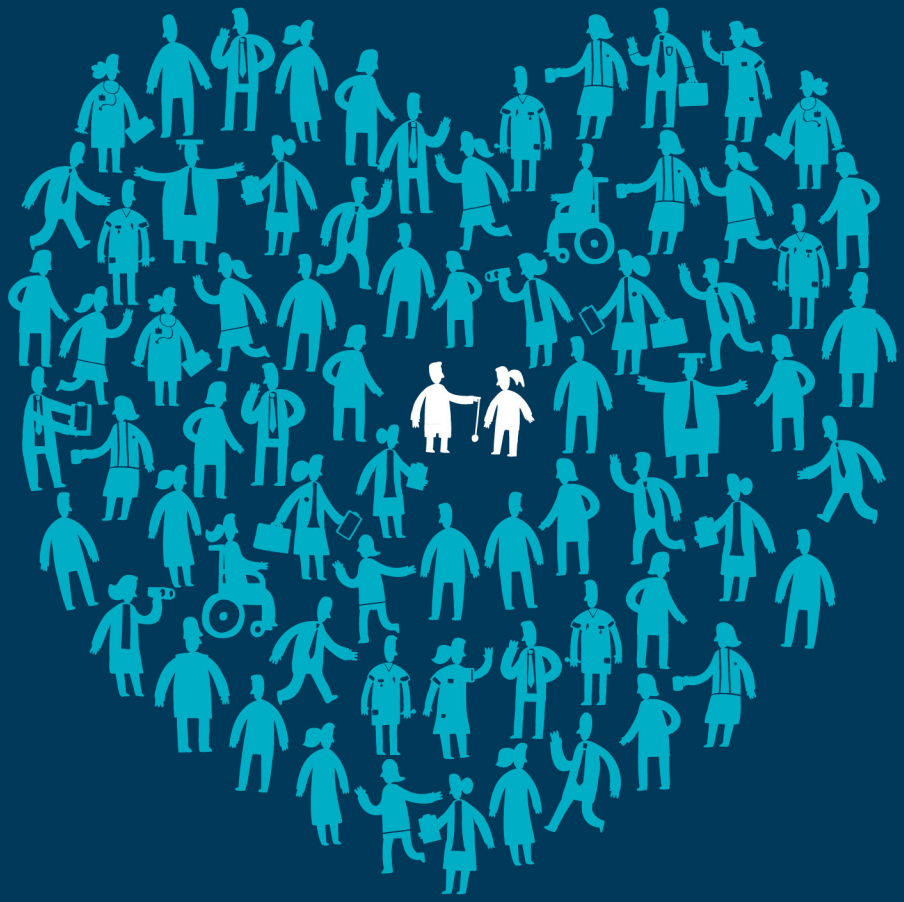
Research

Children's Workforce Development Council



Exploring the experiences of living in a large group therapeutic community – the views of current and ex-residents

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Jenny Carter

Childrens Workforce Development Council (CWDC)'s Practitioner-Led Research projects are small scale research projects carried out by practitioners who deliver and receive services in the children's workforce. These reports are based in a range of settings across the workforce and can be used to support local workforce development.

The reports were completed between September 2009 and February 2010 and apply a wide range of research methodologies. They are not intended to be longitudinal research reports but they provide a snapshot of the views and opinions of the groups consulted as part of the studies. As these projects were time limited, the evidence base can be used to inform planning but should not be generalised across the wider population.

These reports reflect the views of the practitioners that undertook the research. The views and opinions of the authors should not be taken as representative of CWDC.

A new UK Government took office on 11 May. As a result the content in this report may not reflect current Government policy.

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Abstract

Current policy favours substitute families or smaller children's homes to large-group specialist interventions for emotionally damaged young people. Residents thus often arrive at therapeutic communities only after multiple failed placements. Although complex problems are thereby compounded, outcomes at Thornby Hall (a therapeutic community providing residential care to 15-25 adolescents) are better than for other looked-after-children. This long term therapeutic setting develops the emotional capacity of staff so that they can facilitate the relational capacities of young people.

In this study a sample of ex-residents and current residents describe their experience of living at Thornby Hall and the difference they feel it has made to them. They all chose to describe their increased ability to relate well to others, attributing this to: the feeling of being wanted by forgiving staff who want to be there and; a feeling of belonging where staff and peers understood them and they could be by themselves. Their thoughts offer useful insights to those trying to create structures within which children who have suffered early life trauma can thrive.

Jenny Carter

Introduction

Childhood First provides specialist large-group residential treatment, care and education (therapeutic communities) for children who have experienced severe early life trauma and, as a consequent, suffer emotional and behavioural difficulties. Childhood First's longest running community, Thornby Hall, is set in a 16th Century house with spacious grounds. The organisation has had 40-45 staff involved in the care, treatment and education of children and adolescents since 1983.

This kind of treatment centre – residential, large group, long-term group therapy within a psychodynamic-systemic framework and using the whole group, including the peer group, as a positive resource – is somewhat out of favour with the social work profession. This might well be partly due to the shift away from the relationship-based social work since the 1980s (see, for instance, Howe, 1998). Residential care in the UK thus failed to become the 'positive choice' (Wagner, 1988) which many subsequent policy papers and reports have recommended. Policy now seems to be looking to Northern Europe and social pedagogy for guidance about what makes good residential care, and pilots are being set up to explore its effectiveness (DfES, 2007).

During the production of an organisational fundraising film at Thornby Hall, it became clear that the personal stories of three participating ex-residents offered rich subjective data, both about the long-term outcomes for them and their experiences of this type of care. A small research project was commissioned with the support of the Children's Workforce Development Council (CWDC) to examine these ex-residents' perspectives, alongside those of five current residents. Together they provided a rare opportunity to examine personal perspectives of large group residential care. Very few studies have been conducted on communities for children and none have provided a 20 year perspective as is provided here.

The aim of the research was to: 1) explore current and past residents' experiences of living in a large group and any differences they feel it has made to them; 2) inform the organisation, referrers, donors, and the professional field about what it feels like to be placed and live in Thornby Hall and; 3) contribute to the wider social care discourse which is still searching for effective means of treating early life trauma.

Context

Despite evidence that many young people prefer residential care (Berridge, 1985; Sinclair and Gibbs, 1998; Save the Children, 2001; Whiteford, 2005; and Emond, 2003), most looked after children in the UK are placed in substitute family care. Young people who prefer residential care say that they value the opportunity to live alongside others who have had similar experiences (Emond, 2003). Often these people cite that their feelings about their own family are less confused (Emond, 2003) and that they do not have to contend with the difficulties of 'living in another

family, particularly where the foster or adoptive parents have their own children described as 'real kids' (Whiteford, 2005).

Stanley (2009) argues that ever since the Curtis report (1946), residential care in the UK is seen "not as a place for the upbringing of young people but solely as an intervention as in the CYP Act 2009". Where residential care is used, usually after several failed family placements, small 'homely' family style settings are preferred to larger therapeutic communities. Policy and guidelines state that there is "a need for units that are small, preferably with fewer than six young people, thus reducing the potential for peer conflict and allowing for more focused attention on individual needs" and that residential care should be used as part of a continuum and rarely as a permanent option (SCIE, 2008). One of the consequences of this approach, however, is that the benefits of group living cannot be properly utilised for the treatment of young people. As Clough et al (2006) state: "If this policy - of moving towards smaller and smaller homes with one or two children - were to become the norm, then the 'group' element of group care would have little relevance".

A key and defining feature of the therapeutic community is size. Because the entire group and community is the primary therapeutic instrument (Haigh, 2003) there is a minimum size which is workable. The group needs to be large enough to ensure that new arrivals or departures are not destabilising and that there remains a stable core to hold the culture of the group. For this group element to work, where "group pressure and interdependence [are utilized] to foster a sense of individual responsibility to the social community" a minimum of six is required (see Vinogradov and Yalom, 1989).

Little work has been undertaken in the UK on the size of residential institutions. However, Chipenda-Dansokha (2003) offers some useful analysis of the size of residential institutions in the US and challenges the view that smaller is better: "Size is a tool in institutional management and has to be used intelligently to produce benefits".
In analysing the UK's aversion to residential care, Emond (2003) suggests that children who are perceived by society as damaged by abuse or neglect are regarded as needing protection from others with similar experiences, and are not seen as having the resources to help each other. The most significant finding from her own ethnographic research is the importance that young people placed on their fellow residents and the group itself. Although it is widely acknowledged that elderly people can benefit from sharing experiences with those in similar positions, the limited literature about the resident group for the young nearly always 'frame(s) it within a discourse of abuse or harm' (Emond, 2003). While research acknowledges the importance of friends to young people in general (see Sorhaindo, 2007 and Abbott-Chapman et al, 2008), the peer group is widely regarded as a negative influence rather than a positive resource. This broader socio-political context seems to fears young people, particularly young people in groups. As Tanya Byron writes: '"Ephebiphobia" or "fear of youth" is one of the most enduring phenomena in our society' (Byron, 2009).

The lack of confidence in the group setting may also relate to some rather poor performance outcomes for children who have been in residential care. These people are over-represented in mental health services, the prison population and in substance misuse services. In addition, the high cost, relative to adoption and fostering, and some very poor provision and alarming abuse scandals have damaged the profile of residential care (SCIE, 2008).

However, there is almost no analysis of the long term impact of different types of residential care, meaning that all residential care, including specialist provision, faces "continuing political and professional ambivalence" (Crimmens and Milligan, 2005).

However, statistics for children who have lived in Thornby Hall show that their medium-term outcomes in terms of educational achievement, NEET statistics, and teenage pregnancy rates are much better than the general looked after population, and the longer they stay the better they generally do (See Appendix 1).

For therapeutic communities "the child group is not seen as a nuisance that inhibits individuals but as the core mechanism for treatment to harness the influence of other children" (Clough, 2003). The aim of therapeutic communities is to treat the underlying causes of disturbance and to understand with young people the origins of their difficulties. There is thus considerable investment of time and emotion in understanding the detail of each young person's experience and their impact on the group, as well as the impact of the group on them. This treatment methodology is generally a long-term approach and is about living together rather than just staying in the same place (Ward et al, 2003).

Childhood First implements its understanding of the crucial factors needed in a therapeutic community in a methodology called Integrated Systemic Therapy (IST). The approach emphasises emotional life and relationships with a clear theoretical framework for thinking about individuals and group dynamics using psychoanalytic and systemic thinking. IST outlines the network of inter-related groups necessary to realise the positive potential of the staff and peer group dynamics. Each group has a specific task, with a constant manager or consultant and many are designed to examine in detail and understand inter-group and interpersonal dynamics. The implications of the approach, and the structure needed to realise it, is that the emotional life of the staff and their relationships need as much attention as those of the children. This helps staff process the difficult emotions they are in receipt of so that they can continue to work with optimism, and it also uses the staff's emotional responses to understand the children's deep communications. Additionally, these structures provide the function of constantly reflecting on and evaluating the staff's emotional input into situations – this ensures amongst other things, that the children are not left with emotional work or problems in an unhelpful way.

The organisational structure of the whole charity, including the management team external to each therapeutic community, tries to replicate this approach as far as possible so that everybody right up to the CEO has the same experience of being held in relationship.

Methodology

The study was conducted at Thornby Hall, Childhood First's largest and oldest community which caters for approximately 15-25 adolescents. During the making of a fund-raising film with three ex-residents (who had lived in the community some 15-20 years ago), it became clear that as well as providing valuable material for a short film, rare and deep insights about living in the community and the long term effects of this were being recorded. Permission was obtained from the ex-residents to use the videos recorded for the film for research purposes. Additionally, five current residents – volunteers from the current resident group of fourteen - were interviewed using a similar set of questions. A one-off group interview, not recorded, using two facilitators (one known to some children) was chosen as the safest, most productive method, with the least chance of interfering with the ongoing treatment process or community life. Young people were informed about the research in the community meeting and an information sheet was provided explaining how the research would be used; that contributions would be anonymised; and clarifying confidentiality boundaries. Consent was gained from all those with parental responsibility, and the research protocol met with current good practice in accordance with the Open University Human Participants and Materials Research Ethics Committee.

The advantages of this research method are the rich personal accounts, the emphasis on the participants' own definitions of outcomes and processes, and the rare opportunity of such long-term perspectives. The research questions did not isolate any of the features of community living, in particular, or question the participants about outcomes in the traditional 'harder' sense. The method was to try to facilitate the participants to think about the differences that community living had made to them without prejudicing what sorts of outcomes were considered to be 'good'. The semi-structured process did not pre-empt the issues that might be significant and this type of analysis, which uses the participants' own definitions of the impact of the intervention, helps define 'what works' and how it works, in the interviewees' own terms.

Transcriptions of the individual interviews and notes from the group interview were organised into recurring themes. It was important to triangulate this subjective data with that of 'harder outcomes' for leavers compared to their counterparts in the general looked after population (See Appendix 1) and to attempt to make connections between the two: "Getting what we measure right is essential to improve outcomes for children and young people, including those hard-to-quantify aspects such as health, well-being and quality of relationships. More

research is required to demonstrate their link to so-called "harder outcomes", such as health and education, to encourage policy-makers to take them seriously" (Lawlor, 2008).

The sample does not claim in any way to be representative of the whole Thornby Hall population; in fact it self selects for success. For ex-residents, the mere facts of being available and willing to take part in a fundraising film, and judged to be able to process the impact of this experience, selects automatically for successful people with a positive perspective. Current residents who chose to take part (five out of fourteen current residents) also probably did so because they felt they had something positive to say.

Findings

Participants had lived in a variety of places other than with their birth families, including foster and adoptive families, small children's homes, and psychiatric hospitals. All participants expressed that they thought that Thornby Hall was different from other places they had lived. The differences described were all positive and encompassed the physical environment, the 'feel' of the place, including a sense of belonging, and the staff.
Ex-residents were asked to describe Thornby in a word. Two replies were:

'Awesome, a gem in the world, it is so unique. It is like the biggest diamond ever.'
'Remarkable, encompassing a uniqueness….because you don't get this anywhere else.'

The environment

Each person described how out of the ordinary Thornby Hall was, especially in comparison with other children's homes. Those who found the size initially overwhelming described how quickly it felt normal. Many commented positively on first impressions; two mentioned the *'wow' factor*; other descriptors used included *'grandeur'* and '*magical'*.

The boys, in particular, were impressed with the grounds and activities available. They felt the rural setting helped them to avoid getting into trouble, and they felt more able to be themselves, especially to express anger: *'The good thing about Thornby Hall is that it is secluded which 'stops me getting into trouble' and if it was a smaller house you'd need it to be in town else you wouldn't meet many people'*.

They appreciated the welcome they had received, and some used the terms *'home'* and '*my Thornby family'*. Current residents were keen to tell us exactly where they sat, 'their place'. Ex-residents seemed moved by re-experiencing the fabric of the place. One described knowing '*every tree, every stone, and every step'*.
This sense of ownership, and fond familiarity was in contrast to other placements they described.

The staff

Everybody commented or agreed with others' comments that at Thornby, in contrast to other places they had stayed, they did not get a sense of staff '*clocking in and out'*, staff '*not caring'* and '*in it for the money'*. When interviewees had encountered these experiences before in places which they described as *'cold', 'strict', 'regimented', 'quite militarily run',* they described feeling lonely and isolated. Some of the residential homes they were describing were small, with three or four staff, but had not felt homely. It seems that for these residents the feeling of homeliness had more to do with their relationships with staff than with the size of the setting. The only comments about the large staff group at Thornby Hall were positive ones. Several interviewees agreed that *'there are more people to help when you struggle'* and '*you can get little bits from each person'*.
The main topic of conversation, and what the participants wanted to talk about most, was the staff themselves. These comments were about feeling wanted, cared for, loved; the staff forgiving and returning *'no matter what you threw at them'.* A recurring theme was the *'patience'* of the staff group, the fact that residents felt forgiven and that they were still wanted if they had misbehaved. All the young people expressed that the purpose of the staff at Thornby Hall was to help them, in contrast to some other experiences where this was not the expectation e.g. describing a prior experience one participant said 'y*ou couldn't go to them and say I have got a problem because that wasn't what they were there for'*

The Thornby Hall staff were described as a lot more understanding and caring in comparison with other care experiences:
'*I hadn't had hugs before. The staff here want to talk to you, unlike most people in my life. I feel loved, cared for.'*

'I felt loved. I felt cared for. I felt that I belonged here; and that I was wanted here.'

'Even when you were naughty; even when you were being silly and you knew you were, and you were told. The next day 'that's gone, we've talked about, we've dealt with it' and they would put their arm round you again today. Hugs are important. And you don't get that physical bond and affection in other places, not that I've experienced. It's a very warm loving place and every member of staff is like that without fail.'

'It's a very difficult thing to win my trust, I was really mixed up. I pretty much gave out as much bile as I could muster, the bastards they just kept on coming back! So eventually even I wore out. Even I had to realise that there are relationships to be had which are positive. I realise what endurance that must have taken for the staff to come back and deal with me; it takes a phenomenal amount of endurance and empathy to do that.'

'If I go home and struggle on the weekend, they really help me'.

'When they were here they allowed themselves to be absorbed. I just thought they were there to look after us. You don't get a sense of that from any of the other kids homes I've been to because they come in, they clock in, they do their shift, they clock out. But here it was much more a sense of "I do this because I really want to and I do this because it's what I've chosen to do"'

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These comments are included in detail to illustrate several points:

- the feeling that the staff want to be there and want the young people is central to the young people's sense of their own worth
- physical affection and warmth are felt to be important symbols of love and care
- all the comments about staff were about the perception of personal qualities, their ability to relate, especially their resilience under attack
- young people were acutely aware of how difficult they were to relate to when they were struggling.

There was an overall appreciation of the interconnectedness of staff at Thornby. Reference was made to experiences prior to this setting of being asked the same set of questions again and again in different meetings with different professionals.

The peer group

One of the most striking things throughout this whole research process was the compassion and generosity with which the participants spoke of their peers and other people in general, including their own families. Warm, supportive, empathic relationships were observed both in the resident group and the ex-residents group. Ex-residents were thoughtful about current residents and expressed appreciation that the current residents had invited them into 'their home'. It was clear from everybody that one of the most positive aspects of living in the community was living alongside '*kids (who) have had the same experience as you and you can understand them and they can understand you'.*

This was particularly acutely expressed by current residents:
'You can relate to them because they have had the same experiences as you.'
'If you say something they know exactly what you mean'.

This feeling of being understood by the peer group and wanted by the adult group seemed to engender a sense of belonging which linked with the feelings about the environment described above.

Belonging and feeling connected

Feelings of inclusion and belonging were described in relation to the building and the setting, the peer group and the staff. Several people talked about a feeling of belonging, of Thornby Hall feeling like home, of a '*Thornby family'.* Others talked about being able to be themselves for the first time.
'In other children's homes you might have lived there, I mean you have that in common but this is so much more than just having something in common.'

One participant explained how difficult it had been to attend mainstream school because of being in care and feeling different; the fact that education was on site and the teachers are *'more patient*' meant that he was able to go to school and not worry about exclusion. '*I feel like I belong here more than I ever have. The kids here understand a bit more*.'

How it has changed me

Everyone thought that being at Thornby Hall had changed them for the better. Nearly every comment was framed in terms of their improved ability to relate with others. Ex-residents, in particular, were asked what they were like at the beginning and the end of their stay. They were eloquent about their upset, confusion and anger at the beginning, and were clear that this manifested itself in their behaviour, including a lack of ability to trust others and form relationships. Descriptions of how they had changed were almost universally framed in terms of becoming better able to relate with others. Several people said they were better at communicating (including with their parents and in meetings) and were more patient:
'I don't fly off the handle at everything.'

'I don't get so angry because I am better at listening.'

'[When I left] I felt confident in my own ability as a human being to be able to operate on my own.'

'I don't think I would understand some things the way I do now if I hadn't been here and had people try to dissect it for me. I can read other people because of spending a few years here having talked and talked and talked about feelings and seen other people do the same. I don't know if I would have as good a human understanding as I do.

'It took a lot to feel safe enough to have a cuddle or to go and talk to someone openly about how I was feeling. To go and express myself to a male member of staff, that was a huge thing for me. That built a lot of trust back up in men.'

'I am more able to speak my mind. If someone is upsetting me, I can say without upsetting them or being horrible or rude. Being able to form relationships and trust people.'

Would my life have been different?

Ex-residents (now in their thirties) described how their personal and professional relationships were affected by their experience at Thornby Hall. All three thought that their life choices had been affected by what they had learnt at Thornby and described lives which were largely based around interacting with others and taking care of others. One is now a policeman with two children; another works for social services (having been a leaving care worker and now working with persistent and prolific adult offenders), and the third is a mother and has been a foster carer and learning support assistant. Each described their journey to this point in a reflective thoughtful manner. They didn't describe learning skills but rather ways of thinking and interacting. There isn't room to include their full comments but here is one example:

'I try to look after people and try and guide them in the right way so they don't commit crime but if they do I have to deal with them. I am very proud of getting that job and that is in a huge part down to being here and being able to have the time to develop.'

Finally, all three were asked what they thought might have happened to them had they not been at Thornby Hall. They each described a version of deprivation, vulnerability, criminality and relating badly with others that was personal to them. It is reasonable to suggest that if they had each taken the alternative trajectory they described, they would have experienced and caused a great deal of misery and represented a significant cost to society. The three participants had attended college after Thornby Hall. None of the three has used mental health services, drugs services, or penal and social services since leaving. None is on benefits, or has ever been other than for a number of months (about six months in total between two of them). All can be described as net contributors to society.

Implications for practice

The terms in which participants talked of their experience is telling. They see their difficulties, development and successes in terms of their ability to relate to others. This is of course the 'language' of the therapeutic community. Every formal group and the informal opportunity-led work (Ward 2007, Childhood First 2003) is about relating. The things which were important to them were:

- feeling wanted, cared for, loved, physical affection;
- feeling staff wanted to be there, 'are absorbed' or engaged, were not in it for the money, or clocking in and clocking off;
- the resilience of the staff team, in terms of tolerance and still wanting you despite what you did when you 'struggled';

- having a place where it was accepted that you will struggle and be angry, and you can 'be yourself';
- the importance of peers who understand and support you;
- a feeling of belonging.

Clough et al (2006) found that much of the research about what makes a difference – structure, culture and leadership can be difficult to operationalise. The balance between authoritative parenting and nurturing warmth in leadership is all very well in theory (NICE 2010), but how does one put it into practice? The evidence from these young people might help to frame the objective more helpfully. How do you create a place where the factors outlined above can flourish? What will enable staff to feel engaged, to want to understand and care for young people who, by their own account, and because of their previous experiences, find it difficult to feel wanted and are rejecting of attempts to care for them? How do you help staff feel kind, tolerant and patient?

Although these participants had a feeling that every staff member *'without fail'* was always loving and forgiving, understanding and happy to be there, this could not, of course, actually be the case. Nor could it be the case that all the individuals in other places necessarily had fewer of these qualities. Staff are, indeed, selected individually for their emotional sophistication and potential to offer this personal engagement and authenticity when operating at their best. The job of the organisation, though, is to make sure that each individual is operating at their best, but in particular, that the staff team as a whole conveys this sense of real engagement and authenticity. This needs to be carried in the culture and to inform every decision, and this can only work if it emanates from the top down.

Childhood First would argue that in order to provide this level of care, engagement, tolerance and peer support for children, the staff (and senior staff) need to feel the same. Group consultancy, supervision structures and training, all informed by a strong theoretical framework, are essential to this.

Conclusion

Clough at al (2006) argue that as an increasingly high proportion of young people in residential care have mental health problems 'the understandings of a therapeutic perspective should be of value across the board'. The participants in this study described with great eloquence the difference that living in a community has made to them and their ability to relate. Their definitions of good outcomes are framed in terms of an enhanced capacity to relate to others, individually and in groups. Most importantly for them, the factors which make the difference to their feelings of wellbeing (and therefore to their outcomes in terms of operating well in the world) are located in the way the staff group relates to them. They feel good and do well if the staff as a group are emotionally engaged, want to be there, are able to express

affection and are able to understand and tolerate difficult behaviours. Previous research, including Berridge (2002) has identified similar essential elements connected with good attachments: empathy; approachability; persistence; willingness to listen and reliability. It does seem time that we put these findings at the centre of our care system in a way which acknowledges that it is not these qualities located in one particular person which is critical, but a unifying theory for thinking which maximises the group potential for such qualities and relationships to be maintained and withstand attack. This structured holding together of a staff team in relationships that help them to see the difficulties for what they are, and to remain hopeful, is the thread which binds the essential elements of good group care together.

More recent neurological research further endorses how important affection and responsive care is in shaping the baby's brain (Gerhardt 2004). The perspectives of these participants suggests that affection and responsive care continue to be important for children's development, especially when early experiences may have lacked it. This responsiveness, as described by these participants, must include the capacity to allow and hear angry, rejecting and disrespectful feelings - to really allow children to be themselves. There is no reason why every residential establishment which looks after children should not have at its core the crucial elements of relationship-based caring as described by these participants. It is incumbent on those engaged in the complexity, both in policy and everyday practice of residential care, to really listen to the heart of what these types of messages convey and to invest in the relational structures which facilitate the emotional development these children need. Perhaps the recent 'renewed interest in relationship-based practice' (Ruch, 2010) may mean the need for this investment is becoming more widely understood but such understanding will need, in these times of economic constraint, to be accompanied by an appreciation of the long-term lasting benefits to the individual and to society. It seems reasonable to deduce that investment in the ability to relate to others may well directly underlie and sustain the successes of the ex-residents – the avoidance of penal and mental health systems; and the enjoyable and worthwhile personal and professional relationships.

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Appendix

THORNBY HALL OUTCOMES
Comparisons with wider population of looked after children
Revised January 2010

COMPARISON OF CHILDHOOD FIRST PLACEMENTS WITH WIDER POPULATION OF LOOKED-AFTER CHILDREN

	Whole population of looked after children	**Childhood First**
Family history	62% of children in care as result of abuse or neglect.	89% of children admitted have been victims of serious abuse or neglect.
		39% are victims of sexual abuse from within family[1].
		86% have been victims of domestic violence.
		71% have been included on the Child Protection register prior to admission.

[1] This figure is almost certainly a significant underestimate because staff were asked to include only where sexual abuse had been 'confirmed'. The practice more generally is to include other types of evidence, e.g. if children say that they have been abused then this is accepted.

Presenting problems prior to admission	45% of young people looked after by local authorities aged 5-17 were assessed as having a mental health disorder[2].	84% of children admitted demonstrate symptoms of diagnosable conduct disorder prior to admission; 44% hyperkinetic disorders; 90% emotional disorders. 48% are described as exhibiting 'sexual behaviours that are not within range normal for age'.
Exclusion from school	0.49% (approximately 1 in 200) of looked after children permanently excluded from school during the 2006-7 school year (there is no figure for temporary exclusions).	62% of young people admitted have been temporarily or permanently excluded from school prior to admission. 24% young people admitted to Thornby Hall have been permanently excluded from school at some point prior to admission.
Children who have experienced 3 or more care placements in one year	10.7% of children who are looked after experienced 3 or more care placements in 2008-9.	28% of all children admitted to Childhood First centres had 3 or more care placements in the year prior to admission[3].
		30% of children admitted have had more than 7 placement changes in their lives prior to admission. 14% have had more than 11 placement changes.

[2] Meltzer et al 2003.
[3] This figure is almost certainly much higher than recorded and is likely to be inaccurate because of the way the question was asked.

COMPARATIVE OUTCOMES

(a.) Leavers – ON LEAVING AND UP TO AGE 20

Placement stability	**Whole population of looked after children** 67% of children who had been in care/ looked after continuously for more than 2.5 years (at March 2009) had been in the same placement for 2 years or more. (or, 33% children who have been looked after continuously for more than 2.5 years have not remained in same placement for 2 years or more). Of children looked after for 2.5 years or more, 70% of 5-9 year olds & 65% 10-15 year olds have remained in same placement for 2 years or more (2009) or placed for adoption.	**Thornby Hall:** Of 72 children placed at Thornby Hall since 1 January 2000, 57 have become leavers. 30/57 (53%) of these have remained at Thornby > 2 years. Of 15 children placed between 1 May 1998 – 31 December 1999, 9/15 (60%) remained > 2 yrs. For children placed 1 January 2000- 31 December 2004: 21/36 (58%) remained > 2 yrs. For leavers placed after 1 January 2005, 9/21 (43%) have remained > 2 yrs.

Educational achievement: GCSE passes.	65.3% of all school leavers aged 16 and > achieved 5 GCSE passes at grades A*-C in 2009. 13.9% of all looked after school leavers aged 16 and over achieved 5 GCSE passes at grades A*-C in 2009. 7% of all care leavers in 2008 had at least 1 GSCE or GNVQ.	18% (7/40) of all young people who stayed at Thornby Hall for a minimum of 1 year and left aged 16+, achieved 5 GCSE passes at grades A*-C. (For young women, this figure was 28% (7/25), while no young men have passed 5 GCSEs at grades A*-C.
	91.7% of all school leavers aged 16+ achieved 5 GCSE passes A*-G. 43.1% of all looked after children school leavers 16+ achieved 5 GCSE passes A*-G.	62.5% (25/40) all young people who stayed at Thornby Hall for a minimum of 1 year and left aged 16+, achieved 5 GCSE passes at grades A*-G. 5/6 young people (83%) who stayed 4 years achieved this outcome. For young women this figure was 76% (19/25) and 40% (6/15) young men.
	98.9% of all school leavers aged 16+ achieved 1 GCSE pass at grades A*-G (or an equivalent). 63.7% of all looked after children school leavers aged 16+ achieved 1 GCSE pass at grade A*-G (or an equivalent).	90% (36/40) all young people who stayed at Thornby Hall for a minimum of 1 year and left aged 16+, achieved a minimum of 1 GCSE pass at grade A*-G. 6/6 young people who stayed 4 years or more achieved this outcome. 96% (24/25) young women and 80% (12/15) young men who stayed 1 year or more, achieved 1 GCSE pass or better at grade A*-G.

Employment, training and further education	63% of young people who were looked after on 1 April 2006 and now aged 19 (at 31 March 2009) in education, training, or employment.	87% of young people who had been at Thornby Hall for more than 2 years, left Thornby to full-time education, training or employment. Since 1.1.2000, there have been 56 leavers who have now reached age 19. Of young people who stayed at Thornby Hall 2 years or more, 85% remained in touch at 19. 76% (22/29) were in employment, training or education at 19. For young women this figure is 76.5%, and for young men it is 75%. For young women and men who stayed 3 years or more, these figures rise to 85.7% and 80% respectively (82.4% for all young people who stayed 3 or more years: total 23 young men and women).
	26% young people who were looked after on 1 April 2006 and now aged 19 (at 31 March 2009) in education other than higher education (24% full-time; 3% part-time).	11/17 (65%) of young women who stayed at Thornby Hall for 2 years or more were in higher or further education at 19, while the corresponding figure for young men is 3/12 (25%). For all young people who stayed 2 years or more, 14/29 (48%) were in further or higher education at 19.
	30% young people who were looked after on 1 April 2006 and now aged 19 (at 31 March 2009) in employment or training (22% full-time). This has decreased from 34% to 30% between 2005-2009.	2/17 (12%) young women who stayed at Thornby Hall 2 years or more were in full-time employment or training at 19. The corresponding figure for young men is 5/12 (42%).
Independent or 'suitable' accommodation	43% care leavers in independent accommodation at 19 (March 2009). 88.4% former care leavers now aged 19 in suitable accommodation (at March 2008: no figure provided for 2009).	Of 56 leavers (since 1.1.2000) who have reached 19, 34 are known with regards to accommodation arrangements at time of 19th birthday. 15/30 (50%) of young people - 5/12 (42%) young men and 10/18 (56%) young women - who stayed 2 years or more at Thornby Hall were in independent accommodation at 19. 27/30 (90%) of young people - 10/12 (83%) young men and 17/18 (94%) young women were in suitable accommodation, including with family, or semi-independent accommodation at or near 19th birthday.
Pregnancy	"At least 1 in 7 young women leaving care is pregnant or already a mother"[4]. (i.e. c. 14%) In 2006, 40.4 females per 1,000 aged 15-17 (i.e. 4.04%) became pregnant.	37 young women placed at Thornby Hall since May 1998 have reached 18 years. 30 of these young women remained at Thornby Hall for a minimum of 1 year. 4/30 (13%) have become pregnant prior to 18th birthday. This percentage drops to 1/22 (4.5%) for young

[4] Sergeant, Harriet (2006). Handle with Care. P.43

		women who stayed more than 2 years, and 0/11 for young women who stayed more than 3 years. The average leaving age of the girls who became pregnant prior to their 18th birthday is 15.07 & the average length of stay 1.07. None of the girls became pregnant while at Thornby Hall.
Parenthood by age 20	"By age of 20, a quarter of children who have been in care are young parents; 40% mothers"[5]. 28% young women who had been in care between 2001-2004 were parents before 20th birthday. 5% young men were fathers. Dixon (2008): 'a quarter of young people leaving care were pregnant or young parents within a year of leaving care'. [6]	49 young people placed at Thornby Hall since May 1998 have reached age 20. 38/49 have stayed at Thornby Hall for more than 1 year. Of these 38, 6 are 'not currently known about'. Of 32 leavers known about who have reached 20, 7/32 (22%) have become parents by age 20. 5/19 of these are young women (26%); 2/13 are young men (15%).
Prison, Secure provision, psychiatric provision.	"27% of prison population under age of 25 has been in care". [7] Young people leaving care, and in particular those who leave from residential care where the incidence of diagnosable mental health disorders among looked after young people is the highest, are the most likely to suffer from psychiatric disorders in adulthood.	Only 1 young person, who has left Thornby Hall since 1.1.2008 and stayed at Thornby for 2 years or more, is known to have been in prison or secure provision. 4 leavers (4 young women) are known to have been hospitalised under the Mental Health Act post-Thornby Hall. Each of these young women were at Thornby for less than 1 year. No young person who has remained at Thornby for more than 1 year is known to have been hospitalised under the Mental Health Act.

[5] DfES Every Child Matters (2006). Teenage Pregnancy: Accelerating the Strategy to 2010. p.12
[6] Cited in DOH (2009), Guidance on Promoting the Health & Wellbeing of Looked After Children.
[7] Centre for Social Justice, 2010.

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