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Who else has the magic wand? An evaluation of a residential unit for younger children

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Introduction

Residential care for younger children raises complex issues. Should younger children be placed in residential care? If they are, how does a service respond to their needs? What evidence is available about the experience of younger children in residential care? Do they require additional or different care in comparison with older children and young people? These questions are all relevant to the study of residential services for younger children, an area which is little researched in Scotland and across the UK. This paper aims to contribute to the existing research by considering some of the findings from an evaluation of a residential service (The Unit) for younger children run by Aberlour Child Care Trust.

Evaluating a residential service is challenging. Studies which have examined the effectiveness of residential services for children and young people have emphasised that what makes a good service is highly complex and depends on a number of factors (Sinclair and Gibbs, 1998; Berridge and Brodie, 1998; Brown et al., 1998; Clough et al., 2006; Happer et al., 2006). These studies indicate that 'everything counts' including organisational structures, management arrangements, relationships between adults and children, the physical environment, access to the expertise of specialist professionals, the quality of therapeutic interventions, education and community resources, peer support for both staff and young people and maintaining links with families. Approaches to working with young people, individual cultures which have developed within a service and the formal ethos of an establishment all have a nuanced impact on residential care. For those working in residential child care, these findings are not surprising but they make it particularly difficult to single out particular elements of a service which make it effective.

Greater understanding of the contribution of these factors to a positive residential environment is essential to the development of quality services. There are many other elements, however, which influence the outcomes of children and young people looked after away from home which are not related to the residential care environment. Alongside the difficult and often traumatic experiences of their own lives, children also have individual interests, likes

and dislikes and personal attributes. Providers, practitioners and researchers therefore have to be attentive to the fact that the unique experience of each child has an impact on their experience of a service. In addition, other services also contribute to the well-being of a child. Clough et al. (2006) assert that a residential service cannot secure improved outcomes for children without the backing of other professionals and services. Attributing positive or negative outcomes for a child solely to the experience of residential care results in an inadequate and narrow perspective on what does and does not work for those looked after away from home.

Although there is not a significant body of research which focuses specifically on residential care for younger children, two case studies emphasise that residential care can be useful for younger children who have had damaging experiences (Hewitt, 2002; Murphy, 2004). They describe services which aim to provide stability and consistency after family and placement breakdown before supporting children to move on to new placements with an emphasis on individualised programmes for each child. These studies provided reference points for this evaluation.

Background to the evaluation

The study focused on process and outcomes: specifically how the residential service for younger children worked in practice and the impact of the service. The overarching question which drove the evaluation was what is The Unit doing and how well is it doing it?

The Unit is one of a number of services provided by Aberlour Child Care Trust which runs provision for children and young people who are looked after and accommodated. Its work is underpinned by a humanist philosophy which values each individual (Lindsay and Foley, 1999). This philosophy and the underpinning ethos were given considerable significance by The Unit and its importance was noted by staff who took part in the study.

The Unit was established in April 2003 and had been open for three years at the time of the evaluation. The aim of The Unit is to provide therapeutic residential accommodation for children aged five to ten years. It seeks to prevent inappropriate placements and repeated breakdown of foster placements. In order to do this, The Unit assesses child and family functioning in school, home, and community and matches these with appropriate interventions.

The Unit provides six places for children who have experienced placement breakdown and have been identified as being particularly vulnerable. Most of the children were between five and eight years at the time they were first placed in The Unit. Many of the children had experienced several placements. The children came from a range of local authority areas across Scotland. Several of the social workers who took part in the study stated that they placed children in The Unit because of the lack of alternative provision and because previous placements had not been able to meet the children's needs. A total of 13 children were placed in The Unit between April 2003 and October 2006.

The Unit accesses a range of resources from within the services run by Aberlour Child Care Trust. Education is regarded as a priority for all children and young people. A school, based on the same site as The Unit, provides education for those children who are not ready to enter mainstream school. The Unit also provides resources to support the children in mainstream education.

Considerable attention is paid to finding the appropriate placement for children who move on from The Unit. At the time of the evaluation, most of the children and young people who had moved were either placed in Aberlour's own unit for older children and young people or were placed with foster carers provided by the Family Placement Service (FPS) run by the Trust. Both the school and the FPS were established at the same time as The Unit. In addition, The Unit works with three other residential units, a creative therapy programme and a befrienders' scheme. A high importance is therefore placed on the integration of the different services and both staff and external professionals emphasised the importance of this approach.

Methodology

A total of 55 participants were involved in the research. This included children who lived in The Unit at the time of the study and those who had been previously placed there, staff from The Unit and other Aberlour services, external professionals and parents and carers. Semi-structured interviews were undertaken with adults. These took place face-to-face or by telephone.

Eight children gave their consent and contributed to the evaluation. Six of these children lived in The Unit at the time of the research. Two had left the unit and were living with foster carers. The experience of this study indicates that an appropriate length of time has to be built into research to ensure that children, parents and carers have adequate opportunity to reflect on whether they wish to participate. This has to be matched by the provision of clear written and verbal information.

The views of the children were gathered in a number of ways with a focus on informality rather than a structured interview format. Arts activities and games were used to facilitate discussion and provided a social interaction between the

researcher and the children. Sessions had to be tailored to what was happening in The Unit and to accommodate how individual children were feeling at that particular time.

The research questions covered a range of areas including the appropriateness of residential care for younger children, the staffing and organisational structure of The Unit, the physical environment of the service, relationships, planning and assessment, the provision of specific programmes and services and outcomes for the children.

Residential child care for younger children: the right choice?

Staff and other professionals were asked about the appropriateness of residential child care for younger children. Although some suggested that they would prefer younger children to be placed in alternatives to residential care, nearly all emphasised the part that residential care could play in supporting younger children where they had complex needs and where there was multiple placement breakdown. Several adults pointed out that changes in the needs and number of children looked after away from home in Scotland meant that there were more young children who required a residential option and that there was a need for service providers to respond to that need. This is confirmed in a study by Milligan et al. (2006). This study of residential trends in Scotland identified that 24 per cent of admissions to residential care were children under 12 years of age. As one participant in this study stated:

We have got trapped into a dogma that says it [residential care] does not work for children under 12. I don't agree. I think there are some children, and increasing numbers of children at the moment, who have suffered because of that.
(Residential worker).

A number of professionals thought that there should be more debate at both national and local government level about the provision of residential care for children and young people, particularly services for the younger age group.

The evaluation showed that residential care was seen to be an important resource for highly vulnerable children. One manager stated that there was a need 'for a robust resource to hang onto kids'. The alternative of living in the more intimate space of a foster household was noted by several as being difficult for some children. In these situations, residential care was seen to be an appropriate choice, even for younger children. Hewitt (2002), writing about another unit for younger children, suggests that children should be placed within a family but that difficult experiences can prevent a child moving to a family setting too early. This was also the view of many of the staff of The Unit who agreed

that children needed to have an opportunity to be assessed and have access to a range of specialist and intensive support before they moved, either to a foster or residential placement which could appropriately meet their needs or, more rarely, back to their parents or kinship carers. Without this specialised intervention, there was a strong feeling that placements would still be vulnerable to breaking down.

Adult participants acknowledged that providing a service for younger children did require particular skills. A number of areas were regarded as essential for the care of this age group including, for example, attention to health and safety issues, an understanding of children's developmental needs and skills in caring. Basic primary care tasks such as bathing, dressing and putting children to bed and providing hugs and physical affection required skills and sensitivity from staff. Although these were seen to be particularly relevant for this younger age group, one participant suggested that it was wrong to limit these particular skills and competences to work with younger children:

Play therapy, storytelling, drama. In a sense you can see their applicability more with younger rather than the older age group and that is probably wrong but it is about the use of age appropriate methods.
(External professional).

Staff and external professionals were therefore both pragmatic and positive about the provision of a residential service for younger children, viewing it as being the appropriate choice for particularly vulnerable children as long as the appropriate resources, specialist support and staff skills were available. Perceiving residential care as a 'last resort' or second choice was regarded as a simplistic and mistaken assumption.

The Unit: Key aspects of a positive experience for younger children

A commitment to children's social, emotional and physical needs is mentioned in the literature as being a key feature of a positive residential experience. The Unit's commitment to these areas was demonstrated in a number of ways. A high quality physical environment, for example, was regarded as essential to the well-being of both children and staff. Considerable attention was paid to ensuring a welcoming living space in The Unit including maintaining its internal décor and access to a large, neat garden with play equipment and space for running around. The children said that they liked their bedrooms, choosing their own bedroom colours when they moved in and personalising their own spaces with posters, artwork and toys. They also enjoyed being in the garden, using it for skateboarding, cycling, games and as a social place.

The Unit, a large Victorian house, also had some disadvantages. Bedrooms were of different sizes and on a separate floor from the main communal spaces, creating some practical challenges in terms of supervision by staff. In addition, some children and staff did not like the presence of the school in the grounds of The Unit. They thought it was too near to the living area. One child, who had attended the school and lived in The Unit, commented 'it's a bit of a short walk'. Generally, however, The Unit was regarded as a positive physical place in which to live and work. Children stated that they felt safe and staff commented that the house was 'magical' and 'homely'.

Rhythms and rituals in residential care have been highlighted in the literature because they help children to develop a sense of safety, boundaries and belonging (Garfat, 1998; Anglin, 2001). Some of this was exemplified in the evaluation. Within The Unit, food and the rituals associated with eating together were regarded as being important for a number of reasons. The social aspects of eating together as a household were seen to be an important component of the therapeutic environment. Staff, children and visitors ate together. Establishing consistent behaviour at meal times was regarded as an indicator of children's progress. Eating healthy, home-cooked and interesting food was also seen as a high priority for children's well-being. Children liked the food and mentioned meals that they enjoyed eating (steak and kidney pie being very popular). A focus on mealtimes as a social time which reinforced the ethos of The Unit was shown by one practical example where the children welcomed a new child by introducing the routines and habits of The Unit while eating their meal. As Smith (2005) suggests, it is important to acknowledge rituals and rhythms in residential homes, and to use these to encourage new residents to settle into the living environment.

Relationships between staff and children are known to be fundamental to the effectiveness of residential child care (Clough et al., 2006). It was therefore important to explore this aspect of the service. Positive relationships between staff and children were manifested in a number of ways. The staff spoke warmly and affectionately about the children who lived and had previously lived in The Unit. The children identified staff that they would speak to when they were upset. There were hugs and greetings between staff and children when staff came on shift. Staff and children played games and sat together talking. One professional who had regular contact spoke of the 'genuine warmth' of staff and their 'incredible awareness of the positive side of children'. When asked if they were listened to, most of the children responded in the affirmative although the two young people who had left The Unit said that they were 'not really' listened to. These comments might reflect the different experiences of the two young people who were now living with foster families and were older than those still living in The Unit. Although the children spoke positively about the adults around them in The Unit, they were unclear about who their children's rights workers were and the role of these external advocacy contacts.

Consistency in approach has been highlighted as a key feature of the positive residential child care experience, especially by children and young people themselves (Paterson et al., 2003). It was important that the evaluation addressed this. It was clear that establishing patterns of positive behaviour was seen to be an essential component of the therapeutic programme of The Unit. Consistency in how staff dealt with children's behaviour was regarded as a fundamental part of the work. Staff highlighted that there were pressures in dealing with issues around behaviour because of the complex needs of the children. Physical restraint was used, with several staff commenting that they were uncomfortable about its use with this age group. Some staff had been hurt, on occasion, by children. Social workers and teachers noted that there had been significant improvements in the challenging behaviour presented by the children from when they were first placed. The Unit was seen to be successful in establishing consistent approaches and establishing clear boundaries for the children. Managing behaviour, however, was a consistently challenging part of the work of The Unit.

Conclusion

The study found that care of younger children in residential care is not necessarily the preferred choice of provision for this age group. Professionals associated with The Unit emphasised, however, that some children required this service because of their complex needs. It was suggested by participants that care for younger children requires particular skills and expertise, some of which are equally applicable to older young people in residential care. The study found that The Unit provided care which was tailored to this age group and was underpinned by a therapeutic approach to meeting the children's needs.

There was considerable attention paid to the physical environment of The Unit and to the social interactions between staff and children. The focus on these different facets of living indicated the need for a commitment to children's social, emotional and physical well-being through the creation of a welcoming environment and a place where the children felt safe and respected. Both children and staff highlighted the importance of relationships between adults and children. This was in spite of the challenging circumstances that each child brought to his or her placement. These positive attributes provided a basis for The Unit's approaches to managing behaviour, therapeutic interventions and accessing other services.

The absence of a significant body of research indicates that much more needs to be known about the needs of younger children when they are placed in residential child care. In addition, more studies are required to evaluate the current provision for this age group to establish what works and does not work for young children looked after away from home. More evidence about the practice of caring for younger children could, in turn, influence the training and support of staff and the provision of services for this age group.

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GLBTQ RCC NYC USA: Gay, lesbian, bisexual, transgender, questioning and residential child care in New York City, United States of America.

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Introduction

It is impossible to calculate accurately the number of gay, lesbian, bisexual, transgender and questioning (GLBTQ) young people in residential child care as this would depend upon all GLBTQ young people being confident enough and willing to identify themselves as such. An estimate, however, can be made based upon studies of both the general and the residential child care population. Research suggests that between two and nine per cent of young people have had some same-sex sexual experience (National Survey of Sexual Attitudes and Lifestyles, 2000). Given that there are approximately 2500 young people in residential child care in Scotland, this means that a substantial minority of young people who are looked after away from home are GLBTQ.

The intention of this paper is to give one person's description of his observations of an organisation in New York which works with GLBTQ young people. It is deliberately descriptive, with minimal comment. It asks some questions and aims to assist the reader to gain a sense of what it feels like to be GLBTQ and in need of 'out-of-home' care, based on the observations and individuals stories of GLBTQ young people at *Green Chimneys* in New York. This international perspective may enable those of us working in the Scottish residential child care sector to understand the needs, dreams, and challenges of the GLBTQ young people we will be working with, sometimes unknowingly.

The first observation I made was that acronyms abound in this arena, hence the title of this paper. Confusion reigned about terminology such as TLP, the TIL, the SILP, the AOBH, RHY, until all was explained about these varied programmes for GBLTQ young people in New York City. While this may sound somewhat cryptic at this stage, these will be explored later in the paper.

First observations

For many years, gay and lesbian adolescents have been placed in out-of-home care settings, but they have not usually been provided with the kind of services and understanding they truly need (Mallon, 1992, p.547).