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# Examining the Perceptions and Attitudes of Staff Working in Community Based Children's Homes

Are Their Needs Being Met?

Gavin Heron and Mono Chakrabarti  
*University of Strathclyde, Scotland*

## ABSTRACT

There remains considerable ambiguity and negativity around the purpose and effectiveness of children's homes. High levels of unqualified staff, low status and poor pay and conditions have continued to be the norm within residential child care. In light of this situation it is appropriate to ask why staff are viewed as a key ingredient in the service provision. It is particularly significant given the views of staff and the tasks they undertake have not been widely researched. This article provides a summary of findings from a doctoral study that attempted to address this deficit by examining the context of children's homes, especially those social processes and interactions that shape key tasks.

## A FAILING SYSTEM?

In the late 1980s residential care was increasingly brought to public attention as a result of a series of scandals involving the abuse of children, some of which had continued 'undiscovered' for many years. By the early 1990s the government had commissioned three reviews in England (Howe, 1992; Utting, 1991; Warner, 1992) and one in Scotland (Skinner, 1992). More recently, the Waterhouse report (2000) documented wide-ranging deficits in residential provision in Wales. These reports have highlighted similar themes: residential provision is an important part of child care services, yet there remains a lack of clarity about its value.

This lack of clarity is not reserved for trivial or peripheral aspects of residential child care, but instead lies at the core of this form of provision. The Central Council for Education and Training in Social Work (CCETSW), which is the regulatory body for social work education and training in the UK, produced the report *Setting Quality Standards For Residential Child Care* (1992). This report (CCETSW, 1992: 14) identified fundamental features of residential child care in which there had been a history of failure:

- failure of national and local government to provide appropriate salaries and conditions of service and to fund comprehensive training programmes;
- a failure of will on the part of employers, who have only rarely invested sufficient professional expertise and managerial commitment to sustain a fully professional residential child care service;
- failure of the social work profession as a whole (and of the social work training 'establishment' in particular) to take responsibility for the training of residential child care workers or other equivalent groups; and
- failure of the social work profession to remedy the stigma and discrimination against residential child care which persists within some parts of the profession, and which disadvantages those living and working in such settings.

While children enter residential care for a variety of reasons the acute level of social deprivation and poverty in the family home is a dominant feature. In a survey of 2500 children, Bebbington and Miles (1989) showed that children from socially disadvantaged backgrounds were greatly over-represented in the numbers of children in care. This trend appears to have continued unabated. For example, prior to the demise of Strathclyde Regional Council, Scotland's largest local authority, 78% of children received into care were from families dependent on benefit (NCH Action for Children, 2000).

There have, however, been significant changes in residential provision. In particular, there has been a dramatic reduction in the residential population and researchers have consistently highlighted the increased ratio of highly disturbed children and the increasing severity of their behaviour (e.g. Berridge and Brodie,

1998; Kahan, 1995; Sinclair et al., 1995; Triseliotis et al., 1995; ). Such changes mean that staff are now working with older, more disturbed and disruptive groups of children than previous generations. This has coincided with the 'residualization' of residential care. Utting (1997: 22) warned that:

Shoe-horning children into vacancies in unsuitable establishments exposes them, other children, and even the establishment itself to the danger of unforeseen harm.

These changes place particular demands on staff and their experiences of working in the residential environment.

### **Institutional Practices and Burnout**

The issue of institutionalization has been significant in shaping perspectives on residential child care and alternative strategies. It has long been known that institutionalized practices undermine good child care (e.g. Durkin, 1982). For example, in a review of research findings Baldwin (1990) showed how the views of inexperienced staff toward the children gradually became more 'punitive', in alignment with other workers who had been in the job longer. Various reports have also highlighted the highly stressful nature of residential environments and the risks of staff burnout (e.g. Kent, 1997). Kent (1997: 15) discussed the issue of 'poor practice in care establishments' and noted that:

Staff who were previously able and capable can be so adversely affected by low morale, depression, exhaustion or burn-out that they cease caring properly for children.

Burnout may have a particular impact on the quality of care provided in children's homes because of the centrality of the child-worker relationship. Research into the concept of burnout, although not specific to residential care, highlights the extent to which burnout distorts the helping relationship. Essentially, the research shows that burnout is often characterized by workers adopting increasingly negative perceptions of clients, which can result in a process of depersonalization and dehumanization (Maslach, 1978; Maslach, 1982; Maslach and Jackson, 1984; Maslach and Pines, 1977). The link between burnout, low morale and the nature of the working environment cannot be underestimated. Berridge and Brodie (1998) showed that staff morale was almost perfectly correlated with the quality of care in children's homes. Ascertaining the views of residential staff has, therefore, the potential to provide key insights, especially when as noted by Skinner (1992: 68): 'Staff are the really important ingredient in the care package offered to children and families . . .'. Despite their importance Hicks et al. (1998) note that few studies have focused on the perspectives of staff.

## **STUDY DESIGN**

This article presents a selection of findings from a doctoral study. The data was collected from eliciting staff's perceptions of the residential context. The analysis focuses on key factors shaping their practice. Of course, the different approaches to welfare and social work in America and Europe make any interpretation of the relevance of the findings in this study problematic. Differences in for example, ethos, culture, resources and training are significant and impact on the nature of residential care. Despite this, the importance of staff in terms of the service offered to children should be a common consideration.

### **Interview Schedule**

Data for the doctoral study was collected from interviews with residential staff. A total of 30 staff were interviewed from seven children's homes in two different local authorities. The intention was to interview each member of staff on four separate occasions. Data was collected from two phases of interviews separated by a period of approximately nine months. In each interview phase, workers were visited on two occasions, separated by a period of approximately three weeks. The benefit of a follow-up phase of interviews was that it allowed for two 'snapshots' of workers' experiences. Of the 120 interviews originally planned, 109 interviews were completed. The interviews were recorded (audio) and transcripts were analysed. The duration of interviews ranged from 50 minutes to 1 hour and 45 minutes.

### **Repgrid**

The Role Construct Repertory Test was devised by Kelly (1955) and is based on his theory of personal constructs. Commonly referred to as the repertory grid or 'repgrid', it is a technique used to structure interviews. It had particular value for this study because it allows considerable scope for exploring the perceptions of staff. Rather than have staff reply to a series of pre-planned questions, the repgrid gives more autonomy for the individual to explore their views and discuss what they believe to be the most significant issues.

For the doctoral study two different repgrids were adapted to explore: (1) the perceptions staff have of children; and (2) the residential environment. The data presented below was elicited primarily from interviews using the second repgrid. Although there are many ways to analyse data from repgrids, this study focused on the conversations generated by staff when compiling the repgrids. This is consistent with Kelly's philosophy (Phillips, 1989) and avoids many of the flaws identified by Yorke (1985) in relation to the validity of the repgrid as a technique. The value of the repgrid for this study was in providing 'the researcher with an abundance and a richness of interpretable material' (Cohen and Manion, 1997: 309).

The key tasks to be explored using the repgrid were identified from

research in the area of 'burnout'. Given the complexity of children's homes and the myriad of variables that shape practice, it was necessary to select specific factors that would provide an insight into the residential context. The idea of using the concept of burnout was derived from the link between the stressful nature of residential child care and that stress was a dominant feature of burnout. The assumption being that if these factors are significant in terms of burnout, they will be important for understanding practice, especially the way staff perform certain tasks.

Research into burnout suggests that the most important factors to consider are workers': feelings of autonomy; level of control; finding the task a challenge; quality of feedback on performance; and support from colleagues and supervisors (Cherniss, 1993; Drory and Shamir, 1988; Leiter and Maslach, 1988; Maslach and Jackson, 1984). From these factors, eight descriptors were identified and were used to generate elements for the repgrid. Each participant was asked to give an example of a task in response to the following descriptors:

- 1 succeeded in attaining a meaningful goal
- 2 acted independently
- 3 received feedback about work
- 4 felt particularly challenged
- 5 felt lack of interest in work
- 6 support from a colleague
- 7 felt in control
- 8 most stress

These tasks provided the elements which, using triadic elicitation, generated the constructs. The elements were then rated on a 5-point scale.

A qualitative method of data analysis was adopted: the transcripts were organized into themes and sub themes that reflected the main issues raised by staff during the interviews. In order to convey the perceptions of staff, extracts from the transcripts have been cited. The eight descriptors used in the tasks repgrid were used as category headings in which to organize workers' comments.

### **Limitations of the Study Design**

There are many factors that could not be predicted (e.g. variations in individual motivations, abilities, team dynamics and management styles) let alone be controlled in any precise way. Deciding what to look for or measure is therefore problematic. Such complexities and the relatively few studies seeking the perspectives of residential staff underpinned the exploratory approach of this study.

A useful starting point for exploring the residential environment is provided by Frank Dobson, who as Secretary of State for Health, emphasized in the Government's Response to the Children's Safeguards Review (1998: foreword) the need,

to look at things from the point of view of the children and to ask 'would this have been good enough for me when I was a child' or 'would this be good enough for my children'.

What actually is 'good enough' is highly subjective. If staff are experiencing excessive stress or some of the factors associated with burnout, can their care be good enough? This study attempted to address this question by eliciting staff's perceptions of the residential context and the key factors shaping their practice.

## RESULTS

By examining the comments made by staff when compiling the repgrid, certain themes emerged about the social processes and situations that influence the way in which workers undertake certain tasks. Understanding how workers undertake these tasks also provide an insight into the way outcomes are reached. In order to enhance clarity the eight categories are presented separately however, it is important to recognize that many of the issues overlap.

### **Succeeded in Attaining a Meaningful Goal**

Goals that were considered most meaningful usually related to achieving something for the children. It is important to recognize however, that most staff had difficulty providing an example of when they had achieved a goal that was 'meaningful'. Some staff referred to situations several months ago, and in some cases, examples were over a year old.

... one of the kids was going for her own tenancy ... I feel she was being discriminated against because she was from a children's home. She was the dross, so it didn't matter, you know. After we challenged the housing about the quality of the accommodation, she got another offer three weeks later. It was much better.

An area where many staff identified achieving goals related to administrative tasks. While these were recognized as important many staff believed they infringed on the quality time they could offer the children. This was a particular frustration for many staff.

But the worst thing is that when you know a particular kid is upset, or that they need a chat with you and you can't do it because you've got to deal with the trivial stuff. And then you've missed the opportunity. You were there, but not for the child ... It's not just the stuff you do, it's the things you could have done, but never got the chance.

What seemed to be particularly frustrating for staff was that they knew what the children needed, but they lacked sufficient resources to meet their



needs. Not being able to meet the children's needs may explain why many staff had difficulty identifying a goal that was meaningful. Essentially, if they identified children's needs that were not being met, then other tasks and duties were considered trivial or of little significance.

Being unable to achieve meaningful goals was linked to their exclusion from the decision making process and left them feeling devalued. This contributed to a feeling of stagnancy and a sense of personal disempowerment.

### **Acted Independently**

Most staff also expressed considerable difficulty in providing an example of a task where they had the opportunity to act independently. Essentially, staff either believed they had no real opportunity to act independently, or, it was limited to certain areas.

I mean when you're working in here, I don't feel you have any independence. You don't get the chance to act independently. Everything you do is a committee decision . . . and its got to be checked out by the manager.

Although most would have preferred more independence, a number of staff believed working in a team effectively removed any real independence.

The main exception to this lack of independence related to periods out with the children's home, especially when on holiday with the children. During such periods, staff not only commented on changes in the children's behaviour, but also in their own behaviour.

Going on holiday is much less structured and you tend to let them make much more decisions for themselves, a lot more than you would in here. And you give them more responsibilities as well.

The different attitudes of staff when out with the children's home and the positive way in which children responded, is an example of the relevance of environmental factors in children's homes. Not all holidays were trouble free, however, staff who went on holiday with the children tended to adopt a very different approach compared to their role in the children's home.

A frequently expressed view related to the considerable differences in what staff were trying to do with the children, compared to the expectations and directives of management:

In my view they [management] don't listen. They have a completely different agenda and although they would say that they value staff, where can residential workers really express their views about where child care should be going in the future? Managers have their agenda and really they don't listen.

Social workers were also criticized by residential staff, although not nearly to the same extent as management. Generally residential staff felt their views

were considered inferior by social workers because they were not qualified. Many staff also felt their views were not listened to by colleagues. It is perhaps surprising that they were not more sensitive to listening to each other's views. If individuals feel devalued as a 'residential worker', then it seems plausible that they might also place less value on the opinions of peers. Such devaluing is unlikely to enhance workers potential for independence.

### **Received Feedback about Work**

Slightly over half of the staff stated that they rarely received any feedback about their practice.

In this job you don't get feedback. You do a report or a piece of work, but you rarely get anyone saying that was a good piece of work, or you could have done this or that. It just doesn't happen in here.

The level of formal supervision, in which feedback is a crucial feature, also appears to vary considerably. Even within children's home, the level and quality of supervision often varied quite dramatically. Few workers said their experience of supervision had been positive and frequent. It would seem that the levels of supervision experienced by residential workers is somewhat sporadic and dependent on the commitment of the supervisor, rather than any implemented policy within the departments.

Of particular interest, was the level of apathy towards supervision. Several workers stated that their supervisor had not been trained to give supervision and was unsure of what to do. Consequently, supervision had often resulted in a 'chat' or a 'moaning session', with nothing very constructive emerging in terms of personal development or practice.

When feedback was given it tended to focus on the more negative aspects of work and was rarely used as a means of reinforcing or praising good practice:

You don't get much [feedback]. It doesn't really happen in here, except when you do something wrong. I did get positive feedback when I dealt with a child who had been stealing. That was nice.

If feedback is generally more forthcoming in relation to negative issues, then workers may be less motivated to request supervision, or rearrange it, when it is cancelled. Where is the motivation for workers to participate in supervision if it is no more than a chat, a moaning session or when it focuses disproportionately on negative issues? This may be of particular significance given that workers have little independence or autonomy to effect change.

Even after serious incidents, which sometimes resulted in one or more children being physically restrained, feedback was often inadequate. Moreover, there was concern about the ineffectiveness of strategies for dealing with violent

and challenging behaviour. A particular consequence of this was the tendency to misinform management. On occasions, staff did not provide accurate accounts of what happened during physical restraints. The problem for managers is that the information they read on the Violent Incident forms may bear little relevance to what actually happened. The central issue therefore, is that inadequate feedback for workers, whether it is informal, or as part of supervision, does not only affect their practice, it may distort the nature of information those workers then share with management. This may become particularly acute if workers seldom receive feedback about good practice. That is, workers may be less willing to be open and honest if they believe that management will only focus on the negative issues.

### **Felt Particularly Challenged**

The overwhelming majority of events where staff felt particularly challenged related to negative issues. In particular, approximately half of the staff identified violence and disruptive behaviour in this category. Assessing the nature of violence within children's homes is complex, especially when information about incidents, as noted above, may be distorted. However, it would appear that in most of the children's homes, staff suffered from ongoing verbal abuse. Many staff seemed to accept the verbal abuse as 'part of the job'. Less frequent, and much less 'accepted', was the physical violence from the children.

. . . there's been a few bad incidents lately. A couple of weeks ago, there was only 2 staff in, and they were restraining a kid when the rest decided to take a maddy.

Assaults on staff cannot be understood simply in terms of children taking a 'maddy'. Another staff's comment, on a recent assault, highlights this point:

It's really bad in here just now. I've got a bruise on my arm from holding a child's legs during a restraint. Another member of staff held the child's upper body, yet the child continued to spit on my face. I've not done the TCI [Therapeutic Crisis Intervention] yet, but it doesn't work well, well not from what I can see. I'm going on the course in a few weeks time. What we were doing wasn't TCI.

This comment raises a number of issues. First, the assault occurred during a very disruptive period in the children's home. Second, one of the workers involved in the restraint had not received the necessary training despite having worked in the children's home for approximately 18 months. Third, the worker differentiates between what they were doing and the TCI procedures. These issues serve to highlight certain cultural and organizational aspects that must be taken into consideration when examining those factors staff find particularly challenging.

Perhaps the most salient factor in relation to violence and confrontation was, as previously highlighted, the belief that children's needs were not being met.

We don't have the time to do any work with any of the kids on an individual basis. They come in here and we don't deal with their problems. You know, the reason they come in here. What usually happens is they just get worse. It's bums on beds. We've no resources to do anything. All we're doing is containing the kids.

Factors such as violence, especially physical assault, may be deemed as 'challenging' for staff, not solely because of the risks of injury, but because they were unable to effectively address the problematic behaviour. Many staff believed their main role was reacting to crisis situations. Without meaningful goals, how can staff give any purpose or momentum to coping with the levels of violence?

#### **Felt a Lack of Interest at Work**

The areas where staff felt a lack of interest related to domestic chores and administration tasks. These tasks were most prevalent because they were considered to be boring and repetitive. While staff recognized the importance of such activities, considerable resentment seemed to relate to the fact that, as previously noted, these were the real priorities within the children's homes. For example, when a crisis situation occurred, some staff believed they were unable to deal with it adequately because they were still expected to complete the various administration tasks.

Not being able to give the children the necessary support may create a tendency for some staff to resign themselves to accepting a working culture that is not in the best interests of the children.

A lot of the staff in here just do the same thing day in and day out. They don't analyse why they do certain things in a particular way. I guess it's to do with confidence, but it also wears you down and after a while you switch off. It's sad really, the staff in here are really bright, they live full lives and have their own families, have interesting hobbies, some are really good at sport, yet they get treated like children when they come to work. They're treated as if they're stupid and I think they just back off, otherwise they might start believing it.

'Backing off' is hardly conducive to establishing meaningful relationships with children, and it may be inextricably linked to the exclusion workers felt in the decision making process. This was particularly evident in decisions surrounding the suitability of placements.

Basically, it's bums on beds . . . It's crazy. They [management] just don't listen. They tell you that admissions will be planned and all that, but when it comes

to the crunch, you get what ever they give you, whether or not it's suitable to the client mix.

Of course, it would be wrong for staff to have complete or sole responsibility in deciding the priorities. However, to deny them involvement in what they consider to be more interesting work may be a dominant aspect effecting their motivation.

### **Support from a Colleague**

Dealing with violence and aggression was the most consistent aspect of practice where staff received support from colleagues. Staff were very conscious of the risks of violence and seemed to take precautions. This included simple communication strategies, such as making sure colleagues know each others whereabouts in the building.

When you're on your own . . . say downstairs, and you receive threats and intimidation, it's really difficult. You're dealing with 17 year olds and sometimes their friends. You've got to pretend you're not frightened, but they're sometimes on drugs . . . You've got to make sure you don't get isolated.

While receiving support in dealing with such negative behaviour is crucial, there was less evidence of support in other areas of practice.

Given the complexity of issues within children's homes and the emotional demands on residential staff, it is perhaps not surprising that tensions, conflict and disagreements were not uncommon. Yet these were not areas where staff seemed to receive much support from colleagues. Similarly, despite the priority given to administration tasks, there was less evidence of any support between colleagues when dealing with any problems or difficulties arising from such tasks. It is important to note that the lack of formal supervision did not always reflect inadequate levels of support at a more informal level. Several workers who did not receive regular supervision stated that their line manager was highly supportive. The nature of support that defined a supervisor as 'supportive', usually related to their ability to cope with violent, or potentially violent, situations.

For the majority of staff, the main factor associated with the lack of support was low staffing levels. Being alone, even with small numbers of children, was not only problematic for staff in terms of control issues, but also in relation to their own vulnerability from allegations.

If they're lying in their beds to midday, hung-over, and you're the only one upstairs when they get up, it can be difficult. When you're on your own, that's when the accusations start to fly. It's when the kids target the staff.

In environments where there is often low levels of feedback, support and supervision, any attempt to make a thorough investigation may be undermined

by a culture of suspicion and fear. Such environments are not conducive to proving or disproving an allegation, protecting children from abusive staff, or supporting staff when false allegations are made. This situation may be made more acute when staff undertake 'loads of overtime' to cover the absence of colleagues.

### **Felt in Control**

Direct involvement with the children was the most common aspect of work where staff felt in control. These feelings of control were most acute in relation to leisure activities out with the children's home (i.e. outings, holidays with young people).

The greater levels of independence experienced by staff and the different environment cannot be underestimated in terms of the impact on children.

I took a girl and her two brothers to Scarborough. She loved it, and the boys were doing all the activities they should be doing at their age. They weren't doing the sort of thing that goes on around here, swearing, abuse, you know. We were in the park, feeding the squirrels. That's the things they should be doing at their age.

No single factor undermined the feeling of being in control. Instead, control was adversely affected by a culmination of demands. For example, one worker commented:

It's not just one thing. You've got all the paperwork, violent incident reports, review reports, panel reports, update care plans, plus you're expected to be on the floor all the time. And you've got to try and build up relationships with the kids. You just don't have enough time. You can't give the children quality time.

Only four staff cited negative aspects of children's behaviour as an area of work where they felt in control. Yet, it was previously noted that many staff felt they were often preoccupied with negative issues, especially the violence. It is plausible to assume that if workers experience ongoing violence, including the fear of violence, at their work, and it is an area where they do not feel in control, then it may have considerable impact upon their interactions with the children. However, violence may not be the main factor undermining feelings of being in control. If staff are disempowered for example, by being excluded from decision making, then the violence may become particularly potent. Not feeling in control, when dealing with the violence and the underlying factors, may be a major barrier to sustaining emotional involvement with the children.

## **Most Stress**

With the exception of two staff, the levels of stress within the children's homes were considered to be excessive. Generally, staff believed the stress was linked to a combination of factors; the most common of which was violence. Both the level and severity of violence was considered to be increasing:

The levels of violence of some of the clients has got much worse over the past few years. When I started 13 years ago, it was totally different.

Being frightened of certain children was not an uncommon experience for staff. However, inadequate debriefing and supervision meant that few workers had opportunities to discuss such feelings in an appropriate way. This may be particularly significant in understanding the withdrawal of appropriate emotional and physical involvement in the child-worker relationship.

One particular factor that mediated upon the levels of stress was the shift patterns. The shift patterns, especially 'sleep overs', were for many staff, not insignificant when the levels of violence were prolonged:

When there's a lot of violence and you have to do a sleep over, it's in your face for 24 hours. Although you might get some sleep, you're thinking about it all the time.

Doing a sleep over, especially during disruptive periods in the children's home, often resulted in situations where staff: did not get to bed until after midnight; had extreme difficulty 'unwinding'; and were expected to commence an early shift the following morning. During such periods, the main objective for staff was to 'get through' their shift. There was little emphasis on proactive, or more therapeutic forms of work being carried out. Staff were often tired and simply wanted to minimize any disruption until their shift finished. Getting through each shift may serve to highlight the difficulty staff had in identifying meaningful goals, especially medium and long-term goals.

The commonly expressed view that children's homes did not actually help the children and were geared more towards containment was a particular source of stress. On occasion, the level of care was considered so inadequate, that some staff believed certain children were worse off in the children's home.

Gary and his brother should be somewhere else. We're not meeting their needs. In fact we're making them worse. It's a pity because they're both all right. They've got enough problems without all this.

Not being able to give the necessary care to children is not only a central source of stress for staff, but the failure to do so adversely impacts on the children's behaviour which itself becomes a stressor.

## **DISCUSSION**

The environments of the children's homes can only be fully understood by recognizing the way in which the above categories interrelate. For example, the difficulties workers expressed in attaining meaningful goals, were often linked to their lack of independence and support, which in turn, related to areas where staff felt a lack of control. The evidence in this study presents an extremely negative account of dominant aspects of the residential context. In particular, the inability of staff to undertake certain key tasks in a manner that meets the needs of children is central to their disempowered position.

While the increasing focus of research on 'outcomes' has provided important insights there has been a tendency to ignore those social processes and interactions that are significant in determining the quality of life in residential care. Examining these areas are complex and are not readily adaptable to more positivist methodologies. The evidence in this study would suggest the way staff undertake certain tasks and the related social processes provide useful insights into children's homes.

### **Constraints on Practice**

Examining the tasks undertaken by staff highlights serious constraints on their practice and reflects similarities to other reports and research studies. The failure to incorporate choice when placing children would, as noted previously by Utting (1991), appear to reflect the residual nature of residential care. Many staff believed their main purpose was the 'containment' of the children. Opportunities to undertake more therapeutic or preventative work was often extremely limited; a trend that is shared with other recent research (e.g. Sinclair and Gibbs, 1998). This 'bums on beds' approach has little resemblance to Skinner's (1992) view of residential care becoming a positive choice. The apathy experienced by staff in this study was reflected in their difficulty identifying meaningful goals and their inability to meet children's needs. The motivation of staff is, as noted previously, not insignificant: Berridge and Brodie (1998) identified morale as the most accurate indicator of good practice. If staff do not feel empowered, how can they provide a quality service, or begin to change the well documented inadequacies which continue to prevail in children's homes? Given this situation it is perhaps surprising that some children and young people prefer residential care to foster placements; primarily because they felt more safe and secure and had greater continuity with carers (Barry, 2001). While children's preferences should not be ignored, it would appear that residential care is the lesser of two evils rather than a positive choice.

### **Implications for Training and Education**

Emerging from the scandals has been the need to qualify staff. The CCETSW (1992) report not only, as noted above, highlighted the failings in residential



child care, it also recommended a minimum qualification: to qualify residential child care workers with the Diploma in Social Work (DipSW). This was seen as a 'minimum standard of qualification' because of the 'exceptionally complex and demanding nature of residential child care' (CCETSW, 1992: 19). Almost a decade later CCETSW was replaced by the Scottish Social Services Council (SSSC) on October 2001 and similar other bodies covering the rest of the UK. This organization will be responsible for the registration of four groups of workers including residential child care staff. While the actual qualification required for registration has not yet been stipulated, the ongoing political commitment towards work-based assessment is likely to favour vocational qualifications. The paradox is that while the complexity of the residential task is increasing, the level of acceptable qualification is decreasing. This raises crucial questions for practice. In particular, how can staff adopt or develop anti-discriminatory or anti-racist practices when they remain disempowered and excluded from a qualification that mirrors the complexity of their work?

Maintaining a minimal level of qualification is also conducive to lower salaries and the cost cutting exercises that have become a perennial feature of many social work departments. The tension between cost and quality cannot, as noted by Fulcher (2001: 429), be ignored:

No single variable will impact more directly on both the quantity and quality of residential group care services for children and young people in the twenty-first century than cost.

To date, the emphasis on minimizing cost appears to be more important than developing a professional residential work force capable of meeting children's needs.

### **Power, Politics and Poverty**

Power, politics and poverty affect any living environment, including residential care. The findings in this study would suggest that the politics of maintaining a disempowered work force are fundamentally opposed to good child care. For Frost et al. (1999) the strategy of separating children from their families to a place of 'last resort' puts issues of care and control at the centre of debates about residential care. Children who enter residential care are essentially disempowered in many ways. A disempowered staff group creates a vacuum that will be filled with the disruptive, damaging and often violent behaviour of young people.

Some of the rhetoric and superficialities surrounding the agenda of 'children's rights' has also been highlighted in the study. In his analysis of power, Lukes (1974: 19) argues that control is frequently wielded in institutions to 'suffocate', 'destroy', or 'suppress' key issues with the intention of 'redefining the

boundaries of what is to count as a political issue'. The superficiality of the children's rights agenda has added to the complexities and tensions permeating residential provision. Most children come from a background of poverty and social deprivation and after short period in residential care will return to the same deprivation. For those in care on a longer basis, the outcomes are equally bleak. The increasingly older age group of children admitted to residential care means that by the time they reach the place of 'last resort' they are often confronted with preparation for aftercare and throughcare. This move towards 'independence' without the necessary supports, especially when the children have been so disadvantaged in, for example, education (e.g. HM Inspectors of Schools and Social Work Services Inspectorate, 2001), is a major factor in their over representation in the statistics for homelessness, drug misuse, prostitution and prison. The 'right' for many children is to enter a residential system that will not meet their needs and be returned to impoverished neighbourhoods and communities. The tokenism of the current children's rights agenda facilitates this inequality.

The child-worker relationship exemplifies the malfunctions in the whole residential system: to empower children would require an empowered staff group who are suitably qualified, have status and have the necessary resources to meet children's needs. The political will to support such restructuring of residential provision does not appear to exist.

## **CONCLUSION**

The findings in this study raise fundamental questions about the value of children's homes. Placing extremely traumatized and disruptive children with disempowered staff who often feel unable or ill-equipped to meet their needs, is an essential dimension maintaining the impoverished position of residential care within social work. While these findings have similarities to other studies there are of course limitations to a small-scale study. It would be misleading to suggest that all children's homes are consumed by bad practice. Nevertheless, the good practice that does exist does so against a backdrop of organizational and professional failure. The findings not only highlight the need for more research into this complex area, but also the need for open debate at a national level that questions the viability of children's homes. Such a debate would require a fundamental shift in political will towards meeting children's needs and returning their rights. This study adds weight to previous evidence suggesting that residential child care requires more than a 'tinkering' with the system, or incremental changes, or worst still, the maintenance of the status quo under a new regulatory body. Instead, there is need for a genuine 'leap forward' in the policies and provision for society's most vulnerable children. Without this, one particular question remains unanswered: whose needs were being met by the inquiries of the 1990s?

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**Gavin Heron** is a lecturer with the Scottish Institute for Residential Child Care. He is a qualified social worker and has worked in residential care. He has recently completed a PhD and his research interests include education and residential child care. [email: [gavin.heron@strath.ac.uk](mailto:gavin.heron@strath.ac.uk)]

**Mono Chakrabarti** is Professor of Social Work at the University of Strathclyde in Glasgow. He is a qualified social worker and has worked in Social Services and Social Work departments in England and Scotland. His research interests include childcare, mental health, ethnicity, comparative social policy and vocational education. [email: [m.chakrabarti@strath.ac.uk](mailto:m.chakrabarti@strath.ac.uk)]