Building a Future

An Evaluation of Process and Outcomes of Services to Young People in Planned Residential Care Within Durham Social Services Children's Homes

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Chapter 1 : Introduction and background

1.1 Origins of the research

This research originated in a commission to the Social Work Research and Development Unit at the University of York from the Board of Managers at the Aycliffe Young People's Centre during 1998.

At that time a research proposal was drafted by Jim Wade and Mike Stein, which offered two options to consider the provision across two of the spheres of work then carried out within the overall remit at Aycliffe – Secure Services and Residential and Community Services. The emphasis in this original proposal was to look in some depth at outcomes for young people who spent time within both types of provision, to explore the use of the Looking After Children materials at the Centre and to assist in plans to develop effective ongoing monitoring systems.

The proposals were welcomed by the Board, but were at the time *'put in abeyance until the resources to proceed can be identified.'* (AYPC Strategic Plan, 1999-2000: 9)

The idea remained on ice until early 2001, when discussions were reconvened with managers at Aycliffe as to whether the time might be right to proceed – and how this might best be done.

In the interim period there had been radical change at the Centre – to the extent that Residential and Community Services were being merged with County Durham's own residential child care provision – which prompted a re-thinking over the appropriate strategy and direction for the research.

A decision was taken that the project should be revised but that there was still merit in looking at issues around outcomes for young people within planned care - as an aid to the future development of the service across the county.

1.2 Aycliffe Young People's Centre – a concise history

It is debatable how important the history of the centre is to this piece of research. Given the degree of change since the project was originally mooted and the fact that a thorough exposition of the past would require some considerable time and space – and, perhaps most pertinently, that this study is principally about looking forward within a new era – we will settle for a brief outline of recent history of the Centre, highlighting how this might have a bearing on the current climate in the Aycliffe units and for staff who have worked in them in the past.

At the time when the first approach was made to the University of York to undertake a specific evaluation of the services at Aycliffe, the Centre was enmeshed in 'a year of introspection and crisis management' (AYPC Strategic Plan, 1999-2000; 1). (From a review of an array of reports and reviews of the work of the Centre written from the mid '80s to the late '90's it is apparent that this was not the first time that such a period had occurred).

The site was first opened in 1942 as a large purpose-built centre which had the status of an 'approved school'. Over time it evolved into Controlled Community Home consisting of 'the largest national concentration of child care facilities' (Durham County Council, 1993; 4) incorporating secure and open residential units plus an on site education and training centre for young people and a provision for training for staff and outside professionals (The Centre for Adolescent Studies and Training). It offered accommodation to up to 120 young people at any one time between the ages of 8 and 18 and included in its 'catchment area' all of England and some parts of Scotland.

By the early 1990's it was presenting itself as

> *A specialised facility for young people who present or experience serious difficulties. Typically they have a long history of disordered behaviour and have failed to respond to previous attempts at helping them.*
> (words from a publicity brochure, quoted in County Durham SSI/Department of Health, 1993: 1)

and, in the same document, outlining

> *a wide diversity of specialist facilities and services including for hearing-impaired young people, seriously disordered pregnant girls and specialised treatment programmes for fire-raisers, anger and aggression control, sexually-abusive adolescents, family therapy and a general programme for offenders.*

The Aycliffe Centre for Children (as it was known at the time) had built a considerable bank of resources and expertise across a wide range of services for children in need. It had developed a wide reputation for its services – for a large time under the leadership of Masud Hoghughi (who managed the centre for 22 years until the late 1980's) – and as a major provider of services to 'disordered young people' (Durham County Council, 1993: 6) was used to being at 'centre stage' for debates around changes in child care practice.

However, concurrent with these developments were increasing difficulties in the Centre's relationship with its managing authority, Durham County Council, and burgeoning problems with the care regime within the homes. This resulted in a World in Action documentary in June of 1993 which alleged that restraint techniques employed by care workers amounted to physical abuse (and had led to broken bones for several young people who had been restrained) and that there was 'evidence of sex, solvent abuse, self-mutilation and criminal activity by residents of Aycliffe – Britain's toughest home for tearaways.' (County Durham SSI/Department of Health, 1993; 3).

The resultant investigation by the Social Services Inspectorate – *A Place Apart* – and the local authority's Review of Aycliffe Centre for Children, both published in 1993, provide ample evidence of a service in crisis and a feeling that perhaps Aycliffe had too often been allowed to develop its services outside of the appropriate constraints of normal social work management and accountability. *A Place Apart* highlighted long-standing and persistent tensions between management at the Centre and those within the Social Services Department, stating that

> *It has been the determination of Aycliffe, actively promoted by its Director with the support of the Board of Managers, to operate as far as possible independently of the County Council, especially the Social Services Department.*
> (County Durham SSI/Department of Health, 1993: 5)

and that this had allowed the Centre to cultivate an overly confrontational style in staff responses to behaviour management with residents –

> *Aycliffe's Board of Managers had approved in 1989 a statement of additional measures of control permitting the use of force to obtain compliance with instructions from staff. This policy was at odds with the County Council's policy regulating care in its directly-managed Children's Homes.*
>
> *The methods of restraint used at Aycliffe had been adapted from those promoted by the Home Office for use in prisons.*
>
> *… The question of whether Aycliffe culture is confrontational, posed in the media and through complaints, would seem to be answered in the affirmative … The Aycliffe approach to difficult behaviour and staff training gives full and appropriate emphasis to achieving control through relationships and persuasion and to the management of aggression using force as a last resort. However, the care philosophy sets out an order of priority which may encourage an earlier recourse to physical force at the expense of other methods.*
>
> (County Durham SSI/Department of Health, 1993: 7)

It is clearly implied in these documents that Aycliffe had become increasingly isolated over time and was operating under self-defined standards of care – indeed one of the 'Key issues for the management of A.C.C. in the future' was

> *(the) avoidance of insularity, and moves towards A.C.C. rejoining the mainstream of professional practice.*
>
> (Durham County Council, 1993: 19 – my emphasis)

At this point the Centre entered a period of significant change, most especially in the open provision. Bed numbers were gradually reduced to 20 spread across smaller homes and the focus for admissions was reframed to cover just the local regions.

At the same time a long reappraisal of the culture of care practice within the Centre began. From a treatment model, espoused by the longstanding director, Masud Hoghughi, as the best method of dealing with the 'troubled and troublesome' (Hoghughi, 1978) the Centre gradually repositioned itself as a pioneer of effective care planning and individually tailored packages, taking on board debates about social inclusion and embracing the Department of Health's agenda for Looking After Children and Assessing Outcomes (Parker et al, 1991).

By 1999, Aycliffe was publicising its 'philosophy' as one of lifting young people out of a 'spiral of disaffection' and installing them in a beneficial 'spiral of inclusion' (AYPC Strategic Plan, 1999-2000: 5-6) and stating that -

> *One of the features of the new Organisation will be its preoccupation with achieving and measuring good outcomes for young people because unless we can demonstrate this, commissioning agencies will rightly look elsewhere in their search for services that provide 'Best Value'.*
>
> (AYPC, 1999-2000:6)

Clearly, not only had the public representation of the care culture changed, but there had been a full recognition of the need to sell services in an increasingly competitive and commercial market.

As part of this strategic planning for the development of the services at Aycliffe and as part of a desire to promote transparency of the monitoring of outcomes and thereby authentication of the quality of care provided at the site, the Board approached the University of York to evaluate its residential provision (the point at which the work for this study began).

However, this period and the new developments and direction that were being mooted proved to be the swansong for Aycliffe Young People's Centre. On October 1st, 2000, Residential and Community Services on the site were brought together with the children's homes run by Durham Social Services under the management of one person to operate as a unified service within the local authority.

Thus began another process of change and transition for the managers, staff and young people who lived in the homes on the site.

1.3 The legacy of Aycliffe Young People's Centre and the evaluation

As already stated above the degree to which the past of the AYPC has affected the current study is perhaps difficult to determine and maybe not an appropriate topic for much debate here.

However, there is without doubt an obvious legacy from the changes which took place at the Centre during its more recent history.

- The study took place during a time of immense change as staff acclimatised to the transition from semi-independent status (as a controlled community home) to merger with the local authority's own children's homes – a process affected by their previous hard fought allegiance to a different culture.

- The very fact of the research happening is due largely to the Board of Management's desire to evidence to the wider world the Centre's work on improving outcomes for young people in its care.

- Many of the managers and staff had had 'formative' social work experiences within the Aycliffe culture (both old and more recent) which may have a bearing on how they regard the debates around residential child care.

- The site itself is still a literal physical testament to a different past – and the subject of much debate as to whether it is a positive or a negative contributor to the quality of care provided to young people (an issue we will return to later in the report).

- There have been – and may continue to be – the re-emergence of 'ghosts from the past'. The most obvious example of this was the publication of the review of the McKilligan case during November 2001. This had a profound effect on the morale of staff and managers for a time during the research, refreshing memories of former difficulties and further tarnishing the reputation of the Centre.

- One further issue related closely to the past at Aycliffe is that of 'change'– or restructure, or reorganisation – whatever term is used it would seem that the staff at the site have been prey to an almost constant state of flux during the past two

decades. Although this is true to some degree of all social work organisations as they adapt to changes in national policy and practice, Aycliffe would appear to have gone through myriad transformations as it attempted to survive as an independent body while the goalposts in the world of residential provision moved. At every point when there might have been a pause and some consolidation, a new initiative would prompt a reappraisal of the situation. As far back as 1993, the local authority reported – *'The Centre has had at least four significant changes in management structure since 1988, leaving staff to comment that they had been "restructured to death".* (Durham County Council, 1993: 19).

It might be fair to posit then that more long-serving staff will have become somewhat cynical about the merits of reorganising and introducing new ways of doing things – they may have become 'innovation-hardened'. (In relation to some of the issues explored in the report it will be interesting to see if this is the case).

1.4 Brief overview of the research

The research looked at the progress of a group of young people in eight of County Durham's planned residential homes over the course of a year. Six of the homes were long stay children's homes catering for 12-18 year olds and two were 'satellite' units, providing preparation for independence.

The initial planning stages of the work involved much liaison with managers and staff – to acquire some understanding of the culture within the different homes (how they worked and the thinking which underpinned their practice). There were also meetings with groups of young people resident in the homes to 'smooth the way' for their recruitment to participating in the study. In all these fora there was ample opportunity for those on the receiving end of the research to ask questions and express concerns.

This was followed by three stages of data collection conducted at intervals over the course of around 12-18 months. Each stage consisted primarily of detailed interviews with a number of parties to each 'case' to look in some depth at what had happened, what the current situation was and what was planned – and to review the respondent's perspective and feelings on all these areas. Information was gathered from young people, residential key workers, social workers, young persons advisors and parents.

1.5 Residential care in England – the context for the research

> *Residential care was once at the fulcrum of services for children in need. Today it falls short of society's expectations. There is manifestly smaller demand for it and too great a proportion of the few who experience it seem to suffer as a result; they certainly do not benefit as much as they should.*
>
> (Dept. of Health, 1998: 5)

This quotation from a recent Department of Health overview of a research programme on residential care serves to highlight clearly the two main trends within the residential child care sector in the last twenty years.

The first was the rapid fall in the resident population. In the wake of a radical reappraisal of the place of residential care in the spectrum of services for children in need – partially instituted by a raft of well-documented scandals in children's homes (see Berridge, 1998:10-11) – the size of the sector has dwindled.

The numbers of young people living in residential care in England more than halved between 1985 and 1995 – from over 16,000 to 7700 – and there was a parallel contraction of local authority-managed provision. The number of voluntary sector children's homes reduced substantially too – from over 4000 in the early '80s to around 600 in 1995. (Berridge, 1998).

Whether, and if so, how much the private sector mopped up any unmet demand for residential placements was (and remains) unclear. Although DoH figures suggest that over the decade the number of placements hovered around 650, Berridge suggests that this is probably an underestimate, since in 1995 there were approximately 180 private homes – a sixth of the total number (Berridge, 1998:13). Current figures on numbers living in privately registered homes are unavailable.

The second important trend was a concurrent decline in confidence over the merits of residential care and a close scrutiny of who might actually benefit from a stay in a children's home and how residential care could help.

Inquiries were instigated – Levy and Kahan (1991), Utting (1991), Warner (1992) and Kirkwood (1993) – government-commissioned large scale research was undertaken – the Looking After Children Project and the Department of Health initiative on Caring for Children Away from Home – and policy developments burgeoned apace (Quality Protects, the National Care Standards Council, etc). The whole sector was put under the spotlight – its sins exposed and the potential means to redemption explored.

As this period of flux has ended the residential population has plateaued. The rapid decline 'tailed-off' in the late '90s and the numbers of children looked after in residential care has stabilised at just below 7000 since the turn of the century (DfES, 2003: 41). (The latest figures indicate that this equates nationally to around 1 in 10 of the total looked after population – although this varies considerably, in Durham the proportion being nearer to 1 in 6).

This would seem to indicate that there is, and will continue to be, a group of young people for whom residential care is the only option.

It is also pertinent to add here that most stays in residential care are for short periods – children's homes are now generally used as a temporary, emergency stopgap, while other accommodation arrangements are explored (DoH, 1998).

In terms of this research the relevance of these massive changes in residential child care is manifest. The young people in this study truly represent a tiny but significant minority. – those who are in planned, long term care. One could reasonably posit in addition that they

- are members of an extremely select/needy group within a wider group of socially excluded young people (looked after young people);
- will often have complex needs;
- will have exhausted all other options for their care.

In addition the government's increasing emphasis on performance measurement has meant that local authorities now have to record and monitor many aspects of the care provided to this group (see Hayden *et al,* 1999) and new targets are constantly being set (e.g. Dept. of Health, 2002).

But have they benefited from the sharpened focus on their lives? Do the outcomes achieved by this group compare favourably with their counterparts of previous eras, or with their contemporary peers who are not looked after? Again hopefully this study will perhaps offer some indications of this.

1.6 Outline of the report

The second chapter of the report introduces the key concepts which were used in the consideration of outcomes for the evaluation – the Looking After Children initiative, Attachment Theory, the idea of Resilience and notions around Stability and Continuity. It concludes with a description of how all these elements of the contemporary discourse around beneficial outcomes were combined in this evaluation.

The third chapter offers an introduction to evaluation as a strand of applied research and lays out the methodology adopted for this study. It details some of the problems that were encountered during data collection and some of the ways in which the proposed method had to adapt during the evolution of the project.

The next section of the report – chapters four to eight – covers findings from the study. Chapter four looks at the sample of young people who took part in the research – how they were recruited, their personal histories and care careers. Chapter five details some individual case studies which offer lessons for different subgroups of young people from the sample. Chapter six highlights aggregated outcomes for the whole sample.

In chapter seven issues around the use of Assessment and Action Records are debated and chapter eight focuses on Leaving Care.

The concluding chapter offers a number of recommendations and highlights issues that require further consideration by managers and workers within the residential sector.

Chapter 2: Key concepts in considering outcomes for residential child care

In this chapter we will look at some of the current debates around residential child care. We will describe some of the principal theoretical debates and consider how they might contribute to this evaluation.

2.1 Introduction

Any evaluation of residential child care necessitates some debate around a number of contemporary concepts, ideas and competing discourses. The child care sector has been poked, prodded and pronounced upon by myriad researchers within the last two decades with an increasing focus on residential care (see, for example, Sinclair and Gibbs (1998) and Berridge and Brodie (1998)) – an almost ironic situation, given its massive contraction and – for some – projected terminal decline.

One of the most pervasive issues has been the quality debate – driven partially by a concern to more fully understand and strengthen positive practice but perhaps equally by the growing political emphasis on standards and performance (and by a burgeoning confidence that research was beginning to develop clearer indicators of what could be beneficial for looked after young people). This latter sphere has been evidenced by the many national policy developments and initiatives in the sector including *Looking After Children,*, *Quality Protects, Best Value* and *National Care Standards.*

For the purposes of this report we will briefly consider some of these discourses and debates in a bid to inform the reader of the different perspectives on the key issues within the research and to explain our reasoning behind undertaking the evaluation in the way we have done.

2.2 Looking After Children

The *Looking After Children: Good Parenting, Good Outcomes* (henceforth LAC) project was first begun in the late eighties and reported in the early nineties.

The Department of Health convened The Working Party on Assessing Outcomes in Child Care (1987-1991), described by one of its members as '*the first British attempt to produce a comprehensive methodology for assessing the long-term effects of social work services for children in need*' (Ward, 1998: 204).

Their report became first stage of the LAC project. They developed a theory of outcome measurement and used this as a framework to produces a series of practice tools (the age-related Assessment and Action Records).

The second stage of the project (1991-95) involved the piloting and revision of the tools. It was at this stage that a need was identified to site the Assessment and Action Records within a more comprehensive system for gathering information, making plans and reviewing cases. The Essential Information Record, Care Plan, Placement Plan and Review Form were all developed and together with the Assessment and Action Record they formed the complete Looking After Children package.

Between 1995 and 1998 implementation took place across English local authorities – over 90% by the end of the period (Jones *et al,* 1998: 212). In addition similar initiatives in the other countries of the UK were beginning to come on stream – paralleled by developments internationally (in Sweden, Canada and Australia) (Kufeldt *et al*, 2000). The final stage (from 1996-2001) has considered how the data collected via the LAC package can be aggregated and used strategically as management information.

The institution and development of such a huge social work policy and practice programme has prompted a number of debates – around the merit of the developmental model at the core of the Assessment and Action Record, on the implicit normative values in the LAC approach (Knight and Caveney, 1998), on the potential political uses of the material (Garrett, 2002) and on the reality of poor usage and thereby unreliability of the data collected (Scott, 1999; Ward and Skuse, 2001).

The latter point was borne out when Berridge and Brodie attempted to include the records in their research study on residential care, but found that, *'… despite our strenuous efforts, we were unable to get many of even the initial round of forms completed'* (Berridge and Brodie, 1998: 37). As Frost *et al* (1999: 58) say, the Assessment and Action Record – the key document at the core of the system – is daunting and there is a reliance on professionals to think creatively to facilitate its use with different young people. (We will return to this potential problem later in the report).

It is worth restating here the importance of the LAC model with reference to child care at Aycliffe. When this study was first instituted by managers of residential services at the AYPC the LAC developmental approach had been enthusiastically embraced, certainly by those who were in charge of policy –

> *The seven headings … from the Department of Health publication 'Looking After Children: Assessing Outcomes in Child Care' … will underpin all our work. One of the features of the new organisation will be its preoccupation with measuring good outcomes for young people …*
>
> (AYPC, 1999-2000:6)

This move to outcome measurement came within a context of the increasing promotion of children's rights and the appointment of Liam Cairns as a specialist to further these developments.

Whilst the LAC debate has perhaps taken centre stage in policy and practice debates during the past decade there have been a number of concurrent theorisations and research forays around what constitutes the most desirable aims for children's residential care. In fact many of these approaches highlight certain aspects of what LAC encompasses but focus on these as the core considerations in promoting more generally beneficial outcomes for looked after young people.

In the course of this evaluation the concepts of 'attachment', 'resilience' and 'stability and continuity' were incorporated in the analysis of outcomes – as additional ways to conceptualise outcomes and as aids to explanation. Hence it is appropriate to give a general outline here of the related theories, their development and the key features of each.

2.3 Attachment

Despite a reactionary adherence to the importance of the mother in the early literature (e.g. see the work of John Bowlby), the principle of the importance of close and secure psychological attachments in early life as a vital foundation for healthy (in all senses) development has become effectively established as a keystone in developmental psychology.

As one psychology textbook explains, attachment is the first and predetermining phase of human existence -

> *Humans and other mammals are born helpless; if left alone they would soon die of hunger, thirst, heat, or cold, or as victims of predators. To survive, newborn mammals need an adult, usually the mother, to feed, nurture, and protect them. And mothers are almost always ready, willing, and able to supply the food, shelter, comfort and social stimulation that their offspring need. On the basis of such parental behaviour and the infant's response, a close parent-infant bond develops. This bond is called attachment … in humans attachment starts at birth and may last from one to several years, depending on the society and the particular mother. Mothers tend to be loving, nurturing and protective during this period …*
>
> (Buss, 1978: 310)

Attachment theory proposes that

> *Within close relationships, young children acquire mental representations, or internal working models, of their own worthiness based on other people's availability and their ability and willingness to provide care and protection.*
>
> (Howe *et al,* 1999: 21)

In essence, the early experience a child has of a primary caregiver establishes subconscious expectations of the likely behaviour of others (and of the child her or himself) in all subsequent relationships – and thereby, precipitates certain patterns of behaviour.

Those who experience a positive relationship – responsive, sensitive and reciprocal – become 'securely attached' and develop positive regard and high self esteem, but insecure attachments may manifest in different ways.

Where the primary caregiver was unavailable or unresponsive (prompting an 'anxious attachment') the child may have learnt to be demanding – to ensure their needs were met and increase the opportunities for warmth and closeness. In contrast, where a child learnt that rejection came from making demands on the caregiver they adapt by reducing the expression of need ('avoidant attachment') to enhance the limited prospects of having their needs fulfilled. The resultant problem for both these groups is that they will have a less positive sense of self and lower self esteem. They are less able to seek appropriate support from others because they will view others as not being dependable (see Sroufe *et al*, 1999).

The importance of attachment ties has been widely recognised in child care practice for many years (see Fahlberg, 1991; Howe, 1995; Daniel *et* al, 1999). There has been much debate about whether and how an insecurely attached child can have their early negative or faulty experiences compensated for in order to institute more positive and adaptively-appropriate patterns of behaviour – many of these link to the discourse around resilience (see below).

In this study we will be considering outcomes around the perceived benefits of both ongoing attachments with birth family (or other earlier carers) and the compensatory attachments for young people that residential care can provide. We will look how these ideas translated into outcomes for the sample later in the report.

2.4 Resilience

The concept of 'resilience' has gravitated towards the centre of the debate around how to understand and facilitate a positive response to adversity in vulnerable or psychologically damaged young people.

The systematic study of resilience among children and adolescents emerged in about 1970. Initially rooted in general studies of children at risk of psychopathology, interest in the issue was generated from the frequent finding that many children developed well despite severe challenges to their projected well-being. At first notions of the 'invulnerability' of some children who were 'so constitutionally tough that they could not give way under the pressure of stress and adversity' (Rutter, 1985: 599), were conceived and explored. However as understanding increased the idea of a 'fixed' invulnerable state was superseded by the more sophisticated concept of resilience.

A good general definition of resilience is offered by Masten *et al* –

> *Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Psychological resilience is concerned with behavioural adaptation, usually defined in terms of internal states of well-being, or effective functioning in the environment, or both.*
>
> (Masten *et al*, 1990: 426)

and a less technical one by Gilligan, who says resilience refers to

> *…qualities which cushion a vulnerable child from the worst effects of adversity in whatever form it takes and which may help a child or young person to cope, survive or even thrive in the face of great hurt or disadvantage.*
>
> (Gilligan, 1997: 12)

It is perhaps worth pointing out that resilience is a relative concept – a child is considered to be resilient only to the extent that they have survived difficult and psychologically-threatening experiences when they might not have been expected to do so. Additonally, it is an elastic or dynamic concept rather than being fixed – initial resilience might be broken down by ongoing adversity or equally might re-emerge given time and the right 'stimulation' (see Rutter, 1987 and 1999; Fraser, 1997).
Resilience can manifest itself in three ways, according to Masten *et al* –

- Overcoming the odds – a child can achieve a good outcome despite being thought to be unlikely to do so given their background;

- Stress-resistance – 'sustained competent functioning despite severely challenging circumstances' (p430), where even acute or chronic stressors do not disrupt a child's functioning;

- Recovery – a child is able to re-establish equilibrium after trauma.

This is an extremely brief exposition of the main elements of resilience theory but hopefully it does furnish sufficient basic understanding to progress to an application of the theory to young people looked after in residential care.

One can implicitly assume that a young person who has come to be in residential care will have suffered 'multiple disadvantage' (Everitt and Hardiker, 1996 :193) – the need for institutional care despite other interventions (or even because of the absence of interventions) necessarily means that a young person has experienced major adversity.

Clearly then our primary interest here is, given that the development of resilience will be adaptively-beneficial for young people in residential care, what might promote this within residential practice?

Unfortunately there are no prescriptive guidelines. There have been some accounts and practice guides (Gilligan, 2001) and a research study applying the concept to a group who grew up in foster care (Schofield, 2001) – but no systematic review of research findings of studies of the resilience of young people who have been looked after in care and how these might translate directly into resilience-promotion in the residential setting.

However, more general studies have indicated that there are key factors associated with resilience promotion (Rutter *et al,* 1998). They relate primarily to the enhancement of protective factors (those factors which shield the young person from potential blows to their resilience) and the reduction of risk (the removal or re-framing of potentially threatening events or issues).

To give a fuller flavour of the types of factor deemed most relevant it is worth reporting the findings of a recent review of international literature on resilience. The paper was headlined as a consideration of resilience in relation to transitions in the lives of children and young people, and purported to discuss 'interventions that fall within the immediate jurisdiction of education, health and social welfare agencies, rather than at a broader social policy level' (Newman and Blackburn, 2002: 2).

The authors suggest that key deteminants are

- strong social networks
- the presence of at least one unconditionally supportive parent or parent substitute
- a committed mentor or other person from outside the family
- positive school experiences
- a sense of mastery and a belief that one's own efforts can make a difference
- participation in a range of extra-curricular activities that promote self-esteem
- the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised
- the ability – or opportunity – to 'make a difference' by helping others or through part time work

- not to be excessively sheltered from challenging situations which provide opportunities to develop coping skills.

For this evaluation, resilience theory is useful in a number of ways – it encompasses a range of ideas which suggest what will be useful in engineering a longer term beneficial outcome (through the identification of predictors of an ultimately successful journey into adulthood) and it allows for an interplay between the actions of the professionals providing care and the agency of the young people being cared for. For example, in the conceptualisation of self-efficacy – the theory suggests that young people should be furnished with regular opportunities to perform task and achieve results in basic and increasingly advanced circumstances which over time aids the evolution of confidence and builds self esteem, thus enhancing future abilities and self estimation of competence and mastery.

As already implied, we would not wish to 'pin our colours' to resilience theory as the panacea for effective residential child care practice. The theory is not yet sufficiently developed in terms of its direct applicability to the sector – it has not been systematically validated by in-depth research. However, we have regarded it as a worthwhile organising concept and a means of constructing an explanatory framework for some of the outcomes considered in the analysis.

By reference to resilience theory we have designed a set of predictors of likely outcomes (via the construction of a 'resilience profile' of what the young person brought with them at the outset of the evaluation). In addition we have put together a number of identifiable supportive factors during a placement. These are described in the chapters on findings (Chapters Six -Ten).

To a large degree, these issues are embedded in the design of the LAC Assessment and Action Records. However, the lack of effective use of the Records (an issue we will return to later) necessitated a reappraisal of the approach to measuring outcomes in the study and the designing of outcome measures which adequately captured appropriate issues in assessing the quality of care provided – the discourse around resilience offered a useful guide in achieving this.

Resilience is also more practitioner-friendly than the more authoritarian concept of formalised outcomes which comes with the assessment model in LAC. Those who champion the cause of resilience-promotion as the key to successful child care have been candid in the revelation that many practitioners react to discussion of the issues with a degree of scepticism – they are significantly underwhelmed by the idea –

> *Discussing the concepts of resilience with social workers generates a mixture of responses that combine a sense that it is all very obvious and 'common sense', with a recognition that, where such work is carried out, it is not always recognised as legitimate intervention. In fact, it is apparent that many practitioners are often working on such areas but in a piecemeal way, 'on the side', in the car, during snatched visits and so on.*
>
> (Daniel, Wassell and Gilligan, 1999: 14)

The apparently negative connotations within this quote also signify the converse proposition – that the theory and its application are immediately recognisable and comprehendable, and likely to resonate with the already existing concerns of those in frontline work. The additional benefit of the theory is clear –

> *Resilience theory has potential as a coherent framework to encompass much of what workers and carers instinctively aim to achieve anyway and could therefore validate practice by offering a sound theoretical basis for purposeful intervention.*
>
> (Daniel, Wassell and Gilligan, 1999: 14)

The juxtaposition of the sections on Attachment and Resilience will, no doubt, serve to bring to the fore the parallels between the two approaches – and perhaps provoke a protest from practitioners that there is little 'clear blue water' between them in terms of practice implications.

However, as Newman and Blackburn assert, there is credence in adopting resilience as a key theory to inform practice

> *…the weight of evidence currently available suggests that actively incorporating resilience-promoting strategies in services to children and young people can have significant potential.*
>
> (Newman and Blackburn, 2002: 9)

Inclusion of resilience theory in this study could be regarded as a 'leap of faith'. However, perhaps it is not one that seems entirely unreasonable in the light of two considerations. The first is that there are many interrelated links between resilience theory and other areas already shown by research as being positive enhancers of well-being for young people in substitute care.

The second is more pragmatic, if discomforting – that it is difficult for any theory to claim authority since we clearly have some considerable way to go to uncover the 'complete theory' for comprehensively good residential child care. As David Berridge asserts –

> *Ascertaining 'what works' in children's residential care is complex. Research evidence remains limited …*

Given the current paucity of theory one that offers coherency is a welcome contribution to the debate.

2.5 Stability and continuity

The issue of placement stability has moved to the top of the political agenda as far as officially monitored and performance-targeted issues within the looked after sector are concerned.

Quality Protects set a specific objective in 2001 for local authorities to reduce to 16 per cent the number of children looked after continuously for a year who have three or more placements. This came in response to much research (see Jackson, 2002, pp 38-40) which underlined the damaging consequences of constant moves within the system.

However, the association of 'stability' solely with placement stability and breakdown neglects the importance of a number of additional factors which could be seen to be of corresponding magnitude in a child or young person's life.

Given the circumstances of the young people in this evaluation – primarily that at the outset for the majority there is a theoretical commitment to placement stability (inherent in the status of being in planned long term residential care) – it is particularly worthwhile extending our understanding and interpretation of stability. The inclusion of other factors that could be clearly identifiable as being beneficial to a young person's ongoing welfare alongside a stable base, has many merits in the analysis of the overall quality of a year in residential care.

In her chapter in the 'What Works' book, Sonia Jackson advocates a reappraisal of the concept of stability and its extension to incorporating a more multi-dimensional appreciation of stability – asserting that the term 'continuity' might better describe the additional aspects.

She suggests the Key Points listed on the opposite page – and adds a useful angle for our generation of appropriate outcomes for this study.

A slavish adherence to placement stability – or to any one of the other suggested goals for continuity – could undermine competing demands which should perhaps carry equal weight in the decision-making process for a young person in residential care.

> *An over-emphasis on placement stability could lead to a move being resisted even when it would be in the child's interest or when he or she clearly expresses the desire for a change with good reason.* *
>
> (Jackson, 2002: 43)

Hence, we would not wish to imply that we are in the business of promoting continuity as our prime consideration of placement success within outcome measurement.

However, the inclusion of these considerations within a broader range of outcomes is informative. As a rule, planned, long term residential care promotes stability at the expense of continuity – it removes a young person from her / his locality and all the additional supports this might provide. Attempts could be made to compensate for this by emphasising the importance of continuity in other areas of the young person's life. As Jackson says,

> *Continuity is harder to measure than placement stability and just as hard to achieve. What little we know about it from research suggests that its importance is greatly underestimated by social workers, especially in relation to health and education, but also, for example in maintaining links with previous carers and other people who matter to the child.*
>
> (Jackson, 2002: 43)

The extent to which continuity factors were valued and promoted by social workers and residential care workers during the evaluation is an issue that was assessed to be worth recording and analysing, alongside the general consideration of placement stability.

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* A merit of the methodology adopted for this study is that this lack of broad understanding for placement change, should it occur, (or indeed any other radical issues which happen to the young people) will not happen – we canvassed a range of views on all such events throughout the project.

- We might define *stability of placement* to mean not only that the child remains in the same home, but that it is seen by all the people involved as a secure setting within which the child can grow up or remain as long as needed.

- *Stability of relationships* means children being part of a network of family and social relationships that remain stable and continuous over time. This includes not just the household and kinship group, but relationships with important people in their lives, such as friends and their parents, teachers, social workers and other professionals.

- *Stability of education* ideally means staying in the same school, only moving with the year group, and with opportunities for learning geared to the child's interests and aptitudes.

- *Stability of health care* means receiving services based on a full knowledge of the child's history and a regard for his or her individual needs, continuously monitored by carers.

- *Stability of community* implies both remaining in a familiar neighbourhood and continuing involvement in activities taking place in that community.

- *Stability of personal identity* is a more elusive concept with several different components. It means children having a clear understanding of who they are, what they are called, how they fit into their wider family, a sense of self-esteem and self-efficacy, and a cultural reference group that they recognize and identify with, especially if this differs from their carers.

(Jackson, 2002: 42)

2.6 Outcome measurement in this evaluation

The previous sections in this chapter are a brief attempt to explore just some of the discourse around outcomes in the field of residential child care. It is by necessity a cherry-picking exercise – an attempt to draw out the most pertinent areas for this study in a bid to offer the reader a more rounded understanding of the choices made in selecting the outcome measures used in the project.

Our review of theories and the literature on residential care and of the varying approaches to service evaluation (as detailed in the next chapter) has led us to develop our own model of outcome measurement which we hope is most appropriate for the purposes of this particular study.

We should also highlight the fact that, although at the start of the study it was envisaged that the Assessment and Action Record framework would be the one adopted for outcome measurement, this changed over the life of the project.

This happened for two main reasons. The first was that problems with full implementation of the Assessment and Action Record within Durham became increasingly apparent – social workers and residential key workers gave a clear indication that the forms were at best unlikely to be properly completed and at worst not available. (This was confirmed in

an internal report on an audit of case files in summer 2001 – see chapter four for more information). Hence any planned reliance on the Record as a key source of baseline data and a reference point for outcome measurement for an individual young person quickly proved to be a vain hope.

This realisation prompted a wider consideration of how to analyse the data. The LAC Assessment and Action Records used measures derived from authoritative research on beneficial outcomes at the time they were developed. By the time of the evaluation other competing ideas were gaining credence. In addition, the strands of research which had informed the LAC project had continued to progress, leading to an increased understanding of how and why the prescribed desirable outcomes were beneficial.

It seemed sensible in the light of both these considerations to extend our analysis to explicitly incorporating other issues – namely resilience theory and ideas around continuity.

The outcome model that was ultimately developed is based on various analyses of a number of phases in each young person's life. We sought to consider

- their past
- their situation at the outset of the study
- the inputs and service interventions made during the course of the year of the evaluation, their progress (or lack of progress) during the year
- their planned future (and how all concerned felt about this plan).

We selected key elements of the LAC Assessment and Action Records to look at a range of issues within the seven dimensions – at the start of the study and at the end. Using this data we were able to look at general progress across the dimensions – offering broad indicators of how the young person had benefited from their stay in planned care.

Resilience theory and the conceptualisation of continuity allowed a parallel analysis of key areas to help construct a clearer overall picture of how far the young person had progressed, what had helped and hindered this progress, and how well equipped they might have been by their experience of care for a more prosperous future. These approaches helped tie down some otherwise amorphous issues which we wished to highlight in the study.

By reference to resilience theory we analysed the young person's past and their situation at the outset of the evaluation to generate predictors for their likely progress within residential care. Similarly we considered how service interventions might promote the development of resilience – and instances where this had manifested itself during the period of the study. This also offered a guide to the potential for resilient responses to future adversity for the group.

Using the ideas around continuity and stability we looked at a profile of each young person's situation at the start of the study and identified areas where continuity might be maintained. Where events occurred (planned or otherwise) over the course of the study which impacted on continuity issues these were scrutinised. At the end of the study a stability and continuity analysis for each young person was pieced together.

The table opposite shows how the different theories and approaches helped our thinking in terms of contributing clarity to the analysis of outcomes.

Theory/approach informing outcome measure	**Key issues highlighted by theory/approach – areas for consideration of outcomes**	Time period when applied for analysis	**Benefits for clarity of analysis**
LAC Assessment and Action Record Dimensions	o *health* o *education* o *family and social relationships* o *self care skills* o *emotional and behavioural development* o *identity* o *social presentation*	T1	Framework to log baseline, benchmarking data and plans for each dimension
		T2	Reflection on ongoing implementation of plans
		T3	Review of outcomes Plans for the future
Resilience	o strong *social networks* o supportive parent or parent substitute *(attachment or compensatory attachment(s))* o a committed *mentor* or other person from outside the family o positive *school experiences* o a sense of *personal efficacy* o *participation in extra-curricular activities* to aid self-esteem o the capacity to *positively re-frame* adversities o helping others or part time work (‘*making a difference’*) o r*isk-taking* to develop coping skills. o *bio-genetic characteristics* [gender and IQ]	Background	Consideration of pre-existing resilience profile.
		T1	Generation of resilience predictors
		T3	Review of resilience promotion in placement and likely progress in the future [‘Resilience outcomes’]
Stability and continuity	o *placement* o *relationships* - kin, peer and ‘other adults (teachers, ex-carers, etc) o *education* o *health care* o *community* - familiar neighbourhood and activities o *personal identity* - a sense of self-esteem and self understanding	T1	Highlighting of areas where stability and continuity could be fostered
		T3	Consideration of degree to which continuity and stability were maintained in the placement [‘Stability and continuity outcomes’]

Table 1 - How and why outcomes for the evaluation were generated

Whilst it is apparent that there is much overlap between the key issues it is the conceptualisations within each explanatory framework which were of most benefit to us in analysing and conveying the results of the research.

One further issue which we felt it would be interesting to consider in the light of the review of contemporary theory around residential child care was the following – it would be fair to say that the premise of residential care is in direct contravention of the fundamental precepts of attachment or resilience theory. Children's homes, rather than seeking to promote an individualised or primary secure attachment, hope that through a shared, communal experience of care by a group of professional caregivers (who can only aim to offer a diluted version of a primary attachment) sufficient security and compensatory experiences can be provided that will 'steady the (psychological) ship' and enable developmental progress – that lack of intense emotional closeness in the principle caring relationship will still be able to arrest a negative chain of events and supplant it with a positive ongoing life trajectory.

Although the timescale for reviewing the viability of this is limited with regard to the group in this study, it will still be intriguing to explore the question – for whom amongst the group was the input enough, what circumstances did they bring with them and how did the residential intervention work. And, conversely, for those whom there was a lack of positive outcomes, why was the intervention unsuccessful and were there indicators in the young person's past and / or deficits in the provision of the service that would help explain why?

Chapter 3: Research Aims and Methods

3.1 Introduction – What is evaluation?

This project is headlined as being an 'evaluation'. Evaluation is a much used and abused term in contemporary social work and beyond. A huge variety of studies varying in quality and competency have been produced in response to our burgeoning performance culture that demands that services demonstrate their worth (see Watson, 2003).

> *However we view it evaluators are piling in. The word has flown from North America to Europe, Australasia and Asia … Evaluators roam both private and public sectors. They inhabit every facet of life from agriculture to zymurgy.*
>
> (Pawson and Tilley, 1997: xi)

One effect of this mushrooming of 'the evaluation project' is that a variety of (mis)perceptions of the nature of evaluation have been spawned.

An unflattering portrayal is provided by Weiss, an American educational evaluator –

> *there have been complaints about the lack of fit between evaluation and the socio-political world. Critics charge that evaluation is narrow because it focuses on only a small subset of questions of importance to program people; unrealistic because it measures the success of programs against unreasonably high standards ; irrelevant because it provides answers to questions that no one really cares about; unfair because it is responsive to the concerns of influential people, such as bureaucratic sponsors, but blind to the wants of others lower in the hierarchy, such as front-line staff and clients; and unused in councils of action where decisions are made.*
>
> (Weiss, 1986: 145)

Sadly, evaluation is often experienced by those directly on the receiving end, especially practitioners and service users, as all these things. (An example of this occurred relatively recently for the author of this study when conducting a workshop with youth work practitioners around research methods and interviewing. As a group they initially ascribed attributes such as 'cold', 'clinical', 'distant', 'critical' and 'uncaring' to the practice of research and evaluation).

Perhaps even worse, evaluation implies a rigour in technical scrutiny of the detail of a service – an idea of authoritative judgement, an ability to establish cause and effect and a critical stance – at least often in the minds of policymakers and managers.

> *Triumphalist acclaim of the successes of evidence-based action and inquiry is heard everywhere in public life, from prisons to pharmacy, policing to social welfare. Controlled evaluations of social interventions measured against behavioural outcomes are believed to hold promise of verifying what works and what doesn't.*
>
> (Shaw, 1999: 1)

In contrast to Weiss's contention that evaluation is 'unused in councils of action where decisions are made' it has increasingly been co-opted to 'the increasing array of strategies of managerialism and control of policy, practice and professionalism, in and across welfare organisations' (Hardiker and Everitt, 1996: 41). Evaluation has been misappropriated to

legitimise the decision-making of hierarchs and to dictate the practices of frontline workers –

> *The increased emphasis on management, evaluation, monitoring, and constraining professionals to write things down, is itself a form of government of them, and more crucially, of those with whom they are working. It forces them to think about what they are doing and hence makes them accountable against certain norms. In the process, power flows to the centre or agent who determines the professionals' inscriptions, accumulates them, analyses them in their aggregate form, and can compare and evaluate the activities of others who are entries in the chart.*
>
> (Parton, 1994: 26)

However, this is perhaps one of the great myths about evaluation (often perpetuated by those with a vested interest in preserving its supposed status and kudos) – its authoritative power -

> *Here lies the great promise of evaluation: it purports to offer the universal means with which to measure 'worth' and 'value'.*
>
> (Pawson and Tilley, 1997: xii)

In short then, evaluation has acquired something of a bad name – falsely promising much but often falling short and upsetting the practice applecart in the process.

But what is 'evaluation' – or what does it fundamentally seek to do? 'The task of improvement through understanding' is how Pawson and Tilley describe it in their volume on 'Realistic Evaluation'. They add that,

> *the original goal expounded by the evaluation pioneers (was) that it is possible to research and learn from social policies, programs and initiatives in order to modify and improve their effectiveness*
>
> (Pawson and Tilley, 1997: xii)

These statements provide a useful generic definition and a good starting point.

Over time a variety of competing approaches to 'improvement through understanding' have emerged. At one end of the spectrum, some evaluators embrace the new emphasis on performance measures as a means to accrue much-needed information which increases accountability to stakeholders and enhances decision-making for funders and policymakers (see Martin and Kettner (1997)). They adopt a positivistic, scientific approach which purports to objectivity.

Others put forward an opposing view. Not only do they question ownership of the 'truth' – offering competing ideas of the whys and wherefores of service interventions, but they also 'propose a 'transformative model of evaluation' that is 'democratising in intent' (see Dullea and Mullender (1999) and which draws

> *those on the receiving end of services into full participation at every stage of the process, from deciding what should be evaluated to working out how this should be done, what the resulting information means, and what should happen as a result.*
>
> (Dullea and Mullender (1999): 79)

Overall then, this type of 'critical evaluation' consists of a 'process of emancipatory dialogue' (Everitt and Hardiker (1996): 193) – it is evaluation with a mission.

Between these two camps lies a vast terrain of differing interpretations, contrasting viewpoints and (in the eyes of those who may read this report) academic distractions. Having offered the briefest taste of some of the debates, it is probably far more pertinent to offer here an account of the evaluation methodology adopted for this study.

3.2 This evaluation – research methodology and aims

So how have we regarded the task of evaluating this service?

We hope that our approach sits comfortably somewhere between the two perspectives offered in the preceding paragraph. We have taken some lead from the bureaucrats – those who have defined what good outcomes and beneficial strategies are for positive care (via LAC, QP, etc). – and some from hopefully more benign academic researchers who have looked into the issues around residential care.

To give some weight to empowerment, we have adopted a methodology which enables the researched to define some of the areas covered in the study – by using relatively unstructured qualitative interviews as our main vehicle for data collection.

Our first thought was that in a complex situation like the provision of total care for a group of damaged and vulnerable young people, one can only identify and consider some elements and themes within their lives.

Fortunately we have the benefit of a large amount of recent research on residential child care to give us some guidance on the pertinent issues. This led us to particularly focus on certain areas of each looked after young person's life in our analysis of their time in the homes.

In addition, to contextualise and offer fuller meaning to this individualised focus, we looked at a number of overarching themes around their care, from issues around what constitutes quality of care experience, to those of the planning process and professional's experiences of providing care within the homes and case management and oversight more generally.

Our primary focus was around what happened to a group of young people in planned care over the course of a year. For the group we aimed to do the following –

- to look at 'outcomes' for the young people – as defined by the AAR system within LAC documentation – and to look at the process for use of AARs;
- to look at other 'outcomes' – as highlighted by research as being critical to positive and useful experiences of care (there is some overlap between this and the first area – but within this there was a broader consideration of general themes such as stability, attachment, parenting, resilience, etc.);
- to consider the experience of admission to and living in a children's home in the county;

- to explore the preparation for and the reality of moving on to independence.

All of these things would provide a grounded basis for the overall evaluation. In addition we gave some weight to an exploration of -

- the experience of working in a children's home or working as a case holder of a young person who is resident – i.e. to the perspectives of workers on what they do (and what might help do it better).

We hoped that this broad survey of interrelated topics would permit a wide degree of understanding of how well the homes and the system are performing.

One criticism that has been levelled about some evaluations is that they provide only 'Black Box' analyses of an intervention – that is, that they provide information on what goes into the 'intervention box' and what emerges from it (the outcome), but no explanation of what happens within the box – of why the intervention was successful or unsuccessful. (see Kazi, 2003).

A further aspiration of this study was to offer some degree of analysis of the process of care – to say why it was productive or useful – if, indeed, it was – and offer a 'transparent box' evaluation of the service.

We would also clearly acknowledge that all young people in care are different – not as some bland and relatively meaningless statement, but rather as an indication that there is a danger in too much generalisation around what is deemed as successful intervention and outcomes.

We hope to have legislated for this in two ways. Firstly, by allowing a multi-perspective input on the evaluation of each 'case' – to individually define 'success' and account for how it was or was not achieved. And, in addition we kept one informing thought in mind throughout the study – that '*different interventions work for different (young) people in different circumstances'* (to paraphrase Pawson and Tilley) – i.e. that 'success' or 'failure' will always be relative in a number of ways - to what the young person brings with them at the outset and to the situation of care and the surrounding context of their own life (which will be in a state of flux throughout their care intervention).

Overall then, this was very much a qualitative evaluation. The factors behind an outcome – the meanings and importance attributed by those directly involved – were regarded as being of equal merit with the outcome itself. Outcomes without explanation are not helpful to understanding and practice progress. (see Shaw, 1999, for a full discussion of this).
The decision to conduct the study in this way was not taken lightly. Debates around evaluation methodology, competing paradigms and differing conceptions of the nature of reality have a long and rudely healthy academic tradition (as alluded to above). There is no time or need for a long treatise on methodological battles here, but it is perhaps appropriate for the researcher to be open about his rationale for the approach selected.

As will already be apparent, I have a desire to 'add meaning to measurement' (Scott, 2002). Reference to large bodies of quantitative data, generated through impersonal surveys on a large-scale or secondary analysis of documentary 'evidence' can appear to offer a security, a reassurance that what has been discovered is verifiable, true and objective.

However, I would contend that in many situations this is a false and perhaps dangerous premise to work from – it entirely negates the fact that the core of the original generation of the data is exactly the same as that for the data generated within the live interaction of an interview – the thought process, followed by the expressive process (whether in spoken words or on paper) of an individual. Thus, both ways of initially producing information involve the filtration of 'fact' by the data generator and will necessarily include her or his own motives, emotions, 'spin' – even for what might on the face of it seem to be the most 'hard' data (e.g. things such as the number of times an event has occurred).

This leads to the proposition that, in studies of any social phenomenon it is more helpful to have laid bare at least some of the thoughts, views and feelings – the individual's own construction of meaning which underlies their responses and the 'facts' they divulge.

A necessary adjunct is that in this type of evaluation I must acknowledge that my own subjectivity is inextricably bound up with the entire process. As designer, data collector analyser and report writer I bear responsibility for the study. Although I hope to act to some degree as a relatively neutral arbiter of the 'facts' uncovered by the research it would be dishonest to claim that none of my own thoughts and feelings enter either the process or the reporting of the results. Therefore the account in this report is not completely sanitized and at some points I refer to my views where they are pertinent to the matter under discussion. I hope that readers of the report will agree that, 'The researcher's inevitable use of self does not constitute a licence for less rigour, but a case for even greater rigour' (Scott, 2002).

Overall then in this study I elected to be pragmatic – 'situationally responsive and methodologically flexible' (Clarke (1999) summarising Patton: 62). The primary method adopted was semi-structured interviews, wherein participants were invited to expand upon their responses as appropriate. However, at certain points during the study this was complemented by the use of questionnaires – when there was the need to acquire a brief summary of information (usually as a precursor to further scrutiny) and when the completely pragmatic consideration of time and resources had to prevail.

The full description of the detail of the research method is laid out below. Overall it seeks to appropriately foster 'improvement through understanding'.

I will end this section with one final thought from an article by the Associate Professor of Social Work at the University of Melbourne –

> *It has been said that a defining feature of qualitative research is its capacity to make the familiar seem strange. Qualitative research offers a valuable lens through which to view practice. When shown how to take a look, social workers are likely to be less afraid of the dark and more likely to be curious to see what their practice looks like in a new light.*
>
> (Scott, 2002: 929)

3.3 Research Methods

A social work research study is often more of an evolutionary rather than a predeterminable process. In the first instance, when planning a piece of work one considers the most appropriate methods for acquiring the desired data to look at the pertinent issues. Often though, exposure to the harsh realities of the practice world force one to

compromise one's ideal model for a project and adopt a pragmatic approach which will generate 'good enough' data with due consideration for those being researched (see Research Ethics section below).

Such was the situation with this study. The differences between the originally proposed research method and the actual method employed are laid out below.

Planned Method

The original* proposal suggested a longitudinal study of a group of young people in (and leaving) planned care in the County. In order to evaluate 'the process and outcomes of services' it was envisaged that the research should focus on the 'care careers' of this group over the course of approximately 15 months.

It was planned that the study would aim to recruit a sample of 25 young people in two different groups

- those admitted to planned care in selected residential homes during a six month period;
- those who were already resident in the same homes and were eligible, or became eligible, for services under the Children (Leaving Care) Act 2001 during the same six month period.

Recruitment of the sample would entail initial information dissemination to staff teams in the homes. Once this had been done, each young person in the putative sample would be written to via their key worker who would discuss their participation and seek initial consent. This would be backed up by a telephone call and/or visit by the researcher to

meet the young person to answer queries before she/he made a decision about taking part. (Team managers were asked to facilitate this process by alerting the researcher to any new admissions to the home during the recruitment period).

The young people were to be given a £5 payment (in the form of a voucher for those under 16 and still in a children's home or cash for those in a satellite unit, or living independently) for each interview, partially to act as an incentive but also to properly acknowledge their contribution and the personal time this entailed (which turned out to be anything between 15 minutes and over an hour).

Data on the young people would be collected at three points in time and for specific reasons on each occasion, as detailed in the table opposite.

This timetabling might draw the criticism that the planned timescales were ill-conceived or even arbitrary. As Roy Parker, a member of the original LAC: Assessing Outcomes working party, suggests in his 'Reflections on the Assessment of Outcomes in Child Care' in 1998,

* this is actually something of a misnomer – the first proposal was produced in 1998 (see Introduction for fuller details). This 'revised' proposal was produced in 2001 as a precursor to beginning the study in a changed environment at Aycliffe and within the county.

Time of data collection		Purpose of data collection
T1	i) time of admission to planned placement	To explore background and historical context for each young person
or,	ii) eligibility for leaving care support	To establish 'benchmarks' (including those related to LAC dimensions) against which to consider progress through the evaluation
T2	a year after the original interview with the young person	Initial consideration of outcomes for the group
	[or, at any point if the young person moves on]	[to scrutinise the reasons for the move and look at outcomes from the placement]
T3	15 months after the original interview	Full consideration of outcomes and wider discussion of care experiences or professional experiences.
	[or, three months after a move]	[to look at post-stay outcomes and reflections on a move].

> … *often the research that endeavours to assess outcomes imposes arbitrary points at which that assessment occurs because of the amount of time that the funding will buy.*
>
> (Parker, 1998: 194)

There is certainly some truth in this assertion with regard to this study. Of course ideally the measurement of outcomes might extend indefinitely – it would be both fascinating and undoubtedly of merit in evaluation and research terms to continue to look at the progress of this group of young people beyond a year of residential care. However, as Parker states, pragmatism has to enter the equation in the world of commissioned research. It was felt that this approach would offer a worthwhile opportunity to consider in-care outcomes for those admitted to a planned placement over a reasonable period of time – plus some initial post-stay outcomes for those who moved on. And, by way of some acknowledgement of the problem of arbitrary timescaling, there is an explicit mission within the study to look at all the factors behind the progress (or lack of it) towards planned outcomes for the individuals within the study, an overt plan to fully contextualise the reporting of outcomes in the research report and an extended discussion of the interrelationships between specific and generalised outcomes and the structural, policy and resource constraints that effect them both directly and indirectly.

The principle method for data collection would be multi-perspective, semi-structured interviews conducted with all the major parties to each young person's case – the young person her/himself, the residential key worker, the social worker, a parent or parents (where possible and appropriate) and a young person's advisor (where relevant).

Interviews with the young person and parent(s) would be face-to-face – interviews with professionals over the telephone (primarily for reasons of time and resources, but also because experience at York University has suggested that this method is suitable for this type of research participant). The interviews would be electronically recorded, subject to the interviewee's express permission at the start of the interview.

The interviews were to be complemented with the parallel collection of documentary evidence of the young people's progress – from case files and reviews.

Actual method

In the event the method employed to undertake the study had to incorporate some revisions to the proposed approach.

This was due to

- delays in initial dissemination about the project
- problems with recruitment of young people
- absence (or difficulties in obtaining) expected documentation
- (expected) complications in interviewing parents
- (unexpected) difficulties in interviewing young person's advisors

The first difficulty related principally to the huge amount of organisational change within Aycliffe. A period of preparation for the research – between March and August of 2001 (incorporating meetings and discussions with individuals and groups of managers, site visits, design of research instruments and reading) – had been intended as a lead-in time for the research. However, in September, senior managers conveyed to the researcher that team managers at the site were under extraordinary pressure due to the reorganisation, staffing difficulties and the imminent publication of the report into the McKilligan inquiry.

This had accounted for problems with communication during the previous few months and led to some postponement of visits to meet with staff teams in each unit. These eventually took place in late November 2001 (for non-Aycliffe homes) and December 2001 – January 2002 (for homes on the Aycliffe site), except for one home where the visit did not take place until July 2002.

This had a knock-on effect on recruitment of the sample. As stated above the original intention was that residential key workers would play a direct part in recruitment, conveying information to their key children and seeking consent. Team managers were to 'start the ball rolling' by letting the researcher know that there had been an admission to their home.

Not only was this process delayed, but it proved to be an unsuccessful method. Hence, during the spring of 2002, when no young people were forthcoming and concerns increased about the ongoing absence of a sample, a new, more direct approach was adopted. The researcher made planned, extended visits to the units, calling in and spending time with the young people (usually for a period before and after a meal). Discussions about the research formed part of the visit, with the opportunity for the young people to 'suss out' the researcher at their own pace and ask questions when they felt comfortable, either individually or in a group.

The parameters for recruitment to the sample also had to be redrawn. It became apparent that insufficient new admissions would take place during the remaining time available – so the net was spread to include young people who were more established in the homes, even where they would not become eligible for leaving care services during the life of the study. The target for the sample was also revised down to 20 young people.

This more proactive approach to encouraging the young people to participate in the research, alongside the loosening of the recruitment criteria, proved to be successful in generating a viable sample. 19 young people gave consent to taking part in the study. However, it was also extremely time-consuming, labour-intensive and demanded tenacity on the part of the researcher. For example, for one residential unit, two visits were made and only one young person was present at the second visit (who subsequently dropped out of the process, despite attempts to contact her at her new placement). Thus, in this instance two trips to Durham proved to be ultimately fruitless.

The other main change from the proposed method was to the type of data collected. The idea of attempting to collect additional paperwork on the young people was abandoned. It had originally been intended to look at review documentation and Assessment and Action Records as a further source of evidence around planning and outcomes for the young people. The experience of the first year of the study prompted a reconsideration of this approach. During that time issues arose which indicated that this would not have been a worthwhile course of action.

The first was difficulties in obtaining responses from social workers. A large amount of time was spent in chasing up a questionnaire sent to social workers during the first phase of data collection. After some considerable effort, 16 out of the 18 questionnaires were completed and returned. However, this experience – in tandem with additional problems around multiple postponements of telephone interviews by some social workers – led the researcher to reconsider a strategy that would have relied heavily on the compliance of the same social workers in forwarding documentation around reviews.

The second issue was the revelation that Assessment and Action Records were either absent from young people files or were likely to be so poorly completed (or in a state of partial completion) as to be unusable for the research. The researcher first became aware of this possibility when he received a copy of a report written by a team manager during late 2001. The report, 'Snapshot Summer Survey of Young People's Files' by Jeff Riley, was an audit of the files of young people in residential care. The report suggested that although around half of the young people had an Assessment and Action Record on file, many were 'not filled in or hardly ever been used'.

This was underlined when social workers were asked in their initial questionnaire about the status of the Assessment and Action Record for their young person in the sample. Many made no response to this question and those who did were rather sketchy in the information they provided – just one suggested that there was a fully-completed Record on

the file. Alongside their and the residential key workers' statements during interview around the (lack of) use of the Assessment and Action Record in practice there was little evidence that there would be any merit in 'chasing' this document as a source of material for the evaluation.

Instead, it was decided that there should be sufficient rigour in the interview data since different respondents were asked for their views on each of the potential outcomes thus allowing triangulation and verification.

The problems encountered in engagement with the Aycliffe units, alongside the experience of conducting the first phase of the research, led to a reframing of the timescales for data collection – as indicated in the table opposite. The original prescriptiveness around the length of time between T1, T2 and T3 was revised and a less rigid approach taken.

In the event T2 data collection took place between April and July of 2003 (between seven and ten months after the original interview with the young person) and T3 interviews were conducted between late September and November 2003 (between 17 months and 12 months from the first interview). Thus overall for every young person in the study at least a year of their time in planned care had elapsed – and for others the evaluation considered a period of almost a year and a half.

Overall an increasingly pragmatic approach evolved through the process of data collection for the research. In the first phase repeated attempts were made to see young people on their 'territory' and at a time to suit them individually, in order to encourage their participation. Many had to be re-visited because when the time came to be interviewed they decided that they wanted to do something else and see the researcher on a different occasion. (Similar principles were applied to social workers and residential key workers, many of whom had to postpone arranged telephone interviews at the last minute). It was felt at this stage that it was vital to generate good will on the part of participants in the study, to promote their willing involvement and thereby generate a healthy, viable sample who would produce rich data. Thus the first phase, which was intended to take around seven months actually took almost a year to complete.

The second phase of data collection was therefore much abridged – with the emphasis on re-establishing contact with and interviewing the young people. An update on their progress was gained via a self-completion questionnaire from their residential key worker.This phase was undertaken in four months in mid-2003.

The final phase consisted of re-interviewing (almost) all the original participants. Although great emphasis was put on ensuring that all who wanted to were able to take part, the young people were this time asked to be more compliant and do their interviews in blocks when the researcher visited their home – and the social workers were offered just one additional date if they postponed the first arrangement. Despite this relative lack of flexibility on the part of the researcher (as compared to the first round of interviewing) the final phase was almost as comprehensive as the first.

A final change in the originally proposed-method for the study was the decision not to try to interview young person's advisors for the final phase of data collection. This decision was premised on three main considerations –

- their absence from the picture at T1 (of the nine eligible young people only three had an advisor) – this meant that there would not have been any continuity for their involvement, assuming they were in place by T3;

PLANNED TIMESCALE	RESEARCH ACTIVITY	ACTUAL TIMESCALE
Feb '01 – Sept '01 **[n.b. Researcher only working 30% usual hours]**	Discussions with management, visits to Aycliffe site, reading and preparation.	**Feb '01 – Oct '02**
Oct '01 – Nov '01 **[n.b. working 50% usual hours – this applies to all subsequent periods]**	Meetings with staff teams at all units – meetings with young people resident at the units. Design of T1 research instruments. Recruitment of sample.	***Nov '01 – July '02***
Dec '01 – May '02	Interviews with young people, key workers, social workers and parents. Design of T2 instruments. Preliminary analysis of T1 data.	***May '02 – Dec '02***
	Ongoing analysis of data	***Jan '03 – Mar '03***
Jun '02 – Nov '02	T2 interviews. Design of T3 instruments. Ongoing analysis of data.	***April '03 – July '03***
Dec '02 – May '03	T3 interviews. Ongoing analysis of data.	***Sept '03 – Dec '03***
June '03 – Aug '03	'Mopping up' of remaining T3 interviews.	
	Initial analysis of T3 data	***Dec '03 – Jan '04***
June '03 – Jan '04	*Final analysis of data and writing of report*	***Feb '04 – Apr. '04***

Table 2 - Planned and actual timetable for the evaluation.

- huge difficulties in obtaining interviews with the young person's advisors who were working with young people at T1 – only two were interviewed after a considerable investment of time and resources;

- the accounts of social workers during T3 – apparently the situation with young person's advisors was still very much in flux at this point. Social workers attested to a 'mixed' situation with regard to young person's advisors involvement with the young people – indicating that in most cases it was relatively limited (we will return to this subject in more depth later).

Overall, therefore, young person's advisors' knowledge of the cases would have been limited. In addition only three of the young people were living independently (and so might be expected to have had more input from a young person's advisor) but had ongoing close contact with their social worker. Hence it was felt that the quality of information that might realistically be available from young person's advisors was not worth the additional time required to collect it.

Finally, in relation to the proposed interviewing of parents there were, as anticipated, some problems with initial recruitment to the sample and with follow-up interviews. Hence the information collected on parents' views was rather limited.

Data collected for the evaluation

It is worth highlighting the amount of data that was collected for this study. The breadth and depth of the information was such that it has permitted a thorough analysis of the issues, enabling an authoritative consideration of all the subjects under consideration.

During the evaluation 44 interviews were conducted with the young people, 29 with their social workers and 34 with their residential key workers. Overall, including the interviews with parents and those with young person's advisors at T1, 118 interviews were undertaken during the course of the evaluation. These were complemented by self-completion questionnaires at T1 from social workers and at T2 from residential key workers.

The most important aspect of this is not the headline figures – rather it is the spread of data across the cases over time– as shown in the table on the opposite page.

For all the cases there is a consistent flow of information across all phases of the research. Many longitudinal research projects suffer from high attrition rates over time. However in this study, at the final significant stage – T3 – there is data from at least two sources for nearly all the cases. Only four of the original sample of young people were not re-interviewed at T3 (one was not contactable, one was severely ill, one was unavailable on a number of occasions and only one was unwilling take part) – all of the residential key workers who still had responsibility for a young person in the sample were spoken to again – and only three social workers did not take part (two of these were new to the young people and therefore had not been part of the original data collection at T1).

	T1				T2		T3		
	Interviews						Interviews		
Y P case no.	Young person	Social worker	Key worker	Social worker questionnaire	Young person interview	Key worker questionaire	Young person	Social worker	Key worker
1	✓	✓	✓	✓	✓	✓	X	✓	✓
2	✓	X	✓	X	✓		✓	✓	n.a.
3	✓	✓	✓	✓	X	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	X	✓	✓
6	✓	✓	✓	✓	✓	X	X	X	✓
7	✓	✓	✓	✓	✓	X	✓	✓	✓
8	✓	✓	✓	✓	X	✓	✓	✓	✓
9	✓	X	✓	✓	X	✓	✓	✓	n.a.
10	✓	✓	✓	✓	X	X	✓	✓	✓
11	✓	X	✓	✓	✓	X	✓	✓	✓
12	✓	✓	✓	✓	✓	X	X	X	✓
13	✓	✓	✓	✓	X	X	✓	✓	n.a.
14	✓	X	✓	✓	✓	✓	✓	X	✓
15	✓	✓	✓	✓	✓	X	✓	✓	✓
16	✓	✓	✓	✓	✓	X	✓	✓	n.a.
17	✓	X	✓	✓	✓	X	✓	✓	n.a.
18	✓	✓	✓	X	X	✓	X	✓	✓
	[Five parent interviews and two young person's advisor interviews were also conducted].,						*[n.a. – not applicable – i.e. those young people who did not have a key worker at T3].*		

Table 3 – Data collected for different phases of the evaluation

Data analysis

Initial analysis of a sample of interview transcripts was undertaken with the Atlas-ti software programme. This was used for a basic thematic consideration of T1 interviews, as a prelude to the design of a tailored database with the Microsoft Access package.

For subsequent full analysis of all the interviews, sound files of all the live recordings were created on computer. These were analysed twice and coded to allow for a thorough consideration of all the issues that were commented upon by respondents.

The self-completion questionnaires filled in by social workers and residential key workers were analysed both manually and via the Access database.

3.4 Research instruments

A variety of research instruments were designed for the evaluation. These included information leaflets for all the potential interviewees, interview schedules and questionnaires.

Examples of the instrumentation are in Appendix II.

3.5 Research ethics

All social research requires thorough and informed consideration of its potential impact on those who are its subjects. The research process itself is necessarily an exercise in probing for sometimes uncomfortable and upsetting issues and the feelings and views associated with them. Researchers bear a professional responsibility to be aware of the potential harm that their work can cause and to prioritise every effort in preventing this happening.

This particular evaluation brought into sharp relief all the ethical issues that are at the core of much social work research. The central focus on vulnerable children and young people heightened the need for careful reflection and sensitive implementation of appropriate responses to a number of issues in the performance of the study.

A discussion of the key areas of research ethics for this study is presented in Appendix I, together with the Social Work Research & Development Unit's Ethical Policy.

Chapter 4: The Group of Young People – Background

The following five chapters will detail the findings from the evaluation. They will range across a number of issues with the intention of offering a broad consideration of the lives of the young people in the study during the year or more of the research. This first chapter serves as an introduction to the group – detailing their past and their situation at the outset of the study.

In effect it establishes the context for the year of residence that is being evaluated – offering an analysis of the multiplicity of antecedents which might have a bearing on the outcomes that the young people progress towards.

Each of the following four chapters will consider the actual outcomes of four distinct subgroups (detailed below) within the sample. They will look at a range of basic outcomes which were benchmarked at T1 and then re-scrutinised at T2 and T3. They will then further contextualise and discuss these within a broader framework, looking at issues of stability and continuity, resilience and protective factors, and, as appropriate, experiences of independence preparation and leaving care. They will also consider the effects of different professional interventions during the evaluation period.

4.1 How the group were recruited

As described above in Chapter 3, the recruitment process involved a number of stages – culminating in a visit to their home which included time spent around the home meeting individual young people informally – usually then sharing a meal – followed by a brief meeting (either as a group or in one-to-one discussions) where the research was explained and any questions answered.

Recruitment to the sample was mainly during the last six months of 2002. The method proved successful – most young people who met the researcher were happy to sign-up for the study (and only one was subsequently 'lost' as she quickly moved out of a placement into independence and became uncontactable).

It is worth stating here that the homes selected to take part in the study were at that time (mid – late 2001) the only units providing planned care. Framwellgate Moor (now Newton Drive), Tow Law (now Attlee Estate), 10 and 12 Brough Close, 9 Cedar Drive and 4 Orchard Lane were designated as planned units. Moorside provided temporary placements and 5 York Road was being developed as an emergency, short stay 'crash pad'. The homes on New Close were not in use.

In terms of 'representativeness' of the population of the planned-stay homes at the time the group is somewhat Aycliffe-centric – (see the table below) – of the 15 potential participants resident on the site, only three did not become involved in the study – and one was subsequently interviewed in the first round of interviews at his next placement. .

There were a number of reasons for this. The first is that the other homes were first visited when there was a plan to structure the sample in a certain way (as described in Chapter 4). Hence, at this time some of the young people living in these homes were not approached since they did not meet the sampling criteria. Most of the visits to the Aycliffe homes were

in the wake of the reappraisal of the sampling technique – meaning that all young people living in the homes were asked if they wanted to take part.

In addition to this young people at Aycliffe were seemingly more willing to take part than those living elsewhere. There would not seem to be any obvious reason for this – both of the other homes were visited subsequently but the young people either declined to take part or failed to keep to arrangements to meet the researcher.

Home	Potential participants *May – Nov '02*	Actual participants
Orchard Lane	5	5
10 Brough Close	3	3
12 Brough Close	3	2
Cedar Drive	3	2
Newton Drive – Framwellgate Moor	6	1
Attlee Estate – Tow Law	5	2
Tollgate Fields - West Rainton	3	1
Blackgate East – Coxhoe*	2	2
Total	31	18
(*although three young people were resident at Coxhoe during the recruitment period one had moved from Orchard Lane and was already part of the sample)		

Table 4 – Potential and actual sample from the homes

The self-selection recruitment method may not have generated quite the desired spread of young people across all the units, but it did avoid the possibility of bias in other ways. For example, had selection been done on the basis of suggestions of 'appropriate' young people by the social services department, there might reasonably have been allegations that there was a focus on those who were perceived to be more likely to show positive outcomes.

4.2 Characteristics of the group

The table opposite / on the next page illustrates some basic characteristics of the group. They range in age from 11-18. Perhaps not unsurprisingly, the group were predominantly male. [The table does not record ethnicity since when social workers were asked to record this all the young people were said to be White British bar one who was of mixed (but unknown) heritage. In addition, although Aycliffe units still had (and were planning to continue to admit) young people living in them from other local authorities, only one of the young people in the sample was from outside County Durham.]

	Age at time of first interview	Sex	Time in current placement
YOUNGER established	14	M	15 months
	12	M	16 months
YOUNGER recently admitted	13	M	1 month
	14	M	4 months
	11	M	3 weeks
	12	M	2 weeks
	13	M	2 weeks
OLDER recently admitted	16	M	2.5 months
	15	M	4 months
	15/16 (check)	M	2.5 months
	17	M	3.5 months
OLDER established	16	M	over a year
	18	M	years
	16	M	a year
	17	M	over a year
	17	F	over a year
	15	F	7.5 months
	15	M	5.5 months

Table 5 – Basic characteristics of the sample and subgroupings

For analysis the sample was subdivided into groups of 'older' (aged 15 years or more) and 'younger' (14 and under) young people – the rationale for this being that the older group should be at some stage of the 'leaving care' process (even if, for some, this amounted to initial planning only).

Within these age-groupings the sample was further sub-divided into those who were 'new admissions' – admitted to the placement within the last five months when they were first interviewed – or 'established' in their current placement – they had lived there for six months or more.

The principle rationale for these divisions of the sample was that there would be a subgroup of particular issues for each of these subgroups of young people. There would be the additional problems of settling into a placement for the newly admitted, combined with the need to consider fairly rapidly how to begin to prepare for moving on for the older group. The younger established group, by comparison would be likely to be countenancing a considerable period of time ahead of them in their placement and already 'acclimatised' to the situation and the older established group looking forward – with optimism or fear – to moving out of residential care, having lived there for some time.

4.3 How the young people became 'looked after' and how they entered residential care

We have analysed the information provided on reasons for becoming looked after and for admission to residential care in a number of ways, partly in a bid to highlight the depth of issues involved and how they might be obscured by the use of bare 'categories' – such as those used in headline figures.

We have looked at routes into the residential care system in three ways for the whole group. The first pair of tables (6 and 7) juxtaposes the Children in Need categories (DfES, 2003; 110) (based on researcher's extrapolation rather than social worker allocation) with the actual circumstances of first becoming looked after. This serves to highlight the sparseness of the current official categorisation of reasons for becoming looked after and offers some understanding of the underlying complexity of circumstances of the young people in the sample.

The second set of tables (8 and 9) considers the first admission to residential care (where information was available) – giving an indication of why this came about. This is put alongside an analysis (of the accounts given by social workers or, in the absence of data from them, by residential keyworkers) within the typology offered by Whitaker *et al* in their study of residential care. In this book the authors assert that there is no list of circumstances where residential care would be the preferred option – but that there are situations where it might benefit the young person, these being

- when there was a deficit in attachment forming capacity and a young person could benefit from having available a range of carers ['attachment deficit' in our table];
- when a young person had a history of having abused other children [abusive young person];
- when a young person felt threatened by the prospect of living in a family or needed respite from it [respite from family care];

- when multiple potential adult attachment figures might forestall a young person from emotionally abandoning his or her own parents [emotional link preservation];

- when the emotional load of caring for a very disturbed or chaotic young person was best distributed among a number of carers [chaotic young person];

- and when the young person preferred residential care to any form of family care, and would sabotage family care if it were provided [young person's preference].

Hence, to incorporate a potentially positive perspective on admission to residential care we sought to scrutinise the reasoning behind the first admission to see if there was 'fit' with this typology. [We will return to this typology later – to see if this positive spin on admission rationale was borne out by what actually happened during the placement].

The third column in these tables indicates the circumstances for admission to the most recent residential placement.

The tables are informative in a number of ways. There is an indication that the more recently admitted young people had become looked after because of 'home problems' rather than their own behaviour outside the home – just two looked after principally due to 'socially unacceptable behaviour' as opposed to five where there was a parenting problem, two where there were no parents able to provide care (combined with abuse or neglect in two cases) and one where 'abuse or neglect' was the main reason.

The situation seems similar for the established group. However, for these young people 'abuse or neglect' was the predominant home problem – five out of the eight in this group became looked after due to this (all of them in the 'older' subgroup) – rather than lack of parenting.

To some degree the categorisation undertaken into CiN categories is artificial since it relies on some researcher interpretation of social workers' accounts (sometimes of decisions which were not their own). In addition, a fuller consideration of the circumstances for becoming looked after, as provided in the other column in the table, indicates the variety and complexity of the actual circumstances which led to the young person becoming looked after.

Case examples may serve to highlight this further. Of those who were categorised under the 'abuse and neglect' option, the variation in the situation was huge, from young people whose parents were suffering mental ill health (and were therefore, at the time not able to care for their children and neglecting them by default) to those who had been physically or sexually abused.

			Why became looked after? **CiN categories**	**Actual circumstances**
Y O U N G E R	Established at T1	1	Absent parenting	Fostered as infant (planned for long term) – illness of carer – other fostering unsuccessful (too attached to principal carers). Mother occasional disruptive presence.
		2	Socially unacceptable behaviour	Out of mother's control at young age (under 10) – putting self at risk and involved in petty crime. Respite fostering unsuccessful.
	Recently admitted	3	Abuse or neglect / parental illness	Mother unable to care for young person due to substance addiction and mental health problems.
		4	Socially unacceptable behaviour	Abandoned by mother – cared for by grandma from infancy. Developed extreme aggressive tendencies – therapeutic placement unsuccessful.
		5	Family in acute stress	Family 'disintegration' – parental separation, addiction and mental health problems.
		6	Family dysfunction	Young person's behaviour becoming increasingly aggressive – mother unable / unwilling to control. [Inadequately diagnosed learning disability].
		7	Family dysfunction / abuse or neglect	Young person displaying strange behaviours and running away / putting self at risk. Suicide attempts. Suspicions of neglect. Psychological input unsuccessful.

Table 6 Younger group – circumstances of becoming looked after

			Why became looked after? CiN Categories	**Actual circumstances**
O L D E R	Recently admitted	8	Abuse or neglect	Young person scapegoated in family – serious suicide attempts. Estrangement from father.
		9	Absent parenting	Adoption breakdown – [check from interview social worker t3]
		10	Absent parenting	Adoption breakdown – and lack of fostering options
		11	Socially unacceptable behaviour	?? Young person committing offences in community? - arson?etc, out of school? beyond mother's control **(check)**
	Established	12	Socially unacceptable behaviour	Allegations of sexual abuse by young person. Young person also alleging physical abuse at home.
		13	Abuse or neglect	Allegations of sexual abuse of young person.
		14	Abuse or neglect	Concerns re. neglect and young person beyond parental control – asked to come into care
		15	Socially unacceptable behaviour	Beyond parental control – running away and committing offences
		16	Abuse or neglect	Young person in constant conflict with stepfather – running away, committing offences and putting self at risk
		17	Abuse or neglect	Young person beyond parental control –involved in substance misuse and prostitution.
		18	Abuse or neglect / parental illness	Mother unable to care for young person due to substance addiction and mental health problems.

Table 7 Older group – circumstances of becoming looked after

			Why first admitted to residential care	***Whitaker typology – why residential care might help***	**Why admitted to current (T1) placement – Planned or emergency admission.**
Y O U N G E R	Established at T1	1	Foster placement breakdown	Attachment deficit Respite from family care	Breakdown of private residential care - emergency
		2	Lack of appropriate foster placements	Chaotic young person	Out of parental control – planned?
	Recently admitted	3	Emergency – young person too demanding for foster placement	Chaotic young person	Move from temporary to long term placement – planned
		4	Young person too demanding for foster placement	Chaotic young person	Mover from secure to long term placement – planned
		5	Foster placement breakdown	Chaotic young person Respite from family care	Foster placement breakdown – emergency
		6	Lack of appropriate foster placements	Chaotic young person	Move from temporary to long term placement – planned
		7	Emergency – young person and parent's preference	Chaotic young person Respite from family care Young person's preference	Move from temporary to long term placement – planned

Table 8 Younger group – why admitted to residential care and reasons for admission to T1 placement

			Why first admitted to residential care	***Whitaker typology – why residential care might help***	**Why admitted to current (T1) placement – Planned or emergency admission.**
O L D E R	Recently admitted	8	Emergency – from hospital after crisis at home	Family respite Young person's preference	Move from temporary to long term placement – planned
		9	Adoption breakdown – too demanding for foster placement	Attachment deficit Chaotic young person	Breakdown of private residential placement – emergency
		10	Breakdown of foster placement – no alternative placements	None	Breakdown of foster placement – emergency
		11	Serious offending behaviour – beyond parental control	Chaotic young person	Preparation for independence, move to satellite unit – planned
	Established	12	Allegations of sexual abuse by young person – emergency?	Abusive young person	Move from temporary to long term placement – planned
		13	Foster placement breakdown	Chaotic young person	Closure of previous children's home – planned
		14	Foster placement breakdown	Chaotic young person	Problems in previous children's home – planned
		15	Lack of foster placements – moved from B&B	Chaotic young person	Planned move to residential care from B&B
		16	To prepare for independence after period in foster care	Young person preference	Move to satellite to prepare for independence – planned
		17	Beyond parental control – young person refused foster placement	Chaotic young person Young person's preference	Move to satellite to prepare for independence – planned
		18	Emergency – young person too demanding for foster placement	Chaotic young person	Problems in previous children's home – planned

Table 9 Older group – why admitted to residential care and reasons for admission to T1 placement

In one instance, a young person was admitted to temporary care of grandma (soon followed by foster placements) due to his mother taking an overdose and being admitted to a mental health facility – so the initial category was 'parental illness'. However, prior to becoming looked after he had been know to social services as being at risk of neglect and had suffered significant difficult experiences as a young child (physical abuse, witness to domestic violence towards his mother, witness to chronic substance misuse within the home, parental separation). Which of these factors should take precedence in categorising why he was 'in need' is puzzling. And, since the temporary care soon evolved into a more permanent arrangement, due to mother's ultimate rejection and ongoing inability to provide appropriate parenting, should the category not perhaps be superceded by 'family dysfunction'? Or, given its historical origins in physical and severe psychological abuse as a child, should it not, once the full background was better known, be altered to 'neglect or abuse'.

Similarly, another young person became looked after due to allegations of sexual abuse against him. His initial categorisation was 'socially unacceptable behaviour'. Prior to this point, however, he had been a prolific runaway from home and had made allegations of physical abuse against his stepfather (to which he subsequently added sexual abuse allegations). So was he 'in need' because of his socially unacceptable behaviour, or was this just a public manifestation of preceding psychological, physical and sexual abuse perpetrated against him as a child – perhaps leading to a classification of 'abuse or neglect'? And should his mother and his family's subsequent rejection of him and his brother (also in residential care) be added to the calculation – prompting an addition of 'family dysfunction' to the potential categorisation pot.

This brief glimpse of the true circumstances surrounding the young people's entrance to the looked after system underlines the number of problems in their lives and highlights the inadequacy of official categorisation. In addition it offers some initial insight into the degree to which these young people are 'multiply disadvantaged' (Everitt and Hardiker; 193) when they enter residential care – an issue which we will return to later since it clearly has a huge bearing on their 'success or failure' with regard to outcomes of care.

[Hopefully, it should also help reinforce the rationale for undertaking this evaluation within a qualitative, in-depth framework – due to the need for proper understanding of all the issues involved in 'outcomes' for the young people].

Tables 8 and 9 offer more information specifically around residential care. The first two columns give a comparison of a basic analysis of why the young person was first admitted to residential care, alongside a classification from the Whitaker typology.

Perhaps most noteworthy here firstly is the five fostering breakdowns (and direct admission from a foster home) all after a series of unsuccessful periods in foster care (more of this in the care careers section below) and four of which led to emergency admissions to residential care (with the fifth there was a two-week warning). Hence, these young people began their time in residential care under somewhat difficult circumstances.

Also, in at least four of the cases the reason for first admission to residential care was a lack of appropriate foster placements. In one case the young person concerned was exhibiting some challenging behaviours, but with specialist provision might have avoided the need for residential care. In two of the other cases there were simply no 'standard' placements available at the time – in one the previous placement finished due to problems with the

carers themselves (who were subsequently de-registered by the local authority); in the other the young person had to be moved on because there was a personality clash with one of the foster carer's own children, (although he was eminently suitable for another foster placement). This meant that both drifted almost unintentionally into residential placements which then became long term.

The fourth case is perhaps the most concerning. The young person was admitted from a Bed & Breakfast hotel – where he had been staying for more than a month despite being only 15 at the time. It was not possible to interview the social worker who was caseholder at the time this happened, but one cannot help but shudder at the thought of a vulnerable young person living in such a situation – and question the failure to find an appropriate, even temporary foster placement for him (since he apparently settled easily and well into residential care once placed there – expressing great relief to the researcher that his stay at the B&B ended!).

It is also worth pointing out that three of the young people expressed a definite preference for residential care when they were admitted. Just one had been in foster care previously, but all were still closely involved with their birth families (and all perhaps hoping for a reunification with them – although this did not happen in any of the cases during the study).

The right hand column of the table details the reasons for the move to the current placement. As one might expect, the majority of the young people were moving as part of a plan to a settled placement where they would be spending an extended period – for seven of the young people this was the case (five from a temporary residential placement to a more permanent one, one from B&B and one out of secure provision into planned care). For another three of the young people the move was destined to be their last in care – they were entering their final stage of preparation for independence by going into a satellite placement.

However, for others in the group the move was not so benign. Two had had significant problems in their previous residential placements – both with issues around relationships with other young people in the homes. One young person had to move when her previous home was closed down. And for four of the young people the most recent admission occurred when previous care arrangements faltered leading to unforeseen and sudden moves (and the additional difficulties associated with this, not least the stress of readjustment for the young people and the need to reappraise plans for the professionals). Their entry to so-called planned residential care was not under auspicious circumstances.

These situation at the time of admission forms a key part of the context for consideration of progress towards desired outcomes and we will make links back to this in later individualised analyses.

4.4 Personal pasts - the historical context for the group

The previous section is to some degree indicative of the complexity of the situations of the young people in the sample. However, it is based solely around considerations of the issues around care.

This section seeks to look at the personal pasts of the group in more depth – to uncover the level of social and personal deprivation that the young person had encountered in their lives and further illustrate the degree of 'Multiple disadvantage' (Everitt and Hardiker, 1996: 193) across the group.

Each young person's journey to their sojourn in residential care was uniquely difficult and it would be crass to attempt to fully deal with each case here. However, to the degree to which there was a commonality of the issues faced, we can detail some of the problems here and reflect on their significance as potentially affecting the young people's ability to settle and thrive within the care system.

I should point out here that some of the background information obtained was patchy. Specific questions were asked around what had happened in the childhoods of the young people in interviews with both social workers and the young people themselves. However, the young people were not obliged to disclose anything which was difficult for them to talk about and the social workers varied hugely in the information they divulged (in some cases because their background knowledge of the case was limited).

Attachment

Four of the young people in the sample had suffered the early loss of their primary attachment figure – their mother.

In three of the cases the young person had been effectively abandoned in early infancy due to the mother's own difficulties, although there is little information on the circumstances. In two of the cases there followed a period of instability, when care was provided either by kin but not on a permanent footing – this was succeeded by more stable arrangements (care by maternal grandmother for one and adoption for the other) but in both cases not until the young person had experienced significant insecurity in early life.

The third of these young people was adopted very early in infancy and subsequently experienced a long period of stability.

The context of the childhood of the fourth young person was somewhat different in that it was not total loss – rather the beginning of a spell of inconsistent and hugely insecure attachment. His mother was unable to adequately care for him due to mental health difficulties. He was initially cared for by her mother but soon ended up in a series of temporary foster placements, shuttling between home and care at various points. This fractured and insecure period was replaced by one of stability but not permanency (as the case study details for Jake – opposite – explain).

The impact of their early experiences on their subsequent progress in care was felt in differently ways, but all encountered huge problems in residential care. In addition to these cases most of the other young people in the group had encountered impaired attachments with We will return to this later when assessing the outcomes of the period of evaluation.

In two of the cases there had been a significant *bereavement* experienced by the young person. There are some clear links to the issue of loss of a primary attachment figure since both boys lost a grandmother whom they were very close to.

JAKE

Jake was born to a chaotic situation – his father was not around and his mother suffered mental ill health.

> *He was passed from his mother - I think it was something like three days (after birth) - his mother passed him on to grandmother and he was passed from pillar to post from that day to this. They tried to have him adopted at something like the age of two, I think, but mam refused and insisted on keeping parental control.*
>
> [Residential Key Worker]

He lived in a number of temporary foster placements during infancy and this period culminated in his mother agreeing to a more stable foster placement (with his older brother) with an older couple when Jake was around three years old.

The placement progressed well and Jake became very close to the couple, identifying them as his mum and dad. He lived with them for seven years. However, the onset of serious illness for one of the couple meant that they could no longer cope with the care of two children.

A brief stay in a new foster placement for both brothers soon broke down. However, older brother found himself new carers in the locality – who were unable to also foster Jake. Thus began for him another series of temporary and attempted longer term foster placements, all of which broke down. This culminated in a private placement with an outward bound care company.

Initially this went well but after almost a year problems surfaced, and, when Jake assaulted a care worker he was held in police custody for a number of nights before an emergency admission to residential care.

Not unsurprisingly this poor start led to problems in settling into the placement.

> *There have been lots and lots of incidents - when he first went in … (he said) he didn't like it, he hated it - it's been quite painful for him.*
>
> [Social worker]

It is difficult to fully contextualise the importance of this here, but the profound effect it had had on one of the boys was alluded to by his residential key worker –

> *He has a big thing about Christmas trees - we've sort of surmised that Gran made a big fuss about Christmas … at one point last year he had about five or six trees up in his room … and recently he actually did some sort of shrine outside his bedroom window - as if it was like a headstone. We just thinks that's part of a grieving process … it's not a problem … out of the whole of his life I think the closest person he's been to was his Gran.*

Parenting issues

Early parental separation

A third of the young people's birth parents had separated either before they were born or during their infancy.

Although the circumstances differed radically, this experience had affected their young lives – two of them did not know who their father was, three had had no contact since infancy and one had briefly re-established contact once in residential care (having not seen his father since young childhood) – however, this did not lead to an ongoing relationship. To varying degrees all bar two had formed relationships with new more stable partners in their mothers lives. For those two, with no male role model at home there were ongoing identity issues and for the other six, the additional complications of negotiating (or mainly failing to successfully deal with) the rocky path of being a stepson.

The case study on the opposite page (Simon) highlights some of the issues for one young person.

Later parental separation

It is also perhaps significant that of all the other young people in the sample, only one came from a still intact relationship.

Parental separation had been a factor commonly experienced – by 10 of the young people at a time when they would have been conscious of some of what was going on and aware of the concurrent difficulties for the remaining parent (in all cases their mother).

These separations were often associated with other difficulties at home (which we will refer to below) – but another important linked issue is that of the situation over contact with the non-resident parent after the separation. Four of the young people had no subsequent contact at all; five only re-established contact after admission to residential care – in three cases where they had not seen their father for many years (and for all of them only leading to occasional meetings once the contact was back in place). Only two of the group maintained a constant contact after their parents' separation, both before and after admission – and of these only one regularly saw his father

Hence, an overall aggregation of this data with that above (from those who had no relationship with their father from infancy) indicates that the proportion of the sample who had an ongoing significant relationship with their birth father was small – just three seeing their fathers regularly and four in occasional contact during the evaluation.

Step parent problems

The interrelated issue of the new relationships of parents following separation had a negative influence on the earlier lives of many of the young people in the sample.

The difficulties ranged from ongoing verbal conflict to physical abuse and neglect. Nine of the young people had had poor relationships with their mothers' subsequent partners. Of these, four were physically abused by the new partner

SIMON

Simon had never met his father – his mother claimed that she did not know his identity, that Simon was the result of a one-night sexual encounter.

> *Mam says she was drunk and she just had sex and cannot remember his face, she was that drunk.*

By turns throughout his childhood, Simon felt angry, upset and confused about this. Sometimes he believed his mother – sometimes he didn't, thinking that she might be ashamed of what she had done, who his father was – and, by implication, ashamed of him.

To add to this internal dilemma it seemed apparent that his father was of minority ethnic origin. His physical appearance suggested that his father might be of South Asian heritage and he had suffered experiences of racial prejudice – including some in foster care – as a result of his slightly dark skin. Simon had adopted an ambivalent attitude towards his own identity, often denying any 'non-whiteness',

> *All my family's white, every single last one of them … and I'm just, like, the black sheep of the family.*

but sometimes showing interest in the issue and a desire to 'come to terms' with it,

> *When he first came here all the lads were of mixed race and it wasn't a hang up for them, and Simon could bounce questions and open up. He started to talk about it … I've seen an improvement on that side. He would still like to know his identity, like.*
>
> [Residential Key Worker]

As a 17-year-old at the time of the research Simon was rather preoccupied with his future -

> *I actually think that right now there are things that are more important. If he wants to talk about his identity and stuff, then that's something for him to raise, not for social workers to raise.*
>
> [Social Worker]

but the issue still gnawed away at him,

> *I don't know who me dad is – it's like a big question mark.*

Fortunately he had eventually been able to establish a reasonable relationship with his stepfather,

> *Then there's me stepdad. He's been there ever since I was about two … Mick's like stepped in, and I like pushed it back in his face when I was about 12, 13, 14 – I was really rebelling, rebelling against it. But now I've matured and grown up I can see that he's done a lot for us.*

> *Every time me stepdad used to hit us I used to hit him back – then me Ma tried to push us out the way, so I pushed me Ma out the way and then I just started laying into me stepdad.*

and in two cases the relationship deteriorated to such an extent that the young people were being locked in their rooms by their stepfathers. As one young person related, the situation at home became absolutely intolerable for her,

> *Me door got kicked off its hinges, me bedroom door, because he didn't like me to have me bedroom door shut. All the house got bolts on the windows so I couldn't get out and he used to lock me in the house.*

Parental problems

The majority of the group who had lived with a birth parent for at least some part of their infancy or childhood had concurrent experiences of parental 'problems' which impacted heavily on caregiving.

A prevalent difficulty was *maternal mental ill health*. Six of the group had been looked after during infancy by a mother suffering with this problem, most often depression.

Research has indicated that a depressed mother often has low levels of confidence in her parenting ability and her parental efficacy (Cleaver *et al,* 1999; Daniel *et al,* 1999a). The resultant inability to respond appropriately to a child's needs and behaviour leads to "a considerable risk to the process of attachment" (Cleaver *et al,* 1999: 34).

Five of the group had childhood experiences of parents who had chronic problems with *substance misuse or addiction*. Six had been witness to *domestic violence* perpetrated against their mothers whilst they lived at home.

Writing about these issues in isolation hugely fails to convey their significance. It also serves to some degree to mislead. Although there was an attempt in the research to record the difficult pasts of the young people, it is not possible, nor proper, to try to construct a scale of deprivation.

Most of the young people had had severely disrupted formative experiences – in many cases where one problem was present another served to heighten the difficulties in the household. Although there was no systematic recording of the socio-economic backgrounds of the young people many came from seriously materially-deprived circumstances. Overall it was the combination of problems which was ultimately so damaging in their early lives.
As one young person explained -

> *My mam got married to an alcoholic, and he used to bray her and bray me and I decided that … I gave me mam the choice - it was either him or me - because he was really violent - and she chose him over me. So I didn't want to stay there - it was up to her if she wanted to get brayed off him but I wasn't going to put myself in that situation.*

Abuse and neglect

Although (as described in the earlier analysis) it was not always the initial reason why a young person had become looked after, most of the young people had experienced abuse or neglect.

Ten of the young people had suffered neglect or emotional abuse, six stated that they had been physically abused and three indicated that they had been sexually abused.

As with the parental problems described above, for most of the young people the extreme damaging effects of these abuses occurred in tandem with other difficulties. In a number of cases it would be fair to say that the young person had survived 'domestic chaos' by the time they became looked after – as the case study of Joe on the next page amply illustrates.

All of the above are examples of circumstances and events in the early lives of the young people – things which they were party to or the victim of. The following section outlines other issues where the young person became an agent in expressing their internal difficulties through their behaviour.

Young People's Problems

Criminal Offending

Some of the details of criminal offending for the young people in the study are sketchy – mostly because for many it was a substantial feature of their lives before the study (but often much in the past). At least nine of the young people had records of criminal offending, mostly starting in adolescence, before they became looked after – a further three had become looked after before the age of 10 and had then gone on to commit offences and two had become looked after later and both subsequently committed serious assaults on many occasions (resulting in convictions).

In fact when the evaluation began only four of the young people had no criminal record. The degree of seriousness of the offences varied – arson, theft, burglary, criminal damage – and physical assault was frequently in the listing. And the paths taken once the young people became looked after also varied – some of the more serious offenders settled down and their criminality ended once they were in a long term placement, others (a minority) had a burgeoning offending career at the outset of the study.

School problems

It would take some considerable time to detail the amount of difficulties that the young people had had with education prior to the study. One indicator of the level of problems is that just one of the group had not had extended periods out of school – usually from the transition to secondary school onwards, but sometimes during primary school.

This was due to both temporary and permanent exclusion and often to frequent truancy – and the resultant effect was that most of the young people lacked many basic skills when

JOE

Joe was admitted to a children's home when he was 13. At first he did not know what was going to happen – it was an emergency admission and he thought for a while he might go home – but this never happened.

Joe already knew some of the staff – they had taken him out when social services was giving his mum intensive family support.

> *It progressed to him coming into care because the family situation broke down. His mam was an alcoholic – still is an alcoholic – and was drinking heavily and neglecting the children so they were needing to come into care.*
>
> [Residential key worker]

Joe's home life had been traumatic

> *He's witnessed domestic violence in the family home, his mum's been involved in a lot of criminal offences, his mum's always been with violent men – she's got a violent partner at the moment. She surrounds herself with the 'drug culture'. Joe went down on Friday … he was very upset – mum was 'tripping'.*
>
> [Social worker]

His mother had often not been capable of looking after him and his siblings

> *His mam was relying on Joe very heavily to look after the house and look after the kids. He was just a young child himself – he shouldn't have been having that responsibility.*
>
> [Residential key worker]

The deprivation which Joe had suffered were graphically displayed to those who worked with him

> *I always remember Joe when we first looked after him – he opened the fridge and was completely amazed that it was full. Honestly, I've never seen that before in a young person. He opened the fridge and just went – 'Ahhh – food … it's there' … obviously that's the environment he lived in – he didn't know where the next meal was coming from.*
>
> [Residential key worker]

And the many problems Joe had experienced as a young child continued to be compounded by his mother's chaotic lifestyle when he was living in the home. At one point she disappeared –

> *I wonder where she is … they might find her dead somewhere. She might top herself, that's what she's like.*

After all of this his anger and resentment was clear. He said that the most important thing that had happened to him was

> *Realising what a bitch me mam is – she let us down, let us down big style.*

they began to be looked after. [This is something we will look at in some detail later in the report.

Running away

The majority of the young people had significant experiences of running away – mostly from their home prior to becoming looked after, but also, in some cases, from unstable foster or residential placements once in care.

One of the young women had peristently run from a dangerous situation in her home. Her mother had a violent partner and she ultimately decided that she did not want to have to put up with his abuse towards both her mother and herself. However, she found that the professionals were distinctly unreceptive at first when she tried to explain her behaviour,

> *Every time social services got involved, they basically said, 'Oh, it's a problem child', sort of thing, 'Go back home, there's not a problem there'. They wouldn't understand that there was a problem there. It was, 'Oh, just take her back, just take her back, just take her back', so everytime they took me back I ran away, 'cos I didn't want to be there.*

Substance misuse

The use of 'intoxicating substances' – alcohol, solvents and illegal drugs – was something that many of the young people had experienced in their lives. The borderline between use and misuse is clearly relative to the age of the young person and the substance being taken – but with all instances the young person was either knowingly or unknowingly exposing themselves to the potential for significant harm.

Almost all the young people had drunk *alcohol* – and three had had regular drinking habits in their earlier adolescence (which had all ameliorated by the time of the study). Interestingly there were also a number who were vocally against drinking – in most cases because they had first-hand experience of the damage it had done to their own parents or carers.

Just one of the young people was known to have inhaled *solvents*. A minority of the young people said they had tried *illegal drugs* – but only in terms of experimentation. Only one was a regular cannabis user.

Self-harming behaviour

We have used the term 'self-harming behaviour' to encompass both acts aimed at inflicting temporary pain on one's body – self injury – and those undertaken with a view to (potential) suicide.

The prevalence of these behaviours is probably underestimated here - the intensely private nature of non-suicidal, self injurious behaviour means that it is usually cloaked in secrecy. Hence the numbers in this section are undoubtedly inaccurate and can only offer some indication of the true picture. (Interestingly a literature search for articles on self-harm amongst looked after young people came up with no information – clearly this is an under-researched topic).

Just two social workers said that 'their' young person had occasionally self-harmed prior to the study – but nine of the young people themselves indicated that this had happened when we asked them during the first interview (although they mostly said it had been only an occasional thing).

One of the young people said that he had frequently cut his arms when living in a previous residential placement but that he was eventually put off continuing

> *[I did it] until I seen somebody that lived on the (Aycliffe) centre - they'd cut all their arms - all the way round there - just sliced and sliced. I just thought, ' What's the point?' … It's just something to do - I was bored … it was just being annoyed and … you sit there, bored out of your brains and nothing to do.*

He said that staff were never aware of this problem.

Five of the young people had made attempts on their own lives – four ending up in hospital as a result (although one social worker reckoned the young person had no intention of killing herself – see Carol's case study in Chapter Nine).

One boy took a number of overdoses. He explained why he did it,

> *I took an overdose and tried to slit me wrists – 'cos no-one would listen. I was telling the school and they weren't doing nothing about it, and I was talking to the social services and they wouldn't do nothing about it so I'd had enough … that was why I went into the second foster home … The second time me dad said to the social worker, 'the next time he does it, tell us when he's achieved what he's aiming for' – it was at me review.'*

The social worker felt this may have been part of his ongoing serious conflict with his father,

> *The one thing he knew dad absolutely detests is overdosing … he knows that his dad can't cope because that is what his previous wife used to do … it's almost a learnt behaviour situation – dad just feels that in Michael's case it's an attention-seeking behaviour.*

4.5 Care careers

In addition to the psychological legacy of their pre-care life, all of the young people had experience of being looked after prior to the evaluation – from a relatively limited period of a fortnight in foster care to years in a variety of placements.

We use the term 'care career' to simply define the time that the young person has spent looked after and the placements lived in within that period. This is a less rounded use of the term than other researchers (see for example many of the Dartington studies of care – Brown *et al,* 1998) who have sought to consider how a care career builds through the interplay of the decisions of young people and professionals.

Although in the wider report we do incorporate elements of this approach, at this point we merely wished to highlight what had happened thus far (at the outset of the study) to the group of young people and 'care career' seemed an appropriate phrase.

			Over a year looked after?	No. of foster placements	Time spent in foster care	No. of residential placements	Time spent in residential care	No. of places lived in during last year
YOUNGER	Established	1	Yes [over 10 years]	Unclear – 20+	8 years +	2?	18 months	1
		2	Yes [unclear - c.18 months]	Unclear	Respite only	1	16 months	1
	Recently admitted	3	Yes [2 years]	Unclear – 3?	Less than 6 months	2	7 months	2
		4	Yes [3-4 years]	None		6	3-4 years	3
		5	No	1	2 weeks	1	3 weeks	3
		6	Yes [18 months]	Unclear – 5+	Respite – plus c. 9 months	3	6 months	8
		7	No	2	Less than a month	2	5 months	7
OLDER	Recently admitted	8	Yes [3 years]	3	6 months	2	5 months	3
		9	Yes [over 14 years]	Unclear – 3?	6 months	5	15 months	Unclear – 4?
		10	Yes [18 months]	Unclear	Respite – plus 6 months	1	2 months	3
		11	Yes [4 years]	1	2 months	5	4 years	2
	Established	12	Yes [unclear - c.18 months?]	None		2	18 months	1
		13	Yes [6 years]	Unclear	6 months?	3	5 years	1
		14	Yes [2 years]	3	4 months	3	18 months	1
		15	Yes [2 years]	3	3 months	1	2 years	1
		16	Yes [3 years]	Unclear – 5+	2 years	2	16 months	1
		17	Yes [18 months]	None		3	18 months	2
		18	Yes [unclear - c.3 years?]	Unclear		2	1 year	2

Table 10 – Care Careers of young people at T1

This section looks mainly at the types of placement the young people had lived in and the numbers of different placements experienced. Completely accurate historical information was not always available, so in some cases we had only an overview. However, we did have a fairly reliable picture of the year leading up to the first interview.

Clearly there are retrospective issues relating to stability and continuity - one might reasonably speculate that those who had the more disrupted care careers might struggle to settle and progress within their planned placement. We will consider these alongside the other outcome analyses later in the report.

Of the group only two had not been looked after for more than a year – so the vast majority had substantial experience of care and many had had large numbers of placements. As one residential keyworker said,

> *We were his 32nd placement in less than 13 years and I think any kid who's had that many placements has got to have problems, hasn't he?*

Past problems in care

As is clear from the care careers table the majority of the young people, especially the older group had spent long periods in residential care and/or foster care. This meant that an additional layer of experience that they brought to the evaluation was their prior care experiences.

A brief analysis of the care careers of those who had been looked after for more than a year shows that most had

- experienced a number of foster breakdowns
- experienced much instability in their earlier care careers
- been violent to care staff
- been violent to other young people
- committed criminal offences

[see table 11 on the opposite page]

The experience of *multiple placement and breakdown* was a feature in many cases. Many of the young people had become almost accustomed to this frequent change, but felt frustrated by the disruption that it caused. One young woman who had had a series of foster placements prior to admission to a satellite home said,

> *Social Services kept sending me home - so the problem kept arising - and I kept getting moved on to all these different placements and it was either them breaking down, or me not being happy there, or having to move on because they were only short term.*

Even more troubling was the story of one young person who, after a number of fostering breakdowns, was placed in a Bed and Breakfast when he was still 15.

> *It was really dreadful, like – it was quite shite … I was just sitting in the room. The room was like a pig sty. I just sat and watched TV, basically … he'd give us the odd meal, like a meal once in three days. Or I had to go to me Nana's, which was miles away, and have some food there. It was quite crap.*

		Foster breakdown	Instability [3 or more changes of placement during first year of being looked after]	Violence towards care staff / foster carers	Occasional or Persistent / severe (n.b. impressions gained from interviews)	Violence towards other young people	Occasional or Persistent / severe	Involved in offending behaviour whilst looked after
YOUNGER	1	YES	YES	YES	Occasional	NO		YES
	2	NO	NO	YES	Occasional	YES	Occasional	YES
	3	YES	YES	YES	Occasional	NO		YES
	4	NO	YES	YES	Persistent / severe	YES	Persistent / severe	YES
	5			*NOT APPLICABLE*				
	6	YES	YES	YES	Occasional	NO		NO
	7			*NOT APPLICABLE*				
OLDER	8	YES	NO	NO		NO		NO
	9	YES	YES	YES	Persistent / severe	YES	Occasional	YES
	10	YES	YES	NO		YES	Occasional	NO
	11	YES	YES	NO		NO		YES
	12	NO	NO	NO		NO		NO
	13	YES	YES	YES	Occasional	YES	Occasional	NO
	14	YES	YES	NO		YES	Occasional	YES
	15	YES	YES	NO		NO		?
	16	YES	YES	NO		NO		YES
	17	NO	NO	YES	Occasional	YES	Occasional	NO
	18	?	?	YES	Occasional	YES	Occasional	YES

Table 11 – Care experiences of young people looked after for more than a year

A number of the young people had been *violent towards care staff*. In the more serious cases this had led to moves within the system, and for one young person to an intensively supported solo residential placement – where the problem continued.

> *There were various incidents while he was living there – he held a knife to the throat of one member of staff and he tried to lure another outside, planning to hit her over the head.*
>
> (Residential key worker)

This type of behaviour presented staff with a huge dilemma. In most instances (certainly during the evaluation period) they persisted in trying to overcome what they hoped would be a temporary problem. However, for the young person mentioned in the last quotation, the problem was insurmountable.

> *It's been a problem because he revels in the fact that we've had to bring in the extra staff and we've always said we don't want to give him that message. But then you have to look at the safety of people … at the end of the day you have to say that safety is more paramount than the fact that he's getting a buzz from it.*
>
> (Residential key worker)

4.6 Summary

This brief survey of the data around the contexts for the young people at the outset of the study offers ample evidence that this group of young people represent the most needy, those who have experienced severe deprivation (psychological, social and material) in their childhoods. Once older, many displayed problem behaviours associated with their troubled background – they often had difficulties with school, with offending, substance misuse, running away and self-destructive tendencies. And, given the long care careers of many of the group, a large proportion had experienced in-care problems as well.

This is no surprise – it mirrors what has been widely known about the residential sector in recent years –

> *It is generally acknowledged that many children who enter the care system are more damaged and have more complex difficulties than in the past, partly due to the reduction in admission numbers to the most urgent or necessary cases.*
>
> (Hayden *et al,* 1999: 91)

Even though this may have served only as a confirmation of what was already known, it is worth continuing to remember when one reads the report that the young people in this evaluation are extraordinary. They are extraordinarily disadvantaged given their pasts – both pre-carer, and, for many, in care. And they represent an extraordinary and very exclusive group– those in residential care who are planned to remain there for a significant period of time.

One additional reason why we have offered this exposition here is as a foretaste of the more detailed analyses of outcomes in later chapters – an initial indication of why perhaps some of the young people were often unreceptive to the well-intentioned interventions of care.

Chapter 5 – Subgroup Outcomes

Structure of the Subgroup Outcomes findings chapter

Chapter 4 offered a broad analysis of the issues around multiple adversity for the group and of their pre-care history, plus an outline of their care careers prior to the evaluation.

The four sections in this chapter give an in-depth consideration of the outcomes for each subgroup.

The structure for each section will be similar. An introductory passage will highlight the particular issues for the subgroup. This will be followed by a set of case studies from the subgroup (selected to represent a range of issues).

For each case there will be

- a 'pen picture' offering some background on the young person (including their personal history and their care career prior to T1)
- a description of the potential resilience indicators from their life prior to the T1 placement (and thereby, the predicted outcomes for their placement)
- a listing of potential continuity factors at T1
- an outline of general progress across the seven developmental dimensions from the LAC Assessment and Action Records from T1 – T3 (This will include an indication as to the status of plans for the young person at the end of the study, alongside the 'hunches' of the social worker and/or residential key worker as to the likely future prospects of the attainment of the plan – the rationale for this being that those closest to the young person would be in the best position to honestly appraise how their immediate future might pan out)
- an analysis of stability and continuity factors

The amalgamation of these different datasets for each case will allow for an informed discussion of the outcomes for each young person and for the subgroup as a whole.

For the first case study – Jake – we offer a full description of the analysis of data for the consideration of a case. This is presented to demonstrate the rigour of the analysis that was applied to all the cases. However, for the sake of brevity and readability the analysis is summarised for the other cases.

• Younger Established subgroup

5:1 General Issues for the Younger Established subgroup

This subgroup serves to highlight starkly most of the key dilemmas for residential child care practice.

Given that the currently widely accepted paradigm for the field is that family care (whether own, extended or foster) is the ideal for all looked after young people – the scenario that offers the best chance of beneficial outcomes – then this group magnifies the dilemma for decision-makers.

- At this relatively young age, should the authorities ever 'give up' on the prospect of a move out of residential care?

- or should other options constantly dominate the planning agenda ?

- [And, if a young person at this age has got to the point in their care career where they are in long term planned care, does that indicate that they are deemed to be at such an extreme low in terms of their prospects for family care, that in reality they have no prospects?]

Should one be concerned that the vacillations of the 'what is *really* best for this young person?' debate will permeate every other aspect of their life?

- If a younger young person is settled into a placement and progressing well, at what point to the potential benefits of a move to family care outweigh the known advantages of stability and continuity of an extended stay in residential care?

- Does the pressure to look at alternatives serve to constantly destabilise and undermine the residential placement?

Do the characteristics of this subgroup militate against their participation in the process?

- Are the young people themselves, given their age and vulnerability, in a position to have a realistic view on the best option and, for the same reasons, if they express one, how seriously is it taken?

In addition, how long is long term?

- This group underlines the sometimes arbitrary nature of planning more than others – on the surface they are in long term planned care, but does the plan look beyond the next six months?

- And how far could it reasonably be expected to see, given the length of time that these young people might spend in substitute care?

The case studies on the following pages offer some insight into these thorny problems.

5:2 The case studies

JAKE

Pen Picture

Jake was 14 at the start of the evaluation. He had been in the same placement for 15 months and so had experienced a lengthy period of stability following a long and varied care career.

Jake's infancy was severely disrupted by his mother's depression. She was unable to provide consistent care for him –

> *He was passed from his mother - I think it was something like three days (after birth) - his mother passed him on to grandmother and he was passed from pillar to post from that day to this.*
>
> (Residential key worker)

At around three she agreed to his moving to a long term foster placement (with his older brother) which he remained in for some seven years – forming close attachments with his carers whom he came to regard as his 'Mum and Dad'.

The failing health of his 'Dad' led to the end of the placement and Jake began a series of unsuccessful attempts at living with different foster carers (his brother by contrast stayed with carers in the same area long term). When there seemed to be no likelihood of his settling within a family, he was placed out-of-county with an outward-bound activity-based care company.

Despite an initial period of progress Jake eventually assaulted a carer. At this point he was admitted to his first stay in a children's home as an emergency

His initial months in residential care were difficult - his relationships with the staff and his behaviour had fluctuated wildly –

> *There have been lots and lots of incidents - when he first went in … (he said) he didn't like it, he hated it - it's been quite painful for him.*
>
> [Social worker]

❑ ***LAC Assessment and Action Record Dimensions – progress over time***

Assessment and Action Record Dimension	**Evidence of change**		
	Improvement	*Little / no change*	*Deterioration*
Health			✓
Education	✓		
Emotional and Behavioural		fluctuation between improvement and deterioration	
Family and Social	✓		
Self Care		✓	
Identity		✓	
Social presentation		✓	
Main aim at T1	*To offer Jake a stable placement in the interim, whilst other possibilities are considered (paraphrased)*		
Long term plan at T3	*Yes?*		
Future hunch (T3) – social worker	*Improvement – if Jake can stay in his residential placement until really ready to move on*		

The table above shows Jake's general progress with regard to the developmental dimensions in the Assessment and Action Record.

However, some contextualisation is needed to appreciate the meanings of 'improvement, little / no change, or deterioration' for each dimension.

Jake suffered a serious health problem towards the end of the study – he had a life-threatening cardiac arrest, completely unexpectedly. Jake was recovering from this at T3 and, not unsurprisingly, his social worker commented that he had seen a change in Jake – he was quieter and more reflective than previously. The longer term outcomes, both physically and psychologically, of such an event are impossible to predict, but the 'deterioration' finding here is heavily skewed by this unforeseeable occurrence.

Without this there would have been a health outcome of little / no change. Jake's smoking habit had not ameliorated by T3 and he continued to have problems with his chest as a result – but neither had he put his physical health at any other substantial extra risk during the time of the evaluation.

Jake had shown ongoing improvement in his educational attainments and the situation regarding social and family contact had improved markedly (with regular weekend stays with his previous foster carers).

In contrast his emotional and behavioural development was constantly in flux – good periods being followed by bad. His self care skills and social presentation showed very little sign of progression (the areas where he was poor at T1). And work on identity had not happened, Jake constantly resisting the planned therapeutic intervention

> *We've had referrals in to other agencies - the CAMHS team and STEPS, who are both on site - but basically they're both saying that they can't work with him unless Jake is wanting to. It's something that - they're always there, basically we just keep reminding him that that is an option if he wants to take it up at any time.*
>
> (Residential key worker)

During the evaluation Jake's offending behaviour had reached chronic levels – he had appeared in court many times and was ultimately put on an ISSP with a curfew and an electronic tag. Many of his offences had been criminal damage and he had also assaulted residential care staff and other young people in the home on occasion. According to his social worker he was lucky not to have been given a custodial sentence.

> *We were expecting he would end up going into youth custody at his last appearance in court. But with the support of the staff and maybe because he had done well on his supervision order, he was given a conditional discharge and had the slate wiped clean.*
>
> (Social worker)

At the outset of the evaluation, Jake's social worker was pondering the prospect of advertising for foster carers. Jake's behavioural difficulties made him too difficult for local authority provision, but specialist carers might be an option.

However, this idea was not set in motion – the social worker reflected at T3 that there had been too many uncertainties and inconsistencies with Jake's situation to contemplate a planned move out of the children's home.

❑ *Resilience*

Profile at T1

Jake had suffered severe disruption to his attachment to his mother during infancy. His relationship with her had continued but only sporadically throughout his childhood – with long periods of no contact at all.

Her sudden re-emergence in his life when he was just a few months into his stay in residential care – offering the prospect of a move 'home' with her and her new partner – proved to be a damaging mirage.

RESILIENCE PR0FILE – needs, plans and outcomes			
Resilience indicator	*Status at T1*	*Plan at T1?*	*Outcome at T3*
Social networks	Weak	✓	Little change
Supportive parent or parent substitute	Not available	✓	Improvement
Mentor	✗	✗	No change
Positive school experiences	✓	✓	Little change
Personal efficacy	✓	✓	Little change
Participation in extra-curricular activities	✗	?	Improvement
Capacity to positively re-frame adversities	✗	?	Little change
Making a difference	✗	✗	No change
Risk taking	✗	✗	No change

Jake – Resilience Table

When she took temporary responsibility for him – during a holiday to help re-establish their bond and 'test the water' for gradual rehabilitation – it proved to be too much and she disappeared again. Thus Jake had experienced the severe psychological trauma of a double rejection.

> *He obviously has huge problems at times about the rejection … to get close to somebody, really close must be difficult for him… he was desperate to go back to mam, and it looked as if it was going to happen. Nobody thought it was necessarily going to work, but it was an opportunity, something that had to be granted to him and his mam - that was what he wanted. But it didn't work – it was horrible – it must have been dreadful for him.*
>
> (Social worker)

In the interim, for a long period during his middle childhood (from age 3-10) he had established a warm, redeeming compensatory attachment with a foster carer couple - but this too had ended.

His other experiences of care were of transitory attachments and foster placement breakdown, usually due to his difficult behaviour.

Not surprisingly, as a result his self esteem was low –

> *I've seen something that he'd written down - what had gone well for him, what he thought of himself, basically - and … there was nothing positive about himself - it was all negative. He wasn't worth this, he wasn't worth that - he just felt terrible about hisself … his level of self esteem and self worth at times can be rock bottom.*
>
> (Social worker)

Jake had weak social networks at T1. His friends were just a few other young people also cared for on the Aycliffe site plus some fellow pupils at Copelaw. His only family contact was irregular visits to see his brother – who was living in a stable foster placement. Their relationship was mixed, his brother often becoming embarrassed by Jake's behaviour.

- Jake's resilience profile in terms of **social networks** and a **supportive parental attachment** was extremely weak at T1.

Prior to the placement Jake had missed long periods of school, but by T1 was finding his strengths and performing well at Copelaw Education.

He had formed a positive and close relationship with one of his teachers – who coincidentally taught him the subject/skill which was his favourite and which he was really good at.

> *That's one thing he really does seem to excel in - there was an open day at Copelaw earlier this year … they put a motorbike demonstration on … and you could see, that was his 'manor' - he knew what he was doing … he was outstanding.*
>
> (Social worker)

Although Jake was not academic he was a good and willing attender at school.

Jake had a statement of special educational need.

- Jake's resilience profile in terms of **positive school experiences** was improving and continuing to strengthen at T1.
- His natural aptitude for motorbike riding and his increasing skills with this were helping to boost his sense of **personal efficacy and self esteem.**

In terms of the other areas for promoting resilience it would seem that Jake needed extra inputs.

At T1 he was little able to positively re-frame adverse experiences – although things had improved somewhat since admission

> *If you were to look back to a year ago when he was probably being restrained twice a day - which is horrific, it's murder for staff having to hold a young person and stop him spitting at you and all*

this - if you compare his behaviour then and his behaviour now he's definitely moving in the right direction and bit by bit, we're winning.

(Residential key worker)

- The **resilience prognosis** at T1 for Jake was not good. His huge need for compensatory attachment and his resistance to the potential benefits of therapeutic input would appear to be likely to offset any attempts to re-route him towards beneficial outcomes. His own fragile resilience was militating against his ability to embrace the opportunity to progress.

Outcomes at T3

Jake had not improved greatly in terms of his psychological resilience by T3. Despite the realisation of the plan to re-institute regular contacts with his ex-foster carers, offering the possibility of a more secure compensatory attachment for Jake, this had not (yet?) translated into more positive responses to his situation.

Additional efforts were made to offer Jake beneficial experiences of ongoing caring relationships with residential staff – with the added interest of 'extra-curricular' activities (e.g. kayaking with his ex-residential key worker who moved job, fishing with the team manager at the home). But these seemed to have been to little avail, at least during the life of the evaluation.

Jake continued to jeopardise both his placement, as staff struggled to deal with his difficult and sometimes aggressive behaviour, and his liberty, as his offending career burgeoned and he risked a custodial sentence.

Overall then the **resilience outcomes** for Jake were poor – with a pessimistic outlook for the future.

❑ *Stability and continuity needs*

Situation at T1

As already detailed, Jake had had a poor life experience at virtually all levels in terms of stability and continuity – aside from a period in middle childhood.

Given a commitment to continue Jake's placement – despite ongoing problems with his behaviour – there would seem to be some cause for optimism for his continuity prospects.

A plan to boost his social contacts was at the forefront at T1. Moves were afoot to re-establish contact with his long term foster carers and it was hoped that his relationship with his brother could be better supported.

One key area which needed input was his sense of self – in the 'continuity sphere' this needed to be strengthened in terms of efforts to enhance his self understanding. His social worker indicated both a desire to undertake life story work and to persist with bids to have a therapeutic intervention – something that had begun before but faltered –

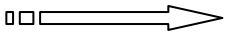
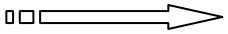
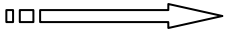
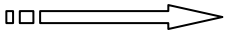
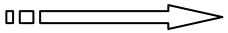
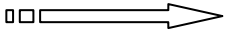
> *It never really took off - he only went twice. But the second time he went they wanted to talk about his mother all the time and he came back and smashed the school up and he hasn't been since.*
>
> (Residential key worker)

The planned perpetuation of his schooling at Copelaw would offer a firm continuity strand – but the ambivalent nature of 'community' in terms of the Aycliffe site (something that is explored in more depth in a later chapter) would seem to be an issue that needs consideration. The promotion of positive links with the local scene beyond Aycliffe – to convey a wider sense of community identity (sited within a non-care environment) would seem to be a worthwhile aim.

In addition, Jake had an identity 'Achilles' heel' in terms any future placement moves. He very much saw one area of the county as his home. His long foster placement had been there, his brother still lived there and he constantly voiced his own attachment to the area.

> *He identifiies with Weardale - I think he sees Weardale as his real home … he was there for quite a long time. He only moved out of there because his foster father became very poorly.*
>
> (Residential key worker)

- **The situation at T1** offered a number of challenges if stability and continuity were to be prioritised for Jake. .

T1 Stability and continuity needs			T3 Stability and continuity
Determinant	**Need**		**Outcomes**
Placement	Tenacity on the part of staff and management in keeping Jake in the current placement despite ongoing problems		Positive – Jake maintained in placement
Relationships	Put into action the plan to reinvigorate relationship with ex-foster carers and brother		Positive – relationships reinstated / improving
Education	Continue to support in positive experience at Copelaw		Positive – ongoing engagement with education
Health care	[Given continuance of placement should remain stable]		**?** – Severe health problem disrupted continuity
Community	With continuance of placement continuity within the 'Aycliffe community' will be ongoing – however, need to integrate better with local community		No change
Personal identity	Need to build on existing fragile self esteem		No change

Outcomes at T3

Although placement stability was maintained for Jake throughout the evaluation there was a confusion at T3 in terms what might happen next.

Jake's residential key worker indicated that the unpredictability of his behaviour and the damage he had done to relationships within the home meant that many staff were struggling to maintain a positive relationship with Jake. He also said that Jake had ultimately requested a move and highlighted the positive aspects of this.

> *I think people can outgrow the placement - we've had other young people in the past who've been here a good couple of years and it seems they get to this kind of age and they feel that they've just outgrown the place - they're just ready to move on … and it's important to get that right - that's what we're trying to do.*
>
> (Residential key worker)

His social worker by contrast was advocating an ongoing stay in the children's home.

> *We're just about to have a review – next week – and the plan is for Jake to stay at (children's home). He says he wants to leave as soon as he's 16, which is only eight months away, but I'm hoping he'll change his mind as the time gets nearer.*
>
> (Social worker)

Although the placement itself remained stable throughout the evaluation, the group of residents changed. At T1 there were just Jake and another slightly older boy in the home – they had a mixed but generally reasonable relationship. A new younger boy moved in after around four months. He had complex needs and was not very able to communicate with the other boys.A problem with fighting and bullying began. Jake's social worker felt that, although he was seen as the aggressor (along with the other more established resident) on most occasions, the younger boy constantly instigated the confrontations, provoking him into action.

> *I know its difficult for the staff because they have to protect the younger lad – but Jake always gets blamed, even though this lad often goads him until he can't stop himself.*

By T3 the other original resident had moved out (partially due to the bullying issue) and was soon replaced by another boy. Thus there was quite significant change in the makeup of the close peer group for Jake during the time of the study – with many associated problems.

There were positive continuity outcomes for Jake – he was regularly seeing and staying with his ex-carers by T3 and his relationship with his brother was steady. For education, he had continued to prosper at Copelaw and all were in accord with maintaining this (wherever he might end up living).

For the other aspects of continuity and stability there was little change – no progress had been made with fostering community links and Jake had not had any professional input to improve his sense of personal identity.

- **Stability and continuity outcomes** were, on balance, positive. Although efforts tp promote Jake's personal identity had failed as had attempts to extend his social network locally, the core elements of relationships and education had not only been preserved but had seen incremental improvement – and, through staff perseverance, his placement had remained stable.

- The **outlook** for stability and continuity was unclear. Although Jake's social worker hoped that staff and management would agree to continuation of the placement until Jake was ready to move on to independence, he was aware that this would require a fresh injection of optimism about the potential for Jake to become more calm and controlled**.**

❑ *Synopsis*

Jake had made little progress over the year. Positive developments within education and his family network – and stability of placement – were outweighed by difficulties with behaviour and deteriorating relationships in care.

Jake's continuing difficulties with attachment – and resistance to psychological intervention to try to begin to deal with this – meant that his resilience was low throughout the study and was not improving.

The optimism of his social worker seemed hollow – there were clear indicators that he was unlikely to be able to achieve longer term positive outcomes.

NICK

Pen Picture

At the outset of the study Nick was 12.

He had been in the children's home for nearly a year and a half following a planned admission when his mother finally lost all control of his behaviour. This followed a childhood where Nick had had ongoing difficulties – he had been permanently excluded from a number of primary schools and had taken to regularly running away from home to spend time with older young people in his local area, often getting into trouble with the police for committing minor offences.

Nick had had many respite foster placements but had never been in residential care before and expected the worst –

> *I thought that we'd be all in one dormitory or some't, and that we all had to go to bed at the same time and there'd be no computers and tv's and stuff like that, but it's good.*

After some initial difficulties – when he sometimes had to be restrained when he attempted to run away from the children's home – Nick rapidly improved, learning to live within acceptable boundaries and thriving in all areas of his life.

He was coasting through his placement at T1 – hoping that an appropriate foster placement would be identified after a very long weight. It was acknowledged by all that he no longer needed residential care. As his key worker asserted

> *Originally, x was only supposed to be here for three months, six at the most, just to stabilise his behaviour - there was always a plan for him to go to a foster placement. Really he shouldn't be here … but it's gone on for 18 months.*

At T1 he had just lost his social worker – one he had only had for a few months – and was awaiting a replacement, with little relish –

> *I haven't spoken to any social workers for about a month or two, so I don't know what's going on … I'd say I don't like social workers … they arrange something for us and then, just as they're about to do it, I get a different social worker.*

The situation with his social worker and the concurrent lack of appropriate foster placements had contributed to a context of drift and frustration. In all aspects of his life Nick was doing well – but his key worker was becoming increasingly worried that if the promised move to long term foster care did not materialise soon they would 'lose' him

> *It's frustrating and it's frustrating for him … and we just hope we don't lose him in the meantime, because he is, there's no doubt about it, he's ready for going.*

❑ *LAC Assessment and Action Record Dimensions – progress over time*

Assessment and Action Record Dimension	**Evidence of change**		
	Improvement	*Little / no change*	*Deterioration*
Health	✓		
Education	✓		
Emotional and Behavioural	✓		
Family and Social	✓ (social)	✓ (family)	
Self Care		✓	
Identity		✓	
Social presentation		✓	
Main aim at T1	*Maintain placement progress while foster placement identified.*		
Long term plan at T3	*Yes – long term foster placement*		
Future hunch (T3) – social worker	*Continued improvement - will do well in foster placement*		

Nick started from a relatively high level of development within all the dimensions.

By T2 a new social worker had taken over Nick's case and found a foster placement.

By T3 Nick was well-established in his new home – there was little room for improvement in most areas, but he was performing well at a new school (after initial hiccups), was respectful of the rules of the household, developing new interests and peer relationships and maintaining strong relationships with his birth family (despite a major blowout with his mother a few months before). His health had even improved as his new positive outlook included cutting down his smoking with a view to quitting.

❑ *Resilience*

Profile at T1

Nick benefited from an ongoing relationship with his mother.

There was no prospect of a return home, but Nick had come to terms with this and enjoyed regular weekend stays with his family. Although the quality of his relationships with his mother, father and brothers was prone to fluctuation, they had been an ongoing source of support once he had settled into his residential placement.

In addition he was by T1 a consistent attender at mainstream school which, as well as helping him progress with his studies, was affording him the opportunity to expand his social network.

RESILIENCE PR0FILE – needs, plans and outcomes

Resilience indicator	*Status at T1*	*Plan at T1?*	*Outcome at T3*
Social networks	Weak	✓	Improving
Supportive parent or parent substitute	✓	N.a.	Ongoing support
Mentor	✗	✗	No change
Positive school experiences	✓	?	Improving
Personal efficacy	✓	?	Improving
Participation in extra-curricular activities	✓	?	Improving
Capacity to positively re-frame adversities	✓	?	Little change
Making a difference	✗	✗	No change
Risk taking	✓	?	No change

Nick – Resilience Table

[Number of '?s' due to many plans being premised on finding suitable foster carer (s)]

- The **resilience prognosis** for Nick at T1 appeared favourable. His projected move to long term foster care would help to consolidate this.

Outcomes at T3

Continued positive contacts with his family, supplemented by a blossoming relationship with his foster carers, meant that Nick enjoyed substantial secure attachments by T3.

A school move, which had initially proved to be unsettling, had become positive by T3 (with much input from the carer to support Nick in his acclimatisation).

Nick was broadening his interests – participating in the local junior Air Corps and expanding his social networks in his new home.

- **Resilience outcomes** for Nick were good and the **outlook** for the future appeared extremely positive**.**

❑ *Stability and continuity needs*

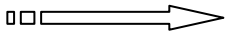
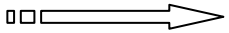
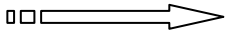
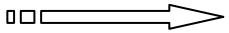
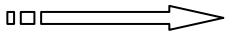
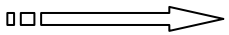
Situation at T1

Nick had benefited from a stable placement at T1. Ironically for his this was not viewed entirely positively since all parties to the case were anxious to move him long term fostering. (However, at least for the first six months the placement had allowed him to stabilize in terms of his behaviour and relationships).

He had an ongoing positive relationship with his parents. It seems that Nick's severe behavioural problems only developed in childhood – his early attachment to his mother was reasonably good (despite her mental health problems she had managed to bring up two other children who had not become looked after at any point). Nick was receptive to trusting attachments and formed good relationships with staff in his placement.

Nick had experienced severe disruption with regard to school. On arrival at his children's home he had not school place and had missed around two years of school – thus there was no opportunity for continuity with education. However, by the start of the evaluation he had graduated through a PRU into mainstream school and was performing well (although he thought school was boring!).

- The situation at T1 was indicative of the dilemma of planned change of placement. However, the potential benefits of a move to foster care – which seemed likely to be successful in the long term – outweighed the stability and continuity considerations for Nick. The assumption was that his positive experiences of school and relationships (in the home and community) would act as models for new experiences in his new location – despite the loss of continuity**.**

T1 Stability and continuity needs			T3 Stability and continuity
Determinant	**Need**		**Outcomes**
Placement	CHANGE! Stability had become impediment to progress		Positive – Nick moved to stable foster placement
Relationships	Continued facilitation of contact with family. Smooth supported transition to foster care – ongoing contacts with key staff from residential placement if appropriate [n.b. lack of continuity of social worker]		Positive – family relationships maintained consistently. Residential staff able to support change of placement [n.b. two changes of social worker since T1]
Education	? (inevitable change? – new home too far for commuting to school		Positive – ongoing engagement with education after adjustment to new school
Health care	? (inevitable change – but no serious problems necessitating continuity		No serious problems.
Community	Relationships developing with local peers at children's home		Negative – friendships lost due to move – but new ones being cultivated by T3
Personal identity	Links to home and home neighbourhood reasonably strong – maintained via family contact		No change

Outcomes at T3

- **Stability and continuity outcomes** were positive. Nick accommodated the disruptions to his overall stability and settled into a new placement, new school and new relationships with few difficulties.

- The **outlook** for stability and continuity was good. Nick's social worker felt he would be able to remain in the placement until he was ready for independent living. And the prospects for family contact and support were favourable –

  He's settled extremely well - he's a young lad who wants to be there. He's getting the rules and boundaries within the household, he's helpful, he's pleasant - it's just all very, very positive stuff at the moment. I hate saying that! ! (laughs - thinks he may jinx things)

❑ *Synopsis*

Nick had moved through a significant transition during the evaluation.

Not only had he dealt with this successfully (demonstrating his resilience) he had adapted well – recognising the benefits of both his stay in the children's home and the move to his new home.

The only real difficulty for Nick throughout the study had been the delay in finding the foster placement. Ultimately it had taken the appointment of a new social worker who made this a priority to finally resolve the situation. She had had to source an out-of-county placement.

Interestingly, the foster placement did not meet the criteria that had previously been adjudged to be important for Nick. It had been thought that he would need the undivided attention of a carer. In fact the placement he ended up in already had two particularly needy young people living there (both with learning disabilities and one with a physical disability too) – but Nick seemed able to accommodate this. The particular support and interest shown by this new male foster carer proved especially beneficial.

By T3 Nick showed every sign of being on a steady path towards eventual independence.

5.3 Conclusions for Younger Established subgroup

Given the size of this subgroup it is not possible to draw general conclusions.
There are also clearly considerable differences between the two young people in the subgroup – leading to positive outcomes for one and burgeoning problems for the other. However, problems arose in each case and these do serve to highlight broader issues for further consideration.

- The main clash between the two cases was the differing resilience profiles for the young people – one had a positive ongoing relationship with his family, the other had suffered severe and ongoing rejection from his mother, plus a breakdown in a significant compensatory attachment (through long term foster care).

  - with support, Nick was able to stabilise and move on to a settled placement with foster carers, where he seemed to be set on a positive trajectory to independence.

  - by contrast, Jake was unable to respond to the ongoing and intense efforts from residential staff – the damage done to his resilience during infancy and childhood could not be overcome, even during a stay of over two years and despite work on some of the other important aspects for boosting resilience – positive educational experiences, self efficacy.

- This suggests a question – how can one address the intense needs of a young person who has had such severe problems with their earliest attachments and build resilience for the future? This young person was so damaged that he was unreceptive to every effort to offer support – and could not embrace the idea of therapeutic intervention, which might have proved beneficial in 'processing' his psychological problems.

  [Instead residential staff and other young people become perpetual victims of severe behavioural problems – they had to demonstrate much resilience in the face of this.]

- Another issue highlighted was the paucity of foster placement possibilities. Nick was deemed to have particular needs with regard to fostering – for a placement where he was the sole young person. But when these were ultimately disregarded and a placement sourced from out-of-county and through the private sector, he made a rapid and positive adjustment.

  This would suggest that there is a need to recruit and train foster carers for the specialist care that some young people in residential care would require if they were to move to a family placement.

  It also indicates that sometimes flexibility around the assessed needs of a young person might reap dividends – some risk-taking can pay off, if a young person is sufficiently resilient and 'stabilised' to respond to a positive input.

- Nick's case also shows the impact of social work staff turnover – this was part of the reason why progress with his foster placement was so slow. And it was a cause of huge disillusionment for him.

  I'd say I don't like social workers … they arrange something for us and then, just as they're about to do it, I get a different social worker.

• Younger and Older Recently Admitted subgroups

5:4 General Issues for younger and older recently admitted subgroups

Although differentiated by age these subgroups are united by the common experience of recent admission to planned care - at the time of their first interview none had been in placement for more than four months and nearly half for a month or less.

Therefore for all these young people the common issues were around the process of adjustment to care and

- for the *younger* subgroup (those under 15 at T1) the prospect of some considerable period ahead in their placement

- for the *older* group the need to not only adjust to care but also the relatively imminent prospect of the new disruption of moving on to independence

Of the nine young people in these subgroup five were under 15 at T1. The whole subgroup could be divided three ways –

1. those who were moving within the substitute care system – from a temporary or crisis placement to a more stable placement (five of the group)

2. those who were making a move from a prior long term placement (three of the group – for only one was this a planned move, for the other two there had been a breakdown in their foster care and a need to find stability quickly)

3. one young person who had moved in as an emergency since there were no other options available at the time.

5:5 The case studies

Younger subgroup

BEN

Pen Picture

Ben had been in residential care since the age of nine. He had had a number of placements which had usually broken down because staff were unable to cope with his extreme physical and verbal aggression.

Ben had been brought up during his infancy and younger childhood by his grandmother after his mother rejected him and moved away soon after he was born. He had no ongoing contact with her or memories of his father.

> *I would actually talk to me Mam if I saw her but if I saw me Dad I'd just tell him to f*** off! I heard he'd smashed a plate over me Mam's head, he threatened to chop me Nan's head off and he threatened to kill the dog.*

During his childhood Ben became increasingly difficult to manage both at home and school and when he assaulted a teacher social services moved to accommodate him in residential care.

He moved through the system as his aggression towards other young people and staff caused many breakdowns in placement, ending up away from his local area in a home which included education and a therapeutic input. However, there were ongoing problems with his behaviour, including outside the establishment and eventually he became involved in the criminal justice system and, at 13, was sentenced to a placement in a secure unit.

His planned move just prior to T1 seemed to offer the chance of starting a new chapter in his life.

❑ ***LAC Assessment and Action Record Dimensions – progress over time***

Assessment and Action Record Dimension	**Evidence of change**		
	Improvement	*Little/no change*	*Deterioration*
Health		✓	
Education	✓		
Emotional and Behavioural	✓		
Family and Social		✓ (both)	
Self Care		✓	
Identity		✓	
Social presentation		✓	
Main aim at T1	*To address aggression, to offer stability, to promote consistent school attendance*		
Long term plan at T3	*Preparation for independence – possibly higher education*		
Future hunch (T3) – social worker	*Optimistic that Ben will progress well*		

Ben had been identified as being academically-gifted at T1 and was settling well into Copelaw. His performance continued to improve over the time of the study and he was predicted to do well at GCSE.

His episodes of violence had decreased – but there was still a feeling that there was an underlying problem and an unpredictability about occasional outbursts.

Ben enjoyed an ongoing relationship with his grandmother and sister – but an intended increase in the frequency of contact never came about.

Ben's standards of self care and social presentation remained consistently good – but there were ongoing concerns about his identity and sense of self esteem and a failure to properly address this.

❑ *Resilience*

Profile at T1

As already mentioned, Ben was fortunate in having an ongoing supportive relationship with his grandmother, which was maintained despite some logistical complications.

He had settled into Copelaw, was beginning to enjoy a positive experience of education (despite some difficulties with other pupils) and had been identified as a potential high achiever.

Although he got on well with staff and the other young people Ben was not keen to socialise beyond the home and spent much of his free time playing violent computer games.

He regarded his past with bitterness and seemed to indulge in fantasies about the future.

RESILIENCE PR0FILE – needs, plans and outcomes

Resilience indicator	*Status at T1*	*Plan at T1?*	*Outcome at T3*
Social networks	✗	✓	no improvement
Supportive parent or parent substitute	✓	✓	same as T1
Mentor	✗	✗	planned at T3
Positive school experiences	✓	✓	ongoing positive
Personal efficacy	✗	✗	no change
Participation in extra-curricular activities	✗	?	no improvement
Capacity to positively re-frame adversities	✗	✗	no improvement
Making a difference	✗	✗	no change
Risk taking	✗	✗	no change

Ben – Resilience Table

- The **resilience prognosis** at T1 for Ben was mixed – his grandmother's support and his academic prowess offered some hope for the future, but his tendency to introspection and social isolation meant that he was not likely to develop some of the necessary skills to help attain a positive trajectory.

Outcomes at T3

Ben had continued to achieve highly in education and he was looking forward to a rosy future with university a distinct possibility (at least in terms of his own academic ability). However, he had recently had some serious hiccups in terms of his proclivity to lose control when upset - resulting in a temporary exclusion from school.

Ben showed little confidence in pursuing any of the opportunities that were offered to him beyond the home and was unwilling to participate in anything based in the wider community. In fact he was scared to socialise beyond the home and continued to spend much time in solitary pursuits.
This tendency to isolate himself, combined with ongoing concerns around his occasional violence, did not seem to bode well for the future.

Overall then the **resilience outcomes** for Ben were not good – there seemed to have been little progress in building resilience and the outlook was not good, since he continued to react very badly to relatively small problems that arose.

❑ *Stability and continuity needs*

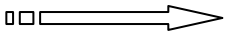
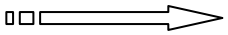
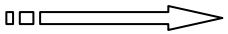
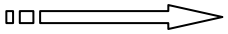
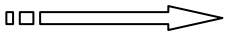
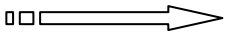
Situation at T1

Ben had recently started a new residential placement and begun a new educational placement. These two fundamental areas would be key in preserving some stability for him.

He had a need to maintain the continuity in the relationship with his grandmother and sister – but this seemed likely given ongoing commitment from all parties.

However, he had no community links and a clear problem with his personal identity.

- The situation at T1 comprised a number of areas where consolidation was necessary for Ben and other areas where first steps needed to be taken before they could be built upon to establish a firm and ongoing foundation for progress.

T1 Stability and continuity needs			T3 Stability and continuity
Determinant	Need		**Outcomes**
Placement	Commitment to keep Ben in the placement		Positive – Ben maintained in placement
Relationships	Support to continue regular contacts with family		Positive – regularity of contact preserved
Education	Support to maintain consistent attendance and academic performance		Mostly stable – but a few behavioural hiccups
Health care	[Should become stable given continuity of placement]		Stable
Community	Need to build relationships in the wider community		No positive developments – Ben suspicious and scared of people beyond his immediate circle
Personal identity	Need to build positive view of self and combat violent tendencies		No consistent improvement – ongoing underlying concerns

Outcomes at T3

- **Stability and continuity outcomes** were mixed. In terms of fundamentals Ben had stayed in the same home and the same school and maintained contact levels with his family. However, efforts to counteract his violence by working on his personal identity had failed as had attempts to extend his social network locally.

- The **outlook** for stability and continuity was unclear. It seemed likely that Ben would remain in the same placement and have ongoing support from his grandmother. However, his consistent fear of extending his horizons beyond the home jeopardised his ability to build a productive wider social network which would help in keeping some continuity of relationships in the future.

❑ *Synopsis*

Ben had made substantial progress in some areas of his life by T3.

He had settled well into his placement and his relationships within the home were stable. His grandmother and sister were providing ongoing support and he was seeing them regularly. His educational prospects were good and he was developing IT skills.

> *He likes school and, considering we were coming from a child who had nearly 18 months out of school … to near enough 100% attendance now, he's very proud of his academic achievements as well.*
>
> (Social worker)

However, his main handicap was still his violence -

> *I think there's been a slight change because now he cannot get away with not addressing some of the issues whereas before people were creeping around because of fear, I think, that he would go off again.*
>
> (Social worker)

Although outbursts were rarer than at T1 there was still a feeling that he had not gained control. A programme of anger management instituted while Ben was on a YOT supervision order had had little effect and he was not keen to have more intense therapeutic intervention.

In addition his inability to engage with the broader community seemed to indicate problems ahead –

> *Gran feels Ben is a bit paranoid when he's out - people are whispering, people are looking - and she's always got that concern …We think he's frightened. He always likes staff for company. But now he's 16 he's got to be a little bit more independent, he's some life skills to learn. He won't - unless he's on a bike and he races there and back - he won't go to the shop, he wants staff with him. I think he's a bit anxious.*

(Residential key worker)

Ben continued to prefer his own company and the escapism of violent computer games.

In the light of this Ben's social worker's optimism that he would make a smooth transition on to higher education and independence with little extra support seemed somewhat ill-placed.

Older subgroup

MICHAEL

Pen picture

Michael's parents had separated when he was quite young.

He had lived mostly with his father during his childhood, since his mother could not provide adequate care due to her chaotic existence and alcohol misuse problems – by the time of the study she had committed a violent offence and been given a custodial sentence.

The size and composition of Michael's family varied during his life as his father had new partners, sometimes with children of their own. During his adolescence the home became overcrowded and relationships were tense.

Michael began to feel scapegoated and there were sporadic breakdowns in the relationship between Michael and his father – leading to placements in foster care on a number of occasions –

> *I couldn't stand being at home … 'cos me and me Dad didn't get on. He was bullying us and I just couldn't handle him … I thought I was victimised because me Dad never did anything to me brothers and sisters – it was always me.*

Michael had started to make suicide attempts by taking overdoses when he was unhappy,

> *The one thing he knew his Dad absolutely detests is overdosing – he knows that his Dad can't cope because that is what his previous wife used to do … it's almost a learnt behaviour … Dad feels in Michael's case it's just attention-seeking.*
>
> (Social worker)

On the most recent of these occasions after a stay in hospital he was placed in a temporary residential placement then moved to the planned placement, because there appeared to be no prospect of a reconciliation with his father

> *Me Dad said to the social worker – 'The next time he does it, tell us when he's achieved what he's aiming for'.*

When first interviewed Michael was angry what had happened –

> *I think I bottled things up inside – I wouldn't talk to no-one about it … I think that's where I get all me anger from.*

❑ ***LAC Assessment and Action Record Dimensions – progress over time***

Assessment and Action Record Dimension	**Evidence of change**		
	Improvement	*Little/no change*	*Deterioration*
Health	✓ (mental)		✓ (physical)
Education	✓		
Emotional and Behavioural		✓	
Family and Social	✓		
Self Care		✓	
Identity		✓	
Social presentation		✓	
Main aim at T1	*(Gradual) Preparation for independence*		
Long term plan at T3	*Move to independence*		
Future hunch (T3) – social worker	*Michael will progress successfully through a satellite placement to independence*		

Michael was sitting GCSEs at T1 and planning to do further study in preparation for a career in care work. He was committed to his studies and not only did better than expected at GCSE but went on to progress well at college by T3 and was on track to his choice of job.

His relationships with his family improved markedly – by T3 he was making his own decisions around frequency of contact with his father and his siblings and had re-engaged with his mother's side of the family.

At T1 he had been seeing a psychologist but had discontinued these sessions. Although there was concern amongst the staff that he was still prone to depression there had been no further incidents of attempted suicide during the time of the study.

From the outset to the end of the evaluation Michael's self care and social presentation remained good – and his behaviour in the home was exemplary.

However, he had developed a smoking habit by T3.

❑ *Resilience*

Profile at T1

Michael had no parental support at T1 – but he was attempting to build bridges with his extended family.

> *It sounds awful, but I think it was that he wanted to see any family, really. He was feeling a bit out on a limb and no matter who it was in the family as long he had somebody … he was quite happy.*
>
> (Social worker)

He was doing well at school (with some additional support from Access) and was hoping to go on to further vocational study.

He was involved in activities outside of the home (including Care in Durham) and was already able to reflect positively on some of the more difficult aspects of his past.

- The **resilience prognosis** at T1 was unclear – although Michael was settled in the placement and having positive educational experiences, the key to future resilience was whether he could regain a productive relationship with his family.

RESILIENCE PR0FILE – needs, plans and outcomes

Resilience indicator	*Status at T1*	*Plan at T1?*	*Outcome at T3*
Social networks	✓	✓	Improved
Supportive parent or parent substitute	✗	✓	Improved
Mentor	✗	✗	No change
Positive school experiences	✓	✓	Ongoing positive experience
Personal efficacy	✓	?	Improving
Participation in extra-curricular activities	✓	✓	Little change
Capacity to positively re-frame adversities	✓	✗	Improving
Making a difference	✓	?	Improving
Risk taking	✗	✗	Little change

Michael – Resilience Table

Outcomes at T3

By T3 Michael had re-established his links with his family. His progress in his studies was good and the work placements he did through his course afforded him the opportunity to feel that he was 'making a difference' to the lives of those he cared for.

He continued to build his social network and was looking forward to the prospect of moving on.

Some evidence of his resilience was provided during the study. There was a degree of fragility in his newly rebuilt relationship with his father but he was able to respond positively when told that his father was to re-marry (a situation which might easily have prompted a negative reaction).

> *In his own quiet way I think he was very hurt that his dad re-married … he realises that he can never go and live at home, but that doesn't matter … he doesn't want other people there either.*
> (Social worker)

Overall then the **resilience outcomes** for Michael were good and the outlook seemed promising**.**

❑ *Stability and continuity needs*

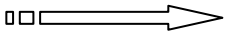
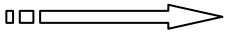
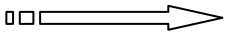
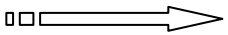
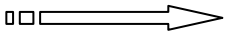
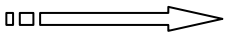
Situation at T1

At T1 Michael was already settling well into his placement – his primary need was to maintain the placement for as long as was necessary to ensure he was fully prepared for his next move (it was planned that this would be to semi-independence in a satellite unit – but not for at least a year).

Rebuilding the broken links with his closest family followed by ongoing support to revive and strengthen this bond was a key priority as was the need to support his progress in education.

Although at T1 Michael seemed keen to stop seeing his psychologist and this contact was being phased out there would be an continuing need to monitor his mental health.

- **The situation at T1** suggested one key area for stability and continuity – the rebuilding and consolidation of relationships with Michael's family**.**

T1 Stability and continuity needs			T3 Stability and continuity
Determinant	**Need**		**Outcomes**
Placement	To establish and maintain a secure placement		Michael successfully maintained in placement
Relationships	To restore relationships with father and siblings		Positive
Education	To support steady progress towards desired goals		Positive transition to further study
Health care	No particular needs		No change
Community	To try to preserve links with home locality as appropriate		Some falling off of links with home locality
Personal identity	To foster secure sense of self – to support in ongoing sessions with psychologist as appropriate		Psychologist intervention ceased but some ongoing concerns over mental well-being

Outcomes at T3

In most areas stability and continuity were promoted and achieved for Michael.

At one point during the year he said he was keen to move straight into his own accommodation as soon as possible. The residential staff supported him in making housing applications but also talked to him seriously (but diplomatically) about their concern that he was not really ready. Fortunately he took their views on board and shelved his plans.

- **Stability and continuity outcomes** were positive. Michael's placement was stable and building towards a planned move. His family relationships were reinvigorated and his study and career plans progressed smoothly.

- The **outlook** for stability and continuity was good. Michael felt ready and well-prepared for his next move which would have the added benefit of promoting easier access to both his family, his home community and his college studies.

❑ *Synopsis*

Michael's steady progress in all aspects of his life during the evaluation suggested that he was on track to a positive future.

His desired career goal was in sight and he was developing appropriate skills to move to a satellite unit as a stepping stone to independence. (He even responded well to staff concerns when he mooted that he wanted a quick move out of the care system).

Although not perhaps completely repaired his relationship with his father and his home had been sufficiently restored for him to feel comfortable in negotiating contact at his own pace – which provided added security and stability.

The only issue which still caused some worries for staff was Michael's tendency to keep his feelings to himself. There had been no recurrence of his overdosing during his placement but they had been worried that he had been suffering from depression at some points –

> *We don't think he's cracked it really…. He wont have any help - he does have the option to go for help …(but) he chose to end that … staff can see that he's still not into talking about his problems particularly - he dwells on them and internalises them.*
>
> (Social worker)

However, with sensitive monitoring and subtle support there was a feeling that Michael should continue to make smooth progress through the transitions to independence.

5.6 Conclusions for Recently Admitted subgroups

It is again difficult to generalise about outcomes for these subgroups. The individual circumstances of the young people militate against this but the cases do highlight key issues in positive practice.

- Although it does not register in terms of the factors considered here, an underlying contributor to the positive outcomes achieved by the young people was that all – bar two (one who soon went into custody and another who had complex needs) – settled successfully and relatively quickly into their placements.

  Both Ben and Michael are representative of a wider picture of young people who did not struggle to feel comfortable and secure in their new homes.

  And there was universal accord that they felt positive about (most) staff and the homes they lived in as summed-up by one of the younger group -

  "Then I got relaxed and then I loved it - I still do."

  This offers a testament to the efforts of staff to provide a welcoming, accommodating, receptive and warm environment.

- Ben's case particularly underlines the need to make concerted efforts to prioritise identity work with young people – his clear problem with violence and aggression and his paranoia about wider social relations continued to be inadequately addressed during his placement and looked likely to be an ongoing impediment to progress. Early assessment and a focussed intervention might have begun to offset these problems and allowed him to have a better chance of fulfilling his academic prospects.

- Michael's case is a good illustration of the need for tenacity on the part of residential staff and social workers in tactfully prolonging a placement until it has come to an appropriate point (especially when a young person is approaching the time to leave care). Although he was doing well in his studies and on a clear path into work – and able to do basic tasks relating to independence – his sudden desire to move out to his own accommodation concealed some internal doubts.

  The fragility of his relationship with his family and the ongoing concern around his mental health meant that staff had to exercise a degree of subtlety in their handling of the situation – they did not want to be seen to be attempting to block his desire to move, but they felt he was not yet ready for complete independence (or even quite prepared for a move to satellite at the time). So they offered some support to his deliberations and hoped that, with a little discussion and the gentle expression of their own reservations, he would be swayed (since they had built strong and trusting relationships – especially his key worker). This approach paid off and Michael was soon happy to 'pace himself' in terms of moving on.

• Older Established subgroup

5.7 General issues for the Older Established subgroup

This subgroup – those who had been in placement for six months or longer and were 15 or older at the start of the evaluation – was the largest subgroup in the sample, containing seven young people.

They were a diverse group in terms of their pasts and care careers (see tables 4e and 4f) – but given the general context of their current life, the most pertinent issues for all were around –

- how to best prepare for moving on from a children's home
- how to successfully move on from residential care

This was well summed-up by a social worker –

> … *The whole nature of the residential care system actually makes young people dependent - … you make someone very dependent and then when they get to a certain age then you look at this compacted transition to living independently and they're people who are used to a lot of structure around them - which makes things problematic.*

At T1 three of the group seemed entrenched in their placements – at the time there were just the beginnings of rumblings about preparation for moving on. One other young person was well-established in a satellite unit and another within days of a move to the same unit from his children's home. The remaining two were quite literally on the cusp of leaving care – one to a self-contained flat, the second to a house with her partner. In both instances accommodation had already been arranged and the move was due within days of the first interview. I have selected a case study for a young person from each of these three differing circumstances to consider the issues more fully.

5.8 The case studies

JOE

Pen Picture

Joe was 15 (just) at the start of the evaluation – he had been in his children's home at Aycliffe for six months and had previously lived in another home on the site.

Many aspects of his early life were shrouded in mystery, but Joe had had a severely deprived and disrupted childhood – his mother was a chaotic drug and alcohol user and had difficulties with depression – his father had been violent towards her and the children and had moved away when Joe was six (he was in prison at the time of the study) –

> *I hate him, me … he used to hit me mam all the time, he broke my nose punched me little brother's teeth out and threw me cat out the window.*

Although he had lived mostly at home, or with his extended family in the locality, Joe had frequently been expected to take care of both himself and his younger siblings –

> *His mam was relying on Joe very heavily to look after the house and look after the kids. He was just a young child himself – he shouldn't have been having that responsibility.*
>
> [Residential key worker]

Joe had spent over a year in residential care in two homes. Having settled in the first he had had to move but had not coped with this at all well –

> *He will just not address the issues around why he was moved … he was moved for bullying another young person, a younger lad …he will not take responsibility for his actions – everyone else is to blame but him, you know.*
>
> [Residential key worker]

Although Joe had settled by the time of his interview he was clearly still struggling with his own past

> *I hate sleeping, I can't get to sleep. Feelings go through me mind and all that about what's going on - where's me mam and what she's doing? I lie there worrying about what me family's doing.*

and worried about the future –

> *He has mentioned that he doesn't want to be 16 because in the eyes of the law he's getting towards adulthood. And I don't think he can cope and I don't think he's ready for it … he doesn't want to grow up, he doesn't want to be any older because he's got extra responsibilities there that he doesn't feel that he can take on board.*
>
> [Residential key worker]

❑ ***LAC Assessment and Action Record Dimensions – progress over time***

Assessment and Action Record Dimension	Evidence of change		
	Improvement	*Little / no change*	*Deterioration*
Health		✓	
Education	✓		
Emotional and Behavioural	✓		
Family and Social	✓(family)	✓(social)	
Self Care		✓	
Identity		✓	
Social presentation		✓	
Main aim at T1	*To maintain stability of the placement.*		
Long term plan at T3	*No - vague*		
Future hunch (T3) – social worker	*Improvement*		

Joe had always had good health and was not a drinker or a smoker –

> *I think he sees the damage drugs and drink have done to his mam.*
>
> [Residential key worker]

His situation with regard to education was difficult to categorise – at T1 he was attending Copelaw (having been excluded from a local mainstream school) and receiving good reports. He said that he would be doing GCSEs the following year. By T3 he was combining some Copelaw attendance with going to a performing arts organisation for training and an NVQ – his academic studies had to some degree tailed-off but he felt he had found a vocation as did his key worker and social worker. He was heavily involved in producing a show at T3. However, despite the positives he was having some problems with behaviour and had been temporarily excluded from both educational placements.

By T3 Joe had moved for a third time to a different home on the Aycliffe site. He had initially settled well and had shown marked progress in terms of his behaviour, but had recently entered a more difficult period at the end of the evaluation – reverting to some of the bullying tendencies he had shown prior to T1 –

> *He doesn't share, he cannot share. He doesn't mix well with the younger children who take the attention from him – he's always seeking attention. And with the recent admission of (new young person) the green-eyed monster's coming out – you know what I mean – really badly.*
>
> [Residential key worker]

However, offending behaviour which had been a problem at T1 was not an issue by T3.

Joe's relationship with his family was a complex one. At T1 his mother had gone missing and he had little idea of when or if he might see her again –

> *I wonder where she is … they might find her dead somewhere. She might top herself, that's what she's like.*

By T3 she had returned to the area and he had initially seen more of her than before, but this gradually diminished.

Joe had three younger siblings – all looked after. One lived in another house at Aycliffe and their relationship was stormy and sporadic throughout the study – workers often commenting that they seemed to be constantly competitive with each other and could certainly not live in the same placement. A younger sister lived with his grandmother locally and he had re-established regular contacts with her during the study, but by the end of the evaluation this had lessened.

Another younger brother had moved away – back to Scotland where half of Joe's family lived. His social worker indicated that this move had not well-planned and that Joe harboured much resentment that he had not been afforded the same opportunity –

> *That wasn't handled well at all - cos neither Joe nor Andrew were given any sort of preparation before (younger brother) moved.*

Overall, there seemed to be something of a hiatus around family relationships – although they were better than at T1.

Like many of the other young people, Joe had few friends outside the care system and did not extend this social network during the study –

> *A circle of friends outside the adult carers in his life? He doesn't have a great deal and he will not embrace that … I've said to him get down the youth centre, make up some links there, you know. He's very frightened of making links outside. I don't know if that's because he's ashamed of where he's come from or doesn't think he can handle 'normal' kids, I don't know.*
>
> [Residential key worker]

Joe's skills in self care and social presentation were reasonable at T1 but had not progressed significantly by T3.

As already indicated, Joe did have a major problem with his identity at T1 –

> *I think he struggles at times with his identity and with the demons in his head at times, you know.*
>
> [Residential key worker]

He exhibited this with outbursts of aggression and anger. During the study he had therapeutic input, which his social worker said had helped with his ability to manage his temper. But the social worker conceded,

> *I really don't think Joe has had anyone addressing some of his deep-rooted problems.*

In the light of this the social worker's hunch of future 'improvement' seemed rather optimistic.

❑ *Resilience*

Profile at T1

Joe benefited from an ongoing if sporadic relationship with his mother but she had disappeared at T1.

There was no prospect of a return home – or to other extended family – and Joe struggled to come to terms with this. His relationships with his family were episodic , but he was beginning to derive some support through an aunt in the local area.

He was a consistent attender at Copelaw and was progressing well with his studies.

Joe seemed to view change with fear – he could not cope with new young people in the homes he lived in and was fretful about the future.

- **The resilience prognosis** for Joe at T1 seemed mixed. His insecure attachment to his mother caused significant problems – despite positive indicators for education and extra-curricular activities, there was little evidence that he had much capacity to respond well to stress and adversity and was prone to poor behaviour.

Outcomes at T3

There was much ambiguity around the situation at T3. Joe had immersed himself in his performing arts efforts, taking a key part in producing a local show for charity.

Clearly this promoted his feelings around personal efficacy and enabled him to take risks – by all accounts the show prove to be a success and, for the short term, would have helped boost Joe's self esteem. Those close to him reported his aptitude for drama,

> *He's shown tremendous ability - he's got tremendous talent as well … I'd like to think he could find a living out of his performing arts - I hope he does. I know I'm biased but he's got something special there.*
>
> [Social worker]

RESILIENCE PR0FILE – needs, plans and outcomes			
Resilience indicator	*Status at T1*	*Plan at T1?*	*Outcome at T3*
Social networks	✗	✗	No change
Supportive parent or parent substitute	✓?	✓	Ongoing limited support
Mentor	✗	✗	No change
Positive school experiences	✓	✓	Improving
Personal efficacy	?	?	Improving
Participation in extra-curricular activities	✓	✓	Improving
Capacity to positively re-frame adversities	✗	?	Little change
Making a difference	✗	✗	Improving
Risk taking	✗	?	Improving

Joe – Resilience Table

However, he had failed to extend his social networks and had increasingly neglected his family links. His behaviour had also deteriorated just before the T3 phase.

Joe's devotion to his vocation was a two-edged sword – he obtained much short term positive resilience-enhancement. However, the concurrent stresses as he became more involved and the parallel weakening of other sources of support, meant that it was difficult to predict how he might fare in the longer term.

- **Resilience outcomes** for Joe were ambiguous – his concentration on one area of development that he enjoyed had had positive benefits, but it was not clear whether these would translate into overall improvement in the longer term**.**

> *His past experiences will both help him and hold him back - he's seen a lot of things that no-one should really see and I think he's determined for history not to repeat itself … having said that, some of the insecurities he has will hold him back … he's got memories that trouble him too.*
>
> [Social worker]

❑ *Stability and continuity needs*

Situation at T1

Joe had benefited from relative stability of placement at T1 – he had moved once in the previous year, but between neighbouring units on the Aycliffe site, allowing for some continuity in relationships for him.

His relationship with his mother was distinctly unstable and in many ways destructive, but despite the loss of contact at T1, maintenance of this thread in his life was of fundamental importance. His difficulties with this relationship during childhood had led to problems with attachments to other adults and he was often angry and aggressive with staff. He had also struggled with frequent changes of social worker –

> *The social workers keep changing - it's terrible. I had (social worker's name) for quite a bit, right, and she was class, then we went to (social worker's name) and now we're getting a new one called (social worker's name) and soon we'll get a new one and a new one and a new one - it's shocking.*

Equilibrium in terms of education had been established by T1 - Joe's earlier disruption in schooling had been superceded by a good experience at Copelaw.

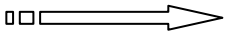
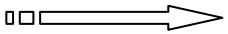
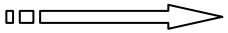
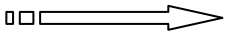
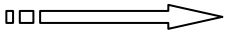
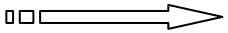
- The situation at T1 was **mixed** – some areas had been prioritised and stability achieved but in others extra efforts were required.

Outcomes at T3

- **Stability and continuity outcomes** were **mixed**. Joe had had to move again – but had dealt with this better than the first move (and some continuity was maintained by remaining on the Aycliffe site. Both education and relationships had developed positively but had hit problems by T3 and the other core areas, especially community and personal identity (areas which needed input at T1) had shown little change.

- The **outlook** for stability and continuity was **unclear**. Joe's social worker felt he would be able to remain in the placement for as long as necessary and was only just beginning to consider a basic independence skills programme. However, Joe continued to display problems with relationships in the home and was little interested in maintaining the improved contact with his family. He also continued to struggle with his personal identity, particularly his past.

  > *He still sleeps with the light on and his bedroom door open on a night time … so there's obviously a lot of issues in his past.*
  >
  > (Residential keyworker)

T1 Stability and continuity needs			T3 Stability and continuity
Determinant	**Need**		**Outcomes**
Placement	Tenacity on the part of staff and management in keeping Joe in the current placement despite anticipated problems		Mixed – Joe moved to a different children's home – but on the Aycliffe site again
Relationships	Support to deal with difficult relationship with mother – cultivation of other 'better' relationships with more stable family members		Mixed – some headway made with both – but by T3, Joe not keeping regular contacts
Education	Continue to support in positive experience at Copelaw		Positive – Copelaw maintained and new vocational training instituted
Health care	[Given continuance of placement should remain stable]		No change
Community	With continuance of placement continuity within the 'Aycliffe community' will be ongoing – however, need to integrate better with local community		No change
Personal identity	Need to build on existing fragile self esteem – perhaps aided by attempts to improve relationships locally with family		Little change

❑ *Synopsis*

By T3 Joe had progressed in a number of the 'more measurable' areas for outcomes – education, career plans, family relationships – but there was an underlying uneasiness amongst the professionals dealing with his case, a sense that perhaps this was not enough.

Still hampered by the horrific experiences of his childhood, the failure to come to terms with this and the ongoing fractured nature of his relationships with his family appeared to offer a likelihood that, despite the recent developments, Joe might still struggle in the future. He manifested little evidence of any ability to positively reframe his past or adverse experiences that occurred during the study. He did not seem to have built much resilience.

It was clear that staff and his social worker were aware of this and concerned about the future. At T1 his key worker said

> *He has mentioned to us that he doesn't want to be 16 because in the eyes of the law he's getting towards adulthood. And I don't think he can cope and I don't think he's ready for it … he doesn't want to grow up, he doesn't want to be any older because he's got extra responsibilities there that he doesn't feel that he can take on board.*

This had led to a degree of sheltering from the prospect of leaving care, as it was felt that he was too immature to begin to mentally prepare.

> *I would be absolutely horrified if Joe was asked to leave at 16 'cos there's absolutely no way he could cope - to my mind it certainly wouldn't be before he was 18 - I would fight tooth and nail.*
>
> [Residential key worker]

In fact this had begun to show itself as an unrealistic approach. His social worker was aware of this on one level –

> *I think we need to be looking at this very closely, because we're doing him no favours if he's not prepared for independence.*
>
> [Social worker]

but seemed to be reticent about grasping the nettle.

And the effect of this was partly that Joe himself had begun to express major anxiety that he might be obliged to leave at 16 – a relatively imminent time by T3.

> *It's been said to me that Joe feels that he's gonna have to move when he's 16. He's thinking that now, so I do need to see him quite soon to allay his fears on that.*
>
> [Social worker]

Joe's case is indicative of some of the dilemmas for residential staff and social workers for young people at one end of the spectrum for older group – how and when does one begin to prepare a young person who one feels is too immature for a move and might worry about the prospect of independence.

Whether this is a function of their pre-care past, a created dependency from their time in care, or a combination of the two, it is difficult to judge when it might be best to begin to sow the seeds for a gradual transition out of a well-established and 'psychologically comfortable' placement

STACEY

Pen Picture

Stacey had come into residential care as a 14-year-old, when she refused the offer of a foster placement.

Details about her past were sketchy but her parents had separated during her childhood and she had opted to live with her father as an adolescent. She had had school problems including being bullied and exclusions – but was a regular attender.

Her difficulties multiplied when she was adolescent. Her father exercised little control and was often absent. She was drawn into an older group who drank and used illegal drugs. She ran away from home and become involved in prostitution. She knew that she was spiralling out of control

> *I realised I was getting myself deeper and deeper underground, so I left. I was on drugs and everything like that.*

Her mother became aware of the situation and took Stacey to live with her – but she ran away again and ended up living on her own in a friend's house for a period.

Her absence was reported to the police and eventually they found her – she was put into emergency care.

Although she settled well she suffered problems with depression and would sometimes become extremely aggressive with staff,

> *I can't really answer these questions at the moment, 'cos I'm not really too sure about myself … I'm all mixed up, I'm on Prozac and everything (for) depression … I've been on them ages. They're changing them though, cos they think that's why I go off it with people.*

By T1 she had lived in two children's homes and was some months into a satellite placement.

❑ ***LAC Assessment and Action Record Dimensions – progress over time***

Assessment and Action Record Dimension	Evidence of change		
	Improvement	*Little / no change*	*Deterioration*
Health	✓		
Education			✓
Emotional and Behavioural	✓		
Family and Social	✓ (family)	✓ (social)	
Self Care		✓	
Identity		✓	
Social presentation		✓	
Main aim at T1	*Develop a plan for future independence*		
Long term plan at T3	*Unclear*		
Future hunch (T3) – social worker	*Unclear – Stacey needs to come to terms with the 'real world' and have sensible expectations*		

At T1, Stacey was in a satellite unit, which is indicative that in all the dimensions she was starting from a point of good development.

By T3 she had been living on her own in a flat for around three months. Before moving out she had fallen out of any training or education and had not found a job or settled on a course by the end of the evaluation.

Stacey's health had improved – she was losing weight having put on a lot during her time in the satellite home and was not suffering any bouts of depression.

She struggled somewhat with the isolation and loneliness of her situation, not having established many peer relationships beyond the care system. However, she had reconciled many of her previous differences with her mother and was receiving some support from her. She had also re-established a relationship with an older brother who lived with her for a while after she moved into her flat.

Her social worker commented that, although she had some way to go, she had matured a lot since leaving the satellite home,

She seems to have grown up an awful lot since she's moved - she's realised that she can't just click her fingers and everything just drops into place, which we had a problem with beforehand.

❑ *Resilience*

Profile at T1

Stacey had an ongoing relationship with both her mother and father. However, the relationship with mother was often filled with anger and Stacey would frequently refuse to even talk to her for long periods. She idolised her father but he lived some distance away and she only saw him during school holidays.

Hence her parents were an intermittent source of support – but both 'available', even if to a limited degree.

Stacey's relationships with peers tended to be short-lived – after a brief honeymoon period they would drop her – her residential key worker said she became too intense.

At T1 she was attending an out-of-school education programme, but had recently assaulted a fellow student and was anticipating an exclusion. She had already passed two GCSEs at T1.

Stacey was resistant to offers to have a therapeutic input to help with her mental health problems.

Stacey had found herself a paid, part time job.

One complicating factor for Stacey was that she felt herself to be mature and capable – although she did not use the term she said that she had demonstrated her resilience by surviving alone in the past. Hence she was naively confident of her ability to live independently,

Oh yeah, YES! Big time! I'll be fine in my own place. Everyone knows that, that's why my dad's supporting me.

- The **resilience prognosis** for Stacey at T1 was **unclear**. She did have a link to her parents (but this was weak) and her depression and anger around this was manifest. She had some positive experiences via education and was working part time. However her limited social network and refusal to engage in a therapeutic intervention might indicate future difficulties in adapting to change.

RESILIENCE PR0FILE – needs, plans and outcomes			
Resilience indicator	*Status at T1*	*Plan at T1?*	*Outcome at T3*
Social networks	Weak	✗	Little change
Supportive parent or parent substitute	✓ Weak	✓	Ongoing limited support
Mentor	✗	✗	No change
Positive school experiences	✗	?	n.a.
Personal efficacy	✓	✓	Improving
Participation in extra-curricular activities	✗	✗	No change
Capacity to positively re-frame adversities	✓	?	Improving
Making a difference	✗	✗	No change
Risk taking	✓	✓	No change

Stacey – Resilience Table

Outcomes at T3

By T3 there were signs that Stacey had shown resilience.

She had sourced and moved into her own independent accommodation. She had contained her negative feelings towards her mother and built a relationship. Although hampered by a degree of immaturity – including an inability to focus on some training, study or paid employment and somewhat unrealistic expectations of how she might have to operate as an independent adult – and although still with just a limited social network, she had adapted to the challenge of living alone and looking after herself.

She had formed a relationship with a boyfriend prior to leaving the satellite unit and he had moved into her flat after she had been there for a month. However, they soon fell out and he left – but she survived the break-up of the relationship and had clearly not become over-reliant on his support.

Stacey's stubbornness in insisting that she should move into independence at 16 was seen as a problem. In fact it seemed to aid her resilience in overcoming some of the inevitable difficulties, not wanting to appear to have failed – but she was able to reflect that things were certainly harder than she had anticipated,

> *I thought I was independent enough and I thought I'd be fine – but it's not that easy … the loneliness, it's horrible. It's only now that I'm beginning to sort me head out about that. I've started going out and doing more stuff.*

- **Resilience outcomes** for Stacey were **fair** and the **outlook** relatively **favourable**.

❑ *Stability and continuity needs*

Situation at T1

Stacey was in a planned bridging placement between an ordinary children's home and independence. Her main need with regard to the placement was for any move on to be properly planned and at an appropriate time.

The ongoing maintenance of her family relationships by this age rested primarily with Stacey – although improvements in contacts with mum needed support and encouragement from staff if necessary.

Her schooling was due to change as she entered post-16 education. Support and advice from her social worker and staff would be needed in managing this transition.

Stacey had problems with her weight and with depression – she had been undergoing treatment from a local gp for both conditions. Continuity of this link to one health professional would be beneficial.

Stacey needed help in establishing and maintaining relationships with young people in the local community.

- The situation at T1 highlighted the difficulties for stability and continuity for Stacey - although key threads such as family relationships and education or training could be catered for, the chances are that concurrent with a move to independence it is unlikely that the other factors will be able to be maintained.

T1 Stability and continuity needs			T3 Stability and continuity
Determinant	**Need**		**Outcomes**
Placement	Settled in satellite	⇨	Positive – planned move to independence in same community – allowing ongoing staff support
Relationships	Stable but weak with family – father geographically distant; frequent fall outs with mother	⇨	Positive – especially improved with mother
Education	In out of school provision – need for planned transition to Over 16 education	⇨	Negative – young person not settled to anything
Health care	Stability of interventions around physical and mental health	⇨	Improvement
Community	Non-care relationships transitory – help to learn how to consolidate	⇨	Little change – friendships still come and go
Personal identity	Loose links to home locality (holiday visits to father) – need to maintain this whilst young person sees benefit	⇨	No change

Outcomes at T3

- **Stability and continuity outcomes** were mostly **positive**. Stacey found a flat in the same locality as her satellite home thus allowing for ongoing support and continuity of relationships with both staff and young people in the unit. Her link to her mother was stronger by T3. Her main problem was to find something productive to do during the day.

- The **outlook** for stability and continuity was **reasonable** – but seemed to be premised on Stacey fixing on a career plan, to consolidate her independent existence. As her social worker said –

> *The problem is that Stacey needs to commit … she would think that if things go wrong it's not her fault - it's the (other) people's fault … She really needs to, I would say, grow up a little bit … to bite the bullet and to wind her neck in!)*

❑ *Synopsis*

Stacey had moved through her preparatory stage for independence with some degree of success.

She seemed to have had the strength of character to curtail an eating problem and resolve her difficulty with depression, improving her relationship with her mother and coping reasonably well with a move to independence during the study. By T3 she showed a clear ability to positively reframe some of the more negative experiences in her past.

Her Achilles heel was around deciding what direction to take with job or training plans. this was beginning to lead to some degree of drift by the end of the evaluation and her social worker was worried about her inability to commit to anything –

> *I would hope that she would because her options are running gradually out on what she can do.*

Stacey's case illustrates a number of issues pertinent to young people in the transition phase between care and independence.

It was difficult for staff to really prepare her for the full impact of independence and she naively anticipated few problems. She coped with the move reasonably well but struggled with loneliness, being used to always having someone else around when at the satellite home.

She is also just one of many examples of young people at this stage in the process who fail to find a path forwards with education, training or work.

CAROL

Pen Picture

Carol first became looked after when she made allegations of serious sexual abuse when she was 12.

She lived in a series of foster placements but these all broke down due to her violence and verbal abuse towards her carers.

She was moved into an emergency residential placement and then to what was supposed to be a long term placement in a children's home. Her aggressive behaviour continued, directed towards both staff and other young people and she developed a poor reputation – such that when the home closed many other staff teams were loathe to take her on.

> *People had heard of Carol beforehand and they were all up in the air - 'She cant come here - I don't know why you're bringing her here for' - it was those sort of responses I had to break down.*
>
> [Social worker]

Carol's behaviour problems impacted on her education and by 14 she was out of mainstream schooling, although assessments showed that she did not have special educational needs. She went on to attend a number of courses on basic skills.

The legal process regarding the alleged abuse was extremely slow but ultimately Carol was strongly advised not to pursue her case in court as there was insufficient evidence for it to be successful.

She found this hard to come to terms with. She was offered various opportunities to go for specialised counselling and psychiatric interventions but seemed unable to properly engage with these and they all petered out.

Carol struggled with many aspects of life. She was not a good communicator, had few social skills and no friends. Her personal hygiene was poor and she neglected her appearance. Her social worker described her as having 'no spark'.

Carol was still living in the children's home at 18 and it had become apparent that a move had to be considered. Her social worker and the residential staff did their best to prepare her, but all were conscious that there were inadequacies in this

> *I've had four months to get this young lady into a flat, make sure she's got all the info she needs, that she's got emergency numbers, that she's got plenty of health info, contraceptive info, getting gas on, electric … you know. Its been horrendous in four months.*
>
> [Residential key worker]

> *… emotionally, I don't think Carol will ever be ready - and I don't think we can put that there, just the same as we can't put friends there for her - but how long do you go on?*
>
> [Social worker]

❑ ***LAC Assessment and Action Record Dimensions – progress over time***

Assessment and Action Record Dimension	**Evidence of change**		
	Improvement	*Little / no change*	*Deterioration*
Health			✓
Education			✓
Emotional and Behavioural		✓	
Family and Social		✓ (both)	
Self Care			✓
Identity		✓	
Social presentation		✓	
Main aim at T1	*Move successfully to independence*		
Long term plan at T3	*No*		
Future hunch (T3) – social worker	*Unclear – need for more support and/or move to adult or mental health team?? – otherwise possible deterioration*		

At T1 Carol was very close to a move to her own flat. At the time she was attending college, had shown some basic aptitude for independence skills and was in reasonable health.

She had a consistent relationship with her parents, visiting them regularly but just for a few hours – they showed little interest in her and never attended any meetings. Carol had no social network except for attendance at a group for young people in care.

Carol had little interest in her appearance, her personal hygiene was poor and she had limited communication skills.

After her move she went rapidly downhill. During the period of the study she began to live chaotically – she stopped attending college, failed to take care of herself properly or maintain any order in her flat, had problems with her mental health and made attempts on her life by overdosing (although her social worker said these were relatively minor and to seek some attention – but some resulted in admission to hospital).

> *She had all these, sort of, mental health episodes in hospital … the diagnosis was a personality disorder and just very needy - there was no mental health illness.*

She had made some small improvements by T3 and had begun to attend a new college course – but was still contending with many problems.

❑ *Resilience*

Profile at T1

Carol was difficult to assess for resilience.

As the 'profile' table indicates, she was lacking in almost all areas which might indicate some propensity for resilience and there were few plans to deal with this.

The hugely psychologically-damaging experience of the abuse had been little ameliorated by her time in care or attempts at therapeutic intervention.

And her resultant introverted, uncommunicative character meant inroads into helping her progress in any way were fraught with difficulty.

- The **resilience prognosis** for Carol was **poor**.

Outcomes at T3

Carol's inability to maintain herself after moving out of the home showed a lack of resilience.

Her reaction to adversity was to seek help from her social worker or in more extreme instances to make attempts on her life. She clearly felt that she did not have sufficient personal resources to cope and that there was no-one readily available to offer support.

It seemed unlikely, given the prior failures to help her progress, that any input at this point would achieve significant change.

- **Resilience outcomes** for Carol were **poor** and the **outlook unpromising.**

RESILIENCE PR0FILE – needs, plans and outcomes			
Resilience indicator	*Status at T1*	*Plan at T1?*	*Outcome at T3*
Social networks	✗	✗	No change
Supportive parent or parent substitute	? Weak	✗	Ongoing limited support
Mentor	✗	✗	No change / young person's advisor?
Positive school experiences	? Weak	?	No change
Personal efficacy	✗	✓	No change
Participation in extra-curricular activities	✗	✗	No change
Capacity to positively re-frame adversities	✗	✗	No change
Making a difference	✗	✗	No change
Risk taking	✗	✗	No change

Carol – Resilience Table

❑ *Stability and continuity needs*

Situation at T1

Carol had been in a stable placement for a number of years – but the need to move her on had become apparent to all. Her relationships with the other young people were difficult and, as an 18 year old, it seemed inappropriate for her to still be in a children's home –

> *A lot of it is to do with the age gap – there's an age gap of four years. Plus the fact she isn't very good with her personal hygiene and the young lads tend to rib her about that. She takes so much and then it ends in a row – typical teenagers.*
>
> [Residential key worker]

Staff and her social worker were well aware of the importance of a gradual transition for Carol, with ongoing support. They had built the plan around finding accommodation locally to her children's home – so that she could keep continuity of relationships with the staff and they could keep tabs on her.

On the face of things at T1 the prospects for continuity were reasonable. Carol maintained regular contact with her parents, she was in college and therefore had a routine and her physical health was fair (despite being a smoker).

T1 Stability and continuity needs			T3 Stability and continuity
Determinant	**Need**		**Outcomes**
Placement	Planned move to nearby flat	⇨	Mixed – planned move occurred – ongoing staff support not forthcoming
Relationships	Stable but weak with family – regular visits home but no support	⇨	No change
Education	Need for college studies to lead to productive outcome	⇨	Deterioration – young person unable to sustain attendance (but was re-engaging at T3)
Health care	Support to forestall mental health difficulties	⇨	Deterioration
Community	To build local social network	⇨	No change – no new friends
Personal identity	Continuing need for psychotherapeutic intervention	⇨	No change

Carol – Stability and continuity

However, the prospects for productive continuity, even despite these factors, were poor. Her parents never came away from their house – they offered no support; her serial college courses seemed to be heading nowhere (her lack of personal skills made her very difficult to employ); she had no friends and her fragile sense of identity and mental health difficulties looked likely to undermine any progress.

- The situation at T1 although offering some continuous strands, seemed to include many insurmountable difficulties**.**

Outcomes at T3

- Stability and continuity **outcomes** were mostly **poor**. In areas where there were needs these were not met. In areas where the maintenance of continuity might have contributed to progress there was neglect or deterioration. The only positive aspect for Carol was that she had the same social worker who had known her for years.

- The **outlook** for stability and continuity was **slightly improving** – Carol had engaged with a new Prince's Trust course and had more intensive input from a support worker from a local housing organisation enlisted by her young person's advisor**.**

❑ *Synopsis*

Carol proved to be little able to cope living independently. Her life quickly descended into chaos once she left her children's home and she became subsumed by loneliness and depression.

She had inconsistent inputs from young person's advisors – from intense regular contacts –

> *The first one (ypa) she had was exceptionally good and went weekly … (partly) to go and pay for her TV licence, gas and electricity … they went through all her personal hygiene and all the (other) issues that she has … but Carol was very reluctant - to the point where the ypa was saying, 'Look, I'll run you a bubble bath. Get in the bath and I'll wash your hair for you and I'll do your hair' - but she would never, ever respond to that and the bathroom was filthy.*
>
> [Social worker]

to periods of no direct support at all –

> *By that time we weren't moving forward with Carol and everyone was just getting sick of her … for a long time, particularly while she was in the hospital, there was no ypa at all - and it was me jumping up and down when she was going to be discharged - saying, 'I cannot be visiting regularly', so they offered us a new ypa.*
>
> [Social worker]

And the envisaged support from the nearby home where she had lived for years soon petered out (especially when her former key worker went on long term sick leave).

It was identified that Carol was too needy for independent living – by hospital staff, by a young person's advisor and (eventually) by her social worker – but the only supported housing which seemed appropriate was too far from Durham where she desperately wanted to stay.

By T3 she did have extra support – but it seemed unlikely that this would be feasible in the long run.

It would not be correct to say that Carol's experiences represented all of the young people who moved on to independence. In fact the other young person who left care just after T1 settled successfully, coping with a new baby, dealing with the breakdown of her relationship to its father and having to move to a second new house. She showed high levels of resilience and was looking towards a positive future with renewed supportive relationships from her mother and extended family in her home community.

However, Carol's case does highlight a number of issues which span the circumstances of others who might be labelled as being 'more needy' amongst the older subgroup.

- the lack of suitable accommodation for young people who are not ready for full independence (or may never be fully independent)
- the lack of either a formalised supportive role for young person's advisors for these young people or of an alternative support service
- a worryingly 'voluntary' aspect around commitments to support that are made in pathway plans

Particularly in relation to the final point, Carol's social worker was vociferous in her complaints –

> *In her plan she'd had the support of the children's unit - that's 24-hour support, literally just around the corner … and we'd put money on her phone so she could ring anytime … she had a young person's advisor, which was a regular two-weekly visit thing, or weekly to start of with - and myself … (but) … Apart from the social worker people seem to be able to opt in and opt out … I think all that needs clarifying.*

5.9 Conclusions for Older Established subgroup

The case studies in this section highlight a number of varying issues for what was a diverse group.

- The need for clear messages around the leaving care process for both young people and residential workers – to offer reassurance and prevent anxieties, to prompt productive discussion from an early stage and to facilitate a gradual approach to this big transition.

- A proper acknowledgement that some young people – perhaps an increasing number, given the ability and needs profiles of those now entering long term residential care – will not be able to be independent ever (or at least for some considerable period after becoming an 'adult') – and more consideration of alternative provision for this group after residential children's homes. (Clearly this will necessitate better dialogues between adult and children's services).

  [Or, to take a different angle, a more flexible attitude to continuing to stay in homes beyond 18 and/or a more intensive satellite home for the more needy.]

- A revised focus on education, training and/or employment for post-16s – a reconsideration of how best to support and maintain young people within education or productively move them on.

- A fresh approach to cultivating wider relationships within the community for young people in long term care – although this echoes findings for all the subgroups, for these young people it usually pertains to an experience that prevailed throughout a preceding care career and the effect of having few friends is more strongly felt when moving on.

- As with other groups – although more impactful for these young people at their 'time of life' – the failure of effective therapeutic inputs leaving a deficit in terms of personal identity, self esteem and positive mental health.

[Further consideration of these issues is presented in Chapter 8].

Chapter 6: Overall Outcomes

This study has been clearly defined as a qualitative evaluation. The primary intention is to explore the contexts and outcomes for individuals who are looked after in planned residential care within Durham. I have discussed the reasons for this earlier in the report – the need to uncover meaning, etc.

However, an overly individualised focus might fail to reveal all the pertinent issues which should be scrutinised. It would also fail to offer the overall picture of whether and where the service is doing well or not so well in meeting young people's needs.

Therefore, contrary to the main emphasis on detailed explanation of individual case studies, this chapter will present a summary of the aggregation of findings from the study – to consider overall patterns and trends within the data.

Although this chapter does offer some interesting additional angles on the evaluation it does come with a caveat – to extrapolate from such a small sample to a wider population would not be entirely justifiable. The findings presented here should not be regarded as generally authoritative but more as indicative of what happened for these groups during this period of time.

Hopefully, by cross-referencing with the more qualitative material, the information outlined in this chapter will offer some worthwhile clarification of a number of important aspects of the study.

6.1 'Problem behaviours'

The first issue for which an aggregation of the data was undertaken was the area of 'problems' – by this we meant aspects of the young person's behaviour which might have caused difficulties for them or at least demonstrated their troubled situation.

In the initial phase of data collection (from social workers via questionnaire) we requested information on each young person's history of 'problems'. Initially we asked the question differently to social workers according to the age of the young person at T1. For younger cases, those under 15, they were asked for the situation prior to the placement the young person was in at T1 (working on the assumption that many would have had a short care career). For those 16 and over, we asked when, if ever the young person had had the particular problems (working on the assumption that many might have had a relatively longer care career – and that this might help site the problem as being pre-care or in-care). We have grouped the data here into these two age-determined groups.

These working assumptions proved to be rather inadequate in trying to inform the data collection – but fortunately it was possible to use the interview data to piece together a picture of the degree of the problem and its contextual importance (including whether it was a pre-care or in-care problem – as discussed elsewhere in the report) for all of the young people.

Clearly the interest here is to look at change over the period of the study – hence the situation at T1 is contrasted with what occurred during the evaluation.
On the face of things there has been overall improvement for both groups – with a significant decline in all persistent problems.

In particular the younger group had no incidence of substance abuse problems, nor of self-directed harm (including suicide attempts) during the study and issues related to running away were markedly improved.

School attendance and performance was another area which showed a positive consolidation. Just one of the younger group had been excluded during the evaluation whereas at the outset just one had never been excluded before and two had previously been excluded three times or more. In addition only one younger person had truanted from school at all during the study and, although this was persistent during the first months after his admission, he soon settled to regular attendance. (In fact he always returned to his children's home and the staff would take him back to school – so he ultimately realised the pointlessness of continuing to leave school).

This radical improvement in education would seem to be a testament to the dedication of staff in persisting in tenacious efforts to restore those who were not in school at the outset of their placement and to offer substantial ongoing support to help them make a success of their schooling once reintegrated (we will return to this issue later).

By contrast, however, behaviours which had an impact on others – criminal offending and violence – had not shown the same degree of improvement, with over half the group still either occasionally or persistently infringing in these ways. It is worth adding that the representation of group findings here obscures much relevant detail – in fact just two particular young people were the persistent offenders and assaulters of care staff.

The 'lumping together' of the data offers only a general indication of what happened during the study. Beneath the figures there is an extremely complicated picture. For example, it might be interesting to know who of the young people were persistent criminal offenders by T3, whether this had been the case at the outset of the study or whether this aspect of their behaviour had worsened during their stay (and if so, why?).

A more detailed analysis offers some answers to this – Jake, the first case in Chapter 6, was one of the persistent offenders by T3. At T1 he had a negligible criminal record but through the year of the study his catalogue of offences increased as he struggled with a background of damaged attachments, ongoing rejection, poor resilience and an inability to engage with a therapeutic intervention.

The other persistent offender – with a burgeoning criminal record (and failed attempts by the Youth Justice team to successfully address this) had only entered residential care for the first time at T1 with no offences to mention. As Ian's case study in Chapter 7 details he was suffering from a number of problems both before and during the evalution. At the root of his problems was an inability by the professionals to fully assess and comprehend his abilities and/or the level of psychological damage he had suffered in a disrupted childhood. He was also failing to cope with an inappropriate placement and the failure of a plan to rehabilitate him home.

	Situation Prior to T1 Placement			Situation during evaluation (ending at T3)		
	Frequency			Frequency		
How often had the young person …	Never	Occasionally [once or twice]	Persistently [3 times or more]	Never	Occasionally [once or twice]	Persistently [3 times or more]
… committed criminal offences?	1	4	2	3	2	2
… abused alcohol?	3	2	2	7	-	-
… abused illegal drugs?	6	-	1	7	-	-
… abused solvents?	7	-	-	7	-	-
… self harmed?	5	2	-	7	-	-
… attempted suicide?	6	1	-	7	-	-
… run away from home?	3	2	2	7	-	-
… run away from care?	1	3	3	6	1	-
… truanted from school?	3	-	4	6	-	1
… been excluded from school?	1	4	2	6	1	-
… been violent to adults?	-	5	2	3	2	2
… been violent to other children?	3	2	2	3	3	1

Table 12 'Problems' outcomes for the younger group [n=7]

	Situation Prior to T1 Placement			Situation during evaluation (ending at T3)		
	Frequency			Frequency		
How often had the young person …	Never	Occasionally [once or twice]	Persistently [3 times or more]	Never	Occasionally [once or twice]	Persistently [3 times or more]
… committed criminal offences?	5	3	3	8	2	1
… abused alcohol?	5	4	2	7	2	2
… abused illegal drugs?	8	2	1	8	2	1
… abused solvents?	10	1	-	10	1	-
… self harmed?	7	2	2	10	-	1
… attempted suicide?	9	2	-	10	-	1
… run away from home?	4	1	6	11	-	-
… run away from care?	8	3	-	9	1	1
… truanted from school/college?	4	2	5	5	3	3
… been excluded from school/college?	2	8	1	8	3	-
… been violent to adults?	5	3	3	8	2 (in care) 1 (out of care)	-
… been violent to other children?	5	6	-	10	1 (out of care)	-

Table 13 'Problems' outcomes for the older group [n=11]

An overall improvement was also displayed by the older group – there were a few individuals who persisted with criminality, drug and alcohol abuse, but this was relatively isolated in terms of the bigger picture where criminality and violence had decreased.

The situation with regard to self-directed harm had also much improved. In fact the case listed for categories of 'self harm' and 'suicide attempts' was the same young person. This would seem to indicate a serious difficulty for this individual, but, as her case study in Chapter 9 explains, Carol's social worker felt that this behaviour was not likely to cause any real physical damage, but rather showed a social inadequacy and need for attention. All the other older young people who had previously exhibited these problems had not shown any evidence of a return to the behaviour during the study.

The rapid fall in violent acts – with no persistent violent behaviour exhibited by T3 – was perhaps more indicative of problems the young people had had much earlier in their lives. As stated above, most of the older young people had extensive care careers and often this violence had been perpetrated some time in the past. It was already not a problem by the time of the evaluation and their prior experiences had significantly ameliorated this behaviour -– i.e. it was not the period of the evaluation that had resolved the problem (as is perhaps implied by the table) – rather it had already been dealt with (either during their time in residential care or before) prior to T1.

More worryingly there appears to have been problems with education. The majority – six out of eleven – had truanted from school or college during the study and three had been excluded. This issue is explored in detail in Chs 8 and 9 – but it is worth pointing out here that by T3 there was a wide variation in the educational situation for the older group. Six of the eleven young people had left education – a number in somewhat inauspicious circumstances, three were struggling on basic skills-type college courses and just two were steadily progressing towards a planned goal and distinct qualifications.

This would seem to point to a substantial problem of older young people who, at the end of their pre-16 schooling, find themselves with a lack of direction and motivation over how to best participate in education or training as a route into independence and adulthood.

To conclude then these figures imply

for the younger group

- a lessening of running away, substance abuse and self-directed harm
- a huge improvement in terms of problems with school
- a slight improvement with regard to overall levels of criminality – masking a problem with worsening criminality for some individuals
- despite a small improvement, an ongoing problem with violence against adults and other children (occurring mostly within a care setting).

for the older group

- an improvement for running away, self-directed harm and alcohol abuse*
- a decrease in violence – especially against other children*
- an improvement for levels of criminal offending*
- a problem with truancy and, to a lesser degree, with exclusion

[*in most cases <u>not</u> during the evaluation period]

6.2 Emotional well being

Although we wanted to look in depth and widely at the care experience and outcomes for the young people we also thought it might be instructive to gauge the young people's particular state of mind and emotional well being at the times we saw them.

It would be dishonest to imply that this allows for any true overall picture of how the young people felt during the study but it does permit a snapshot of the situation when the interviews took place.

We used a self-completion questionnaire, administered during the interview (partly as a natural break) which asked the young person to log her / his feelings on a number of areas. [Some of the young person opted for the researcher to go through the questionnaire with them].
Our relatively ambitious intentions for this aspect of the work proved to be unrealistic. We had hoped to obtain responses from the young people at all three planned interviews. In practice we managed to log indicators for sixteen out of the eighteen young people at the first interview, but for just half of them at T3 (due to some failure to re-interview and to some young people refusing to complete the form, or it seeming an inappropriate request at the time).

Also, for the most part, younger and older respondents were asked different questions – in a bid to look at different issues for each group – but the data proved inconclusive. Therefore we are only able to report on the core questions which were common to both questionnaires.

In the light of this the tables of the findings on the next / opposite page, should be regarded with caution.

They tell us that at the outset of the study, during the week prior to interview the majority of the young people had felt 'really angry' – most only occasionally, but one older young person saying he had been angry every day. (There was a prevalence of this within the older group, all bar two of whom said they had felt angry on at least one occasion).

In addition the majority also reported that they had felt 'really fed up' – although nearly all said this was just 'occasionally'. This was true across both older and younger groups.

Half of the group felt that 'nobody was listening to them' – most of these being the older young people (only one under 16 felt this – although he did say this was true for him every day).

Fortunately, the majority did feel that somebody cared about them – only three of the young people had felt that nobody cared three times or more during the week (and just one felt this desolate every day).

The only positive comparator for the whole sample was how often they had felt really happy during the last week. For the majority this had been a reasonably regular occurrence (the most reported 'every day feeling' across the sample – with five young people recording this response). Only one older young person said he had never felt really happy.

As stated above it had been planned to record change in these (and other) measures of emotional well being, but the attempt was somewhat stymied by lack of data. The second table reports the findings from the complete datasets, but these comprised only half of the original eighteen cases and so could not be viewed as being representative.

For the proportion of the sample who did provide responses at both points in time, there was a marked reduction in levels of anger from T1 to T3 (from just two saying they had never felt angry at T1 to seven at T3) and an improvement in the numbers who felt they were being listened to. The other indicators remained relatively consistent at T1

In the last week, how often have you felt …	**Frequency**											
	Never			*Occasionally (once or twice)*			*Often (three times or more)*			*Every day*		
	younger	older	total	younger	older	total	younger	older	total	younger	older	total
… really angry? ⇨	3	2	5	2	6	8	1	1	2	-	1	1
… really fed up? ⇨	1	1	2	4	5	9	1	1	2	-	3	3
… like nobody was listening to me? ⇨	5	3	8	-	5	5	-	2	2	1	-	1
… like nobody cared about me? ⇨	4	7	11	1	1	2	-	2	2	1	-	1
… really happy? ⇨	-	1	1	2	1	3	2	5	7	2	3	5

Table 14 Self-reported emotional well being at T1 for all young people [who responded] in the sample [n=16]

In the last week, how often have you felt …		**Frequency**							
		Never		*Occasionally* *(once or twice)*		*Often* *(three times or more)*		*Every day*	
		T1	**T3**	**T1**	**T3**	**T1**	**T3**	**T1**	**T3**
… really angry?	⇨	**2**	**7**	**6**	**-**	**1**	**1**	**-**	**1**
… really fed up?	⇨	**2**	**2**	**5**	**4**	**-**	**2**	**2**	**1**
… like nobody was listening to me?	⇨	**5**	**8**	**3**	**-**	**1**	**-**	**-**	**1**
… like nobody cared about me?	⇨	**7**	**7**	**-**	**1**	**2**	**-**	**-**	**1**
… really happy?	⇨	**1**	**1**	**1**	**1**	**3**	**4**	**4**	**3**

Table 15 Self-reported emotional well being at T1 and T3 for half the young people in the sample [n=9]

and T3, save for one young person who said at T3 that he felt angry, fed up, not listened to, uncared for every day and never felt happy. [His case study – Adam in Chapter 8, illustrates why].

Overall then, for those who did respond at both points there was an improvement in emotional well being – but without complementary contextual information it is difficult to properly interpret the meaning of this.

6.3 Looking After Children outcome data

In trying to offer an overall picture of the situation for the young people in the evaluation it also seemed logical to aggregate the findings on LAC Assessment and Action Record outcome data. In addition, given the format of the analysis presented for the case studies, we decided to amalgamate the findings on status of plans for each young person and 'hunches' of social workers or residential key workers as to the future prospects of each young person.

As indicated in the chapters on subgroups and case studies the greatest problem with this data is that it is all relative – i.e. the starting point for the young people is of great significance. A finding of little/no change might imply any of a number of things, from stagnation and a lack of improvement with a troubling situation to consolidation of an already good one. This ambiguity means that these figures should be treated with caution. It is also the reason why I have chosen to focus my comments on the areas where there is an indication of improvement or deterioration – this finding does not require additional explanation since a substantive qualitative change had occurred in each case.

*The **'headlines'** from these findings are that*

- the only area which showed overall 'improvement' for the majority of the young people was education* - however, a third of the young people had shown a deterioration in this area
- around a third had improved in terms of their emotional and behavioural development, but a similar proportion had shown a deterioration in this area
- a significant number – a third of the young people – had experienced an improvement in their relationship with their family*
- despite an improvement in the health of four young people, worryingly, the health of three had deteriorated during the study
- social relationships, self care skills, identity issues and social presentation skills all showed little change for the vast majority
  [I will refer to this in more detail later in this section]

[*these findings are significant in terms of stability and resilience – we will return to them later in the section]

	Overall numbers showing evidence of …		
	Improvement	*Little / no change*	*Deterioration*
Health	4	11	3
Education	10	2	6
Emotional and Behavioural	7	5	6
Family	6	10	2
Social	4	14	-
Self Care	3	13	2
Identity	1	17	-
Social presentation	1	17	-

Table 16 Assessment and Action Record developmental dimensions - aggregate findings

Status of plans and 'hunches'

In the T3 interviews with social workers and residential key workers (in some cases) we asked about what the plan was for the young person and how much faith the interviewee had in the realism of the plan and the young person's ability to progress in the longer term future.

The table below indicates whether there was a plan in place that looked beyond the next six months and how the key caring professionals felt about the young person's prospects.

Long term plan?	**YES**		**NO**
	11		**7**
Future hunch	**Improvement**	**Unsure**	**Deterioration**
[social worker and/or key worker]	**9**	**5**	**4**

Table 6f – Plans and future hunches – aggregate findings

In terms of planning it is interesting to note the number of cases where the long term plan was not clearly formulated. The reason for this varied according to particular circumstances (as evidenced in the previous findings chapters) – but overall it is indicative of the 'moving goalposts' situation for many young people in care.

Examples of this might be a young person on the cusp of moving out of residential care into independence, due to a breakdown in the placement as a result of a number of wider difficulties (see Simon in Chapter 8) or a young person for whom the prospect of a planned rehabilitation home had been replaced by a reappraisal of the possibilities for a more appropriate placement than the current one (see Ian in Chapter 6).

Overall it serves to underline the complex and problematic nature of planning for young people in long term residential care.

The answers given for future hunches do not offer much succour. Although half of the young people were deemed to have an improving prospect, in four cases the interviewees felt that on balance there was likely to be a deterioration. [In addition, I felt from my understanding of the cases that often when a social worker or key worker suggested that a young person had a relatively bright future, this was premised on a somewhat optimistic view]. It is difficult to generalise about these findings – particular explanations are offered for some cases in the individual outcomes chapters.

However, in order to try to shed some more light on them it seemed advisable to analyse the data for the younger and older groups and observe any differences (and to further divide the older group into 'recently admitted' and 'established' subgroups to tease out any further disparities). This analysis for Assessment and Action Record outcomes is presented in the table on the next / opposite page.

*The **'headlines'** from these findings are*

for the younger group

- all had shown improvement with education
- emotional and behavioural development had progressed positively for most – but two young people had shown a deterioration
- family relationships had improved for almost half the group and deteriorated for just one young person
- similarly, health had improved for almost half the group, as had self care skills
- identity and social presentation had remained unchanged for all during the evaluation

for the older – recently admitted group

- there was little consistent overall improvement for the group in <u>any</u> area
- education and emotional and behavioural development had shown a deterioration for half the group (although the other half had improved with regard to the latter)
- there was little change evident in all other areas

for the older – established group

- there was little consistent overall improvement for the group in <u>any</u> area – only isolated cases where some aspects had shown progress
- the prevalent finding was of little / no change in all areas
- there was a deterioration for education for the majority – and a decline in health, emotional and behavioural development and self care skills for around a quarter of the group

	Overall numbers showing evidence of …								
	Improvement			*Little / no change*			*Deterioration*		
	younger	older – recently admitted	older - established	younger	older – recently admitted	older - established	younger	older – recently admitted	older - established
Health	3	1	-	3	3	5	1	-	2
Education	7	1	3	-	1	-	-	2	4
Emotional and Behavioural	5	2	1	-	-	4	2	2	2
Family	3	1	2	3	3	4	1	-	1
Social	2	1	1	5	3	6	-	-	-
Self Care	3	-	-	4	4	5	-	-	2
Identity	-	1	-	7	3	7	-	-	-
Social presentation	-	1	-	7	3	7	-	-	-

Table 17 Assessment and Action Record developmental dimensions - aggregate findings by age subgroups
['younger' n = 7, 'older – recently admitted' n = 4, 'older established' n = 7]

On balance therefore it was the younger group who showed proportionately higher levels of general improvement across the dimensions. This is perhaps not surprising since nearly two-thirds of the older young people were already established in their placement by the time of the evaluation (and had, one assumes, already made progress before the study).

Overall however, the results would seem to clearly indicate three areas of concern

- a problem with education for those in the 16 plus age group
- a worrying stagnation around issues of identity
- a lack of progress with social relationships across the groups

The finding on education mirrors that on educational 'problems' highlighted in the first section of this chapter.

The concern over identity issues reflects an overall manifestation of a problem that was observed in a number of the case studies – that of a lack of therapeutic intervention. The degree of psychological damage (as highlighted in Chapter Four) that many of the young people brought with them is vastly apparent. Inputs around their identity were often suggested at T1 as a key to improving other outcomes – whether this be life story work, counselling or psychotherapy or other mental health interventions. However, for most this did not actually happen. Undoubtedly in the majority of cases across the entire sample there was a need for an input that better addressed 'deep psychological needs'.

The third issue we highlight here is raised primarily because it links to the issue of resilience. Social relationships could refer either to relationships with fellow residents in a home or to peers (or non-kin adults – previous carers, for example) within the wider community. All of these might offer invaluable support to a young person in residential care in building their resilience. However, most of our sample had at best 'mixed' relationships with other young people in their home, and poor links with the community, both at the outset of the study and at the end (this was especially a problem for those living on the Aycliffe site). So a finding of 'little/no change' here is indicative of a more general malaise.

Although other issues might seem to arise from the figures (e.g. a lack of improvement with social presentation) we feel that these can be accounted for by reference to individual circumstances, and are best understood with particular reference to the individualised outcomes chapters.

Status of plans and 'hunches' by age group

As for the other overall findings we decided to breakdown the data on plans and hunches into sub-groupings – the same three as for the analysis of Assessment and Action Record outcomes.

This revealed some interesting disparities between the different age groups as the table on the next page shows.

*The **'headlines'** from these findings are*

for the younger group

- all except for one had a long term plan
- social workers and/or residential key workers were generally optimistic about the future

for the older – recently admitted group

- most had a long term plan
- social workers and /or residential key workers tended to less positive prognoses for future developments

for the older – established group

- the majority lacked a long term plan
- almost half were predicted to continue on a positive trajectory into adulthood, however for two young people there was uncertainty and a prediction of deterioration for another

This fuller analysis clearly demonstrated that the younger group had been planned for with more certainty about the future than was possible for the older group – perhaps the stability of a projected continued passage through long term residential care afforded a degree of predictability in planning for this group.

However, for the older group, the impending (or actual) transition into independence threw open a host of different – and less controllable – options for all areas of a young adult's life. As was clear in the detailed outcomes analyses in Chapters 7 and 8, the young people had experienced many problems in preparing for, and adjusting to, independent

Long term plan?	**YES**			**NO**		
	younger	older – recently admitted	older - established	younger	older – recently admitted	older - established
	6	**3**	**2**	**1**	**1**	**5**

Future hunch **[social worker and/or key worker]**	**Improvement**			**Unsure**			**Deterioration**		
	younger	older – recently admitted	older - established	younger	older – recently admitted	older - established	younger	older – recently admitted	older - established
	6	**-**	**3**	**1**	**2**	**2**	**-**	**2**	**2**

Table 18 – Plans and future hunches – aggregate findings by age subgroups

living – and their reactions to difficulty had often thrown into disarray other elements of an existing plan (see for example, Simon in Chapter 8).

The finding that social workers and key workers are more optimistic about the prospects of younger as opposed to older young people is not entirely surprising. It is perhaps necessary to have faith in the chance of a younger person being able to respond positively to the care experience – otherwise most caring professionals' reason for undertaking the work would be undermined.

By contrast it is more difficult to preserve this faith when faced with the reality of a young person who is older and has already perhaps offered substantial evidence that she/he is unlikely to progress happily in the future.

6.4 Placement and educational stability – the overall picture

We detailed the importance of stability in a variety of senses in Chapter Two. To survey overall indicators of stability for the purposes of this overview chapter we have focused on stability in relation to placement and education – two readily identifiable aspects.

As is shown in the table on page 137 there are a number of differences between the age subgroups in terms of stability for both areas.

*The **'headlines'** from these findings are*

for the whole younger group

- all (bar one positive planned move) remained in the same placement throughout the evaluation – a high degree of stability
- around half the group had had a continuous experience of school – the other half had all experienced positive moves, either into education or to a school that better suited their needs

for the older – recently admitted group

- one young person had been through a very unstable year – the other three had maintained placement stability [but were in fact all anticipating planned moves within the month following the end of the evaluation]
- the education picture varied – continuity of a lack of education had been ongoing for one young person – for two there had been a natural transition to post-16 education – for the third (older) young person a planned progression within college had not happened

for the older – established group

- the majority had experienced a move – but in all cases this was planned for and generally with their accord
- the circumstances for education/training varied – all of the group had experienced a lack of continuity (even the young person who was 'still' in college at both T1 and T3 had changed courses and location a number of times – and had a period 'absent') – and just three were in a relatively positive situation at T3

The overall picture presents something of a dichotomy for stability and continuity in terms of the issues we have considered. The findings for placement stability are generally positive whereas those for educational continuity are, to say the least, mixed.

For all the under 16s as well as the recently admitted older young people, their placements had been able to be maintained, despite difficulties in some cases. The only exceptions were one young person who went on to a foster placement and another who moved to a private children's home (via a stay in a secure training centre) – hence the two exceptions were either planned for and positive, or dictated entirely through circumstance. [Had the second young person not been sent to custody there were plans for an intensively supported individual residential placement at the Aycliffe site).

For the older established group just one young person had not moved during the study (and was planning to shortly afterwards) – but for benevolent reasons, with appropriate planning and with the involvement and accord of the young person in the decision-making process. Just two of the moves were for underlying negative reasons – due to bullying or being bullied within a placement and the situation becoming insoluble. However, some stability was maintained to a certain degree for one of these young people, as he remained on the Aycliffe site moving into a different home – whilst for the other the situation was best dealt with by a more radical geographical move away from the source of the problems (and at the young person's own request).

This demonstrates that the principal messages around the need for placement stability (which have been conveyed in Quality Protects, etc) have been heeded and implemented within Durham.

The situation with regard to education is less encouraging – but seemingly relative to age-groups. Whilst staff had overcome difficulties around the whole younger group's schooling needs and set in train arrangements which facilitated settled full time attendance for all by T3, for the older group there appeared to have been significant deterioration for many.

Five of them started courses at tertiary level during (or just prior to) the study – by T3, just one was progressing as planned onto the second year of his course. Three of the others had ultimately dropped out of college (after varying levels of difficulties, attendance and achievement) and were unemployed at the end of the evaluation (one close to joining the army). The final young person had been thrown off one course for threatening behaviour towards female tutors and had moved to a pre-work training course.

			PLACEMENT			EDUCATION		
			Placement at T3	***Same as T1?***	***If move was this planned?***	***Education at T3?***	***Same as T1***	***If change was this planned?***
YOUNGER	*Established*	1	Children's home	✓	N.A.	Copelaw	✓	N.A.
		2	Foster home	✗	✓	Mainstream school	✗ [different mainstream school]	✓
	Recently admitted	3	Children's home	✓	N.A.	Copelaw	✗ [no school]	✓
		4	Children's home	✓	N.A.	Copelaw	✓	N.A.
		5	Children's home	✓	N.A.	Special school	✗ [at mainstream school]	✓
		6	Children's home	✓	N.A.	Special school	✓	N.A.
		7	Children's home	✓	N.A.	Special school	✓	N.A
OLDER	*Recently admitted*	8	Children's home	✓	N.A.	College	✗ [at mainstream school]	✓
		9	Children's home	✗	✗	None	✓	N.A.
		10	Children's home	✓	N.A.	College	✗ [at special school]	✓
		11	Satellite unit	✓	N.A.	None	✗ [at college]	✗
	Established	12	Children's home	✓	N.A.	None	✗ [training plus voluntary work]	✓
		13	Independence	✗	✓	College	✓	N.A.
		14	Children's home	✗	✓	None	✗ [at college]	✗
		15	Satellite unit	✗	✓	None	✗ [at college]	✗
		16	Independence	✗	✓	None	✓	N.A.
		17	Independence	✗	✓	None	✗ [special school]	✗
		18	Children's home	✗	✓	Copelaw	✗[Copelaw + NVQ training]	✓

Table 19 - Placement and education stability – aggregate data

Of the others, two had done little throughout the year – one refusing to attend any courses, the other being 'obliged' to study whilst at his secure training centre, but otherwise resisting attempts to usefully employ his time. Another had floated in and out of college attendance, variously failing to make any progress (see Carol's case study in Chapter Nine).

For seven of the older group then there had been little educational continuity and an absence of achievement or tangible benefits of their time in education.

Two of the others in the older group had become involved with a local performing arts organisation and attended their training either full or part time (both had had problems with other educational provision) – something that offered a more positive outlook. One had had a baby.

But in terms of substantive indications of a steady path towards employment there was little evidence for this group – only two of the young person were on a clear route towards a particular job or career, with a further two working towards a goal (but with less chance of success – these being the two who hoped to break in to performing arts). The remaining young people were all unclear about what they might do and mostly doing little to enhance their prospects.

This finding again resonates with those in the earlier sections on 'problems' and Assessment and Action Record dimensions – that there is a difficulty around education for the older group of young people in the sample.

6.5 Summary

This chapter offers some clear overall messages which might be summarised as follows.

- A general improvement with persistent problems for all the young people was somewhat negated by the difficult behaviours of a few of the 'most troubled'.

  In residential care most of the young people became significantly 'safer' – where previously they expressed their turmoil in a variety of ways (from personal problems with substance misuse, self-directed harm, running away, anti-social behaviours such as criminal offending or problems around school) once settled into a planned placement these difficulties were abated, especially for the younger group.

  The 'flip side' of this was that a minority of the younger group then shifted the focus for their inner upset onto those closest to them in their residential placement – mostly to staff but sometimes to other young people as well. For the older group, problems manifested themselves principally around the inability to continue to engage productively with education.

- In terms of the Assessment and Action Record developmental dimensions – general overall improvement, especially for the younger groups in the sample – but a problem with education for those in the 16 plus age group, a stagnation around issues of identity; and a lack of progress with social relationships for all the groups of young people.

- A clarity of forward thinking and planning and an optimism about the future – which often diminishes over time. Most younger young people had a long term plan which the professionals had confidence in – many of the older group had no long term plan and the professionals were unsure of, or pessimistic about future prospects.

- A positive situation with regard to placement stability. Many indications that staff were doing their best to overcome difficulties within placements and only moving young people when absolutely necessary, or when circumstances (mostly around moves towards or into independence) made it entirely appropriate.

- A mixed picture of educational continuity. All of the younger group having positive experiences – many of the older group struggling.

Chapter 7: Assessment and Action Records

In this chapter we will consider the level of use and perceptions of staff and young people in the study of two main planning tools – the Assessment and Action Record and the Pathway Plan.

7.1 Usage of Assessment and Action Records

As described earlier, the Assessment and Action Record is the core part of the Looking After Children system, envisaged by its creators as the key to improving planning, and thereby outcomes, for both individual and groups of children (see Parker, 1998 and Ward, 1998).

Clearly for this to be the case the information in the Record will need to be rigorous and comprehensive, acquired in a participatory manner and appropriately audited and aggregated.

So what was the situation with regard to the young people in this study?

When this evaluation was originally commissioned the AYPC was an enthusiastic subscriber to the then new system and was keen to instigate monitoring of outcomes for young people in its care through effective use of the Assessment and Action Record.

When the field work for the study began, in 2001, our first point of contact with Assessment and Action Record usage in Durham was via the initial postal questionnaire sent to social workers for each young person who volunteered to participate in the study.

At this time we asked for information on the status of the document for the particular young person – when it had been started, the degree to which particular sections were completed and if the Record was not on file, why not? [These questions were only asked for the younger subgroup (plus some of those recently admitted) – for the older young people's social workers the focus was on questions around Pathway Planning and it was felt that the questionnaire would become unwieldy if Assessment and Action Record questions were also included].

This basic data is summarised in the table at the top of the next page. The situation that this exercise revealed was that for around half the young people there was no Assessment and Action Record (no response to the question was taken as a negative response) – and that for those where there was one the information contained was, in most cases, less than full.

This first stage of the research was useful in helping amend the method via which outcomes were measured in the study, but was also illustrative of a wider problem with the use of the Assessment and Action Record for young people in the study (and one assumes more widely among the looked after population in Durham). Overall, as the interviews further revealed, there was a distinct lack of 'proper' use of the document.

Assessment and Action Record usage

n = 9

Is there an Assessment and Action Record on file?	**Yes**	**No**
	5	4

Extent of completion of sections

	Fully completed	*Partially completed*	*No recordings*
Health	3	1	
Education	2	2	
Identity	2	2	
Family & Social relationships	1	2	1
Social presentation	1	2	1
Emotional & behavioural development	1	2	1
Self care skills	1	2	1

[One social worker was unsure of extent of completion of Record – another that it had been started in a previous placement, but he had no knowledge of its current status]

This 'finding' was reinforced by the 'Snapshot Summer Survey of Young People's Files' conducted by Jeff Riley (a team manager) in August 2001. To quote from the report –

> *Documentation Held On File - Although statistically 'it looks good' with young people accommodated over 6 months (15) and the amount of Assessment and Action Records (15) it was the 'quality and use' of such material that was poor. Many Assessment and Action Records were not filled in or hardly ever used.*

The issue of poor completion of Assessment and Action Records was explored in some detail in the interviews with social workers, residential key workers and young people and they highlighted a number of pertinent issues.

7.2 Reasons for poor completion

Young people's 'reticence'

The most often reported factor identified when the subject of Assessment and Action Records was brought up in interview – often before any probing was done as to why there was no documentation available – was that young people were just not willing to engage with the process for filling in an Assessment and Action Record.

Social workers and residential key workers accounted for this in a number of different ways. They said that young people could see no merit in the exercise –

> *Most of the young people just tell you to 'shove them' - most of the young people don't want to fill them in at all … they say, 'They're useless, a waste of time - what do we do that for?'*
>
> [Social worker]

> *I think most young people's view would be that it's a waste of time - I think all of the young people have said that from time to time.*
>
> [Residential key worker]

An additional angle on this was that for many the Assessment and Action Record was viewed with suspicion, since it was seen as being a part of 'the system' –

> *If it's an informal chat between him and me he'll sit and talk 'til the cows come home - but as soon as you produce some kind of official document and he realises it's got something to do with the system he just shuts down.*
>
> [Residential key worker]

As one young person said,

> *It seems to be all facts and figures … it doesn't concentrate about the stuff what actually needs doing … it's just for social workers, so if their high and mighty boss comes and says, 'Well, what have you got on this lad?' it looks good for them if they've got this document. But it doesn't really tell them nothing about the kid – where he's going, what problems he's got. It's just for the high, almighty bosses'*

Some workers had tried to adopt an informal approach to filling the Record in – but to little avail,

> *You try to do it different ways even … where you don't sit with the questions as such – you sit and discuss a topic. I've tried it that way and yeah, it works a bit better but ultimately I'm going to put it in that book and they know that.*
>
> [Social worker]

> *I know what they'll say - it's not a question and answer session, it's supposed to generate discussion. But it becomes very difficult when there are specific topics in there which you are supposed to pull into discussion.*
>
> [Social worker]

> *I feel that from a social worker point of view it's hard to go out and do it in an informal way – because you turn up with this book and they go, 'Oh no!' Out of all the young people I deal with I have not met one who has said, 'Oh can we do that book!' – they all feel it's a bind, a bore.*
>
> [Social worker]

Even some young people who were usually cooperative over other matters were not keen to complete the Assessment and Action Record. They saw it as being overly prying,

There were some areas on the assessing outcomes forms that he chose not to answer - he felt they were very intrusive … and he actually wrote that on the form - that they were intrusive - and he refused to answer them … I thought he had a point.

[Residential key worker]

There were, inevitably, some exceptions to the 'rule' of young people's general reticence. In some cases the young people had enjoyed the experience – a few of the older, more academically-able young people sometimes liked to complete the forms themselves and some of the younger more needy (i.e. those who functioned less well with their peers) young people liked the individual attention that came with co-working with their key worker on the form. But this was a small minority (and the workers who reported it seemed a little surprised themselves!)

I filled it in myself 'cos my social worker couldn't be bothered … a week or two after I moved here. Normally the social worker writes in it what he thinks … so this time I'm doing it myself and it differs quite a lot from what the social worker said.

[Young person]

He quite likes things like that because he likes one-to-one attention and he quite likes filling things in … With x it's not a diff thing to do - with many of the others it's a very diff thing to do because they are not interested.

[Residential key worker]

Every now and then you'll come across one young person who you'd think would respond in exactly the same way, it'll take months - but they'll take it off you and a week later you'll go back for something and they'll hand it back to you and they've completed it! … It's bizarre!

[Social worker]

Professionals' reticence

Responses from social workers and residential key workers also showed that most regarded the Record as being at best a burden and at worst an irrelevance.

Many admitted that they did not view the Assessment and Action Record as a necessary or useful facet of their work –

I only see them as a record for somebody else to read … I suppose I may browse through it if I'm writing a report for his six-monthly review, just to remind me what I've said and what's happened and stuff, but generally no - generally to me it's just another record of stuff that we already know, that we've already wrote somewhere else, probably.

[Residential key worker]

To be quite honest, I would fill it in because I have to – then it would go back in the file and it would never see daylight again.

[Residential key worker]

It's not something that tends to be a priority, but I think most of the social workers would say that … they're cumbersome.

[Social worker]

It's a tick box that nobody takes any notice of, nobody ever looks at and a lot of the young people say, 'What? What are you doing this for? I'm not interested.' … It tends to be a paper exercise.

[Social worker]

I know it's important to have the care plan and everything, but in all that time that he was here, alright the paperwork might not have been done, but (young person) blossomed regardless.

[Residential key worker]

More experienced workers said that they did not need guidance on what information to collect in planning for a young person (although ironically in the second quote there is an indication of the sorts of things that might be missed when there is no prompting) –

Me own opinion is, the file is important, you know, a young person's file and all the info in there, but to be honest I think the experience of the residential social worker is far, far, far more important in improving a young person's life than a file will ever be.

[Residential key worker]

You KNOW about the issues - I went through one with a key worker the other day at a children's unit - and we had a full page and it had just two ticks on … mind you, one of the things that did come out was that he had no photographs of his family… I've added this to my little list in the back of my book.

[Social worker]

Often workers stated that the Assessment and Action Record was too **time-consuming** to be a realistic requirement

For someone sitting at a desk and who's got about 30 cases and things are kicking off all over the place and new referrals in - you know, it's TIME… which is why Aycliffe have been through most of it with him - to go through that as a social worker you would need to be sitting down over maybe a period of three or four weeks

[Social worker]

Others indicated that just the prospect of completion was daunting – because the **document is so big**.

I don't know whether it's the size of the document - that people go, 'Oh, my god', y'know. It's like they're put off before they even start.

[Social worker]

To me, you sit down with a kid with this great big booklet and immediately its, 'I'm not doing that'. Cos they see its going to be hours and hours.

[Residential key worker]

Some workers felt that there were **inappropriate questions**

Some of the age-bandings I think are highly inappropriate - the 10-14 especially. Some of the questions in that booklet are just way 'off beam' for a 10-year-old - like asking about their

> *sexuality and things like that. Yeah, you should ask it as appropriate but that's leaving it up to individuals what they feel is apt. To me the age-gap 10-14 is MASSIVE, in every way - physically, emotionally, sexually, everything … from my point of view that's the most frequent age-group that we will be doing it with … I'm not a fan.*
>
> [Social worker]

There was **confusion** around **where the Record should be kept,** and for many with the **whole process** –

> *I've never been too clear as to when or how many books you fill in - do you fill in two a year, one a year, one every two years … do you know what I mean? … It's not specific, it's one of them grey areas …*
>
> [Residential key worker]

There was a general finding that there had been a **dearth of training** on Assessment and Action Records (especially in recent years) – staff were ill-informed as to the philosophy and the approach – it seemed that an assumption had been made that the Records were self-explanatory. One key worker said that she was completely unaware of the need to do an Assessment and Action Record – and that she would check this out with her manager after the interview!

Another issue that emerged related to who bore the **responsibility for completion.** One social worker felt he should be taking the lead, but admitted that he had no idea of progress with the form ('That's probably on my part, a bit slack.') which the children's home had (he hoped) been working on for over six months –

> *I think the responsibility's down to the keyworker and meself I would think … but more to do with the social worker because in looked after reviews the co-ordinator has an agenda and part of that agenda is action and assessment records (sic) and it would be down to the social worker to implement that … but to be honest, things get left, which is sad - but you can go into all sorts of reasons for that.*

This lack of oversight was echoed by many social workers who clearly saw little importance in the Record.

By contrast, many keyworkers regarded the Assessment and Action Record as being their 'problem'. Some put a positive spin on this, seeing it as an opportunity to work in partnership with the social worker and the young person,

> *Me and (social worker) would rather do it together - 'cos there's questions he can answer much better than me as a social worker … and I answer questions and I also involve x in it as well, 'cos there are questions I cant answer for her. So mine, when it's done, will be a three-way process.*

But most were forthright in their complaints and for the vast majority the aspect that most riled was **repetition of information.** The following quotes only offer a small flavour of the level of anger over this –

> *It just seems to be more duplication. There's quite a lot of written work in this job that really doesn't need to happen because there's a lot of duplicate, triplicate, even quadrupulate - if there's*

such a word, you know what I mean, there's a lot of stuff that's down in so many places - it just seems to be work for nothing.

We duplicate things over and over and over again - and I think pretty much all staff who look after kids are of the same frame of mind - we took this job to look after children not to do paperwork. We don't want to be sitting in an office writing, we want to be interacting with the kids.

There is so much information that is duplicated – well, not just duplicated, its repeated over and over and over again – there's just no need for it. All the information in the weekly feedback sheets is in the Assessment and Action Record – everything in the Assessment and Action Record is in some other documentation at some point throughout the child's files – I've got three files for each of my key kids … its crazy, its far too much paperwork.

The ultimate result of the multiplicity of problems with the Record and its implementation was disillusionment combined with pragmatism – on the part of both workers and managers,

Technically we should do the Assessment and Action Record - however, if a young person refuses to do it, then it's a washout. I don't know if you've seen one of these forms, but they require the young person's absolute involvement and basically we've been told that if a young person refuses to do it we have to note that they've refused and that's it.

[Social worker]

Not surprisingly this was laced with cynicism. One social worker jibed LAC that was merely symptomatic of managers' desire to be seen to be innovating –

You know Biggles the pilot? Well I think lots of social services directors would make excellent pilots because they like piloting anything! Unfortunately when it comes to actually doing it, it dies a death and so an awful lot of money and time has been wasted. (talks about Aiming for Excellence as another eg)

Although in a tiny minority, there were some social workers and residential key workers who did see merit in the Records. One newly qualified social worker said,

Generally, some social workers think, 'More paperwork - a waste of time'. I'm not in a position to say that - I've got to use them. All my clients are starting to get them. They're very important if we're going to identify (things). It's a good tool for getting to know the young person a bit better as well as visiting them. It helps you to identify what are the key issues, or key things to look out for - what key work to do, you know. It helps identify what work you should be doing with the young person … They're a very useful tool - but unfortunately I don't see a lot of evidence in our team of them being used.

A residential worker echoed this,

I suppose it does (help) 'cos it breaks it down into bitesize topics so it makes it a lot easier – little reminders and bullet points for you to write into and to pick out of his behaviour – yeah, I find it quite helpful.

And an experienced residential worker identified an emerging bonus of using the Assessment and Action Record –

> *The Assessment and Action Record has become useful just recently 'cos care standards relate to them … especially for health and education.*

However, one social worker tactfully summed-up the position of most when asked what the positives were,

> *I think it's useful to do it - if it's a document that the Department says has to be done, then it's useful to do it!*

7.3 Summary

The weight of data from the evaluation shows that Assessment and Action Record completion was in a state of disarray – and there was an indication that management were somewhat resigned to this continuing. As suggested by the 'washout' quote above, social workers were being given discretion around when to 'bother' with the Record and reviewing officers were turning a blind eye if the paperwork was not available at reviews,

> *It was being done with him at (name of home) - I don't know what happened to it. It's not something that Durham are hot on, I have to say. To be honest it's never mentioned at reviews.*
>
> [Social worker]

This reflects a situation that has been uncovered elsewhere in research into LAC implementation (see, for example, Scott, 1999, and Ward and Skuse, 2001) – completion of Assessment and Action Records is generally variable to poor.

Local opposition to the use of Assessment and Action Records seems to be premised around two main factors –

- lack of understanding of the purpose of the records
- disillusionment over the balance between paperwork and direct practice

This had reflected in the responses of young people, whose resistance to participating appeared to have become impenetrable (or viewed as such by their social worker and key worker) in many cases.

These findings to some degree mirror those in a recent study of residential child care workers' definitions of quality care (Watson, 2003). The research posited that there were huge difficulties in promoting a state-driven agenda for quality, based on monitoring and measurement of the care process, because frontline staff did not 'buy-in' to the official conceptualisation.

> *If the standards are too abstract there is the possibility that they will not be operationalized into the day-to-day practices of the workforce. Instead they will probably only be given lip service by workers, rather than influencing what is provided to service users.*
>
> (Watson, 2003: 67)

Watson found that workers relied on their own ideas of 'quality' and, although they shared a value-base that placed the young person at the centre of practice, they focused on their own individualised experience of providing, or failing to provide it. This brought with it an incumbent problem –

> *This locates the solution to poor quality in personal issues around the workers themselves or their colleagues rather than the structure and functioning of the unit. It is an approach that locates remedies not in the development and implementation of a standards framework but in personal responsibility and action.*
>
> (Watson, 2003: 75)

The resultant resistance to the LAC system (or any other bureaucratically-sponsored initiative to enhance care outcomes) could thereby be understood as a failure to properly comprehend the 'bigger picture' of care provision – it was merely 'something added on to an already difficult and challenging task' (Watson, 2003: 77).

We will return to this issue in the Conclusions chapter – but it is worth briefly contextualising these findings in the contemporary climate of social policy developments. The expansion of the 'standards and performance measurement culture' continues apace. The pioneers of the LAC project seem happy to disregard the critical importance of the 'non-completion problem' and press on with the goal of data use –

> *… the introduction of standardized formats for practitioners to record information, such as the Looking After Children materials (DoH, 1995) … have meant that, at least in theory, there should be a readily accessible pool of standardized information held on all children for whom local authorities hold social care responsibilities. Patchy implementation of these initiatives means, of course, that the data are often missing, inaccurate or out of date, but nevertheless there is a greater likelihood that they will be recorded than would previously have been the case.*
>
> (Ward, 2004)

Others have responded more pragmatically when aspiring to consider outcomes for groups of looked after young people (see Grimshaw and Sinclair, 1997, Brandon *et al,* 1999 and Bailey *et al,* 2002). To make their research viable they moved away from reliance on the LAC paperwork alone and incorporated other elements linked to the reviewing system.

But all of this would seem to cast doubt on the planned developments of the LAC system – to aggregate data for planning both locally and nationally and to become integrated within the new Integrated Children's System by the end of 2005. Movements in this direction appear to be 'castles built on sand' – the keystone of reliable information just does not exist.

Chapter 8: Leaving care – preparation and planning

In this chapter we will look at a number of aspects of the process of moving on from residential care – preparation (in both formal and informal senses), planning and the use of documentation (Pathway Plans) and support (principally the Young person's advisor). We will also allude to outcomes although these are dealt with more specifically in the final section of Chapter 5.

This chapter attempts to cover a lot of ground – issues around leaving care would make for a lengthy study in their own right. Here we have tried to encompass an overarching consideration of some principle areas which seemed worth looking at in relation to the evaluation.

8.1 Leaving care

The Children (Leaving Care) Act 2000 which came into force in October 2001 gave local authorities extra statutory responsibilities with regard to those over 16 whom they look after.

The legislation was aimed at providing more focused and structured support for those who need it until they are 21 (or 24 for those receiving help with education, training or employment). Its key elements are –

- a duty to assess the needs of eligible young people
- the production and regular review of a Pathway Plan for each young person
- the provision of a young person's advisor – to maintain a link with the young person and offer personalised support

Clearly it was a required part of this evaluation to look at how well these new responsibilities were being implemented and offer a more generalised scrutiny of preparation for and outcomes of leaving care.

8.2 Planning – the basic picture

The first issue we focused on in the early stages of the evaluation was information gathering around plans for leaving care for the older group of young people in the sample. In the initial questionnaire their social workers were asked about the status of planning and preparation for moving on. This generated initial information for seven of the young people – three in the older group were only 15 at T1 (and it was initially thought inappropriate to ask about moving on for these young people) and one had only recently been admitted to his placement (his social worker was sent a 'new admissions' questionnaire).

The picture was mixed – as the table on the next / opposite page illustrates.

Given their ages and the nature of their care careers all of these young people should have had a comprehensive needs assessment, a fully-fledged pathway plan and a young person's advisor (see DoH, 2001b). This quick trawl for information proved to be the

Leaving care process *n = 7*		
Has a Young Person's Advisor been appointed?	**Yes**	**No**
	5	2
Has the Multi-agency Assessment been completed?*	**Yes**	**No**
	1	5
Has the Pathway Plan been formulated?	**Yes**	**No**
	3	4
[*One social worker said the case records were unclear as to whether this had been done]		

first indicator of difficulties with preparation for care leavers which became more generally evident as the study progressed.

8.3 Needs assessments and pathway plans

Local authorities have a responsibility to carry out a needs assessment to inform the development of a pathway plan (see DoH, 2001b:35-36).

The evaluation indicated that there was little guidance for social workers in Durham around the nature of this assessment and its place in the pathway planning process.

Most of the social workers had not undertaken any further assessment in completing a pathway plan (although some had consulted 'interested parties' in the process)

> *I don't know what form that takes 'cos what I've been doing has just been writing a pathway plan with everybody involved really.*

> *We've never done full assessments prior to doing a pathway plan, I must admit.*

With regard to writing the plan, although most social workers alluded to a desire to co-write the plan with a young person's advisor, there was some confusion as to who bore the primary responsibility and it seemed that often young person's advisors undertook the work alone.

> *I can be involved in it - and usually I am, usually I'm sat there while the whole thing's done - that again is my choice. But I didn't happen to be with Ashley's - circumstances didn't allow it. But obviously I see the pathway plan and I look through it and if anything is untoward … then I would call (the ypa) and say we need to go and see Ashley.*

> *The pathway plan is mainly the young person's advisor's role - we've tried to make it that way because we feel it's a transition up to the 18th birthday and so, obviously, the more the young*

person's advisor's involved in that the better, because they can build the bigger picture of where the young person is going.

The status of the plan whilst a young person was still looked after was also a source of confusion

I went along to the training and said, 'do we write a care plan as well as a pathway plan', and was told, 'no, you only write one - once you reach 16 you have a pathway plan' … I then went along to a review and they said, 'Where's the care plan?', so I said, 'Oh, he's now 16 so we've got a pathway plan', - 'No, Brenda, you need a care plan' … I'm just, again, confused with different people having different interpretations … tell me and I'll do it.

And social workers had different interpretations as to the importance of having a pathway plan at all whilst a young person was still in a children's home. One said that she did not see the point in doing a plan without the young person's assistance –

I could do it, but I think what's the point of that - if it's my doing the plan and it's HIS plan - do you know what I mean? …We couldn't get an advisor on board and also Michael was saying - 'I've got a care plan, I don't need a pathway plan'. We tried to sell the concept of it to him but … Michael is very anti-authoritarian at the minute - it's like - 'No, I'm not having a medical. No, I'm not doing this, no I'm not doing that'. The Assessment and Action Record - he just put a line through it and was refusing to complete it.

Another took a different but equally pragmatic line, and had put together a number of plans on her own –

At the beginning I think there was some guidance, but the emphasis was on writing the pathway plan - y'know, 'Have you got a Pathway Plan?' - 'Yes' - 'tick the box' - it doesn't matter about the quality, you've got one!

Residential key workers were not clear about whether they should have a role in formulating the plan – but some said they had not been consulted,

I haven't got the faintest idea, to be quite honest – we've never been told. They tend to keep us in the dark. They think we're the enemy.

Some social workers were unhappy about the format of the document in Durham.

The pathway plan is a little green booklet which tells you absolutely nothing - and I hate them and I don't use them. I write it out on two or three sheets of A4, have it typed up and everybody signs it. It says who's involved, what you need to do under the different headings …

To me it's nothing short of, 'what's my favourite colour?' - and I'm not happy with that - and when I've spoken to young people about it they don't want it.

And one social worker joked about contingency planning – she felt this was something of a tall order when often there were insufficient resources locally to consolidate a main plan, let alone a back-up –

Contingency plans, really, have me bamboozled, because resources are stretched … we have nothing else in Durham - we don't have a foyer which is like supported accommodation … we've got very, very little… she certainly wouldn't come back into the system … she had outgrown it and did need to make that step.

In fact there was an overall consensus that the idea was a good one,

> *I think they're a good thing - 'cos it's nice to have something on a piece of paper in black and white in front of you to state where you're coming from and what your plan is … I think it must be scary for young people to not know what the future's ahead of them - to think if they've got nothing planned what if no-one else's got anything planned for them? Where(as) the pathway plan shows that there's support there in place, even so far as contact numbers and names of agencies and people that have gotta provide the support - which I think is good, especially for insecure young people.*

but that a lack of clarity of guidance, training and resources was hampering its proper implementation.

One additional angle on this – which resonated with other comments around planning and young people's involvement and participation more generally – was that the concept of thinking ahead was often difficult for young people.

> *We're supposed to introduce the young person's advisor and pathway plan post-15 - I think that's ridiculous. Lots of young people, when you say to them, 'What do you want to do when you leave school?', they haven't a clue … so I don't think its because he's looked after.*

> *Personally, the pathway planning process I think is a good idea. In theory though. It's one of these things that, it's based on the premise that the young person has given their future any consideration whatsoever - and, if I'm completely honest I'll say that for me, and I can only talk about the cases that I've got, most haven't. That for me makes the pathway plan very difficult in that if a young person hasn't thought about their future, sitting down and saying, 'So where do you think you'll be in two years time?' is useless - because they don't know where they are now!*

> *I think it's just a case of, perhaps, I don't want to say life is 'too comfortable' - but I want to say, y'know, we do provide a lot and I think we almost take the reality out of life and by doing that it doesn't encourage the young people to consider their own future. So, in that sense, I think pathway planning is a good idea but difficult to actually use in practice.*

8.4 Young person's advisors

The role of a young person's advisor, as summarised in the Department of Health guidance (DoH, 2001b), has seven elements –

- to provide advice (including practical advice) and support
- to participate in the young person's assessment and the preparation of the pathway plan
- to participate in reviews of the pathway plan
- to liaise with the responsible authority in the implementation of the pathway plan
- to co-ordinate the provision of services and to take reasonable steps to ensure that the young person makes use of such services
- to keep informed about the young person's progress and wellbeing
- to keep written records of contact with the young person

The degree to which some of these were being fulfilled, and to which social workers understood the role, was considered in the study.

It was found that, in what were the early days of the young person's advisor role in Durham, there were a number of difficulties in the delivery of the service and in the negotiation of roles for young person's advisors and social workers.

Role – expectations and actuality

Social workers were asked for their perceptions of the role of the young person's advisor and how it related to their own for young people over 16. Most answers at the start of the evaluation focused on the added bonus of the young person having access to someone less associated with the care system who would get to know them well and offer informed support.

> *As I understood it they take over to a certain extent from the social worker so they didn't have the stigma of social services on their backs - and would do a lot of regular support work. Because these kids are vulnerable given the system.*

> *Obviously I don't have the time to commit to do the intense work that the pathway advisor does - I believe I am the person, the manager to make sure that the pathway advisor completes her role which is, sort of, support … the logistics - but I would think my role is to make sure that these things happen and try and prepare the way and if there's any problems try and help the pathway advisor smooth the problems.*

Social workers hoped that by giving young people an extra source of readily-available practical advice and support, they would be relieved of providing (or, in most cases, struggling to provide) the intense inputs sometimes needed by young people post-16.

How 'readily-available' this support actually was is an issue we will return to below, but here it is pertinent to add that some social workers were concerned about the overlap of role with the young person's advisor and the potentially diminishing input of the social worker. They feared that young people might get lost between two systems and that, although they would retain the statutory responsibility, the would not have the time to control the intervention –

> *What they were saying was, at 16 social workers should still be quite heavily involved with the young person and the personal advisors coming on-board, over the intervening two years – that we should be shifting them on - that was the theory behind it … From my point of view, I don't know how it will work, because I am definitely not having young people on my caseload who I have no input whatsoever to - and there would have to be (some) because we have a statutory responsibility.*

The idea of the young person's advisor taking the key role once the young person was 18 (as mooted in the above quotation) had been further formalised by T3 and clearly voiced by most social workers at that point –

> *I'll be involved until Daniel is 18 - but the intensity of my involvement will gradually decrease. I do see Daniel pretty much once a fortnight at least … but I think it will just gradually decrease up til his 18th birthday and then hopefully the young person's advisor will be in a position to say, 'Well ok, I'm here for you if you need me' and I'll say the same, 'if you do need anything that we can offer then yes, I'm here - but speak to John (young person's advisor) because this is his forte'.*

> *The view is that. come 18, the social worker will be withdrawing quite significantly, with the pathway advisor becoming the major support … the managers of our team seem to believe that.*

One premise behind this was that young people no longer required social work-type interventions when they reached this age –

> *I see young person's advisors with the looked after children as being almost a continuation of social work, in that, at the end of the day, Ashley's going to get to a certain point where social work input isn't appropriate and the young person's advisor will take over to give information on employment and benefits, etc. So I see it almost as a transitional period - almost a 'passing over' of Ashley's issues - because really, he doesn't particularly require social work input at it's 'rawest'. He's not interested in solution-focused therapy, or anything like that - he will not play the game. I think he would do away with social workers at the drop of a hat.*

Although the majority of social workers concurred with this for some there was a note of caution to be sounded –

> *… To me the Leaving Care Act was brought in exactly to stop that! To me it was that we weren't giving a service post-18 and that's why the legislation came into being. I'm not denigrating personal advisors, but then what you have is the young person having to get used to ANOTHER person as well … I'm just sceptical about it, personally, because, as I say, come 18 problems definitely don't go away!*

It may be the case that this social worker was particularly uncertain about this model because she had been dealing with a number of young people with complex needs who had not fared well on leaving care. In tandem with this she had experienced a poor quality of service from the organisation providing personal advisors to Durham's care leavers – an experience that was widely felt and vividly expressed by all the social workers.

Problems

A number of difficulties with implementation of the personal advisor system were highlighted by social workers. Some of these focused around the issue of choice and engagement for the young people.

More than one social worker commented that the concept of a young person's advisor perhaps being someone nominated by the young person her/himself (see DoH, 2001b: 49) had been lost in Durham –

> *I thought they were going to have some say in it themselves – but that's gone somewhere along the line. We just apply to DISC and then they get one.*

The effect of this was that any opportunity to promote continuity (a key factor in overall well-being, as indicated elsewhere in this report) was lost – and young people themselves indicated that this was not how they wanted things –

> *He chose not to (have a young person's advisor) – we asked him on several occasions and he decided he's got enough people in his life. He doesn't want an independent visitor either.*

However, the principle problem discussed was over **consistency of workers** – a seemingly chronic turnover of staff meant that nearly all the young people had known (or mostly never got to know) a series of young person's advisors in the short periods they had been in the new system. [Given the chronology of the data collection, none of the young people could have had a young person's advisor for more than a year – during that time, of the 11

young people who became eligible, just three had not had changes of advisor during the period – and one of these three should not perhaps be included, because he had only been involved with an advisor for a few weeks].

> *They seem to change very frequently - you just get to know one and sometimes you don't hear and then you phone up and they say, 'oh, she's left - she's moved on' … so that's a problem we have at the minute - a young person just gets used to one and then they leave.*
>
> (Social worker)

> *We seem to find with young person's advisors that they usually seem to be in post for about a month and then somebody else comes along - each young person seems to have had a multitude of young person's advisors. They're just coming and going at a mad rate. A couple of the lads have had like three or four in the last six months.*
>
> (Residential key worker)

These frequent changes had been **poorly managed**

> *The personal advisors change regularly - but instead of the previous advisor introducing the new one … they leave and then the new young person's advisor phones up the social worker and says, 'Can we have an introductory visit?'*
>
> (Social worker)

And the effect of this lack of any continuity had a major **bearing on the progress of the work,** as three social workers commented –

> *Unfortunately we have horrendous problems with sourcing out pathway advisors and of course its not only for Neil but also myself - the fact that we have to repeat everything and go over everything again and again in meetings when we should be able to process things and get things moving.*

> *I think it's three (he's had) … I know another young person has had five! The turnover is chronic - you get established and try to get a pathway plan sorted and then the next thing you know they've left and we have to start all over again because they have to build up a relationship with the young people.*

> *You would never ever have somebody replaced - so you'd arrange a meeting to discuss the pathway plan - and also a part of the pathway plan is what the young person's advisor is going to offer - and they wouldn't turn up so you couldn't move on … you'd go for weeks without any progress - it was an absolute headache.*

and, perhaps more damagingly, on the attitude and **motivation of the young people** (as a further three social workers observed) –

> *He just doesn't want to see them any more - he's sick of them … I think he's had now probably for or five named workers in a year, which is just not good at all - I can well understand why he's saying, 'What's the point?'*

> *I think he was just sickened - full stop. He would get a name and before he got to meet them he would get another name! … as I say, I think Michael is probably on to his fifth now and only probably met two of them - so, as far as he's concerned they're a waste of space.*

> *Because they haven't got a relationship with the young person, the young person's not contacting them. They're contacting us 'cos we've built the relationship over a period of time - that's what's happening.*

There were also frequently expressed **doubts over the actual input of young person's advisors.** One young person who was leaving care at T1 said –

> *With the new law coming in everybody had to have one - and she was just forced upon us … (she's) useless, 'cos she goes away, she finds things out, but she takes that long about it that I've already gone and done it meself before she gets back to me*

And by T3 a social worker was asserting that –

> *My view of personal advisor's is (it's) the person you get. It's nothing to do with the service - it's how well people are wanting to do the job, or what they've got on - it's personality-based.*

The overall effect was that confidence in the system had been completely undermined, almost before it had had a chance to get going –

> *He's got a name - whether or not he sees her is another thing … I've lost complete faith now. I've written my letter to management about the lack of service … the young people aren' t getting a service and I've just given up. It's just another weight around my neck - they don't seem to be doing anything.*
>
> (Social worker)

If we take the key areas – as summarised above – and briefly review the evidence from the study, the picture would be as in the table on the next / opposite page. This is an impressionistic overview, but does offer some indications of where problems were occurring during initial implementation of the system.

Many of these deficiencies might be explained by the problems with staff turnover in the DISC service – without knowing more about the difficulties within this organisation it is impossible to comment, but the inconsistency this led to in all areas of service provision was manifest.

As one social worker said at T1,

> *I'm not actually sure that young person's advisors are sure what their roles are, 'cos it's new … we need to sit down and work out how we're going to do things. Rome wasn't built in a day and that's not an excuse, that's a reality. And when teams are new it takes a while for people to establish ways of doing things.*

By the end of the study there would appear to have been some progress. Where young people had moved on there were the beginnings of a clearer delineation of roles and the young person's advisor was able to offer a more defined practical input. Also by T3 there were additional Connexions p.a.'s working with care leavers to supplement the DISC initiative.

Young person's advisor responsibilities	Situation in Durham
o **To provide advice (including practical advice) and support**	Variable – many gaps in actual provision – this aspect very open to individual interpretation, so role could become too personality-dependent *My view of personal advisor's is (it's) … the person you get. It's nothing to do with the service - it's how well people are wanting to do the job, or what they've got on - it's personality-based.* (Social worker)
o **To participate in the young person's assessment and the preparation of the pathway plan**	Variable – often no young person's advisor allocated when an initial plan needed, but conversely, sometimes young person's advisor left to complete alone
o **To participate in reviews of the pathway plan**	Patchy – reviews difficult to coordinate on regular basis (sometimes it took a while for a 'plan' to catch up with real changes in a young person's circumstances) *The three of us sit down - we do it together. The social worker's supposed to supervise it - but it's like everything else, trying to get the three of us together is the proverbial nightmare.* (Social worker)
o **To liaise with the responsible authority in the implementation of the pathway plan**	Variable – many communication problems
o **To co-ordinate the provision of services and to take reasonable steps to ensure that the young person makes use of such services**	[not possible to say – insufficient data]
o **To keep informed about the young person's progress and wellbeing**	Variable – good in some cases but mixed in others where contact was infrequent
o **To keep written records of contact with the young person**	[not covered by this study]

8.5 Moving on – preparation and timescales

The issues of preparation for and timing of leaving care have been widely debated in the research literature on looked after young people (see Biehal *et al*, 1995). This study made a necessarily brief foray into the subject, asking social workers and residential key workers how and when young people were prepared for independence, what timescales were worked to, how the planning process worked and how young people seemed to respond to what happened. Young people themselves were also questioned on their views about leaving care.

Preparation

In this study we did not formally register and monitor the nature and timing of leaving care training programmes (in the event this would have proved difficult, since there was no 'formalised' programme to monitor). However, the bulk of the young people were over 15 by the end of the study and so most would have been at least beginning to be prepared for moving on. Hence, as part of the interviewing process we questioned social workers and residential key workers about what young people were taught, when and how, and we also asked how the young people responded.

Generally there were indications that at any time from 15 ½ onwards young people in residential homes were beginning to undertake basic skills training. This initially equated to having to plan for, buy and cook a meal each week and do their own laundry. The number of meals they were responsible for and the money they had to budget would be increased over time according to their demonstrated competence, as would other expectations – perhaps increased use of public transport, learning to iron, etc.

What was marked however, was that there was much difference in how and when these programmes operated. The construction, reviewing and 'pace' of the training was left solely to the discretion of the residential key worker (perhaps with input from her/his manager or a senior in the home and sometimes in tandem with the social worker).

The effect of this – to illustrate the spectrum of 'outcomes' – was that one young woman had been taking much responsibility for her own 'domestic' needs since before she was 15, whereas one young man was little engaged with basic preparation at 17.

This inconsistency had a mixed effect. Clearly one might argue, with some justification, that different young people will be ready (and able) to progress towards independence at different times. Room for flexibility allowed key workers to judge when and how an independence programme could best be implemented – they could individually tailor the work.

> *To be honest, for the time being there's enough here, because these are things he just doesn't like doing - so if we can encourage him to do the basics first that's a good start.*
>
> (Residential key worker)

However, even though this certainly had merits, one might still respond that all young people should be equipped with a core set of skills which are universal – and the danger of not offering unified guidance on this is that there may be gaps in what some workers provide. Without the local authority expressing key expectations around what a young

person should be able to do to signify competence for independence there will be a reliance on many differing interpretations and assessments.

In addition, the onus on key workers and social workers to determine when a young person was ready to begin to think about and plan for leaving could (and did) have something of an undesirable side effect. It might mean that consideration of pertinent issues – and discussion about them with the young person – was unnecessarily postponed. It seemed in some cases that professionals were being extremely cautious about when and how to broach the subject of independence – because they perceived that a young person was too immature to deal with the prospect. However, this could lead to anxiety for the young person – with them assuming that a move might be imminent, but that no-one was talking to them about it (see the case of Joe in Chapter 5).

One illustration of the differences in actual preparation was that some young people attended an independence skills 'crash' course run by a social worker in Stanley (mostly those not resident on the Aycliffe site). The more general reliance on what could be provided 'in-house' meant that staff were somewhat hampered in what they might teach. As one social worker commented,

> *Y'know, how to change a plug, things like that – you're not allowed to do that in a unit.*

The overall impression of preparation for leaving care was that it ended up being somewhat patchy and there was a concern that some young people were being deemed to be able to look after themselves when perhaps they lacked a complete set of independence skills.

> *They do what they can in the unit, but it's never particularly intense … and the other thing is you learn by experience, don't you? You learn some of these skills when you're out there.*
>
> (Social worker)

The degree of pragmatism in this statement was indicative of a pervading attitude that might sell young people short in their preparation for moving on.

In the majority of cases the professionals expressed the view that a young person was able to do most things for themselves, but often the missing 'ingredient' was motivation.

> *He can do it all, but he won't demonstrate it! … he tends to be a bit lazy.*
>
> (Residential key worker)

> *He's got the ability - he does it day in and day out he cooks his own meals, he sets menus, he does the shopping, he's very scrupulous with his shopping in that he'll actually look around and find the right products … (which are) maybe cheaper or better value - he does all of that. He's more than capable … it's just that if he feels that not doing it can get at anybody then he'll not do it!*
>
> (Social worker)

> *He actually points it out himself - he can do all these things but why bother? I think this is part of the thing about being in the system - he can cook for himself, budget for himself … he's got all the skills there that he does need to live by himself, he just doesn't use them all the time in the*

house … and if you asked him (why not) his reply would be - 'Why bother? I'm here, while I'm here I'll have an easy life'.

(Residential key worker)

One other issue that a number of professionals raised in relation to leaving care was the particular problem of finances and budgeting. This was put most succinctly by a social worker who indicated that the young person she was working with had seen the problem clearly for himself –

We do have an anomaly within Durham - young people from an income point of view get far more money than if they were living totally independent - which is unbelievable really… in a residential they're collecting about £,75 a week but they're still getting their rent and everything else paid for … give Michael his due, he has brought this forward to senior managers to say, 'Look, this is silly - you're setting us up to fail. Giving us that amount of money in residential care, then we go to independent and we take a drop in income but have to pay more out'.

This was backed-up by a residential key worker who voiced the concerns of many others,

I think we do give the young people too much money. I think it's unrealistic, it's like a false environment giving them this amount of cash. They will be getting almost half of that to do everything with when they leave and it's a huge step down.

The problem was evidenced by those who had moved on,

I've struggled a bit with money – there isn't as much to spread round as there was when I was in care.

(Young person)

As a key worker observed when young people move on from their 'sheltered' existence in residential care they are 'hit right where it hurts' – their material resources diminish substantially and suddenly.

Timescales – and pressure to leave

Another issue which came strongly through the interviews was that of the mixed messages that social workers were giving with regard to when young people 'should' move on.

On the one hand a number who had young people who were in the early stages of preparation for leaving mooted that there was a large degree of flexibility around when they might actually have to go. For example, in one case of a 16-year-old for whom little thought had been given to moving on at T1, the social worker said

The overall aim of the placement is to build on Adam's low self esteem – to give him the skills necessary to move on in life, basically. There's no time limits – I don't think it's fair to do that with Adam. I think it's for him to tell us when he's ready.

On the other those who had older young people who were 'hanging on' in a children's home often voiced a need for them to go (sometimes with little regard of quite how ready they were) –

> *He's been saying for ages, ever since the beginning of the year, that he's ready to move on. We didn't think so and I still think he's going to have problems with budgeting and things like that – but sometimes I think you've got to give from a push to a shove, really!*
>
> (Social worker of 17-year-old)

> *It's come to a head over the past few months – and it's probably as much to do with Simon's age and perhaps he should be moving on.*
>
> (Social worker of 18-year-old)

The voicing of these different perspectives seemed to indicate a degree of haziness around how moving on was conceptualised by professionals. Most, if pressed, would offer a rhetoric around the need for a gradual transition, a flexibility around how long a young person could remain in a placement and how the process should be negotiated according to the young person's own individual needs and not driven by an age-related deadline.

However, perhaps the hangover from the previous era (when leaving at 16 was the norm) was having an insidious effect on how social workers and key workers actually operated once a young person entered this phase.

> *There was no pressure for him to move out of the home immediately - but we had to be realistic, you know. Michael, you're 18 next year, and really a children's home is not the place for people who are going into adulthood - who are wanting to do various things that might not fit in with what's going on (there) … you're going to have conflict if you have younger ones in there with 18-year-olds.*

And often young people themselves had a naïve view of their ability to move on (again perhaps affected by the historical precedents of leaving at 16) – as one social worker stated

> *At the moment he's not mature enough to move into his own place … He'll probably say he wants to go and sit with all this IKEA furniture in this wonderful bedsit where he can have all his mates and drink as many pints as he can … But I think lots of young people have that view and don't realise what it's like, particularly if they've had difficulties at home – 'Oh it'll be much better on the 'other side', when I can do what I want' – they don't realise the practicalities of things.*

Clearly in these cases social workers should (and usually do) counsel the young person as to the need to postpone a move. But it seems there is a pervasive ambiguity around when the transition should take place for those who do not show obvious readiness to go, and evidence that sometimes social workers do get dragged into colluding with a young person who says they want to be independent (when more sober judgement would suggest they are not really ready).

> *I thought she could cope with support – and it was what she wanted. She didn't want to look at Stonham or anything else – she wanted to be on her own. I think she thought she could (but) now she's had a taste of it she knows she can't … the other thing is, she's an adult now, so I don't interfere in lots of her life.*
>
> (Social worker)

This inconsistency of thought and practice by social workers was further contributed to by pressure from the local authority around resources. There was one case in the evaluation (which may be indicative of the situation with others) where a social worker was told to move a young person on as soon as possible. The young person was making gradual

progress in a private residential placement at T3, but the social worker was extremely troubled by the ultimatum he had been given –

> *I'm going to the review this week and I'll have to basically say, 'this is the situation and we're going to have to look towards putting Ashley into semi-independence living' – and I say semi-independent because I just don't think he would survive in independent living at this present time.*

Overall then, the picture was variable – at 16 and 17 there seemed to be an idea of flexibility and 'comfort' around moving on, but by 18 this had often changed and the pressure quickly mounted for a move out of residential care.

One approach to easing or bridging this transition was offered in the form of Satellite units – a service that we look at in the next section.

8.6 Satellite Units

At the time of the evaluation there were two satellite units operating in the county with six beds available. Their role and function was broadly to prepare some young people from the wider care system for a move to independence.

The satellites mostly kept to strict criteria around who could be accepted for a placement – young people had to be in full time education, training or employment, have shown that they were able to operate with a reasonable degree of maturity (as evidenced by having no ongoing behaviour problems or issues around criminal offending, etc) and be sufficiently motivated to welcome a move to a home that offered a higher degree of rights and responsibilities. These preclusions were deemed necessary to achieve useful progress with young people in a more intense atmosphere and with just one member of staff on shift.

During the evaluation a number of staff members were interviewed in their role as key workers for young people (four of the young people spent some time in satellite accommodation during the study). Social workers and other residential staff were also invited to give their views on the service offered by these homes.

Previous success

Staff in the satellite units were proud of the work they had done with previous residents. They felt that the service had provided an invaluable input into promoting a smooth transition to independence for the young people who had lived there since the inception of the service.

They said this was for two main reasons –

- *Sole cover*

The fact of just one person working on the house was regarded as being a key to success. It promoted closer and more productive relationships between staff and the young people –

> *What the kids say is, the staff who they've got mingle with the kids in everyday living. Where they've been before you've got to knock on the office door to get a member of staff's attention …*

they spend too much time chatting and talking about other things rather than getting involved with the kids.

(Residential key worker)

I think it's been brilliant, really brilliant. The kids have responded to having only one member of staff here – they don't feel threatened.

(Residential key worker)

- *Stability of a small staff team*

A long period of consistent staffing with no need to add-in any extra occasional staff was seen to be the other integral factor –

If somebody was off sick, one of the other staff would stand in – if somebody took a holiday, we covered it. There wasn't a stranger came in here – which I thought was brilliant for the kids. You don't want to come in from education and see a stranger sitting there – there's nothing worse than that.

(Residential key worker)

Current issues

At the time of the evaluation there was change in the air for the satellite units. It had been decided that perhaps the homes should be taking more risks around whom they admitted. In addition, more stringent regulations around registration of homes had dictated that there would need to be a closer adherence to 'normal' children's homes regulations.

For many this signalled problems ahead.

My main worry is, if they get more staff in, then they'll say there's no excuse not to put the 'problem' children in – the criteria won't be met. Then satellite will just be dead … at the end of the day, we've proved we can do it – I don't care what anybody says, we've proved we can do it – so there's no reason to bring in kids like that.

(Residential key worker)

There were also indications that this was already having a bearing on the mix of residents in one unit –

He's told me this umpteen times – 'I feel as if I'm in a children's home'. He just doesn't feel as if it's independence, because of how Joanne sometimes behaves – 'I'm putting the telly on full blast, you're not doing this, you're not doing that'. It is just like being in a children's home at the moment, that's the way he feels. I don't think it's nice spending the whole of your life in your bedroom because you don't want to be with the other residents because you feel as if they're a child

(Residential key worker)

.

And there was a feeling that this would impact negatively on the degree of flexibility around how satellite units might treat residents. They had been given some room for

manoeuvre with regard to rules – allowing staff to exercise a degree of discretion for different residents (around smoking, bedtimes, etc), but this was now diminishing.

> *I get the feeling that they are starting to be quite over-regulated … they are now being treated so much as children's homes. It's one of those things – you need to have regulation, but the whole point of satellite homes was to get away from the structures and routines of old-style children's homes.*
>
> (Social worker)

The regression towards traditional children's home-type provision was also having an impact on young people's experiences and perceptions. Most said they had been led to believe that a satellite placement would offer opportunities to experience a far higher degree of independence – but their expectations were not being met,

> *When I came here I thought it was going to be, like, loads of freedom – but it's not, it's shit.*
>
> (Young person)

This impasse had led to some staff beginning to wonder just what it was that a satellite was offering to young people in their transition to independence.

> *Other than the emotional support we gave him during his break-up and keeping him safe I don't know what he's learned - to be honest … maybe what we've done is given him a chance to sit back and make up his own mind that he's ready to move on.*
>
> (Residential key worker)

8.7 Outcomes for moving to independence during the evaluation

This section can only offer the briefest overview of what happened to young people who moved on during the study. Some of the issues are covered in greater depth in the final section of Chapter Five.

Just three of the sample actually left care during the study – a further two were due to move imminently at T3.

It is first worth reporting that all three moves were relatively well-managed, at least in terms of where the young people moved to. All three were found independent accommodation within easy reach (less than a five minute walk) of their last home. This was recognised by all the young people as being useful, since none had supportive families at the time and all were open to ongoing support from staff.

However, the reality was that they all felt the outreach they had been promised was not forthcoming after an initial settling-in period.

> *I had hoped they would come over more often, especially (key worker) – it seems like I always have to go over there if I want anything.*
>
> (Young person)

Staff from the homes admitted that they struggled to provide support once a young people had left –

Why it's all part of the after care we're supposed to be doing, well, we're not doing, but we're supposed to be doing it.

We'd like to be able to do something about that – but, really, we all do our full rota and at the end of the day we want to go home. It's difficult for us to keep up contact even though the young people want the contact - its difficult for us personally and professionally to keep up that contact. We can't really do it over any great length of time and probably not as much as they need.

As indicated earlier in this chapter, support from young person's advisors was, at best, patchy and so the young people were, to a large degree, left to their own devices.

In the event two seemed to cope fairly well – one for over a year (managing to cope with the birth of her first child, the failure of the relationship with the father and a second move after leaving care) and the other for around four months. Both were healthy, managing to run a home and with supportive relationships within the community.

The third young person – Carol in Chapter Five – could not cope. By T3 she was receiving extra support, but it was not clear what the longer term picture would be.

8.8 Summary

As conceded at the outset this chapter was only able to briefly survey an area that would properly merit a more in-depth consideration. Hence the findings listed here should be regarded as being impressionistic rather than being rigorous and authoritative and used as a basis for initial reappraisal of some of the issues raised.

- ***Planning***

  - There was a distinct absence of full needs assessments being conducted as a precursor to pathway planning.

  - The formulation of pathway plans varied - in terms of who took responsibility for writing them, when this was done and how often they were reviewed.

[This second point was indicative of a general difficulty around getting young people to engage in the planning process – because most seemed unable / unwilling to think about the future].

- ***Young person's advisors***

  - Young people were not being offered any input into the selection of their young person's advisor.

  - The DISC young person's advisor service was performing very poorly. Chronic levels of staff turnover were completely undermining continuity and, thereby, productive input to young people who became eligible for support. This had led to a lack of confidence in the new system amongst both social work staff and young people.

  - Young person's advisors were providing inconsistent support – there were differing interpretations of the role and how it 'fitted' with that of the social worker. By T3

there were more concrete moves towards formalising a hand over of responsibility for young people at 18 from the social worker to the young person's advisor.

- ***Preparation for leaving care***

There was much discretion for staff around when and how to prepare young people for moving on – the local authority did not provide clear guidance as to how young people should be prepared for leaving care and what skills/competencies they should attain before being ready to go.

This was two-edged. It allowed for tailored programmes, designed by residential staff and social workers to meet individual need. However as a result there was a danger of inconsistencies and gaps in what young people learnt.

- ***Finances***

An anomaly around levels of financial support was raised by some workers and young people. Those in residential care on independence training had far more disposable income each week than they were likely to have once they left (unless they moved to a well-paid job, which seemed unlikely). As a young person observed, this could be seen to be setting them up to fail.

- ***Timescales***

Professionals were voicing mixed messages around when young people should leave care. Most would say that young people could stay as long as was necessary for them to be able and willing to move on – indicating a comfortable level of flexibility and no pressure to leave.

However, once young people neared their 18th birthday it appeared that the 'tune changed'. Then more would assert that it was inappropriate for young people to remain in a residential setting.

It was suggested that perhaps this was a hangover of the historical precedent of young people normally leaving at 16 – and, therefore, a difficulty in conceptualising longer stays in care, despite the changes to the legislation and the new spirit of longer term support for older young people in care.

[One recently-appointed social worker said that at his interview he posited a scenario where two social services directors discussed how one had thrown out his 19-year-old daughter – 'cos that's what you do' – to highlight the peculiar position that social services departments have had around leaving care in the past (i.e one completely contrary to what you might do with your own offspring). Clearly this was still the prevailing opinion for many at the present time].

- ***Satellite units***

Changes in the operation and function of satellite homes, to meet more stringent national children's home regulations, were causing problems.

Staff were keen to stick to the original *modus operandi* – sole cover as a proven method of working with young people admitted according to strict criteria. Diluting the staff team, instituting double cover and admitting 'more difficult' young people – and overall moving back to a more traditional children's home model – was viewed as being retrogressive. (The changes could already be seen to be having a negative impact on the young people living in the units during the study).

- ***Aftercare***

The undertaking for residential staff – especially from the satellite units – to provide ongoing outreach support to those who moved to independence was not carried out. This was planned for and was an expectation of both young people and their social workers, but in the event staff found that they were not given the time to engage in this work beyond an initial short period after a young person had moved out.

Chapter 9: Conclusions

This evaluation has attempted to look at a range of issues all of which might broadly fall within the parameters of a consideration of how well planned residential services are operating across County Durham.

We have presented some overall outcomes indicators but tried to site these within a more detailed framework which better considers all the issues for individual young people. To do this we looked at the background context for each young person and considered how they had progressed during the study and what their prospects might be – by focusing on factors which can be seen to contribute to beneficial outcomes – those around stability, continuity and resilience.

We have also looked at the planning process, especially the use of the LAC Assessment and Action Record documentation and the pathway planning model, and offered a brief exploration of preparation for independence and leaving care.

Each chapter has a summary of the main findings on each topic so we do not propose to re-present all of these here. Instead, in this final chapter we would like to take the findings as a lead-in to offering an exposition of ideas around

- the strengths and weaknesses in residential provision in Durham
- some problems – with suggestions for solutions or an outline of issues that warrant a more thorough consideration (or both)
- a general consideration of issues of 'culture' within the homes

We feel this feeds into a final section where the theory of resilience is revisited and the concept of empowerment is introduced to provide another perspective which can aid clarity of thought around the complex issues raised here.

9.1 Strengths and weaknesses

The evaluation afforded the opportunity to look in some detail at those areas where residential child care services were performing well and, by contrast, where there was room for improvement.

As has been made clear in the body of the report, to a degree we regard the generalisations made in presenting this type of assessment as something of a 'necessary evil'. We have attempted in the study to highlight some of the individualised reasons why young people may not respond to positive intervention and to look at the wider context which also impinges on the achievement of good outcomes. We acknowledge that there may often be factors which are beyond the control of managers and workers in their endeavours to best help young people. However, the grouping together of issues that recurred across the cases may be instructive in informing the future direction of the service.

The diagram on the opposite page illustrates those areas where there were consistent indications of a good performance and those where the picture was not so healthy.

If one had to summarise the information in the diagram one might say that there was a state of 'productive containment' for the younger young people – admissions were mostly planned, outcomes in some essential areas were good, placements were relatively stable, young people were happy with their care and staff and key workers were mostly optimistic on their behalf.

For the older group there were less encouraging signs – education seemed to become more fragmented and the outlook, as assessed by the professionals (and often the young people themselves), was often not positive.

Underlying this was a difficulty in engaging with all the young people to improve their core sense of well-being – they were being provided with good care, but a lack of 'identity' work and therapeutic intervention meant that their mental health needs were often not being addressed (perhaps storing up trouble for the future).

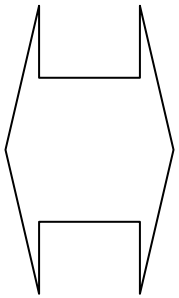
There was an overall problem with a lack of fostering options for those who might move from residential care prior to young adulthood – and a paucity of provision for those who were more needy but wanting to move on at 16+.

Many professionals felt that staff in the homes had had their authority undermined to an unhealthy degree – that young people were too quick to demand rights and not accept responsibilities (encouraged by a culture that had been actively promoted for some years) and that this was ultimately to their detriment in dealing with the 'real' world.

There was also a degree of confusion over the use and merits of the Assessment and Action Records and other issues around planning that required consideration.

STRENGTHS

- **Outcomes for**
  - ❑ Education – especially the under 16 group
  - ❑ Family relationships
  - ❑ Emotional and behavioural development
  - ❑ General, physical health
- **Placement stability**
- **Planned admissions**
- **Long term planning for under 16s**
- **Satellite homes**
- **Care in homes**
  young people report high standard of care – positive relationships with staff



WEAKNESSES

- **Use of planning materials**
  confusion over Assessment and Action Records / Pathway Plans
- **Education**
  prolonging the productive involvement of over 16s
- **Mental health**
  lack of therapeutic interventions – need for 'identity' work
- **Foster carers**
  poor availability of carers and dearth of specialist skills
- **Long term plans for over16s**
- **Post – 16 provision for the more needy**
  what about young people not suitable for satellite?
- **Culture in homes**
  staff too disrespected by young people and disempowered by managers (see section 9.9)

The research revealed a number of problems within care provision, some directly related to the matters under consideration, others more tangentially linked.

9.2 Foster care – lack of placements and specialist provision – and a radical suggestion

Almost all of the young people in the sample had had experience of foster care – and usually the breakdown (often serial) of foster placements.

There were a variety of reasons why ultimately the young people had then come into residential care, but in a significant number of cases this was because there was no appropriate foster placement available. There were instances amongst the sample of young people moving out of county to find a foster placement during their 'care career' and examples of young people coming into residential care not because it was the desired option, but rather the only option at the time.

> *The truthful answer is we couldn't find him anything. He ended up going into a home for disabled children which was completely inappropriate for him - but we just couldn't find him anything else. I'd requested a foster placement with no children and one just couldn't be found. In fact a foster placement was found - a temp foster placement - but then his behaviour became disruptive at school and she decided that she didn't want him so then he went into residential care after that.*
>
> (Social worker)

Equally there were young people who were in a residential placement but actively awaiting a move to foster care which was not forthcoming (e.g see the Case Study on Nick in Chapter Five).

Also a number of social workers expressed some dissatisfaction over some foster carer's abilities, especially in dealing with young people with more complex needs –

> *I thought it would break down because he is such a difficult youngster and it is about having that 'understanding' … I wasn't sure the foster cares would have that capacity - to understand Carl – and they didn't.*
>
> (Social worker)

> *Maybe it's because I don't have a lot of confidence in foster carers, I don't know … but, from what I've seen - my prejudices are coming out here - but I think they (residential staff) have just got, probably because they're doing it as a job, so they know the issues, they're aware of the issues … and there's a different approach whereas, I think, a lot of the time foster carers can become more emotionally involved and other things get in the way.*
>
> (Social worker)

Overall this seemed to be indicative of not just a dearth of foster placements generally, but perhaps more specifically for these young people, because there was a lack of specialist foster placements.

> *Now there's nothing that I know of that we could provide ourselves from our own resources - my understanding from Fostering is that none of the foster carers could cope with him the way he's been …(but) It would be crazy for us to say that he will remain there until he achieves independent living - he was only 13 years old (when admitted) … he has demonstrated that he*

can live with a family … that is what we'd like to happen - that we were able to find a family for Jake.

(Social worker)

This would seem to suggest a need to recruit and train more foster carers, to seek to boost foster carers skills and perhaps cultivate a number of specialist carers with enhanced skills (and enhanced rewards), perhaps in time developing 'treatment' foster placements for the most damaged young people for whom fostering could be the most beneficial option. And, given the current paucity of placements within the local authority, perhaps there is a need to develop links with the private sector to seek out extra provision.

One social worker put forward an alternative to foster care or reception into residential care.

He proposed that the current system of community support should be differently designed and that residential staff should also become involved in an outreach model that effectively took on a peripatetic role, moving into families where there was severe disruption, to allow better continuity for the children and prevent admission to care.

The basis for his suggestion was the case of a young person in the sample who had been admitted to residential care because there were seen to be no other options at a point of crisis in his family –

The decision was made for us by the lack of resources - by the department - for four children. My preferred option would have been to remove the mother and father to put someone into manage that situation within the family home and when we saw the parents showing some abilities and capacities to care, gradually to introduce the parents back into the family home rather than to cause (so much) disruption … the children just become victims over and over again, don't they.

He justified this proposal partly in that the loss of much residential provision –which he approved of – had not led to realistic alternative community-based options,

My background's working 28 years working in residential care … I wanted the places where I worked to close and the resources to be put into the local community, but that hasn't happened. And we've now got community support workers who want to work 9 til 5 … social work for me should exist from Monday to Sunday and shouldn't be something that knocks off at five - its crazy that!

Clearly there would be many pros and cons of such a model of practice, but the idea certainly has the merit of offering the potential for a much higher degree of stability in young people's lives.

9.3 Identity and mental health issues

The study identified a problem across the board of young people who had not progressed with issues related to identity – with coming to terms with their past, with their present and their future. Many of these issues clearly had close links to mental health and, thereby, to the integral role of therapeutic intervention.

At the time of the study there were relationships developing with the STEPS therapeutic team on the Aycliffe site and with the CAMHS team in the county. However, problems with accessibility of the service were highlighted –

> *I've been in touch with STEPS and his social worker has been in touch with them too, but there's a waiting list and every child is as important as the next … we wanted some work doing with him for him moving into fostering but every other child on that list is just as important … getting him in is just a process of him waiting on the list.*
>
> (Residential key worker)

A quick analysis of the sample in the study shows that the majority had some form of therapeutic need – a number had self-harmed or attempted suicide, some had been prescribed medication for depression, many were expressing their unresolved internal conflicts through disruptive behaviour and aggression, or their psychological difficulties manifested in other ways – from an inability to relate to peers to fear of the dark and enuresis. And often the most damaged young people had a mixture of these difficulties.

[These findings concur with those nationally on the mental health of looked after young people. In a survey carried out by the Office of National Statistics for the Department of Health (published in 2003) 68 per cent of young people living in residential care were assessed as having a mental disorder – categorised as either conduct disorders, hyperactivity or emotional disorders].

Some had also had some form of intervention – but often not to a satisfactory end.

> *We don't think he's cracked it really…. He wont have any help - he does have the option to go for help … he chose to end that (involvement with a psychologist) … they (residential staff) can see that he's still not into talking about his problems particularly - he dwells on them and internalises them.*
>
> (Social worker)

> *Just anger management and just somebody to talk to really, so if theres soemthing wrong I can talk to them - I don't meet them any more, but I've been meeting them once a week for two and a half years … it didn't help one bit as far as I was concerned. I had the option to start up again a few weeks ago, but I decided, 'No', 'cos it didn't work, so I'm not going to waste my time trying that again - I'll try something else.*
>
> (15-year-old young person)

In fact overall the picture was of a group of young people most of whom were in need of psychological input of a therapeutic nature. As a social worker commented,

> *I really don't think he has had anyone addressing some of his deep-rooted problems.*

The problem was that the services were not readily available and, when they were, the young people were usually extremely resistant to working with them.

> *They said I should see someone from there, but I'm not mental!*
>
> (14-year-old young person)

> *He said he wouldn't go any more because they just wanted to talk about his mam and he hates that.*
>
> (Social worker)

In many cases it seemed that young people were finding it so difficult to deal with their psychological problems that it was easier to resist attempts to overtly acknowledge and 'process' them. And, as many key workers and social workers asserted, you cannot make a young person buy-in to an intervention.

> *The STEPS worker herself said it - you can't pressure somebody into going - (but) he was doing really, really well and with everything that he was getting himself involved in there was a big change in Joe - he had matured quite a bit.*
>
> (Residential key worker)

In addition most young people were extremely wary of the stigma of being labelled as having a mental health problem. And this is often mirrored in the attitudes of the professionals working with them – some of whom fear that a therapeutic intervention may do more harm than good

> *I'm a bit worried about dragging up the past - I do believe that x has got a lot of past issues that he hasn't disclosed yet and I'm just wondering what effect will it have on him? Privately I think 'is it worth dragging it all up and addressing it, or is it best left?' I don't know.*
>
> (Social worker)

Clearly mental health and young people in residential care is a 'big issue' which would merit a more detailed consideration, but there were two key themes

- young people's perceptions of mental health and interventions
- the needs of professionals to better understand psychological problems and treatments

> *It's dabbling … it's like trying to do things without understanding where he's at anyway … sometimes we kid ourselves we're psychiatrists, we're psychologists and have insights into behaviour, etc. An awful lot of Carl's behaviour is new to us*
>
> (Social worker)

Perhaps a first step towards young people feeling less threatened – and staff becoming better informed – would be for closer relationships to be forged between the children's homes and the STEPS and CAMHS teams. Each children's home could have a particular link to a named person who made regular visits to talk to staff (perhaps about specific support needs for individual young people as well as to raise awareness amongst the staff team of general good practice in relation to psychological/mental health needs) and even to have informal contact with young people in the home.

This could provide a platform for future improvements in consultation and training in what seems a necessary development of specific services to boost favourable outcomes. (This has happened elsewhere – see Nicholas *et al,* 2003, for a discussion of the work done by CAMHS in Leeds to improve access to services by children looked after in residential care)

9.4 The planning process and the use of Assessment and Action Records and Pathway Plans

The evaluation showed that – for a variety of reasons – the use of planning documentation was in a degree of disarray.

Assessment and Action Records were often absent from files, when present were poorly completed, and mostly not used after completion being regarded as a 'dead document' rather than a useful practice tool.

The format, responsibility for completion and review, and overall merits of pathway plans was also called into question by many.

This, and perhaps most especially the negative comments from many professionals and young people, would suggest that there is a radical need for an overhaul of the system for planning for young people and consulting with them over plans and desired outcomes.

This poses two main options for the local authority.

The first would be to re-invigorate understanding of the LAC system and re-train workers in the use of the documentation, especially the Assessment and Action Records. As Frost *et al* say –

> *The skill in using them lies in the ability of staff to translate these into accessible formats. It is also important that the responsibility for meeting the needs of looked-after young people is not solely that of the residential staff. The organisation as a whole, working in partnership with the young person and their parents, needs to ensure that the records are used to their full potential … this responsibility is owned by everyone.*
>
> *Encouraging and promoting creative ways in which care plans are drawn up and communicated is vital to them being live, workable agreements which young people experience as useful and meaningful.*
>
> (Frost *et al,* 1999: 58)

Many commentators regard the LAC system as being highly beneficial and think with some positive spin for young people and professionals it can be transformed into a viable and

positive aid to practice. For example, Houston (2003) asserts that with the addition of what he calls 'person centred planning', Assessment and Action Records can be resuscitated –

> *The method should complement the existing protocols and procedures developed under the aegis of the Looked After Children system (Parker and others, 1991). While there are obvious strengths in this system – it is systematic, holistic and outcome-led – there are dangers of applying it in a mechanical way, particularly when social workers interpret their roles and tasks through a bureaucratic lens (Garret, 1999). By way of contrast, person centred planning safeguards the human dimension in care planning. Being attentive to meaning, narrative, power and the use of language, it restrains the bureaucracy that alienates those who are compelled to engage with the care system.*
>
> (Houston, 2003: 67)

Given the situation in Durham during the research this might, however, be an uphill battle.

The alternative would be to cultivate a different model – perhaps one that encourages young people's participation in a more young person-centred way throughout the decision-making process and uses different means of recording and measuring outcomes.

This type of approach, encompassing empowerment, children's rights and the core importance of a positive relationship with a social worker and/or carer has been well presented by Bell (2002), Munro (2001) and Thomas and O'Kane (1999).

Bell suggests that the key to young people's effective participation is the relationship with a professional –

> *A key finding was that many of the children and young people had warm, positive responses to one of the social workers they had known and were able to clearly articulate the ways in which the professionals were attuned to their needs and the ways in which their lives had benefited.*
>
> (Bell, 2002: 6)

However, as Munro says, citing an authoritative review –

> *A review of research by the Department of Health (1996) suggests that social workers are, indeed, giving less priority to the relationship skills valued by children:*
>
> *To develop a relationship of trust and work on behavioural and emotional problems was once a major aim of social work practice with teenagers. However, the current studies suggest that priorities in social services departments have shifted and now focus more on providing immediate material support at the expense of tackling fundamental needs.'*
>
> (Munro, 2001: 136)

Bell suggests that an effective model for allowing children and young people to fully participate rests on them having an incrementally positive experience of being listened to and respected, not on a formalised system of paper consultation and review meetings –

> *Their understanding of, and experience of, being involved represented and offered choice hinged more upon their experience of being attended to – of being listened to, heard and treated with care and respect – than on more mechanistic procedural strategies.*
>
> (Bell, 2002: 8)

And the 'components' of this more facilitative system should be rethought and redesigned to offer inclusiveness to young people –

> *The structures in place to provide for children to be represented and heard – such as review meetings, records and care plans – should be genuinely child-centred – for example, by using drawings or audiotapes, and, in the case of meetings, by careful preparation of the children, selection of the participants and debriefing.*
>
> (Bell, 2002: 9)

Bell perhaps exposes her ignorance of the potential benefits of adapting more 21st century technologies to the benefit of young people in care. Computers can offer a young person-friendly (and perhaps appealingly adult-unfriendly) means of promoting better involvement in care planning processes. A Canadian researcher has proposed an alternative pc-based approach to effective consultation with vulnerable young people – 'direct scribing' (Martin, 1998). This is the immediate word-processing of a young person's account whilst they voice it. Although piloted in researching accounts of young people's transitions to independence from care, Martin views the other possible applications of this method as massively beneficial in allowing young people a coherent voice in their care.

> *This may have a practical application in child welfare file-keeping, where the file has many functions, one of which is to record a life. In describing a childhood in context, the voices of the subjects of that story, as well as the official voices, should be heard. Direct scribing could be a means of bringing absent voices to the record.*
>
> (Martin, 1998: 11)

It is also important that, whatever the means used to consult with young people, the system for decision-making is regarded as an ongoing process –

> *The benefits for children's involvement of seeing it as a process, where this happens now in practice, are numerous. It was clear to us in doing this research that building relationships of trust, giving clear information in terms that the child can understand, and encouraging children to speak up for themselves in 'little' matters as well as 'big' ones, make a huge difference to the quality of children's participation. Participation is a dynamic process, and real participation by children requires investment in time, energy and commitment.*
>
> (Thomas and O'Kane, 1999: 228)

It is evident from many of the responses given by research participants during the study that elements of this approach are already contained in the practice of some professionals.

However, the task for managers and policy makers in the local authority is to grasp the nettle of unifying the workforce in adopting an informed and commonly-held vision of how to better include young people in decision-making around their care. In the academic jargon, they need to cultivate a 'shared professional discourse'.

As Watson says,

> *A shared definition of good practice is not enough: it also has to be located in a discourse that provides explanation and analysis about how to achieve the goal of quality (care).*
>
> (Watson, 2003: 75)

Before we move on to a different topic we would like to sound a brief but important positive note with regard to the LAC system. Although implementation of its core element

(the Assessment and Action Record) would seem to have fallen by the wayside in Durham (and elsewhere) there is much evidence that the key messages have been incorporated in practice in the county.

LAC embodied the evidence from much authoritative research around what should be regarded as beneficial outcomes for looked after young people and where the onus should lie in promoting them via the emphases within child care practice. The fact that workers voiced central concerns around the importance of education, health, family relationships and so on is a benign testament to the legacy of the LAC 'experiment' – as well as being a good indicator of positive practice within the residential sector in Durham.

The problems with Pathway Planning are indicative of a system with teething pains. Sadly for the young people caught up in the transition to the new system this may have some negative side effects, especially with the parallel initial chaos with the DISC young person's advisor service and the lack of guidance for social workers around how to undertake the comprehensive needs assessment to inform the initial writing of the Plan.

Hopefully in the longer term the difficulties with the planning process for over-16s will be better resolved – and the local authority will be in a better position to make decisions around how it reacts to the proposed Integrated Children's System (due to be rolled out nationally in late 2005).

9.5 Interventions by other professionals

During the study there was much discussion of what happened (or did not happen) with regard to the work done by 'other' professionals – beyond the social worker and residential care staff. Nearly all of the young people were involved at some point with professionals from health, therapeutic social work, youth offending or education.

As with many of the other issues that arose during the research there is not the time here to fully analyse the data and present a complete 'case' – but we can offer some indication of the main issues.

Perhaps the most pressing concerns expressed by residential workers and social workers could best be summarised under two headings – the problems in accessing interventions and the ineffectualness of many interventions.

To give examples, some expressed dissatisfaction with the youth offending team. They said that the orders that young people were being given were not being properly carried out and that there also seemed to be little sanction when young people failed to cooperate with conditions in their orders. One social worker said –

> *It was just felt that youth justice needed to do more, they needed to make Jake realise that there is a serious side to this and you cannot mess with the youth justice system. If we say you come here for an appointment and it's for half an hour then that's what you do ... and we have to work through the supervision plan, addressing the offending, looking at the impact it has on other people.*

This was just one specific example – but there were a number in relation to different agencies where workers were exasperated about the way in which other interventions did

not come up with what they had offered. Often it was felt that this was perhaps down to either a lack of tenacity on the part of professionals from the other agencies –

> *A person from our CAMHS team came out to meet Adam and do his assessment but unfortunately he didn't want to co-operate - and I think this is one of the unfortunate things about this work, that we can sit 'til we're blue in the face and get this service and that service, but if the young person says, 'no, I'm not interested, f. off', then these agencies just go away, basically.*
>
> (Social worker)

> *I think it needs to be pursued – I think it's wrong to say to Andrew, 'would you like to go to counselling?' and for him to say, 'No', and for it just to be left at that – I think it needs to be actively pursued.*
>
> (Residential key worker)

This also manifested itself in hard-fought-for interventions petering out quickly before substantive progress was made – the reason given that the young person was not ready to engage.

> *She went into some sessions and said nothing. The therapist said that she wouldn't be able to get any further with her, so the work stopped ... the therapist said she was operating at the level of a four-year-old.*
>
> (Social worker)

Although it might be frustrating for social workers and residential workers when this happens – when something that has been worked towards is not successful – it may not be fair to root the problem with the other professional not seeming dedicated enough to ongoing work. Perhaps the more disturbing element of this is that it seems there is no obligation to quickly provide alternatives – if an intervention was deemed as being necessary in the first place, but it fails, surely there should be a contingency in place?

Ultimately what seemed to happen is that the onus falls back on the residential staff and the social worker – but with the legacy of another failed attempt to move things on productively.

As one social worker said of a young person who had left care –

> *Apart from the social worker people seem to be able to opt in and opt out.*

In addition to this was the problem with delays in referral in the provision of a service. This study was not designed to look at this subject in depth so we can only offer anecdotal evidence, but this seemed to manifest itself in two ways. The first was that some services had long waiting lists (and a lack of resources?) as manifested for example in the situation mentioned above with regard to therapeutic social work. Looked after young people were not afforded any priority in accessing the service, regardless of the circumstances on the situation.

The second problem was with the 'bottle neck' of needing to go through the social worker to get a young person referred on. A number of residential key workers felt this was seriously impairing their ability to work effectively with their young people. One key worker offered an example where the need for a referral to a specialist agency over a specific problem was clear –

> *It was requested on probably a dozen occasions from his social worker by myself - it was even written into two of his recommendations at local authority reviews and still wasn't actioned. It was just ignored to be quite honest, which I thought was really remiss of his social worker.*

Another said that although everyone acknowledged the heavy workloads of social workers, some seemed impossible to contact and were failing to take key workers concerns sufficiently seriously.

Clearly there may be elements of personal animosity in some circumstances (although of course this should not enter a professional transaction) – but, whatever the dynamic of the relationship between a key worker and a social worker, one social worker made the pragmatic observation that it is the key worker who has the closer relationship with the young person

> *I do try and see him every fortnight but it's the residential staff who see him day in and day out. Most of what I know about what's going on is through them.*

In terms of the problem of referral to other agencies there would seem to be an obvious solution – **establish a system which allows key workers to refer the young people in their care themselves** (perhaps with the support their supervisor and with a responsibility to inform the social worker). This would offer one means of reducing the time it takes to connect a young person in need to a service that might help.

This section, in highlighting difficulties, has necessarily focused on the negatives around other service interventions. This is not fully representative of the picture and many staff were fulsome in their positive comments about beneficial inputs. For example, a social worker commented on the outcome of work done by CAMHS on anger management with one young person –

> *That worked quite well - I would ask Adam about it and he says, 'Aye, I know what you're on about, I just need to go out and kick a tree' - that's what he took from it … if he wants to go and kick a tree rather than break a window that's fine.*

However, as is apparent in considering other aspects of the interventions with young people, often the problem is around the continuity aspect – for most there are delays in starting and dissatisfying endings, and a lack of forethought around what might happen next – a practice culture that regards these inputs in isolation, 'picking off' problems as they arise, rather than as a continuum in building a holistic, ongoing intervention.

9.6 Relationships with the 'wider' community – and the problems of the Aycliffe site

A theme that arose in many of the interviews – and was analysed in relation to indicators and outcomes around resilience and continuity – was that of a lack of relationships for young people beyond those with their kin or within the residential care setting.

It might be fair to say that the huge emphasis on the preservation of family relationships within practice initiatives such as LAC has taken away attention from this issue in recent times. However, as detailed in Chapter Two, it is increasingly recognised that the cultivation of these other social networks is vital in promoting long term well-being.

The findings from the study indicate that this was a general problem – for nearly all the young people there seemed to have been an insularity around their existences – a difficulty in extending their lives and building relationships beyond their children's homes.

> *Carol doesn't have any friends … I can't buy them for her - I wish I could. We are her 'family' … and her friends - she knows all the social workers!*
>
> (Social worker)

> *I'm just trying to think about my childhood and his level of socialising is nowhere near (the same) - it's more than some of the other young people here but maybes not as much as what you would get with someone in the community.*
>
> (Residential key worker)

Both key workers and social workers pondered this difficulty when asked about it –

> *A circle of friends outside the adult carers in his life? He doesn't have a great deal and he will not embrace that … I've said to him get down the youth centre, make up some links there, you know. He's very frightened of making links outside. I don't know if that's because he's ashamed of where he's come from or doesn't think he can handle 'normal' kids, I don't know.*
>
> (Residential key worker)

> *It's very difficult to try and get them engaged with activities outside of the house with young kids of their own age who are living in the community … we try our best … I don't know what it is.*
>
> (Residential key worker)

The problem appeared to be worse for the young people living on the Aycliffe site. Those living elsewhere had (over time) mostly developed links with peers in their locality – but at Aycliffe there were many who never socialised beyond the bounds of the Centre.

Some young people developed strong relationships with the other residents on the site – but this could become detrimental to their progress in insidious ways. For example, a key worker spoke of the decline in the behaviour of one young person –

> *He was very easily led by other young people on the site and he basically wanted to distance himself from them. I don't think Adam wanted to be getting into trouble but because he was placed in the campus situation like this with kids who were a bit stronger than him - and he's a very vulnerable person at the best of times - he sort of went with the flow and he became entertainment for other people.*

Adam came to the home with no criminal record, but he eventually acquired one –

> *… because he was involved with people who really he shouldn't have been involved with. He was basically led down the criminal route - he came to see breaking the law as a way of gaining street credibility.*
>
> (Residential key worker)

Conversely, for other young people who did not want to become involved with others on the site (whom they thought might get them into trouble) there was isolation, aside from socialising with the staff, as an ex-resident asserted –

> *At Aycliffe I didn't get on well with the other kids. I kept meself away. I thought – 'Eh, they're a bit of trouble' … So in Aycliffe I had really strong relationships with the staff.*

Overall there were pros and cons to the site. It facilitated a beneficial environment for the staff – but often caused difficulties for the young people –

> *It can be supportive for staff as well - you know, like, camaraderie - but amongst the kids, if you've got a good group of kids in they'll support each other. But then all it takes is one bad one to come in amongst it and it just turns overnight - one bad apple and it spoils the whole thing.*
>
> (Residential key worker)

The physical nature of the site and it's geographical detachment from the local community seemed to have contributed to a psychological detachment and to militate against the building of 'normal' links for the young people living there.

And the history and reputation of Aycliffe further compounded the stigma that the young people felt, dissuading them from attempts to seek friends locally –

> *I do class this as all one site, all one kids' home round here – well, it is really, isn't it? As soon as, y'know, the white lines on the road where the junction is, as soon as anybody crosses them they're like in the kids' home aren't they?*
>
> (Young person)

> *The other day, right, I just, I go down the town on a bike ride minding my own business and these lads go, 'Oi, what's your name, where you from, you little c***?' And I tell them my name and they start calling me a bastard and chasing me off … and thinking they were hard – and so I don't like, I don't like any of the kids round here but the area's quite nice, not as bad as my last one.*
>
> (Young person)

> *Number one, it isolates you from the open world, basically; number two, you seem to get in a lot more trouble when you're living here; number three, it's just, really, not like a home atmosphere – you don't get out, you don't really go out and meet people, because people labelises you, from Aycliffe, if you live on the centre, like – so it's a terrible place like to build a bloody centre. They all look at you like you're the enemy – you're the lad who smashes all the windows and that … While you're in this environment and you're not getting out, you stay in the house more and it's just a continuous circle of being pissed off all the time.*
>
> (Young person)

It would seem manifestly clear that the local authority should very seriously consider the possibility of relocating the children's homes away from their current concentration on the Aycliffe site.

9.7 Education

The outcomes for young people in the study with regard to education, training or employment were mixed.

As was clearly highlighted earlier there were good outcomes for the younger age-group in terms of re-integration into education and burgeoning positive experiences in this area.

This merits acknowledgement here – and is listed in the identified strengths of the service. It indicates that the strong drive for improvements in this sphere for young people in care (most recently the Social Exclusion Unit report – *A better education for children in care* (2003) and policy pronouncements from the Children's Minister in April this year) has been heeded and acted upon – even to the extent that residential workers feel emboldened to challenge others in authority if they feel this is necessary to achieve the desired end of stable schooling –

> *My argument was - and I actually spoke to the Education Director at County Hall - and said, 'If we were parents and we'd taken a child out of school for two years we would have been prosecuted - so why are we not being prosecuted? We're not above the law.' … He agreed and I think many many phone calls were made and Andrew was in school within about 10 days!*
>
> (Residential key worker)

By contrast with the older group – those over 16 – there were difficulties. As is more fully explained in Chapter Six, just two (out of group of eleven) were on a clear path towards a chosen career. Of the others, two aspired to the insecurities of the performing arts (but in one case with little back-up for the lean times this might entail), one had had a baby, one was about to join the Army (but seemed to be dithering about this) and the rest were both unsure about their futures and doing little to enhance their prospects (having mostly left, or been asked to leave, college for varying reasons). None of the group had entered paid employment – other than on a casual, part time basis.

This situation clearly suggests the need for a wholesale reappraisal of how young people are supported in their post-16 education paths – and perhaps most specifically, how they can be facilitated in making better informed choices and committing to courses, training or employment, since the attrition rate for those entering tertiary study was very high.

Without further work on this particular area it is difficult to propose definite answers, but one assumes there is a role in this for young person's advisors perhaps working closely with social workers and the Connexions service.

9.8 Complex needs

A pervading issue, which cut across many of the other areas considered within the study, was the complexity of need that many of the young people presented during their time in residential placements.

Not only did many of the young people enter the care system with previously identified complex difficulties – as detailed for this sample in Chapter Four – but many went on to display problems which were not anticipated and which were very hard to deal with or resolve.

One clear example of this is the case of Ian (see Chapter Five) – but many of the other young people similarly evolved – or demonstrated more clearly subsequent to their admission – additional problems which required new approaches from care staff.

The study neither sought to, nor could realistically have hoped to quantify these needs. They were a manifestation of the legacy of extremely damaging formative experiences often combined with some level of intellectual impairment. Many of the young people came with, or later acquired, Statements of Educational Need. Some had diagnoses of particular learning disabilities – although these were subject to revision even during the evaluation period.

Additional information would be needed to make assertions on this with confidence, but there would seem an increasing number of young people entering residential care who have extremely complex needs – exemplified within the sample.

The question of how well the service is set up to meet this is debatable.

As shown in Ian's case there were significant problems in getting to grips with what his needs were and how to respond to them. Staff were ill-equipped to deal with a relatively young child who expressed many behaviours which were both puzzling and troubling.

In terms of the overall picture those moving on through the system and leaving care were similarly causing difficulties which the service was not able to cope with.

In the case of Carol, for example (again, see Chapter Five), there was not really any suitable provision for her to move on to after her children's home. She did not meet the criteria for a satellite unit and did not want to go into the only locally-available supported provision (at the time). So, at 18, she was put into a flat on her own (with inconsistent and piecemeal support).

Her social worker subsequently complained – after the move had gone awry – that the provider of the supported accommodation had said she could not now go there –

> *There was Stonham and Stonham interviewed her but said she was too needy - which I found absolutely amazing - incredible!*

Concurrently, there were problems with other agencies refusing to take the case on.

> *Despite me trying to pass this case over to adult services they won't have anything to do with it because she's not mentally ill and there's no service provision for her … So they, sort of , moved in, moved out, discharged - no mental illness. So we just remain involved, really - couldn't move it on … she's 20 next year.*

This is indicative not only of the problems around the transition from being looked after to independence and how the needs of the neediest should be met at this point (and who has responsibility for meeting them).

[One could suggest here that there should be a full exploration of the possibilities for providing better support to young people with complex needs in their transition to independence – and there were some encouraging signs of this by T3, with the development of Supported Lodgings. For a pertinent discussion of some of the other possibilities for improving accommodation options for care leavers, see Broad, 2004].

It also highlights how much earlier in their care career there is a necessity for comprehensive interagency assessments of young people entering residential care – which are timely (i.e. occur very soon after admission) and encompass an array of specialist professionals – i.e. to include CAMHS and therapeutic social work, as well as the more usual elements of physical health.

As Ian's social worker said, without this holistic assessment there is a danger of doing more harm than good –

> *There's an awful lot of behaviour there that does concern us - especially the sexualised behaviour … but we've got to really be careful not to label this young lad … this opportunity is about trying to do the assessment, trying to understand Ian and hopefully trying to draw up some sort of plan to be able to try and work through some of that behaviour.*
>
> *It's about that work being part of a whole plan rather than just being, you know, 'this is what's gonna happen now' … I think it's pretty dangerous to start doing work with someone who you don't know or don't understand.*

And, even more widely, it points to a different angle on continuity. Perhaps, for a proportion of this group, the need will be lifelong and should be acknowledged as such.

> *My belief is that she will always need the social services department - we have been her family … I can see somebody making a referral for her to an old folks home - while she's still attached to social services! I don't know what the cut-off point for Carol is going to be!*
>
> (Social worker)

Some of the issues discussed above have tangible solutions – things that can be altered, amended, revised in a concrete way to hopefully invoke rapid improvement.

Others allude to answers which are more difficult to define, more subtle and more nebulous. They point to underlying issues which may require more radical but perhaps more gradual efforts to promote change. We have begun to discuss these issues section 9.4 on 'Planning' and continue to look at them more broadly in the final two sections below.

9.9 'Culture of care'

One theme which seemed to emerge frequently in interviews with both social workers and residential key workers – and which clearly merits further consideration here, since it is so key to outcomes for young people – would fit within the description, 'culture' of care.

By this use of the term 'culture' we mean the overall way of doing things and the reasoning behind this.

One could summarise the views expressed fairly concisely by saying that the commonly-held perception amongst those at the 'coalface' was that the balance within residential child care in the county had tipped too far in the direction of an overly protective, overly sympathetic and in many senses naïve model – a model which in the longer term often had negative impacts on those it purported to champion.

This culture of care manifested itself in a number of ways –

- in staff not feeling able to negotiate reasonable respect from the young people in their care, resulting in an overindulgence of young people's bad behaviour

- in an inability on the part of staff to manage difficult situations – mostly because they did not think they would receive the backing of managers if, for example, they felt the need to employ restraint techniques

- in a strong perception for many that the residential experience had become too focused on the provision of material goods rather than quality, involved care

- in a lack of self motivation / initiative-taking amongst older young people

- and, by the end of their residential experience, in a burgeoning proportion of young people who had so lived in a 'bubble' whilst in care that they were poorly equipped to handle the harsh realities of the wider world.

In essence it was put forward that young people had been encouraged to exercise more power in their relationships within the care system (partly by an unsophisticated children's rights-based approach). This had had the short term effect of compromising staff in the residential setting and the longer term effect of undermining beneficial outcomes.

The many who spoke about these problems were eloquent in their descriptions and analyses – here we offer just offer a selection of what was said.

The problem manifested itself in many seemingly inconsequential ways. For example, one area which a number of workers highlighted was transport.

> *I do think this is a problem with being in care – you do tend to ferry them around. I think we should say, 'Yeah, you can go, but you can make your own way there and your own way back'.*
>
> (Residential key worker)

He's got a real aversion to public transport - he feels that it is 'below him' - he really has got some kind of 'class thing' going on. He feels that public transport is definitely so far below him that he can't possibly use it.

(Social worker)

Another, perhaps more keenly felt was that of young people being materially over-indulged

I don't want to see her fail but the realisation has got be sometime that we're not a meal ticket.

(Social worker)

These were examples of two areas where young people were encouraged to feel that they had rights which they soon adamantly demanded.

We used to show them respect and we used to listen to them – well, we still do listen to them. But the young people now seem to be more demanding … they're using children's rights but they're not using them in the proper way. They're not using them to benefit themselves, they just demand, demand, demand. I think in Children's Services at the minute we give them too many material things and not enough stimulation.

(Residential key worker)

As this quote says, unfortunately these perceived rights were not being fostered in an atmosphere of corresponding responsibilities. Young people were not developing any appreciation of what they had and that they were not learning to respect either their surroundings or those who were caring for them.

The parallel issue of staff feeling compromised in terms of their ability to sanction young people had led to a difficult mix, a lack of boundaries and a lack of structure –

I think the biggest problem that I've got is that in the past we always had quite a good bit of structure in the children's home – whereby the carers and the kids respected each other. Now, it's all negotiation and this, that and the other, you know. You can't sanction them for anything and it's just now, it's hard to tell who's the adult who's the child.

(Residential key worker)

This was further made worse in some residential workers' minds by the feeling of uncertainty over whether they should or could take a more authoritarian line – i.e when young people could be restrained if their behaviour was likely to cause harm either to themselves or others,

It would be much better if we were out in the community somewhere. It isn't ideal having a campus like this because the kids just roam round in packs and we haven't got the facility to stop them. If my two kids were roaming round at 10 at night I would bring them back in. But you're treading on thin ice if you lay hands on a young person - even though the Children's Act says a child's safety is paramount.

I would feel it a duty of care if one of these young kids is out at half past 10, 11 o'clock at night to bring them back in and if that meant holding them and bringing them back in, well, so be it. But if they then made a complaint to senior managers I could then be looking at a suspension because they would say I'd used undue force for complying and stuff.

> *That's the area we're working in. So what do you say? Do you say I've got a complete hands-off policy, stuff you then, go and get on with it? That's not good child care. But people are fearful for their jobs so that's what they do.*

And, as was often pointed out, this led to worse outcomes for the young people themselves,

> *Ian is now in court on Monday for an assault on staff. I'm not condoning that but I find it greatly difficult as an issue, that. We've now got him in court on Monday - introduced to the youth justice system by being in care. When I worked in residential work my view was that if a young person misbehaved I dealt with as far as punishment and structure and boundaries (were concerned) - I would put them on the young person, because once you start involving police to do that, you're almost saying to a young person that you've given up on them … especially with a 12-year-old … You know, we take them off their parents, we take them into care because we say we can do a better job.*
>
> (Social worker)

As is clear, there was an interplay between big issues and small ones and, it appears, an inability felt by many staff to confront young people or 'deprive' them of what they strongly felt were their entitlements.

> *This is going really back – about eight years – if they stayed out all night we used to ground them for a couple of nights and they never argued against it … (now) the second word, they'd be off. Before if a young person truanted from school, they didn't get a telly to put into their bedroom at night time and now that doesn't count. It's just the culture in here at the minute.*
>
> (Residential key worker)

In the longer term this was leading to young people who were not well prepared for the move to independence. This was nicely summed-up by one social worker –

> *Although it's changing we're still into this - Ooh, it's leaving care time, they're 15 and a half - we'd better get something done. I think that's gradually moving now, but I still think it is sort of swept under the table a little bit … little Jimmy doesn't know if he leaves the light on it burns electricity and one day he'll have to pay for it and he can't just put the telly on and the stereo and then walk out the room and just leave them on and it doesn't matter cos social services will pick up the bill … I think a bit more reality needs to be brought in at a younger age - so Jimmy can make a cup of tea and stuff like that when he's 14, 15 and feel confident enough to go out and do things not to be left til they're 15 and a half and suddenly realise that we've got a leaving care package to get together.*
>
> *I think we rely on young people to pick up the pieces far too late. Even somebody coming in at eight-years-old – God bless them, I hope they don't, but sometimes it happens – I think they should be schooled in some form of direction and lifeskills. I don't expect them to iron their shirts and stuff like that at that age, but, y'know, to be aware of not leaving lights on and stuff like that.*
>
> (Social worker)

In effect rather than a gradual cultivation of independence, there was an unwitting promotion of dependence –

Some of it is the care system – the fact that things are done for young people and they're not told it is their responsibility to do it. The safety net sometimes moves in a little too quick, in my opinion … the fact is that if they don't do it it doesn't matter, the residential staff will do it anyway.

(Social worker)

And the more concerning aspect of this was that many young people did not seem to appreciate that they could not demand and behave badly once they were no longer in care.

The fact is that they need to be aware that they don't jump the queue, they can't go and swear at people in the pub and say that the Children Act will protect them, and, y'know, the way that they treat some of the residential staff is appalling. And (they) expect things - a forever open hand, money-wise. I think there's something that needs to be addressed there.

(Social worker)

I really feel that when these young people leave the care system there's gonna be nobody to have an ever-open pot of money for them ... and they're gonna wonder why; they're gonna be very confused … As I say, they get these mixed messages now and then they go out into the big wide world and people are not prepared to put up with their tantrums because they can't have their own way.

(Residential key worker)

*Both his key worker and I have had a word and said, 'whatever you do in life you cannot continue to behave like this, 'cos it's not going to help - even if you go down the pub and you're like this' … He just can't seem to behave in the way he should be behaving and he knows how he should be behaving … he just seems to think he's better than what he is … he can tell people to 'f*** off' if he feels like it and thinks he can get away with it - but he's gonna find a very hard lesson …I think, when he goes down the pub when he's older and he gives somebody a mouthful somebody will give him a good slapping - y'know what I mean? - he's gonna learn that way.*

(Social worker)

This failure to challenge and promote a more mature realisation of how the wider world operated had even happened in a satellite home –

I think they allowed her to take advantage of things - I know it was her home, but picking the phone up just when they feel like it, (not) turning the television off when there's meetings ... I think residential staff have it very difficult, don't get me wrong, I think they have a very difficult job, but there are certain boundaries that need to be set. And the way she spoke to some of the residential staff - she was very near the mark at times. I don't think the boundaries were initially laid - I think, yes, we've got to move on from residential and it's got to be more independent, but I think you have set rules as you have set rules in a normal house. You don't go and abuse the telephone and phone anyone you want to without asking - you don't, when there's people come to the door you could say, 'I'll get it' - you don't stick your nose into other people's conversations - and you respect the other tenants. I think they are some of the things that weren't initially laid out – they may well have been in the tenancy agreement but she wasn't held to it.

Basically I don't think she had a clear insight into the ways of the world … Stacey was used to demanding things and if she didn't (get them) she was abusive - I'm afraid that doesn't work in the big, bad world – in fact it works against you. She was quite immature in things like that.

(Social worker)

Just one residential worker said she would 'stick to her guns' when young people made what she felt were unreasonable demands – and she felt this had paid dividends –

> *At the end of the day I've said to our manager, I've got this good response, this good bond with the kids, and even the kids what's gone – they still ring me up – and it's not because I've said 'yes', it's because I've said 'NO'.*

One social worker was optimistic that these messages were percolating through to managers –

> *I think that's coming from the ground floor - I think the staff are saying that. The message from the top floor is still keeping these young people in the cotton wool environment. And a lot of people are saying this isn't right, because this is not what happens in the real world. Yes, it's very unfortunate that these young people are in care, but we're not doing them any favours by keeping them in a cotton wool environment.*

but others were not at all sure that they were being listened to –

> *The young people just have to sneeze and you're suspended, 'cos they haven't got any common sense over there. It's crazy … I know that the kids have got to be protected but you get some kids who are just wilful and are just out for getting somebody suspended – you talk to them the wrong way and they're over there making allegations and these'll just sit up and listen to it and want to run as far as they can with it without coming over to ask you as a staff member, 'what happened there? what was the thinking behind that?', you know. It's crazy – I've got no faith in them at all … I fear for the future – it's getting beyond a joke.*
>
> (Residential key worker)

> *I think residential workers feel so disempowered now about what they can do because of national media pressure, of the local pressure of this department trying to cover its butt rather than do what's best for children. I think it's the whole culture of residential care - and the person who loses out as a result of all of this is the young person.*
>
> (Social worker)

Managers of the planned residential children's homes may need to embark on a reappraisal of the culture of care within the homes. We focus our suggestions for this in the final section below.

9.10 Ways forward – resilience and empowerment

This evaluation has, as already stated, ranged widely in its bid to comprehensively evaluate planned residential care in Durham.

In this final section we would like to offer a suggestion as to what we hope could prove to be useful ideas in informing a productive future development of the service.

We have already incorporated the theory of 'resilience' into our consideration of individual outcomes for the young people (see especially Chapters 2 and 5) – because it encompasses

a range of ideas which indicate what will be useful in engineering a longer term beneficial outcome (whilst allowing for an interplay between the actions of residential care professionals and the agency of the young person her/himself).

We want to refresh the reader's appreciation of the core areas which research has suggested are key to promoting resilience for young people – because we feel these should be prioritised across the span of a young person's time in planned care.

Key resilience promoting factors

- **strong social networks**
- **the presence of at least one unconditionally supportive parent or parent substitute**
- **a committed mentor or other person from outside the family**
- **positive school experiences**
- **a sense of mastery and a belief that one's own efforts can make a difference**
- **participation in a range of extra-curricular activities that promote self-esteem**
- **the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised**
- **the ability – or opportunity – to 'make a difference' by helping others or through part time work**
- **not to be excessively sheltered from challenging situations which provide opportunities to develop coping skills.**

(Newman and Blackburn, 2002)

It is self-evident that the inclusion of these factors in building a beneficial experience for a young person in residential care – alongside the concurrent demand to prioritise stability and continuity as much as is possible (see Chapter 2) – is no easy task.

However, part of the merit of a planned service is that carers and managers alike can aspire to certain goals – and we feel that this would be a worthy aspiration.

To extend our suggestions to how the reappraisal of the 'culture' within the homes might be positively undertaken (as mooted in the previous section) – to offer a beneficial context within which to promote resilience – we now turn briefly to the concept of 'empowerment'.

By drawing in this idea we are borrowing from Frost *et al* who discuss empowerment and its meanings in relation to residential care at some length in their book, 'Understanding Residential Child Care' (1999).

Clearly the term empowerment has a number of connotations, but most importantly here it raises the profile of the power relationships which are embedded within the residential setting. It is vastly apparent – not least in the issues mentioned in the quotes in the

previous section – that the issues of 'control', 'care' and 'resistance' are three themes which play constantly in a children's home.

And, as Frost *et al* are keen to point out, residential care is not operating in some sort of 'social vacuum' – young people in care are both affected by and reactive to the wider social world. So young people in care face a 'double challenge' – like all young people they are exposed to the pressures of the wider world and they have the additional stigma of being away from their family. They also tend to have had a fractured care career – residential care being the last option for the 'most difficult' in the hierarchy of care.

In helping young people to overcome this – 'empowering' them to conquer their double challenge – those who provide care must recognise and acknowledge the nature of the multiple oppressions that the young people have experienced and continue to experience in order to equip them to survive (and become resilient over time).

Frost *et al* suggest that empowerment can provide 'what we might call a 'practice template', or a method of assessing the impact and consistency of practice' (Frost *et al.,* 1999: 3). They say that as an informing principle it can supercede old-style paternalism and newer tokenistic, naïve rights-based approaches.

They assert that empowerment operates on three levels in relation to residential care

- Individual – empowerment 'suggests that children and young people should be supported in a manner which enables them to take risks and take control over their lives where this is possible and as long as it promotes their welfare in the long term.' (Frost *et al,* 1999:126)

- Group – the group is <u>the</u> defining aspect of residential child care. The empowerment model 'suggests that the group can be a focus for much effective decision-making … ranging from issues relating to diet to staff selection, from décor to unit rules.' (Frost *et al,* 1999:126)

- Citizen – young people in care are part of a social grouping, a community of interest which could/should act collectively and represent itself to ensure its interests are safeguarded on a local and national level. 'Such collective organisation will enable young people to be empowered to influence policy and practice at a macro level, that is, to have a voice and campaign on all pertinent issues in relation to the provision for young people in care.' (Frost *et al,* 1999:127)

From the analysis of the interview data and from wider fieldwork we would suggest that Durham is some way towards the goals of empowerment of young people in relation to the levels of 'group' (e.g. through staff selection and recruitment procedures) and 'citizen' (through the CID group and the 'Hear, Hear' meetings).

However, the issues around 'individual' empowerment would appear to have been less well negotiated thus far. Many examples of this are given in the previous section – young people's clamour for rights has transcended a longer term consideration of their future well-being. This problem requires a careful and comprehensive re-think – and one that should embrace the participation of the young people themselves to afford them a full understanding of what might at first appear to be an adjustment to a more authoritative regime.

Two other academics neatly express the difficulties (and necessity) of this approach -

> *There can be a tension in work to involve vulnerable children in difficult or complex decisions, between an approach based on sensitive casework and the building of relationships of trust, and one based on children knowing their rights and being encouraged to use them. In our view there is no fundamental contradiction between the two. On the contrary, a combination of both approaches is needed if we are to empower children to take an effective part in the planning of their lives.*
>
> (Thomas and O'Kane, 1999: 229)

It is also important to point out that empowerment should extend beyond the arena of young people – it is a general 'model' which should be applied equally to the roles of workers. Thus there needs to be a management disposition to the role of caring for children which permits a high degree of professional discretion.

> *Who has the power to listen to the child's voice? The social worker may be willing and anxious to empower the child yet themselves feel restricted in the autonomy they have. Management will be setting objectives and priorities that they are under pressure to meet.*
>
> (Munro, 2001: 136)

Again, in relation to this, a debate needs to be had around the nature and extent of this professional discretion, but a debate that is informed by the principles of empowerment.

As Frost *et al* conclude this should ultimately facilitate the formation of a benign and constructive setting in which young people can flourish –

> *Ideally … empowerment can restore belief in residential child care, thus furthering a practice based on engagement, negotiation and participation, a practice which may utilise different methods and approaches but not be a slave to them, being guided by the question, 'How will this empower the young person?' And finally, empowerment can bring about a practice which will not be polarised between a shallow token legalism which rejects all needs in favour of rights or conversely a crude and narrow pathologising which reduces young people to a receptacle of professionally defined needs."*
>
> (Frost *et al,* 1999:127)

Afterthought

This chapter, in bringing together and pronouncing upon all the findings of the evaluation study, comes with a heavy burden. It proffers an authoritative voice giving direction about ways in which things could be made better.

It goes without saying that the assertions of this chapter have been given after careful consideration, with due reference to the current state of academic research around residential child care, and with the best intentions.

But by the same token it is difficult to imagine a more complex task than that of providing 24-hour care, seven days a week to a group of the most damaged and deprived young people and to make this a progressively productive experience.

Social science offers a contribution to the understanding of the 'human condition' – but in many ways it is at best a partial understanding, and (with regard to social work practice) a current 'best guess' at what can repair a damaged psyche. It can merely guide those who provide caring interventions and does well to be frank and open about the overall inadequacy of its authoritativeness.

As Berridge says

> … *the extent of empirical research on residential care is still very limited and we have barely begun to scratch the surface of some highly complex problems.*
>
> (Berridge, 2002: 100)

Whilst we crawl towards greater comprehension of human development and its impairment through adversity and abuse it is perhaps not entirely legitimate to pass strong judgement on the hamstrung efforts of those who are brave enough to try to offer succour to this group of young people. As Munro observes,

> *When one considers the depressing evidence on outcomes for looked after children in adult life, humility about our ability to know what is in the child's best interest seems to be the appropriate emotion.*
>
> (Munro, 2002: 134)

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Appendix I – Research Ethics

The following is a brief discussion of the key areas considered when looking at the ethical dimension of this evalution.

Dynamics of the interview situation and relative power

This issue is especially relevant in relation to the interviews with young people. Although one might debate the relative power relationships within the live interview of the researcher with a social worker, a residential key worker, a manager or a parent, they are primarily linked to status and one might reasonably assume are of lesser importance than those which relate to the position of young person (see Christensen and Allison, 2000, and Thomas and O'Kane, 1998).

Within an interview with a young person the power issues may be associated with the age difference, the (perceived) authority of the researcher, the kudos of the researcher's association to an academic institution, the researcher's observed friendly interactions with residential staff and managers, the researcher's ability to control the interview and own the product after completion, the fact that the researcher is the interrogator and the young person an assumed compliant respondent, etc. There are myriad ways in the context for the 'event' of a research interview, what happens during the actual interview and its aftermath which constitute elements of differentiated power for the professional researcher and the young person.

Clearly many, if not most of these cannot fully be compensated for, given the constraints of the situation. However, in an attempt to disempower the researcher to some degree and empower the young person, a number of strategies were employed for this study.

Before the interview the researcher provided written information – a leaflet and covering letter was sent to all potential participants. The young people were provided with a description of the study – of the reason behind it and the way it was to be done. They then met the researcher and were offered further information and given the opportunity to challenge or query the methods or motives for the research. They were repeatedly told that they were under no obligation to take part in the project and that they could withdraw from participation at any point. They were also offered time to reflect before agreeing to take part if they did not want to decide straight away. hence the researcher made himself fully available to the young people to offer full information before they made a decision to become involved with the research.

Once a young person had agreed to be interviewed the arrangements were made at a time to suit them. Although for pragmatic reasons all the interviews with young people who were living in residential homes were conducted on the premises, every effort was made to ensure that the rooms used were comfortable and private. When the interview took place the young person was always reminded at the outset of their 'rights' not to answer any questions if they did not wish to, to stop the interview at any time (for a break or for complete termination), and to question the researcher. In fact the researcher underlined the fact that the interviewee could and should exercise their own control of the process whenever they wished to – and they were reminded of this as appropriate throughout the interview*. (In the event a number of young people did invoke their

* An almost identical approach was used in the preamble to interviews with all adult participants.

rights – negotiating breaks, cross-questioning the researcher and, in one case, terminating the interview. Some young people asked to listen to the recording of their interview and one for a copy afterwards – requests that were happily acceded to by the researcher).

At all points the researcher adopted a conscious policy of interacting sociably with the young people – before, during and after interviews, often responding with his own personal information as appropriate (and at his discretion!) to the many questions that the young people asked him. The notion of a 'relationship' between the researcher and the researched is a complex and variable one in all research studies – it is always by necessity brief and in many ways impersonal and functional. In this instance there was clearly a need to attempt to at least partially remove the distance associated with being a stranger parachuting into the lives of a group of young people, asking searching and sensitive questions and then disappearing again – not least because the researcher hoped to encourage ongoing participation at further subsequent stages of the research. Clearly there was an element of exploitation in this approach, but hopefully this was outweighed by benign intent.

Avoidance of undue intrusion

In research studies of this nature there is a difficult and delicate line to be drawn between exploration of personal issues and scrutiny which might be seen to shade into unnecessary and damaging prurience.

This project presented a complex problem with regard to this dilemma. The likelihood was that they young people who were the focus of the research would have had problematic pasts. And there was an explicit desire to develop informed understanding of the background to young people's care careers in order to better conclude why current service interventions might be successful or not – to consider 'what works for whom in what circumstances'.

Therefore, throughout the interviewing process live decisions had to be made as to the appropriateness of further questioning on sensitive issues and a balance kept between asking enough and asking too much.

In many ways it was not possible to predetermine or fully legislate for this. At all times the researcher sought only 'sufficient' information around difficult issues to provide 'basic understanding'. To a large degree his judgements around this rested on the reactions and statements of each interviewee and he had to exercise professional discretion over how to proceed on many occasions. However, this responsibility was counteracted by the provision that all interviewees were explicitly and repeatedly told that they were under no obligation to answer any questions.

Informed consent

By this I mean that all potential participants should freely consent to their role in a research study in the full knowledge of what this commitment entails. They should understand what the research is for, why it is being done, who for, what their contribution might be used for and what rights they have both during and after their participation in the work – and should be cognisant of these things prior to their agreement to participate.

Many of the ways in which informed consent was promoted for the young people have been outlined above, in the section on 'relative power', but the principle extends to all research participants. This meant that appropriately-worded information was made available to all potential participants in the study, that they were all offered an opportunity to ask questions both before and during their participation and, perhaps most importantly, that their consent was not regarded as an absolute once it had been given – they were all afforded the opportunity to withdraw consent at any point during the process if they wished to do so.

Data protection

Given the sensitive nature of the personal data being collected for the evaluation it was important for the researcher to make all reasonable provision for security of the data both during and after the study.

The responsibility for ensuring that no participant was in any way compromised by their involvement in the study was met by the following provisions –

- all data which was stored was anonymised. In circumstances where there was a need for linkage to an individual for the purposes of the research the data was kept under code only and every effort made to prevent codes linking individuals to their data being accessed by anyone outside the research team (and once the need for the link is over the names and contact details will be destroyed prior to archiving of the data);

- all data was / will be kept securely, whether through physical means or through password protection on ICT systems.

Pastoral responsibilities

The researcher took seriously his responsibility to participants for their emotional well-being. The potential effects of discussing sometimes difficult and upsetting experiences were not disregarded in the preparation for the study and the researcher employed a number of strategies to deal with this.

With due recognition that there might be problems in overstepping the mark between researcher and counsellor/carer, the researcher adopted an appropriately sympathetic or empathetic manner during interviews. Interviewees were responded to in ways which attempted to convey that the situation was a safe, non-judgemental forum. They were reminded that they were not under any pressure to divulge information within the interview and were offered time and space if this was necessary to recover their composure.

In addition to this general *modus operandi* for interviewing, other supportive elements were built into the interviewing process. Participants, especially young people, were chatted to about how they were feeling before the interview began – partially in order to register if events in the current context might have an effect on their mood and responses, but also to check out how their prevailing mental state might necessitate a tempering of the issues

raised during the interview. In tandem with this, the young people were also 'debriefed' after the recorder had been switched off (unless they were desperate to get on with other things) – they were asked to say how they felt within themselves, whether or not they had enjoyed the interview and whether there was any issue which they wanted to discuss outside the interview, either with the researcher or with anyone else. (The young people and other participants were also given contact details for the researcher should they wish to get in touch at any point in time after the interview itself).

The discussion of the above issues gives some indication of the broad range of ethical considerations which were taken into account in the design, planning and execution of the evaluation.

The Social Work Research and Development Unit has a code of ethics which provides guidance for all studies carried out by its researchers. The author of this study contributed to the writing of this code during his work on the evaluation. The full code is available from the Unit.

Appendix II - Research instrumentation

The following research instruments were used in the study (some examples are offered below)

T1

Postal questionnaire to social workers

- new admissions *(see below)*
- care leavers

Interview schedule

• young people	new admissions *(see below)* care leavers
• residential key workers	new admissions care leavers
• social workers	new admissions care leavers
• parents	new admissions care leavers
• young person's advisors	

Self completion checklist questionnaire for young people

- new admissions
- care leavers *(see below)*

T2

Postal questionnaire to residential key workers

Interview schedule

• young people	new admissions care leavers

T3

Interview schedule

- young people
- residential key workers
- social workers
- parents

Self completion checklist questionnaire for young people

Building a Future

An Evaluation of Process and Outcomes of Services to Young People in Planned Residential Care Within Durham Social Services Children's Homes

Young People's Starting Points

Questionnaire for Social Workers

[New admissions]

SOCIAL WORK RESEARCH AND DEVELOPMENT UNIT

THE UNIVERSITY of York

This questionnaire forms part of a research study of planned residential care within County Durham. Hopefully you will already be aware of the project but a leaflet is enclosed which gives some additional information.

The research will 'track' the progress of a group of young people who come into planned care – and consider their situation from a number of different perspectives at a number of points in time. The views of field social workers will be central to the study.

The young person named on the 'post-it' note attached below has agreed to take part in the study – we hope that as her/his social worker you will also provide an input to the research. (Because we need to be rigorous with our data protection procedures we would ask that you detach and destroy the 'post-it' note before returning the questionnaire).

Although there may appear to be a lot of questions to answer, they are constructed in such a way as to mostly require only a tick and/or a few words from you – therefore the questionnaire should only take 20 minutes to complete.

Ref. no -

This questionnaire is intended to establish some benchmarks against which to consider the progress of this young person within residential care. It is not intended to 'stand alone' but will be complemented by a telephone interview. Please bear this in mind when completing the questionnaire – we will explore the young person's situation and the context for all that has happened in more detail during the interview.

Some questions relate to the outcome measures in the LAC Assessment and Action Records – but since each young person will be at a different stage in relation to the formal process of LAC assessment, we have decided to register their position as the social worker sees it at the outset of their stay in planned care. (We will also be asking for your thoughts on the LAC system when we interview you).

All responses to the questionnaire will remain completely confidential – as will all data collected during the course of the research. (An ethical policy for the conduct of the project is available on request).

If possible please could you complete and *return the questionnaire as soon as possible* – it is important that the situation for the young person is 'logged' at the outset of the placement.

We will then contact you to arrange a suitable time for the telephone interview.

If you have any questions about the research, or your participation in it, please speak to your team manager, contact Phil Raws at York University [(01904) 433523] or call Sue Waller or Selwyn Morgans at the Aycliffe site [(01325) 375619].

BACKGROUND

Please tell us the following ***basic details***:-

Young person's … 1) date of birth _____/_____/_____.

2) gender ☐ *female* ☐ *male*

3) ethnic background …

Asian or Asian British	Indian	☐
	Pakistani	☐
	Bangladeshi	☐
	Any other Asian background	☐
Black or Black British	Caribbean	☐
	African	☐
	Any other Black background	☐
Other Ethnic Groups	Chinese	☐
	Any other ethnic group	☐
White	White British	☐
	White Irish	☐
	Any other White background	☐
Mixed	White and Asian	☐
	White and Black Caribbean	☐
	White and Black African	☐
	Any other mixed background	☐

Please describe _____

4) How long has the young person been on your caseload?

5) How would you describe the overall quality of your relationship with her/him?

☐ *Good* ☐ *Mixed* ☐ *Poor*

6) How long has the young person been 'known' to Social Services?

7) Where was the young person living immediately prior to this placement?

8) How long had she/he lived there?

9) Please indicate the extent to which the young person has done any of the following things prior to this placement -

	Frequency		
	Never	**Occasionally** (Once or twice)	**Persistently** (3 times or more)
Committed criminal offences	☐	☐	☐
Abused alcohol	☐	☐	☐
Abused illegal drugs	☐	☐	☐
Abused solvents	☐	☐	☐
Self harmed	☐	☐	☐
Attempted suicide	☐	☐	☐
Run away from home	☐	☐	☐
Run away from substitute care	☐	☐	☐
Truanted from school	☐	☐	☐
Been excluded from school	☐	☐	☐
Been violent towards adults	☐	☐	☐
Been violent towards other children	☐	☐	☐

NEW PLACEMENT

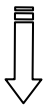
10) What would you say were the main overall aims of the placement?

11) How long would you envisage the placement lasting?

12) Are you completely happy with a placement for this young person at this unit?

☐ [go to Q.13]
YES

☐
NO



Please say why;-

ASSESSING OUTCOMES

We would now like you to respond to some questions which relate to the LAC Assessment and Action Records – we realise that the usual process for answering these questions would, where possible, involve the young person, their parent(s), teachers, other agency professionals, etc. On this occasion, however, we would like you to answer them purely on the basis of your knowledge and opinions.

13) Is there an Assessment and Action Record on the young person's file?

YES ☐

⇨ When was the form started ("Date begun" on front cover)?

_____

⇨ To what extent are the sections filled in?

	Fully completed	***Partially completed***	***No recordings***
Health	☐	☐	☐
Education	☐	☐	☐
Identity	☐	☐	☐
Family & Social Relationships	☐	☐	☐
Social Presentation	☐	☐	☐
Emotional & Behavioural Development	☐	☐	☐
Self Care Skills	☐	☐	☐

NO ☐

⇨ If not, please say why:-

Thinking about the young person's physical **health…**

14) Would you say they are …

☐ *Normally well* **1** ☐ *Sometimes ill* **2** ☐ *Often ill* **3** ☐ *Don't know*

*[***1** *Unwell for a week or less in the last 6 months;* **2** *- unwell for between 8 days and a fortnight in the last 6 months;* **3** *– unwell for more than 14 days in the last six months].*

15) Is the young person currently registered with…

	Yes	*No*	*Don't know*
a doctor	☐	☐	☐
a dentist	☐	☐	☐
an optician [if appropriate]	☐	☐	☐

16) Are you aware of any ongoing health problems, conditions or disabilities which the young person has?

☐ *YES* ☐ *NO*

Please say what these are:-

17) Is the young person …

☐ *Overweight* ☐ *Average weight* ☐ *Underweight* ☐ *Don't know*

18) Does the young person take any regular exercise?

Yes	*No*	*Don't know*
☐	☐	☐

19) Do you think the young person has 'age-appropriate' knowledge and understanding of the following issues –

	Yes	*No*	*Don't know*
… diet?	☐	☐	☐
… sexual behaviour?	☐	☐	☐
… sexual health?	☐	☐	☐
… alcohol?	☐	☐	☐
… illegal drugs?	☐	☐	☐
… smoking?	☐	☐	☐

20) To what degree do you feel the young person puts their health at risk?

☐	☐	☐	☐
No risk at all	*Some risk*	*Serious risk*	*Don't know*

21) What would you say are the main aims - in terms of health - for this placement?

Thinking about the young person's **education…**

22) Is there currently a named 'person with educational responsibility'?

☐ *NO* ☐ *YES* ⇨ Who? _____

Tel. no. - _____

If the young person is of 'school age' answer Q 23) and Q24), if not go to Q 25)

23) How does the young person spend their 'school time'?

Attends mainstream school ☐ Attends special school ☐

Attends Pupil Referral Unit ☐ Receives tuition at the residential unit ☐ Other arrangements* ☐

*Please explain

24) Does the young person have a … [[After answering, please go to Q26]

	Yes	*No*	*Don't know*
personal education plan (PEP)	☐	☐	☐
learning mentor	☐	☐	☐

25) How does the young person spend their days?

In paid employment ☐ Looking for work ☐

Attends college course ☐ Doing voluntary work ☐ Other * ☐

*Please explain

26) Does the young person have an appropriate level of literacy for her/his age?

☐ *YES* ☐ *NO* ☐ *Don't know*

27) Do you have a clear understanding of the young person's educational ability?

☐ *YES* ☐ *NO* ***[Go to Q. 29)]***

28) To what degree would you say that her/his attainment level at school (or alternative provision) is in line with her/his ability?

☐ *Performance matches ability* ☐ *Performance somewhat below ability* ☐ *Performance seriously below ability* ☐ *Don't know*

29) Does the young person take part in any activities outside school hours, which you regard as beneficial?

☐ *NO* ☐ *YES* ⇨

What?

30) What do you feel are the main aims - in terms of 'education' - for this placement?

Thinking about the young person's **family & social relationships…**

31) How many different places has the young person lived in during the last 12 months?

32) With whom/where has she/he lived during the last 12 months?

Birth parent(s) ☐

Relative(s) ☐ *Who?* _____

Foster carer(s) ☐

Residential care ☐

Other people ☐ *Who?* _____

33) Will the young person have ongoing contact with members of her/his family?

☐ *YES* ☐ *NO* [go to Q.35)]

34) Please say ….

… ***who with?***	[AND]	… ***how often?***
	⇔ ⇔	

35) Will the young person have contact with other 'significant adults' [e.g. family friends, previous carers, etc] ?

☐ *YES* ☐ *NO*

36) Does the young person have a network of peer relationships outside the residential unit?

☐ *YES* ☐ *NO* ☐ *Don't know*

37) Is there somewhere, whether with family, friend or previous placement, where the young person can go for …

	Yes	*No*	*Don't know*
… support/advice/help?	☐	☐	☐
… 'time out' from the residential unit?	☐	☐	☐
… holiday visits?	☐	☐	☐
… weekends?	☐	☐	☐
… special occasions (Xmas, Birthday)?	☐	☐	☐

38) In this early phase at the residential unit, is the young person getting on well with …

	Yes	*No*	*Don't know*
… the other young people?	☐	☐	☐
… her/his key worker?	☐	☐	☐
… the other staff?	☐	☐	☐
… the team manager?	☐	☐	☐

39) What do you think are the main aims – in terms of family and social relationships - for this placement?

Thinking about the young person's **emotional and behavioural development…**

40) Do you have a full understanding of this young person's emotional needs and/or state of mental health?

☐ *YES* ☐ [go to **Q42**] *NO*

41) Please say what particular problems there are and what interventions are currently happening or are planned –

42) We have already asked about some specific behaviour problems (on p.3, Q9) – if there are any other behaviour problems for this young person please detail them here –

43) What do you feel are the main aims – in terms of emotional and behavioural development – for this placement?

Thinking about the young person's sense of **identity…**

44) How well does the young person understand her/his past?

☐ *Good understanding* ☐ *Some understanding* ☐ *Poor understanding* ☐ *Don't know*

45) How well does the young person understand her/his current situation (especially why she/he has been placed in the residential unit)?

☐ *Good understanding* ☐ *Some understanding* ☐ *Poor understanding* ☐ *Don't know*

46) How extensive is the young person's knowledge of her/his birth family?

☐ ***Knows family well*** ☐ ***Limited knowledge*** ☐ ***No knowledge*** ☐ ***Don't know***

47) When this young person speaks about her/himself would you say she/he is generally …

☐ ***Positive*** ☐ ***Negative*** ☐ ***Mixed*** ☐ ***Don't know***

48) Does she/he have a plan for her/his future?

☐ *YES* ☐ *NO* ☐ ***Don't know***

49) What would you say were the main aims – in terms of identity – for this placement?

Thinking about the young person's **self care skills…**

[By 'self care skills' we mean those developing skills for independence – budgeting, cooking, etc.]

50) Given her/his age and ability, do you feel that she/he has appropriate …

	Yes	*No*	*Don't know*
… knowledge of self care?	☐	☐	☐
… skills for self care?	☐	☐	☐
… understanding about self care?	☐	☐	☐
… motivation for self care?	☐	☐	☐

51) What are the main aims – in terms of self care skills – for this placement?

Thinking about the young person's **social presentation…**

52) Relative to the social situation, would you say that the young person usually …

	Yes	*No*	*Don't know*
… dresses 'appropriately'?	☐	☐	☐
… uses acceptable language ?	☐	☐	☐
… maintains an acceptable level of personal hygiene?	☐	☐	☐

53) What are the main aims – in terms of social presentation – for this placement?

If you have any additional comments please write them here -

Many thanks for taking the time to complete this questionnaire.

Please return it as soon as possible in the enclosed freepost envelope.

I will then contact you to arrange a time for a telephone interview.

Building a Future

An Evaluation of Process and Outcomes of Services to Young People in Planned Residential Care Within Durham Social Services Children's Homes

Young People's Starting Points

T1 Interview Schedule for Young People
(New admissions)

SOCIAL WORK RESEARCH AND DEVELOPMENT UNIT

THE UNIVERSITY of York

INTRODUCTION

Thanks for agreeing to take part

There are just a couple of things I have to say before we begin the interview.

- *As you hopefully know the interview is about **you** and about **being here** – to find out what you think and how you might like things to be.*

- *Perhaps the most important thing to remember is that this is **YOUR INTERVIEW** and you have **CHOICES** – what you want to tell me, whether or not to answer a question, when you might like to have a break, whether you want to stop the interview. YOU ARE IN CONTROL.*

- *The second important thing to say is that what you tell me will be kept CONFIDENTIAL – which means that nobody else, not your social worker, the staff here, your parents or anybody will find out what you say. I want you to feel happy that you can tell me anything and everything, say what you really think ,and not worry that it might come back to haunt you. The only time I might have to speak to someone else about the interview is if you said you had been hurt or you or someone else was in danger – then we would have a discussion about what to do before I told anyone else.*

- *Finally, as you probably know, I'm going to **PAY YOU** for your time. [Not sure if this is going to be vouchers or cash yet]. I want to do that now, before we start the interview, so that I don't forget about it later.*

*OK - the last thing before we start is just to ask you if you have **any questions** –*

[PAUSE]

– No? OK – if you do want to ask anything once we have started just interrupt at any point.

I hope you don't mind if I RECORD THE INTERVIEW – (show MiniDisc) – it just means I don't have to try and write lots of notes, which would slow us down.

[START RECORDING]

Let's start by talking about what's been happening just recently.

ADMISSION AND CURRENT THOUGHTS ON PLACEMENT

When did you move into this place/unit name (if AYPC may do interview out of units in 'my office')**?**

How did you feel when you first arrived?

Is your room OK?
What about the rest of the house?

How do you feel about living here (i.e. in this part of County Durham and, for Aycliffe units, on this site)**?**

Now you've been here a few days, how are you getting on with the other young people who live here?

And what about the staff?

Who is your key worker?

How are you getting on with her/him?
What has she/he done with you so far?

Have you spoken to the team manager (name)?

What do you think of her/him?

Has someone talked to you about any things you have to do here, like jobs, or any rules for the house?

What did they say?

How much pocket money and clothing allowance will you get?

Who would you speak to if you had a problem?

Why was it decided that you should come here?

Can you remember how long ago you knew you were coming here? (… When did you know?)

Who told you?

Did you have a chance to come and have a look round before you moved in?

Was it like you expected? (What was different… from what you expected?)

Did you go and look at any other homes/units?

Did you feel like you had a choice about whether you moved in to this unit? (If no, ask why not) … OR … Did your social worker ask you if you wanted to come to this unit?

How long are you going to stay here?

PREVIOUS 'HOMES'

Where were you living before you moved in here?

How long had you lived there?

(If not apparent or not home) - Who were you living with?

Have you lived away from home before?

YES - Where have you lived?

(Probe to build a chronological picture if possible ….)

(If **foster care** spells, for each episode) …

- Why did you go there?
- What were your **foster carers** like/did you get on with them?
- [Probe for reasons why good or bad there, etc.].
- Were there other children living there/how did you get on with them?
- How long were you there?
- Why did you leave?

(If **residential** spells, for each home) …

- Why did you go there?
- What was it like?
- [Probe for reasons why good or bad, etc.].
- How long did you stay for?
- Why did you leave?

(If appropriate) - When were you last living at home/with your parents?

[Following questions may need *ad hoc* amendment, according to what has just been discussed]

FAMILY AND FRIENDS

Who is in your family?

Where do they live?

How well do you get on with them?

How much do you see of them at the moment?

Do you have any choice over how much you see them?

What would be your ideal arrangement for seeing them? (frequency – location …)

Is there anyone (else) who is important to you who you want to see regularly?
YES - Who? (what is the relationship?))

- How often would you like to see them?
- Is this likely to happen? (If not, Why not? …. n.b. geography/transport problems - possibly)

(If not mentioned **friends/peers** and/or **'significant others' (adults)**, probe to find out about these social links)

CHILDHOOD EXPERIENCES

OK – I'd like to know a bit more about your past –

What would you say have been the most important things that have happened to you while you were growing up?

… prompts **"you may want to think for a minute or two" "they might be things that you still think about now – perhaps like moving to a new area, or your parents splitting up, or problems that there were at home ….").**

PROBE, as appropriate - when did this happen? / how did you feel?

OK, let's talk a bit more about some other current things …

SCHOOL/EDUCATION

Do you go to school at the moment?

NO - Why not?
What do you do during the day instead of going to school?
Do you want to go back to school?
NO - What do you want to do instead?

YES - Is somebody trying to sort out a school place for you? [i) who? AND ii) where?]

YES - Where do you go to school?
Will you be able to carry on going there while you live here?

Have you ever truanted from school /missed school without telling anyone?

Have you ever been excluded from school?

YES - Temp or perm?

What do / did you like about school?

What are the bad things about school?

Have you had problems at school – with work; bullying …?

YES - Did anyone help you with this?

(If appropriate) Do you have plans for what you want to do when you leave school?

SOCIAL WORK

Who is your social worker?

Do you get on with her/him?

As you know, your social worker sometimes makes decisions about what happens to you – does she/he ask you what you think, or what you want, before the decisions are made?

YES - Do you feel that she/he listens to what you say
– does what you say make a difference?

NO -Tell me about a decision that was made without asking you.

When you are invited to review meetings do you go?

NO - Why not?

YES - What is it like being in the meetings?
Do you say what you want to happen?

NO - Why not?
YES - Do you think it makes a difference?

[POTENTIALLY A GOOD TIME TO HAVE A BREAK IF APPROPRIATE]

OTHER STUFF AND CHECKLIST

We've talked quite a lot so far about your life and the other people involved in it, but there are other things that I'd like to know about you.

If you had to describe yourself to somebody who didn't know you what would you say?

(Possible prompts
And if you had to tell them some facts about you what would you say –
likes / dislikes?
things you are good at / not so good at?
favourite things – food, animal, sport? (football team? pop groups??)
what you do in your spare time?).

I'd also like to know some other things about you – I've got a list here which asks you to tick boxes to give an answer to each question. Some of these questions might be difficult to answer because they ask about personal things and about your feelings.

We have two choices for these questions – we could either go through them together or you could fill the sheet in yourself. Which would you like to do?

OK – here is the list (either on lap top or on paper) – remember, if you don't want to answer any question you don't have to –

DO CHECKLIST (attached)

The first set of questions asked about how you feel at the moment.
When you're not feeling good is there someone you talk to – someone you feel you can trust?

YES - Who? and How often do you see her/him?

You've said that you smoke cigarettes / drink alcohol …..etc –

(For each 'substance use' question) … - Have you talked to anyone about the risks of (whatever)?
- Do you think (what you're doing) is a problem? (perhaps probe, eg. about harm reduction??)

You've said that you have run away / committed crimes …. etc –

(For each 'behaviours' question) … - Have you talked to talked to anyone about (this issue / reasons why +/or how not to (coping strategies)?
- YES – Who? and What did they say?

ASSESSMENT AND ACTION RECORDS

One of the things your social worker may have been doing with you is filling in one of these **[SHOW Assessment and Action Record]** In it your social worker keeps a record of what you and your parents think, as well as what she/he thinks and the record is supposed to help make sure that everyone is thinking clearly about how best to plan for the future.

Has your social worker ever talked to you about this? / Has she/her ever shown you a form like this one?

YES - What did she/he say?
- Have <u>you</u> filled in some of the form? (If NO, do you know who has?)
- Did you and your social worker agree on what to write on the form?

I want to ask about a couple of the things in the form - to find out more about your situation now and about what might be planned for the future.

First, I'd like to ask about your health–

Do you have any health problems?

Do you have to take any regular medication?

Do you have any disabilities?

I'd also like to know about something which the form calls 'Identity'.
This means

- what you know about your past

- how you feel about yourself
- what is important to you

We've already talked about your family and where you have lived but it would be good to know a bit more

What do you know about your parents?
(where born/bred? how long together? etc)

You also talked about (other significant family member) ? Can you tell me a bit more about them?

Are there things that are / were important to your (mum dad or other relative) which are important to you? It might be things like believing in (a) god, liking certain sorts of food, or even supporting a (football/cricket/rugby) team! [Possibly link this to ethnicity].

Are there other things – favourite bands, what you like to do in your spare time, etc – which are important to you now?
Has anyone here talked to you about this?

(Especially if don't know much)
Would you like to find out more about your background?
Have you talked to your social worker about this?

CHOICES AND WISHES

Finally, I want to ask you about what you would like to happen now and in the future –

If you could change anything about this place, what would you change?

If you could change anything about your life at the moment – what would change?

If you could choose what would happen to you in the future, what would you choose?
(Could be) Dreams/fantasy AND what might be realistic

ENDINGS

Is there anything else you want to say??

NO - I'm going to turn off the recorder.

DEBRIEF

Thanks for doing the interview.

How was it for you? / Do you feel OK?
Is there anything you want to discuss now we're not recording?

I'd like to talk to you again if you leave here, or, if not, in around a year's time – would that be all right with you?

If you want to get in touch with me at all you can call me or write to the address on the leaflet (if necessary give another copy)

SELF COMPLETION QUESTIONNAIRE FOR OLDER GROUP

Remember - if you don't want to answer a question you don't have to:-

In the last week, how often have you …

	Never	**Occasionally** (Once or twice)	**Often** (Three times or more)	**Every day**
… felt happy?	☐	☐	☐	☐
… thought nobody cared about you?	☐	☐	☐	☐
… had a good night's sleep?	☐	☐	☐	☐
… felt really fed up?	☐	☐	☐	☐
… like nobody was listening to me ?	☐	☐	☐	☐
… felt positive about the future?	☐	☐	☐	☐
… enjoyed time spent with friends?	☐	☐	☐	☐
… felt really angry?	☐	☐	☐	☐
… done something to help somebody in your home?	☐	☐	☐	☐
… thought about running away?	☐	☐	☐	☐

How often do you …

	Never	Occasionally (1 day a week or less)	Often (Two or three days a week)	Every day
… smoke cigarettes?	☐	☐	☐	☐
… drink alcohol?	☐	☐	☐	☐
… sniff glue, lighter fuel or aerosols?	☐	☐	☐	☐
… use drugs (cannabis, speed, ecstasy …) ?	☐	☐	☐	☐

Have you…

	Never	Once or twice	3 times or more
… run away from home?	☐	☐	☐
… run away from care?	☐	☐	☐
… committed criminal offences?	☐	☐	☐
… had unprotected sex (without using any contraception)?	☐	☐	☐
… self harmed – deliberately cut your arms or another part of your body?	☐	☐	☐
… been violent towards adults?	☐	☐	☐
… been violent towards other young people?	☐	☐	☐
… tried to kill yourself?	☐	☐	☐