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Social Research Institute

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# Literature Review for TBAP Residence Project

Ipsos MORI Social Research Institute

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# 1. Introduction

The Children's Social Care Innovation Programme was announced by the Department for Education in 2013. It aims to fund innovative approaches to improving the quality of support for children who require help from children's social services. The programme has two focus areas: rethinking children's social work, and rethinking support for adolescents in or on the edge of care. £30 million of funding was available in 2014/15 with a larger amount being made available in 2015/16.

The Tri-Borough Alternative Provision (TBAP) Multi-Academy Trust provides alternative education at five Academies in West London for learners who are not attending mainstream schools. The Trust has received funding as part of the Children's Social Care Innovation Programme to set up the TBAP Residence, a new endeavour that aims to provide an integrated educational, therapeutic and residential care facility for young people who are in care or on the edge-of-care (EOC), as well as those who are felt to be at risk of becoming edge-of-care and would benefit from an early intervention to prevent the situation from escalating. It is unique in its nature as it aims to be like a boarding school, providing education and therapeutic support. Although it will be a residential facility, it will differ from a typical children's residential home because education is a core component of the offer and its staff will include full- and part-time teaching staff. The TBAP Residence may also act similarly to short-breaks provision, allowing young people to come and stay for shorter periods of time as well as inviting families to visit and participate in whole-family therapy sessions.

The purpose of this literature review is to frame the approach for the TBAP Residence in three ways. First, it aims to place the TBAP Residence in the wider context of residential care for vulnerable young people, and more specifically, the educational and therapeutic support provided by such care – given that these are core components of the TBAP Residence. The multi-faceted and novel nature of the TBAP Residence requires an examination of a number of topics, including the EOC population (section 2.1), the residential home context and typical practices (sections 2.2-2.4), and educational and therapeutic approaches (section 3.1-3.6). Secondly, this literature review compares educational and other life outcomes for young people with experience of care to those of the general population along with the associated costs (sections 4.1-5.3). Finally, the review gives an overview of some studies that have asked young people and their families about their views on residential care, in order to explore how it is perceived and in what ways the TBAP Residence might be perceived differently (Section 6.1-6.4).

In order to provide an output of relevance and use for the TBAP Trust, the authors employed a tailored approach to address the variety of relevant interventions (residential care, residential special schools, boarding schools) and outcomes (educational, financial, young people's views). Based on this, literature searches made use of suggestions from experts in residential care, professionals working with looked after children and stakeholders of the TBAP Residence as a starting point. Subsequently, the authors searched the reference lists of these sources for further references and then searched a number of combinations of key terms, including 'children's residential care', 'boarding school', 'education', and 'costs', in an online search engine to accumulate relevant academic and policy literature. More recent publications were prioritised over older publications; however, publication dates were not used as part of the inclusion criteria when searching for sources. Literature was excluded if it did not target: 1) a relevant population, including looked after children, children on the edge of care, or vulnerable youth; 2) a relevant setting, including residential care, residential special schools, or boarding schools; or 3) a relevant outcome, including educational achievement, cost-effectiveness, or qualitative findings related to young people's beliefs and experiences. The authors are grateful to Professor David Berridge, head of the Centre for Family Policy and Child Welfare at the University of Bristol, for his comments and suggestions for additional literature to incorporate.

## 2. Population and context

### 2.1 Vulnerable young people and children on the edge of care

Children's social care services work across several populations including looked after children (LAC), children on the edge of care (EOC), children in need (CiN), and the families or carers of these children. The term 'edge of care' must be clearly defined at the outset of this literature review due to its complex nature and the tendency for different definitions to emerge across services and local authorities. In line with the Innovation Programme's definition<sup>1</sup>, EOC is used to describe circumstances in which entry to care is being actively considered as a plausible option for the child or young person. This consideration occurs in a variety of situations such as when there are significant child protection concerns within a family, when a child or young person is at imminent risk of entering care without sufficient support due to worsening behaviour or family conditions, when a child or young person is temporarily accommodated away from the family (in short break care or emergency accommodation) and given support to enable a safe and quick return to the family, and when a child or young person who was previously looked after returns to their family and requires support to prevent re-entry to care through an intensive care package. Therefore, EOC situations can occur before a young person enters care, while a young person is in care but before a long-term decision is made, and after a young person leaves care to return home.

EOC interventions often focus on creating stability for the young person and the family to help build stronger and safer home environments as well as to reduce the need for higher levels of services. EOC interventions aim to prevent children or young people from entering care, where this is possible and appropriate, or, if they have entered care in emergency circumstances, from becoming looked after in the long-term. Such prevention should lead to a reduction in the care population, and is therefore also intended to result in value for money.

Among young people on the EOC, adolescents aged 11 and older make up approximately 45% of children in need (CiN), 23% of children on a child protection plan, and 24% of Serious Care Reviews (Department for Education, 2014c). Adolescents will often enter care due to crisis but this can lead to a long-term plan in care rather than reunification, or oscillating between care placements and home. Dixon and Biehal<sup>2</sup> (2007) supported the use of short breaks for EOC adolescents with severe and long-standing problems as a short-term plan. Adolescents can have very different experiences that lead to being on the EOC; however, they often have complex needs and present challenging behaviours. Previous literature and evaluations offer several lessons learned when working with young people on the EOC. For example, it has been suggested by other projects within the Innovation Fund that young people who have never been in care should not be placed together with young people with a history of care – this improves group dynamics and minimises the risk of certain poor behaviours being shared.

### 2.2 Residential homes for vulnerable young people

There has been a steady decline in the use of residential homes in England, and in the developed world overall, since the 1970s. This is largely due to changes in policy and perceptions of residential institutions (Berridge et al., 2012), including a perception that they produce worse outcomes for the children in their care than alternatives such as foster care, at considerably higher cost. As of December 2014 there were 1,760 children's homes across England, when excluding secure children's homes, children's homes that provide respite care or short breaks only, and residential special schools registered as children's homes (DfE Data Pack, 2014a).

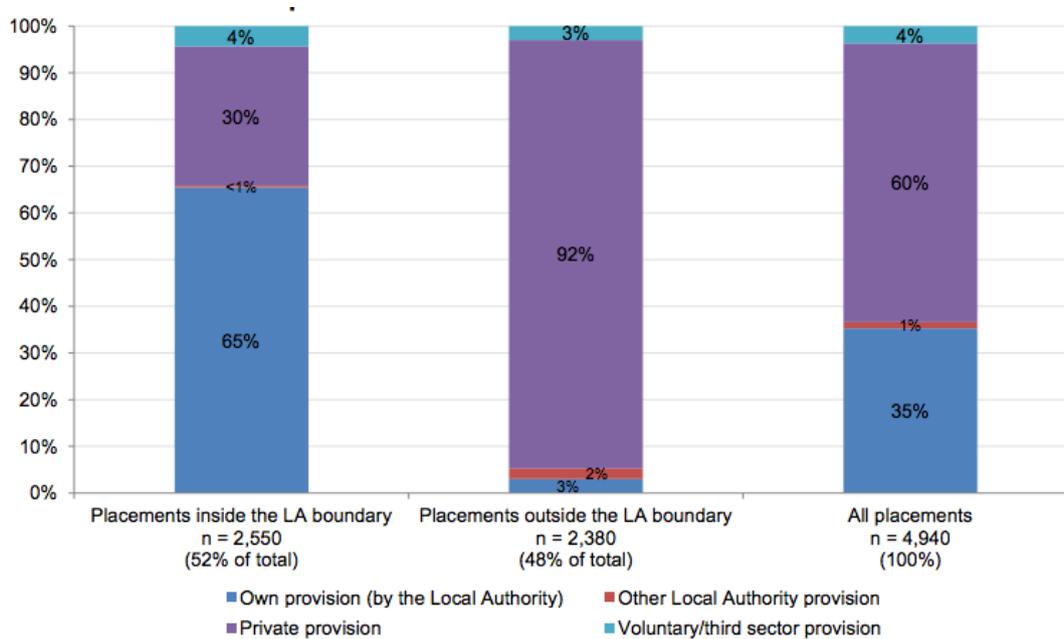
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<sup>1</sup> Chater, D., Defining edge of care: Innovation Programme projects working with children and young people on the 'Edge of Care'. DfE, July 2015

<sup>2</sup> All citations refer to UK research except where otherwise stated.

As of March 2015, most residential homes are run by private organisations (60%) and voluntary non-profit organisations (4%) while local authorities are responsible for the remaining 35% (DfE Data Pack, 2014a). The trend away from local authorities managing residential homes is further exemplified by the fact that one third of local authorities do not run any of their own homes, excluding homes exclusively for short breaks (Ofsted, 2015). On average, there is an equal number of young people living in children’s homes within their local authority (52%) as those living in homes outside their local authority (48%). London local authorities tend to place children in residential homes furthest away (average distance of 52 miles compared to 28 miles nationally), while local authorities in the North West find residential placements within an average distance of 16 miles (DfE Data Pack 2014a); this may be a result of the uneven geographical spread of children’s homes, with a higher concentration of homes in the North West. Placements outside of the local authority are primarily in residential homes run by the private sector.

**Figure 1.1: Placement providers for children’s homes as of March 2013 (DfE Data Pack, 2014a).**



As a result of changes in policy and attitudes towards residential care, as well as the greater costs compared to foster care, the use of residential homes has shifted. Residential homes in England now tend to be relatively small, most with fewer than ten young people in a home<sup>3</sup>. An increased preference for foster care placements means that residential care is “almost exclusively used for children deemed unable to live in a family” – those who struggle to settle in a foster placement or do not wish to be in a foster placement (Hart and La Valle, 2015). Children’s homes accommodate mainly older children and teenagers, with the average age of residents in children’s homes being 14.7 years (DfE Data Pack, 2014a). Children who live in children’s homes often have high levels of emotional and behavioural difficulties. Berridge’s ‘Living in Children’s Residential Homes’ report found that approximately 38% children in homes had special educational needs; 62% had clinically significant mental health difficulties; and 74% were reported as violent or aggressive in the past six months (Berridge et al., 2012).

<sup>3</sup> Larger children’s homes with ten or more beds, excluding residential special schools registered as children’s homes, represent a small proportion (4%) of total children’s homes; however, it is of note that half of these larger homes are run by local authorities given that local authorities run a smaller share of total residential homes (Ofsted, 2015).

Residential care is also a common alternative when no foster placements are available, meaning that these may be emergency- and short-term placements, after which a young person may move to another home or into another arrangement. Only 19% of individual residential placements last longer than a year.

There is an ongoing debate over the place of residential care in the child welfare system: whether it should be seen only in terms of a “last resort” or short-term solution, or whether in some cases it could be a placement of choice. The belief that residential homes produce worse outcomes for young people than foster care has been challenged, e.g by Forrester et al (2009). Moreover, Anglin (2004, Canada) argues that the structured and supervised nature of residential care may be “less emotionally charged” than a family setting and therefore more suitable for some young people with high levels of need. Some young people felt uncomfortable living in “someone else’s family” and felt that they could not really be themselves in such an environment. Others appreciated having a wider choice of adults and young people with whom to form relationships, rather than being under pressure to form relationships with one or two other people. Kendrick (2013, p.81) quotes a young woman who says, “I used to have trouble living with another family, after everything, so at that time community homes were better. I couldn’t cope at the foster placement, they tried to make me one of the family” (as cited in Hart & La Valle, 2015).

Furthermore, a pervasive view of residential care as a “last resort” and a desire to avoid placing children in such care may result in children who may be best suited to residential care instead experiencing a series of foster placements and their subsequent breakdown, with negative impacts on the child, the foster carers, and cost to local authorities (Anglin, 2004, Canada). This experience, and/or an awareness of the negative reputation of residential care, may also have a negative impact on the self-perception of children in residential care (see section 6).

## 2.3 Children’s homes regulations

The Children’s Homes (England) Regulations (DfE, 2015a) set out nine quality standards for children’s homes to meet, including standards regarding the quality and purpose of care (regulation 6), the children’s views, wishes and feelings (regulation 7), education (regulation 8), enjoyment and achievement (regulation 9), health and well-being (regulation 10), positive relationships (regulation 11), protection of children (regulation 12), leadership and management (regulation 13), and care planning (regulation 14). Although a detailed overview of each of these standards is out of the scope of this review, it is important for TBAP to be aware of and take into account these regulations and quality standards in order to provide appropriate care to vulnerable young people in a residential setting. As a relevant example for TBAP, the education standard requires that children be helped to “make measurable progress towards achieving their education potential” (see Figure 1).

In addition to these quality standards, additional regulations cover practical issues such as behavioural management and discipline (regulation 19), privacy and access (regulation 21), medicines (regulation 23), staffing of homes (regulation 31), and storage of records (regulation 38).

**Figure 1.2: The education standard, Children’s Homes (England) Regulations (DfE, 2015a).**

<b>The education standard</b>
<p>8.—(1) The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>(a) that staff—</p> <ul style="list-style-type: none"> <li>(i) help each child to achieve the child’s education and training targets, as recorded in the child’s relevant plans;</li> <li>(ii) support each child’s learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study;</li> <li>(iii) understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers;</li> <li>(iv) help each child to understand the importance and value of education, learning, training and employment;</li> <li>(v) promote opportunities for each child to learn informally;</li> <li>(vi) maintain regular contact with each child’s education and training provider, including engaging with the provider and the placing authority to support the child’s education and training and to maximise the child’s achievement;</li> <li>(vii) raise any need for further assessment or specialist provision in relation to a child with the child’s education or training provider and the child’s placing authority;</li> <li>(viii) help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible;</li> <li>(ix) help each child who is above compulsory school age to participate in further education, training or employment and to prepare for future care, education or employment;</li> <li>(x) help each child to attend education or training in accordance with the expectations in the child’s relevant plans; and</li> </ul> <p>(b) that each child has access to appropriate equipment, facilities and resources to support the child’s learning.</p>

## 2.4 Practical approaches in residential homes

The Children’s Homes Regulations, under the quality and purpose of care standard, require a home to understand the overall aims and outcomes it seeks to achieve for children, emphasising the importance for staff to understand and apply the home’s Statement of Purpose. Statements of Purpose from several homes were reviewed as examples to inform this section, which discusses practical approaches used by residential homes with regard to their ethos and communication, behaviour management, personal safety, absconding and similar matters. These Statements of Purpose only represent the approaches of a limited number of homes and should not be taken as representative of all children’s homes. However, they do illustrate how the guidance provided in the Children’s Homes Regulations is incorporated into the purpose and aims of children’s homes. Although the TBAP Residence is not a children’s home, it will be a residential facility for vulnerable young people. Drawing from the practices used by residential homes can help create a safe, comfortable, and appropriate environment for this population.

### Ethos and communication

The Statements of Purpose describe how their ethos is based on theoretical principles that encourage a holistic approach, the development of meaningful relationships between young people and staff members and the creation of a positive environment. This approach values mutual respect, privacy, dignity, independence, choice, rights and fulfilment. Children are encouraged to voice how they feel, in children’s meetings for example, about how the residential home is run and to help decide leisure activities. This improves feelings of self-worth and self-efficacy within the home environment.

A major study on children’s residential care by Sinclair and Gibbs (1998), which included interviews with 223 residents and 47 heads of home, concluded that homes that were small; had a clear purpose which was shared and agreed by management

and staff; and were led by a head with a clear philosophy for how that purpose can be achieved, were associated with better outcomes for the young people in their care.<sup>4</sup>

### Behaviour management

Most homes are staffed 24/7 with some that have staff members who sleep at the home and others that have staff members that are awake throughout the night. Many homes rely on building strong relationships between the young people and the staff through mutual respect and empathy in order to improve the young people's behaviour management. Through the use of rules and boundaries, the aim is to find a balance such that young people feel that their environment is safe and fair. Rewards systems are also used to encourage good behaviour.

In general, residential homes avoid using punishment when rules are broken or for negative behaviours. Instead, productive methods are used to help the young person learn from their actions. The staff response will depend on whether the behaviour was unintentional or intentional. If it was unintentional, staff members seek to understand the triggers for the behaviour and aim to teach the young person methods to improve self-control in relation to these triggers. If the negative behaviour was intentional, staff members choose a fair consequence that is proportionate, understandable, age appropriate and time limited. Examples include an apology, loss of privileges, limitation of leisure activities, additional house chores, increased supervision or grounding.

### Personal space and ownership

Generally, homes include communal spaces and bedrooms that young people can personalise according to their taste. Typically communal spaces are unlocked but some rooms or cupboards may be locked to protect confidentiality or for safe keeping (e.g., staff offices with sensitive documentation, money or medication). Many homes are equipped to secure all rooms if required for safeguarding reasons, such as if a young person is at risk of harming themselves or another individual when given access to a specific room, but the least restrictive use of locked doors is recommended and seclusion of young people is only permitted in very specific (and rare) circumstances. Young people are typically allowed to use a personal mobile phone, although this is sometimes decided between the young person and their social worker rather than residential staff.

### Smoking

Smoking is often discouraged and not permitted within residential home buildings. In addition, staff members are not allowed to smoke in front of the young people in the home or provide any assistance for young people to smoke. Policies around smoking are of interest to TBAP since several young people have raised this as a concern.

### Missing from care procedures

Homes often take precautionary measures, such as informing young people that they will always be allowed back to the home if they run away and encouraging young people to call the home and let staff know they are safe if they have left and where they are if they would like to be picked up and brought back to the home.

Policies for handling young people who are missing from care vary by Local Authority; moreover, what it is to be "missing from care" is defined differently by different agencies, which can be problematic. In order to identify and adhere to a unified definition, the DfE suggests that local authorities incorporate the 2013 police definitions for 'missing' and 'absent' to develop an inter-agency framework to respond to missing children (DfE, 2014e):

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<sup>4</sup> It should be noted that the study by Sinclair and Gibbs (1998) focused on homes run by local authorities and did not include any run by the private sector.

- missing: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another; and
- absent: a person not at a place where they are expected or required to be.

For example, in Norfolk, there are three categories used: "Unauthorised absence" indicates that the young person is testing boundaries, is likely to return shortly on their own and is not thought to be at risk; "Missing" indicates that the whereabouts of the young person or reason for absence is unknown and there is cause for concern; and "Absconded" indicates a young person who is missing and is bailed to the care of the Local Authority as a result of a Court Order in respect of offending. The DfE also recognises that looked after children may be 'away from placement without authorisation', which describes when the location of the child is known but there is reasonable concern that they are at risk at this location (DfE, 2014e). While the police will not consider this child as 'missing' or 'absent', local policies should include a response route for these situations. A risk assessment helps determine which category the young person falls into and then parents and the social worker are informed. The police will be alerted if considered necessary, although some homes are required to alert police when any young person from the home goes missing. When the young person returns, their social worker or another staff member will seek to identify the reason for leaving and a medical examination may be requested.

### Implications from section 2:

- **Adolescents in care or on the EOC often have complex needs and challenging behaviours. TBAP must be mindful of the particular needs of this population, as well as the individual needs of each young person coming to the facility.**
- **In some circumstances residential care can be the optimal placement for a young person and the young person may choose it over other options. The structured and supervised setting may be preferable for young people who may not want to be part of another family.**
- **Efforts aimed at removing any potential stigma attached due to its nature as a residential unit for vulnerable young people should be considered by TBAP.**
- **TBAP should take into account and strive to meet the professional standards for children's residential homes, where these are relevant.**
- **Key practices in residential homes include strong communication and bonds between the staff members and young people to give young people a stronger sense of self-worth and self-efficacy and create a trusting environment. Furthermore, creating a safe and fair environment with privacy, rules and boundaries is important for young people to learn to respect other residents' space and to understand repercussions for breaking rules.**
- **A balance should be found between allowing young people independence to form their self-identity and imposing rules and boundaries to create a safe and fair environment. To do this, effective communication between staff and young people is paramount.**

## 3. Educational and therapeutic approaches for vulnerable young people

### 3.1 Education in residential homes and residential special schools

Educational outcomes for children in residential care tend to be relatively poor compared with the overall population (see section 4). Educational routes vary greatly – for example, in some homes, young people continue attending a mainstream school while in others, young people are taught within the residential home with a full or reduced timetable, depending on their ability to engage with education. Within this latter category are homes that include a teaching component and homes that are centred on education. However, the quality of education in residential homes has been seen as questionable because of the difficulty in attracting good quality teachers to work in a residential home environment and the typically limited curriculum taught. Depth of curriculum is extremely difficult to achieve, both due to a lack of knowledge about the young person's previous education and given that placements rarely last longer than a year.

Residential special schools, some of which are dually registered as children's homes<sup>5</sup>, specialise in providing education for vulnerable children and young people, including LAC, with special educational needs (SEN)<sup>6</sup>. As of March 2015, there were 168 residential special schools providing 5,438 places and 86 residential special schools dually registered as children's homes providing 2,441 places in England (Ofsted, 2015). Although residential special schools registered as children's homes are typically privately- or voluntarily-run, almost half (49%) of residential special schools that are not registered as children's homes are run by local authorities<sup>7</sup>. These homes are typically large (more than 10 residents) and located in rural areas. Inspections suggest that this model works well – the overall effectiveness judgment of residential special schools (not registered as children's homes) was positive, with 83% being judged outstanding or good for welfare (Ofsted, 2015).

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<sup>5</sup> Residential special schools must be registered as children's homes if the students are in residence for more than 295 days per year.

<sup>6</sup> A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions. For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. (*Special Educational Needs and Disability Code of Practice: 0 to 25 Years*, DfE, 2015)

The term SEN encompasses a wide range of types of need. The established categories of SEN are: specific learning difficulty, moderate learning difficulty, severe learning difficulty, profound and multiple learning difficulty, behavioural, emotional and social difficulties, speech, language and communications needs, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autistic spectrum disorder. (*Support and Aspiration: A New Approach to Special Educational Needs and Disability*, DfE, 2011)

<sup>7</sup> 15 (9%) are academies, 14 of which used to be run by local authorities. The private sector run 26 (15%) and the voluntary sector run 44 (26%).

### 3.2 Boarding schools for vulnerable young people

The TBAP Residence aims to apply a boarding school model that is customized to meet the needs of vulnerable young people by incorporating heightened therapeutic care alongside educational objectives. The use of boarding education for disadvantaged children and young people has been previously advocated, including the Boarding Provision for Vulnerable Children Pathfinder (the Boarding Pathfinder) launched by the Department for Children, Schools and Families in November 2006. The Boarding Pathfinder scheme was intended to explore whether boarding school provision would be a suitable offer for local authorities to support vulnerable children and young people who were on the edge of care, having difficulties living with their family, or with poor school attendance. It aimed to improve educational opportunities, foster personal and social development, and provide access to a wider range of extra-curricular activities. This scheme, initiated by former Labour Schools minister Andrew Adonis, sought to bring vulnerable young people into already-established boarding schools rather than develop a new specialised residence like TBAP. However, it was similarly founded on the belief that a boarding school model provides support from head teachers, many extra-curricular activities, a daily routine of meal times, exercise and bedtimes, and appropriate discipline when necessary, a combination that is less likely to occur at home for these vulnerable young people. The scheme was also desirable given that it would cost less than foster care. The findings from the Boarding Pathfinder evaluation are discussed further in section 6.

A 2014 DfE report on boarding schools as an opportunity to improve outcomes for vulnerable children encouraged local authorities to consider boarding schools as an option for vulnerable young people and make this possibility more accessible (DfE, 2014d). It emphasised the need for the careful identification of young people who are most likely to benefit from boarding as well as appropriate matching to the school in order to maximise benefits, this being a case-by-case decision. The report also recognised that this approach targeted a specific population and that the number of vulnerable young people that would benefit from boarding will be relatively small.

Similar initiatives are also currently ongoing; for example, the 'Boarding Chances for Children' run by Buttle UK is a three-year project to place children at boarding school in Year 7<sup>8</sup> and the 'Boarding for 'in need' children' project is being funded by the DfE and evaluated by a three-armed randomised controlled trial, reporting in 2020<sup>9</sup>. Buttle UK and the Royal National Children's Foundation (RNCF) both work to place vulnerable young people in boarding schools, called assisted boarding. Following the launch of the Assisted Boarding Network, the organisations began an initiative to reach 1,000 EOC children with offers to independent or state boarding schools by 2018. RNCF's 2015 Impact Report states that young people who are currently in assisted boarding have benefited from increased personal security and self-esteem, improved quality of relationships and heightened aspiration (RNCF, 2015). Furthermore, families also indicated that having their child at boarding school positively affected their lives. Still, it must be emphasised that boarding schools may work for some but they are not always an appropriate placement for vulnerable young people who have complex needs and require a high level of support (see section 6).

### 3.3 National minimum standards for boarding schools and residential special schools

The national minimum standards for boarding schools and residential special schools follow a very similar format – the first 18 standards are titled almost identically – and state many of the same quality expectations, including having clear statements of purpose, promoting children's health and well-being, and allowing contact with parents/carers when necessary and unrestricted (DfE, 2015b; DfE, 2015c). The national minimum standards for boarding schools aim to safeguard and promote the welfare of children who attend and live in boarding schools (DfE, 2015b). Boarding schools cannot

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<sup>8</sup> <http://www.buttleuk.org/research/boarding-chances-for-children>

<sup>9</sup> <https://educationendowmentfoundation.org.uk/projects/boarding-for-in-need-children/>

accommodate young people for more than 295 days per year and therefore these standards are different to those for children's homes. The national minimum standards for residential special schools do not apply to residential special schools that accommodate children for more than 295 days, which must be dually registered as children's homes. See Table 3.1 for a list of the key differences between the national minimum standards of boarding schools and residential special schools. Beyond these comparisons, boarding schools have additional standards for prefects systems (standard 19) and long-stay lodgings (standard 20). Residential special schools also must meet standards for staff supervision, training and support (standard 19), monitoring by independent visitors (standard 20), placement planning and review (standard 21), and records kept by the school (standard 22).

**Table 3.1: Key differences between the national minimum standards of boarding schools and residential special schools**

	Boarding schools (BS)	Residential special schools (RSS)	Key differences
<b>Standard 1</b>	Statement of boarding principles and practice	Statement of principles and practice	Greater emphasis is given to the description of any theoretical or therapeutic model underpinning school practice and outlining the provision for children with SEN and/or disabilities in RSS.
<b>Standard 2</b>	Boarders' induction and support	Induction, transition and individual support	RSS standards include that the school ascertains all necessary information about a children's health, education and care needs, prior attainment and achievements. RSS are also expected to make arrangements that review how the child is settling, particularly for emergency admissions, and provide all necessary tools to ensure a positive transition if the child is to leave the school.
<b>Standard 3</b>	Boarders' health and wellbeing	Health and wellbeing	RSS standards include greater detail of the use of therapeutic techniques, links with specialist health services where necessary, keeping school records of any treatment as well as individual health and welfare plans, and authorisation of school staff to carry out medical or nursing procedures.
<b>Standard 4</b>	Contact with parents/carers	Contact with parents/carers	RSS standards emphasise sensitivity to children's needs and circumstances, including restricted contact with families.
<b>Standard 5</b>	Boarding accommodation	Residential accommodation	Provision of specialist facilities to support children with disabilities are expected by RSS standards.
<b>Standard 10</b>	Activities and free time	Activities and free time	RSS standards use the perspective of the parent as a reasonable way for schools to decide whether activities are appropriate for children or based on the placement plans.
<b>Standard 12</b>	Promoting positive behaviour and relationships	Promoting positive behaviour and relationships	RSS standards place more emphasis on staff training to respond to challenging behaviour and bullying. Furthermore, the standards cover the use and recording of restraint, including reasonable force, in exceptional circumstances to prevent harm to the child and others. If a child goes missing, staff are expected to know

			the policy and work with police when necessary.
<b>Standard 15</b>	Staffing and supervision	Staff deployment and supervision of children	RSS standards include arrangements for deploying staff in order to facilitate continuity of care for children and positive relationships with staff members (e.g., avoiding external/temporary staff as much as possible; having both genders whenever possible). Clear policies around staff induction and probationary periods as well as staff disciplinary processes are expected.

### 3.4 Factors that promote education for young people in care

There is strong evidence suggesting the importance of education and educational experience for children in care as a factor that enhances resilience, confidence and self-esteem (Attar-Schwartz, 2009; Hair, 2005; Hayden, 2010; Ringle et al, 2010; as cited in Hart and LaValle, 2015), as well as a way of normalising life and overcoming disadvantage (Martin and Jackson, 2002). It is therefore of interest to understand the factors that promote positive educational experiences and outcomes for young people in care. Unfortunately, as Hart and Lavalle (2015) describe: “There is very limited evidence available on ‘what works’ in residential care, in particular the more robust type of evidence that links the process and structural features of a residential placement with outcomes for children” (p.78). However, the following section examines a number of studies that suggest some positive and negative factors.

A recent study aimed to identify care and educational factors associated with the progress of children in care from the end of Key Stage 2 to the end of Key Stage 4 (Sebba et al., 2015). In order to compare educational outcomes, care histories and individual characteristics, the authors linked data from the National Pupil Database (NPD) and the Children Looked After Database in England (CLAD or SSDA903). The LAC data was then compared with data from CiN and children not in need or care. Among the study’s many findings, LAC who had been in longer-term care showed better outcomes than CiN (but not in care) and LAC in short-term care. This suggests that over time, care may serve to protect children educationally, a finding which stands in contrast to the typical belief that being in care causes poor educational attainment.

Overall, the following were associated with poorer educational outcomes: more placement changes; school changes in Year 10 or 11; more school absences; more school exclusions; residential care, and specifically children’s homes, rather than other forms of care; and special schools rather than mainstream schools. As such, the study concluded with implications regarding how to promote educational outcomes among LAC: 1) support education from a young age; 2) avoid school moves if placement moves are required (especially in final school years); 3) place LAC in mainstream schools with appropriate support; 4) support young people to raise attendance avoid excluding them from school; and 5) improve communication and sharing of information between teachers and social workers. The study found that of children in care taking their GCSEs, 26% were living in residential placements, a larger proportion than had been expected. Another interesting finding from the qualitative component was that young people had a strong sense of personal agency to make the decision that they were ready to engage with education once they felt other preconditions (e.g., feeling safe) were met. Some young people also commented that going into care helped them educationally by providing more stability and access to resources. Both of these statements from young people place great emphasis on how a safe and stable environment can translate into a desire to engage with education and therefore improve outcomes.

Denecheau (2011, England and France) identified a number of positive and negative factors affecting the educational attainment of children in care. Positive factors were stability and security of placements; encouragement and support from carers and staff, reinforcing self-esteem and self-efficacy; a quiet place to work; and efficient partnership working between social services and education. Negative factors were largely the converse of these, such as placement instability, low expectations and a lack of educational materials and facilities. Relatively low levels of education and training among residential staff, and an attitude among staff that young people's education is not their responsibility, have also been cited as negative factors (Martin and Jackson, 2002).

Martin and Jackson (2002) interviewed 38 adults considered to be high-achieving individuals<sup>10</sup> who had spent at least a year in residential or foster care and came from highly disadvantaged and excluded families. The interviews sought to identify the factors that, in the young person's opinion, had contributed to their educational success. These included i) stability of school attendance; ii) carers and staff assuming and enforcing regular attendance, making it unacceptable to truant or miss school for care or social work appointments; iii) staff and carers taking an interest in their education and giving them positive encouragement; iv) adequate facilities for studying; v) not being stereotyped as less able or encountering lower expectations because of being in care; and vi) not standing out amongst their peers as different. Being supported to participate in extra-curricular activities was seen as very important in this regard. However, this study did not observe to what extent these contributing factors were also present for less high-achieving individuals, and it is therefore important to be cautious in drawing conclusions about their impact.

Gallagher et al (2004) evaluated a group of homes for children aged between 10 and 14 who had experienced sexual abuse, and whose behaviour was described as "extremely challenging". The home was evaluated between two and three years after opening. The evaluation concluded that the home demonstrated that children in residential care can have good educational outcomes and identified a number of factors which had helped to achieve this, including:

- promoting the value of education by discussing with children its potential impact on their lives and any concerns they might have, investing a lot of effort in education to demonstrate its importance, and prioritising the place of education in the home (e.g. not allowing other appointments to take place during school time)
- establishing expectations with children with regard to education and working with schools to reinforce these; for example, if children hadn't done enough work in school time the school would have an arrangement with the home to get them to complete it at home
- preparing children for educational placements by boosting their self-esteem, confidence and assertiveness (factors which are often lacking in LAC, but important to educational success)
- supporting children in educational placements both emotionally and practically, including providing a support worker to accompany the child within the school if necessary
- developing a learning culture or learning environment:

*"Within the home, staff ensured there were resources such as books, toys and board games. The staff encouraged children to watch 'educational' television programmes and videos, and also engaged them in activities, for example, cookery and crafts. The home arranged for an art teacher to undertake work with the children on a weekly basis. In addition, the children were provided with a range of learning opportunities outside the home.*

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<sup>10</sup> 25 had first degree qualifications or higher, some were currently attending university and all had received A-Level passes.

*Children were urged to join and use the local library, were taken on trips to museums and other educational sites, and were given computing lessons. Of particular note was children's involvement in swimming and outward bound activities like canoeing and abseiling. These pursuits were intended not only for pleasure but to provide children with formal coaching as well, which would enable them to reach increasing levels of competency and attain certificates marking these achievements. This was considered to be a valuable means of raising the children's self-esteem." (Gallagher et al., 2004).*

Similar approaches were observed to work well by Lindsay and Foley (1999) in their evaluation of the Sycamore Project in Scotland, a residential care setting for 16 young people from "very disturbed backgrounds".

### 3.5 Therapeutic approaches and relationships with peers and family

There is a high level of mental health need among the residential care and edge-of-care population (Department for Education, 2014c) and therefore some residential care homes aim to offer therapy or treatment for mental health problems to the young people in their care. Hart and LaValle note that "treatment" is a word that is rarely used in studies of the English child welfare system, whereas it is very common in the US, where the idea of "treatment" involves using life experience in a therapeutic fashion. This is comparable to social pedagogy, a European social care tradition that sees each daily activity as a social education possibility, or the "Life Space" approach, which uses everyday events and crises to help children learn new ways of thinking, feeling and behaving (Hart and LaValle, 2015). Thomson (2005, Australia) remarks that "the maximising of the day to day and opportunity-led communication and connection to promote healing relationships seems to lie at the heart of effective residential care."

A major part of everyday life in residential care is the peer group. Placing a small number of troubled young people together is likely to present a challenge, and children in care often describe peer violence and bullying as a major concern. Barter et al (2004, quoted in Rahilly and Hendry 2014, p.175), note that:

*"... a residential context may provide greater scope for peer violence to occur throughout all areas of young people's lives – invasion of personal space; young people's previous experiences of violence and abuse; detachment from external support networks (especially if placed out of area); cultures of non-disclosure ('grassing'), and attacks at night: all may increase the impact of violence."*

This study found that three-quarters of children in residential homes had experienced physical violence from another peer in at least one of their residential placements. Moreover, young people may not be willing to talk about these issues to residential workers, who may therefore remain unaware of them.

Measures that have been found to reduce peer violence are having a small number of residents, so that sub-groups are less likely to form and intimidating behaviour is more easily noticed and addressed (Sinclair and Gibbs, 1998, quoted in Rahilly and Hendry, 2014); staff routinely challenging peer group hierarchies and derogatory language rather than accepting these as normal or inevitable; clear placement aims and objectives; and an assessment, as part of placement planning, of how well a child will fit within the existing group (Barter et al., 2004, quoted in Rahilly and Hendry, 2014). In practice, such considerations have been more difficult to implement in residential care in recent years, as a smaller number of homes overall has resulted in less choice over where children are placed. However, the TBAP residence has more scope to consider the group dynamic within cohorts of learners and should make this an important part of the selection process. This is particularly important as there is evidence that peer violence is more common in short-stay settings where young people jostle for a place in the peer group hierarchy.

Barter et al. (2004) note in their study of peer violence in children's homes that hardly any overt racism was observed. All residential homes had stated that racism was unacceptable and would be taken very seriously, and young people were

themselves very conscious of this, to the extent that they were as likely as staff to reprimand racist behaviour. This may demonstrate that if homes have a clearly understood policy that certain behaviour is unacceptable, it is possible for it to be eradicated.

Despite the concerns about peer violence described above, the peer group can also be seen as a resource. Indeed, forming positive and emotionally supportive relationships with peers is a powerful safeguard against the risk of violence and intimidation described above, and may be particularly important where relationships with families are insecure and chaotic (Mota et al, 2013, cited in Hart and LaValle 2015). Positive peer culture programmes are based on values of peer concern and helping others, and provide young people an opportunity to develop a sense of connection and agency. Several evaluations have indicated positive behavioural, academic and affective outcomes of residential programmes using positive peer culture, particularly where these are in a community-like rather than institutional environment, and where there are good relationships with the adults involved, who use positive attention, praise and supervision (Handwerk et al, 2000, USA, cited in Thomson, 2005).

Some programmes and traditions involve family members with residential care activities, where this is possible or appropriate. This can take place even in cases where there is not an expectation that the child will be returned to the care of their family, since many young people return to their parents later in their lives, and even where they do not, they will have a psychological need to make sense of the relationship, and stand to benefit from positive relationships within the wider family. Hart and LaValle (2015) note that “families’ involvement is linked to positive outcomes for children...” – an approach the TBAP Residence is aiming to adapt. A study by Berridge et al. (2012) found that the majority of young people they interviewed had face-to-face contact with one or both parents ranging from weekly visits to every three months. However, residential staff workers only considered 38% of this contact to be “mainly positive” and remarked about the mixed effects it had on young people. As such, while contact may be beneficial, it can also have negative consequences that need to be managed by an appropriate method and level of contact.

Boddy et al (2013) describe that while the need for “contact” is recognised, there is often little regard given in the English system to working with parents during a child’s time in care to maintain and develop the relationships between parents, children and wider family members. In contrast, in Denmark, France and the Netherlands, parents are encouraged, where appropriate, to remain in their role “part-time” or “at a distance.” A study of children with serious behavioural difficulties in The Netherlands showed that young people were more likely to respond positively to treatment when their parents were involved on a regular basis, visiting the institution once a week (Scholte and van der Ploeg, 2000, Netherlands). Moreover, Boddy et al note that parental involvement may be easier to maintain in a residential care placement than in a family placement. Still it is important to recognise that not all family contact and involvement is feasible or beneficial for young people, particularly in cases of parental or familial abuse or neglect.

For young people who are on the EOC and whose families are in crisis, Preventative Family Support or Edge of Care services often emphasise a whole-family approach. These services aim to keep families together and children out of the care system. For example, these services may use Triple P parenting, applied behavioural analysis, positive reinforcement, motivational interviewing, and nurturing programmes.

An example of a complementary approach to typical EOC services was Support Care, a scheme that provided short breaks to families in crisis by placing the child with a part-time foster carer. A report on the programme described it as “a voluntary provision designed to empower families to find their own solutions to difficulties – i.e. families have to be in agreement with a placement and can choose not to send their child to support care” (Williams et al., 2008). It would provide a planned, time-limited series of short breaks away from home alongside family support work built around the needs and capacities of each family. Short breaks are rarely offered to children on the edge of care unless they have a disability; Support Care aimed to address this gap and prevent families becoming separated long-term. Although the TBAP Residence will provide an

educational and therapeutic residence instead of foster care, it will similarly provide short breaks for vulnerable young people on the EOC and work with families so that concerns at home can be addressed.

### 3.6 Adventurous outdoor experiences

There have been a number of studies exploring the effect of outdoors adventure or “wilderness” programmes as a form of therapy for vulnerable young people. A review of studies of “Outward Bound” programmes reported positive results in six areas: independence, confidence, self-efficacy, self-understanding, assertiveness, internal locus of control (individuals’ expectations of their ability to control their experiences), and decision-making (Hattie et al., 1997, Australia/USA, quoted in Fischer and Attah, 2001, USA). Outdoor activities also have an indirect benefit in that they may help to form closer relationships between staff and students, leading in turn to better outcomes. It is difficult to obtain findings that are statistically significant from these programmes due to the small-group nature of the intervention. However, we present some individual studies below that may illustrate some findings about these types of intervention.

White (2012) describes an outdoor education programme for Year 8 students with emotional and behavioural difficulties which produced positive results in terms of trust, group cohesion and emotional regulation, enabling students who took part to manage the challenges of school better. Furthermore, 18 of 24 of participants also reported improved relationships with their families. Romi and Kohan (2004, Israel) describe a wilderness programme consisting of a series of challenges of gradually increasing difficulty, which require teamwork and mutual reliance to solve. The experience is presented as an adventure and challenge, rather than as therapy, which is thought to increase young people’s willingness to participate. This study found that participating in the wilderness programme increased self-esteem and locus of control questionnaire scores, but that there was no significant change compared to a similar residential intervention not taking place in a wilderness setting.

Some studies suggest the need for careful design and planning of such programmes if they are to achieve potential benefits. For example, Fischer & Attah (2001, USA) studied a wilderness programme for 23 young people from inner-city Atlanta, USA. While some positive outcomes were observed, nearly half the young people who took part viewed the programme as a negative experience, and foster parents reported a significant worsening of behaviour following participation in the programme. The authors suggest a number of factors that could have contributed to these negative outcomes: participants being poorly prepared for the reality of the programme (e.g. the absence of home conveniences); the non-elective nature of the programme; and differences in the characteristics of the participants, who were nearly all black and from low-income families, and the instructors, who were predominantly white and middle-class. The authors suggest that these programmes should therefore be tailored to the particular needs of the group taking part if they are to be effective.

### Implications from section 3:

- **Stability of placement and continuity with school is widely reported to play a major part in ensuring good educational outcomes for young people, as well as providing a safe and familiar environment in a chaotic life.**
- **Interest, encouragement and practical support from staff and carers is vital. It is important that education is seen to be prioritised and expectations around education (e.g. attendance and completing work) are reinforced.**
- **Young people should not be stereotyped as less able, or encounter lower expectations, as a result of being in care or on the edge of care.**
- **Residential care can provide an opportunity for therapeutic approaches that take advantage of everyday events to promote and teach positive relationships and new ways of thinking, feeling and behaving.**
- **Residential care may put young people at a greater risk of peer violence, particularly in shorter placements. This risk can be managed by keeping groups small; considering the mix of young people within the group; clear messages from staff that violence, intimidation and hierarchies are unacceptable; and having clear placement aims and objectives.**
- **Small peer groups within residential care can present an opportunity to encourage young people to develop positive and supportive relationships with their peers.**
- **Involving family members in order to maintain and develop their relationships with children is associated with better outcomes for young people. This may be easier to achieve in a residential setting. However, it must be noted that family contact and involvement is not always feasible or beneficial, particularly in cases of abuse or neglect.**

## 4. Outcomes

Comparisons between looked-after and non-looked after children have the potential to give a misleading impression of the outcomes of care, in that LAC are likely to be disadvantaged by other factors which make it inappropriate to use all other children of the same age as a control group. Likewise, children in residential care are likely to have different attributes to those in foster care; for example, outcomes for late entrants to care aged around 14-16 years old are often the poorest among LAC.

When these other factors are taken into account, the differences observed between the groups are greatly reduced. For example, James et al (2012, USA) studied children in group (residential) care and family (foster) care in the USA, matched for demographic and clinical characteristics and background, and found no difference in behavioural outcomes after 36 months. Factors taken into account included sociodemographic characteristics (gender, age, race/ethnicity), placement-related variables (primary maltreatment type, family risk score), clinical characteristics (baseline behaviour problems, developmental functioning, health status), placement history (number of placements), and resource factors (urbanicity and type of health insurance). More recently, Sebba et al. (2015) found that children in care had better educational outcomes over time than children who were in need but remained at home.

Moreover, in the context of TBAP, such comparisons may be less relevant as we are interested specifically in young people on the edge of care rather than in the overall population of non-looked-after children. The findings that follow should therefore be interpreted with caution.

### 4.1 Educational performance

Educational outcomes for LAC have been widely observed to be poorer than those for non-looked-after children. Young people who lived in homes were found to have achieved lower grades in Key Stage examinations than other young people (DfE Data Pack, 2014a). For example, in 2013, for England, 37% of LAC achieved five GCSEs at grades A\*-C, compared with 80% of non-looked-after children; 15% of LAC had 5 A\*-C GCSEs including English and Maths, compared with 58% of non-looked-after children (Harker & Heath, 2014).

Both groups have seen some improvement over the 5 years preceding 2013, with GCSE results for looked-after children improving by a higher percentage since 2009 than those for non-looked-after children.<sup>11</sup>

A recent systematic review looking at the relationship between being in care and educational outcomes of children examined 28 studies, most of which had comparison groups or compared LAC to children in the general public (O'Higgins et al., 2015)<sup>12</sup>. As above, the review also found that LAC perform worse than their peers in the general population on educational attainment, including grades, literacy and numeracy, test scores, attendance and exclusion. However, the review also found that this relationship was reduced when taking into consideration other characteristics such as gender, ethnicity, and SEN. Furthermore, when LAC were compared to similarly disadvantaged children not in care, there was a much smaller difference in their attainment. As such the review concluded that, despite the strong correlation between low educational attainment and being in care, this is partially explained by experiences prior to care entry and individual characteristics (e.g., SEN),

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<sup>11</sup> 24.0% in 2009 to 36.6% in 2013, and 69.1% in 2009 to 80.3% in 2013 respectively achieving 5+ A\* to C (Harker & Heath, 2014).

<sup>12</sup> This study looked at children in family foster or formal kinship care and did not include children in residential care.

suggesting it is unlikely that being in care is the reason for poor educational outcomes. Further research is required to understand the details of this relationship.

## 4.2 Anti-social and offending behaviour

In 2012 around 7% of LAC aged 10 to 17 had received a conviction, final warning or reprimand, compared with 2% of all children aged 10 to 17 (Harker & Heath, 2014).

However, Pritchard and Williams (2009) compared involvement in crime, both as perpetrators and as victims, between two groups of men aged 16-24: those who had been permanently excluded from school and those who had spent some time in care. They discovered that these two groups had similar social backgrounds, but that the young men who had been excluded from school had a significantly higher offending rate (64%) than those who had been looked-after (44%). The authors suggest that, despite starting from a more disadvantaged situation, looked-after young men did better than those who had been permanently excluded from school, which may be due to their statutory right to continued support from their local authority. This may show the potential of care to improve outcomes for some children.

Lawlor (2008) raises concerns about the measurement of criminal activity that may result in over-reporting of criminal activity by children in residential care. Children may receive convictions whilst in care for offences committed prior to entering care, which may inaccurately attribute the crime statistics to the child's time in care. Moreover, in a residential care environment it may be more likely that misdemeanours will be reported to the police.

### Implications from section 4:

- **Children in care have worse outcomes in terms of educational attainment and offending behaviour than non-looked-after children.**
- **However, when other factors are taken into account, these outcomes may not be significantly worse than those for children with similar backgrounds. Indeed, residential care may have the potential to improve outcomes for some children.**

## 5. Costs

### 5.1 Costs of children's residential care

Harker and Heath (2014) report that in 2013/14 the cost of providing care to the 68,110 looked-after children in England was estimated to be £2,488 million, or £36,524 per LAC per year. However, the cost per LAC in children's homes was significantly higher, at £150,833 per child per year. £905 million was spent on children's homes in England in 2013/14 (estimate).

Similar figures are given by Curtis (2014) in the annual Unit Costs of Health and Social Care, which gives the cost of a local authority care home for children at £2,995 per resident per week (£155,740 for a year). In London, this increases to £3,352 per week. Voluntary and private sector care homes cost approximately £50 less per resident per week. This stands in contrast to the cost of foster care for children, which is £700 per child per week, or £1,038 in London. However, the two populations are very different; children in residential care are older, more challenging and may have previously been in unsuccessful foster placements.

Both of these estimates look at annual costs; however, this may not be the most informative measure to use since many children and young people are in care for less than a year. For example, 51% of children who ceased to be looked after in 2013-14 had a final period of care which lasted less than one year (DfE, 2014b). Department for Education analysis suggests the average cost of residential care provision per child per week is around £2,900 (DfE Data Pack 2014a).

In addition to these overall costs, there are additional costs for specific interventions, as outlined below. Moreover, Lisa Holmes argues (2010), it is important to consider and identify the costs of welfare interventions for children in need as well as for looked-after children and to take a systems approach, which looks at the costs of providing these early intervention services in the context of costs for all children in need. Such an approach may demonstrate the benefits of an "invest to save" approach, where providing services earlier for children in need or on the edge of care reduces the need for more intensive and costly intervention at a later stage. This "invest to save" approach is one element of the rationale for the TBAP Residence provision.

### 5.2 Costs of specific interventions

The table below presents the average or typical costs of some other interventions and events that may occur for LAC or on the EOC, some of which can be compared with interventions occurring at the TBAP residence.

**Table 5.1: Average costs of interventions for children in care or on the edge of care (Curtis, 2014).**

Type of intervention	Cost (national average including indirect costs and overheads)
Speech therapy session	£87
Cognitive behavioural therapy session	£93
Community-based child and adolescent mental health session	£227
Hospital outpatient child and adolescent mental health session	£271
Clinical psychologist session	£137
Multi-systemic therapy session	£119

Weekly cost per child of social services support for non-looked-after children	£227 (London); £163 (England)
Weekly cost per child of social services support for looked-after children	£954 (London); £791 (England)
Mental health social worker visit	£122 (London)
Family support worker visit	£50 (London); £35 (not London)
Team Around the Child meeting attended by learning mentor, educational psychologist, and family support worker	£280
Updating a care plan	£247
Making a decision to take a child into care	£1,120
Reviewing a care placement	£638
Finding a subsequent placement	£320
Cost of reunification with family following a care episode	£5,656

### 5.3 Costs relating to outcomes

The costs of residential care can also be viewed in the context of the potential costs and savings relating to the outcomes of a period in care.

In 2010, the think-tank Demos hypothesised, using two notional care leavers, the outcomes resulting from a stable care journey, compared with those from an unstable and unsuccessful period in care. Looking at fiscal costs and savings for both hypothetical care leavers between the ages of 16 and 30, they calculated that a stable and positive experience of care could create cost savings to the state of almost £92,000 (Hannon et al., 2010). These costs could otherwise arise from unemployment, underemployment and mental health problems experienced by formerly looked-after individuals whose experience in care had been negative, involving frequent moves and placement breakdowns.

Research has been carried out to understand the potential economic gains of particular outcomes. A 2014 research report for DfE (Hayward et al, 2014, p.9) states:

*“Individuals achieving five or more good GCSEs (including English and Maths) as their highest qualification are estimated to have lifetime productivity gains worth around £100,000 on average, compared to those with below level 2 or no qualifications. This is equivalent to around 3 additional years of work (based on the average output of an individual with five or more GCSEs as their highest qualification). Restricting the comparison group to just those with no qualifications boosts the returns to five or more good GCSEs (including English and maths) to £283,000 for men and £232,000 for women.*

*“Individuals who just cross the five good GCSE threshold have considerable lifetime productivity returns compared to those who don’t. Men holding 5-7 good GCSEs (including English and Maths) as their highest qualification have*

*lifetime productivity gains worth around £73,000 compared to those with only 3-4 good GCSEs; for women, the figure is £55,000.”<sup>13</sup>*

In 2011, the National Audit Office estimated that, “on average, each young offender costs £8,000, per year, to the criminal justice system. On the same basis, each of the most costly 10 per cent costs £29,000.” (p. 4) This analysis, of course, does not include the costs of the crimes they committed to their victims. The Home Office’s Integrated Offender Management Value for Money Toolkit, 2011 estimates the social and economic costs of a number of crimes, including £4,970 for theft of a vehicle, £8,810 for personal robbery and £25,747 for serious wounding.

Entering the secure estate can be extremely costly- in 2013-14 the cost per prisoner per year in a 15-21 closed Young Offender Institution was £39,657 while in a 15-17 Young Offender Institution it was £94,780.

### Implications from section 5:

- Residential care in children’s homes is significantly more costly than care in foster placements, although serving a very different population.
- There are large potential savings to be made over an individual’s lifetime if a stable and successful experience of care can be achieved.

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<sup>13</sup> The estimates given here refer to the economic benefit to society as a whole, resulting from individuals’ enhanced productivity, rather than to gains accruing to individuals.

## 6. Attitudes towards residential care and boarding school models

It is critical to understand the perspectives that young people and their families have towards residential care to inform how the TBAP Residence may be perceived in comparison. Given that the TBAP Residence differs from a residential home in several key ways, including its enhanced educational approach, this section provides perspectives from young people who are in care as well as from those who attended the mainstream boarding schools in the Pathfinder Evaluation, many of whom were on the EOC or LAC. Given the importance of whole-family approaches to avoid entry to care whenever it is safe to do so among EOC children, family views of the system are also addressed below.

### 6.1 Stigmatisation of residential care

Reports often highlight the widely held negative perception of children's residential homes among policymakers and the wider public (Berridge et al., 2012; Hart & La Valle, 2015). This may be due to historical use of residential homes for young offenders, reports of physical and sexual abuse, the poorer outcomes observed for children in such care, or a belief in the superiority of care in a family-based setting.

Young people themselves are aware of such stigmatisation, as noted in the following remarks from a literature review on children and young people's views on being in care (Selwyn, 2015).

*You say you are in care and lots of people feel sorry for you. I hate that feeling. (p.10)*

*All people have certain views on people in care. They think we were troublemakers. (p.10)*

*They think that you smash windaes (windows), get pissed (drunk), take cars, are mental. (p.39)*

*The (name of therapeutic residential home) did not help me find friends. Not many people wanted to be friends with children's homes. (p.40)*

However, as another report (Hannon et al., 2010) describes, there is "a dissonance between the evidence on the impact of care and the public perception of the system" (p.9). The stigma around residential care is especially strong and implies that young people in residential care receive poorer care and will have poorer outcomes than other types of care, such as foster care. Yet, these assumptions are not always supported by research findings and certainly ignore the individuality of each young person's needs. Young people will have different preferences and beliefs about where they should be placed, whether it is back with their (extended) family, in foster care, or in a residential home. Furthermore, young people may thrive or decline depending on whether or not their placement is a suitable fit. To understand better what young people like or do not like about residential care, the best method often is to simply ask.

### 6.2 Young people in care and their families

Research on young people's attitudes towards residential care provides an insider's perspective of the life in residential homes. One report described the findings from interviews and focus groups with children and young people about what makes a place feel like home and how people could help them find and maintain a home (Who Cares? Trust, 2013). The young people had experience of different forms of care, including adoption, fostering, kinship care, and residential care. Across the types of care, some main messages became apparent: young people wanted to be viewed as individuals and to

have carers who know them well and who they trust. They also wanted to be given information, options and choices in the decisions about their future and to be given the opportunity to test out the move first.

Berridge et al. (2012) interviewed 20 young people, either individually or in small groups, from ten residential homes. The homes were spread across England and varied in size and provision of emergency- and long-term placements. The findings from the interviews covered many topics, such as relationships with staff and other residents, feelings of support and help with school, college, training and work, and what they would suggest to improve their residential home.

When asked about how well young people in the home got along, young people responded that although they valued the friendships made in residential homes, it was also the cause of difficulty, conflict and insecurity (Berridge et al., 2012). For some this was viewed particularly negatively but for others it was viewed as a normal part of being in a home or similar to sibling relationships.

A recent literature review (Selwyn, 2015) brings together findings across research on children and young people's views on being in care. In a section on young people living in residential care, the report describes several themes that emerged. Young people felt that residential homes are often too institutionalised to provide the positive, supportive and caring relationships with adults that children seek. The location of the residential home was also important for maintaining relationships with family and friends. The report describes good locations as those "in pleasant areas that were close to town and that were not in rural area or on an estate" (p.38). The review again highlighted that peer violence – including direct physical or sexual assault, direct and indirect verbal abuse, destruction of personal belongings, and social exclusion – was a concern for many young people living in residential care. Still, some found living with other young people their age comforting, again highlighting the individual preferences across young people:

*It's a fine place to be, better than being in foster care, because there is more kids here your own age that have been through the same sort of thing. (p.40)*

Of particular interest for the TBAP Residence, young people in residential care seemed to link a lack of encouragement around academic performance with a lack of care, highlighting the importance of support for education (Selwyn, 2015). Academic support appears to vary considerably by home, resulting in very different outcomes and views of their residential care, as exemplified in these opposing quotes:

*I was in a children's home, there were ten of us, and only two actually went to school. Kids in care just don't go to school. They (the staff at the children's home) woke you up, but that was it. They woke you up if you had a school to go to. If you didn't you were just left to wake up when you wanted. (p.38)*

*They (residential home staff) helped me with my schoolwork. They helped me with my GCSEs and to pass them, even though it was the roughest time of my life. (p.38)*

Older age groups and care leavers also associated academic support with the need for and importance of rules and boundaries in residential care, as highlighted in Section 2.3, to help young people make constructive decisions (Selwyn, 2015):

*I'd say that the majority of my life in care was good, purely – because I did what I wanted, you know what I mean? I think this is where the problem is – the fact that all these care kids got so much freedom. They got so many rights and I'm not saying rights is a bad thing, but what I'm saying is you've got to have some sort of system, where, you know, a kid can't just get up in the morning and decide – I know what's best for me, so I'm not going to school. (p.39)*

There is a lack of research on the views of parents and family members of children in care (Hart & La Valle, 2015). One study in Israel interviewed parents of children in residential care (Buchbinder and Bareqet-Moshe, 2011, Israel). Emotional turmoil was apparent with mixed feelings of helplessness, loss, guilt, and appreciation for the discipline residential care could teach. Of particular note was a comment about the complex effects that residential care had on continuing the relationship between the child and parents:

*Look, he is dying to come home. He is very angry, all day long. He follows me around, saying: 'Take me out, take me out,' he misses home so much ... parents go through a crisis even if it's not immediately visible, but it's something that penetrates deeper and deeper and deeper ... the residential care solves one problem and creates another. The physical separation exists and can lead to emotional separation (p. 131)*

One young person described a similar concern (Selwyn, 2015):

*It just felt weird, you know, your mum coming to see you and not knowing what to say to her after so long being without her. You just feel scared of talking to her, you know. You have to grow to know your mum again and grow to know your brothers and sister again. (p.4)*

Being in residential care can lead to complex feelings for both the young people in care and their families; however, there are circumstances in which both the young people and their families see residential care as the only option as well as the best option for the child's safety.

### 6.3 Young people on the edge-of-care (EOC) and their families

The evaluation of the Boarding Pathfinder (Maxwell et al., 2009) aimed to understand what worked well about the scheme and how it could be improved, how the young people benefited from attending the mainstream boarding schools, and whether the scheme should be scaled up in England. The evaluation included collecting data on the young people and boarding schools that participated in the scheme, and interviewing the young people, parents or carers, social workers and other support workers, and those who organised and managed the scheme locally.

Over the evaluation period of about two years (November 2006-December 2008), 17 young people started at boarding schools, 11 of whom were still at their school at the end of this period. The Pathfinder scheme targeted children and young people who were struggling in school or with family matters, such as not attending school and not getting on with their families or carers. As part of the evaluation, interviews with these young people were conducted in which their experience was generally reported as very positive, such as the following remark:

*This school has basically like changed my life if you know what I mean. I used to have someone from social services come and take me out every day, every single day, just to get me out of the house. (Now) I am getting on better with mum and dad. They are happy to drive me to see friends (i.e., those that live further away). I am allowed out a lot more and there are no arguments about me going. I have lots more freedom and they treat me like an adult now. They let me make my own decisions (Young Person p.28).*

Young people valued the structure, the academic encouragement, and the many activities available:

*There are so many things to do here (Young person, p.27).*

*Lauren loves school, she prefers to be at school than at home – she likes the routine, and she has friends (Social worker, p.28)*

On the other hand, young people disliked the lack of privacy, lack of diversity among the students, and struggled to adhere to the rules outside of the classroom. Two key workers pointed out that young people were able to more or less manage their behaviour within the classroom at the boarding school, but outside of lessons some of their behavioural difficulties reoccurred:

*Frankie is good in lessons – but her behaviour in her boarding house is not so good – she doesn't like rules, she doesn't like being told what to do (Social worker, p.30).*

*Ben didn't challenge the regime of the classroom – it was just the social/private aspect of schooling he couldn't cope with (Social worker, p.30).*

Like young people who want more choice in deciding their care placement, boarding school was more likely to be successful if the young person made the decision to go there based on information provided to them and visiting the boarding school:

*Before I went, I visited the school for a day. And then I came back and then stayed a night or two...and still then I thought 'No'. So then I stayed a week and I am still here!" (Young person p.33).*

The Pathfinder evaluation also spoke with the parents and carers of the young people who attended the boarding schools as part of the scheme. For the young people who remained in boarding school over the two-year evaluation period, parents commented on how pleased they were to see their child excelling and being involved in activities they liked.

In addition, time apart was seen as helpful by providing the space for the young person to grow and for the relationship to settle rather than cease:

*I prefer her to be in boarding school than in foster care because my heart gets wrenched more if she's in foster care. In boarding school you can keep the parent-child relationship going, there isn't the involvement of a third party. (Mother, p.28)*

*Mum said that she's going to miss me when I go back.... normally she can't wait to get rid of me. I am a lot happier now and I get on better with mum. We can have a laugh now, it's a much better relationship. I love having her around and before I wished she was dead. And that's because of going to school and getting my life sorted (Young person p.23)*

Many parents also understood that boarding school was a way to avoid entry to care:

*If she hadn't gone to the school, she would have gone into residential care - care would have been a last resort. We really didn't want it and social services didn't want it either – it was just the wrong thing (Mother, p.28).*

## 6.4 Practitioners – educational and care workers

Finally, the Boarding Pathfinder asked the young person's social workers and boarding school staff members about their opinions of the scheme and the young person's progress. Many social workers consistently responded that going to boarding school prevented the young person from entering care, particularly towards the end of the scheme when decisions were more carefully planned:

*If she had not gone to boarding school she would have been taken into care. There was an accumulation of problems which meant she couldn't stay with either parent for a prolonged period of time. (Social worker, p.26)*

*The boarding school allows her to maintain her home life and not become looked after – which holds such a terrible stigma. (Social worker, p.26).*

Social workers and boarding school staff members alike noted that the structure of the boarding schools created a fair environment and helped the young people break habits such as truanting:

*I think boarding school is a really good option – they offer a family respite and give the young person a lot of structure. Everyone is treated the same at boarding school, which some of my kids complain about in foster families where they feel they are treated differently. Also – from a financial perspective it works. (Social worker, p.28)*

*Because he is at boarding school – he is here, he doesn't need to make a decision about coming to school or not – everyone else leaves the boarding house for school in the morning – so does he. (Head teacher, p.30).*

However, as noted above, some young people still struggled to adhere to rules outside of the classroom. Such difficulties may be age-dependent as observed by both a head teacher and a young person:

*You need to give me a child before their twelfth birthday. If they are older – the less chance there is of us keeping them. They start to question the rules and have had freedoms they are used to. (Head teacher, p.37).*

*If I had gone straight from my children's home to boarding school it would have worked really well – the routine would have been very similar; and I would have been younger and not started to look for trouble. (Young person, p.37).*

Overall, practitioners appeared to support the scheme. However, concerns were with regard to making the decision for the young person to attend the boarding school; legal issues around child protection and funding; and ensuring that the boarding school was an appropriate fit for the young person (for example, so that the young person did not feel insecure due to the demographic make-up of the school).

Moreover, the evaluation noted the low take-up of the initiative overall among local authorities – only 17 young people across 10 local authorities chose to enrol. In most cases considered, the option of a boarding school place was ruled out at an early stage, most often due to “a mismatch between the behavioural and educational needs of the young person and what the identified school(s) were able to offer”. Furthermore, Jackson, one of the authors of the evaluation, commented that a strong barrier was the prejudice of social workers that boarding schools were for “the privileged few” and could not meet the needs of these young people (Lombard, 2011).

The evaluation concluded that, while those young people who remained in their placements had benefited from the scheme, “schools may not always be prepared for the levels of difficulty presented by some children and young people in or on the margins of local authority care.” However, the TBAP residence may be able to combine the benefits of the boarding school approach, identified by the Pathfinder evaluation, with the more intensive and specialist pastoral care that vulnerable young people require but which mainstream boarding schools may not be able to offer.

## Implications from section 6:

- Living in a residential home, whether it is a care facility or a boarding school, works well for some young people but not for others. It is important to recognise the individual needs of each young person.
- Peer violence is a common theme across literature and young people report it as a cause of difficulty, conflict and insecurity. Plans to prevent and respond to peer violence are vital in any residential facility, especially among this vulnerable population.
- When it is safe to continue family contact, the boarding school approach is appreciated by young people and their parents, allowing their relationship some distance and time without introducing a third person (i.e., a foster carer).
- Structure, rules and boundaries were a common theme in comments about both the residential homes and the boarding schools. Some young people seemed to benefit from the fact that boarding schools are inherently structured with school and extracurricular routines.
- However, mainstream boarding schools may not be able to offer appropriate pastoral care to meet the needs of vulnerable young people.
- A boarding school approach may be best for students aged around 10-12 years old, as this age group will find it easier to adapt to increased structure.

## 7. Concluding remarks

The TBAP residence is an innovative idea and therefore there is a limited amount of literature available to inform such an approach. In particular, there are few sources of evidence which specifically concern children on the edge of care. Much of the research reviewed above must therefore be interpreted cautiously, bearing in mind differences in the population concerned.

However, this literature review has identified a number of findings that appear to support the rationale for the TBAP residence. Stability of school placement is seen as a very important factor for young people's educational achievement, as is the presence of staff and carers who demonstrably value and prioritise education. The structure and routine of residential placements, and the opportunity to develop positive peer relationships, are welcomed by some young people whose home lives are chaotic. Residential care or education may provide more of an opportunity for improving family relationships than a placement in foster care, and there is evidence to suggest that involving family members with young people's therapeutic treatment and care produces more positive outcomes. We have also noted that the costs of residential care are very high. However, in light of the potential benefits that arise from stability and achievement in a young person's life, they may represent value for money.

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