What Works in Residential Care: Making it Work

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What works in residential care is complex. The quality of practice does not just depend on how care workers operate with, and on behalf of, the young people they look after. Quality of care depends also on how residential care and its staff are regarded and worked with by the parent organisation and the networks that surround each young person and each residential establishment. In order to understand what works and how to make it work, residential workers, field social workers and managers have to work together with young people, their families, and members of other networks such as schools and health services.

The story which follows helped me to understand what good practice is, from listening to staff who worked directly with young people in residential care. That thinking will be linked to other studies which contributed to the overview of research, *Caring for Children Away from Home* (Department of Health, 1998a). I will then share with you the questions which I was left with after this set of research projects, in the hope that you are already contributing to their solutions.

My story comes from the research which Dorothy Whitaker, Leslie Hicks and I did for *Working in Children's Homes: Challenges and Complexities.* This research had two parts. First, we rang heads of 39 homes in 13 English local authorities to ask for their accounts of difficult situations which had turned out well or which had not worked out as they would have wished. In part two, we spent a year to 18 months visiting six of these homes on a regular monthly basis to try to understand the culture and staff dynamics in them (Whitaker et al, 1998).

The particular home which is described was one of mine, and it was a star in terms of best practice. When I rang the head of home in the first study, she told me about what they were for - she knew what their function and purpose was, but when this story began, in about 1990/91, it was unwritten. At that time, it was largely the case that homes did not have statements of function and purpose. The home looked after young people in need of longer term care. The children were aged between 11 and 16 years, and suffered from severe emotional problems brought about by the trauma of abuse and loss, characteristic of many young people living away from home. These young people were referred through field workers and others. Staffing in the home was small: a female Officer in Charge, two seniors, four care workers, a part-time cook, and a part-time domestic. The number of beds was six, the then average (Sinclair & Gibbs, 1998; Berridge & Brodie, 1998).

At that time, the power to place residents was with fieldwork teams. One Friday evening near Christmas, staff were rung by the duty officer: the court had referred two young men to the care of the local authority. The police would be bringing them to the home that night. These young men were 16 and 17, and needed two police officers to control them on their journey. They were handed over to the two female staff on duty: the Officer in Charge and a member of staff; staff were depleted that evening because of sickness. These young men very quickly began to terrorise the four other younger children in the home, and as the staff group admitted afterwards, they were themselves quite scared by these two lads.

Many staff in homes would just have accepted that they now had an impossible mix of children: with two young men requiring controlling, but virtually impossible to control, and four young people who were being severely traumatised by their behaviour. However this Officer in Charge was made of sterner stuff: she tried first of all to work through the fieldwork team and got nowhere. Then, two months into the placement of these young men, she made an appointment with her Director. She threatened resignation if the problem could not be resolved, for the sake of the four younger residents, the morale of her staff and the goals that, until this point, they had been working towards. She was heard, partly because she was respected, and partly because she had the self-confidence and ability to make a plausible case, based on the evidence of what was happening to the younger residents. They were not going to school (although they all had been) and they had all gone backwards from the progress they were making. The Officer in Charge did not feel that the home could offer anything to the two young men. Shortly after the meeting, the two young men were moved.

About a year later, when we met with this staff group in part two of our research, things in this authority had changed. The staff in the home were the same, and three of the original young people were still resident. Staff had been engaged by middle managers in this authority to draw up a written statement of purpose and function which became a model for other homes in the authority. Further organisational changes occurred about nine months after our visits started: as part of the Children's Services Plan, the power of admitting young people to the home was given to the line manager of the home and to the Officer in Charge working together. We were told this change of policy did not please field work teams, many of whose staff had relied upon this home to take and work with young people in ways that brought about good outcomes for the majority placed there. However, staff were working to help field social workers see that there were good reasons for the home taking some children and not others. Staff could then balance the range of need within the home, so that the mix of young people contained within it some young people with personal strengths, as well as those who had more difficult needs, so that everyone benefited, and could grow.

What helped to make this home 'a star' for us was:

(a) *Staff had a culture of learning*

This was a staff group with a culture characterised by learning from one another and from others about good practice. In describing what they did with young people during the course of the days, weeks and years they were resident, staff demonstrated how they operated at the frontier of young people's needs. They knew how to handle transference of anger from a child to a member of staff after a rejection at home; they knew how to help a young woman out of severe depression and a serious overdose, even though none of them had psychological training or formal social work qualifications. Their sense of effectiveness contributed to their self-esteem: they knew what they were doing and why they were doing it, and could appreciate the small and large successes they had with young people. Importantly they were able to challenge others' practice - with a social worker who wanted to move a young person out of the home when she reached 16, they cited a coffee-stained copy of Volume 4 guidelines to *The Children Act* 1989 (Department of Health, 1991), as a reason for keeping the child until she was ready to move. They kept her until she had turned 18. They knew the young people so well that they were able to learn with schools how to continue to educate even the unruly, and to learn with health services staff how to provide appropriate health care. All staff made time for talking to others inside and outside the home.

(b) *Management was supportive of the staff group*

Staff were supported in their good practice by a line manager, wholly committed to residential care who spent regular time (a morning once a month) in the home. The senior manager, also, had experience of residential care and regarded working towards a plan for all children in need that included residential provision, as a very important part of the management task. The director in this authority was accessible, prepared to hear and respect a plausible argument from any member of staff.

(c) *Work to improve network communication was an ongoing and regular occurrence*

Staff also sought to improve communication with the network. For education, this meant the authority, and the schools. With health, staff felt that local GPs were possibly easier to educate about the needs of young people in care, than were other health services, e.g. psychological services. Mental health services for young people were very thin on the ground (*National Priorities Guidance 1999/00 —2001/02* (Department of Health, 1998b) highlights the need for increased provision). Relationships with the police, the voluntary housing sector, and neighbours were all good because the staff in this home regarded making

proper relationships with these local people as being as much a part of their ongoing task, as having a clear plan for meeting each individual child's needs, and working with the group of young people as a whole. In other words this was a staff group which regarded the network around each young person and the home as being important. People came into this home regularly, and staff went out of it, often on their own time, to visit families, to regular meetings at schools or to talk to aggrieved neighbours, even though they rarely got mileage allowance for distant visits.

(d)*Staff made time to reflect about work*

If residential care is to be effective in meeting the needs of young people, then carers have to know what these needs are before a placement begins. This is often dependent on the field social worker who sees residential care (and a particular home) as being in a position to meet these needs, and who in most areas is responsible for the care plan. Unfortunately, field social workers are not always in a position to make a complete assessment of a child's needs at the point when a child needs accommodation. Sometimes, in emergency, there is no plan. It is therefore extremely important that field social workers and carers should work together as soon after a placement is made in assessing the full range of a young person's needs. Ideally they should work together to identify their goals for the young person and for his or her family, in line with the *Looking After Children* guidelines, and the *Quality Protects* objectives for children. Goals should be specific enough to guide the immediate work to be done, and should identify the longer term goals and the hoped-for outcomes of the placement. Plans should also identify who does what, and when and how the immediate work will be reviewed, to check that field social worker and care staff are not working at cross purposes. Time for reflection should be built into any plan to allow each set of staff and the child and family to learn from one another about what has changed. This applies to formal reviews, which serve different purposes from informal communications, which will be much strengthened if field social workers and care staff are working together towards the same ends. In more informal contacts, by phone or in person, what has gone well as well as what has gone badly should be learned from, if the professionals most closely involved are really going to meet complex needs. However, to do this, both field social workers and direct carers need management support: if there is no workload space to reflect, as part of the ongoing task, then decisions will be taken 'on the hoof', and staff concerned may well undermine one another's work and begin to mirror the family splits which brought the young person into care. The staff in the home which was 'a star' for us used the actual research meetings (one morning each month) to reflect on the progress of the residents, and were determined to continue with such meetings with their line manager once the research was completed.

How does this thinking fit that of other researchers?

The overview of residential care contains 24 recommendations for effective development of residential care based on the evidence from the twelve pieces of research which are summarised in the book (Department of Health, 1998a). However acting on these may not be sufficient in itself to establish high quality services. Sinclair and Gibbs (1998) suggest that local authorities could act upon the factors associated with good homes. They concluded that a good home is small. It is run by someone who has a clear idea about what the home is trying to achieve and how to do it. Staff encourage contact with family members while respecting the fact that many residents do not wish to live at home. Their definition certainly fits with our 'star home'. Findings from both Michael Little and his team's research from Dartington (Brown et al, 1998) and David Berridge and Isabelle Brodie's (1998) research from Luton, have strengthened the 'good home' definition as a useful one. In addition, the research coming from Dartington suggests a systematic framework for authorities to use to match needs and services. They suggest ways this process can be introduced, monitored and the results disseminated. All of these strategies are extremely useful, in and of themselves in establishing a base-line for best practice.

The 'True for Us exercises' in *Caring for Children Away From Home* (Department of Health, 1998a) provide ways of connecting what has been found out in the research with local conditions. There are some questions which everyone who works in this area might ask themselves before they embark on change:

How good is communication in the professional network?

How frequently do the following people speak to one another: those concerned with children's services (who work in social services departments, in education, housing, police services, and health): both those in direct caring contact with children and their families and those who manage services from the director and elected members downwards? How far do the people in such cross-sections understand one another's roles and responsibilities? How often do cross sections of professionals reflect on the impact of organisational or legislative change on the tasks that front line staff and managers are doing? What are the intended consequences and what are the unintended outcomes of any changes which are implemented?

What needs are there and what resources?

Do staff know who the young people in need are? What are their needs? What resources exist? What are the shortfalls, and what are the preferred option shortfalls? Is the preferred local strategy in times of shortfall that young people sleep on the floor of someone else's room? If there is not a bed, there is no

choice, and if there is no choice how can young people be fitted in where they will thrive and where the mix of young people will not be such that all suffer?

How do staff know that needs are being met? What evidence is already held, by whom and how is it (a) communicated to others and (b) useful to every level of your system? Information which is collected and shelved is time-consuming and purposeless; staff who collect information need to know and appreciate its purpose otherwise they will not gather it as a priority.

How good is current practice?

How good is practice? Not just the practice of direct carers or social workers, but the practice of managers, elected members, policy-makers and others who impinge on care, such as Supplies or Health and Safety? Examples abound of how decisions from one part of an authority can adversely affect the practice of another section - china cups with roses are not welcome in children's homes and may well lead to riotous behaviour which affects relationships with neighbours and elected members.

How is good practice encouraged? How is good practice communicated? We live in a culture which, through its mass media, finds it is very easy to identify what is wrong and to blame. It is rarely newsworthy to encourage, to understand, and to help people move forward, except in the best social work practice. It is sometimes the case that management is very good at identifying what needs to be improved and less good at identifying and praising what is going well; it is also the case that management may be blamed for what goes wrong by those below and those responsible for them, rather than given credit for what they have done to help and support.

How good is professional communication with children and families?

How often do staff involved in children's care talk to children and families, including those who manage services as well as direct practitioners? Do they listen to what children and families say? Do these professionals seek the advice of children and families? Do they act on what they hear?

What young people said about the research

One of the Advisory Group for the overview of residential care was a Children's Rights Officer. She gave summaries of research findings to three young people known to her and asked them for their comments. They said five things which pushed me to further questions.

(a) *No-one should tolerate bullying - staff, young people or managers*

This was an issue which Sinclair and Gibbs (1998) identified, along with sexual abuse by other children, as a major source of unhappiness for young people in care. I wonder if bullying may also be a major source of organisational stress, often enacted in very subtle ways?

(b)*Education is not just for five years; it affects your whole life*

While this is true for the young people, it is also true for residential and other professional staff. What is the best training for those who do the most difficult organisational jobs - how can they go on learning in ways that refresh rather than deskill them?

(c) *Have higher expectations of us; listen to us, empower us and value us*

We all, like the young people, need this from our colleagues and those who have power over us.

(d)*Reduce the number of staff changes*

Staffing costs are the greatest drain on an authority's revenue: at the same time staff are an authority's major resource. I am convinced that best practice at all levels of an authority will bring about better outcomes for children (although it is very difficult to show a statistical connection between best practice at the level of the home and direct outcomes for children). Once best practice is in place at every level of an authority, this will in turn ensure best value, an issue with which many are concerned. Best practice is also likely to hold good staff in an authority because they will get more satisfaction from their work.

(e) *Stop moaning, focus on the positives, move forward*

We do not know who the young person meant her remark to be heard by: however, the comment could be applicable to the whole of the looked after system - elected members, senior and middle managers, social workers, residential workers, families (biological, foster and adoptive), young people themselves and the research teams which try to understand what is happening. Looking for the positives can make a difference to the kinds of research done as well as to the individual child, at home, in school and elsewhere. Despite the learning that can come from understanding the impact of negatives on the whole system, it is only on the basis of a positive attitude that we can all move forward.

Conclusion

It is likely that residential staff who read this will say, 'this isn't new'. The question that remains is why researchers and others keep finding the same problems in, and asking the same questions about, residential care? One suggestion from my experience of spending time as a researcher in children's homes is that residential care and the professional relationships around it are as volatile as adolescence. Situations change by the minute and this makes the complex tasks more difficult. This affects the culture in the home and between it and its networks. Relearning the lessons in a culture of reflexivity and interpersonal respect becomes an essential, everyday task in order to ensure that best practice works.

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