of an issue. Many young people entered care late, nearly two-thirds at age 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 this tends to receive less attention (Rees *et al.,* 2010).

No doubt at least partly as a consequence of their previous experiences, about half of residents had special educational needs; for some others these may have been unidentified. Strikingly, their level of mental health difficulties had been assessed at nearly *six time*s 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 the young people had been in trouble with the police during the previous six months. Interestingly, as other research has discovered, a high proportion were in regular contact with birth families, with half of them seeing a parent weekly.

Outcomes

Despite the young people's often profound difficulties, the residential experience was frequently 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 of those who left had returned to their families. Depending on the continuing support available, if any, these parents may have an unenviable task. A third of placement endings were due to disruptions, which might seem high, but nearly three-quarters of these involved violence to other residents or assaults on staff.

We analysed outcomes for residents to attempt to gauge the impact of residential care on their situation. This analysis was hampered by the rapid turnover of residents, as only two-thirds of the 59 originally surveyed were still in the same placement at follow-up.   There was little change in the number with behaviour problems, going missing or misusing drugs or alcohol misuse during the follow-up period. 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 and there was some improvement in the pattern of school attendance. For a quarter, their exposure to risk behaviour improved; although some others had started to take risks during the follow-up period. The picture was, therefore, somewhat mixed.

Assessing residents' outcomes for a much larger sample comprising *all* 200 occupants of the homes during three consecutive six month-periods was similarly complex, as the high turnover meant that the group of residents present during one time-period was not entirely the same as at another. Nonetheless, it was evident that of all residents living in the sample of homes over the 18 months, 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 the characteristics of residents varied.

Quality of care

This may appear a disappointing record and the question arises - to what extent did homes adequately address young people's difficulties, or even, potentially, exacerbate them? The overall conclusion from our periods of observer participation was that the residential homes were comfortable environments but retained some unnecessary institutional features. 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. On the whole they said 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.

Conclusion

Bearing in mid the constraints of this short study, there were some final observations. First, there are questions about the current role of the residential sector and the model of care that is required. Given how the residential sector has been markedly reduced 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 at an early age 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. There are continuing questions about what exactly is the purpose of residential care alongside fostering for teenagers and what services residence can 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 the best intentions of managers and staff, it would be difficult to conclude from the current evidence that this is what we currently have.

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. There were differences in the quality of care offered between homes but this was not automatically translated into better outcomes for residents (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. On the other hand, social work interventions may be quite marginal to people's lives, particularly when they are short-term, and to expect them to have great effects may be unrealistic, given their history and wider problems they experience (Sinclair 2000). There are also questions of how outcomes are perceived. 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 discovered, 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 and reliable, responsible, caring adults may have been absent in the past. In themselves they do not guarantee progress but they are important preconditions.

 In common with other major research undertaken over the past 15 years, 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 our qualitative evidence suggested that homes providing higher levels of care tended to be smaller; not to take short-term emergencies; and to have better qualified heads of homes.

Implications for policy and practice

- There is a need to consider exactly what are the respective contributions of residential care and specialist family placements for adolescents. Is the rapid turnover of residents acceptable and what implications does this have for the work undertaken?

- Staff groups should ensure that they provide high degrees of interaction with young people and are not preoccupied with office work and meetings. Most young people view staff positively and seek close support.

- Residential units need to engage more with colleges, Connexions and careers advisory services.

- Managing residents' behaviour in the community is very complex – including going missing, offending, drug misuse, intimate relationships and exploitation. We need to consider what is realistic, and how can staff be supported to address anti-social behaviour and keep young people safe.

- Children's residential care in England is out of step and under-professionalised compared with much of continental Europe, despite catering for an older, very challenging core of young people.

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