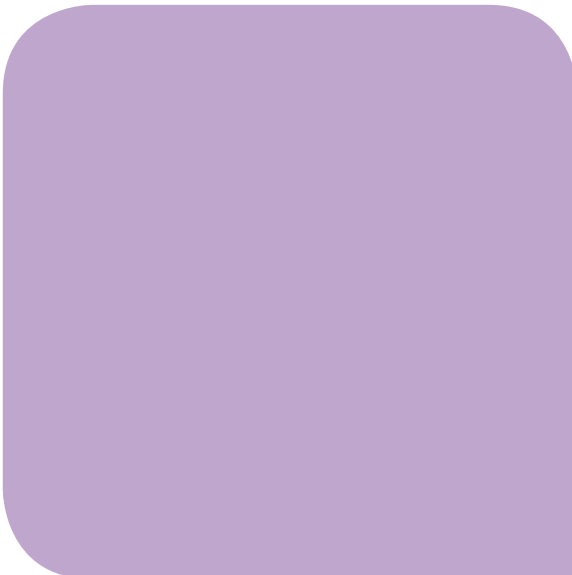
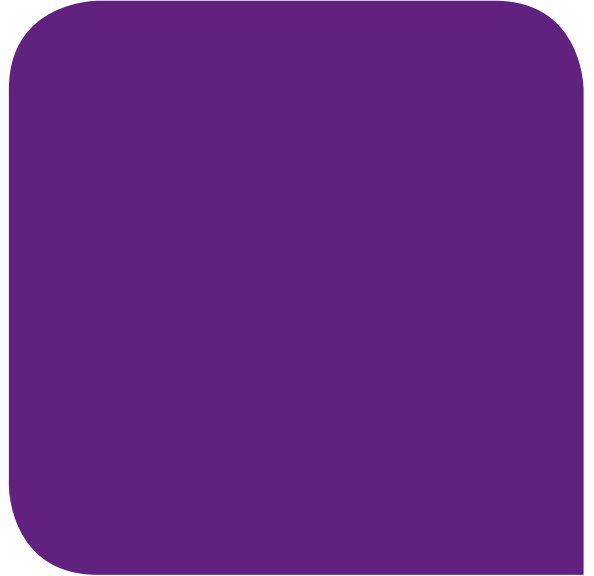


Working with challenging and disruptive situations in residential child care: Sharing effective practice



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Executive summary

Introduction

The children's residential care sector across the UK has changed markedly over the past two decades and more. These changes have occurred for many reasons, including: a series of scandals concerning the physical and sexual abuse of residents by staff; difficulties in recruiting skilled staff; a perceived lack of effectiveness in achieving good outcomes for young people; and the relatively high cost of providing residential care. During this time, children's residential care has also come under a great deal of scrutiny, including several major inquiries in different parts of the UK.

One impact of these changes has been a greatly reduced residential sector, with the proportion of looked-after children who are placed in residential care declining over this period. Now, approximately 11–12 per cent of children in public care in England and in Northern Ireland, mostly teenagers, are cared for in children's homes. Most of these young people will have experienced considerable difficulties prior to becoming resident. Providing a caring and nurturing environment that meets the needs of young people presents a considerable challenge to both commissioners and providers of residential child care services. It requires a staff group who have the skills, experience, motivation and support to work with a group of troubled young people in an environment that may be stressful.

An issue of some concern reported frequently by managers and staff in residential care is that of 'keeping order' – of dealing appropriately with disruptive and challenging situations that arise within children's homes. It was to address this concern that in 2006 the Social Care Institute for Excellence (SCIE) commissioned this knowledge review. The overall aim of the knowledge review was to identify what is known about effective working with challenging and disruptive situations in residential care. More specifically, it sought to address the following questions:

- What are the nature, incidence and social context of challenging and disruptive situations in children's residential care?
- What are the possible causes and effects of these situations?
- Which young people and staff are associated with, involved in and affected by these situations?
- What promotes effective practice in dealing with challenging situations?

Methodology

The knowledge review comprised a research review and a practice survey and was undertaken by a team from three institutions: Queen's University Belfast (QUB), the University of Bristol (UoB) and the National Children's Bureau (NCB). QUB coordinated the project and in collaboration with NCB took responsibility for the practice survey, while the team from Bristol undertook the research review. To provide guidance and support to the project team, two advisory groups were established, one of professionals working in the area of children's residential care and

one of care-experienced young people. In consultation with the professional advisory group it was agreed that while the research review would be international in its focus, the practice survey would relate largely to Northern Ireland, but be informed by some contextual information drawn from England.

The research review required extending a systematic research review approach to the field of social work practice. The SCIE guidelines to systematic knowledge reviews⁷ were applied and Ian Sinclair, University of York, was employed as a consultant to provide overall advice and comment on draft reports. Throughout the study the parameters of the work, its design and methodology were agreed with the professional advisory group and with SCIE. In this context there was much discussion around the meaning and definition of challenging behaviour and situations which led to the terms 'anti-social' and 'disturbing behaviour' being the preferred terminology for the research review.

The systematic review process itself involved full electronic searching of 18 databases as well as additional hand searches. The database searches came up, initially, with some 19,000 publications; excluding duplicates the number of unique references was nearer 10,000. The title and abstracts of these were screened in terms of broad relevance to the task, leading to the elimination of over 9,000. Full text screening was undertaken of the remainder using clear inclusion/exclusion criteria. This eventually resulted in 62 studies. A further standardised schedule was then designed to undertake quality appraisal of the studies and data extraction. Within the parameters that were set, in the past 20 years only 34 publications from 33 studies were located in the international literature in which the robustness was sufficient to allow them to be included in the review.

In the tender document it had been specified that the practice survey should focus on Northern Ireland where there was a scarcity of research. As with other jurisdictions within the UK, residential child care in Northern Ireland has seen significant changes over the past two decades. These changes have been underpinned by a raft of legislative and policy developments. Key in the developments have been the *Children (NI) Order (1995)*,⁵¹ the report on residential care in Northern Ireland *Children Matter*,⁵² and the associated Children Matter Task Force⁵³ and more recently *Care Matters in Northern Ireland: A bridge to a better future*.⁵⁶ These documents have resulted in a gradual shift in thinking so that residential care provision is increasingly seen as an integral part of the wider child welfare system.

Information was gathered for the practice survey from a variety of sources, which included desk-based analysis of policy documents, a mapping exercise of challenging situations in residential child care in Northern Ireland, interviews and focus groups with a wide range of people representing all those with a policy or practice interest in children's residential care and contextual information from England. To ensure that the views of residential care staff and young people were captured and in accordance with the proposal, five children's homes were invited to, and subsequently agreed to, take part in the practice survey. The homes were chosen following discussions with RQIA and Board managers and were selected on the basis that they best met the criteria of a high incidence of challenging situations and/or creative or innovative ways of working with challenging situations were being used.

In total, nine senior staff in government, health and social services Boards and Trusts, four staff from the RQIA, 16 residential child care unit managers, 33 staff from residential children's homes and 18 young people from the same homes participated in the practice survey.

Findings

The findings from the research review and the practice survey are essentially complementary, although there are instances of divergence possibly related to the differences of emphasis and approach. The research review reported on literature that met clearly defined criteria and included a variety of different research methodologies. In contrast, the practice survey was a qualitative study that sought the views of participants specifically on the causes and management of challenging situations and was, therefore, subjective in nature. This may have resulted in the practice survey having a more negative tone and a greater emphasis on the more aggressive, anxiety-provoking types of challenging behaviour. It was also noted in the research review that there was an identified paucity of material, particularly the evaluations of interventions and rigorously designed studies on effective practice.

Both elements of the knowledge review combine to provide a comprehensive picture of the diversity of challenging behaviour encountered in residential child care and the multifaceted nature of the factors involved. Additionally, they provide insight into the range and types of response to the management of challenging behaviour, and the practice survey in particular provides a range of stakeholders' perspectives on the key aspects of effective practice. However, the lack of strong evidence on the effectiveness of specific interventions should be noted. Much evidence draws on the experience and perceptions of staff and users. Nonetheless, taken together, this knowledge review does provide evidence that within children's residential care, certain staff features and styles of working are most likely to minimise behavioural problems as well as benefit residents more generally.

Challenging situations and their triggers

Both the research review and the practice survey identified many different behaviours that were seen as challenging, ranging from defiance and non-compliance through to violence against staff, peers or self. However, it is important to note that the research review indicated that most residents do not pose major behavioural challenges to staff. The majority of homes are not experiencing constant disruption. There is something wrong if one is. Most residents are not school refusers although it appears that the problem of going missing from residential care has grown. There are particular problems with secure provision due to the nature of the environment and the circumstances of young people who are locked up. Importantly, there is evidence that the extent of behavioural problems is unrelated to intake – some homes contain and engage successfully with very challenging young people, while the opposite also applies.

Serious incidents of violent behaviour are rare although it is these behaviours that were identified as the most challenging, particularly violence against staff. Acts of violence and concern about potential violence are especially anxiety-provoking

and worrying at all levels. Staff also found the management of risky behaviour difficult, such as absconding and alcohol and drug use, due to uncertainty over their role. Other behaviour such as continuous defiance and non-compliance were also frequently mentioned by staff but did not appear to carry with them the same stress and apprehension.

A multitude of triggers was identified in both elements of the knowledge review. Factors relating to the young people themselves such as personal attributes and experiences were commonly referred to here as were factors relating to staff, although in the case of the latter these were most prominent in the research review.

Other identified triggers pertained to the actual environment in which the young people lived and here group dynamics were seen as key and were highlighted across the knowledge review. The hierarchies of peer groups and the negotiating of position within the group were ever-present sources of disruptive behaviour or peer violence. This potential for peer conflict was further exacerbated when a newcomer was introduced into the group. Other triggers that emerged only in the practice survey and that are of particular relevance to Northern Ireland included the use of mobile phones, sectarianism and the paramilitaries.

Triggers associated with the system were regularly raised in the practice survey, although less so in the research review. These included the inability of homes to operate within their Statements of Purpose due to various factors, such as the shortage of places for young people and demands placed on managers to take emergency placements. These in turn had an impact on group dynamics and tended to be disruptive for all concerned. Issues associated with the system included the review process for looked-after children, contact with family, the institutionalised nature of some homes and associated, rigid rules and regulations – noted particularly by the young people.

Responding to challenging situations

The clearest message from the knowledge review overall is the major impact that certain staff features and styles of working can have on the effective management of challenging situations. It was suggested by young people and adults alike that it is only staff who are able to demonstrate a clear commitment to young people, listen to them and understand and respect them, who are able to build relationships and who can therefore manage challenging situations and effectively defuse potentially disruptive behaviour. There is nothing new in this and these recommendations have long been rehearsed in the practice literature. The important task now is to explore the detail and provide refinement as to how this can be achieved.

Alongside the need to build relationships, and possibly given equal emphasis by participants in the practice survey, was the need for effective team working. A number of factors that enhanced this were identified including consistency, clear policies and procedures, regular team meetings and supervision, opportunities for team development and team debriefings to discuss issues, especially challenging situations when they occur. Other means of building a skilled team were identified as being: more targeted training and support for staff, contracting support from other

professionals and increased staffing levels, although the research review found little evidence that this, per se, will increase effectiveness. Such strategies were reported to help develop staff morale and resilience which were seen by all as crucial for good practice in residential care.

Challenging behaviour seems to occur mainly during evenings and at night time. Staffing patterns, other resources and strategies should take this into account. Staff appear to make inadequate use of prior information in order to understand and contend with anti-social behaviour. Responses should be more proactive than reactive. Imposition of sanctions is counterproductive when young people return from running away.

Additionally, the practice survey highlighted some other innovative preventative strategies that had been developed, two of which were: (i) engagement with other professionals and agencies, for example working with services for young people from the voluntary sector or using clinical psychologists on a consultancy basis; and (ii) outreach services to families and communities. This included shared care arrangements and specific work with children and families on key issues – such as non-attendance at school and family/foster care breakdown – as well as targeted efforts to engage with local communities and integrate young people into community life.

A raft of specific approaches and interventions were also referred to in the practice survey as being responses to challenging behaviour, the most common of these being therapeutic crisis intervention (TCI). This is hardly surprising since training in TCI has been introduced in all the four Board areas covering Northern Ireland. Other specific or systems approaches mentioned in the practice survey included restorative practice, restraint, police referral, juvenile justice involvement, referral to secure accommodation and closing admissions to the unit when behaviour became too extreme. The use of each of these was often specific to the situation and all were described as having variable amounts of success.

A thorough evaluation of all these strategies would be extremely helpful in identifying their value and potential for impacting in residential care settings. However, the need for such evaluative research is especially true for TCI, which has been adopted in many children's homes across Northern Ireland but of which the research review found only two rigorous evaluations, and these presented mixed conclusions.

Implications for effective practice

Reviewing all the evidence available for the preparation of this knowledge review points to significant implications for practice in four key areas, presented here under the following headings:

- understanding residential care as a service
- having the 'right' staff team
- engaging with young people
- creating the knowledge base.

Each is explained in more detail below.

Understanding residential care as a service

The essence of residential care is living within a group setting. It is unsurprising therefore that the strongest message from this research concerns the management of peer relationships and group dynamics. These were seen by all as a primary source of disruption, and that maintaining good order depends on effective management of these relationships. Important dimensions to consider are the size and make-up of the group (and relationships with staff, which will be considered later), and how that fits with the purpose of the unit. The implications of this for effective practice are:

- a need for a residential sector that offers a range of options, with clear differentiation in the needs addressed by units and with understanding of its role within the continuum of care
- adherence by senior managers to the agreed Statement of Purpose. This could be facilitated by having alternative options, for dealing with emergency admissions, such as specialist fostering
- greater control by unit managers over admissions to a unit so that due regard can be paid to the impact of new members on the resident group and their dynamics
- a need for units that are small, preferably fewer than six young people, thus reducing the potential for peer conflict and allowing for more focused attention on individual needs
- greater clarity and fuller understanding by all, including young people, of policy and procedures.

Having the 'right' staff team

Most young people who come into residential care will have experienced considerable difficulties and present a range of complex needs. Providing a nurturing environment that meets the needs of each young person can be challenging and stressful. Success depends on having the 'right' staff team, including effective managers. This knowledge review provides indications as to what constitutes the 'right' staff team:

- The primary requirement is staff that have the skills, qualities, attitudes and motivation to relate to young people and to build positive relationships with them. Recruiting staff principally on the basis of qualification and experience may not be sufficient. One way to enhance the assessment of the attitudes and qualities of staff is to involve young people in recruitment and assessment processes.
- The study raises questions about the usefulness of current qualifications, in particular the very limited attention paid to residential care within general social work training. A post-qualifying qualification that specifically addresses working in residential child care could be useful. Concern was also expressed regarding the over-reliance on temporary bank staff to ensure that staffing levels were met, which is unsettling for the young people and does not encourage positive relationships.
- The staff team needs to include a range of professionals such as youth and community workers and those with skills in sports and leisure activities as well

as residential social workers. Additionally, if not available in the staff team, there should be ready access to the skill mix capable of addressing the full range of complex needs presented by the young people in residential child care.

- Consideration should be given to greater use of outreach work, either using residential staff or teams with a mix of skills: this can give staff the time and space to undertake specific pieces of work with young people and their families.
- Staff need to be deployed at times that best match the needs presented by the residents. The research shows that disruptive or challenging behaviour tends to occur in the evening or late at night. This has implications for staffing rotas and raises questions about the role and deployment of waking night staff.
- Competent management within units is necessary for the maintenance of good order. This includes appropriate support to staff, clarity in generating and applying rules and procedures and building and maintaining strong teamwork.

Engaging with young people

The dominant theme running through this study is the fundamental importance of the relationship between staff and young people. This is seen in two interrelated ways: the manner in which staff work with individual young people and the group of young residents; and the extent to which young people are involved in or feel part of the home as a functioning unit.

Young people we encountered endorsed the findings from the research review in identifying skilled staff as those who know young people and can therefore anticipate difficult situations, are calm and consistent, can successfully de-escalate situations, know how to physically restrain a young person appropriately, listen to young people, take an interest in them, get involved in activities with them and refrain from playing power games or constantly engaging in verbal battles with them.

This message is not new. The implication for practice is to consider how this can be achieved: through the recruitment and selection process, through specific training and through greater use of the perspectives of young people.

Staff are likely to have positive relationships with young people where the unit as a whole develops a culture of young people's participation so that involving young people becomes part and parcel of the way in which the unit operates – for example, in generating rules and procedures, in having a say about rewards and sanctions and in taking part in cooking and other aspects of house maintenance.

Creating the knowledge base

Although the residential care sector has been subject to a great deal of scrutiny in recent years there is still a shortage of rigorous research on the impact of interventions in residential care. This study highlighted several specific areas where more work is needed:

- Mapping the incidence of challenging and disruptive situations. Despite the best efforts of the practice survey team it was not possible to establish a reliable assessment of the level of challenging situations in residential care in

Northern Ireland or elsewhere. Without this, discussion of the topic has to rely on impressions of levels of violence and other challenging situations. There is a need for a mechanism for recording these incidents that is simple but applied consistently.

- The research review found that there were few robust evaluations of interventions in residential care and that there is a clear gap in the knowledge base here. Given the widespread use of TCI within units in Northern Ireland it is crucial that a robust evaluation of the impact of this and other interventions is commissioned. This would allow for the identification of the most valuable aspects of these interventions and their application, thus allowing for key elements to be further developed.
- There was a very positive response to this study from those working within residential care; they highlighted the enormous value to be gained from involvement in such a process and the stimulating nature of reflection on practice and shared learning across the sector. All opportunities should be taken to harness this receptive climate and use it to enhance the quality of children's residential care.

Conclusions

Serious incidents of violence are rare in residential child care; rather, there is a sense of low-level, persistent, non-compliant and defiant behaviour, which has the potential to escalate if not managed effectively. There is also great variation between homes in their ability to manage challenging situations and this was influenced primarily by the nature and stability of the group of residents and the quality of the staff team. In addition, some of the homes demonstrated high tolerance levels for challenging behaviour, made great efforts to engage and build relationships with young people and had an understanding of the contextual reasons for the young person presenting with challenging behaviour. Particularly noteworthy in all of this was the ability to focus on the needs of the young people both individually and as a group.

Many strategies felt to be effective for the management of challenging situations in residential child care were identified across provision in Northern Ireland. However, there are undoubtedly areas of practice that still need to be developed to enable staff to continue to improve and further develop this existing effective practice; of particular importance is that of building and maintaining relationships with and between young people. There are also issues related to the system such as the need for a greater range of accommodation options to support homes to keep to their Statements of Purpose and admissions policies. These factors are often beyond the control of the individual homes and are among the recommendations in the recent consultation document *Care Matters in Northern Ireland: A bridge to a better future*.⁵⁶ They need to be moved on urgently if we are serious about offering children who are in residential care a quality home and a more life-enhancing experience.

1 Introduction

The children's residential care sector across the UK has changed markedly over the past two decades and more. These changes have occurred for many reasons, including: a series of scandals concerning the physical and sexual abuse of residents by staff; difficulties in recruiting skilled staff; a perceived lack of effectiveness in achieving good outcomes for young people; and the relatively high cost of providing residential care. During this time, children's residential care has also come under a great deal of scrutiny, including several major inquiries in different parts of the UK.

One impact of these changes has been a greatly reduced residential sector with the proportion of looked-after children who are placed in children's residential care declining over this period. Now, at any one time, just 11 per cent of children in public care in England and Northern Ireland, mostly teenagers, are cared for in children's homes. Most of these young people will have experienced considerable difficulties prior to becoming resident. Providing a caring and nurturing environment that meets the needs of young people presents a considerable challenge to both commissioners and providers of children's residential care services. It requires a staff group who have the skills, experience, motivation and support to work with a group of troubled young people in an environment that may be stressful.

An issue of some concern reported frequently by managers and staff in children's residential care is that of 'keeping order' – of dealing appropriately with challenging and disruptive situations that arise within children's homes. It was to address this concern that in 2006 the Social Care Institute for Excellence (SCIE) commissioned a knowledge review about effective work with challenging and disruptive situations in children's residential care. That commission was undertaken by a team bringing together people with relevant expertise from three institutions: Queen's University Belfast (QUB), University of Bristol (UoB) and National Children's Bureau (NCB).

1.1 The knowledge review

The overall aim of the knowledge review was to identify what is known about effective working with challenging and disruptive situations in children's residential care. More specifically, it sought to address the following questions:

- What are the nature, incidence and social context of challenging and disruptive situations in children's residential care?
- What are the possible causes and effects of these situations?
- Which young people and staff are associated with, involved in and affected by these situations?
- What promotes effective practice in dealing with challenging and disruptive situations?

A SCIE knowledge review consists of three parts:

- research review: a systematic review of relevant research literature
- practice survey: which gathers evidence and views on current practice from practitioners and services users
- analytical report: outlining the implications for practice of the findings from the first two parts and following a seminar with participants and key stakeholders on the findings from the research review and practice survey.

Explanation of the methods used for each of these parts is reported within the relevant chapters and in the Appendices. Throughout the study the design and methodology were clarified through consultation with SCIE and relevant stakeholders. To enable this to happen, two advisory groups were established, one of care-experienced young people and one of professionals working in the area of children's residential care. The latter group included policy makers, service planners and providers, children's home managers, psychologists, inspectors and academics. The advice and guidance provided by the advisory groups proved to be invaluable, particularly during the practice survey when it became apparent that the proposed mapping of challenging and disruptive situations in children's residential care would be problematic and during the preparation of materials for the Committee of the Office of Research Ethics. It was in consultation with the professional advisory group that it was agreed that while the research review would be international in its focus, the practice survey would relate largely to Northern Ireland, but be informed by some contextual information drawn from England.

Inevitably, the nature of the evidence gathered through the research review differs from that of the practice survey. The research review reflects the findings of a number of high-quality studies undertaken over the past 20 years, using different but robust methodologies. The practice survey is a single qualitative study, documenting the current perceptions of key groups within children's residential care and providing evidence that is current and specifically relating to Northern Ireland. As highlighted in the research review, the anxiety that both managers and staff have about challenging and disruptive behaviour is as influential as the actual number of incidences of the challenging and disruptive behaviour. This may have encouraged respondents to give emphasis to more extreme situations. It is also possible that in doing so respondents did not always clearly distinguish between situations that involved violent behaviour and those that were of a more general non-compliant nature. All this may have contributed to the somewhat more negative tone of the findings from the practice survey than that reported in the research review.

1.2 Content and structure of the report

1.2.1 Terminology

The theme of this review is 'challenging and disruptive situations in residential child care'. Challenging and disruptive situations may arise for a number of reasons, some of which relate to the behaviour of the young people. The term 'situations' is used to refer to the total context while, in general, behaviour relates more specifically to the young people. There is some considerable discussion in Chapter 2 on how the terms

'challenging' and 'disruptive' behaviour are interpreted within the research review, so this will not be repeated here. In the practice survey no prior definitions of such terms were established in order to gain an understanding of how staff and young people within residential units understood these terms. The meaning respondents give to these terms is explored in Chapter 3. In general when we refer to children's residential care we mean a residential placement in a children's home for children in public care. However, throughout this report we have used several different terms interchangeably, such as residential unit, residential home, residential children's home and children's residential care, simply to avoid continuous repetition of the phrase residential child care.

The terms 'effective' and 'effective practice' are used differently within the research review and the practice survey, reflecting the nature of the evidence. Within the research review 'effective' relates to positive outcomes or impacts that have been demonstrated to be causally linked to inputs. Within the practice survey the term is used in a more lay manner to refer to perceived, rather than measured, impacts, where respondents have well-founded perception of a link between practice and particular outcomes.

1.2.2 Structure

Following this Introduction the report has three further chapters. Chapter 2 reports on the research review, which was undertaken by David Berridge and Patricia Lucas from UoB. Chapter 3 presents the findings from the practice survey within the context of recent developments within residential child care in Northern Ireland. The survey was carried out by Rosemary Kilpatrick, Emma Larkin and Berni Kelly from QUB and Ruth Sinclair and Teresa Geraghty from NCB. Finally, Chapter 4 draws out the general conclusions that arise from both parts of the study, taken together.

2 Research review

2.1 Introduction

This review is a further extension of the desire to promote knowledge-based practice and to learn from 'what works'. Systematic research reviews such as this are a recent development for social work practice in the UK; there has traditionally been some suspicion in the profession or even antipathy towards them.¹ There have been concerns that systematic reviews might not recognise the specific nature of social work as an academic discipline and its knowledge base. Social work values are held dear to the profession. Our approach in this review has been to try to apply the best of thinking from systematic reviews in health and other fields to the particular circumstances of social work knowledge and practice. We aim to be rigorous and transparent. There is a balance to be struck between reviewing existing research and using the time and resources to undertake additional empirical work, especially when so much is unexplored. However, it is sensible to take stock of what is known and to look at what we can learn from elsewhere. Furthermore, individuals in any case frequently have views about what are 'strong' or 'weak' studies and it is helpful to be explicit about how such judgements are made. SCIE has been developing methodology on systematic reviews in recent years and has published updated guidelines.²

A detailed, technical account of the research review is presented in Appendix 1. In extending a systematic research review approach to the field of social work practice, we built on the method developed by Nina Biehal at the University of York,³ which drew on the 'taxonomy of sufficient study design' approach of Baldwin et al⁴ and the 'realistic evaluation' of Pawson.⁵ [see also 6](#) This approach does not assume a hierarchy of evidence and accommodates qualitative studies. SCIE guidelines for systematic knowledge reviews applied at the time our work was commissioned.⁷ The parameters of our work were agreed with a professional advisory group in Belfast, comprising managers, practitioners and academics, as well as with SCIE. An advisory group of care-experienced young people contributed to the practice survey but was not involved in the research review. We also employed Ian Sinclair, University of York, as a consultant to provide overall advice and comment on draft reports.

2.2 Conceptual issues and the research question

Research reviews typically address a specific research question, otherwise the task risks superficiality and becomes unmanageable. Clearly, the brief 'Working with challenging and disruptive situations in residential child care' is a statement, not a question. The terms 'challenging' and less so 'disruptive' are modern euphemisms and some residential workers might prefer stronger epithets. Behavioural problems can stem from young people's underlying difficulties; be a reaction to stresses or events in their birth family, school or the wider community; be linked to pressures in their peer group; a response to an unreasonable or uncaring regime or staff in the residential home; or a combination of all four.

Furthermore, maintaining order in a residential home is a means, not an end: the 'Pindown' regime in Staffordshire, in which children were confined to bedrooms for long periods and made to wear nightclothes during the day, produced environments that were orderly but unethical and abusive.⁸ Moreover, whether we accept it or not, some of the theoretical psychodynamic literature argues that 'acting out' can be a form of communication and an expression of anger that is an essential first step in addressing deep-seated problems.⁹ Some residential homes are more tolerant than others, irrespective of young people's problems, in how they respond to difficult behaviour.¹⁰

Challenging behaviour can take a variety of forms. A recent study by one of the authors on *Educating Difficult Adolescents* approaches 'difficulty' essentially in terms of anti-social behaviour and we prefer this term.¹¹ Unfortunately, the term 'anti-social' in common parlance can have a pejorative meaning (as in Anti-Social Behaviour Orders, or ASBOs). We use the term literally as something that is *anti-social*, that is, contrary to the expectations or practices of others. This is not to deny that young people can sometimes pose major difficulties.

Challenging behaviour has an important gender dimension and, in general, boys tend to externalise their problems through physical violence and criminal activities, whereas girls are more likely to internalise or self-direct their difficulties with a range of disturbing behaviour such as self-harm, eating disorders and so on. There are obviously exceptions to this pattern but awareness of this gender distinction will have important implications for the development of effective responses. Because of the above, we prefer to use in this review the term *anti-social and disturbing behaviour*.

We are not suggesting that these behaviours are somehow rooted solely in the individual young person. On the contrary, we are influenced by a sociological perspective, which recognises that behaviour and meanings emerge in a social context. Thus, behaviour is deemed 'anti-social' not so much because it is inherently wrong but because it breaks the rules that society or a residential home has set. 'Disturbing' behaviour is that which disturbs an adult or professional audience and peers, as well as, perhaps, being discomforting to the individual concerned.

There is a wide literature linked to most anti-social and disturbing behaviour and successful interventions within the residential home need to mirror, at least to some extent, what should also happen outside. However, the exercise needs some boundaries and so we examine the problem of anti-social and disturbing behaviour primarily in terms of their *specific implications for residential settings*: that is, their nature, context, origins, repercussions and the effectiveness of responses. Therefore, we are mainly concerned with challenging behaviour manifested in the residential home itself: for example, we take account of the literature on the extent of drug misuse among residents and its effects on other young people and staff but *not* the wider drug treatment literature. The brief from SCIE assumes a focus on challenging behaviour posed by young people, although staff malpractice has arguably been a greater social problem.¹²

2.3 Objectives

The implications of the above are that anti-social and disturbing behaviour in residential child care is a complex and wide-ranging topic. We could have chosen a specific research question but it was not obvious what that should be and selection would have been arbitrary. Hence, we came up with not one research question but four, which are interlinked. If we accept that the problem is multifaceted, doing it justice requires a wide-ranging approach. While theoretically compelling, it nevertheless creates something of a rod for our own backs.

Therefore, the specific objectives were to establish what could be deduced from a systematic review of the research literature about the following questions:

- What is the nature, incidence and social context of anti-social and disturbing behaviour in children's residential settings?
- Which young people and staff are associated with, involved in and affected by this behaviour?
- What are the possible personal, social and institutional antecedents, context, causes and effects of the behaviour?
- What are the impact and effectiveness of management and staff approaches, responses and strategies on residents' behaviour?

In the following sections, unless stated otherwise, terms such as 'incidence' and 'effectiveness' are used in line with their general meaning rather than in any specific or technical sense. The latter, particularly, is a very complex research and social work concept, which would probably merit a research review in itself to attempt a specific definition.¹³

2.4 Criteria for the inclusion of studies in the review

The range of anti-social and disturbing behaviour included in the review is as follows:

- general non-compliance and defiance
- violence to residents and staff, including physical, sexual, verbal and intimidation; with particular reference to Northern Ireland, problems in the residential home linked to religion, culture and sectarianism
- theft and damage to property in the home
- school refusal
- 'runaways/absconding'
- regular alcohol or drug misuse
- risky sexualised behaviour, including promiscuity, unprotected sex and prostitution
- self-harm, including self-cutting and suicide attempts
- depressive or eating disorders, possibly linked to mental health problems
- extreme uncommunicative or withdrawn behaviour.

These were derived from our understanding of the existing social work and research literature and were agreed in advance with the professionals' advisory group and with SCIE.

The scope of the research to be included in a review should be determined logically and coherently but there are also practical considerations of what is achievable. Appendix 1 gives a more detailed account of exactly how the research review was undertaken. The review concentrated particularly on residential social work settings for looked-after children and young people, of school age, aged 5–17 inclusive. Pre-school children raise quite different issues, which were not the main focus of interest. Facilities for disabled children were included. Secure units were covered too, as was residential provision across public, voluntary and private sectors. Study types included were those concerned with:

- incidence or likelihood of occurrence of behaviour
- antecedents – immediate circumstances and causes
- trials of interventions
- service evaluations
- effects of behaviour on children or staff
- young people's views
- staff views.

These included quantitative and qualitative approaches.

Studies *excluded* from the review included non-research literature (for example, practice publications, inspection reports and so on), as well as research overviews that did not contain original empirical information, although they were of general interest. We also omitted studies of what we termed 'prevalence', which described the *general* characteristics and problems of residents distinct from the residential context in which they lived. These tended to be based on standardised scales/psychometric assessments and were often undertaken for purposes of validation or comparison. Residential homes exist to cater for children with problems so exploring this dimension risked tautology, while the nature and extent of residents' difficulties seem as much a result of admission policies as children's intrinsic problems. Similarly, we excluded studies that addressed long-term risk factors for anti-social/disturbing behaviour as, although interesting, there is little that practitioners can do about this. However, demographic influences – such as gender, age and ethnicity – are considered.

Areas left out were penal establishments and other facilities catering specifically for young offenders, boarding schools and homes offering short breaks ('respite care') often for disabled children and their families. In addition, there is a large North American literature on residential treatment centres. These specialist institutions tend to be quite different from what is generally found in the UK and often have a clinical, mental health orientation. We excluded these studies together with those based on other, specialist mental health facilities. These excluded studies would no doubt have been of comparative interest but it was necessary to prioritise.

Literature published from 1985 and up to the time of our database searches in August/September 2006 was included in the review. Initially, we had considered 1975 as the starting point but the volume of literature would have been too great. Nearer 20 years seemed a reasonable period to locate recent work. Only work published in the English language was used pertaining to the UK, Ireland, the US, Canada,

Australia, New Zealand, Denmark, Norway and Sweden. Boundaries needed to be set around the overall exercise and the absence of translation was one such approach given the available time and resources. There is, arguably, more relevant published research and more of a shared professional literature between these countries than elsewhere, encouraged no doubt by language. We preferred this approach to one that looked, internationally, specifically at types of residential units themselves, for example according to size or function. Apart from in the References, we have maintained English language and spellings (avoiding, for example, the US term 'retarded').

2.5 Review methods

We collaborated with colleagues from the Cochrane Developmental, Psychosocial and Learning Group at UoB in defining search terms and accessing relevant databases (see Appendix 1). In total, 18 databases were searched. Search terms related to child, childhood and residential settings rather than to behaviour, which would have been too complex (see Appendix 2). Additional hand searches, for example of key UK journals, were undertaken. We also wrote to experts in the countries included in the review to seek their suggestions as to material to include.

The database searches came up, initially, with some 19,000 publications. Fortunately, many of these were duplicates and the number of unique references was nearer 10,000. Both researchers (David Berridge and Patricia Lucas) were involved in screening the 10,000 titles and abstracts in terms of broad relevance to the task. The search included a variety of sources that covered both published and 'grey' literature (for example, Zetoc). Full text of the remaining publications was then obtained electronically or ordered. A standard format was developed to guide inclusion/exclusion criteria consistent with the above. This eventually resulted in 62 publications (see Appendix 3). A further standardised schedule was then designed to undertake quality appraisal and data extraction of these studies (see Appendix 4). Any of the current authors' own publications were assessed by the other. Throughout, we consulted when uncertain and erred on the side of inclusion. The intention of this exercise is that findings discussed relate only to studies that are reliable and have been rigorously undertaken and reported. Qualitative approaches were included: these are popular in social work research in the UK, although methods of quality appraisal and inclusion in systematic reviews are less well established but developing.¹⁴

We adopted a fourfold categorisation of the quality status of studies (an approach adapted from Biehal³ and Baldwin et al⁴):

- Category A – studies that meet the quality appraisal criteria with no, or very few, flaws
- Category B – studies that meet all or most of the appraisal criteria well, with some flaws
- Category C – studies that include many and/or serious flaws that have the potential to affect the findings
- Category D – studies that include insufficient data on methodology to allow an appraisal of quality.

This review includes only those studies that fall into the first two categories in order to be assured of the robustness of evidence. Included and excluded studies are listed in Appendix 5. Those rated 'A' and 'B' (included studies) will be discussed together although the former will receive higher priority. We need to emphasise that we are *not* implying that publications excluded from this review are not valuable and do not contribute to social work theory and practice. Some studies may not be suitable *for our particular purpose*. Social science theory and methods have obviously developed over the past 20 years, such as in qualitative analysis and research ethics. Much social work research in the UK has been of an applied nature and written for a broad audience including managers and practitioners and has thus avoided technical detail. Book publishers have discouraged elaborate theoretical or methodological discussion in order to encourage a wide readership and promote sales, let alone to shorten the length and cut costs. Applied social work research in the UK may have made a distinctive contribution to policy and practice but, perhaps to some degree, at the expense of the academic standing of the discipline.¹⁵ We have taken these factors into account but, nevertheless, needed to be assured of the quality of eligible work.

Just over half of the 62 relevant studies provided adequate methodological evidence for them to be judged of sufficient quality for inclusion in our systematic research review. About a third of the 62, in our view, contained methodological limitations that undermined the reliability of findings. The remainder (10) gave insufficient information to establish confidence in their methodological quality. Thus, there were 34 quality-rated publications based on 33 studies (more than one publication could be based on the same study so long as it contained fresh information). Two thirds were from the UK. The distribution of studies rated A, B, C and D is shown in Table 1.

Table 1: Distribution of studies by quality rating

Location	Quality rating				
	A	B	C	D	All
UK	5	18	10	8	41
US	1	8	8	2	19
Other international	–	1	1	–	2
Total	6	27	19	10	62

Therefore, within the parameters that we have set, we have been able to locate from the international literature over the past 20 years, only 34 publications from 33 studies in which we have adequate confidence in their robustness. Merely 23 of these are from the UK. Given that international studies may not be directly applicable to residential practice in the UK due to differences in the law, policy and services, and quite possibly also to diversity in young people's and staff characteristics, the first major conclusion from this review is the paucity of high-quality evidence. The behavioural challenges of young people living in residential settings have obviously not been a major area of inquiry. The remainder of this chapter is based on these 34 publications.

Appendix 5 provides more detail of the included and excluded publications. In the following pages it is stated when studies do *not* originate from the UK. We are aware that child care practices may have adapted significantly over the 20 years of the review period. Therefore, we give greater general emphasis to the more recent studies.

Readers will notice that it has sometimes proved difficult to know under which heading findings should be reported, as they are so often interconnected. Consequently, there is some repetition.

2.6 The nature and incidence of anti-social and disturbing behaviour in residential child care

The studies were quite evenly divided across a range of difficult behaviour. Few individual areas, therefore, have been subjected to detailed scrutiny. The two broad categories that have attracted most research interest are: general behaviour, non-compliance and defiance, and violence to residents and staff, including 'bullying'.

2.6.1 General non-compliance and defiance

It should be noted before proceeding that an important conclusion from the available research evidence is that the majority of young people living in residential homes do not pose major behavioural problems to staff, and most facilities are not experiencing constant disruption. Three early studies from the 1980s reported on the general level of behavioural difficulties posed by residents. A large-scale survey of residential placements concluded that about a fifth of children's home residents (over 11 years of age) posed problems of general unmanageability. Rates were slightly higher for the more specialist institutions, which accepted young people with greater needs. Fifteen per cent of older children's home residents were described at the time as 'serious attention seeking'.¹⁶ An observational study of a small number of children's homes concluded that below five per cent of all activities observed were 'deviant' rather than socially acceptable. No serious assaults on staff were observed.¹⁷

In one of the first empirical studies of children's homes in England, heads of homes were asked to what extent residents posed control problems for staff: just over half were reported to present no problems; for about a third they were 'minor' and 16 per cent were 'major'.¹⁸ The author concluded:

[It] was clear that the majority of residents in the establishments did not pose major control problems ... and children's homes are not in a continual state of crisis because of the behaviour of their clients. Indeed, lethargy and boredom rather than uncontrollable behaviour tend to be the more pressing of the problems.^{18, p 83}

The occurrence of physical restraints of young people deemed out of control has also been found to be infrequent. Repeating the above study a decade later, it was reported that in 54 days' observer participation, 12 physical restraints of young people by staff occurred, involving eight residents. There were said to have been fewer control problems than might have been expected. Control problems affecting

adolescents mostly concerned their desire to leave the building rather than conflict and disagreement in the home itself.¹⁹ Another small-scale study of physical restraints found that four units never used restraints at all; three units used them about once each year; five units used them once or twice each month; and only two used them more regularly.²⁰ Research at one secure unit found that residents individually averaged about 2.5 punishments per week for acts of physical defiance (for example, acts of destruction, illicit smoking).²¹

2.6.2 Violence to residents and staff

Whereas major behavioural challenges to staff may be infrequent, there is often a wider undercurrent of peer conflict. Indeed, violent behaviour in residential homes between peers has attracted wider interest. However, terms such as violence, aggression, bullying and anger are not always clearly defined. A detailed survey of local authority children's homes asked staff and residents whether there were fights at the home: staff responses were 28 per cent 'yes', 62 per cent 'sometimes' and 10 per cent 'no'. Young people were less unequivocal, answering 37 per cent, 39 per cent and 24 per cent respectively (see Table 2).²²

Table 2: Children's home staff and young people's responses to an item in a scale: 'There are fights here' (%)

	Yes	Sometimes	No
Residents' responses	37	39	24
Staff responses	28	62	10

Source:²²

An in-depth, qualitative study of young people living in 14 residential units explored their understanding of violence between residents.²³ A fourfold distinction of violence emerged from interviews with residents: physical contact violence; physical non-contact violence (mainly damage to property and physical intimidation – threats to personal injury or control mechanisms); sexual violence; and verbal attacks (see Table 3). Nearly all had experienced or observed *physical contact violence* as recipients, perpetrators or bystanders. Nearly three quarters had either engaged in, or were subject to, 'high-level' violence, such as punches or kicks. But this involved young men more than women and usually operated within boundaries of safety. Just under half had experienced or observed *physical non-contact violence*. Reports of *sexual violence* were thankfully low – coercive unwanted touching, sexual intimidation and one rape in a previous home. Six (of the 71) young people had personally experienced sexual contact violence and nine sexual non-contact violence. Nearly all young people had experienced *verbal attacks*: girls mainly made allegations against sexual reputation ('slag', 'lessie' and so on) and boys picked on family background/'mother cussing'.

Table 3: Residents' experiences of different forms of violence (at any stage and in all previous and current residential settings) (n=71)

	As recipient	As perpetrator	As either recipient or perpetrator	As both recipient and perpetrator	As bystander
Physical violence (all)	38	24	–	21	13
Low-level physical violence	'Infrequent'	–	–	–	–
High-level physical violence	–	–	52	–	–
Physical non-contact violence	–	–	33	–	'Almost all'
Sexual contact violence	6	–	–	–	6
Sexual non-contact violence	9	9	–	–	–
Verbal attacks and insults	'Nearly all'	–	–	–	–
High-level verbal attacks	23	–	–	–	–
'Bullying'	33	–	–	–	–

Note: Categories are not mutually exclusive.

Source: ²³

Using young people's and staff accounts in the same study,²³ three homes were located at the low end of the violence continuum, four demonstrated high levels and seven were middle-range. There was considerable difference between homes in the level and nature of violence. Staff in only one of the 14 homes identified persistently high levels of violence in the previous month.²³

Two related studies^{22, 24} reported similar levels of violence to the above in local authority homes. Levels were lower in a small sample of private homes for reasons that were difficult to fathom but were possibly connected to an increased specialisation and, hence, greater clarity over clientele, role and ethos.^{22, 24}

Anti-social behaviour has been a greater problem in the intensive world of secure units. A qualitative study looked at secure units' residents' own accounts of anger-provoking incidents and concluded that anger was a common experience for the group studied.²⁵ Another study of security inferred that 'conduct disorder' disappeared for residents from 91 per cent to nil because, when in secure care, they could no longer engage in behaviour that defined the condition (for example, truancy or theft). However, about half of boys continued to demonstrate aggression.²⁶

Other research based in a secure unit found that physical attacks against peers and staff were very rare – about one every five weeks. Instead, ‘defiance’ was said to be relentless, ‘which tests the patience and resolve of those appointed to achieve control’.^{21, p 206} Defiance was either ‘physical’ (any act of refusal to cooperate, such as acts of destruction, illicit smoking and so on) or ‘verbal’ abuse to staff and peers. About 4.5 per cent of sanctions applied to violence. O’Neill concluded that almost all the young people who she interviewed had experienced bullying in the secure units.²⁷

There were few studies of behavioural difficulties among disabled children. A study in the late 1980s, based in one large institution for children and young people with severe physical and learning disabilities in the US, reported that of the 51 residents studied, the percentage demonstrating certain problem behaviour on at least a monthly basis was as follows: hitting – 14 per cent; pinching – 14 per cent; biting – 18 per cent; scratching – 22 per cent; pulling hair – 10 per cent; throwing things – 35 per cent; food refusal – 73 per cent; screaming – 51 per cent; crying – 73 per cent; ‘stripping’ – 8 per cent; spitting – 16 per cent; inappropriate touching – 16 per cent; breaking things – 4 per cent; picking things apart – 18 per cent.²⁸ In research such as this, it is important to note that food refusal may depend on its quality; while it is understandable for children to cry if they are sad or upset, or being treated unreasonably. We turn later to studies’ findings about the context and meaning of behaviour.

2.6.3 Theft and damage to property in the home

There was surprisingly no detailed research on this area. The insurance industry may wish to commission some. A non-research publication by Nacro has argued that residential centres have very different responses to property theft and damage in the home itself, involving the police more or less frequently. The looked-after system, therefore, plays a role in ‘criminalising’ its residents (‘criminogenic’) in a way that would be unlikely to happen if they were living in the community.²⁹

2.6.4 School refusal

Evidence over the review period quite consistently shows that a minority of residents are school refusers. Two early studies found that about a fifth of children’s home residents were truants.^{16, 18} More recently, two interlinked studies revealed that about one in six residents in local authority homes were not attending school due to exclusion/suspension or refusal, compared with only five per cent for private homes. This was influenced by most private establishments providing their own schooling, which is uncommon in the public sector. There was much variation in attendance levels between local authority homes. More boys than girls missed school.^{22, 24} The problem of school refusal disappeared for a sample of young people admitted to secure units.²⁶

2.6.5 ‘Runaways/absconding’

The problem of young people going missing from care appears to have grown. Rowe et al’s research reported that running away was a problem for 15 per cent of

the older children living in children's homes (nearer double this rate for the more specialist homes).¹⁶ But the most significant study of runaways is Wade and Biehal's research on young people (over the age of 11) living in 32 children's homes in four authorities. They discovered that 44 per cent of the residential population went missing at some stage during the 12-month study period. This varied considerably across the four authorities from about a quarter to three quarters. Around a quarter of the residential population went missing 10 times or more during the course of the year.³⁰

2.6.6 Regular alcohol or drug misuse

There is little evidence on the misuse of drugs in residential homes and none that we encountered on alcohol consumption. One research team asked how many young people in homes regularly used solvents or drugs – staff and young people's estimates were similar, at just over a third.²²

2.6.7 Risky sexualised behaviour

Similarly, there is only weak evidence on the extent of risky sexualised behaviour among the residential population. Research in the 1980s reported that 1 in 11 older children's home residents engaged in inappropriate sexual behaviour.¹⁶ Another study focused on 21 sexually abused or abusing children living in residential care as part of a broader investigation of substitute care. At least 3 of the 10 boys and 2 of the 11 girls had a consensual sexual relationship with another resident during their stay (all heterosexual apart from one lesbian). Four of the 11 girls showed sexualised behaviour to other residents – offering themselves to boys or dressing provocatively. Eight of the 21 children showed sexualised behaviour towards adults (including outside the placement). One of the 21 alleged sexual abuse from another resident but this was unsubstantiated.³¹

Young people who go missing can be at particular risk from sexual predators. Although not intended to be a representative group, and combining *both* residential and foster care, eight of the 36 children interviewed in one study who had gone missing from placements had been subjected to serious sexual assault while away and no fewer than 10 had been drawn into prostitution. Professionals reported that child sex abusers targeted runaways from care.³⁰

2.6.8 Self-harm

Researchers in one study of children's homes asked whether the following statement was true: 'During the last month I have felt or thought about killing myself'. An astonishing 39 per cent replied in the affirmative.²² Another study interviewed three young women who had engaged in self-harm by cutting or overdosing but does not give information about the incidence of this behaviour.³²

2.6.9 Depressive or eating disorders

There is some evidence that the residential population experiences depression. Research into boys in secure care found that, when assessed three months after

admission, over a fifth were experiencing major depression.²⁶ Two US studies provide further information. Using the Beck Depression Inventory, 36 per cent of a sample of teenage residents were assessed to be within the normal range, 21 per cent were experiencing mild depression, 13 per cent mild to moderate depression, 24 per cent moderate depression and 6 per cent severe depression.³³ However, a study of younger children demonstrated that subjects were all within the normal range for depression.³⁴ More generally, two thirds of residents in one study stated that they had felt miserable or unhappy during the previous month.²²

There were no studies included in the review of eating disorders among the residential population.

2.6.10 Extreme uncommunicative or withdrawn behaviour

There were no detailed research findings on uncommunicative or withdrawn behaviour. Half the young people interviewed in one study said that they had felt 'lonely' during the previous month, which is obviously not the same thing.²² The self-contained and sometimes claustrophobic world of residential care can make detachment difficult. However, it is noticeable that researchers have not addressed this form of challenging behaviour.

2.7 Risk factors for anti-social and disturbing behaviour in young people

2.7.1 Gender

The relationship between gender and anti-social behaviour is complex. Perhaps surprisingly, there is some evidence to show that young men and women are equally likely to engage in certain types of anti-social behaviour. For example, research in a secure unit concluded that the incidence of general misbehaviour was comparable for young men and women; patterns of staff sanctions were broadly similarly applied.²¹ Similar proportions of males and females have been found to run away from residential care.³⁰ However, a participant observation study witnessed *more* physical restraints of female residents than males.¹⁹

But it has also emerged that girls are more likely than boys to be victims of violence. More girls than boys in one study experienced physical contact violence categorised as 'low level'.²³ 'High-level' violence mainly involved single-sex groups. Three studies reported the problem of sexual intimidation of females by males.^{22, 23, 27} One revealed that nearly a quarter of girls, compared with seven per cent of males, said that they had been taken sexual advantage of.²² Another highlighted strong gender issues in secure units, where violent males were often placed alongside vulnerable young women.²⁷ But a small-scale qualitative sample discovered similar levels of sexually abusing behaviour from boys and girls towards others in the placement. Girls were more likely to demonstrate sexualised behaviour towards other residents or staff. Similar numbers of boys and girls had a consensual sexual relationship in the placement.³¹

2.7.2 Ethnicity

There is little evidence of the link between ethnicity and anti-social and disturbing behaviour in residential care.³⁵ There are important international differences and race and ethnicity are key elements in the US child welfare system. African-American children comprised 15 per cent of children in the US in 2000 but some 46 per cent of all admissions to child welfare out of home care.³⁶ In four of the six US studies included in this research review that provided information, African-American residents were in a majority. Much of the US child welfare system and research, therefore, are inexorably concerned with ethnicity and race and in a quite different way to other countries. A parallel may be culture and religion in Northern Ireland.

Interestingly, an English study found that minority ethnic children were overrepresented in residential homes compared with the local populations. The largest group was those of mixed parentage – African-Caribbean/white. The small number of minority ethnic interviewees did not feel particularly victimised but nearly half agreed with the statement that the home was 'a better place for white residents than black'.²²

A detailed qualitative study reported a low level of expressed racism between young people. Residents and staff alike saw racist violence as particularly harmful and unacceptable. All homes had strong policies to challenge racism and it drew swift, consistent responses from staff.²³

2.7.3 Age

Residential homes now cater mainly for an adolescent group and the literature reflects this. One study concluded that younger residents were being bullied by their older peers. Seventy per cent of those aged 12 and under, nearly half of 13- to 14-year-olds but only a third of older residents said that someone had tried to bully them in the residential home.²² Differences in perceived maturity, rather than chronological age per se, have been found to be associated with physical violence between peers.²³ In the same study, staff reported that younger residents were more likely to use physical violence and to hide it from staff, whereas older peers used more covert and non-contact methods. Surprisingly, perhaps, an observational study reported more physical restraints for *younger* residents.¹⁹

In one study, runaways were found to be mostly mid-teens but roughly a quarter were under 13 years of age.³⁰ In another study, the under-13s were less likely to say that they had been encouraged to get drunk while resident but there was little differentiation between older teenagers.²²

2.8 Context of behaviour

It is important to know not just what anti-social behaviour is committed by whom but in what circumstances. This can help to understand, explain, avoid or even prevent difficulty. One study of the task of working in children's homes reported that homes undergo cyclical periods of peaks and troughs in residents' behaviour.³⁷ Rises and falls in sanctioned behaviour for males and females in a secure unit have

shown a similar long-term trend.²¹ A participant observation study found that mealtimes were sometimes a source of tension and forewarned problems later in the day but that mealtimes were mainly orderly, companionable experiences.¹⁹ Physical restraints of young people have been found to occur mainly during what were called periods of transition, that is, returning from school, mealtimes or bedtimes. Most were during the afternoon or evening.^{20, see also 38} Young people in two secure units were questioned about their experiences of anger. Anger was usually aroused in the presence of others (61 per cent) and in public spaces: the lounge (44 per cent), other recreation areas of the building (11 per cent) and elsewhere (22 per cent). Occurrence was quite evenly divided between periods of the day but the young people's anger mostly arose in the evening (39 per cent).²⁵

In one study, young people reported that night time was the most unsafe period for peer violence, exacerbated by the shortage of waking staff. Staff commented that three quarters of the acts of serious sexual violence between young people occurred between 8pm and 11 pm.²³ A study of sexually abused and abusing young people confirmed, as might be expected, that sexual activity in shared rooms was difficult to manage.³¹

Placing some of the most vulnerable and damaged young women in the same secure units as highly aggressive young men seems hardly conducive to girls' welfare. In one study, living in a mixed-gender unit tended to benefit the boys but disadvantaged the girls in this regard. Most girls in the mixed units complained about the attitudes of the boys.²⁷ Other work found some evidence for lower levels of overall violence and verbal attacks in mixed-gender homes.²³

On a quite different topic, a study of three young women³² reported that they described their self-harming behaviour as a private and intimate act, which they did not want to be stopped. The author described a process of 'dissociation' and one young woman commented: 'When I'm cutting sometimes I'll look around and think "This is not my arm" and carry on'.^{32, p 62}

2.9 Antecedents and causes of behaviour

2.9.1 Young people

2.9.1.1 Personal reasons

A complex range of individual factors have been identified as precursors to anti-social behaviour. One study reported that staff and residents often saw girls as responsible for sexual violence due to their provocative behaviour; boys, therefore, were absolved of responsibility.²³ Workers in a secure unit felt that girls' sexualised behaviour increased in the presence of boys to the detriment of both sexes.²⁷ In the same study, girls stated that frustration with staff behaviour could lead to anger, frustration and acting out.

Young people have said that 'anger-provoking incidents' were slightly more often caused by staff than other residents. Their experience was aroused by a range of experiences, including being told by staff that they couldn't do something;

being ignored; being physically assaulted by peers; or reluctantly being made to comply.²⁵ Interviews with adolescents in the US revealed that they coped with the unpredictability and instability of their lives and of residential care by keeping relationships superficial, distancing themselves from others, maintaining privacy, setting up 'fronts' or 'barriers' and engaging in anti-social or disturbed behaviour.³⁹

Reasons for going missing were found to be complex and to change over time.³⁰ Runaways are often new admissions, unsettled and have not yet formed relationships with carers. Young women in a residential unit who self-harmed explained that in the lead-up to the acts they were unreachable by others: self-harm fulfilled a valuable function for them when they felt bad.³²

2.9.1.2 Group/social reasons

Group dynamics play a part in challenging behaviour. Young people and staff alike have identified the hierarchies that exist among peer groups with a 'pecking order' and 'top dogs'. Violence can be used to maintain position in a hierarchy. Conflict can coincide with new admissions, as the hierarchy is renegotiated. Residents, and to some extent staff, saw retaliation to violent behaviour as justified.²³ Similarly, difficulties in relationships with peers emerged as a common theme in research on secure units.²⁷ Young people felt that staff were ineffective in dealing with bullying and so were forced to tackle it themselves.

2.9.1.3 Institutional/community reasons

Homes can vary considerably in their experience of behavioural difficulties. However, importantly, challenging behaviour in residential homes has been found to be unrelated to intake. Homes admitting the most problematic young people, therefore, do not necessarily witness a greater amount of anti-social behaviour. Indeed, levels of running away and delinquent behaviour in children's homes were found to be unrelated to admissions. Anti-social behaviour was also unconnected with staffing ratios or proportions of trained staff. Factors that were associated with lower levels of anti-social behaviour were high staff agreement, smaller homes and empowerment of the head.²²

Another study also found that certain homes were disproportionately affected by running away. Several young people spoke about how frightened they were about entering a residential unit or feeling unsettled, anxious or alienated by the institutional nature of the environment.³⁰ An early study of children's homes reported an incongruity between children's needs and residential styles: there was little matching between children with particular problems and homes that were best placed or resourced to meet their needs.¹⁸

Research in secure units has identified institutional practices that could exacerbate, let alone ameliorate, problems. For example, in one study there were staff concerns about institutional policies of mixing younger and older adolescents (13- and 17-year-olds) in the same facilities. Major doubts also existed about combining male offenders and vulnerable young women. Some girls who had self-harmed were surprised by punitive controls of being stripped of personal possessions and being

made to wear special clothing; many stated that their depression and self-harming increased as a result. In addition, many young people referred to difficulty in controlling their anger, sadness and frustration in an environment in which they were subject to a high level of external control. An emphasis on non-smoking was widely seen as inappropriate by staff and residents. Several social workers interviewed commented on the prison-like culture in units as unnecessary and oppressive.²⁷

At a broader level, research on peer dynamics in residential care highlighted the 'gendered' nature of violence in our society. Physical, and to some degree sexual, violence were seen as expectations of 'normal' male behaviour. There was a homophobic culture among residents and strong disapproval of male behaviour judged as 'effeminate'. Similarly, there were expectations that girls would engage in verbal attacks and psychological intimidation (for example, ignoring or excluding others). It was concluded that tackling violence partly depends on challenging some of these wider sexual stereotypes.²³

2.9.2 Antecedents and causes of behaviour – staff

Several studies have highlighted how staff interventions can influence challenging behaviour. US research has shown how staff can differ in their interpretation of behavioural difficulties. Most agreement was found between residential staff and community workers but less with night staff. Thus, it is important for judgements to be undertaken during structured times of the day. The most challenging young people tended to produce discordant ratings. It was concluded that behavioural ratings should be obtained from multiple staff members and that wide variation may serve as a risk indicator for serious future problems and poor residential outcomes.⁴⁰

Young people interviewed in one study summarised the qualities of staff who are able to de-escalate potentially violent situations: those who effectively use humour, can empathise with the young people, listen to their views, take their grievances seriously, are considered impartial and take an interest in young people's lives and culture. They felt that staff often used sanctions indiscriminately. However, in this study staff responded promptly and effectively to racist language and behaviour; and so, presumably, a similarly coherent approach could successfully be applied to other forms of challenging behaviour.²³

A participation observation study commented that unacceptable behaviour was usually, but not always, challenged verbally. The atmosphere in most homes was described as generally orderly and friendly. Tensions were frequently dissipated by staff by joking and friendly teasing. While staff voiced concerns over methods of control and physical restraint, frequent and appropriate hugs, cuddles and other forms of physical reassurance were evident. Young people clearly enjoyed being with staff and continually sought their company.¹⁹ A similar study a decade earlier¹⁸ concluded that staff were generally sensitive to children's needs and demonstrated an admirable degree of tolerance. Numerous potential crises were averted each day by timely interventions.¹⁸

Two studies have shown that staff lacked skills and confidence in dealing with sexualised behaviour.^{23, 31}

At a more institutional level, a participant observation study revealed that children's home residents not attending school were found to be bored, lethargic and, as a consequence, sometimes disruptive.¹⁹ There could be little structure to their day. More generally, although children continually interrupted staff and demanded attention, they could accept the inviolability of certain times and events, such as staff handover meetings: 'Expectations of acceptable behaviour, therefore, can be developed'.^{19, p 93} Bedtimes were subject to less conflict than might have been expected. All homes had fairly strict rules about age-appropriate bedtimes, which young people mainly accepted. Adolescents who had difficulty getting up in the morning often complained of sleeping badly, yet there was no staff discussion of how they had slept and what could be done about this.

One investigation reported that most homes studied had designed 'moving-in packs' for new residents, which included information on policies and procedures as well as expectations about behaviour and violence.²³ Young people in some homes observed that low staffing levels made it difficult to find someone to talk to. Even serious sexual violence did not always receive a full child protection investigation as the law required. Young people did not object to the use of closed circuit television (CCTV) in three of the 14 residential homes studied. Importantly, homes relied mainly on *reactive* rather than *proactive* strategies to deal with violence and there was very little specialist, external help to manage behaviour – these findings have been confirmed elsewhere.^{19, 27}

Some staff felt that violence was exacerbated by the lack of information when young people arrived; homes' inability to challenge inappropriate referrals; and poorly planned admissions. The large size and layout of some buildings made residents' behaviour difficult to control. There was some evidence that violence was worst in homes with the greatest concentration of 'negative organisational factors', namely: lack of information on admissions; control over 'violent' referrals; lack of admission procedures; emergency admissions; the nature of physical layout; and unclear functions. In addition, larger homes (more than six residents) and single-gender homes also seemed to experience more violence and verbal attacks.²³

Other research found insufficient use being made of prior information that could have helped anticipate problems.³¹ It could be difficult for residential workers to see case files [see also 27](#) and it was rare for them to seek to do this. Often, workers did not look at social work files to avoid pre-judging children, which the authors described as 'surprising and unprofessional'.^{31, p 102} In general, staff did not see their responsibilities as extending beyond the four walls of the home: even when young people were going out to engage in highly risky (sexual) behaviour, they attempted to discourage them but did not actually stop them. Other research found the same.¹⁹

A study of children going missing argued for better strategies to tackle bullying. Homes with fewer runaways demonstrated several factors.³⁰ Their managers had a clear idea of what they were trying to achieve and some influence over admissions. Staff teams were cohesive and morale was high. Staff showed their clear commitment to young people, had clear expectations of their behaviour and involved them in decisions. However, external 'pull' factors could still supersede this. It was recommended that authorities produce clear guidance on procedures for homes on

what to do when young people go missing, in order to help keep young people safe. On return from going missing, sanctions were often counterproductive (confirmed by O'Neill²⁷). A more effective approach was to offer a warm welcome back, coupled with a sensitive follow-up. Preventing running away depended on building long-term relationships with young people, trust and respect. Diversionary recreational activities helped as well as addressing young people's problems and sources of unhappiness.

2.10 Effects of anti-social and disturbing behaviour on young people

Residential life is clearly very difficult for many young people. Residents in one study²² were questioned about their happiness with different aspects of living in a children's home. Responses were quite evenly divided between those who were happy and those who were unhappy about the behaviour of other residents. Over three fifths said that they were happy with how punishments were implemented.²²

A detailed intensive study depicted a complex set of events as young people could be both perpetrators and victims of violence. Violence was rarely out of control but usually operated within certain boundaries and rules. Yet some residents were terrified by intimidation and it can be difficult to avoid violence in a residential setting.²³ A range of responses to provocation have been described elsewhere: most thought over the events and considered retribution, while some either removed and attempted to distract themselves, or took out their anger on inanimate objects.²⁵

Several young runaways interviewed in another study spoke of how frightened they had been on entering a residential unit and felt bullied by other residents.³⁰ Research in secure units concluded that many of the young people found the violent language, attitudes and behaviour of peers difficult to cope with. Most girls were reluctant to discuss their experiences within the units. More girls than boys who were locked up suffered negatively from the deprivation of their liberty.²⁷

A study of self-harm dealt with the effects of young women's own behaviour. After self-cutting or overdosing, interviewees said that they felt relieved and sometimes became more accessible to others. Self-cutting was seen as a way of dealing with problems.³²

2.11 Effects of anti-social and disturbing behaviour on staff

There is evidence that most residential child care workers enjoy their jobs and find them fulfilling. An overview of research on residential child care workers throughout the UK found that morale was generally good but was said to be 'low' for 34 per cent of respondents in Scotland, 30 per cent in Wales, 26 per cent in England but most positive at only 15 per cent in Northern Ireland. Job satisfaction was also found to be highest in Northern Ireland. For the UK overall, 22–29 per cent said that they were 'very satisfied' and a further 51–54 per cent 'satisfied'. In these respects, Northern Ireland may be further ahead than the residential sector elsewhere in the UK. Responses did not vary particularly by gender or job roles. Residents' behaviour was not a factor that emerged as a determinant of the level of morale in children's homes: the top three were teamwork, support and being valued. The vast majority

of respondents, in working with young people, considered their home to be a friendly place.⁴¹

However, most interviewees reported that residents sometimes abuse staff. It was said that, even if incidents and disrespect are frequent, morale can also be high if good support and communication are in place, and managers of homes are aware of everyday problems.⁴¹

A third of staff working at a secure unit in England said that they had been injured at least once during an incident involving a young person; a third of these occurred during a physical restraint. One in five, therefore, had been injured by a direct assault from a young person; or to put it another way, in this facility for some of the most difficult anti-social and disturbing young people in the UK, four in every five had not. Nearly 9 out of every 10 staff had been involved in a restraint incident and few felt that this had been badly handled.⁴² Elsewhere, an investigation of secure units found high staff sickness absenteeism in half the units studied, which was felt to be stress-related.²⁷

In a small number of interviews with residential staff, 3 of the 17 said that an allegation of abuse had been made against them. This had been very stressful, although eventually each had been exonerated. Male residential workers said they were very cautious about physical contact with girls in their care. Few attempts had been made to understand why children made multiple allegations. Male workers often became distant, which harmed the girls further. Eight of the 17 workers commented that their jobs caused them stress. Eleven considered the overall support they received to be good or satisfactory but only four received regular, formal supervision on a monthly basis.³¹ An older study reported that tensions were magnified for residential workers who also lived-in (a quarter of the local authority homes' sample), a rare occurrence nowadays.¹⁸

2.12 Intervention studies/evaluations

Despite our international search, there were relatively few reliable attempts to evaluate whether or not particular residential approaches worked. Two studies from the US evaluated the impact of the Therapeutic Crisis Intervention (TCI) methodology. One found some modest benefits but the other did not. TCI was developed in the US in the 1980s and consists of a structured training programme to develop residential child care workers' skills, knowledge and confidence to deal with young people who are upset, in crisis or posing behavioural problems.⁴³ There are methodological problems in demonstrating that an intervention alone is responsible for any changes in practice and behaviour, separate from other institutional features, such as the calibre of staff. The first study⁴³ was reported to find 'limited but promising evidence' of the effectiveness of TCI but emphasised also the importance of leadership and collaboration in a residential facility between staff at different levels and from different professional backgrounds.^{43, p 313} A second study found no impact on workers' job competence or stress levels.⁴⁴

Mixed findings were reported from the preliminary results of an evaluation of an alternative approach to behavioural management used in the UK – PRICE (Protecting

Rights in Care Environments) restraint techniques. There was some increase in reported staff confidence but also a belief that the techniques placed them at greater risk of injury than did previous methods.⁴²

There were five other intervention studies in the research review, once again yielding mixed findings. Interestingly, all are from the US. One introduced a cognitive behavioural approach to reduce aggression in a small group of African-American adolescents with a history of abuse. The intervention consisted of teaching skills to use in potentially aggressive situations. Compared with a control group who received a more traditional therapeutic approach (such as open-ended discussion groups), significant improvements were reported.³⁵

A second study, of a therapeutic treatment intervention for children with depression, reported positive results, although there were design problems and measures indicated that the group did not appear particularly depressed at the outset.³⁴

A third study, on an outward-bound wilderness experience for a residential group of adolescents, found no clear improvement in self-esteem or behaviour.⁴⁵ Similarly, fourth, an evaluation of a behaviour modification regime did not show statistically significant improvements in behaviour.⁴⁶

The fifth intervention study was on the unusual topic of 'paradoxical interventions' in which 'the therapist appears to promote the worsening or continuation of the problem rather than its removal'.^{47, p ii} This approach has been applied previously to problems as diverse as hiccups, agoraphobia and insomnia and may include temporarily encouraging and thereby reframing the behaviour as a positive experience. It can involve the use of humour and dissociating the symptom from the problem behaviour itself ('symptom decontextualisation'). This modest, exploratory study of only three resident adolescents, who posed severe difficulties, reported some improvement in their behaviour.⁴⁷

More generally, a small group of teenagers interviewed were mainly positive about their experiences of residential care. Nearly half felt that it had helped them to change their behaviour; a third of their social workers agreed.⁴⁸

An evaluative study of boys in secure units found a noticeable reduction in four of eight domains of need (aggressive behaviour, depressed mood, anxiety and relationships). The authors interpret this mainly as a result of being locked up and closely supervised.²⁶ A retrospective follow-up study of a large US facility reported some improvements in residents' levels of self-esteem and depression.³³ A small group of young women engaged in self-harming behaviour identified the characteristics of professionals whom they had found most helpful: those who were not angry, did not judge, and gently communicated a sense of kindness. They did not like adults who were judgemental or created obligations.³²

2.13 Young people's perspectives

There are few detailed studies specifically on young people's perspectives on challenging behaviour. There were several, for example those undertaken by young

people's pressure groups or the media, which contained either little methodological detail or did not allow for the likely unrepresentativeness of respondents.

One major study found that young people living in children's homes were evenly divided between those who were 'happy' with the behaviour of other residents and those who were not.²² However, we have seen already how violence in residential care can be a pervasive influence and one that is difficult to avoid.²³ Violence was often normalised for children ('you just get used to it'), who usually turned to peers rather than staff for a source of support. Girls used their friends for emotional support but boys did this less often. Young people felt that staff were generally unsuccessful in controlling bullying and that verbal attacks were not treated seriously enough. They were positive about external, specialist inputs to address violence but were not keen when this was part of residential regimes. Most residents felt that physical restraints were used appropriately. A small Australian study came to similar conclusions, where the majority of young people found the rules and discipline in their residential home acceptable to them.⁴⁹ Indeed, there is some evidence elsewhere that young people expected more behavioural control than they actually received.¹⁹

An alternative view emerged in two studies. A small-scale study in the US concluded that homes were perceived by residents to be excessively restrictive and lacked individual consideration.³⁹ Research in secure units in England discovered that environments were often felt to be oppressive and sanctions applied arbitrarily.²⁷

2.14 Staff perspectives

In a large-scale survey, staff reporting problems with their job placed maintaining order second in the list. Only about half felt there was clear guidance for them on expectations of discipline or handling violence.²² Another study at the time with similar aims but adopting a different approach reached similar conclusions.¹⁹ 'Control' was the single issue about which staff expressed greatest concern in their work. They acknowledged that it was not so much that they were unaware of how they should be controlling behaviour but that this theoretical understanding was not being translated into practice. They often remarked that, if they were to physically restrain a young person and s/he was subsequently to make an allegation, they would not be confident that the local authority would be supportive and impartial. Some, therefore, opted out of tackling very difficult behaviour, for example if a young person insisted on leaving the building late at night in what were felt to be unsafe circumstances. Yet there were noticeable differences between staff groups over how they perceived behavioural problems: where strategies had been developed they were less likely to find anti-social behaviour overwhelming.^{19, see also 50}

In the same study, there was a marked difference in short-breaks homes for children with physical and learning disabilities that were studied. These residents posed significant behavioural challenges but staff more often responded promptly, firmly and consistently, making clear to young people when their behaviour was unacceptable. Behavioural control for these residents was often addressed in individual care plans, unlike non-disabled residents elsewhere. Importantly, staff did

not dwell on the behavioural management problems of this group and lose sight of wider objectives.¹⁹

Staff involved in a qualitative study acknowledged that wider strategies such as developing positive relationships were important precursors to preventing violence. Interestingly, children's backgrounds and previous experiences of violence were largely absent from staff explanations of current anti-social behaviour.²³

A UK-wide overview of studies of staff opinions produced a generally encouraging view from the residential child care workforce.⁴¹ As we have already seen, job satisfaction was mainly positive and, encouragingly, particularly high in Northern Ireland. In identifying influences on morale in homes, residents' behaviour was not uppermost but felt to be a relevant factor.^{see also 37} The research concluded that staff could cope with challenging behaviour so long as managers were aware of what was occurring in units, and good support and communication were in place.⁴¹

2.15 Conclusion

There are two broad categories of conclusions to emerge from this systematic research review of challenging behaviour in residential child care: one concerns the research and methodological implications of the task itself; and the other relates to the findings from the studies. Most readers will probably be more interested in the findings and their implications for practice but the former is also important. We briefly reflect on this first.

2.15.1 Conclusions about the evidence base

The task was extensive and complex. Partly this was of our own creation but, in retrospect, we feel that our approach was appropriate. Some individuals connected with social work are suspicious of systematic reviews and we hope that we have made a contribution to the field that takes into account the nature of social work as an academic discipline and as a profession. We have neither accepted low standards in published work, nor adopted too rigid an approach preferred by purists. There is much more methodological development for SCIE and others to undertake and hopefully this balance will be maintained.

Concerning the international focus of the review, we were disappointed not to uncover more relevant studies from countries other than the UK and the US, but this may reflect the priorities of the databases we searched and the academic journals in which researchers choose to publish. Much of the preceding analysis features five English studies that come up repeatedly.^{19, 22, 23, 27, 30} Those who are seriously interested in residential child care would be advised to read each. There were contrasts between the UK and US literature – there were more applied studies and evaluations in the former, while the US research tended to be more psychological in approach and often concerned with issues of prevalence and validation involving the application of standardised instruments. There is more of a mental health dimension to child welfare in the US and a different pattern of services, with more privately-run institutions. It was sometimes difficult to know whether research was sponsored by the proprietor and the possible consequences this might have. Race and culture are

manifested very differently in residential care in the US, the UK and Northern Ireland. Clearly, research from overseas may not always be of direct relevance to the situation in the UK. We are also aware that practice may have moved on since, or because of, some of the research cited, such as the interprofessional protocols for children who go missing from residential homes.

So what are the main conclusions from our review of the nature of challenging behaviour in residential care and how to deal with it effectively? A major conclusion from the exercise is the paucity of material. Within the parameters we set, we managed to find 62 studies over the 20 or so years of the review period, just over half of which provided us with sufficient confidence of their reliability. Furthermore, the 33 we were able to use were quite spread out in terms of their focus. Academics usually argue for more research and investment in their chosen field, which we can therefore take as read, but this inevitably means that our conclusions should be cautious. Research reviews sometimes give an appearance of seeking 'the solution' that provides the answer to a problem or to specify how resources should or should not be used. We are unlikely to detect a breakthrough in social work: the origins, manifestations and possible responses to challenging behaviour in residential care are so multifaceted that many confounding factors are involved. Having said that, certain important messages emerge from the review. Our conclusions are those that emerge clearly from the most authoritative studies or are corroborated by more than one source.

2.15.2 Main findings

Our review indicated that most residents do not pose major behavioural challenges to staff. The majority of homes are not experiencing constant disruption. There is something wrong if one is. Most residents are not school refusers. However, there is some evidence that the problem of going missing from residential care has grown. There are particular problems with secure provision due to the nature of the environment and the circumstances of young people who are locked up. Importantly, there is evidence that the extent of behavioural problems is unrelated to intake – some homes contain and engage successfully with very challenging young people, while the opposite also applies.

Although the behavioural problems in residential care may have been overstated, nonetheless there is often an undercurrent of peer conflict involving group dynamics and hierarchies. Its effects are pervasive in a residential environment and it is difficult to avoid. Many children are unhappy living in residential homes and find it stressful; this stems not just from their own backgrounds but also from peer relations.

Girls as well as boys pose challenging behaviour although sometimes it is expressed differently. Girls are more often victims of violence than are males and there is a particular duty to protect the most vulnerable, such as those who have previously been exploited or abused. Behavioural problems generally increase with age but not always.

Challenging behaviour in residential homes seems to occur mainly during evenings and night time. Staffing patterns, other resources and strategies should take this

into account. Staff seem to make inadequate use of prior information that would help them to understand and contend with anti-social behaviour. Responses should be more proactive than reactive. Imposition of sanctions is counterproductive when young people return from running away. It can be a difficult pattern to break into but a warm, caring approach is generally preferable. Staff lack confidence and skills in the difficult area of sexualised behaviour.

Despite the complications and stresses of residential care work, there is evidence that staff find their work mostly rewarding and job satisfaction is high. Significantly, the level of staff anxiety about violence is not directly related to its incidence and both need to be addressed. It is eased when managers are directly involved in daily life in residential units, and communication and support are good.

There was no clear evidence about the success of particular types of structured interventions that others might adopt. Initiatives ranged from the delicate application of aromatherapy oils to inner-city youths from southern US encamped in the wilderness. Neither produced the desired results. This does not mean that specific interventions, such as the TCI approach (which is widely used), are without merit and they should be looked at further. But it is likely to be the way in which such models are implemented, to whom, by whom and in what context rather than their intrinsic merit. However, some interventions may lend themselves, more than others, to the particular circumstances of residential child care and the characteristics of its workforce. This will vary by country and locality.

2.15.3 Practice implications

So if this search for the 'holy grail' is likely to be elusive, what does research tell us about 'what works' with challenging behaviour in residential child care? The clearest message from the studies reviewed is that certain staff features and styles of working are most likely to minimise behavioural problems as well as to benefit residents more generally. In summary, managers need to have clear objectives and influence over admissions. Living units should be small. Staff coherence is important and workers should respond promptly and consistently to disturbances. Staff should demonstrate a clear commitment to young people, be accepting and demonstrate a warm, caring attitude. They should develop relationships of trust and respect, listening to young people and taking their problems and views seriously.

These are generalities and there has been little, if any, theoretical or empirical investigation of what these terms mean. For example, what exactly are 'warm and caring' or 'accepting'? How are they best demonstrated? Are there gender or cultural dimensions? Do particular elements of each lead to different consequences and responses from certain children? What are the implications for different age groups of residents? These general conclusions are not new and have long been contained in the practice literature. The research task is to explore the detail and provide refinement.

There are other noticeable, specific gaps in the research literature. For example, there was very little on race and ethnicity, especially given its significance for child welfare in the US. Our searches discovered no studies of religious/sectarian conflict

in residential settings in Northern Ireland. There was hardly anything on how to respond to the behavioural challenges of disabled children in different circumstances. Especially given the emphasis on partnerships with young people and involving them in care planning, there was little reliable information on young people's perspectives. Several studies canvassed young people's views but there were methodological problems and the results were frequently unreliable. Several areas of challenging behaviour were almost entirely unexplored, such as theft and property damage in homes, alcohol and drug misuse, and self-harm.

Finally, there is much less residential child care nowadays in the UK than hitherto. That which remains can prove unsettling for young people and raise anxiety among carers. No simple solutions exist and there is much more that we need to explore. But a number of messages have been confirmed that we should act on.

3 Practice survey

The practice survey sought to address the questions outlined in Chapter 1 by drawing on current experiences of those involved in children's residential care in Northern Ireland. This chapter begins by giving an overview of the context of residential care in Northern Ireland, followed by an outline of the breadth of the practice survey, the data collection methods employed and the nature of the data analysis. The emergent themes from the data analysis provide the structure for the description of the findings and the conclusions for this element of the knowledge review. Two other aspects of the practice survey, namely the contextual material from England and the mapping exercise completed in Northern Ireland, may be found in Appendices 6 and 7 respectively.

3.1 Context of children's residential care in Northern Ireland

3.1.1 Background

As with other jurisdictions within the UK the past two decades have seen significant changes in children's residential care in Northern Ireland. These changes have been underpinned by a raft of legislative and policy developments including the *Regional Strategies for Residential Care* for 1987-92 and 1992-97; the *Children (NI) Order 1995*⁵¹; the report *Children Matter*⁵² and the report of the associated Children Matter Task Force.⁵³ Combined, these have resulted in a shift in thinking so that children's residential care provision is increasingly seen as an integral part of the child welfare system.

First, by recognising that residential care can be a positive alternative for some children, the Regional Strategy of 1992-97 addressed the downward pressure that had been placed on residential places by the previous strategy of 1987-92. The 1992-97 Regional Strategy also proposed that there should be small residential facilities designed to meet the assessed needs of children through specialist provision. During the same period, new requirements were placed on residential care by the *Children (NI) Order 1995* and many residential providers within the voluntary sector withdrew their services with the number of residential places falling from 688 in 1986 to 240 in 1997.⁵² As a result, the Social Services Inspectorate undertook an extensive review of residential child care, the outcome of which was *Children Matter*.⁵² This report specifically recommended:

- a move from large institutions to smaller, more homely settings
- greater emphasis on support, training and status of staff
- increased awareness of the diversity of children's needs
- an acknowledgement of children's vulnerability in residential settings
- the importance of equality of access to residential care places for all children.

Thus, the *Children Matter* report provided the foundation for the expansion and reconfiguration of children's residential services in Northern Ireland. The *Report of the Children Matter Task Force* further defined clear principles to underpin

the expansion of the children's residential care sector, principles that reinforced residential care as a crucial element of the children welfare system, highlighted the need for a diverse range of residential provision and specified that where possible, children should be placed locally, unless their need for specialist services negates this possibility.⁵³

Distinctive to children's residential care in Northern Ireland is the guidance to the *Children (NI) Order (1995)*, which emphasises that all residential social workers should hold a professional qualification and this is reflected in the fact that the number of residential staff in Northern Ireland who hold social work qualifications is much greater than in England.^{52, 54} Other more recent information highlights the higher levels of morale in residential child care staff in Northern Ireland (37 per cent) as opposed to England (15 per cent) and job satisfaction (29 per cent in Northern Ireland as opposed to 22 per cent in England).^{41, 55}

Reflecting the government's continuing commitment to children in care, the Health Minister Paul Goggins recently launched for consultation a strategy that looks at how young people who are looked after can be supported to achieve their full potential – *Care Matters in Northern Ireland: A bridge to a better future*⁵⁶ – which reinforces much of *Children Matter*.⁵² It proposes the integration of residential child care within the wider child care system and reasserts the need for placement choice within the residential sector to be accessed on the basis of assessed need, rather than a placement of last resort. The strategy also aims to reduce the number of children living in most residential children's homes to a maximum of four children per home and to plan future developments of new or replacement homes on this basis. The consultation document also advises that the Regulation and Quality Improvement Authority (RQIA) is to report to the Department of Health, Social Security and Personal Safety by March 2009 as to the quality of children's residential care in Northern Ireland, adherence to Statements of Purpose, examples of good and innovative practice and areas where improvements need to be made. If this strategy is successful it could be assumed that the reduction in the numbers of children living in residential care homes could be beneficial in terms of managing challenging and disruptive behaviour. This, combined with the current climate of political change in Northern Ireland, will hopefully leave children's residential care in the advantageous position of being able to promote and implement positive change (see Appendix 8 for further details).

3.1.2 Numbers of looked-after children in Northern Ireland

As of 31 March 2005 there were 2,531 looked-after children in Northern Ireland or 56.1 per 10,000 of the population aged under 18 years. This is a 3.5 per cent increase since 2003 when there were 2,446 looked-after children and is slightly higher than the corresponding figure in England but lower than in Wales and almost half that in Scotland. On the same date the majority of these children were in foster care (63 per cent), 20 per cent had been placed with family members, 12 per cent were in residential care and the remainder were in other placements. It is well documented that older children are more likely than younger children to be placed in residential accommodation and it therefore comes as no surprise to learn that of those in residential care 56 per cent were between 12 and 15 years of age and 31 per cent

were 16 or over. Perhaps slightly more surprising is the fact that 11 per cent were between 4 and 11 years of age and 2 per cent were under five years of age.⁵⁷

3.1.3 Children's homes in Northern Ireland

In March 2005 there were 58 children's homes across Northern Ireland (see Appendix 8). The majority of young people in children's residential care (80 per cent) were in homes provided by a health and social services trust, a voluntary child care agency or a private provider. Fifteen per cent were accommodated at the regional care centres* based at Lakewood and Glenmona (both listed under the Eastern Board in Appendix 8) and five per cent in secure accommodation (that is, accommodation provided for the purpose of 'restricting liberty').⁺ It is also worth noting that for a number of these children residential care is provided by specialist units outside Northern Ireland such as specialist therapeutic communities in England.^{55, 58}

There is a range of different types of children's homes in Northern Ireland, which include respite care for young people with serious disabilities, other units that cover a variety of care and treatment options, a residential facility for the under-12s and short-term treatment facilities, that are operated by voluntary organisations. However, the focus of this practice survey is on the three basic types of statutory non-secure residential units sited across Northern Ireland, these being:

- *Assessment units*: children aged 12 or over may be admitted to assessment units for up to six months during which a comprehensive assessment of need will be completed. Many such admissions may be emergency admissions, although they may also be planned in the context of evident and progressive family breakdown.
- *Intensive support units*: these units offer medium-term placements, typically of up to 18 months, for young people in the care system whose behaviour or emotional needs have resulted in other forms of placement being untenable. Staffing ratios and skill levels are commensurate with the goals of providing intensive support to both young people and their families/carers, and preventing further deterioration in a young person's situation that might result in placement in a secure care setting.
- *Long-term care units*: these placements are planned to last for longer periods, more than 18 months, and typically until young people reach the age of 18. They are provided for young people for whom foster care or a return to the family home is not deemed an option, and focus on supporting young people through independence training and into independent living.

* The two regional residential child care centres provide residential child care beds for all of the Trusts in Northern Ireland.

+ There is one secure unit in Northern Ireland. Article 44 of the *Children (NI) Order (1995)* states that a child who is being looked after by an authority may be placed, in secure accommodation if it appears that (a) (i) she has a history of absconding and is likely to abscond from any other description of accommodation; and (ii) if she absconds, she is likely to suffer significant harm; or (b) that if she is kept in any other description of accommodation she is likely to injure himself or other persons.

Statements of Purpose and Function of homes provide a mechanism that enables them to operate to an explicit agenda, thereby improving the potential for children to experience positive outcomes from their time in children's residential care. Requirements for the management of challenging and disruptive situations are to be found primarily in the *Children (NI) Order (1995)* and Volume 4 of accompanying rules and regulations.^{51, 54} The Order itself requires all children's homes to have written guidance on methods of care and control, disciplinary and grievance procedures, and methods for dealing with aggression and violence.

3.2 Methods of data collection and analysis

Information was gathered from a wide range of people, representing all those with a policy or practice interest in children's residential care. Sources of data for the practice survey included:

Scrutiny of policy documents: all relevant policy documents from recent years that impact on children's residential care were read. This helped inform the fieldwork and interpretation of the data and allowed the findings to be placed within an appropriate context.

Records of 'incidents' in children's homes: the research team hoped to map incidents of challenging behaviour in order to understand the scale of this concern. Although all homes are required to record instances of untoward behaviour and report these to the RQIA, there is no central or standardised system for collecting or analysing this information. The research team were given access to recent Quarterly Reports with the intention of gaining some indication of the frequency of 'challenging and disruptive situations', albeit minimal. However, it is important to note here that the RQIA inspection team were concerned that the untoward incidents that are recorded in these reports do not cover many of the challenging and disruptive situations that staff would be required to manage on a daily basis (see Appendix 7).

Interviews with senior staff in government, health and social services Boards and Trusts: individual interviews were held with nine people with responsibility for developing policy or commissioning children's residential care services across Northern Ireland. While these focused on the specific issue of challenging and disruptive situations, they also provided insight into current strategic issues.

Focus group with RQIA staff: a focus group was held with staff from the RQIA to gain their perspective on challenging and disruptive situations, based on their detailed knowledge of practice within children's residential care.

Focus groups with unit managers: focus groups were held with residential unit managers in each of the four Board areas. All managers in the area ($n=58$) were invited to attend, only 16 of whom actually participated.

Focus groups with staff from five children's homes: in accordance with the practice survey proposal, five children's homes were invited and subsequently agreed to take part in the study. The homes were chosen following discussions with the RQIA and

Board managers and were selected on the basis that they best met the criteria of either:

- having a high incidence of challenging and disruptive situations, or
- using creative or innovative ways of working with challenging and disruptive situations.

Five focus groups were held in each of the homes, involving a total of 33 members of staff.

Discussions with young people: young people from each of these five homes were also invited to give their views through small group discussions, using appropriate interactive tools. A total of 18 young people participated.

All staff and young people resident in the five homes were invited to attend the focus group/discussion and those who were able to attend did. Participants included a range of gender, age, experience, and length of time associated with the home (as a resident or a member of staff). Staff included a mixture of temporary and full-time staff and included staff with a range of working hours.

Children's residential sector in England: data relating to England was collected to provide some further context for the Northern Ireland part of the study. Information from England was provided from three sources: an analysis of the views of children on relevant topics from the Commission for Social Care Inspection (CSCI) reports, two focus groups with managers and staff from a wide range of residential units, and a summary of the latest data from Inspections of Children's Homes, related to National Minimum Standards. These findings are outlined in Appendix 6.

All the data gathered through the practice survey were transcribed and explored for common emerging themes, which provided the structure for the reporting of the findings.

3.2.1 Ethical considerations

Ethical approval was secured from the Office for Research Ethics Committees in Northern Ireland (ORECNI). This required careful consideration to be given to ethical issues that might arise and steps were put in place to address these. The research review was based solely on published literature and so there was no prospect of harm to research participants. In the practice survey, the research design, methods and dissemination process were carefully developed to address any disparities of power and status between researchers and participants and to promote trust/respect. Information for participants explicitly outlined inclusion criteria, and efforts were made to respond to individual needs where relevant. Researchers ensured that participants felt comfortable and secure in familiar or convenient venues, with any additional support required. Data collection techniques were designed for the focus groups encouraging exploration of key issues without requiring individuals to relate personal experiences. The anonymity and privacy of participants was respected and confidentiality assured unless there were clear reasons for it to be broken.

Thus, prior to any one-to-one interview or group discussion participants were made aware that should there be any disclosure that suggested that individuals may harm themselves or others this information would have to be passed on to the relevant person. In fact this did not arise. Two experienced researchers were present at each focus group so that one was available to address individual queries or concerns. In addition, opportunities were provided for participants to supplement the discussion anonymously using a pen and paper format, and/or to make additional points in private by speaking to a researcher after the focus group or by telephone.

One of the main ethical concerns of this knowledge review was that the practice survey involved conducting research with children looked after in residential child care, which could raise additional issues. The researchers carrying out this aspect of the research were from NCB, Northern Ireland and were experienced in working with young participants and conducting 'talk shops' with this population. They operated in compliance with Weis's Guidelines for Research,⁵⁹ which requires researchers to ensure that the physical, social and psychological well-being of participants is not affected by their involvement.⁵⁹

Additionally, the data collection techniques were discussed with the Young People's Advisory Group, which consisted of residential care-experienced young people as well as representatives from the Voice of Young People in Care (VOYPIC). Each young person was given an opportunity to 'opt out' of the research at the beginning or at any stage of the data collection and prior arrangements were made with residential unit staff, so that any young person who withdrew knew what alternative activities they could engage in. Young people who wanted to be involved (opt in) were invited to a focus group ('talk shop'). Each focus group began with a discussion about the meaning of 'consent', 'anonymity' and 'confidentiality' (using a leaflet to explain terms). At the end of the 'talk shop' all young people were debriefed and provided with local sources of support as well as researchers' contact details should they want to discuss further any issues that were raised.

The researchers conducting the focus groups with the young people were not the same as those conducting the research with the staff groups in order to increase a sense of anonymity and confidentiality for the young participants. All adult participants were invited to a policy and practice workshop to receive feedback and discuss findings.

3.3 Practice survey findings

The findings are based on evidence from senior staff in government, Boards and Trusts, RQIA staff, residential unit managers, staff from five children's homes and young people in the same homes. Quotes from all of these participants are used to illustrate the themes and the origin of the quote is identified. The findings from the young people are deliberately interwoven into those from the adult participants. Where the findings are based on data from one specific group this is made clear (for example, adult participants, young people, unit managers, staff). Where they are common to all participants the term 'all participants' or simply 'participants' is used.

In the introduction to this report we highlighted the different nature of the evidence that derives from the research review and that generated by collating the experiences and views of those currently involved in children's residential care – either as staff, or as managers or as residents. The value of the model of knowledge review adopted by SCIE is the broad range of evidence on which conclusions are based.

While there was a high degree of similarity between the emergent themes in the practice survey and those in the research review it was decided not to 'shoe-horn' the naturally occurring themes of the qualitative data into the same categories as those of the research review. In reporting the findings from the practice survey we have used the themes that emerged from analysis of the responses from all the participants. Therefore, the categories that are used for this chapter are:

- challenging and disruptive situations and their triggers
- responding to challenging and disruptive situations
- promoting effective practice in dealing with challenging and disruptive situations.

3.4 Challenging and disruptive situations and their triggers

All respondents were asked to describe the nature and extent of challenging and disruptive situations that arise in residential children's homes and identify the factors that contribute to or exacerbate challenging and disruptive situations. From the interviews and focus group discussions the following categories emerged under this theme: challenges related to (i) group dynamics, (ii) young people, (iii) staff, (iv) managing risky behaviour and (v) the organisation and resources.

3.4.1 Challenges related to group dynamics

The nature of challenging and disruptive situations was reported by all participants to be determined by the mix of the group at any particular time. Several young people mentioned that there appears to be a 'pecking order' among young people themselves and unless a newly arrived resident is able to 'stand up' for themselves then they are likely to be the victim of bullies.

Staff and managers highlighted the issue of peer hierarchies and bullying within the group:

'... that's very disturbing for staff, when they find themselves in situations where a young person is being very abusive, bullying towards other young people and they're finding it very difficult to manage and provide adequate protection for a young person....' (Trust manager)

Bullying of young people by other young people was mentioned by the young people themselves, as was the fact that young people often tried to bully the staff. This was usually verbally, with name-calling and insults being quite a common occurrence. It was suggested that the young person who bullied others could also have a positive influence on their peers:

'Young people might tell the others to stop [doing something disruptive/challenging] ... sometimes it works because they would be scared of them.'
(young person)

It was also important for young people that they commanded respect from both staff and peers. This was gained by showing that they could be assertive when necessary and especially at the beginning of a stay:

'Stick up for yourself but know when to back down too.' (young person)

'Don't let staff walk all over you or shout at you at the start or it'll be like that forever.' (young person)

Group living was also perceived to create challenging and disruptive situations in terms of negative peer influence. One example of this was young people refusing to go to school and persuading others to do likewise. Trying to keep younger children safe from influence of risk-taking behaviour of other young people was also a challenge. Staff and managers spoke of 'contamination of young people' as well as the potential for young people to be drawn specifically towards particular behaviour by unsettled residents:

'... the young person who'll self harm will have seen it in previous placements ... its learned behaviour.... Group living breeds that sort of thing.' (unit manager)

Many of the young people who participated in the study felt that the very nature of group living inevitably led to challenging and disruptive situations. They pointed out that several (as many as eight in some cases) young people with different needs, backgrounds, personalities and problems had to share the same space. The young people do not have any choice in deciding with whom they share their daily lives.

Participants emphasised that one young person could have a major impact in a residential unit and cause major disruption for other young people and staff:

'... you get the scenarios on occasion, maybe two kids winding up the whole unit so you have the whole unit up all night and that must be terrible for the kids living there trying to have a good night's sleep and to go about their lives in a normal way....' (unit manager)

Staff identified a need for significant one-to-one work with each of the young people within a home. However, this is very difficult to achieve on occasions, especially if there is a high number of young people and a small number of permanent full-time staff.

3.4.1.1 Stability/length of stay

Short-term placements also contribute to the group dynamics and were described as a significant impact, with both emergency and new admissions having the potential to disrupt a functioning group. New arrivals have to negotiate their position in the group:

'Young people try and find the pecking order, again who is the leader of the pack and the people who've been there trying to psych themselves, do as I say, follow my leads.' (unit manager)

and may not wish to invest in a stay that is categorised as short term:

'They start to distance themselves from staff because it's not going to be as difficult to move on if they don't have such good relationships....' (unit manager)

Young people agreed with this, indicating that sometimes new people arriving at or others leaving the home disturbed the dynamics and created an unsettled atmosphere, which could lead to challenging and disruptive situations.

Alternative approaches to address emergency placement issues were: differentiation of children's residential homes with clear Statements of Purpose; use of respite placements, and provision of intensive support units; specialist child and adolescent mental health services (CAMHS) support; and foster care services.

3.4.2 Challenges related to young people

Behaviour that come under this category are associated with the young people themselves and range from defiant, non-compliant behaviour such as school refusal, not completing homework, smoking in the building or climbing onto the roof, through to verbal and physical violence against peers and staff. All of these were reported by the adult participants as being challenging for them to manage, although their frequency was perceived as being determined by a variety of factors, including the make-up of the group of young people and the staff team. Certain flashpoint times were identified for the occurrence of such behaviour, especially late evening and bedtime:

'Flashpoint times would be sort of later evening times when kids don't want to adhere to the sort of boundaries that would be set, for example bedtimes.' (unit manager)

When the young people were asked about the occurrence of these challenging and disruptive behaviour there were varying views on the level and frequency of them, often related to individual units or units within homes. Some claimed they were almost a daily occurrence while others felt that there 'weren't that many' in their particular unit. Some of the young people made comparisons with other children's homes that they had lived in while other young people did not have this experience.

The young people were also divided about what they saw as the source of challenging and disruptive situations, with some indicating that it lay with the staff while others felt that the behaviour of young people was the cause. Occasionally some young participants mentioned that both sets of people contributed to making situations challenging – although these respondents were in the minority.

3.4.2.1 Violence against staff, peers and property

Constant verbal abuse and threatening language was one of the most frequent defiant and non-compliant behaviour mentioned by the adult participants when asked about challenging and disruptive situations. The term 'burrowing', which was used by one participant, seems to capture the nature of this behaviour:

'Burrowing is intense, prolonged, sustained verbal abuse, violent acts sort of pushing past staff, punching staff, kicking staff, wrecking the space that they are in or all that actually happening all together.' (unit managers)

'Burrowing' by the above definition also covers aggression directed towards property and staff were well able to describe the kind of damage referred to here such as the lighting of fires inside units and damaging staff cars.

Staff found verbal threats very difficult to deal with, especially when these involved personal threats against a worker's own family. Staff fears of physical attacks, rather than actual incidents of physical violence, could affect the way they engage with young people:

'Staff become so anxious it affects the way they react and respond, and then that response and reaction can feed a cycle so it's trying to manage our way through that.' (unit manager)

However, frequently the biggest challenge identified by adult participants was managing physical aggression directed towards them, which it was suggested were growing in number:

'... increasingly there have been a number of serious attacks on staff ... these young people are fairly damaged ... fairly traumatised and have had fractured lives and we want to work with them but you cannot do that if staff see themselves under attack.' (unit manager)

3.4.2.2 More complex needs

Most adult participants acknowledged that increasing numbers of young people living in children's residential care have complex needs:

'... the actual population of young people in residential care is significantly and hugely different from what it was 15 years ago in relation to the actual needs of the young people, ... young people are coming into care later and when they come into residential care they often have very great needs and very disturbed behaviour...'. (Board manager)

Previous experiences, personal attributes and the needs of young people were seen to be key factors here and staff and managers were well aware of the emotional needs of children and young people coming into residential care. These needs included links with: previous experiences of abuse, neglect, rejection or trauma; lack of previous

experience of boundaries; feeling powerless; and lack of skills for dealing with emotions and frustrations.

'I think it is about children not having any boundaries to their behaviour, not having the social skills as well to deal with their anger or the emotional maturity to deal with their anger too.... And I also think something about fear, these children are very frightened and they understand fear and they know how to perpetuate that sort of insecurity in others....' (Board manager)

Adult participants also reported that they believed that the effects of low self-esteem and the experience of stigma, exclusion and isolation were related to ongoing challenging and disruptive behaviour. These were seen to be exacerbated by not knowing or recognising triggers to past trauma, lack of understanding of their own family history, inaccurate perceptions of reality, victim mentality and built-up resentments.

3.4.2.3 Mental health needs

The mental health needs of young people were highlighted as a key issue associated with the behaviour of young people in children's residential care. While some participants were positive about access to specialist services from CAMHS and a tiered CAMHS service, most suggested that there were significant gaps in the provision of mental health services for young people in Northern Ireland.* CAMHS was reported as offering diagnosis followed by limited advice about management. However, there was a sense of reluctance to become involved with young people if no diagnosis could be made. Young people's reluctance to engage with CAMHS' workers, often due to perceived stigma, also creates a challenge, particularly in relation to older adolescents.

3.4.2.4 Disability

There are specialised residential facilities for disabled young people across Northern Ireland. However, it was reported in this practice survey that some young people with learning difficulties such as attention deficit hyperactivity disorder (ADHD), Asperger's syndrome or more general learning difficulties may have placements in mainstream residential homes. While it should be remembered that the inclusion of disabled young people in mainstream units is desirable, it is acknowledged that it can prove stressful for the young people and staff alike. In the practice survey there was particular concern expressed that these young people were perhaps more vulnerable and susceptible to peer abuse:

'They tended to be scape-goated quite a lot, they tended to have difficulty living within the group because of their own needs as well ... they just weren't able to conform to your group norms for example and that need to be accepted tended to lead to maybe other inappropriate behaviour.' (Trust manager)

* This is supported by two recent reports – entitled '*Don't be so formal, I'm normal*'⁶⁰ and *Vision of a comprehensive Child and Adolescent Mental Health Service*.⁶¹

Participants also commented on the need for some disabled young people to have clear structures and routines that were not always possible to maintain with the changing group dynamics of children's residential homes.

3.4.2.5 Exclusion from education

The fact that looked-after children are more vulnerable to school exclusion was frequently mentioned, as were difficulties in accessing appropriate education provision:

'[Schools] suspend and expel looked-after children from school ... because they know there's going to be staff there ... as a result more and more emphasis is put on the 24/7 routine challenges of residential care which staff just can't meet.'
(inspector)

Some participants suggested that exclusion from education resulted in challenging and disruptive situations due to a lack of routine and challenging activity for young people. Staff groups described how if young people are not at school, staff are under pressure to 'entertain' them and to keep them away from engaging in criminal activity. It was also felt that mainstream educational settings can be very difficult for young people and acting-out behaviour can be difficult for the school to contain.

3.4.2.6 Culture and sectarian issues

Generally, it was suggested that cultural divisions were not a major contributory factor to the challenging and disruptive situations in children's residential care. Several managers suggested that staff were very skilled at dealing with sectarian issues before young people move into residential care and when situations arose in the home.

However, further exploration of this issue revealed that the segregated and sectarian nature of Northern Irish society did impact on challenging and disruptive situations in residential care in a range of ways including: young people coming into care because they are under paramilitary threat to leave home; young people providing information to paramilitaries and potentially putting residential homes at risk; and conflict between young people in the home with regard to demonstration of differing cultural beliefs or sectarian attitudes:

'The paramilitary involvement would generally be where the young person has been involved in very bad anti-social behaviour or else sexually harmful behaviour and the paramilitaries have actually said, if he's seen out or he's not taken out of this area, then we're going to shoot him and we certainly have had a number of children in care who are under that kind of threat and that's very worrying, in particular to our ability to keep them safe because they can abscond.' (Board manager)

When children were located in residential homes geographically far from their home, major efforts were made to maintain the child at their original school and maintain

family contact. However, some managers acknowledged that living in a different locality may present cultural identity issues for young people:

'Some young people would say that the geography is a difficulty for them, you know that there are those territorial lines ... it's foreign.' (Board manager)

Providers found it difficult to locate residential homes in neutral areas to ensure that young people with different religious and cultural beliefs felt safe. Most areas were perceived by young people and families as being mainly Catholic or Protestant because of the religious identity associated with the surrounding community, which made it difficult to maintain neutrality. In addition, some managers also acknowledged that, due to sectarian divisions in Northern Ireland, there was a duplication of services.

3.4.2.7 Targeting and exploitation of young people

Targeting and exploitation of young people in residential child care homes by members of the community was also identified as a challenging and disruptive situation. For example, this included young people being groomed and exploited by local drug users. Sexual exploitation of young people, and sexual relationships between residents and members of the community that may be considered inappropriate also raised significant concerns:

'There's a huge issue of sexually harmful behaviour among young people, quite shocking difficult stuff, which is very difficult to manage and certainly is part of what happens with a lot of very vulnerable young people together.' (Board manager)

3.4.2.8 Community

Young people living in residential care can have an unfair reputation within their community and as a result can come under suspicion of involvement in local criminal activity. As a consequence, managers and staff reported having to deal with irate locals coming to the home and inferring blame on residents for youth activity or damage in the vicinity. Targeting of residential homes within the community also causes challenging and disruptive situations such as members of the local community breaking windows.

3.4.2.9 Gender

Most respondents did not identify gender as a contributory factor to challenging and disruptive situations. However, some noted differences in the type of challenging behaviour exhibited by a male or female young person:

'I think there are some very disturbed girls who have suffered severe sexual abuse and their behaviour are very disturbed and very difficult. With the boys yes they have suffered neglect and maybe abuse – it's about violence and no boundaries and aggression you know.' (Board manager)

Staff and managers suggested that the only issue relevant to gender that linked to challenging and disruptive situations is the potential for sexual activity between males and females living in the same residential home and the risk of sexual exploitation from others within and outside the residential home. Staff found it very difficult to manage these situations and protect young people engaged in these activities.

Participants also pointed to the challenges associated with sexual relationships among residents, sexual assaults between residents and helping young people work through issues relating to sexual orientation.

3.4.2.10 Age

The main issue linking age differences to challenging and disruptive situations is the potential for older adolescents exerting power over those younger than them. Most residential homes aimed to provide services for young people aged 12 years and over. However, managers acknowledged that there were occasions when younger people were moved into residential care due to lack of alternative provision, especially on a short-term basis in an emergency situation.

For young people it was not so much age as stage of development that presented a problem. Some young people highlighted that sometimes other young people who were immature would do things that created problems for both the young people and the staff.

Young people were aware that sometimes the behaviour of their peers was to gain attention from staff. One way to stop such behaviour therefore was to ignore it. Likewise, one way to avoid getting involved in challenging and disruptive situations for the young people is to ignore others who are annoying.

3.4.2.11 Family

It was frequently stated by all participants that many young people in residential care have strained relationships or very limited contact with family members. As a result, parents regularly did not participate in reviews or respond to contact from the residential home about matters affecting their child, including significant events. Limited or strained family relations and rejection from family had an adverse impact on young people's self-esteem and identity.

It was particularly difficult when plans to return home were developed and families later decided not to allow their child to return home. Sometimes contact with family was a contributory factor to challenging and disruptive situations in residential care:

'It can be very frustrating for us if the parents agree to take this young person back ... then turn around and say, "well actually no we don't want him back" ... that's really when they really get frustrated ... then of course the kids have nothing to work towards so they go absolutely mad, they abscond, they wreck the place.' (unit manager)

3.4.3 Challenges related to staff

3.4.3.1 Staff approach

Young people said that sometimes staff act in an inappropriate way (for example, shouting or discussing information about the young person) that leads to or aggravates a challenging situation. Sometimes staff reaction to a young person's behaviour can make it worse and escalate the situation.

Young people also mentioned that staff may engage young people in a verbal 'battle' and indicated that young people who are not articulate will usually not fare well in such encounters and may resort to aggressive behaviour when words escape them. Staff were also described by some young people as resorting to using their position of authority if they feel the young person is getting the upper hand and will remind the young person that "I'm the adult here and you're a child, you're a child in care". Such cases could be seen as an abuse of power, belittling the young person and reminding them that they are 'in care' and the entire associated stigma that accompanies such labels.

'Sometimes staff nag – "they don't listen to both sides of the story". (young person)

Adult participants also acknowledged that staff can contribute to or exacerbate challenging situations through inappropriate use of language, engaging in confrontation and inattentiveness.

'There are some shifts of some staff that you could almost put money on there being a crisis because of what the staff do.' (inspector)

Adults invading the young people's time, privacy and personal space was also an issue raised by young people, who stated that it was impossible to spend much time alone, even in their own room. They found being constantly "followed" by staff really irritating and pointed out that parents would not behave in this manner. Additionally, they objected to staff having access to private belongings and looking through mobile phones when they were 'given in' at night time. They felt that the staff knew things about them that they should not and that they used such information against the young person.

The invasion of young people's personal space by staff clearly needs to be addressed if young people's views are genuinely being listened to. However, it is also worth noting that the young people's claim regarding the impossibility of spending time alone does not sit easily with the rules regarding the need to keep children safe, for example the rules that the units had around bedroom visits. In only one of the units in the practice survey were young people of the same gender allowed to visit each other's rooms while in the other units no young person was allowed into another's room, even if invited.

Staff felt that discussions at handover meetings could be interpreted by the young people as "talking about us in a bad way" and staff were therefore "creating the

situation as much as they [the young people] are". It was further suggested that it should be possible to avoid this happening by having staff explain to young people the reasons for handover discussions. However, this might not always work – one young person said that staff contradicted themselves. The young people in 'her' home were told that "every shift is a new start" but information is passed on at handover meetings and the workers coming on shift often comment on what has happened in the previous shift to the young person, making it difficult for the young person to move on from that situation.

Part of everyday caring for teenagers regardless of the setting is dealing with challenging and disruptive behaviour by using parental authority to keep them safe through negotiation. Staff in the practice survey were well aware that these techniques should be adopted consistently in residential care rather than reverting to a power relationship between a member of staff and a young person. However, maintaining such a balanced perspective is often hard when faced with difficult and anxiety-provoking behaviour.

3.4.3.2 Workforce issues

Difficulties around staffing numbers were reported and these included having enough staff on at particular times in the day. Trying to put in place the right number of staff to safely manage the number of young people, while also getting the right skill mix, needs careful planning:

'We also need to review the deployment of staff to make sure that the optimum number are there at times when the kids most need them....' (policy maker)

Achieving this was described as a difficult balancing act since needs change according to the daily situation, which gives very little time to put extra staff in place. Additionally, staff suggested that the working rota impacts on family life and staff mental health. Furthermore, annual holidays have to be planned according to the rota and this was seen as unfair by the permanent unit staff. Incorporating all of this into a work programme that needs to meet ever-changing needs can be extremely difficult for managers to achieve.

Staff identified a need for significant one-to-one work with each of the young people within a home. However, they felt this was sometimes very difficult to achieve in units where there was a high number of young people and a small number of permanent full-time staff.

A perceived change in the traditional pattern of residential staff leaving to move into fieldwork and increased recognition of residential work as a specialist and skilled area of practice was commented on. However, to counter this, concern was also expressed about staff retention due to a shortage of qualified staff, unsociable hours of working, and levels of aggression and assault in residential care. Staff moving on from a unit also created difficulties for the young people, especially when close relationships were lost.

These staffing issues impacted on teamwork, especially the resultant reliance on bank (or agency) staff. These staff could not always attend team meetings due to other work commitments and, while information relevant to individual young people is available for bank staff, they are expected to engage with colleagues and communicate effectively with staff and young people rather than spend time reading files.

3.4.4 Challenges related to managing risky behaviour

A lot of the challenges identified focused on managing risky behaviour, and keeping young people safe, and the following highlights the key areas mentioned under this heading.

3.4.4.1 Absconding

Challenges identified as a result of absconding included trying to prevent it, defining unauthorised absence, making judgements as to whether the young absent person is safe, and defining levels of risk faced by the young person while absent:

'It's a very difficult cycle to break and sometimes it nearly has to take its course before it will break. It's also very contagious so if you have a group that tends to abscond they will draw others out.' (staff member)

Absconding also raised time-consuming administrative challenges in terms of the large volume of associated paperwork and reporting procedures.

3.4.4.2 Drug, solvent and alcohol misuse

Difficulties with drug and alcohol misuse were associated not only with the management of young people under the influence of drugs and/or alcohol, but also with managing dealing in drugs within units by the young people themselves, and outside by others in the local community. Drug and alcohol misuse was also connected with young people's decisions to abscond, have contact with paramilitaries and/or engage in stealing, drug selling or other criminal behaviour in order to get access to drugs and alcohol.

3.4.4.3 Mobile phones

Use of mobile phones was seen to be presenting a growing issue reflecting increasing use by young people of technology. Such use was identified as a potential source of confrontation between staff and young people as mobile phone use presented protection issues for residential workers. Concerns were raised about the ease with which residents could be contacted via mobile phones by members of the community and that this can result in the young people being exposed to a variety of stresses. Staff identified the challenge posed by a recent craze for recording criminal activity on mobile phones and sharing files related to this.

Mobile phones are also used to: video young people engaging in joyriding; allow people (for example, parents) to listen to staff arguing with young people; video

staff carrying out restraints on young people; take inappropriate pictures of staff; distribute highly sexual images and language; alert each other to fights and the availability of drugs and alcohol; purchase illegal substances; or make contact with a negative peer group outside the home.

Some participants noted that in their home, mobile phone use was not permitted as a house rule; however, this rule was often difficult to uphold. It was acknowledged that it was preferable to engage and negotiate with the young person to challenge their actions and encourage positive decision making.

One instance of the difficulties presented as a result of mobile phones was where a young person who had been returned home following a serious assault on a staff member was still able to influence others in the home by mobile phone:

'... he's in touch with the other young people and very much stirring them to become involved in this anti-social behaviour. Even though he's not there he can still do it so it's the whole use of mobile phones can be a huge problem.' (Trust manager)

3.4.4.4 Self-injurious behaviour

A number of comments were made about the worrying occurrence of self-harming among young people in residential care. This included young people who were self-cutting, those who had made suicide attempts and those who were considered to be at high risk of completing a suicide:

'We have had some extreme cases where we had one young person who kept trying to electrocute herself all the time and she had suicidal tendencies and really was trying to throw herself over the banisters and it was 24/7, even at night she was up, self-harming is a big one....' (unit manager)

Staff can feel particularly helpless in relation to managing these kinds of situations:

'Staff have a sense that they should be managing this or controlling this but you've no control really if somebody's there with a blade and they want to cut themselves.' (inspector)

Self-injurious behaviour such as head banging and scratching were identified as being specifically relevant to young people with learning difficulties in residential care, although no specific mention was made of any gender differences when talking about self-harm.

3.4.5 Challenges related to the organisation and resources

Key systems challenges included issues relating to accountability, allegations, administrative duties and limited access to services. Scrutiny in terms of recording various incidents brings added pressure on staff and added pressure on the manager to deal with the fall-out of situations that occur. It can be difficult for staff to balance administrative duties and spending time with young people on a group and individual

basis. There was a sense that if staff are physically separate recording notes, then they are not available for young people and as a consequence “a culture of locked doors” can develop or a culture of “us and them”.

Another challenge faced by unit management and staff was resourcing of appropriate services for residents.

‘We are supposed to be corporate parents to young people and without contradiction that is the most vulnerable group of children that we have and we can’t access education for them, we can’t access health services for them, we can’t get child psychologists, CAMHS....’ (Inspector)

3.4.5.1 Infrastructure and policy

High levels of record keeping and bureaucracy were described as not helping to inform effective professional practice and this was seen to be compounded by a disorganised system of governance:

‘... we have too much of an emphasis on the wrong types of bureaucracy....’ (policy maker)

It was also observed that in certain homes the buildings were no longer suitable to safely accommodate the type of young people in residential care today:

‘I think we also need to look at the design of homes to make sure they’re not as institutional as perhaps they have been, that there is sufficient space for young people to engage fully with community life or withdraw as they need to for individual tuition, or individual attention ... to pursue a pastime without fear of interruption or disruption from other residents.’ (policy maker)

3.4.5.2 The looked-after children process

The degree of inflexibility in the looked-after children (LAC) process and the need to engage with challenging issues in such a public setting were frequently cited as sources of distress. Staff and managers felt that the LAC meetings were intimidating for young people and that young people should have a say in who attends:

‘The whole LAC process is very offputting for kids and very difficult to engage in....’ (unit manager)

This it was argued sometimes led to young people feeling they had no control over their lives and resulted in challenging and disruptive behaviour.

3.4.5.3 Inability to adhere to Statements of Purpose

Statements of Purpose outline the parameters around placements suitable for individual homes, for example, age of young people, how placements are made and approved, duration of the placement, limiting the duration and number of emergency placements, and use of sanctions. Most managers and staff reported that it was

extremely difficult to adhere to Statements of Purpose, which had an impact on challenging and disruptive situations in residential care:

'Statements of Purpose are being continually breached and you've a wide mixture of young people, all with very different needs, all scrambling for attention with very few staff.' (Inspector)

The emphasis on a clear Statement of Purpose also linked with differentiation of homes so that individual homes were targeted towards meeting the needs of different groups of young people and were appropriately resourced. One of the major challenges for residential providers was breaching the Statement of Purpose in the case of emergency admissions or where alternative accommodation was not available:

'... we want to keep homes working within their Statement of Purpose ... our failure to keep homes working within statements of purpose means that ... we're actually putting young people into a place where there is bed as opposed to going to a place which is appropriate to them, it's more difficult to manage...'. (policy maker)

Some residential homes had developed their Statement of Purpose to ensure tighter criteria for access to the home and to reflect local need. Boards also adopted a strategic approach by seeking to ensure that a range of differentiated residential facilities were available to meet the needs in their Board area. For example, one Board reconfigured a short-term assessment unit into a long-stay unit due to the lack of long-term places in the region.

Most Boards had also established gatekeeping processes and protocols for admission in order to ensure that placements in residential care are carefully considered:

'... if you can't gatekeep it's very, very difficult to maintain any sort of standards of practice thereafter because you spend your time fire-fighting ... that just underpins everything, to be able to gatekeep and ensure that placements are appropriate placements capable of meeting the needs of particular individual youngsters.' (Trust manager)

Some Trusts also established panels to consider the long-term needs of young people in short-term residential homes in order to ensure appropriate future placements. Although such developments helped to provide a structured planning process, difficulties still remained in relation to lack of available placements or alternative placement options.

3.5 Responding to challenging and disruptive situations

Participants were asked to describe how challenging situations are typically managed in residential homes. This section describes the range of responses that emerged from the data.

3.5.1 Building on relationships with young people

3.5.1.1 Positive relationships

Participants felt that relationships with young people were key to managing challenging situations. In particular, the key worker relationship was identified as “the best way to get in there”.

The ability of staff to develop positive relationships with young people was seen as being fundamental to preventing the escalation of challenging and disruptive situations:

‘I think we are quite lucky with some of our workers that engagement in communication is a real big factor, to the relationship building and being able to pick up on cues and being able to respond quite quickly.’ (unit manager)

‘Stay positive and engaging with them would be one of the best responses. The young person is aggressive about something – they want a response from you and it’s not necessarily the right response ... so it’s a matter of engaging the young person and calm them.... Trying to work and develop a relationship even to begin to engage young people is very challenging because you really have to get to know them a little bit and it’s very hard when they’re so closed down and they don’t trust anybody.’ (staff member)

Some young people commented that they had a good relationship with staff members who took time to talk with them, listen to them and any problems they might have and who genuinely wanted to spend time with them. Importantly, ancillary staff such as cooks were described as playing a significant part in young people’s lives, not just key workers or team managers. The following are all quotes from young people on this matter:

‘I can talk to [the cook], you know, me and her are good friends; I can talk to her and she can talk to me about stuff.’

‘X is dead on – he takes us out, goes fishing and he’s just – he just gets on alright...’

‘[Our cook] is brilliant – he should be one of the staff – he’s dead on, he’s funny and he can take a joke ... he shows us how to make things.’

This contrasted greatly with other young people who claimed that some staff were “boring” and had no interest in spending time with them, getting to know them and building a relationship with them:

‘They come in here, cuppa tea and a biscuit, go up to the office, back down for dinner, back to the office for a hour, then back up for another cuppa tea then back to the office – they don’t do nothin.’ (young person)

‘Certain members of staff don’t do anything – they don’t try.’ (young person)

Staff felt it was important for them to reflect honestly on their own behaviour and reactions by, for example, admitting and apologising if anger has clouded their judgement or a reaction to a situation. However, when situations were extremely challenging there was a tendency to fall back on adult, professional authority, which creates distance between staff and young people:

'Some staff ... go into social work mode and not human mode if you like.' (unit manager)

The need to help young people develop more specific effective coping and diversionary skills was also highlighted:

'Some of the difficulties we would have with our children would be being bored. They are not engaged or satisfied ... it is about giving them new opportunities....' (unit manager)

While most managers were very positive about the abilities and strengths of their staff, it was sometimes suggested that staff could do more to fulfil their responsibilities for developing positive parenting relationships with the young people. How this skill could be facilitated by the managers who raised this concern should be considered.

3.5.1.2 Relating to residents as individuals

A thorough knowledge of each young person in terms of their moods, reactions and triggers was perceived to be pivotal to avoiding the development or escalation of challenging and disruptive situations. The young people agreed with this point, emphasising that staff needed to:

'Try to see the situation from the young person's point of view, get the full story and don't jump the gun.'

Managers emphasised that staff recognised that challenging behaviour is not a problem in the young person but a symptom of wider contextual and emotional issues. Adopting this attitude was very important so that staff were able to demonstrate empathy, understanding and respect for young people. Respecting food likes and dislikes and respecting the way in which young people like or dislike being woken up in the morning were perceived to make a difference to challenging situations.

Input into food choice and planned activities were identified as a particularly important for the morale of young people and managers felt that if young people have some input into decisions around their routine they can feel more engaged in the running of the unit. Several young people mentioned food as an issue. Within larger units access to the kitchen was often denied as the kitchen was designated as an industrial area as opposed to a domestic kitchen. In smaller homes the kitchen tended to be much more like a family kitchen where the young people had free access to food and beverages. In some homes the quality of the food was criticised – especially if it was bought in bulk and was pre-cooked, like cook-chill food. Young

people did not like what was on offer and the fact that it was not made from fresh ingredients. They also found catering portions of food offputting.

3.5.2 Staff skills and experience

Having a balanced staff team in terms of gender, experience and skills was seen as key to effective working in children's residential care. Factors such as personality, life experience and ability to put core social work values such as empathy and respect into practice were identified as qualities of staff who effectively manage challenging and disruptive situations. Staff also mentioned patience, self-awareness, flexibility and the ability not to get into arguments with young people as qualities in other team members that gave them confidence in them. Reflective practice, appropriate reading of a situation combined with appropriate professional interventions were also perceived to result in more effective management of challenging and disruptive situations:

'Some people can see it for what it is and again hold that professional detachment from that whereas others then just freak out.' (unit manager)

Some young people felt that staff were skilled and experienced enough to know when to act in order to prevent situations getting out of control. Often such staff will intervene to calm down the young person but they can also see when people are getting 'sized up' to behave aggressively. In such situations staff would intervene physically to split up a fight between two young people, which works in the short term.

The importance of having auxiliary staff who develop positive relationships with young people and understand the home approach was emphasised by many participants. In particular, social skills staff and kitchen staff were highlighted as playing a key role in their work with young people in the home:

'Some of the most significant people within the residential are people in the kitchen ... we've tried to enhance their role so that they are working with the young people and including them as much as possible in the whole cooking and kitchen activities and sometimes it's easier for young people too because they don't see that person as a social worker or as a residential worker ... and those people seem to get on exceptionally well with young people.' (Trust manager)

Although there was still an emphasis on the majority of staff being qualified in social work, there was acknowledgement that having staff trained in other professions would make a useful contribution to the team skill mix and could more effectively meet the range of young people's needs:

'... there needs to be community workers in there, teachers, therapists and whatever because assessment and intervention isn't the only thing that children need in a children's home, they need personal development, they need somebody there on site to work with them in a counselling capacity....' (unit manager)

Utilising the expertise of youth workers was frequently mentioned in terms of providing diversionary activities for young people that promote self-development and offer new positive opportunities.

3.5.3 Promoting effective team working

A number of factors perceived to enhance effective team working and decrease staff anxiety related to dealing with challenging situations were highlighted. These included: consistency; clear policies and procedures; discussing issues in detail in team meetings; team debates; trust among the staff team; team development; contracts of expected behaviour; and opportunities for the team to take ownership:

'Clear policies and procedures so staff are confident to intervene and not afraid ... they're empowered by policies.' (unit manager)

Additional factors included: regular monthly individual supervision of staff combined with weekly group supervision of staff; assessing a situation and identifying the best person to take the lead; having a senior practitioner to monitor how teams are working, and not letting situations fester.

It was further suggested that staff morale and team working was greatly enhanced by implementing practical measures such as: rearranging the rota to remove long sleepovers so that staff were less fatigued; placing security cameras in the car park so that staff cars were less likely to be vandalised; installing access control on the external doors so that staff did not have to worry about unauthorised entry into the home; and equipping staff with attack alarms.

Another initiative to address the challenge associated with the large volume of paperwork was simply to sort out what was essential and what was not:

'It was sorting out what was statutory requirement and which was unnecessary so we cut down on a lot of this which had a knock-on effect.' (unit manager)

Annual staff team-building activities were perceived to help boost staff morale. Many managers also provided 'Away Days' for residential staff and managers to work on a strategic vision for the future and address key issues for practice. Such strategies helped to develop the resilience of the staff team, which many managers emphasised as a crucial aspect for good practice in residential care. These were reported as extremely valuable by staff.

Peer supervision for unit managers available in one Trust was described as beneficial:

'Peer supervision for the managers is excellent in terms of how we manage situations ... because even though we work in the same areas it is very isolating ... you're facing the same dilemmas and issues other managers are facing and that makes a big difference....' (unit manager)

Some Trust managers also reported positive benefits of specific efforts they made to promote team development such as bringing in consultants to work with staff on

team development issues. One home had developed a practice forum that focused on key issues, for example the high level of aggression towards staff. Another Trust organised specific meetings for the staff group working in one home that had experienced high levels of challenging and disruptive situations to examine and learn from these difficult situations. The introduction of senior practitioner posts was seen as a very positive development in terms of career progression within the residential child care field:

'It's about recognition and having a clear path to management and feeling valued.'
(Inspector)

3.5.4 Supports for staff

One way to further promote effective team working is to provide good support for staff and this was achieved in a variety of ways.

3.5.4.1 Supervision

Managers emphasised the importance of providing adequate supports for staff in residential care. In particular, regular and constructive supervision sessions and strong leadership were perceived to be central to the management of challenging and disruptive situations.

Managers explained that regular supervision for staff should address core issues, including professional challenge, workload management and professional development of the worker. Managers also suggested that information from supervision should be used to inform team development and ensure the provision of relevant training:

'... most supervision is probably driven by the workload management aspect rather than the professional challenge or the developmental aspect ... where I look at your needs as an individual worker, top it up for my team, feed it into the planning process so that trainers can mould the training to the need of the organisation, in my own experience it doesn't happen as coherently as that in Trusts.' (policy maker)

Quality induction programmes and management training for managers were also important.

3.5.4.2 Debriefing and reflection

Managers and staff emphasised the importance of having opportunities to debrief following a challenging situation and to reflect on individual and team practice within the residential home. Debriefing and learning from experience is very important so that staff can critically analyse their practice and learn to de-escalate rather than encourage negative behaviour:

'... it's about making sure that that learning out of those particular incidents are shared, debated and discussed, not only in the residential unit but right across the system ... that we can tackle better than we have.' (Board manager)

However, opportunities for reflection and debriefing were not always possible due to lack of available staff to immediately discuss the incident or the absence of the staff member involved due to serious injury or trauma. It was suggested that it may help if members of staff were designated to provide that support to other team members or if debriefing and reflection was built into the processes for critical analysis.

Managers also suggested that staff need to develop confidence with each other to discuss their practice crucially with each other and the disruption of reorganisation of Trusts and restructuring of teams may hinder such practice.

3.5.5 Staffing levels

Participants also felt that having more staff would help.* In particular, targeted allocation of staff towards specific pieces of work with an individual young person was seen as beneficial. Having an extra staff member on hand can help settle down situations quicker, although this option was often not available.

Several managers highlighted staffing of night shifts as a key issue for the management of residential homes:

'I think the hours at the minute are unsatisfactory because you are human and if that kid's calling you all the names at five in the morning you are expected to work with them in a professional manner at seven, you only had two hours sleep, you can react to that in a negative way, that can escalate the situation.' (unit manager)

Most residential units had decided to have waking night staff to ensure that staff who had been kept awake dealing with a disruptive incidence were not expected to continue working the following day:

'We actually changed the rota and that was a huge thing ... now have waking night staff, so staff are paid to be awake and it means that if they've had a difficult night ... they're home in the morning and away to bed and you've fresh staff coming in.' (Trust manager)

However, participants emphasised that waking night staff should have relevant qualifications and training to ensure consistent standards of care and protection for young people.

Interestingly, some providers had decided not to provide waking night staff in an effort to provide a normal home environment for young people.

* This is counter to the findings in the research review where there was no indication that, in itself, more staff necessarily resulted in more effective management of challenging situations.

3.5.6 Training

A range of training is available for residential social workers covering topics such as child protection, sexually harmful behaviour and dealing with trauma and loss. Managers reported a firm commitment to providing in-service training opportunities for residential staff and information about training needs was collected through supervision, team meetings and managerial meetings.

TCI* training is provided across Northern Ireland and some staff members were also trained as TCI trainers. Many Trusts also accessed training on restorative practice.+ Both types of training were more likely to be provided by independent or voluntary agencies.

However, there was some concern that much of the available qualifying, post-qualifying and in-service training is too generic. Many managers and staff called for an increase in training opportunities specifically focused on the needs of residential workers and enhancing their skills for working with young people in residential care. Staff pointed out that they would value training on suicide, depression, mental health, learning disabilities and attachment:

'There needs to be very specific training focused on what it is like to work in a residential unit and what are the key issues ... targeting the core responsibilities, tasks, requirements to be a residential social worker as opposed to being a social worker.' (Board manager)

In an effort to address these gaps in training, Trusts sometimes provided one-off workshops to address core issues for residential work such as peer abuse, and the interface between fieldwork and residential work. In some Board areas, training teams work with the full staff team in residential homes to focus on their specific needs. This approach seemed to address some of the difficulties in access to training.

Some managers had also encouraged staff to develop specialisms in accordance with their interests relevant to their work and had made available training opportunities such as anger management, addictions and counselling. However, it was reported

* TCI is a crisis prevention and intervention model for residential child care workers aiming to help staff prevent crises, de-escalate potential crises and effectively manage crisis situations. This approach recognises the importance of awareness of personal feelings and values, assessment of the young person's needs and wants, and the impact of the environment on behaviour. Examples of techniques used as part of this approach include life space interviewing and individual crisis management planning.

+ Restorative practice refers to a range of approaches aimed at bringing together all parties involved in a particular critical incident to discuss how to deal with the aftermath of the incident and implications for the future. This can include a focus on agreeing mutually acceptable outcomes to address the harm caused or make some form of reparation to restore relationships.

that due to inadequate staffing levels, staff turnover and increasing demands, it was often difficult to release staff to participate in training opportunities. Most often one or two members of staff attended a relevant training course and did not have opportunities to integrate their new learning or provide feedback to other members of the team.

3.5.7 Engaging with communities

Two issues were raised in relation to community and environmental factors. Firstly, was the importance of utilising community supports and opportunities for diversionary work. Some individual homes had worked successfully to integrate young people into the community, for example using a youth support team to deliver community activities aiming to reintegrate young people back into their own community, for instance through youth clubs.

Secondly, there were examples of homes that were trying to develop positive links within their local community to try to "build bridges", to counteract the negative and often unfair image of the home and its young people and to try to foster a sense of living within a community for the residents. For example, in one unit two young people had volunteered to work in a nearby old people's home.

3.5.7.1 Outreach services

Some providers were able to deliver outreach services to prevent young people going into care and work towards earlier discharge and reported success in these areas. Types of support included specific work on non-school attendance, low self-esteem, anti-social behaviour and family or foster care breakdown.

One Board developed an outreach team to support residential units. Interestingly, staff on this team offered a diverse skill mix and a range of previous experience including those trained in social work, youth work and at a range of National Vocational Qualification (NVQ) levels. Although this service is a new development, the manager is very positive about the potential benefits of such an approach:

'... it's like a peripatetic team that will work with different residential units, but will move around if there are particular pressures or difficulties in a unit, wherever our children have challenging behaviour ... over time we should be able to see some reduction in the level of disruption, possibly some reduction in admissions to secure accommodation....' (Board manager)

In another Board, outreach workers were attached to short-term/assessment units to work intensively with families to prevent admission into care or rehabilitate into the community. In another Board, a residential home for respite and emergency placements provided outreach workers to engage with the family to prevent admission into care.

Some providers had established a range of services such as community placements, foster care placements for adolescents, time-out services, shared care arrangements and respite care. This range of services helped to support outreach work. In addition

to this range of services, one provider also provided educational support and 24-hour multi-systemic therapy services for families. This provider developed a full range of services to meet the needs of young people presenting with challenging behaviour on a short-term basis and to promote their return back into their family/carer and community. Managers reported very positive outcomes from these services.

3.5.8 Assessment, planning and sharing information

The importance of comprehensive assessment and planning was highlighted:

'I do think that the basis of [good practice] can be good care plans, good ICMPs [individual crisis management plans] and good risk assessments.' (unit manager)

When managers have some control over admissions they can plan in advance with prior information and support in place for a young person. It also helps to ease a young person into a placement if they are expected and have their belongings and particular requirements in place on arrival. It is also important to know a child's medical history and have medication in place if needed. Managers and staff felt that the transition into a placement can be easier if a young person has visited the unit in advance. Involving young people in care planning was also seen as positive.

Managers also emphasised the importance of developing a culture of sharing information and maintaining accurate records of challenging incidents. Most residential units ensured that information about each young person's needs was shared with the staff team, including temporary or bank staff. This was especially important for ensuring consistency across the staff team in their understanding of triggers for challenging and disruptive situations and their planned response to de-escalate situations.

Staff in residential homes where TCI was used developed ICMPs to assist the recording and sharing of information. It was felt that this led to a more consistent approach that could reduce the number of challenging and disruptive situations:

'Each child has an individual crisis management plan – part of the TCI programme – and that outlines the behaviour that the child would show and then how you best respond to it and what the triggers are for that child because each child can be very different.' (staff member)

3.5.8.1 Risk register

There were also some developments at Board level that had been introduced to assist in the assessment of risk procedures. For example, one Board had developed a risk register within family and child care, which:

'... looked at physical assaults on staff, supervision, incidents of violent behaviour and all child documents and we've broken those down to a traffic light system, like red is at great risk, amber is less so and green is reasonably safe or the systems are working quite well, which flags up to us some of the key issues emerging and the patterns on a monthly basis rather than waiting on a report to come out a

year later to tell us that there are problems and it's last year kind of thing.' (Board manager)

3.5.9 Developing joint protocols and inter-agency relationships

At Trust level, most interviewees reported successful outcomes from protocols and processes that had been developed to engage more effectively with the police and youth justice. However, the impact of these joint initiatives was sometimes reported to be dependent on individual commitment:

'That's been very very successful. We did joint training with the police and we have a good response rate from the police and it's all preventive work.... You may have a policy but really it's down to the individuals to implement it and a lot of credit has to be given to the actual police officer involved who took a particular interest because I know other efforts in other areas have been made but didn't develop and weren't successful.' (staff member)

The aim of these inter-agency approaches was to decrease police involvement and was often linked with the restorative approaches adopted in some Trust areas:

'The reasons for that were basically a third per cent of their call-outs were coming from residential and it was in their interests and our interests to decriminalise these young people.' (staff member)

While this may have been the aim, the young people did, on occasions, suggest that staff in certain units were too quick to call in the police.

Some providers had also developed good relations with the police by working closely with the community liaison officer or juvenile liaison officer and involving these professionals in discussions with young people. Managers were very positive about this approach and reported good outcomes in terms of a reduction in challenging criminal behaviour and prosecutions. However, some managers suggested that more formal multi-agency agreements could be established.

3.5.10 Contracting support from other professionals

In the homes that participated in this study there were positive examples of residential workers being supported in their practice by consultation with other professionals, most commonly by psychologists although this was not common practice. Residential staff indicated that this gave them the confidence to undertake more work of a therapeutic nature. This, in turn, assisted in the development of their relationship with the young people and helped to reduce the numbers of professionals involved in young people's lives. One staff member described how access to consultation with a clinical psychologist assisted their practice:

'... he would offer guidance and ratify what we do or we bounce off him our plans and assessments ... and when you're working with the psychologist at least you have another brain to feed into, "is there any other way you could work or go about dealing with things?" or "are you dealing with it the right way?". That gives

you confidence that you're trying to do everything you can for the young person.'
(staff member)

This approach was seen as particularly positive in that it meant that other services did not have to be brought in, which sometimes undermined the role of residential workers:

'The young people were seeing the residential staff as the bad ones and the youth support as the good ones who were taking them out on activities and it was a sort of divide and conquer among the staff basically from the young person's perspective....' (unit manager)

Some providers were also able to access services from other agencies and emphasised the importance of staff working towards securing these external resources for individual young people and the residential home as a whole. The voluntary sector was particularly active in relation to providing external support for residential homes. The types of support residential homes accessed included access to centres for families or young people, time-out provision and respite care. However, accessing these external supports was easier in some areas where they were more readily available than in others.

3.5.11 Rules and sanctions

3.5.11.1 Rules

Although rules need to be established they often seem petty to young people and although young people understood that staff had to carry out certain procedures and implement certain rules, they found these very annoying – for example, room searching, not being allowed out by themselves, not being allowed to have DVDs that are rated for the over-18s and not being allowed into the kitchen if it is an industrial kitchen. Staff need to explain fully why something is or is not happening – and to ensure that young people understand what is happening:

'Staff don't get their views out well, so we can't understand their point of view – not all of them now, but some.' (young person)

3.5.11.2 Sanctions

Young people suggested that in some homes sanctions seemed to be used much more than rewards – or rewards were only used sporadically and usually to highlight the difference in treatment of a young person who did not present challenging and disruptive behaviour as opposed to those who did. This perception may have been exacerbated by the limited repertoire of sanctions in most units, which resulted in house routines being used to sanction or reward behaviour.

Adult participants argued that young people like to know that the adults are in control and this was portrayed by employing sanctions, although it was acknowledged that this was difficult to maintain in a confrontational environment.

'We take responsibility ... we tell them this is not going to happen and they respond to sanctions, you've got to have sanctions.' (unit manager)

It was further argued that the use of sanctions gave clearer messages to the minority of young people who engaged in serious criminal behaviour (such as assaults on staff) in relation to the consequences of their behaviour in order to keep them safe and keep other young people safe.

Staff and management often felt restricted in their ability to impose sanctions or protect other young people from harm or risk due to policy and regulations:

'... I think people have rights, they have the right to live in a place, an environment that's not full of people wrecking things, hitting people and going ballistic, they have a right to calm and somewhere safe, somewhere secure, so we have to think about their needs....' (unit manager)

The human rights and children's rights agenda introduced changes regarding acceptable sanctions for challenging behaviour, which in turn were perceived to have resulted in a higher frequency of challenging situations. Indeed, there was a sense that staff felt "deskilled and disempowered" as a result of limits to the range of available sanctions in the absence of viable alternatives with which to remove a young person from a challenging situation. For example, staff and managers expressed lack of clarity about the use of sanctions to respond to children who refuse to attend school:

'A good parent would remove the bedclothes, tip the bed and apply financial or other sanctions, but current guides and regulations prohibit such actions on the part of staff....' (Board manager)

Another staff member pointed out that a young person can create progressively more challenging situations in order to test the limits of their rights:

'They're really challenging ... really testing out their rights to see ... how far can I go here. How, how much right do I have and how, how well am I protected? And certainly in ... you can see a pattern where they start off and then they'll progress on, progress on to more aggressive behaviour.' (staff member)

3.5.12 Structured or formal responses

Several more formal or structured responses to challenging situations were described by staff and managers and these are detailed below.

3.5.12.1 Therapeutic crisis intervention (TCI)

TCI was the most frequently cited approach, with a focus on prevention and de-escalation. Participants reported positive feedback on this approach, particularly in terms of putting theory into practice. Other benefits associated with TCI included that it "motivates staff", helps lower the number of restraints, encourages a learning

culture, helps deconstruct a crisis and, as everyone has the same training, contributes to a shared language and enhances staff confidence:

'... we've seen good outcomes since we've introduced TCI ... we've had a big reduction in incidences and staff are comfortable with TCI and I think it's generally accepted as a good sort of system for managing difficult behaviour....' (unit manager)

'TCI is our day-to-day tool. I would very much rely on our bible TCI guidance and it's excellent in working in that kind of situation – your self-awareness, tone of voice, eye contact, non-verbals in those situations are extremely important not to escalate it. And not forgetting the young person's agitation and pain ... the reality for the young person.' (staff member)

Participants suggested that TCI provides clear guidance and practical strategies for residential workers on how to respond appropriately and manage challenging behaviour:

'... TCI allows you after the incident to go back and do a life space interview with the young person, and looks at the underlying reasons and what led up to the triggers ... trying to get them to settle back into the group and giving them the coping mechanisms to improve their behaviour if they come to a crisis situation again.' (unit manager)

Some limitations to this way of working were also acknowledged. For example, it could be seen as an authoritarian way of working and units were still experiencing high levels of violence. A further criticism was that a standardised approach such as TCI may not lend itself towards addressing the individual needs of the young people involved in the challenging and disruptive situation. Some Board managers emphasised the importance of acknowledging that TCI is only one approach in a wider process:

'Where [TCI] breaks down is the multitude of complex challenging behaviour ... one size doesn't fit all ... the young people all have individual needs and behaviour that need to be managed on an individual basis.' (inspector)

Challenges with TCI include ensuring that it is implemented in a consistent manner and supported at all levels within a unit and that all staff are able to participate in regular refresher training to remain accredited.[see also 62](#) Additionally, managers reported that it was difficult to create time for supervision and personal reflection around TCI.

3.5.12.2 Use of restraint

Although Trusts have specific policies on restraint and ensure that staff are trained in restraint techniques (linked to TCI), some difficulties were identified in relation to the use of restraint. One of these difficulties is the effect of automatic suspension of staff members involved when a complaint is made about physical restraint:

'The automatic suspension of staff following a complaint in respect of restraint has major implications for the manager of the unit and the continuity of care of the young people in the unit ... basically they're very afraid to restrain in case there's a complaint made against you as you might be suspended for three months....'
(Board manager)

Another difficulty is the tension for staff in terms of protecting young people and keeping them safe but being constrained in the actions or sanctions that can be utilised to do so:

'It's very difficult for residential staff because ... they feel pulled in two directions. You must handle situations very carefully, you cannot use physical force, use restraint appropriately and young people are running away or walking out of units....' (Board manager)

During discussions with young people about fictitious case studies several indicated their support for the appropriate use of restraint. This was in situations where a young person was threatening staff, other young people or the building. Some of the young participants clearly saw occasions where someone was threatening to set fire to a building as one that warranted restraint. For other more minor infringements of rules the advice from young people was to back off a little and give the young person a bit of space to calm down.

3.5.12.3 Restorative practice

Some Trusts have adopted a restorative justice model in their practice with an emphasis on engaging with young people so that they are enabled to accept responsibility for their behaviour and are prepared to make some form of reparation to restore relationships. Homes that were implementing restorative practice reported positive feedback. However, it was suggested that this approach was not as helpful with young people who had previous experience of conferencing and who had been through the court system:

'I think where restorative conferencing has difficulties is when you're working with the hardcore of young people who've been through the court system, maybe the JJC [Juvenile Justice Courts] they've probably been through the conferencing, I think some young people had had four or five conferences and it can be seen as a soft option for them....' (unit manager)

Likewise, some staff found that while the principle of restorative practice is good, in practice it can work better for some than others and some young people can see and use it as an easy option without fully engaging in the process.

3.5.12.4 Police referral

Managers suggested that staff may be unclear about their authority to take action to protect young people or lack confidence in their parenting role, which could lead to a reliance on the police to enforce order. However, some managers acknowledged that

particular situations did warrant police involvement as otherwise the young person would receive a message that there are no consequences for certain actions.

According to the young people in some homes, calling the police to deal with challenging and disruptive situations seemed to be commonplace whereas in others it was a rare occurrence – or only happened if something really serious, like an assault, had occurred.

Involving the police often led to contact with the youth justice system and concerns about criminalising young people. However, staff and managers also emphasised that residential workers are in a difficult position in terms of protecting their own human rights and those of the young people they work with. It was suggested that clearer guidance should be developed on: when to involve police, the roles of police and residential staff, how staff can protect themselves appropriately and how to deal with the return of young people to the residential homes after an assault against a staff member.

3.5.12.5 Interface with youth justice system

Some staff and managers reflected on weak working relationships with juvenile justice and the need for further development in this area:

'... there's two systems that don't work together ... I think it causes a lot of problems and if the two departments maybe got together and developed some sort of a strategy for it you might make some progress.' (unit manager)

Planning for admission to custody and leaving custody was an area that participants felt could be developed. Participants also highlighted the resultant frequent crossover between care and juvenile justice systems, which they felt was having a 'contamination effect' as young people go from care to juvenile justice and back into the care home.

'Young people then have to come back into, you know, residential care and they don't come back cured, it's not a punitive system nor should it be. So going back into the JJC isn't a big threat so someone might actually prefer being in the JJC where there's very strict boundaries ... so they come back into us maybe more criminalised and more defiant.' (unit manager)

'It really disrupts things and I think also makes a lot of the other children feel unsafe because they can see that the staff aren't really able to manage things effectively.' (Trust manager)

Managers suggested that staff working in the juvenile justice system may hold a perception that residential workers involve the police too easily with the result that children become criminalised. Managers explained that this may occasionally occur, but more commonly, residential staff are reluctant to seek prosecution and make great efforts to address difficulties and maintain the young person in the residential home:

'... the view would be if you can deal with it in-house, deal with it in-house and that's what we try to do.' (unit manager)

'This particular child is very abusive and aggressive and has the potential to assault. We try to steer clear for years from criminalising her but it got to the point after two years that we're going to have to charge her because it was time after time after time after time....' (staff member)

3.5.12.6 Closing admissions and the use of secure accommodation

When situations in residential homes became extremely difficult, managers used a range of strategies to regain stability such as ceasing admissions, using other residential facilities as time out or referring the young person to secure accommodation.

Many managers suggested that a shortage of places in secure accommodation placed extra pressure on mainstream residential staff. In addition, for some providers, secure accommodation is located a considerable distance from the young person's home, which can impact on contact with family, the community, schools and friends.

One senior manager expressed concern that secure accommodation was used to restrain and secure a young person without consideration of long-term planning for work that will be ongoing, such as securing specialist support services for the young person:

'I think there's a problem with secure care in that it is used as a dustbin ... secure care is not where you lock young people up, secure care is where you put them for their own safety whilst you put arrangements and services in place ... a lot of the time that second bit isn't on their radar at all....' (policy maker)

Another senior manager argued that all residential homes should be able to keep a child safe and could be enabled to do so by integrating some of the approaches being used in secure accommodation in their own homes. However, Board and Trust managers were concerned that mainstream residential homes are expected to adapt their building and staff team to provide a secure place and that other young people in the home would be disadvantaged.

3.6 Promoting effective practice

In the above description of responses to challenging behaviour some positive strategies to promote effective practice have been identified. This section draws on this material and elaborates on the innovative and creative practices that were identified during the fieldwork.

3.6.1 Building relationships with young people

Almost without exception all participants, young people and adults alike, emphasised the need to build effective working relationships with the young people themselves. Alongside this the importance of staff adopting a parenting role was frequently

mentioned. It was also indicated that it was important to engage in activity-based work with young people, focusing on social and leisure activities and targeting their interests and strengths. It would seem that without such a relationship there would be difficulty in engaging in effective practice at all other levels.

3.6.2 Staffing

That the ability to build such relationships depends on the attributes and skills of staff members was also consistently referred to by the vast majority of participants. Without a dedicated staff team under strong leadership the management of challenging behaviour is likely to present problems. Having a staff team with a range of professional training and skills was also seen as being beneficial, with the range of backgrounds listed including teaching, youth and community work, outdoor pursuits, psychology, counselling, health, mental health and nursing. However, most important here appeared to be having people who are trained directly to work with young people. With this in mind, several Trusts had made particular efforts to recruit staff that would increase the skill mix within the staff team, for example appointing staff who have previous experience of outdoor pursuits, youth work or art therapy.

Despite this, there was often a reliance on unqualified staff:

'We use a high percentage of temporary staff to cover the rota, which has an impact on consistency.' (staff member)

but these were sometimes the more experienced workers who could be highly skilled at engaging with young people. It is important to note here that more experience does not always mean better! As one young person stated:

'Some staff are getting better at dealing with situations – and some have gotten worse.... Some of the most experienced in here are the worst.' (young person)

When talking about staffing of residential units, effective practice appeared to be about ensuring that there is a balance of staff with a good range of skills. However, overriding all of this is a commitment to working with difficult young people and an ability to value them as individuals.

3.6.3 Continuum of accommodation options

At a macro level almost all staff and managers commented on the need to reorganise services to ensure effective infrastructure and governance of residential provision. Most managers emphasised that a greater range of accommodation options is necessary to support homes to keep to their admissions policy. This is especially important for the small group of young people who present with particularly challenging behaviour and complex needs. Managers who had experience of intensive support provision in their area were positive about those approaches.

Within this continuum of accommodation options is the need to move towards smaller, differentiated residential homes, which should be viewed as a positive and first choice for some young people:

'... if we actually do downsize the homes, and we try and look at starting three- and four-bedded units, that there are many of these young people who basically can be worked with more successfully.' (policy maker)

'We actually need to make it a specialist and highly resourced service that has differentiated units that actually can stick to their Statement of Purpose, which very few of our units can at the minute....' (Board manager)

This perspective was reinforced by almost all the young people, who indicated that smaller numbers led to a more stable and calm environment.

Across Northern Ireland, Boards have begun to develop various strategies to ensure more appropriate placements in residential care, including the provision of a 'crisis bed' for a few days, a respite option for children and families and an outreach service to work with children and families. One Trust had allocated monies to develop the number of emergency foster carers who are skilled in caring for young people and who could provide specialist emergency care to prevent admission to residential care.

3.6.4 Understanding of policies

Throughout the fieldwork the importance of residential staff undertaking parenting responsibilities for young people was referred to. However, there appeared to be confusion as to the extent to which staff can take action to protect a young person at risk:

'... I think people are becoming slightly defensive because of the possibility of allegations and complaints and all of that so it's really about clarifying that...'
(Trust manager)

Training on the practical application of current legislation and policy specific to residential care and clear guidelines on appropriate actions staff can take in response to challenging and disruptive situations would help here. This guidance should promote staff confidence and empower them to undertake the role of parent.

3.6.5 Inter-agency and inter-professional relationships

There were some examples of positive and effective relationships with the police and other agencies and such developments were regularly cited as examples of good practice. Inspectors suggested that the proposed appointment of principal practitioners may assist in the further development of multi-agency team working in residential child care:

'The Trusts are going to be appointing principal practitioners to focus on research and development of residential child care work to bolster knowledge and skills. The principal practitioner could develop a multi-agency team for the children's homes....' (inspector)

Several managers and staff also emphasised the importance of developing effective working relationships between residential and fieldwork staff and ensuring that

fieldwork staff maintain their responsibilities and undertake effective care planning. One initiative in this area has been to create fieldwork teams to work specifically with adolescents and this was seen as useful since it allowed staff on these teams to focus specifically on the needs of young people.

The need to enhance the relationship between fieldwork and residential staff was raised in a recent overview of child protection.⁶³ However, roles and statutory duties need to be clarified and this was an issue that managers suggested may require more attention with the Review of Public Administration (RPA) and establishment of the new five Trusts in Northern Ireland.

Managers also highlighted the need for more adequately funded multidisciplinary and inter-agency training opportunities and suggested that the new Safeguarding Board for Northern Ireland may begin to address this need. They also referred to the possibility of exploring more innovative ways of providing specialist support for those at risk of admission to care. Additionally, it was suggested that staff at all levels (including residential workers and managers) should play a key role in seeking resources necessary to meet the individual needs of young people:

'... if you take something like drug and alcohol misuse or mental health problems, we're not expecting staff in residential homes to cope with all of that, what we are expecting them to do is go after resources or to try and get those young people access to the specialist services that can help them.... (policy maker)

3.6.6 Engaging with families and communities

Engaging with families and helping them to fulfil their parenting responsibilities was also mentioned as effective practice in that it helped prevent challenging situations occurring. Outreach support can help prevent children at risk going into care, undertake comprehensive assessments and care planning and utilise family engagement techniques (such as family group conferencing).

One provider using the multisystemic therapy approach recommended working with parents from the outset with a view to reintegrating young people back into their own families and communities:

'What they see is a support network for them ... that they're not just going to be left there on their own ... we have a 24/7 service ... for a lot of parents that's all they need, they think of 24/7 as their safety net.' (unit manager)

In this service, therapists were supported through a robust system of training and supervision, including 24-hour access to a local supervisor and access to expert training and consultancy. However, this provider indicated a need for more trained therapists to undertake preventive work with families as sometimes it was difficult to retain staff who were willing to work in a 24/7 service and focus on work with families rather than children.

3.6.7 Training

While a commitment to working with difficult young people is essential for effective practice, training is also required to enhance skills. However, there is a shortage of time and resources to work with staff to ensure that this occurs. Staff suggested that if training was planned well in advance and adequate resources were available to ensure full staffing levels, such issues would not impact on access to training. Inspectors suggested that it is managers who would have responsibility to ensure that this happens and this can be facilitated by conducting a 'training needs' analysis on an annual basis to ensure that revised training needs were identified. However, it was also pointed out that effective practice will depend on how training is "actually translated into practice" (inspector).

3.6.8 Audit and evaluation

Some providers who had undertaken evaluations of their services emphasised the value of regular audits and evaluations, which provided useful information for the future development of services. These managers also welcomed longitudinal evaluations to collect evidence on the long-term outcomes of particular practice approaches.

Throughout this practice survey, successful outcomes from the implementation of a range of new approaches to help deal with challenging situations such as shared care arrangements with family and use of therapeutic support services were reported. These are somewhat subjective evaluations and would not stand up to the kind of rigorous scrutiny that the evaluations in the research review were subjected to. To be able to identify more accurately the true value of these new approaches we need comprehensive baseline information on which carefully designed evaluations can be developed. Only then will we have more accurate information to "provide evidence of what's working and what's not" (unit manager).

4 Conclusions

4.1 Introduction

Overall, the extent and breadth of this knowledge review has been extensive and complex from the perspective of both the research review and the practice survey. However, there was an identified paucity of material for certain aspects of the research review, particularly the evaluations of interventions and rigorously designed studies on effective practice.

The findings from these two pieces of work are primarily complementary, although there are instances of divergence possibly related to the differences of emphasis and approach. The research review reported on literature that met clearly defined criteria and included a variety of different research methodologies. In contrast, the practice survey sought a range of participants' views on the causes and management of challenging behaviour and situations through face-to-face interviews and focus groups and was, therefore, subjective in nature. This may have resulted in the practice survey having a more negative feel to it and a greater emphasis on the more aggressive, anxiety-provoking types of challenging behaviour.

Despite this, both elements of the knowledge review combine to provide a comprehensive picture of the diversity of challenging behaviour encountered in residential child care and the multifaceted nature of the factors involved. Additionally, it provides insight into the range and types of response to the management of challenging behaviour, and the practice survey in particular provides a range of stakeholders' perspectives on the key aspects of effective practice.

4.2 Themes

The common themes that emerged from both aspects of the knowledge review are summarised under the following headings:

- challenging and disruptive situations and their triggers
- responses to challenging and disruptive behaviour
- effective practice.

4.2.1 Challenging and disruptive situations and their triggers

Both the research review and the practice survey identified many different behaviours that were seen as challenging, ranging from defiance and non-compliance through to violence against staff, peers or self. The behaviours that were identified as the most challenging were understandably those of violence, particularly against staff. Acts of violence are especially anxiety-provoking and worrying at all levels and the message that was consistent in the practice survey was that such behaviours are extremely difficult for residential staff to manage. Other behaviours such as continuous defiance and non-compliance were also frequently mentioned by staff but did not appear to carry with them the same stress and apprehension. Particularly noteworthy in

this category was absconding, which was suggested to be on the increase in the research review and referred to as a significant challenge in the practice survey. The research review also reported that when young people were going out into the local community, where there was a potential for them to engage in highly risky behaviour, residential staff attempted to discourage them but did not actually stop them. Similar incidents also were described in the practice survey, although here staff referred to difficulties in getting a balance between their role as corporate parents and the rights of the young person. The practice survey showed that actual guidance on the management of such situations was not always apparent and there is clearly a need for protocols accompanied by strong leadership and training to support staff faced with such dilemmas.

A multitude of triggers was identified in both elements of the knowledge review. Factors relating to the young people themselves such as personal attributes and experiences were commonly referred to here as were factors relating to staff, although to a lesser extent in the practice survey than the research review. In relation to young people, gender was a factor that emerged in the research review and with adults in the practice survey but, interestingly, was not seen as an issue by the young people themselves. Other triggers, which emerged only in the practice survey, included the use of mobile phones, sectarianism and the paramilitaries.

Certain triggers pertained to the actual environment in which the young people lived and here group dynamics were seen as key and were highlighted across the knowledge review. The hierarchies of peer groups and the negotiating of position within the group were ever-present sources of peer violence. This potential for peer conflict was further exacerbated when a newcomer was introduced into the group. Defusing peer conflict is always a challenge for residential staff, although it was reported in the practice survey that the techniques of TCI were helpful here. However, it should be pointed out that the young people's perspective as reported in both the research review and the practice survey was that staff were not particularly successful at this.

Triggers associated with the system were regularly raised in the practice survey, although not so frequently in the research review. These included the inability of homes to operate within their Statements of Purpose due to various factors such as the shortage of places for young people and demands placed on managers to take emergency placements. These in turn had an impact on group dynamics and tended to be disruptive for all concerned. Issues associated with the system covered the LAC review process, contact with family, the institutionalised nature of some homes and associated, rigid rules and regulations.

4.2.2 Responses to challenging and disruptive behaviour

The clearest message from the research review and the practice survey under this theme was that certain staff features and styles of working can have a major impact when managing challenging behaviour. The need for those working in residential care to recognise that generally challenging behaviour is not something that is inherent in the young person but rather is related to emotional and contextual issues was highlighted in the practice survey. It was further suggested by young people and

adults alike that staff who are able to demonstrate empathy, understanding and respect for young people are those who are able to build relationships with the young people and therefore manage challenging situations effectively. There is nothing new in this and these recommendations have long been rehearsed in the practice literature. The research task now is to explore the detail and provide refinement.

Alongside the need to build relationships, and possibly given equal emphasis by participants in the practice survey, was the need for effective team working. A number of factors that enhanced this were identified, including consistency, clear policies and procedures, regular supervision, team debriefings to discuss issues and opportunities for team development. Other means of building a skilled team were identified as being more targeted training and support for staff, contracting support from other professionals and increased staffing levels, although the research review found little evidence that this, per se, will increase effectiveness. Participants in the practice survey argued that engaging in such activities resulted in confident staff who were empowered, trusted each other and therefore were able to de-escalate potentially challenging situations or intervene when required to do so.

The practice survey also highlighted the need to engage positively and 'build bridges' with the local community, which they suggested often held prejudiced views of the young people. Additionally, ways and means of enhancing contact with family needed to be explored since such contact was sometimes associated with a strong emotional response from the young person, which could lead to disruptive and challenging behaviour.

A raft of specific approaches and interventions were also referred to in the practice survey as being responses to challenging behaviour, the most common of these being TCI. This is hardly surprising since training in TCI has been introduced in all the four Board areas covering Northern Ireland. However, the research review identified few studies that evaluated TCI's impact and the findings from those that did were inconsistent. The staff in the practice survey also referred to strengths and weaknesses of this approach. Other specific or systems approaches mentioned in the practice survey included restorative practice, restraint, police referral, juvenile justice involvement, referral to secure accommodation and closing admissions to the unit when behaviour became too extreme. The use of each of these was often specific to the situation and all were described as having variable amounts of success.

4.2.3 Effective practice

Drawing on the practice survey in particular, effective strategies for the management of challenging situations in residential child care were identified across provision in Northern Ireland. The messages here are consistent and include the need for a reorganisation of services to ensure effective infrastructure and governance of residential provision. This requires a greater range of accommodation options to support homes to keep to their Statements of Purpose and admissions policies alongside a clear understanding of policies and guidelines for staff. Managers need to have clear objectives and influence over admissions to residential care, which should be offered in small units. It is only in this way that they can have the degree of

control over the make-up of the group that is required to ensure that group dynamics do not become disruptive and unmanageable.

In order to effectively maintain this balance, managers need a staff team that can respond appropriately and consistently to potentially disruptive situations while at the same time building positive relationships with the young people in their care. Having a balanced staff team in terms of gender, experience and skill mix was seen as key to effective practice. To ensure that a range of skills was available, some managers had made specific efforts to recruit staff with qualifications and/or experience in other areas, for example youth and community work or outdoor pursuits. However, above all, staff should be able to demonstrate a clear commitment to young people, listen to them, take their problems seriously and treat them with respect. Whether this is something that is a personal attribute or whether it is a skill that can be learned, or a combination of both, has not been adequately researched and neither has the motivation that drives people to work in residential child care. Clearer indication would help in the recruitment and retention of staff in this area of work.

Just as important as the make-up of the staff team is the ability to work as a team. Strategies to promote effective team working included regular team meetings, team development activities and opportunities to discuss challenging situations when they occurred. The last of these was usually achieved through team debriefings. These provided staff with the opportunity to learn from their experiences, to critically analyse their practice and to reflect on ways to de-escalate rather than encourage negative behaviour. Such strategies helped to develop staff morale and resilience, which was seen by all as crucial for good practice in residential care.

Some more specific or innovative strategies for managing challenging behaviour were also identified in this knowledge review, as follows:

- staff trained in the use of specific strategies to respond to challenging situations (for example TCI), more general interventions (multisystemic therapeutic services) or the use of restorative justice
- joint protocols to address concerns about referrals to the police and links with juvenile justice
- engagement with other professionals and agencies, for example working with services for young people from the voluntary sector or using clinical psychologists on a consultancy basis
- outreach services to families and communities. This included shared care arrangements and specific work with children and families on key issues, for example non-attendance at school and family/foster care breakdown, as well as targeted efforts to engage with local communities and integrate young people into community life.

A thorough evaluation of these strategies would be extremely helpful in identifying their value and potential for impacting in residential care settings. This is especially true for TCI, which has been adopted in many children's homes across Northern Ireland but of which the research review found few rigorous evaluations.

4.3 Implications for effective practice

Reviewing all the evidence available for the preparation of this knowledge review points to significant implications for practice in four key areas, presented here under the following headings:

- understanding residential care as a service
- having the 'right' staff team
- engaging with young people
- creating the knowledge base.

Each is explained in more detail below.

4.3.1 Understanding residential care as a service

The essence of residential care is living within a group setting. It is unsurprising therefore that the strongest message from this research concerns the management of peer relationships and group dynamics. These were seen by all as a primary source of disruption, and that maintaining good order depends on effective management of these relationships. Important dimensions to consider are the size and make-up of the group (and relationships with staff, which will be considered later) and how that fits with the purpose of the unit. The implications of this for effective practice are:

- a need for a residential sector that offers a range of options, with clear differentiation in the needs addressed by units and with understanding of its role within the continuum of care
- adherence by senior managers to the agreed Statement of Purpose; this could be facilitated by having alternative placement options for dealing with emergency admissions such as specialist fostering
- greater control by unit managers over admissions to a unit so that due regard can be paid to the impact of new members on the residential group and their dynamics
- a need for units that are small, preferably with fewer than six young people, thus reducing the potential for peer conflict and allowing for more focused attention on individual needs
- greater clarity and fuller understanding by all, including young people, of policy and procedures.

4.3.2 Having the 'right' staff team

Most young people who go into residential care will have experienced considerable difficulties and present a range of complex needs. Providing a nurturing environment that meets the needs of each young person can be challenging and stressful. Success depends on having the 'right' staff team, including effective managers. This knowledge review provides indications as to what constitutes the 'right' staff team:

- The primary requirement is staff who have the skills, qualities, attitudes and motivation to relate to young people and build positive relationships with them. Recruiting staff principally on the basis of qualification and experience may not

be sufficient. One way to enhance the assessment of the attitudes and qualities of staff is to involve young people in recruitment and assessment processes.

- The study raises questions about the usefulness of current qualifications, in particular the very limited attention paid to residential care within general social work training. A post-qualifying qualification specifically addressing working in residential child care could be useful. Concern was also expressed regarding the over-reliance on temporary bank staff to ensure that staffing levels were met, which is unsettling for the young people and does not encourage positive relationships.
- The staff team need to include a range of professionals such as youth and community workers and those with skills in sports and leisure activities as well as residential social workers. Additionally, if not available in the staff team, there should be ready access to the skill mix capable of addressing the full range of complex needs presented by young people in residential child care.
- Consideration should be given to greater use of outreach work, either using residential staff or teams with a mix of skills: this can give staff the time and space to undertake specific pieces of work with young people and their families to prevent admission or readmission or facilitate an earlier discharge home.
- Staff need to be deployed at times that best match the needs presented by the residents. The research shows that disruptive or challenging behaviour tends to occur in the evenings or late at night. This has implications for staffing rotas and raises questions about the role and deployment of waking night staff.
- Competent management within units is necessary for the maintenance of good order. This includes appropriate support to staff, clarity in generating and applying rules and procedures and building and maintaining strong teamwork.

4.3.3 Engaging with young people

The dominant theme running through this study is the fundamental importance of the relationship between staff and young people. This is seen in two interrelated ways: the manner in which staff work with individual young people and the group of young residents; and the extent to which young people are involved in or feel a part of the home as a functioning unit.

Young people confirmed the findings from the research review in identifying skilled staff as those who:

- know young people and therefore can anticipate difficult situations
- are calm and consistent
- can successfully de-escalate situations
- know how to physically restrain a young person appropriately
- listen to young people
- take an interest in young people and get involved in activities with them
- refrain from playing power games or constantly engaging in verbal battles with young people.

This message is not new. The implication for practice is to consider how this can be achieved through the recruitment and selection process, through specific training

and through greater use of the perspectives of young people. Staff are likely to have positive relationships with young people where the unit as a whole develops a culture of young people's participation and where involving young people becomes part and parcel of the way in which the unit operates – where, for example, young people are involved in generating rules and procedures, they have a say in rewards and sanctions and they take part in cooking and other aspects of house maintenance.

4.3.4 Creating the knowledge base

Although the residential care sector has been subject to a great deal of scrutiny in recent years there is still a shortage of rigorous research on the impact of interventions in residential care. This review highlighted several specific areas where more work is needed:

- Mapping the incidence of challenging and disruptive situations. Despite the best effort of the practice survey team it was not possible to establish a reliable assessment of the level of challenging situations in residential care in Northern Ireland or elsewhere. Without this, discussion of the topic has to rely on impressions of levels of violence and other challenging situations. There is a need for a mechanism for recording these incidents that is simple but applied consistently.
- The research review found that there were few robust evaluations of interventions in residential care and there is a clear gap in the knowledge base here. Given the widespread use of TCI within units in Northern Ireland it is crucial that a robust evaluation of the impact of this and other interventions is commissioned. This would allow for the identification of the most valuable aspects of these interventions and their application, thus allowing for key elements to be further developed.
- There was a very positive response to this study from those working within residential care; they highlighted the enormous value to be gained from involvement in such a process and the stimulating nature of reflection on practice and shared learning across the sector. All opportunities should be taken to harness this receptive climate and use it to enhance the quality of children's residential care.

4.4 Overall message

While the research review indicates that serious incidents of violence are rare in residential child care, the practice survey indicates that the frequency of violent acts directed at staff and residents might have increased in recent years. There is a sense of low-level, persistent, non-compliant and defiant behaviour, which has the potential to escalate if not managed effectively. There is also great variation between homes in their ability to manage challenging situations; this is influenced primarily by the nature of the resident group and the quality of the staff team.

It is the latter factor that was demonstrated as key in the examples of effective practice that were observed in the practice survey. Others included the development of innovative services, inter-agency relationships and clear protocols. In addition, some of the homes demonstrated high tolerance levels for challenging behaviour,

made great efforts to engage and build relationships with young people and had an understanding of the contextual reasons for the young person presenting with challenging behaviour. Particularly noteworthy in all of this was the ability to focus on the needs of the young people both individually and as a group.

There are undoubtedly areas of practice that still need to be developed to enable staff to continue to improve and further develop existing effective practice. These include many of the issues that were identified as difficulties with the system and are often beyond the control of the individual homes. Many of them could be addressed by having smaller, differentiated homes which can operate within clearly defined Statements of Purpose. These are among the recommendations in the recent consultation document *Care Matters in Northern Ireland: A bridge to a better future*.⁵⁶ They need to be moved on urgently if we are serious about offering children who are in residential care a quality home and a more life-enhancing experience.

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Working with challenging and disruptive situations in residential child care: Sharing effective practice

Residential care for children should be a positive resource. Homes providing a strong nurturing culture give children the care they need at certain times in their lives. Residential care which meets the personal, social, health and educational needs of children are much more likely to be safe places for children. This knowledge review examines a particular aspect of keeping children safe and promoting their well-being: managing challenging and disruptive situations.

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