



# Residential care as a permanence option for young people needing longer-term care



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## ABSTRACT

The England Department for Education regulations require that all children and youth in care for more than six months must have a 'permanence plan'. Although, in England, placement in a children's home is generally used as a 'last resort' after usually more than one family placement (adoptive or foster) has not worked out, and is usually seen as a short term measure, it is recognised in the guidance that for a small proportion of young people a residential care placement will be the permanence option of choice. After reviewing the relevant literature on the uses of residential care internationally and in the UK, the paper summarises a case study of a small English voluntary sector agency providing longer term care in six small children's home. Summary information is provided on the philosophy and characteristics of the care provided, the over-arching aim of which is to achieve stability and a sense of belonging through the care experience and into adulthood and beyond. Descriptive data are provided on the young adults before and during their stay, and as young adults and outcome data (factual and using 'sensitive' outcome measures) are provided on a cohort of the 65 former residents now aged between 18 and 30.

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## 1. Introduction: the place of residential care for troubled children and young people - a cross-national perspective

### 1.1. The international context

Residential child care (whether in small children's homes or larger homes - sometimes referred to as 'institutions') is used differently in different countries (Thoburn, 2010; Ainsworth & Thoburn, 2013; Thoburn & Ainsworth, 2015). Whether measured in percentage terms or rates per 10,000 children, the UK and other Anglophone nations are the lowest users of group care (Australia, England, New Zealand and the USA all, in the early 2000s, having a rate of < 10 per 10,000 children aged 0–17 in a publicly provided or funded group care setting on a given date). The traditionally high use of residential care in Eastern Europe, together with increasing levels of poverty and lower levels of expenditure on public services following the collapse of Communist regimes, have contributed to the high rates in care and, specifically, in residential care, although this is changing. There are more nuanced explanations for the comparatively high rates in group care in Denmark, France and Germany, with over 40 per 10,000 children in group care (Thoburn & Ainsworth, 2015). There are important differences between the way in which residential child care settings are used in England and in other European countries, where a substantial minority of care entrants have their first and only placement in residential care. In contrast, very few English children have their first placement in residential care.

Bullock and Blower (2013), comparing research on placement patterns in the 1980 and 2000s, reported that the proportion of children who enter care<sup>1</sup> in England who have residential care as their first placement had gone down from 46% to 2%. From a 'snapshot' sample in 2012, for only 25% of those currently in residential care was this their first placement, and for almost all this was intended as a short term assessment or emergency placement. But 31% had had six or more placements (usually foster care, pre-adoption placements interspersed with short spells in emergency residential care) (Hart, La Valle, & Holmes, 2015). In short, even for teenage entrants to care, residential care in England has for many years been used as a placement of 'last resort' rather than a placement of choice. This may (or may not) be changing in the light of recent policy statements and statutory guidance (Narey, 2016). A major aim of child welfare policy and practice in England is to ensure that all children who are placed in out-of-home care have a sense of permanence. As quickly as possible after entering care each child must have a 'permanence plan'.

*The permanence planning process, informed by multi-agency contributions, will identify which permanence option is most likely to meet the needs of the individual child, taking account of his/her wishes and feelings.*

[(DfE, 2015 para 2.3).]

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<sup>1</sup> In this paper the term 'in care' is used for all the young people, whether they were 'accommodated' under Section 20 Children Act 1989 ('voluntary' care), or in care under a Care Order.

The guidance re-states earlier guidance and legislation that the preferred permanence options are a safe and stable placement back with a birth parent or with a member of the extended family. If this is not possible, the appropriate permanence option has to be selected in the light of the child's assessed needs and consistently expressed wishes. Most often in England this will be a family placement in a foster or adoptive family, but the guidance acknowledges that for some young people a sense of permanence and positive transition to adulthood can best be achieved by a residential care placement.

*It is also important to think about the needs of older children and young people in relation to achieving permanence in their lives. They may not be able to live with birth parents for a variety of reasons nor wish to be in a foster home or to be adopted but prefer to live in a children's home where they can also achieve a sense of security and belonging.*

[(Para 2.6) (DfE, 2015).]

Rowe, Hundleby, and Garnett (1989) listed the purposes of care as: temporary care; emergency care; preparation for long-term placement; assessment; treatment; 'bridge to independence' and 'care and upbringing'. They found that fewer than 14% of those in residential care in England in the late 1980s had a 'care and upbringing' plan. More recent large sample research data are not available but given its continuing 'last resort' position, and the older average age on placement in a children's home (14.7 years in the Hart et al. review) it is likely that the proportion of young people with a 'care and upbringing' permanence plan for remaining in their children's home will be even lower. The aim for the children in a residential setting is important as it should influence the care regime and staff mix. Broadly speaking, when residential care is used mainly as a 'care and upbringing' provision (as in Japan and Eastern Europe as well as in many poorer countries), the therapeutic emphasis will be on providing stability, a 'sense of permanence' and community membership. The aim of these 'care and upbringing' placements (sometimes achieved, but often not) is to provide trusting relationships with staff who care about as well as for them, are available and provide good quality 'parenting', which includes skills in addressing the impact of loss and maltreatment suffered in their early lives. Appropriate links with family members and support through the transition to adulthood, with access to therapy and specialist services when needed will also be part of a successful 'care and upbringing' regime. Hart et al. (2015, pp. 66) from their review of placement patterns and research on children's homes regimes across Europe described most children's homes in England as undifferentiated 'residential care as usual'. They commented on the 'happenstance' nature of the decision making processes:

*Children in this type of care are not placed there based on a robust assessment of their needs and what kind of placement can effectively meet these needs; they are typically placed in 'residential care as usual' because everything else has failed.*

As a consequence, they conclude:

*We do not normally see the role of residential care in England as being to 'bring children up': their stay is intended to be temporary. This leads to potential confusion as to whether this is the child's 'home' and how staff and children should relate to each other.*

[(Hart et al., pp. 57).]

## 1.2. The context for the case study

This lack of clarity in England about duration of stay (reflected in a lack of a clear statement of purpose available for most English children's homes (Sinclair & Gibbs, 1998; Berridge, Biehal, & Henry, 2012)) means that in most children's homes, whilst most residents will be expected to stay for no more than a few months, a small proportion will stay for a

period of years. Hart et al. (2015) concluded from the available research on intended duration of stay that children's homes managers were able to provide accommodation for young people up to the age of 18, but the majority fulfilled a range of roles for young people with different needs. They concluded that most moves out of English children's homes were planned but that somewhere between a third and a half of children's homes residents left because their placements disrupted. This is important not only because it cuts across the statutory guidance (cited above) that children in care should be provided with a 'sense of permanence' and stability but also because from the small number of outcome studies, clarity for young people and carers about likely duration of stay is associated with lower rates of placement breakdown and higher satisfaction rates. For example, the Swedish longitudinal study of Lindqvist (2011, pp. 73) found that placements being planned (i.e. with clarity about the expected duration) 'reduced the risk of placement breakdown by 11 percentage points'. The case study described in this paper makes a modest contribution to the literature on residential care by exploring the impact on longer-term outcomes when children's home placements are made with the intention that they will provide stability until the young people reach adulthood. Using a retrospective longitudinal approach, data are provided on whether, in the event, the placements did last until adulthood. Quantitative and qualitative data were scrutinised for information on whether these planned long term placements were able to provide a sense of belonging, and if there was evidence about the outcomes for the young adults who experienced stability and a 'sense of permanence' in a residential care setting.

## 2. Residential permanence in practice - a case study from an English voluntary sector agency

This paper provides descriptive and outcome data from a retrospective longitudinal study of young adults who had been cared for by an English medium-sized voluntary sector agency providing both residential and community-based child and family services. Since the mid-1990s the charity has worked closely with neighbouring local authorities to provide a 'care and upbringing' service in its six small children's homes for children and young people (mainly over the age of 10 on starting the placement, but some as young as 8). The main criterion for admission was that each had been assessed as unlikely to return to parents, and that (in consultation with the young people themselves) their present or a new family placement was considered unlikely to be able to meet their needs. In 2011 the agency set up a 'transitions team' whose workers established relationships with each young person as they reached the age of 16, and offered a casework, supportive and mentoring service for any young person accepting the offer, whether they had been resident until 18 or had left when younger and now reached the age of 18.

### 2.1. Methodology

The analysis and discussion in this paper draw on data gathered on the work of the six children's homes, each with places for 4 or 5 young people and of the transitions workers.

Answers were sought to the following research questions:

- Is a small children's home setting able to achieve its aim of providing for young people until they reach adulthood, when most of them have suffered trauma and two or more alternative family placement disruptions?
- Are the staff in these children's homes able to provide the care and the secure base that gives the young people a sense of belonging and stability as they grow into adulthood?
- What is known about change over time in the wellbeing of those young people who have moved on?
- What is known about the life circumstances, ongoing relationships and overall wellbeing of these young adults?

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