



Groups and Groupings in Residential Child Care

Literature and overview

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Overview

This paper is part of a small project, sponsored by the National Centre for Excellence in Residential Child Care, to look at the place of groups in the theory and practice of residential child care today. The reasoning behind the development of the project was that reference to groups appeared to have a less significant place in theory and practice today than formerly. Was this notion correct? There is a subsequent question, not the subject of this project, as to whether it matters whether group work and group living should play a central role in the life of residential homes and schools for children.

History

To understand attitudes to working with groups and groupings of young people in the UK it is necessary to take account of the history of residential child care. What follows in this section is brief and simplified, and is designed to do no more than highlight trends.

The first half of the twentieth century can be portrayed as a period with extensive use of children's homes and residential special schools, often interchangeably. By the 1970s many were managed by local authorities though in previous decades they were provided under the auspices of local and national voluntary agencies, managed by voluntary bodies such as Barnardo's, National Children's Homes (NCH) and the Children's Society.

There have been different analyses of function and style: what were the establishments trying to do and how were they doing it? They include the following purposes: -

- ❑ *Rescue and recovery* - often associated with looking after or providing for children in poverty and neglect (children's homes) or who were illegitimate (orphanages).
- ❑ *Remedial and rehabilitation* - children with educational problems or physical disabilities (residential special schools, hospital schools).
- ❑ *Retraining* - especially for delinquent children (approved schools).

In this paper we are not trying to write a history of the types of provision for different groups of children. Thus we do not follow through any of the groups above to look at the changing structure and style of provision. Another large gap is that there is no discussion of the base of residential child care in education or social care, and the differences that terming a place 'school' or 'home' may have had on the task. Nor is the development of fostering examined, though it is obvious that this has had a huge impact on residential child care.

Large numbers of children had to be looked after and residential care was the approach of choice. Some of the homes contained very large numbers of children¹, though often in those homes organised by the voluntary sector these would be broken down into smaller cottages. Often there were more than 100 young people on the same campus and even small numbers had a high young person to adult ratio, frequently of 10 to 1.

In comparison to today's establishments, given the longer periods of stay there were expectations that older young people would be involved with the care and welfare of the younger, and all were expected to share in the day-to-day tasks; the larger number of children and the greater space meant there was a greater likelihood of finding a kindred spirit. Expectations are frequently different in contemporary residential work with stays being shorter, groups smaller, needs more complex. Today it is more likely that it is adults exclusively who are expected to provide care and

welfare. And, given the revelations of abuse and a more risk averse society, there is far more emphasis now on assessment of threat and risk.

Before 1960 there were comparatively few men employed in residential child care. The exception to this was in the sector looking after delinquent children, the former approved schools. Frequently in residential child care a married woman ran the home (the housemother) while her husband worked outside. In NCH homes single women known as sisters were the housemothers. A core of residential staff lived on the premises - the children's home was their home.

Alongside the large children's homes were establishments run by people we would now regard as pioneers in the use of residential homes to help troubled and troublesome young people, such as Homer Lane, A.S Neill, George Lyward and David Wills. They worked on the premise that the place where the children lived could be run in such a way as to promote the healing or development of the children.

Today there are differences in function and terminology. A recent study produced a categorisation of children's establishments. What would have been termed *children's homes* fall into a category of *mainstream homes*. The task:

... will be to provide good quality daily care and support for children who need to live away from home, perhaps for a short period during a family crisis or following an episode of difficult behaviour, and who either do not wish to live in a family or are thought to be unsuited to foster care.ⁱⁱ

The key difference in today's mainstream homes from the earlier children's homes is that formerly most of the children would have expected to live in the children's home for most of their childhood. Today periods of residence are likely to be much shorter.

The types of homes run by the pioneers in today's terms would be 'residential treatment homes':

The task of these homes will be to provide and harness specialised support and care for children who will largely be from category 2, i.e. children who have a longer history of difficulty and/or who have complex needs, and who may require a longer period in residential care.ⁱⁱⁱ

Each of these types of home has to be seen in the context of the expectations of the times. First, there was a greater presumption that it was reasonable to manage numbers of children in groups. Thus in schools and clubs it would have been common practice to line children up to 'process' certain tasks. Secondly, life in family households was far more public and communal: for example, it would have been unusual for children to have their own bedroom. People lived with and alongside others. Thirdly, before the term 'institutionalisation' had come into use, living in residential homes with its inevitable component of living with others, was not thought to be intrinsically damaging, as many consider it to be today.

What then are the implications of this synopsis for the understanding and use of groups? The first, obvious but important, is that being organised in groups was common outside residential homes. Secondly, there was an attempt in many of the mainstream homes to mimic family life: those who lived there, perhaps like today's larger foster homes, were to live like a large family. Within that format, the staff and children would share many of the daily living experiences, such as eating together and

doing household chores. Indeed, as late as the 1970s there were staff living on the premises who did not want their space (kitchen, living room, bedroom) to be seen as private quarters from which children were excluded. Many would have seen residential child care as being fundamentally about daily living. Therapeutic or treatment establishments would have aimed to use the events and interactions of daily living as a part of the development of the individual and the group.

A further factor was that children would have expected to play and do things with other children in the home. We cannot know the extent to which this was healthy and, by way of contrast, the amount of fear and bullying. Both Frampton^{iv} and Feaver^v have recently reflected on what they valued about residential life.

There were major differences in the approach in the 'residential treatment homes': in different ways each of the people I have cited as pioneers tried to use the experience of residence to stand traditional approaches on their heads and thus to confront young people with the reality of their behaviour. Central to their varying styles was demanding that individual young people *individually and in the group* take responsibility for their actions. There were various mechanisms used for this: whether termed 'children's parliament' or house meeting they passed to the child group responsibility for thinking about what had taken place, clarifying the reasons for the event and determining the action that should take place. In the process young people were often confronted with the consequences of their behaviour on others, actions that today might be seen as part of victim support or anti-bullying measures. The point to note here is that the group of young residents was seen as an integral part of the treatment. The approach would not have been viable without them.

This short overview does not make any attempt to chart the different theories of group activity that did and do inform the practice of some establishments. Some drew on understandings from adult therapeutic communities, such as the Henderson hospital under Maxwell Jones.^{vi} Others looked to the Tavistock Institute's Group Relations Training Programme, which promoted experiential learning about unconscious processes in groups and organisations. Bion argued that basic assumptions such as dependency, fight / flight, and pairing that existed in groups worked unconsciously against a work task.^{vii} Two key exponents, Miller and Rice, 'were convinced of the value of this approach in enabling individuals to discover authority within themselves, to question taken-for-granted assumptions and to extricate themselves from irrational group processes'.^{viii} Menzies Lyth wrote about the ways that social systems could be used as a defence against anxiety. Thus nurses might develop an approach in which they kept an emotional distance from patients as a means of coping with the potential pain of patients.^{ix} Culture and sub-cultures will be discussed in a later section.

Training

This résumé has not meant to portray practice as either good or bad: the aim has been to describe. There is no doubt that there were serious shortcomings in practice, as recognised by the Curtis Committee, set up to look at the conditions of children living away from home. Their report of 1946 exposed the inadequacies in the way that children were placed and monitored in residential establishments (public assistance committee and voluntary children's homes) and criticised those places where the interests of individual children were ignored. 'They paid tribute to the physical care given to the children in the institutions visited, and recognised that this often reached a higher standard than the child would receive in his own home, but they noted that, even where the institution was well managed, there was frequently "a lack of interest in the child as an individual and too remote and impersonal relations"'.^x The Curtis Committee thought the training of staff in child care to be of such importance that they published an interim report on training and as a consequence the Central Training Council in Child Care was established. The Council rapidly established a one year certificate in residential child care.

Another important theme emerges: is residential work a method, a skill or a way of living? One of the features of emerging professions is to ensure that their special skills are recognised in training and that those without training are not allowed to practise. Residential work has been no different but has always been seen as the poor relation of other disciplines, such as teaching or field social work. Thus in the 1970s it is not surprising that many residential workers saw moves to provide common training courses for field and residential social care staff as a recognition of their skills. There were related debates within field and residential social work as to whether the core skills were related to separate specialisms of working with children or adults, or were common to all social care work. At that time the latter argument won the day and so those working with adults and children were awarded a generic qualification.

What would then have been termed field social work and residential social work are now subsumed under the broader term of 'social care'. Whether residential work is now seen as *social work* would be a subject for debate. Most commentators would now agree that the common social work qualification for field and residential social care staff has been to the detriment of residential workers: there has been less emphasis on the theory; the methodology and training of residential workers and indeed much of the building of theory for residential practice that took place from the 1950s to 1980s is little known by many practitioners; the status of field social work with degree level training is higher than that of residential work. The relevance of this part of the background to a discussion on groups is that the theorising about the nature of groups in residential homes has been little developed. This perspective was summarised in a recent overview of residential child care research: -

This theme has been under-explored in more recent literature, although Emond (2002) highlighted the positive significance for young people of the resident group. Indeed, if the move in policy towards smaller and smaller homes of one and two children were to become the norm, the 'group' element of group care has little relevance. In addition, groups of residents are increasingly viewed as offering risk rather than opportunity for children.^{xi}

There are further debates about training that have had an impact on theorising. There has been, and remains, uncertainty as to how to define the activity of residential child care: -

- Is residential child care to be located within a broader spectrum of *direct care* - work where people are directly involved in the physical care of others? (nurseries, day centres, residential homes) - the residential worker as direct social care expert.
- Is the residential aspect to be seen as the key identifying factor? A residential expert.
- Is the child care dimension to be seen as the central dimension, as with current developments drawing on social pedagogy as a model? A child care expert.
- Is the former identification of residential child care as a branch of social work now discarded?

The responses to these questions are not diversions into irrelevant byways: the way that residential child care is defined influences its professional base and theorising about groups.

A further important distinction is that the word 'group' has been used in numerous ways by different professions. In residential child care the group is the clustering of children who live in the home or who are present at events such as meals. In social work and related theorising the group is created, the collection of individuals who are brought together for a specific purpose, typically because they have shared characteristics or problems. Members of such groups may have little or no contact with each other outside the weekly group meeting. This is a totally different setting to that of a residential child care establishment where people move in and out of numerous groups on a frequent basis. Indeed, there are some homes where the children share aspects of their lives with the adults, and it is proper to see the staff as part of the core group. Brown and Clough, working from the different perspectives of social group work and residential work, sought to find an integrating theory. They write of the group living settings in day and residential work and of the mosaic of groups and groupings. In contrast to social group work, they note that in residential centres staff have the responsibility not only for working with those in a particular grouping (such as those sitting down to a meal) but also for the structures and cultures in which the event takes place.^{xii} Such an event has a maintenance function (as people have to eat), and a social function; however this is also an environment where staff can support and challenge those at the meal. Judgement has to be exercised as to whether and how to intervene. Thus there is a mixture of staff providing a pleasurable experience and using the occasion to influence a child or the child group.

This example brings us back to the dilemmas posed earlier: how is the activity of residential child care and the involvement of the worker with varying groups and groupings to be seen? Some may start from a treatment and intervention type of approach while others may start from seeing the core work as the provision of a base for living, and the treatment as something that is added on. The training and professional identification of the staff impacts on the way that the work is theorised.

Institutionalisation

Another important aspect in understanding the place of groups in residential child care has been the interpretation of ideas on the processes of institutionalisation.

'Institutional neurosis' was the term used by Russell Barton^{xiii} in writing about mental illness to describe what happened when the processes of the institution led to a condition where people developed learned responses or habits that became a greater problem than the original condition. Goffman^{xiv}, in work that has had immense impact, developed these ideas through reviewing accounts of life in very large residential establishments, often with several hundred people. His theorising was acute and made sense of what many had experienced as residents or staff. At the core of what he proposed was that the drive within an institution to complete tasks led to mechanisms for the values of the institution to dominate those of individuals: residents were to be stripped of their identity, in the process being washed and discarding their clothes for those of the institution. Alongside this were two other key aspects: the drive to get tasks completed led to depersonalisation, such as with residents being lined up to await their baths; further, residents (and indeed staff) had little privacy – everyone knew other's business.

Goffman was one of my formative influences. I am in sympathy with those who developed theorisation of the impact of the regime on the lives of those who lived there. Nevertheless, there has been a naïve and uncritical adoption of his work. Many have taken him to state that there is an inevitable process whereby residential centres 'institutionalise' those who live and work there. The reality is different: there is a tendency in any system where people live together for the needs and interests of the individual to be subsumed in the determination to complete tasks or maintain control. Goffman's work is much better understood as recognising an institutional tendency^{xv}, a tendency that can be countered by holding to the primary task for which the place exists.^{xvi}

Menzies Lyth provides a way of understanding this as a process rather than an inevitability. She proposes that an organisation is influenced by four main factors: its primary task, including related environmental pressures and relationships; the technologies needed to perform the task; the need of members for social and psychological satisfaction; and the need for support in dealing with anxiety. She argues that the influence of task and technology is often exaggerated, and that the power of psychological needs of members is generally underestimated as an influencing force. Task and technology are the framework - the limiting factors. Within those limits, the culture, structure, and mode of functioning are determined by psychological needs.

If support for anxiety is not provided, people will still find ways to ensure that their anxieties are eased. The process will, however, be unconscious and covert, and the defences developed against anxiety will become embedded in the organisation's structure and culture.^{xvii}

The consequence of ill-digested intake of ideas on institutions is that many have seen residential establishments and the groups within them as having inevitable negative effects. Residential life may be structured and monitored in official guidance to avoid the possibility of harm, rather than to create the potential for change. Further, many within and without residential homes have seen the group as a problem: their aim has been to work with individuals and diminish the group. Thus there are residential staff today who see their best work being done in 'one-to-ones', a type of individual support or counselling.

Bullying

Another factor contributing to the avoidance or fear of groups has been the emerging evidence that many children in residential centres have been bullied.

Cawson and colleagues (2001) confirm that young people still often perceive carers as not knowing about or not intervening in the verbal or other bullying which may occur, although a further publication from this team shows that more positive homes provide much more successful management of such problems (Barter et al 2004). The key factor seems to be to recognise the importance to children in terms of so much of daily living of other children, but not to think that the child's world can necessarily be left to look after itself.^{xviii}

Groups and groupwork - an overview

Various words and phrases are used to try to capture the nature of work in residential child care. For the purposes of simplification to isolate certain themes I have picked out three topics which are discussed in turn below. These are artificial in that establishments will not necessarily fit neatly into any single category: they represent ways of looking at the place where children live and the activity within it. There has been recognition of the obvious characteristic that children in residential settings live with others^{xix}. In part the word 'group' has been used to find a neutral term to avoid words that may have developed pejorative overtones; in part to try to identify a key aspect of practice or a method that was applicable in other environments such as day centres. Thus phrases such as 'group care' were introduced - the act of looking after and working with people in day or residential settings. Ainsworth and Fulcher^{xx} write about the concept of *group care* as an occupational focus, as a field of study and as a practice domain. In the process they set out to distinguish group care services from other human services.

The residential community

One element common to the people earlier termed pioneers in residential treatment is that they placed the use of the residential community at the heart of their practice: the child group is not seen as a nuisance that inhibits individuals but as the core mechanism for treatment. People like Lane and Wills, and more recently Lyward, developed their own styles, though it is proper to acknowledge that in most cases they were charismatic and powerful figures, a factor that has raised questions as to the wider applicability of their methods. There is not space here to analyse each of their approaches so the focus is on overarching themes.

The first relates to understanding of the child: children were seen not only as damaged, disturbed and perhaps violent but also as individuals with potential. They needed to be helped to see their own worth, to look at their own hurt, to discover the impact of their own actions on others and to take responsibility for what they do. Whether current systems such as the Integrated Children's System will allow such understandings remains to be seen.^{xxi}

One means of achieving these objectives was to harness the influence of other children. In one style or another the community meeting was central to the life of these homes and schools. With support, children would talk about their hurt and thus free others to do the same. Within the community there was opportunity for children to talk about the impact of other children on their lives and for the children to consider what actions should follow. In some places, such as Homer Lane's Little Commonwealth, the meeting took the form of a children's parliament and court; by way of contrast at Finchden Manor, run by George Lyward, a community meeting was likely to be called in response to a particular event. 'Shared responsibility' has been used as the term to describe the involvement of children in the running of the establishment. Fees elaborates on the meaning of 'shared responsibility':

Often misunderstood as 'self government' or some other form of 'power sharing', it (shared responsibility) is in fact an orientation of individuals towards one another and towards the group in which they live.^{xxii}

He is stressing a way of understanding, indeed an approach to others, rather than a mechanism to manage communities. Fees notes that because there is a formal machinery to run community meetings, it is easy to miss the fact that the central characteristic is reflection, not self government. There are core attributes of shared responsibility, at the heart being that all members 'have a share in the running and ordering of "living together"' limited only by:

- realities at that time - circumstances, individuals' capacities; and
- forces outside the community.

He stresses that 'living together should be the primary source of all other activity within the community'.

In residential child care adults have a parenting role that requires the taking of necessary responsibilities that will allow the young person to develop healthily as an individual and group member. This will mean intervening and not affirming negative trends or activities. It requires a boundary setting by adults, management and leadership of the group in a parenting role that will allow healthy development.

One fear of outsiders has been that creating an environment in which the children are involved in the life of the home meant an abdication of adult responsibility. Summerhill or the Little Commonwealth faced criticisms as being out of control. There may have been places and people that thought the encouragement of the children's participation in the life of the place meant the giving up of the place of adults in structuring the environment. However, the theorising of shared responsibility has never adopted that approach. Further, there is no guarantee that places which do not give children this sort of place in the life in the home will ensure that adults assume their proper role. In some places the adults have allowed or encouraged a group of residents (a subculture^{xxiii}) to manage much of the day to day life; in others, adults back away from asserting their responsibility.

Research into residential child care has emphasised the importance of groups in the creation of culture. Each home develops a way of working, *a culture that consists in a set of values, beliefs, norms, practices and ways of thinking which is influenced by the nature of the shared task* and has consequences for the kind of care that is provided to residents and for staff. The culture can be seen in:

- the events, traditions and common understandings shared by staff, residents and others about daily life in the home;
- also people's individual cultures;
- the essence of an organisation - its distinctive characteristic.

In the 1960s and 1970s there was a focus on the place of subculture and the potential for the resident group to work beneath the surface against the stated goals of the organisation.^{xxiv} Balbernie stated that culture is related to the 'performance of a definite and specific task'.^{xxv} Sub-cultures, he saw, as 'anti-reality and anti-task', and recognised the destructiveness of staff sub-cultures. He contended that the sub-

culture provided a 'primitive form of security' and avoided 'facing pain and helplessness in ourselves and others'. An 'insistence on a focus on *task*' can dismantle the sub-culture. More generally, the use of community was an early example of a mechanism designed to break up an antagonistic sub-culture and encourage the resident group to support the goals of the establishment.

More recently Brown and colleagues examined the interaction between staff and child cultures: -

The staff cultures described ... had much in common in that they espoused the same overall goal of benefiting the young people, faced the same range of tasks and shared many of the same values. Yet each was unique with respect to the details of its beliefs and attitudes, rules of behaviour, procedures, routines and customs, degree of internal cohesiveness and the nature of the boundary between the home and the outside world. Hence, some staff groups were mutually supportive, some were conflict ridden, some were secure and competent, and others were not.^{xxvi}

They conclude that homes that did best on nearly all the criteria employed were those with 'concordant goals, strong positive staff cultures, and either strong positive child cultures or ones that were fragmented without undermining the work of the establishment'. Thus it is important that there is coherence between the goals of the home, those who live and work there, others with a strong interest in the place (relatives and external professionals) and the wider community. A strong staff culture is essential and the children must either be supportive of the culture or fragmented so that there is not

There are telling and powerful examples in the writing of people like David Wills that portray both the challenge of working in territory where answers were not clear cut and the changes that were brought about in the lives of individuals and community.

David Wills understood that the lads who came to the camp were profoundly dissatisfied with themselves; they were failures who hated themselves. Their protection was hating the world about them. On discovering that they were given freedom, not discipline, they had to begin to discipline themselves. The Camp Committee, which they themselves had created, offered the opportunity for self government and eventual self discipline.^{xxvii}

Wills recognised that shared responsibility did not mean that children and adults had equal authority as 'in any democratic structure in which children are included adults hold the greater power, by virtue of age and experience'.^{xxviii} Kasinski quotes from Wills's own statement of his aims: 'to give the child the experience of something on which they can absolutely rely whatever they may do'.^{xxix}

Thus the use of community is tied inextricably to wider theory and practice. The community and shared responsibility movement developed into today's therapeutic communities, discussed in detail in the work of Ward and colleagues. However before leaving this section I want to highlight one central aspect of this type of use of the community. David Wills, in a study of the transformation of a traditional approved school into the Cotswold Community under Richard Balbernie, quoted from a lecture given by Christopher Beedell: 'Ultimately young people can only confirm the care they have received by becoming able, in however limited a way, to care for

others.^{xxx} Without others, and without the capacity to demonstrate such care, the child would be deprived of an opportunity for growth.

Group theory developed

Another strand is to be found in group work theorists. Douglas, for example, had focused on structured groups that were created to work on set issues, typically with a therapeutic focus, where members had in common the reason for being at the group (for example, alcohol or lack of confidence). Later he looked at the residential setting as 'a multiple group system'. He drew out characteristics of work in created groups that applied to the residential setting, for example that integral to success is 'for members of a group to have a sense that what they do will be accepted by their peers without diminution of the respect and affection of the group for them'.^{xxxi} The task for the residential worker becomes that of creating an environment in which people will feel safe to share and take risks.

At the end of his book Douglas writes that trying to describe the complexity of group interacting systems is an impossibility but that the attempt is necessary: without the attempt to describe and analyse there will be reliance on superficialities. So the task is not to 'discover some quintessential truths but to create a series of constructs about group behaviour that will enable us to make sense ... out of what occurs in our daily life'.^{xxxii} (p.216) Douglas pursues themes that would have been central to work with created groups and looks at their implementation in a residential environment: membership of groups; group structures; moving in and out of groups; group behaviour; leadership and power; conflict resolution and communication.

Brown and Clough^{xxxiii} sought to bring together the two fields of theorising about residential life and created groups. They note the differences between the two: the residential worker has responsibility not only for how a meal is managed but also for the planning for meals and the life of the place. Thus to deal with a problem during a meal a residential worker may intervene in different parts of the system, for example to change the time or arrangements for a meal so that it does not clash with a favourite event, to talk with a transgressor after the meal, to call a community meeting, or to take action directly at the time. Staff need to know about the macro level of the centre itself and the skills of working face-to-face with people in small groups. They produce a typology of groups: the whole community; living together 'groups'; informal friendship/affinity groups and groupings; groups to discuss group living issues; organised groups; organised groupings; staff groups and groupings; and groups and groupings whose membership crosses the boundary of the centre. A number of group variables are discussed, including the attributes of the space that people occupy, stages of group development and the role of the worker.

In their final chapter they write of creating 'a facilitative culture and climate', setting out key components^{xxxiv}: -

- the impact of the physical environment whether in choosing the location and furniture for a house or separating private and public space;
- planning for community meetings in which both process and task have to be managed;
- managing the outer boundary of the centre, to ensure that within the centre there is space and authority to pursue the primary task; and
- establishing the ground rules for living and working together.

One other feature is worth highlighting from this book: in groupings staff have to decide whether, when and how to comment or intervene. This is of fundamental importance to an understanding of residential life: in their groupings children are living their lives and they should not be subject to continuous intervention from staff. It is in such decisions, and of course the way in which they are carried out, that staff show their skills.

In America Whitaker^{xxxv} in 1979 wrote about 'the group living environment itself as a medium for growth and change'. He contended that the environment should be an area for learning, allowing challenging and acting out behaviour rather than suppressing it. Other key attributes of group living were cited: -

- opportunities for modelling;
- a graduated set of experiences;
- sensitive to differences in social and cultural values;
- the development of games and activities, purposefully planning what is appropriate;
- a daily management group (the 'community meeting' in UK parlance) where children must 'learn to live, work, and play with one another and with the "other" group - the staff';
- provision for interaction with families.

Pick (1981) and Cairns (1989) each discuss their own style of family living with groups of children^{xxxvi}. Mealtimes are the topic of one extract from Pick:

Conversations would pass from table to table, from person to person, like a ball game. ... But talking went on everywhere. ... These were fields of expression, discovery, sharing, discussion, disagreement, tolerance, vehemence. They were important, because they helped to allow new and changed attitudes to take shape. (p.82)

Cairns writes of the importance of creating the right physical environment for the group, including location and ensuring that there are appropriate conditions, for example for all the group to sit around one table for meals. She notes that there were eleven in their group - two adults, three 'home grown' and six 'separated' children - and thinks that it is easier for a group of this size rather than a smaller group to cope with children moving in and out. It also makes it less likely that individuals will be permanently landed with unhelpful labels.

The importance of these two practitioners' writings is that they adapt understandings about the dynamics of groups in residential homes to their own settings.

Group Care

More recently Ward^{xxxvii} has developed the construct of group care, looking at setting, method and skills. Common to the places that fit his criteria for group care is the factor that they all have some form of group or communal activity and they all have some element of direct care. He argues that there are three key issues underpinning challenges in group care: power, prejudice and dependency. He also recognises the significance of location before discussing time, a much neglected feature in residential work. Routines, in-between times and critical incidents all play a part in the pattern of daily living. Following this he introduces the term 'opportunity-led work', his phrase for 'handling and responding to the many unplanned moments and events in a day's work'.

Of course the options available are not just about working with the group, though they include groupwork: -

- supporting individuals through one-to-one work;
- supporting individuals through group handling;
- managing the small or large group through focusing on a key individual;
- managing the small or large group through group handling.^{xxxviii}

Emond comments that there has been 'a lack of information about how staff work with young people as a group, living together and sharing day to day experiences'.^{xxxix} She notes that many frame discussion of the group within 'a discourse of abuse or harm'. She contends that the importance of peers in the healthy development of young people in residential care has been largely ignored. Her research highlighted the ways that individuals in the group shared different competencies to provide information for others and the value that they gained from discussing experiences. The group played a role also 'in maintaining safety and security as well as helping them to move forward with their lives'. She summed up her conclusions with a quotation from one resident: -

At the end of the day you only have each other. The staff are lovely but they're paid to be here and there's no getting out of that. They can't be with us every minute so it's up to us to make the place home.

Elsewhere she refers to the impact on understanding of the resident group of the increasingly individualised approach to care.^{xl}

Reflections

This paper has touched on numerous topics without pursuing them in depth. The purpose was to contribute to a discussion about the perceptions of groups and groupings in residential child care. It concludes with some questions and comments.

The first of these relates to the context: how is residence, the act of living in a residential establishment, perceived? The brief discussion above shows the various constructions and uses made of residence, with some seeing the fact of living with others as a prime means of helping children to develop. Others, less explicitly, appear to have thought of residence as a necessary situation when more preferable options are not available. Within this framework is the concentration on providing a personal service for individuals in which residential workers come to focus on work with individual children. The social and group care context of children living away from home has been largely unconsidered in official publications since 1994 with the publication of *Growing Up in Groups*^{xli}. However, in what may demonstrate a change in emphasis, recently a module on *leading and managing group living provision* in the National Occupational Standards in Leadership and Management for Care Services has been made mandatory.

The second theme is about theorising of residential work: what is the theory on which people draw for their understanding of what happens in residential establishments and of what they should do in practice? Devoid of the understanding of groups discussed here, the theory cupboard seems comparatively bare.

The next topic follows on. Lack of understanding of groups, or lack of confidence in working with groups, results in a persistent search to find solutions through individual interventions. Thus, when a young person's behaviour is troublesome to self or others, the theorising of residential work frames what is thought about.

In terms of intervention in systems, it is argued that it may be possible to intervene in different places to achieve a desired end result. Thus, to help a resident who has difficulty in communicating and is teased by others, it would be possible to intervene in various parts of the system: the *individual* resident could be helped to develop skills or self-confidence; or there could be attempts to influence the person's circle of friends, the wider resident group, staff group or the culture of the establishment as a whole, whether by calling a community meeting or introducing an anti harassment policy. Some of these could be tried simultaneously. The point being stressed is the idea known as *equifinality*, that it is possible to intervene in different parts of a system to produce a similar end result.^{xiii}

It is imperative that negative cultures are challenged. The recognition of the importance of culture points to the need not to stand back when there is a negative culture amongst the resident group. In creating a stable and purposeful regime and in developing the culture and style, what is the perception and place of the resident group?

All of this builds to the key question as to whether groups are seen as a resource or a threat. This is fundamental in terms of the way in which residential staff undertake all the activities of daily life. Some will see the resident group as a potential problem, and aim to work as much as possible with individuals. Others may think of the group as a treatment method, a strategic approach to be adopted as circumstances demand. There is a third category in which the group of residents is seen as the core: daily life is understood and negotiated on the premise that the group is a creative force. Indeed it is arguable that digging into the perceptions that are held about groups and groupings exposes the central theories and philosophies on which residential centres base their practice.

References

Groups and Groupings in Residential Child Care

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