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Gallagher, Bernard and Green, Adam

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# In, out and after care: Young adults' views on their lives, as children, in a therapeutic residential establishment

Bernard Gallagher[a]* and Adam Green[b]

[a, b] *Centre for Applied Childhood Studies, School of Human and Health Sciences, University of Huddersfield, Huddersfield, HD1 3DH, England.* b.gallagher@hud.ac.uk

* Corresponding author: Bernard Gallagher Tel: 0044 (0)1484 473158; Fax: 0044 (0)1484 473603

ABSTRACT

Children who have been severely maltreated may be placed in therapeutic children's homes (also known as residential treatment centres) in order that their often acute emotional and behavioural needs can be addressed. There is little data on process within these settings, especially outside the US. This article contains findings from interviews carried out with 16 young adults who had been placed in a therapeutic children's home in England. These former residents were asked for their views concerning the care they had received. The respondents were, in general, positive about their experiences, particularly in terms of their relationships with staff, life story work, leisure activities and the contact they had with staff after leaving the homes. Some of them were also happy with their experiences in relation to therapy, school, friendships and preparations for leaving the placement but others were less contented in these respects. The evidence from this research is that this highly disadvantaged group of children can be provided with a good quality of care within therapeutic children's homes.

## 1. Introduction

There is a small minority of children and young people in most, if not all, countries, whose parents cannot or will not care for them, and who have to be cared for by the state (Courtney and Thoburn, 2009). These individuals are referred to officially as *looked after children* (LAC)[1] in England (Winter, 2006). LAC have, invariably, experienced some adversity in their lives that has left them with a range of needs (Halfon, Mendonca and Berkowitz, 1995;

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[1] LAC: looked after children; TCH: therapeutic children's homes; RTC: residential treatment centre; LSW: life story work; LSB: life story book; DCSF: Department for Children, Schools and Families; GCSE: General Certificate of Secondary Education

Polnay and Ward, 2000). The majority of LAC in England (Department for Children, Schools and Families (DCSF), 2008), in common with those from many other developed countries (Berrick, 1998; Maluccio, Ainsworth and Thoburn, 2000), are placed in foster care. Where LAC have more acute needs, then they tend to be placed in more institutional-type settings, which are referred to by a variety of terms, such as children's homes (in England) and group homes (in the US) (Curtis, Alexander and Lunghofer, 2001; Rutter, 2000). There is a modest but increasing amount of research on children who are, or have been, in these settings (Little, Kohm and Thompson, 2005). Much of the research that has been carried out on these children has focused on two major domains: the care they have received (*processes*) and the impact this care has had upon them (*outcomes*) (Berridge, 2002).

There are, in terms of process, a number of studies on the preparation children receive for leaving care (Stein, 2002) and on the support they receive after having left care (Biehal, Clayden, Stein and Wade, 1994; Broad, 1998) but most of this research is concerned with the quality of their care whilst they are looked after. Many different aspects of this care have been examined, including those relating to their health (Butler and Payne, 1997; Ridley and McCluskey, 2003), education (Fletcher-Campbell, 1997a; Francis, Thomson and Mills, 1996) and family contact (Biehal and Wade, 1996; Wade, 2008).

Although there has, as a result of this research, been important advances in knowledge concerning the nature of care provided within children's homes (Bullock, Courtney, Parker, Sinclair and Thoburn, 2006), there are weaknesses in this literature (Berridge, 2002). These include the limited extent to which researchers have discriminated between different groups of children in residential care and between different types of children's home (Little, Kohm and Thompson, 2005). Specific groups of LAC have been examined in some studies (Schofield, Thoburn, Howell and Dickens, 2007; Stein, 2006). Schofield et al, for example, investigated placement stability among 'long-stay' children. In the majority of studies, however, quite diverse samples have been utilised, and where sub-groups are identified, this is usually retrospectively and often in relation only to outcomes (Berridge, 2002). Certain types of children's home have been investigated in a number of studies (Behrens and Satterfield, 2006; Gibbs and Sinclair, 1998). Gibbs and Sinclair, for instance, compared private and public children's homes in relation to factors such as for children's contentment and staff morale. Overall, though, there is not a great deal known about the nature of care within particular types of group home (Little, Kohm, Thompson, 2005).

Among the various categories of children living in residential care, there is one group that has generated special concern among policy makers, practitioners and researchers (Malia,

Quigley, Dowty and Danjczek, 2008). There is neither an agreed term nor definition for these children. They have been referred to, for example, as 'troubled and troublesome' (Bullock, Courtney, Parker, Sinclair and Thoburn, 2006) and as the 'most disturbed and difficult children and young people' (Ainsworth and Hansen, 2005). The most conspicuous features of these children's lives are that they have been maltreated or have experienced other acute adversity in their own (family) homes, become looked after as a result (usually in foster homes) but then experience placement breakdown - often because of their challenging behaviour (Boyd, Einbinder, Rauktis and Portwood, 2007; Stanley, Riordan and Alaszewski, 2005). They then move on to a succession of care situations, encounter repeat placement breakdowns, all of which serve only to intensify their emotional and behavioural needs (Osborn and Delfabbro, 2006; Ward, Holmes and Soper, 2008).

One of the interventions often advocated for these children is placement in specialist facilities, which are known by a variety of terms, such as therapeutic children's homes (TCHs), in England (Bullock, 2009), and residential treatment centres (RTCs), in the US (Butler and McPherson, 2007; Connor, Doerfler, Toscano, Volungis and Steingard, 2004). These establishments are marked out from other residential settings is that they offer one or more dedicated interventions that are intended to address these children's acute needs.

The literature on process within TCHs is concentrated around three discrete but overlapping themes: how TCHs operate overall (Rivard, Bloom, McCorkle and Abramovitz, 2005; Scott and Lorenc, 2007); individual organisational aspects, such as the quality of the therapeutic provision (Egelund and Jakobsen, 2009; Pavkov, Negash, Lourie and Hug, 2010); and the experience of stakeholders, chief among whom are staff (Davidson-Arad, Dekel and Wozner, 2004; Nickerson, Brooks, Colby, Rickert and Salamone, 2006), family members (Demmitt and Joanning, 1998; Springer and Stahmann, 1998) and the children themselves (Grupper and Mero-Jaffe, 2008).

There is, in the literature on children's views and experiences of TCHs, an overlap with the first of the two above themes, with there being a focus on the general performance of the institution (Davidson-Arad, 2005; Schiff, Nebe and Gilman, 2006) and on children's encounters with therapy (Cunningham, Duffee, Huang, Steinke and Naccarato, 2009; Handwerk, Huefner, Ringle, Howard, Soper, Almquist and Chmelka, 2008). There are two other areas that have been a focus of attention in this literature: children's relationships with staff (Pazaratz, 1999); and their relationship with their parents or wider family (Freundlich and Avery, 2005; Kott, 2010).

There are, though, problems surrounding the literature on process within TCHs; the first of which is the general dearth of data (Knorth, Angling and Grietens, 2003). The neglect of process within research on TCH is so complete that it is seldom even remarked upon. A number of writers have drawn attention to this situation, albeit inadvertently, in writing about outcomes. They note that it is common in outcome studies for the intervention to be either poorly described or not described at all (Knorth, Harder, Zandberg and Kendrick, 2008; Kott, 2010). A further substantial issue is that the large majority of studies of TCHs have been carried out in the US (Hair, 2005). It has, for example, been stated that there is only one study of a TCH in England; the account of the *Caldecott Community* by Little and Kelly (2005). There is other work in England, such as Gallagher, Brannan, Jones and Westwood's (2004) examination of educational provision for children in a TCH, but such work, whether in England or any other country, besides the US, is rare. A number of other more specific criticisms have been made. These include there being an insufficient contribution to the literature from those most affected by TCHs i.e. current and former residents (Armour and Schwab, 2005), and the scope of studies being too narrow (Knorth, Harder, Zandberg and Kendrick, 2008). This paper, and the research upon which it is based, are intended to address some of this dearth of knowledge. In particular, the paper contains data on process in respect of children who had been placed in a TCH; data was collected from (former) residents; process is examined from a wide variety of perspectives; and the TCH was outside the US (in England).

## 2. Methodology

*2.1 The setting*

This paper is based upon eight therapeutic children's homes (TCHs) all of which were run by a single, private sector organisation, which will, for the purposes of this paper be referred to as *The Orchards*. All of the homes were geographically and operationally separate from one another. The organisation provided what was referred to as an 'integrated model of care' (Rymaszewska and Philpot, 2006). This model comprised three major components: therapeutic parenting; formal therapy sessions; and life story work (LSW). The therapeutic parenting was designed to give the child not only the 'physical environment of an ordinary [family] home' but also to 'fill gaps in the provision of nurture and attachment of which these children have been so severely deprived' (Pughe and Philpot, 2007). It was intended, in addition, to provide a secure base upon which the formal therapeutic work and the LSW could take place. There were 3-5 children in each home, cared for by a total of 10 staff, with 2-3 staff on duty at any one time. There were no other workers, such as domestic staff, in the

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homes. All of the children attended schools in the community and usually different ones from one another. Each child was accompanied in school by their own support worker who would assist them with their education and help deal with any issues if they arose. Children were also encouraged and enabled to attend leisure activities, and make friends in the community. If they did activities with other children in the community, then they would be escorted by a member of staff to ensure that they and any other children did not come to any harm. The overall intention was that each home would be like a family home and the children's lives would be 'normal' – at least as much as was possible within the demands of a TCH.

The therapy children the children received was based upon play and the expressive arts (Rymaszewska and Philpot, 2006). The therapy sessions were the most direct way in which the children's needs - arising out of the trauma they had experienced - were addressed. The therapy was also intended to help enable children move, ultimately, to longer-term, less restrictive placements, especially foster care.  Therapy sessions were provided on a one-to-one basis, usually weekly and lasted for one hour. Children received therapy for as long as they were at *The Orchards*.

The children's lives, before being placed in *The Orchards*, tended to be extremely disjointed and chaotic. The LSW they were provided with was - in common with practice in other children's homes (McKeown, Clarke and Repper, 2006) - designed to give them better knowledge and understanding of their lives before they came to the home. The life story workers did, however, adopt a 'deeper, richer and more detailed approach' to this work than is usually taken (Rose and Philpot, 2005), such that the LSW might constitute an additional therapeutic tool, helping children to better deal with the trauma they had experienced and move, eventually, to less restrictive placements. A key part of this work was the creation of life story books (LSBs), to furnish children with a comprehensive record of their lives. Each child usually received 36 sessions of LSW over an 18 month period. The therapeutic parenting, therapy sessions and LSW were seen holistically, such that each of these groups of workers liaised closely with one another, in an effort to offer the children an integrated and seamless service

*2.2 The children*

Information on the children placed in *The Orchards* was available from their files and members of staff. This information was not, though, recorded or otherwise available in any systematic manner and especially not for children who had been placed some years previously and had now moved on.  What was clear is that most of the children placed at *The*

*Orchards* had experienced sexual, physical and emotional abuse, and neglect. The majority had been maltreated in early childhood, and by one or more members of their family, and sometimes other people. This maltreatment left the children with pronounced attachment issues to one or both parents. This maltreatment was invariably severe, left the children traumatised and led to their becoming looked after. The children were usually first placed in foster homes but these broke down because of their challenging (including sexualised) behaviour. The children were typically then placed in a series of other foster and/or group homes, all of which also broke down. Some of the children experienced further maltreatment in these placements. All of these experiences increased the seriousness of their emotional and behavioural needs, and rendered them extremely vulnerable, such that they were a risk to themselves and/or other people. Many of the children acquired the label 'unfosterable' and eventually each of them was placed with *The Orchards*.

*2.3 The sample*

A total of 117 children had been placed in one of *The Orchard's* eight homes since it opened in June 1991 and had left by the time the fieldwork for this research started in January 2007. The target sample was restricted to former residents who were at least 16 years of age and had completed their exams in their final year of compulsory education (n=77). These inclusion criteria were used for two main reasons. First, it was thought that restricting the research to older, former residents would enable outcomes to be measured in a more substantial and meaningful way - given that more life events would have occurred among this group than any younger group. Secondly, it was thought that limiting the research to older, former residents and those who had completed the above exams, might lessen the risk of the study having any unfavourable effects upon any care or education that they might be receiving. A search was conducted among records held by *The Orchards* to determine which of these 77 former residents it might be feasible to trace and make contact with. It was decided that there were 34 such individuals. Efforts to trace, contact and recruit these individuals resulted in 16 of them agreeing to take part in, and completing, an interview. The sample was, in terms of ethnicity, overwhelmingly White (94%, Table 1) and composed of individuals in their late teens or early 20s (94% were aged 16 - 21 years, mean 18.8 years). In light of their average age and in the interests of brevity, the respondents are hereinafter referred to as *young adults*. The majority of interviewees were female (62.5%) and a small number of them had moderate learning difficulties (n=2, 12.5%).

Table 1 about here

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Most of the young adults had been placed in the home at a relatively young age (mean 8.4 years, Table 2). The single largest group of young adults, accounting for one-half of all interviewees, had left *The Orchards* when they were aged 11-13 years (mean 12.6 years). The interviewees had lived in their TCH for what were, on the whole, fairly lengthy periods of time (mean 4.2 years). There was considerable variation as to when individual children had arrived at and left *The Orchards*.

Table 2 about here

*2.4 Instrument*

The data for this research were collected via interviews with the above young adults. The interviews were based upon a semi-structured interview schedule that included questions on the participants' experiences whilst at *The Orchards* (i.e. processes). The questions on process covered three major domains of the children's lives, divided into eight specific topics (Figure 1). In light of the fact that this study was based upon a quite intensive interview but with only 16 young adults from eight homes operated by a single organisation, it is, perhaps, useful to see it as a case study, with all the strengths but also weaknesses that this method entails (Gerring, 2007).

Figure 1 about here

*2.5 Procedure*

The main researcher (AG) used information from *The Orchards'* archives to trace the young adults. The young adults were approached initially either through their current or former foster carers or social workers, or they were contacted directly. If the person in question was under the age of 18 years, then the first approach was always to his or her social worker. All but one of the interviews were conducted in the young adults' current accommodation. The average duration of interviews was 135 minutes (range 100-200 minutes). The average time that had elapsed between the young adults leaving *The Orchards* and being interviewed was approximately 6 years (range 1-13 years). The interviews were carried out between January 2007 and April 2008.

*2.6 Ethical issues*

The proposed study was not submitted to a research ethics committee for approval owing to the fact that the main researcher did not have access to one. He did, however, ensure that the research was conducted according to standard ethical procedures as set down, for example, in the guidelines of *The British Psychological Society* (2006). This included obtaining consent from interviewees, ensuring this was on a fully informed basis and making sure interviewees remained anonymous.

*2.7 Data analysis*

The data was subject to template analysis as described by King (1998), and Miller and Crabtree (1999). This technique enables themes in qualitative data to be highlighted and organised. It is considered to be especially suited to studies such as the current one where some of the themes in the data are known in advance, allowing for the development of a preliminary coding template.

## 3. Results

In discussing our findings on process in the context of the wider literature, we have focused, where possible, and in the interests of comparability, on studies utilising information from former residents of children's homes in England. Where this literature is limited, then we have accessed a wider body of work; namely, research using data from current residents of children's homes or LAC more generally, or other sources, for example, professional informants.

*3.1 Life in The Orchards*

*3.1.1. Relationships*

Children's relationships, particularly those with their parents, are widely recognised as being crucial to their development (Bowlby, 1969; Rutter, 1981). Relationships are, in some ways, even more critical for LAC. It could be said that relationships - or more specifically a breakdown in relationships - are the crux of the reason why many children are taken into care. This issue has still further resonance for LAC who, like the young adults in our study, had encountered repeated placement breakdowns - largely owing to difficulties surrounding relationships with their carers in these settings. It was for these reasons that the owners of

*The Orchards*, in common with others working in this field (Rees, 2006), identify the development of positive relationships especially, but not exclusively, between staff and children, as one of the most vital aspects of a TCH. The young adults from *The Orchards* appeared to share this view as to the importance of relationships. Relationships were the issue about which they had the most to say, and they made it clear that they felt they had been essential to their general well-being and development.

> Helping me to move on from what I was treated like .... The adults at *The Orchards* were very good looking after me. When I used to go out, I used to say they were my family. I used to like it if I went out into town with one of the grown-ups from *The Orchards* and they saw one of their friends. They introduced me by saying 'this is a friend I work with.' .... I felt loved, yeah, even though I hated washing up. (Sarah, 17)

This perception, as to the significance of relationships, is shared by many other former and current LAC. Relationships are one of the issues about which LAC are most vociferous (Happer, McCreadie and Aldgate, 2006) and also one they see as having a major impact in their lives (Mc Auley and Bunting, 2006; Rainer, 2008; Whiteford, 2005). All of the young adults from *The Orchards* stated that they had been able to form a positive relationship with at least one member of staff. The people they mentioned most in this respect were their *key carers* - who had primary responsibility for a given child - but approximately one-half of the group also cited a home manager.

> Mainly who I had for my key carers which was Lesley, Pam and Edith. I was pretty close to Lesley. I am trying to get hold of her now .... They [key carers] were the people that knew the most about you. When Lesley left, she took me out first to tell me before she told everyone else. I was pretty impressed. We went for a meal. It made me happy. They took you out clothes shopping and to special events. That was your one-to-one. I was most attached to Lesley and Alice [house manager]. (Richard, 18)

The impression that staff from *The Orchards* may have carried out quite effective work in this area in general is reinforced by the fact that our respondents, like other children in residential care (Morgan, 2009), were able to develop positive relationships with a range of other adults, as well as peers, both inside and outside the home. These included therapists and teachers, and children with whom they lived or went to school. These relationships were also highly valued.

> It was difficult to trust anyone at first, but there were a few I got close to. I carried on seeing Paula [therapist] until I was 16 years old. We are still friends now [some eight years later]. I have known her since I was 9. She has watched me grow up. She is 'Aunty Paula' to Kyle [the interviewee's son]. (Emily, 24)

One interviewee expressed some dissatisfaction with this aspect of her care; her particular criticism being that she did not feel 'genuinely loved' - although her view did appear to be the exception.

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In care, you are craving this kind of love but you never really get it …. The one thing you need most is to feel genuinely loved. You never quite got that. That's why we used to play up, so that we could get some attention for us. I was a past master at getting attention – I used to throw tantrums. I felt like they [other children] were getting attention and why wasn't I? It was an artificial environment …. If you tried to give an adult at *Oak House* [one of *The Orchards'* homes] a hug, it didn't feel like it was genuine, whereas in foster care it didn't feel like they were being paid. As a little kid you are very much aware and it didn't feel right – the rules and regulations stopped them hugging you genuinely. (Caitlyn, 19)

Many LAC describe having had positive relationships whilst in care (Gibbs and Sinclair, 2000; Triseliotis, Borland and Lambert, 1995) but a sizeable minority are more equivocal, if not negative, about their experiences (McAuley and Bunting, 2006; Rainer, 2008). Rainer, for example, conducted interviews with 265 young people and adults aged 15-23 years, about the lives they had had in care, and reported that 'a quarter felt quite despondent or ignored and uncared for, and 14% said there had been no one to whom they could turn' (p.9). Many of our interviewees stated that they had benefited considerably from the relationships they had formed, especially those with staff. Some of the benefits they highlighted were of a more immediate nature and comprised: feeling safe or cared for; having a person whom they could talk to or play with, or trust (sometimes for the first time in their lives); and friendship.

Nitesh used to come up with little names – he called me Miss Squiggly Nose. After I left, he made a picture of me using felt. It's still in the loft. It made me feel he actually cared - the same as I cared about him .... He was a genuine person. I was gutted when I did leave because it meant leaving Nitesh. He made it alright to leave and to be excited about the *forever family* [A term that had been used within *The Orchards* to refer to foster families]. (Caitlyn, 19)

Several young adults stated that these relationships had helped them deal, in the medium-term, with the emotional and behavioural challenges they had faced.

Can't really think of anything [negative] because it was such a positive experience. I loved it there – I didn't want to leave. I learnt to control my anger, respect other people more, and learn better communication skills. It just taught me how to behave …. It was absolutely lovely – I got on with all the staff. I used to go out with the staff for walks and things – Steve [carer] in particular. I remember one time going metal detecting. We thought we'd found a Roman shield. It was actually an air traffic sign on Chapel Hill [a nearby area of open land]. (Peter, 18)

Other interviewees believed the support they had received from staff had had major, long-term, positive impacts in their lives. These were in the areas of their emotional and behavioural development, and their placement and educational stability.

There's obviously going to be some things they could improve on, but I can't think of many because they did so well with me. I can't really fault *The Orchards* for the way they treated me. *The Orchards* was really well thought out …. I am very grateful they are there because they have changed my life. I would be a different person if it was not for *The*

> *Orchards*. I can imagine I would be dealing drugs and everything. I would have been kicked out of school. I was always changing school in Westhampton [the area in which this young man lived previously]. (Nathan, 20)

LAC quoted in the literature (Gibbs and Sinclair, 2000; Morgan, 2008) identify the same benefits from positive relationships as did the young adults from *The Orchards* but they also make it clear that the gains are more extensive than our interviewees indicate. These gains are in the short- (Happer, McCreadie and Aldgate, 2006; Rainer, 2008), medium- (Gibbs and Sinclair, 1999; Ward, Kansinski, Pooley and Worthington, 2003) and long-term (Martin and Jackson, 2002). Receiving 'support' and 'encouragement', for example, are mentioned especially frequently among more immediate benefits (Happer et al., 2006; HM Government, 2006). It is also clear from the literature that the consequences of poor relationships are more widespread than our interviewees intimate. McAuley and Bunting (2006), for example, in their review of studies with care experienced children and young adults, argue that the absence of positive relationships can have a range of adverse consequences. It is evident, from all of the above work, that relationships can have a profound role in the lives of LAC. It is encouraging, then, that the indication from our work – one supported by the few comparable studies in England, such as the work of Little and Kelly (1995) – is that it is possible for children in TCHs to establish positive relationships. This is a crucial finding in light of the difficulty many of these children will have had in this area in the past but also the likely significance of such relationships to their development in the future (Bullock, Courtney, Parker, Sinclair and Thoburn, 2006; Bullock, 2009).

### 3.1.2 Therapy

A large proportion of children in residential care are reported to have mental health, or wider emotional and behavioural, needs (McAuley and Davis, 2009; Stanley, Riordan and Alaszewski, 2005). A number of authorities have stated that it is essential for these children to receive therapy to address their difficulties (DCSF and Department of Health, 2007) but others find that they are provided with this service only rarely (Farmer and Pollock, 2003; Stevens and Furnivall, 2008). One major accomplishment of specialist facilities, such as *The Orchards,* in principle at least, is that all of the residents are provided with therapy. A large majority of the young adults from *The Orchards*, in commenting positively on the therapy they were given, appeared to endorse this intervention.

> My therapist [Gemma] was really fun. I could still talk to her about anything, even though it was play therapy. It was the same with Debbie [subsequent therapist] after Gemma left. I worked through some stuff but not everything. I found it hard to play and show my emotions because I was shy. I found it difficult. Gemma encouraged me. Therapy did help. (Claire, 17)

There was, though, also a large proportion of young adults who had criticisms to make of therapy.

> I did find it a waste of time sometimes .... I was silent for the first two years and I was told 'if you don't say anything, you will not get to the point of being ready to move on.' (Richard, 18)

These contrasting results are mirrored in the literature, with some authors finding that LAC value therapy (McAuley, 2005, 2006) while others identify LAC as having issues with this service (Kendrick and Fraser, 1992; Stevens and Furnivall, 2008). That former and current residents of children's homes can both commend and fault therapy suggests that there may be tensions in the provision of this intervention. This possibility is brought out more clearly in our respondents' assessments of the benefits and costs of therapy. The former residents of *The Orchards* identified a range of short- and long-term gains they had derived from therapy. These comprised the opportunity to express their emotions, talk about matters that were troubling them, and regress and behave at a younger age.

> I found the therapy with Paula helped. When I was nine, I had missed out on a childhood from when I was 20 months old. In therapy I went back to using a bottle and a dummy for about six months. I wanted to be a baby for a bit. (Emily, 24)

Other interviewees indicated that therapy sessions had an adverse effect upon them due, in particular, to their having to rekindle what were, for many of them, painful memories.

> I wanted to forget the horrific stuff that had happened – not have it thrown back in my face. (Anna, 19)

Some researchers have produced similar findings to ours in terms of both the positive (McAuley, 2005; 2006) and negative (Kendrick and Fraser, 1992; Stevens and Furnivall, 2008) impacts of therapy. Other researchers have highlighted further benefits (Farmer and Pollock, 2003; Little and Kelly, 2005) and costs (Gallagher, Brannan, Jones and Westwood, 2004; Triseliotis, Borland, Hill and Lambert, 1995). Farmer and Pollock, for example, assert that therapy can help prevent abusive behaviour from becoming firmly entrenched. Triseliotis et al argue, by contrast, that therapy can leave children feeling confused and uncertain about themselves. The indication from this work is that the tensions involved in providing therapy may be more substantial than is implied in our work.

The young adults from *The Orchards* suggested that a key factor in their experience of therapy was the way in which it was organised and in particular its format. A number said they preferred play therapy. This appeared to be due, in part, to the fact either that they

enjoyed the opportunity to play - which was inherent in this form of therapy - or that this activity facilitated interaction, including discussion, with their therapist.

> Therapy helped to a certain extent. It helped my creative side. I built a car garage. The playrooms were pretty good. As you're doing it, it brings up things that you don't want to be brought up. (Richard, 18)

Some former residents appeared to value one particular form of play therapy; namely, role play.

> When I used to go in the acting room, I could pretend to be someone different. It must have helped in a way because I became more confident. (Lucy, 21)

Other interviewees stated that they preferred to use these sessions simply to talk directly to their therapist, rather than doing it through any medium, such as play.

> I preferred sitting down, talking. I saw Sonya [therapist] and the art therapist. I think it made me feel a bit more confident because someone understands you and knows what you are talking about. I think it was OK.  (Scott, 18

Organisational features were also the basis for much of the young adults' disquiet about therapy. A number of them complained that the therapeutic input was insufficiently structured or not age-appropriate, or they reported that they disliked the working style of a particular therapist.

> I can see the benefit of play therapy for some children. I needed more structure to be able to benefit from it. There was never any pressure, but never any direction. I'm not sure what you're supposed to get out of it. It didn't feel like there was a purpose. I had to miss school to go once or twice a week. At the end of a session, there was no recognition of any progress. The session just ended. It would have been nice for something to have been charted, so that I could see some progress. (Caitlyn, 19)

There were two aspects of therapy that former residents found especially difficult - both of which relate to the way in which information was handled. The first of these concern what the young adults perceived as the therapist's misinterpretation - including over-reaction - to their remarks or behaviour.

> One time I washed a baby doll's bits [genitals]. She [therapist] asked 'why are you doing that?' Well it's ridiculous - that's what you do with babies. She kept asking all these questions. I never went again. (Anna, 19)

The second aspect concerned a lack of confidentiality, and specifically discussions that took place between therapists and staff regarding what they [the young adults] had said or done in their home.

> If you told an adult in the house, then the therapist brought it up, asking 'why did this happen?' I hated it. I used to kick off and scream. I did not want to discuss my private life with someone I did not want to talk to .... I didn't tell anybody [personal matters] because I didn't feel it would be safe with one person. I felt like it would be passed on to someone that I didn't want to know. (Anna, 19)

A further indication as to the extent of the difficulty that some of the young adults experienced in therapy is provided by the fact that a small number of them they resorted to fabricating feelings or incidents.

> I used to give them what I thought they wanted to hear but it wasn't me. I saw *Drop Dead Fred* [a fantasy comedy drama film]. I then made up an imaginary friend. I kept up this pretence for two or three weeks, describing this friend .... If she [therapist] got close to the truth, you would change it, so she wouldn't be able to get close. (Caitlyn, 19)

The factors we identified as influencing children's experience of therapy are highlighted in the literature but it is evident within this work that there are additional organisational-type and other elements that can affect LAC's response to this intervention (Cocker, Scott, Turner and Smith, 2003; Scott, 2004). Among the factors that Cocker et al, for instance, highlight are the specific issues that are focussed upon in therapy sessions; whether children are involved in shaping the service; and the characteristics of the child receiving therapy. It is clear from our findings and those from other research, that while LAC can value therapy and derive benefit from it, they can also face challenges with it. Some of these challenges are organisational in nature but others may be more profound, such as children having to re-visit the trauma they have experienced. As the provision of therapy is the defining feature of a TCH, it would appear that there are some critical issues to be considered by all of those responsible for these establishments. This is particularly in terms of whether, when and under what conditions this intervention is provided.

### 3.1.3. LSW

LSW is used with some LAC and is considered a beneficial form of intervention but there is a dearth of knowledge concerning it (Baynes, 2008; Rushton, 2004), including data on children's experiences of this provision (McKeown, Clarke and Repper, 2006). All of the young adults from *The Orchards* stated that they valued the LSW that had been undertaken with them and some reported that it had been especially helpful to them.

> I found it good because I don't remember a lot of stuff from the past. I had blocked it all out. I liked it that they went and found out all of the information, then told me about it slowly, a little bit at a time. I was so young when everything happened, it helped me remember everything. (Lucy, 21)

An indication of the young adults' positive attitude towards LSW is provided by how well some of them had looked after their LSBs and over a long period; how familiar they were with them; the fact that they still referred to them; their decisions to continue LSW in later placements; and their intention to carry out this work with their own children.

> I ended up with a good life story book and I'm pretty glad with it. I still have it and still revisit it. It's the one thing I never destroyed. (Richard, 18)

Willis and Holland (2009) reinforce the sense of LSW being important to LAC. They report a similar commitment to it among the LAC they interviewed, with LAC being positively disposed towards the input they had received and some proposing to continue with this work after their current placement. Our interviewees explained that LSW had helped them in three major ways: in acquiring a more accurate picture of their lives before they entered the home; in facilitating relationships with staff in the home, and with staff and carers in subsequent placements; and in dealing with the emotional and behavioural challenges they had faced.

> Life story made me review everything again. It made me sort out my perspectives on things. Donna [key carer] told me what actually did happen. My perspective was as a kid. (Nathan, 20)

Although many of the young adults' life stories had been dominated by adversity, some of them pointed out that their LSBs also contained information about happier times in their lives. Another of the benefits, then, of LSBs was that they could trigger positive recollections for the young adults concerned.

> It's up in my bedroom. I still read it now. It's got a lot of happy memories that I look back on at *The Lawns* [one of *The Orchards*' houses]. (Sarah, 17)

LSW proved to be emotionally challenging for some of the young adults owing to the complexity of their lives, their behaviour in the past or simply because they did not wish to recall upsetting experiences.

> I have stuck a piece of paper over a section about me behaving inappropriately around Rhian and John, my adoptive family that broke down. The thing in the life story book spoilt my memory of Rhian and John's …. It seemed like it was written for somebody younger than me. (Caitlyn, 19)

Other researchers have noted that LSW can be problematic for children. Willis and Holland (2009) found, for example, that LSW can invoke feelings of sadness in children. Most researchers reveal that LSW is more likely to have a positive impact in the lives of LAC and in doing so they underline its value. LAC cited in the literature report many of the same benefits from LSW as did the young adults from *The Orchards* (Cook-Cottone and Beck, 2007; Willis and Holland, 2009) but they identify additional gains as well (Farmer and

Pollock, 2003; Happer, McCreadie and Aldgate 2006). Farmer and Pollock, for example, found that LSW can help in establishing a good foundation for future therapeutic work. As with therapy, children's experience of LSW could be influenced by the way in which it was organised. One aspect of this work that appeared to be particularly salient to some of our interviewees was the commitment to it on the part of staff, as evidenced, for example, by the amount of information they collected.

> I think it's actually good because it's taught me a lot. It's got my mother's side of the story, my father's side of the story and then when I moved into *Severn View* [one of *The Orchard's* houses] until when I left. (Beth, 16)

Other of the young adults were critical of the way in which LSW had been organised, arguing that they had not been sufficiently engaged in it; that it needed to be gone into in more depth; or that it had been executed in a perfunctory manner.

> It [life story book] was done for me without my input. It was done on really nice paper with beautiful calligraphy but little things were not right …. It was lovely but I left [The Orchards] quickly and it was done in a rush at the end. (Caitlyn, 19)

There is scant research on what might be the key variables in determining LAC's experience of LSW. There is some suggestion that the way in which LSW is organised is important and some of the same issues that we identified have been highlighted in the research (Baynes, 2008). It is also evident from the literature that the problems confronting LSW may be more extensive than is suggested in our work. Willis and Holland (2009), for example, remark that LAC may find this work tedious. Rushton Quinton, Dance, and Mayes (1998) point out that the issues may be broader than just organisation. They found that the way in which a LAC approached LSW was important, whereby if a child was not amenable to this intervention and was 'over-active' then 'little benefit was observable in reducing problems once placed' (p.12). Although it may not be without its challenges, the impression from our, and other, work is that LAC value LSW and can benefit from it. LSW is likely to be worthwhile for many LAC but particularly those in TCHs who tend to have especially chaotic and traumatic backgrounds (Bullock, 2009).

*3.2 Life outside The Orchards*

*3.2.1. School*

Education, and even more specifically schooling, are seen as being critical to a child's development (Rutter, Maugham, Mortimore and Ouston, 1979). It has been shown in successive studies that the education of LAC has generally been inadequate (Jackson, 1994). A considerable emphasis has, as a result, been placed upon improving LAC's

experience of the education system, in England, in the past 15-20 years (O'Sullivan and Westerman, 2007). Some of the young adults from *The Orchards* were, for their part, quite positive about the time they had had in school, with a number of them appearing to have relished this aspect of their lives.

> I was at a school [prior to moving to *The Orchards*] where I stabbed a geyser [boy] through the hand. Everyone changed towards me after that. At King's School [the school this young adult attended while at *The Orchards*] I had a teacher who was really nice. I loved school. I was in a car crash with Natalie [carer] in a white Metro. We had to go to hospital. I cried so much because I wanted to go to school. (Patrick, 20)

The majority of the young adults, though, revealed that they had had problems at school.

> People at school were cruel to anyone who was in care. I took some stupid stuff. (Patrick, 20)

The experiences of our interviewees appears to be similar to LAC more generally, for while some of these latter children recount a positive experience of school (McParlin and Shotton 1998), most disclose to having found this aspect of their lives difficult (Harker, Dobel-Ober, Lawrence, Berridge and Sinclair, 2003; Jackson and Sachdev, 2001). This is especially unfortunate for children in TCHs, given that they may have had had particularly disadvantaged educational careers (Gallagher, Brannan, Jones and Westwood, 2004). Some of the young adults from *The Orchards,* in explaining why they were positive about school, drew attention to the specific benefits they had gained. These comprised improvements in their general learning, securing qualifications, developing emotionally, acquiring a sense of being 'normal' and making friends.

> School made me feel normal. I was socialising with people who weren't in children's homes. School was one of the main reasons why I sorted myself out. I made some quite good mates who were sensible. (Nathan, 20)

Other of the young adults stated that they were positive about school owing more to process-type factors, and in particular the supportive and caring approach of teachers.

> I had two or three teachers who used to listen to me unconditionally. I used to chat to them at break times. I used to miss my break because I liked being with them. (Emily, 24)

Yet other of our interviewees emphasised the structural factors by which they were helped at school. These comprised the use of classroom assistants (who accompanied children and aided them in the course of their lessons); the existence of *buddy systems* (where children were put together in small groups to provide help to one another); and being made to repeat an academic year.

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> I had a person in the class who I think was there to help me. Later at St. Andrews [the next school this young person attended], the support worker there was amazing – she used to do it without me realising. (Caitlyn, 19)

Several of our respondents who had not been happy at school explained that part of the reason for this stemmed from their having a quite profound sense of feeling 'different' from other children. They added that they sometimes felt this within themselves but that at other times this impression was imposed on them by other people.

> I found school really difficult because, of course, people at school didn't exactly understand …. I found it difficult to settle, feeling different. (Beth, 16)

A specific facet of school life that aggravated this sensation was the fact their classmates could discuss their parents and family life more generally, whereas they could not.

> It was difficult when the other children came in on a Monday and said that they had a good weekend at home with their parents. I just sat down, keeping quiet. I kept my head down and got on with work. (Yasmin, 17)

Most of the young adults' explanations as to why they had not enjoyed school focused on the way they had been treated by different groups of people. Chief among these were teachers and other children. Some of the young adults complained that there was a lack of awareness or sensitivity on the part of their teachers to their difficulties.

> The classes were hard, talking about families. The teachers made me feel sad because I couldn't write about my family because I didn't know about them. I was encouraged to talk about *The Willows* [one of *The Orchard's* houses] instead. (Dave, 17)

The manner of some of their fellow pupils was especially harsh and a number of the young adults reported being teased or bullied because they were in care.

> When I first went to school some people knew I was in a children's home. Some of them were nasty about it and it made me feel embarrassed more than anything. (Claire, 17)

Some of the interviewees responded to this harassment in one of two ways: they tried to conceal the fact they were looked after or they were aggressive towards their tormentors. These strategies sometimes backfired and this only added to the difficulties they experienced.

> When I first went to school, when I was at *Oak House* [one of *The Orchard's* houses], I used to make stuff up to make it look like I had a family. People in care fantasise a lot about what they have, just to fit in. The lies caught up with me and they stuck. (Patrick, 20)

Other young adults said that they experienced a reticence towards them from the other children's parents because they were in care.

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> If I went to mates' homes and told the parents that I was in a children's home, they would be guarded. I learned to tell them only after I had got to know them. Two of my friends were really good and understood anyway. That helped. (Nathan, 20)

Yet more of our respondents said the problems they experienced at school were due to the attitude of staff from *The Orchards*, and in particular their lack of support and over-protectiveness.

> I didn't like it that much at school. *The Orchards* did not help me find friends - not many people wanted to be friends with children from children's homes. They [*The Orchards'* staff] did not support friendships very much. (Scott, 18)

Former and current LAC report some of the same drivers behind their positive view of their educational experience as did our interviewees (Gallagher et al., 2004) but many additional ones as well (Harker, Dobel-Ober, Akhurst, Berridge and Sinclair, 2004; Martin and Jackson, 2002). Harker et al., for instance, highlight the role of teachers who help children believe in themselves. An even larger number of factors have been identified to account for LAC's negative experience of school. There are three major factors within this body of work; two of which were revealed in our study: hostility on the part of the school community, especially other children and their parents (Buchanan, 1995; Fletcher-Campbell, 1997b); and the attitude or approach of professionals (Jackson, 2001; Stein and Carey, 1986). The third major factor raised in the literature - but not in our research - is the instability of the care system and the effect this has upon educational stability (Happer, McCreadie and Aldgate, 2006; McAuley and Bunting, 2006). Other researchers have distinguished a whole series of more specific factors that can contribute towards LAC's negative experience at school (Francis, 2008; Harker, Dobel-Ober, Lawrence, Berridge and Sinclair, 2003; MacLean and Gunion, 2003). Harker et al., for instance, cite mid-term arrival, uncomfortable questions from other children and having to cope with on-going emotional distress. It is manifest from our work, and even more so the literature, that as important as education may be, and as acute the problems that LAC may face, ensuring these children have a positive experience of school, remains extremely challenging. This is, in large part, because of the number of issues that have to be addressed but also because these issues are located not just in the education system but also the wider school community.

### 3.2.2 Friendships

An aspect of life outside (but also inside) a care home that is widely accepted to be important to a child's development, but which has sometimes been neglected by those working in residential establishments, is friendship (Anderton, 2009; Ridge and Millar, 2000). The young

adults from *The Orchards* had mixed experiences in this area. Some of them had been able to form friendships. Some of these were with children in the community and others were with co-residents, either in their own home or in another home run by *The Orchards*. All of these relationships were valued by our respondents.

> In Year 7 [the school year for 11-12 year olds] I made some friends. Then later on, I made some friends who have stayed my friends now. I've got brilliant friends. (Sarah, 17)

Other of the young adults were critical of the opportunities they had had for developing friendships and also of their chances to engage in 'normal' community-based activities more generally.

> Living in a small village like Sidwell everyone knew where you came from. At weekends we were always taken away on walks etcetera, so you couldn't stop around and have friendships that would make you feel normal. (Caitlyn, 19)

There is broad agreement between our findings and the literature in terms of children's experience of friendship. Some children in care are relatively successful in making friends (Baldry and Kemmis, 1998; Meltzer, Gatward, Corbin, Goodman and Ford, 2003), and some of these friendships may be with other residents and can be very important (Petrie, Boddy, Cameron, Wigfall and Simon, 2006; Rainer, 2008). Other children do not have any or enough friends (Meltzer et al., 2003; Ridge and Millar, 2000). Some of our interviewees explained that they encountered more qualitative-type issues surrounding friendship, in that they were able to make friends but faced restrictions in the extent to which they could socialise with them.

> At *Long Acre* [one of *The Orchards'* houses] I was only allowed out for 15 minutes at a time. My friend lived 10 minutes walk away. So by the time I got there, it was time to go back. I lost confidence and I didn't see the point of doing much. (Dave, 17)

Similar concerns are identified in the literature. Meltzer, Gatward, Corbin, Goodman and Ford (2003), and Ridge and Millar (2000), find that LAC may not spend enough time with their friends, and Petrie, Boddy, Cameron, Wigfall and Simon (2006) reveal that LAC are unhappy that their friendships cannot be more intimate. Some of our interviewees believed that much of the cause of the difficulties they had with friendships lay in the fact that the staff at *The Orchards* were too protective.

> I should have had more freedom. I was not doing drugs and drink. I felt like they were a bit paranoid about what I was doing. 'Keep him safe' was on their mind all the time. Sometimes I felt like there's protection and then there's over-protection – you feel a bit trapped after a bit. (Scott, 18)

What could be interpreted as a quite conspicuous manifestation of this over-protectiveness was the policy, on the part of *The Orchards*, of carrying out police checks on people with whom the children wished to be in contact.

> Everyone had to be police-checked. When I was at Guides they went away [on a trip]. I wanted to go. I was told that everyone would have to be police-checked. It was embarrassing. (Emily, 24)

Our findings also concur, to some degree, with those from the literature regarding the reasons young people give as to why they experience problems regarding friendships. Chief among these is a perceived over-protectiveness on the part of staff (McGinnity, 2007; Whitaker, Archer and Hicks, 1998) – again manifest most starkly in police checks of people the child wants to be with (McGinnity, 2007). Although the disquiet of former and current LAC is understandable, it has to be recognised that there are tensions in this area that can present staff with formidable challenges. While it is wholly appropriate, in principle, to promote LAC's social interaction, this has to be set against the fact that some LAC (Farmer and Pollock, 2003), and even more so those in TCHs (Bullock, 2009), may be vulnerable and/or a risk to others. This situation may call for special measures in terms of LAC's dealings with other people, including certain restrictions on their friendships to keep them and/or other people safe (Baldry and Kemmis, 1998). Tensions surrounding friendships extend beyond issues of safety. Hill (2000), for instance, explains that staff may impose restrictions on a child's friends visiting the home in order to maintain the privacy of other residents.

*3.2.3 Leisure*

There has, over the last few decades, been an increasing policy emphasis placed upon LAC's leisure time (Ward, Jones, Lynch and Skuse, 2002). This follows a growing realisation that leisure has been overlooked by policy and practice, yet stands to have important benefits for this group of children (Jackson, 2010). This perspective appeared to be shared by the owners, staff and the young adults from *The Orchards*. Many of our interviewees recalled their leisure time in *The Orchards* with considerable enthusiasm and fondness. They said they had been able to engage in a wide range of activities, such as personal hobbies, organised clubs, and holidays both in England and abroad.

> Hobbies are good. I used to go horse riding with Jody [key carer] – she was dead good. It was good to have a hobby. Youth club was dead good until I got kicked out. I got kicked out of Guides as well. I was a little tearaway. Going out on trips was good. Holidays were really good. I remember going to *Haven* [a chain of holiday parks]. (Anna, 19)

LAC from some children's homes are reported to be similarly positive about their leisure time. They report to having had considerable opportunities in this area (Dixon, 2008a; Harker, Dobel-Ober, Akhurst, Berridge, and Sinclair, 2004) and to having enjoyed this aspect of their care (Happer, McCreadie and Aldgate, 2006). Children in other residential homes complain that they would have liked to have engaged in leisure activities but had little or no opportunity to do so (Farmer and Pollock, 1998; Martin and Jackson, 2002). It would appear that leisure provision in residential care is variable but that it is possible to satisfy children in this respect, including those in TCHs who may have found it difficult to engage socially in the past (Petrie Boddy, Cameron, Wigfall and Simon, 2006). Several of our interviewees explained that the benefit they derived from these activities came not only from the activity itself but also from the fact it gave them an opportunity to have more interaction - and specifically a more personal interaction - with staff. Given the difficulties many of them had had with their carers in previous placements, plus the pressing need for them to develop positive relationships, such a benefit should, perhaps, be seen as a critical dimension of leisure activities.

> We were always doing something, going out places. It was nice to have one-to-one [with staff] now and again. (Richard, 18)

Similar sentiments have been expressed by the residents of others children's homes; namely, that they enjoy leisure activities in themselves but also appreciate the opportunities they create to spend more time with staff, especially on a one-to-one basis (Petrie, Boddy, Cameron, Wigfall and Simon, 2006). It is also evident from the literature that leisure activities may have a more extensive role than was suggested by our respondents. Such pursuits can, for example, help children adjust to, and cope with, being looked after (McGinnity, 2007) and facilitate the development of friendships and social skills (Gilligan, 2007; Martin and Jackson, 2002).

*3.3. Life after The Orchards*

*3.3.1 Preparation for changing placements*

One of the major criticisms of the LAC system, and residential care in particular, concerns the failure to adequately prepare children for 'moving on'. These criticisms have been directed largely at the preparation children receive for graduating from the care system i.e. living independently (Stein, 2002). There has been much less consideration given to preparing children for planned moves to new placements, despite the importance of such changes for some LAC (Jackson, 2002; Narendorf, in press). Moves between placements are, on the contrary, often assumed to be a negative outcome (Jackson and Thomas, 1999).

This is very much at odds with the raison d'être of many TCHs, which is to enable children to move to less restrictive placements. The young people from *The Orchards* had mixed views as to the quality of the preparation they had received for their move to their next placement. Some of them felt that they had been well prepared.

> The way they moved you on was really good. You started off coming [to the prospective foster home] for two hours, and then you spent a day. Next I came for a weekend. Lee [key carer] stayed here as well. I came for a weekend on my own. I got to walk to school and back during a week here, to get used to it. I went back to *The Planes* [one of *The Orchards*' houses] for a week, and then I moved in. Alice [carer] did a really clear plan and we used to phone each other a lot. (Lucy, 21)

Other interviewees were less happy with the way in which they had been prepared for moving on from *The Orchards*.

> When I did move [to foster carers], it felt a bit quick because I didn't know them that well and only two weeks later I went away on holiday in a caravan with them. But I really got to know them in that week. (Sarah, 17)

Our interviewees' diverse views on how well prepared they had been for moving on from *The Orchards* are reflected in the literature. Some researcher's indicate that LAC are generally well-prepared for moving on (Morgan, 2009; Rainer, 2008), while others report a more varied picture (Gibbs and Sinclair, 1998; Stein and Dixon, 2006). The young adults from *The Orchards* who were positive about the preparation they received explained that there were various organisational features of the work undertaken with them that they valued: they believed that their preparation was well-timed and planned; was incremental; covered practical skills; and had enabled them to be more independent.

> There were attempts to prepare me, with getting me to use buses instead of being driven everywhere and having a washing rota, and doing house jobs, like cleaning the bathroom. (Nathan, 20)

The young adults who were dissatisfied in this respect said the preparation process had been too short or that it did not contain enough information on what their next placement would be like.

> It would have been nice to have had more education about what it's like to live in a family. (Caitlyn, 19)

Some of the interviewees explained that the issues they had had with preparation were broader and more fundamental than those relating just to process. One young woman explained that she found moving challenging because of the difficult and conflicting emotions to which it gave rise.

> I felt guilty for leaving the other children behind. I felt guilty for being happy, so I found it difficult to tell the others that I had a family. I felt superior to the other children at *Oak House* [*The Orchard's* house in which she lived]. I had such mixed emotions. (Caitlyn, 19)

Another young woman had not wanted to move when she did, arguing that she had been too young and had needed to be at *The Orchards* for a longer period.

> If I had been able to stay there longer, I may have talked [about matters that were troubling the interviewee]. I was only a little shit because people didn't understand and I didn't tell them. I should have been allowed to stay there longer. The age should be raised – I left too early. Eleven years is not a good age to be thrown out into the big wide world [this young person had moved to a residential boarding school in her own local authority]. The age should be lifted to 15 or 16 [years] so you could know what to do and what not to do. (Anna, 19)

Other interviewees described even more profound difficulties, in that they had so little experience of parents or family life.

> I had no family since I was three years old, so I didn't know what a parent should be. I was not troubled. I put on an act for what I thought Mum [foster carer] wanted in a little girl. I wasn't normal. (Caitlyn, 19)

There are many aspects of preparation which, while touched upon by our respondents, are brought out in a more systematic and detailed manner in the literature. The key determinants of LAC's experience appear to strongly related to organisation and comprise: the basic quality of this work (Frost, Mills and Stein, 1999; Rainer, 2008); whether all individual aspects of this intervention are addressed (Billings, Hashem and MacVarish, 2007; Browne, 2008); and the relative amounts of effort directed towards the different components of preparation (Stein and Dixon, 2006). Other care leavers – in common with some of the former residents of *The Orchards* – point out that the issues surrounding preparation can be more elemental than those relating to procedure. They argue, for example, that they should have been able to decide whether or not they moved, and they should have moved only when they were older or had been at their existing placement for longer (Dixon, 2008b; Sinclair and Gibbs, 1998). It is also evident from the literature that LAC's experience of preparation for moving is dependent not just upon staff' but a range of other agents, including the young people themselves and in particular their willingness to engage in this work (Biehal and Wade, 1996; Stein and Dixon, 2006).

*3.3.2 Contact with staff*

Implicit in the notion of relationships being important, whether to LAC or people in general, is the idea that they are on-going (Bowlby, 1969; Polnay and Ward, 2000). There has been considerable debate in England, over the past two decades, concerning the problems LAC

have in maintaining contact with people they know. Most of this discussion has focused on their contact with family members when they are in their placements (Buchanan, 1995; Hill, 2000). There has, as mentioned earlier, been a considerable amount of focus upon LAC developing relationships with staff but there has been much less thought given to their continuing these relationships once they have left their placement (Bostock, Brodie, Clapton, Fish, Fisher, Morris, Kearney and Rutter, 2009). Such contact appeared to be important to the young adults from *The Orchards*, with all but two of them still in touch with at least one member of staff – and this after they had left the home an average of 5.9 years previous. There are varying figures in the literature as to the proportion of children who remain in contact with staff after having left residential care. This is reported to be quite high in some studies (Stein and Dixon, 2006) but modest, if not low, in other research (Browne, 2008; Wade, 2008). The young adults from *The Orchards* seem, then, to enjoy relatively high levels of contact. This suggests that children from TCHs – notwithstanding the considerable attachment difficulties they may have had in the past – can be helped not only to establish positive relationships with staff (and others) but also to sustain these over many years after they have left a placement.

The contact the young adults had with staff took a variety of forms and was of varying frequencies. Our interviewees were not very specific as to how or why this contact was important to them. It is possible that it fulfilled a number of functions. It may be that contact enabled the young adults to receive the general benefits that come with any positive relationship; to continue obtaining some of the same specific forms of support they had had when they were in *The Orchards*; or to get help with the new challenges they faced since leaving.

> Jackie [key carer] was brilliant - she used to understand me and listen to me. I'm still in contact with Jackie. Jackie is the best. I speak to her on *Facebook*. Lillian [carer] went to France. Maintaining the contact is good. I've forgotten the staff at the school, but not at *The Orchards* - familiarity is good. At the school, I was like 'Sir' and 'Miss', which is not good. (Anna, 19)

The value of contact between care leavers and staff is reinforced in the literature (Dixon, 2008b; Happer, McCreadie and Aldgate, 2006). Compared to our interviewees, though, care leavers cited in the literature elucidate much more fully on the extent and significance of the benefits they derive from contact (Cashmore and Paxman, 2006; Wade, 2008). Wade, for example, reveals that contact reduces the risk of social isolation and strengthens young people's social skills. He goes on to argue that this type of contact is especially important for those LAC who have weak family support systems - a situation that may be especially common among children from TCHs (Little and Kelly, 1995). Not all of the young adults from *The Orchards* were happy in respect of contact. One young woman felt that she had not had

the opportunity to maintain contact with staff and she provided a stark comment on how this had made her feel.

> After I left it would have been nice to talk to people at *Oak House* [*The Orchards*' house in which she had lived]. You feel abandoned by them, like 'there you are - get on with it.' I pretty much shut *Oak House* (the house in which she had lived).  (Caitlyn, 19)

Browne (2008) reports on LAC who are similarly unhappy with the response they have received in terms of contact. It has been shown, in a number of studies, that the absence of contact with former carers can have a number of negative consequences for children. These include loneliness, more unsettled accommodation careers and greater problems with transition in general (Biehal and Wade, 1996; Gelling, 2009). The impression that contact with staff is important after a child has left a placement is further reinforced in this work. The indication from all of the above work is that contact should receive more policy and practice attention, even more so in relation to the former residents of TCHs when they leave the care system owing to the likelihood of their receiving less family support.

*3.4 Limitations*

This research was based upon only 16 young adults and eight TCHs - all of which were operated by a single organisation. This is a small and limited sample that does not constitute a wholly reliable basis for drawing conclusions about process in TCHs. This small sample size was probably a major factor as to why, in the course of our research, we did not identify as full a range of issues relating to process as have sometimes been highlighted in the literature. Children in residential care are a heterogeneous group (Baker, Anastasio and Purcell, 2007), and TCHs are diverse in their nature and practice (Lee, 2008). The young adults who had been placed at *The Orchards* had quite particular characteristics and the staff provided care according to a rather specific model. It is possible that our results are not generalisable to LAC who have other types of background or who experience different forms of residential, therapeutic intervention. The individuals who took part in the research comprised approximately one-half of the traceable former residents and one-fifth of all former residents from *The Orchards* who were eligible to take part in the research. There is a question as to how representative the sample was of children who had been at *The Orchards*. This study was based upon interviews with former residents but there are numerous other methods, and in particular informants, that could have been utilised (Curry, 2004; Lee and McMillen, 2008). It is likely that had we used additional methods and informants we would have gained a more extensive knowledge and understanding of process in *The Orchards*. Such an approach would also have enabled us to check the validity of the data provided by the former residents.

## 4. Conclusion

Most of the young adults from *The Orchards* reported that they had had good relationships with staff; had benefited from LSW; took pleasure in their leisure activities; and valued the fact that they were still in contact with members of staff. Some of the young adults appreciated the therapy they had taken part in; enjoyed school; were able to form friendships; and valued the preparation they had received for moving on to their next placement. Other of the interviewees found therapy challenging; had problems at school; had difficulties making friends; or were dissatisfied with the preparation work that had been undertaken with them in relation to leaving *The Orchards*. The young adults were, overall, quite positive about the care they had received in *The Orchards*. Process within *The Orchards* was as good as, if not better than, that in many other more general purpose children's (or group) homes in England. This was especially true in terms of the proportion of, and extent to which, former residents had positive experiences regarding the relationships they formed; LSW; leisure activities; and contact with staff after leaving the home. The young adults' mixed experiences in respect of therapy, school, friendships and preparation for moving were similar to those of residents in many other children's homes.

It needs to be recognised that the comparisons we have made between a TCH and general purpose children's homes are not wholly appropriate. There are two major reasons for this. Firstly, the characteristics of the two groups of residents are likely to be quite distinct. Children in TCHs will tend to have experienced greater adversity in their lives, including maltreatment, and a more negative experience of the care system, both of which probably combine to result in their having greater emotional and behavioural needs (Bullock, 2009). Children in TCHs will tend to be more challenging to care for on account of these characteristics. That process in *The Orchards*, or any similar establishment, can be on a par with or better than that in many other general children's homes, against these greater challenges, should be taken to underline their achievements. Secondly, TCHs have a more dedicated focus, which is to address the trauma a child has experienced, through therapy. It is possible that some TCHs will also have other additional provision, such as more staff and extra educational support for children (Little and Kelly, 1995). Process in TCHs might, therefore, be expected to be better than that in general children's homes owing both to the availability of therapy and the other added resources that are likely to exist in these establishments. While care has to be taken in interpreting the results of our comparison between a TCH and general children's homes, one of the key points of our work would appear to hold: that the additional intervention in these children's lives is able to respond to

the extra challenge they present, such that it is possible to provide them with a good quality of care.

The evidence from our work, along with that of other studies (Pazaratz, 1999; Gallagher, Brannan, Jones and Westwood, 2004; Little and Kelly, 2005), is that TCHs can provide children with a good standard of care. This leads us to side with authors, such as Bates, English and Kouidou-Giles (1997), who have argued that there needs to be more recognition of the positive role that TCHs can play in the lives of traumatised children and more confidence regarding the placement of these children in such settings (Whittaker and Trieschman, 2009). This optimism does, though, need to be tempered. We, in conjunction with fellow researchers (Connor, Miller, Cunningham and Melloni, 2002; Lieberman, 2004), have highlighted some shortcomings in certain areas of practice within TCHs. While the standard of care in TCHs can generally be good, all of those responsible for these organisations need to be committed to monitoring and where necessary improving their practice.

The achievements and the shortcomings of *The Orchards*, and other TCHs, also have to be judged in the context of the major challenges that confront those who are tasked with providing therapeutic residential care to children with acute needs. We have identified three such challenges through our research. First, staff have to construct and maintain a form of provision that is both multi-faceted and highly complex. This includes attending to all the aspects of care covered in our research, for example, basic parenting, LSW and education but others as well, such as physical well-being (Hill and Thompson, 2003) and sexual health (Billings, Hashem and MacVarish, 2007), while at the same time facilitating and monitoring friendships and leisure activity. It appears that the specific way in which these interventions are organised also has to be a key consideration. Secondly, staff have to contend with a range of tensions and conflicting responsibilities. For example, they need to develop trusting relationships with children, at the same time as having to uphold the duty to share sensitive information about those children with colleagues. They have as to facilitate children's friendships and leisure activities, but also ensure that these do not lead to the child or anyone else to coming to harm. Thirdly, they may have to meet the needs of a group of children that are widely varying (Morgan, 2009). Some LAC in therapeutic residential care may, for instance, be quite aggressive or sexualised, while others may have issues with depression or self-harming behaviour (Connor, Doerfler, Toscano, Volungis and Stingard, 2004).

While some may argue that each of these challenges is a potent reason for reducing the use of TCHs (Magellan Health Services, 2008), the need for such facilities appears to persist (Armour and Schwab, 2005; Pavkov, Negash, Lourie and Hug 2010). What seems vital to us is that these challenges are addressed. One of the most important means of raising the quality of care within TCHs may be by ensuring that it operates according to what are generally seen to be the optimum policies and practices, whilst possessing a flexibility to enable the needs of individual children to be met. What is likely to be critical here is the selection, training and supervision of staff (Kiraly, 2001). Although not a panacea, having the most able and best supported staff should make an important contribution to their capacity to meet the needs of this group of children in an efficacious manner; preventing issues from arising; and where they do arise, being able to respond to them in a suitable way. It is notable that of the elements of their care our interviewees chose to highlight, many were concerned with relationships – which are commonly argued to be one of most influential factors in the development of this group of children (Brady and Caraway, 2002; Moses, 2000).

What is also evident through our research, and other studies (Little and Kelly, 1995), is that the quality of life for children living in TCHs is influenced not only by staff (or fellow residents) but a number of other groups. This includes teachers and social workers but also society at large. The service and/or response from these sectors may be inadequate or even hostile (Morgan, 2009). If children are to have a positive experience whilst in TCHs, then it will depend upon a caring attitude from all of the individuals with whom they come into contact – both professional and lay. This may necessitate awareness-raising and education among professionals but also wider society.

We agree with the numerous other authors who have argued that there is a pressing need for more research on process within TCHs. Some of these authors have specified what form this research should take. (Boyd, Einbinder, Rauktis and Portwood, 2007; Courtney, 2000). We would wish to add two important elements to these programs: process should be broadly defined; and more research should be conducted outside the US.

Calls for the effectiveness of TCHs to be demonstrated are long-standing (Boyd, Einbinder, Rauktis and Portwood, 2007; Hair, 2005) but recent policy, practice and social developments have made such requests ever more relevant (Bullock, 2009; Butler, Little and Grimard, 2009). On the one hand, demand is said to be on the rise: the number of children who require these specialist interventions is reported to be increasing (Armour and Schwab, 2005; McCurdy and McIntyre, 2004; Pavkov, Negash, Lourie and Hug, 2010) and the

children referred to these facilities are presenting with more severe symptoms (Hukkanen, Sourander, Bergroth and Piha, 2005; Lieberman, 2004). Set against this, there are pressures on supply: the economic crises currently affecting many developed countries has resulted in drastic cut-backs to many publicly-funded services, of which TCHs must be particularly vulnerable in light of their high costs (Boyd et al 2007; Kott, 2010). It is, then, more important to establish how well TCHs work and what impact they have. This is to meet the calls for the effectiveness to be proven but above all to ensure that children with some of the most acute needs in society receive the very best care that that society can provide.

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**Table 1 Characteristics of sample**

| Description | n | %[a] |
|---|---|---|
| All former residents of organisation (N=117) | | |
| Aged 16 years + and completed GCSEs[b] | 77 | 66 |
| Aged under 16 years or not completed GCSEs | 40 | 34 |
| Traceability of former residents eligible for study (n=77) | | |
| Traceable | 34 | 44 |
| Untraceable | 43 | 56 |
| Participation, by traced residents, in study (n=34) | | |
| Participated in study | 16 | 47 |
| Participated in, then withdrew from study | 1 | 3 |
| Never participated in study | 17 | 50 |
| Gender of participants (n=16) | | |
| Female | 10 | 63 |
| Male | 6 | 37 |
| Age at time of interview (years, n=16) | | |
| 16-17 | 5 | 31 |
| 18-19 | 5 | 31 |
| 20-21 | 5 | 31 |
| 22+ | 1 | 6 |
| Ethnicity (n=16) | | |
| White | 15 | 94 |
| Black or other minority ethnic group | 1 | 6 |
| Special needs (n=16) | | |
| None | 14 | 88 |
| Moderate learning difficulties | 2 | 12 |

[a] Percentages may not total 100 because of rounding

[b] General Certificate of Secondary Education – the exam young people in England usually take in their final year of compulsory education

**Table 2  Interviewees' ages when they arrived at and left, and the time they spent in, *The Orchards***

| Description (N=16) | n | %[a] |
|---|---|---|
| Age arrived at TCH (years) | | |
|    5-7 | 6 | 37 |
|    8-10 | 6 | 37 |
|    11-13 | 3 | 19 |
|    14-16 | 1 | 6 |
| Age on leaving TCH (years) | | |
|    8-10 | 3 | 19 |
|    11-13 | 8 | 50 |
|    14-16 | 4 | 25 |
|    17 | 1 | 6 |
| Time spent in TCH (years) | | |
|    2-3 | 6 | 37 |
|    4-5 | 8 | 50 |
|    6-7 | 1 | 6 |
|    8-9 | 1 | 6 |

[a] Percentages may not total 100 because of rounding

**Figure 1 The domains and topics covered by interview questions relating to process**

| Domain | Topic |
|---|---|
| The child's life in the TCH | Relationships |
| | Therapy |
| | LSW |
| The child's life outside the TCH | School |
| | Friendships |
| | Leisure |
| The child's life after the TCH | Preparations for changing placements |
| | Contact with staff |