Putting the Care into Residential Care: The Role of Young People
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Putting the Care into Residential Care
The Role of Young People

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Abstract
• Summary: There has been long-standing academic interest in the study of residential child care. Such study has made a valuable contribution to the development of both services and care practice. The perspectives of young people have, however, received less attention. This gap is most significant in relation to their group care experiences. Indeed the resident group is seen as a somewhat negative force and one from which children and young people require protection. This article uses data from one ethnographic study undertaken in Scotland to explore the ways in which young people in residential care offer one another support.

• Findings: The findings from this study illustrate the various functions that the group serves for residents and the ways in which young people achieve status within such groups. In particular this article focuses on young people’s use of support. It was found that support was provided in a number of ways, ranging from material provision to advice.

• Applications: It is argued that whilst the individualization of care is necessary in terms of care planning and intervention, the experience of group living must not be overlooked. Practitioners need to have a clear sense of how their group is functioning and seek to encourage positive group behaviours.

Keywords peer support residential care status

Introduction
Social and political understandings of residential care for children and young people have tended to perceive those who require such a service as if not troubled then certainly ‘troublesome’. The notion that there are young people who cannot
be contained within a family living situation has generated public and political concern (Davis, 1981; Berridge and Brodie, 1998). Consequently, legislation and social policy over the last half of the 20th century has seen growing demand for children and young people to be ‘accommodated’ within a family home; if not their own then in that of a substitute family (Fisher et al., 1986). One outcome of such a policy has been an overwhelming view of residential care as a last resort option (Cogdell, 1989; Berridge and Brodie, 1998). Certainly those children who are admitted to residential care will, in the majority of cases, have experienced other forms of alternative care, predominately ‘failed’ foster placements (Kendrick, 1995). Those using the service are seen to have ‘extensively damaged personalities, fed by destructive and damaged experiences and negative perceptions of self and others’ (Davison, 1995: 12).

Academic study of residential provision for children and young people has, in the main, taken a broadly evaluative perspective and has been dominated by social work research (see, for example, Triseliotis et al., 1995; Aiers and Kettle, 1998). As a result, more is known about the place of residential care within the wider child care system and the characteristics and backgrounds of those that live and work within it than the experiences of young people themselves. With such a broad evaluative remit, the voices of children and young people in residential care have been somewhat muted. Few studies have been conducted with young people as the sole providers of data (see Polsky, 1962, for a rare exception). More commonplace is a section on the views of residents (see, for example, Berridge and Brodie, 1998). Whilst there is a need to create a holistic picture of residential life, the voices of young people have tended to be lost amongst the policy and practice implications that so often motivate such work. Despite its centrality to the experience of residential care, little is known about the organization of the resident group within children’s homes and the purposes such groups might serve for young people. There is a tacit understanding that the group is a negative force and is something that the adults and young people alike should fear (White, 1996). Such a belief system appears to have little empirical foundation yet has had a powerful impact on the view of residential provision for children and young people. It is this element of residential life that this article seeks to address.

The Peer Group in Residential Care

The day-to-day experience of living in a children’s home is the least researched aspect of residential care for children. This has much to do with the place of children and young people’s views in research in general (James et al., 1998) and, as previously mentioned, the importance given to policy orientated findings. Government investigations and reviews have more systematically gathered the views of young people (see, for example, Kent, 1997). Although useful, such investigations have had specific remit or focus and, as such, present information on certain aspects of residential living.
A number of such reports have set out to monitor and investigate the levels of personal and emotional safety experienced by those living in residential care. The most recent of these to take place in Scotland, the Kent Report (1997), highlighted the abuse occurring both at the hands of residential staff and by young people themselves. Although there remains no central mechanism in the UK for recording investigations or reports of abuse, the public investigations that have taken place over the last two decades would suggest that physical, sexual and emotional abuse within institutions is more widespread than was previously recognized (Doran and Brannan, 1996).

Bullying or peer abuse has, over the last two decades, become an increasingly recognized aspect of institutional living:

There is a growing awareness that bullying does not just affect the lives of children in schools but extends to many other organisations in which numbers of people have to live and work in close proximity. There is an increased concern about bullying in the workplace, armed forces, hospitals, residential institutions such as children’s homes, and homes for the aged and, most certainly, in prisons. (Tattum, 1995: 18)

The extent of bullying within children’s homes has attracted less attention than sexual abuse by children or of any form of abuse by staff. There does, however, appear to be a widespread assumption that bullying is a significant aspect of residential life. The majority of studies that have examined bullying amongst young people in institutions have concerned themselves with units for young offenders or large residential schools (Little, 1990; Browne and Falshaw, 1996) rather than children’s homes.

However, some young people involved in studies concerning children’s homes have described experiencing bullying. One in six of the young people interviewed as part of the Triseliotis et al. (1995) study who were living in residential care described that they had been bullied or had witnessed bullying taking place toward fellow residents. The extent of the problem is, however, far from clear. More appears to be known about the levels of sexual abuse of young people by fellow residents (see, for example, Farmer and Pollock, 1999). Thus, the experience of living alongside other young people is one that has often been discussed largely in terms of abuse or harm.

Hudson (2000) is one of the few writers who has attempted to explore the importance of the peer group to young people in residential care. He argues that the bulk of the existing literature surrounding residential provision has concerned itself with what he refers to as the ‘vertical relationships’ within the setting. By this he means, for example, the relationship between the young people and the staff team, the manager and the wider child care system, etc. Hudson has made some attempt to problematize this tradition by historically examining the importance of the peer group in institutional care. He claims that the majority of 19th-century child care provision was founded on the premise that young people would care for each other; there was simply not the staff provision to do otherwise. It was with the rise in psychotherapeutic thinking
and the way that this impacted on social work practice that notions of group care (‘self help’) were replaced by individualized ‘treatment’ approaches. Hudson makes the point that, in more recent times, other fields of practice and research have begun to acknowledge the part that peers can play in ‘treatment’ and support. He claims an example of this is the use of young people in the management of bullying in schools. However, within children’s homes, ‘The continuing concentration on “individual” approaches to child care in the UK ignores the importance of peer interactions in an individual’s development of their gender and ethnic identity’ (Hudson, 1996: 3).

Outwith writing on residential care, academics from many disciplines have stressed the importance of peer relationships to young people. Indeed Cottrell (1996: 1) argues that ‘relations with others lie at the heart of the adolescent experience. . . . They place a lot of importance on belonging, on being included, and on being part of a group.’ There may be useful insights to be gained for residential child care from research into adolescent friendship groups that should not be disregarded because of the perceived ‘voluntary’ nature of these relationships. The degree to which free choice is in play in the choosing of friends is questionable. Young people are constrained by institutions and environments as well as the will of parents and carers as to ‘appropriate’ friends. Cottrell (1996) argues that adolescent friendships are highly segregated along gender lines. This, he argues, is a result of the greater affirmation and reassurance amongst friends of the same sex. For young people in children’s homes the significance of their relationships with their fellow residents should not be underestimated. Indeed many of the studies that have talked to adults who grew up in institutional care have highlighted the positive role that other young people played in their care experiences (see, for example, Raftery and O’Sullivan, 1999).

**Methodology**

This article draws on the findings of an ethnographic study of two children’s homes in the northeast of Scotland. I had initially approached the residents to take part in a pilot study, using individual qualitative interviews, concerning the structure and function of the peer group in residential care. It was as a result of group discussions following these interviews that the young people made clear that such a methodological approach would not allow me to fully research this issue. They recommended that the best way to understand group living was to experience it first hand. Following this discussion and a re-negotiation of access with the local authority, I moved into the two children’s homes to undertake an ethnographic study.

The units themselves were both managed by one local authority. The main unit used for the bulk of the fieldwork, Strathmore, was a purpose-built establishment that catered for a maximum of eight young people aged between 12 and 18 years. During my time there, the youngest resident was aged 12 and the
oldest was 17. All the young people were white and were from the local region. The local authority informally regarded the second unit, Brunswick, as providing more long-term care for young people in the same age group as those at Strathmore. It catered for a maximum of five young people. During the year of my fieldwork, both units had short periods of reaching their maximum capacity. Both catered for young men and women and, whilst the population changed, there was an almost constant equal balance of gender. In Strathmore, there was a four-month period where there were more young women than young men.

Whilst the young people had invited me to experience residential life first hand, my ‘admission’ took place over the initial three months of my time as resident. I re-negotiated access and consent with the young people and the staff, at both an individual and a group level. All the staff in both units were in agreement that the research should go ahead, as were all the young people living in Brunswick. Those living in Strathmore were generally in agreement. However, there was one young man who stated that he did not wish to be included. We discussed his concerns, and he stated that whilst he did not want his words or actions to be recorded in any way, he did not wish to prevent the study going ahead. We agreed that I would leave him out of the data collection process and that we would monitor his views regarding my presence in the house.

One difficulty in negotiating access and consent in a residential setting is the changing nature of the population. After I had moved in, it was agreed that I would, if possible, discuss the project with any new admissions prior to them coming to the units. This would allow me to offer them the choice as to whether they were included in the data and to explore their views concerning my living alongside them. There was a core group of five young people in Strathmore and of four in Brunswick who were resident throughout the fieldwork period. None of the ‘new admissions’ refused to participate in the study.

I had a number of meetings with both staff teams prior to commencing the fieldwork and also met with them regularly once I had moved in. These meetings gave the staff the opportunity to voice their experiences of the research. In the early stages, it was apparent that having an adult present who did not undertake any staff tasks was challenging to them. The staff, like the young people, took time to become comfortable with my presence and to accept that I was looking at the group experience rather than staff practices. The project was also possible because of the high standard of practice being undertaken in both units. Both had almost fully qualified social work teams.

The fieldwork took place over a year-long period. I lived ‘full time’ in Strathmore for a period of six months. This meant six-day and five-night blocks with two days ‘home leave’. This pattern was chosen as it mirrored the experiences of many of the young people. I then continued to visit for four-day blocks every month for a further six months. During this second phase of the research I spent similar four-day blocks each month at Brunswick. This allowed me to test out some of the conceptual ideas that were emerging from the Strathmore data.

A participant observation approach to the collection of data was taken.
Data was recorded in notebooks and field diaries. From the second month of fieldwork, and after discussion with the young people, a tape recorder was used to record verbal interactions amongst the group. During the course of the fieldwork the young people had control over the tape recorder and decided when it should be switched off and on.

Analysis of field notes, field diaries and tape recordings began after four months of fieldwork. The ideas derived from these early points of analysis were discussed with the young people. Indeed their responses to the theoretical suggestions were included as data (for a fuller discussion of the use of ethnography in this setting, see Emond, forthcoming).

**Introduction to Findings**

From the data, it emerged that the young people regarded the resident group as an important force in their day-to-day lives, their view of themselves and of their social world. It was seen as central to their experience of residential care. Individual position and status were a key element of the organization of the groups. However, the means of achieving such position appeared to be subtle and ever changing.

Emerging from the data, there appeared to be a significant relationship between the situation or social context, the behaviour being demonstrated by young people and the individuals taking part in the interaction. At a simplistic level, young people had various ‘competences’, which were acknowledged and valued by the group. Unlike the notion of roles, however, they were fluid and interchangeable and were not restricted to the repertoire of individual members of the groups (Bourdieu, 1992). For example, after a difficult telephone call with her dad, Sharon entered the group room tearful and distressed. Hilary immediately comforted her and began cuddling her and smoothing her hair. For that moment in time, Hilary was granted a high position within the group; they admired and respected her appropriate skill of support and allowed her the opportunity to demonstrate it. The use of support had been appropriate for the social context and was valued by the group members. After Sharon regained her composure, Bryony shared her knowledge of how to pass on the information Sharon had received from her father to the social work department. Again for that moment in time, by using her knowledge of the ‘system’, Bryony was granted a higher position by the group.

The significant group member therefore was one who, at any given moment, displayed the knowledge or skill appropriate to the social context. This conceptual analysis draws on key elements of the work of Pierre Bourdieu, particularly his ideas of habitus and practices. Bourdieu (1977) argues that everyday life is concerned with the pursuit of power at every level. This quest for power takes place in what he names ‘the field’. This he describes as any given social context where the pursuit of power is a key characteristic. In relation to the
young people in this study, the field was seen as the resident group. Like any
group living situation it is very much concerned with the individual and group
quest for power within everyday life. In order to make sense of the ways in
which the group functions, account must be taken of what individual members
bring to the group in the form of habitus. Whilst the analysis of data acknow-
ledged these elements, it was also concerned with what Bourdieu (1990) refers
to as ‘practices’. This term relates to what an individual does (shaped by the
habitus and the field). Practices are the most conscious of all the elements
(Krais, 1993). In other words, whilst we can clearly understand and indicate
what we have done, we may not be so aware of why we did it.

The data were therefore analysed by identifying what appeared to be the
main ‘competences’ employed by the group members. Bourdieu (1989) refers
to social or intellectual competence as being the crucial element of social
‘survival’. Competence, he argues, is neither conscious nor unconscious, rather
it lies somewhere in between. As Jenkins explains: ‘If you have to think about
what you are doing, it is more likely to be done clumsily or wrong’ (Jenkins,
1992: 179). Competence is seated firmly within a social context rather than in
individual cognitive ability and therefore can be externally judged by the social
world as competent or incompetent.

From the data, it appeared that the areas of competence displayed and
accepted by the group had, when presented in the ‘right’ social context, direct
impact on the quest for power in terms of the ways in which the demonstrator
was regarded for that moment in time. These areas I have termed ‘social curren-
cies’. The data suggested that the way in which they were utilized and the
impact that they had on the group were contextually and temporally located.
This allowed for the ways in which the perceived position of the group members
was constantly changing and highlighted the wide repertoire of behaviour
and/or knowledge that was valued by the group.

The following discussion presents one of the competences or ‘social curren-
cies’ that were valued by the group. The currency presented in this article
relates to ‘caring’ or support. It should be noted that there were currencies that
were valued by the groups that would endorse more ‘traditional’ assumptions
of the peer group as a negative force or more specifically one that afforded
young people position at the expense of others. Significantly, such currencies,
such as physical and verbal abuse, were used with far less frequency than many
of the other currencies identified.

Support and Advice

The offering of support and advice to fellow members of the resident group by
young people was a key feature of life within both units studied. The removal
of, or resistance to, such provision was also a powerful characteristic. This
section aims to illustrate the type of support given by and to young people and
how this influenced the individual positioning within the group.
The young people talked of the importance, to them as individuals, of receiving support from other members of the group. It was often the access to young people who had experienced similar difficulties that was the key resource of residential provision:

You’re never by yourself, you can always find someone that understands you, there’s always someone you can trust, you know like one of the residents so that’s nae (not) so bad. (Anna)

On one level, the belief that there will be a shared understanding or empathy was, to some degree, related to the age and biographies of the residents. There was an expectation created early in the young person’s residential ‘career’ that there would be others who had had similar experiences or who would understand his/her history. After the initial admission, residential care came to be understood as a resource catering for young people with a range of needs but with similar backgrounds and experiences. To quote Sharon:

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

Possessions

The young people in both units demonstrated a range of ways in which they provided each other with support. One of the most notable was the support derived from the sharing of material possessions. Young people would swap or give away their clothes, CDs, posters, photographs, make up and even shoes. It was not infrequent for such generosity to be motivated by an attempt to create a sense of belonging and, in doing so, a sense of power and position within the group.

Possessions held significance for these young people for a number of reasons. At this point in the life course, namely ‘adolescence’, much importance is placed in identification with peers as opposed to family members or adult society (Pilcher, 1995). Such identification may depend on sharing similar tastes in music or clothes (Cottrell, 1996). By physically sharing such objects, the peer group allowed the young person to wear or own the symbols of belonging. Ownership of such items appeared to be particularly pertinent to the young people involved in this study. Their access to these representations was limited, not just financially, but also in terms of being able to remove them from the family home. The majority of the young people who were admitted to the units during the course of the fieldwork brought few possessions. This appeared to be because they had been prevented from removing them from the family home by parents, or because they themselves did not wish to remove them. A further explanation might be that some of these young people had very few belongings to bring with them:

I’m no bringing my stuff in here . . . I’m no staying . . . I’ve got loads of stuff at home . . . Kappa jackets, Nike trainers, the lot. My dad gets them for me . . . I’m no getting to bring them in here . . . My dad says that my stuff’ll get pinched (stolen). (Martina)
The sharing or swapping of possessions was often used as a mark of a relationship, a signal to others that certain individuals were exclusively joined. This message was particularly powerful in relation to dating relationships. During the run up to the establishment of a relationship between Neil and Sharon, Sharon dressed exclusively in Neil’s clothes. It appeared that clothes swapping was part of the ‘courting’ process, a testing out of each other but also perhaps more importantly of the group’s reaction to the possibility of a relationship. The swapping of clothes displayed, not only the significance of one person to another, but also a marking of each other as ‘special’.

Possessions also featured strongly as a symbol of the end of a relationship. Both groups believed that at the end of a relationship all the goods and property belonging to either party should be returned. Without ‘claim’ on the partner, established as a result of the relationship, there could be no ‘claim’ on his/her material possessions. Like adult divorce or separation settlements, young people saw the value of material goods and the ways in which property could be used to re-establish ‘fairness’ or reek revenge. Those young people who had been badly treated, particularly those who felt that they had been betrayed, were more likely to be encouraged by the group to strive to have their property returned and to make claim to that which belonged to their ex-partner or friend.

Sharing also demonstrated a sense of trust between parties. Property would only be given to those who, the young people believed, would take care of it. This was perhaps magnified because of the importance attached by young people to the few possessions that they had. Possessions were therefore highly valued and protected. When property was taken without permission the group was united in their displeasure. Such behaviour symbolized a challenge to the ‘act’ of sharing and was derided by all:

None of us are talking to Jack like . . . he stole Tom’s jacket and then he was trying to sell it. . . . He shouldn’s (shouldn’t) hae (have) been in his room in the first place and then none of the accusations would hae started. (Anna)

A further use of material goods was to counteract rejection from outwith the unit. Young people often felt not only that the wider community was against them, but that, for some, their own families had forgotten them or no longer wanted them around. This supports the notion put forward by Millham et al. (1986) that young people can become ‘lost’ in the care system, forgotten by their families and by their social workers. Indeed for some, there appeared to be no contact with families other than that initiated by the young people themselves. Throughout my year of residence in the units all of the young people celebrated a birthday. A significant number received no acknowledgement of this event from their family or friends. On such occasions the other residents would buy or make gifts or cards not only to demonstrate their relationship with the individual, but also to try in some way to counteract the feeling of alienation from family and friends.

Members of the resident groups would gain respect from their peers by
remembering and organizing birthday treats. Indeed staff would also praise and encourage such behaviour. Whilst this was not a rigidly gendered phenomenon it was often the young women who undertook these arrangements. The age of the residents did not prevent them from undertaking this behaviour. Rather it appeared that it was those who had spent the longest time in residence and who knew that such behaviour was acceptable, indeed encouraged, who took the lead.

Encouragement

Young people were able to demonstrate support through their use of verbal and physical encouragement, including encouragement in pursuing a job or school exams. Encouragement was one of the few aspects of a social currency in which the age of the residents appeared to hold sway. Older residents were able to reflect on their own experiences and use these reflections to persuade younger members not to make similar ‘mistakes’. Such support extended to young people who were trying to make a change in their lives or to move on to the next stage of the care process. The groups viewed those who criticized such behaviour as destructive. When one of the young men was considering applying for a job, the others asked him questions about the position and two of them stood next to him whilst he telephoned the company to request an application form. When he later returned from an interview and said that he had been offered the job everyone clapped, cheered and patted him on the back.

Such obvious displays of encouragement were less frequent than the more understated ones, which often occurred in conversation. A typical example is the following extract from a tea-time conversation between Bryony and Christine:

Bryony: Did you have an exam today?
Christine: Aye.
Bryony: I thought yours were finished?
Christine: It’s just drama left.
Bryony: How did it go today?
Christine: Nae bad, aye.
Bryony: Sometimes I wish I had stayed on at the school. It’s good that you are. You should stick in.

In the course of this exchange Bryony was encouraging Christine in the pursuit of gaining qualifications, not only by demonstrating an interest in her progress but also by the disclosure of her own regret at an early exit from education. As a result of her encouragement and her use of self-disclosure Bryony was granted momentary credibility by those present. She was seen to be ‘doing the right thing’ and undertaking this task well. Non-participation in education was seen by many of the older residents as their biggest regret.
Young people also offered encouragement in taking action with regard to family or relationships. This was often more than offering advice and involved verbally or physically encouraging someone’s ‘plan of action’. The following conversation illustrates the point. The young people involved are discussing Malcolm’s difficulties with his mother:

Malcolm: There’s no point in going home to an overnight. My Ma just goes out anyway.
Bryony: Dinnae go home. Just tell the staff you’re not going.
Malcolm: I ken (I know). I’m wanting to like, if I go and she doesnae bide (stay) in it just makes it worse between us.
Bryony: Aye, dinnae go.
Malcolm: I’ll hae to tell the staff I’m no going and that’s it.
Bryony: I’ll go wi you and talk to Vernon [Manager of unit].

Here Bryony acts as the collaborator. She acknowledges Malcolm’s situation and agrees with his proposed refusal to attend home access. She increases her level of support by offering to accompany him when he discusses his position with the officer in charge.

**Sticking Up for Each Other**

Following on from this is a more general discourse, which the young people described as ‘sticking up for each other’. There was a sense of collective isolation from family and from society at large. As a result, when a young person was challenged by a person or situation outwith the unit, the others would be united in their support of him/her. This perception of difference was, I would argue, the main factor in group cohesion. There appeared to be a willingness to make clear to fellow residents that as a result of living together they would be loyal to one another and would protect each other from what they viewed as a difficult outside world. In this extract from a conversation between Hilary and Sharon we see not only the demonstration of support through self-disclosure, but also the young people’s sense of exclusion from the outside world:

Hilary: At least your Ma and Dad want you, mine don’t.
Sharon: I can bide (live) wi anyone but not them. I dinnae ken (don’t know) why. I was speaking to this woman at work and she was asking me about my birthday and that, she’s really fine, ken we were just chatting and she says to me ‘is it awkward when people say are you from the home? I says aye (yes) and we were just speaking about it, ken.

Hilary: But it’s shit Sharon, they think you’re a bam (idiot) if you say that you live in a home.
Sharon: I ken, that’s what I said.

Hilary: They think that you smash windaes (windows), get pissed (drunk), take cars, are mental.

Sharon: And some folk feel sorry for you and I dinnae like that.

Hilary: Nae’bdys done that to me, they just think I’m bad.

The boys also talked of this internal support in terms of protection from external threat and misperception. They described the threat from outside as being of a violent nature and spoke of a reliance on each other to survive the threat. Interestingly, the young people did not regard this as a matter for staff to handle. Although they spoke to staff members about it, the expectation was that the responsibility for action be taken by the group rather than by the adults. This was particularly the case for boys, and more commonly older boys. Often such threats centred around the beliefs held by the wider community concerning the functions of the unit and the reasons for admission. Gregor’s story is typical:

Aye, there was this boy that was going to gie me a hiding (fight) cos he heard that I was in here so me, Neil and Fraser decided to gie him one, prove him right, we’re all psychos. I was going oot tae dae it myself but I got telt that they would help me, ken we’ll help you because we’re your friend. That’s what pals do. (Gregor)

This perception of friendship is not perhaps unfounded. Many of the young people felt that they had friends within the resident group. However, the ‘enemy’ was also sometimes within. In such situations, where the threat was an internal one, the group would unite against the individual or his/her behaviour.

There were certain behaviours that were not tolerated by the group and, when demonstrated, were quickly challenged. Many of these expectations were mirrored in or derived from staff expectations of behaviour, not only of the young people but of each other. Young people expected to feel safe in their home, neither to feel physical or sexual threat nor to be party to such behaviour when it was directed at other young people or staff. There was an expectation that members of the group support one another and encourage achievements. Significantly there appeared to be an expectation that no one person be singled out for ‘punishment’ or bullying by group members. Indeed, the group did not tolerate ‘bullying’ behaviour.

Young people were very much aware of the mix of needs that fellow and potential residents had. Whilst it was not possible for them to know the backgrounds and reasons for admission, they would use a range of methods in an attempt to seek this out. In relation to support and advice, it was clear that whilst the young people could not control who they lived with, they had a sense that they could control how they lived with them:

Well you get all sorts in here . . . it’s not just folk that dinnae get on wi their mams and dads. You do get folk who have been bad used (abused) at home so they have tae bide
(live) here for their safety but you get them that have been put in here for doing it and a’ . . . We’ve had a loon (boy) in here who had sex wi his wee sister. It’s up tae us like. We always find oot one way or another. (Allie)

Withdrawing Support

The preceding discussion of the nature and degree of support shared amongst the young people goes some way to highlighting the power of this theme as a social currency. To prove skilful in offering advice, to be known as trustworthy and dependable were key competencies. However, the demonstration of how valued and effective these methods were is most clearly illustrated in situations where this peer support was removed.

One way that this removal occurred was by the intervention of staff. Young people, particularly at times of acute distress, were often kept apart from the group. This happened at staff member’s instruction or as a result of long periods of time spent by staff with a young person. The other young people described this as something that was difficult to cope with and understood it to be a rejection of their skills or a dismissal of their experiences. This was most pertinent when the initial disclosure of an event or emotional state was made to another young person:

We are getting treated like shite by the staff.... Just cos of what’s happened to Hilary and nae’bdy kens because she will nae hand o’er what she’s got tae hand o’er . . . they dinae ken if it’s true. Fiona and Beth (staff) just treat us like shite. I went to see if Hilary was aright yesterday right and when I come to the door I more or less got telt tae piss off awa fae the door, and they say my language is bad. (Bryony)

One way of the group counteracting such restriction was by their use of intersubjectivity (by this is meant the interpretation and proposed outcome of a young person’s situation without requiring his/her actual presence). The young people would discuss an individual, empathizing with his/her predicament and suggesting possible consequences or methods of support. Such conversations would attempt to ascertain the extent of the problem and contain an assessment of the interventions that had taken place. Often this method of support was used at times when staff removed a young person from the group’s supporting role. The group’s involvement was restricted to the sidelines. The following example is taken from a discussion held in the quiet room. Sharon had been given a stereo from her ex-foster parents for her birthday. It later transpired that they had only contributed £30 and had arranged for Sharon to repay the rest of the outstanding balance:

Hilary: I cannae believe that they did that. . . . It’s hellish for her.
Fraser: Maybe they’d sorted that out though and she knew she’d have to pay it up?
Hilary: No way . . . she said to me that she was going to put some money toward it but she never thought all the money.
Neil: Can she pay it back?

Fraser: I ken she doesnae get money from her volunteering work anyway . . . she’ll just have the money that she gets from here.

Neil: Some birthday eh? Yer da shouting at you and then a massive bill for a stupid stereo . . . she’ll kill them.

Hilary: I dinnae think she’s angry . . . mair like embarrassed . . . she’s been speaking about it for months.

Fraser: The staff should be phoning they folk and giving them a row.

Neil: I think they likely will.

Hilary: They winnae even let me talk to her . . . and it was me that telt them what was happening in the first place. They think I’m jealous of her getting the stupid thing. . . . How could you be jealous of that?

The removal of support was also used as a method of isolating or punishing a young person. Despite an individual’s distress or set of circumstances the other residents would physically isolate that person and make no attempt at offering support. Tina, after a secret date with Hilary’s boyfriend, returned home drunk. The next day she was visibly distressed as a result of being punished and by her treatment by the young man involved. Despite this she was ignored by the young people and left alone. In so doing the group made it clear that her behaviour had not been tolerated. This message was not only sent to the young woman involved but also served as a reminder of group expectations to all its members.

Discussion and Applications to Social Work Practice

The findings of this study suggest that the resident group serves a number of functions for young people in residential care. Underpinning this is the notion that the group operates to monitor and secure residents’ safety and acts as a means of maintaining group culture. This article has concentrated on the ways in which young people offer one another support and has argued that this is one means through which individual power and status can be achieved.

Central to this notion of status is that it is only ever granted fleetingly and results from a complex relationship between the social context, the action and the social actors. Young people in this study were shown to have no fixed roles or group positions and as a result all experienced moments of being both most and least powerful. Such a finding contradicts the commonly held assumption of resident groups being strictly hierarchical in nature and structured by negative means. It has also illustrated the part that young people play in supporting and advising one another through life events as well as the care process itself.

The findings, however, must be viewed with caution. The methodological
approach prevents generalizations being made about young people’s residential care experiences. Rather, it describes the events that took place in two children’s homes. The study does, however, raise questions about the way in which the resident group is viewed by practitioners and academics. It would suggest that young people view their fellow residents as having significant impact on their care experience as well as their personal and social development. This impact was found to be in no way wholly negative. Young people were seen to derive a sense of belonging, support and advice from their fellow residents in a way that they felt unable to gain from staff members.

The findings from this study would suggest that greater account needs to be taken of the function of ‘the group’ in group care for those young people who are living in it. Staff members, it is argued, need to have a clear sense of the ways in which the group is functioning and the ways in which the group impacts on individual residents. There is a sense that the group is an untapped resource and is one that can have a positive influence on individual young people.

Research and policy on residential care has, over recent decades, stressed the need for a more individualized approach to care (see, for example, Skinner, 1992). Whilst this has been an important move away from the batch handling concerns that were raised by many in the 1970s and 1980s (see, for example, Millham et al., 1986), there is a danger that the purpose of group care may become lost. Equally, the positive (as well as negative) impact that young people have, not only on each other’s care experiences but on their social and emotional development, may become marginalized or ignored.

Whilst there is a growing body of research into residential child care, it is only recently that the voices of young people have been given centre stage. It may be argued that this shift in focus is a result not only of the UN Convention of the Rights of the Child, but also of the growing emphasis in local law of the need to take the views of young people into account. At a more global level, the very notion of children as passive recipients of socialization has been challenged by the argument that childhood is socially constructed and that children are active social agents, playing a real part in the shaping of their daily lives (James et al., 1998).

Recent research and writing on the subject of out-of-home care stresses the complexity of working both with individual young people and with the group (Whitaker et al., 1998). It also recognizes the need for practitioners to become more aware of the strengths that children and young people have in terms of their decision making and friendship groups (Gilligan, 2001).

Once again, it would seem that residential care is at a crossroads. The residential population is seen to have a greater and more complex set of needs and, whilst there is continued unease as to the placing of children in institutions, there is a growing recognition that family-based care is not always in the ‘best interests of the child’. A greater sense of the diversity of group living experiences needs to be gained. We need to have a clearer sense of what does work in residential and educational group care settings, rather than seeing
institutional care for young people as wholly undesirable. It would appear that with growing knowledge of group care we are in a stronger position to develop good care practices and, most importantly, positive places to live.

Notes
1. The names of the children’s homes, young people and staff have been changed.
2. The young people asked that verbatim quotations be kept in their own dialect.

References


Emond: Putting the Care into Residential Care


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