WHAT RESEARCH TELLS US
THREE FORCES SHAPING CHILDREN’S HOMES

• Finance
• Evidence on effects and outcomes
• Staffing

• At different times, each factor has had varied significance
PRE 1939 INHERITANCE

• Prior to 1939
• Large institutions – often charitable, ‘the factory system applied to child welfare’. Scotland had different funding arrangements from England.
• Focus was neglect, moral danger and delinquency
• Isolation from baleful influences with long stays – not great concern about physical or sexual abuse
• Total institutions often a model
• Institutional adoption a concept – Barnardo’s boys
• SEMAPHORE criteria for placement choice
1945 -1980

• FINANCE: Central government and local authority sources main sources
  • Growing cost awareness (average v marginal and capital costs)

• THINKING
  • Concern about harmful effects of residential care.
  • Institutionalisation (Bowlby, 1944; Barton, 1965)
  • Effects of different regimes (not an issue now) – alternatives within the system, e.g. therapeutic communities, token economies

• STAFFING
  • Smaller units, more staff, professional training, shift arrangements
POST 1980

• Fall in numbers (32,000 in children’s homes in England in 1971 to 7,000 now)
• Abuse revelations
• Alternatives developed (justice, disability, ethnic minorities)
• Now mostly older children presenting challenging behavior, but growth of lodgings for 16+
TRENDS SINCE 1980

• the replacement of single-sex establishments by ones that are co-educational but which, in practice, are dominated by boys
• the increasing age of residents at entry
• more young people with health problems, behaviour disorders and disabilities, a mix of needs
• greater racial and ethnic mix
• larger catchments areas, raising problems for educational continuity and contact with home
• more provision by private/independent agencies
• shorter stays
• rising cost
• more concerns about rights and protection; and
• further reductions in the size of units and in the numbers accommodated by the system but a larger proportion of the total places in secure accommodation or other specialist centres.
CURRENT SITUATION

- The majority of young people are difficult adolescents in terms of their challenging behaviour at home, school and in the community. But only a small proportion of all looked after adolescents who display challenging behaviour are placed residentially.
- Most of the other functions suggested by Beedell and Berridge, such as aiding admissions or keeping siblings together, no longer apply.
- Children’s difficulties do not occur in isolation and affect other areas of their lives, such as poor peer relationships or suspicion of professionals, and may be associated with special educational needs, making the residential task wider than just ensuring control.
• Residential care can offer several benefits - to provide stability and a stimulating environment, to widen cultural and educational horizons, to create a context for emotionally secure but self selected relationships with a range of adults, and to provide a setting for intensive therapeutic work.

• But these gains have to be set against difficulties of providing unconditional love, constraints on children’s emotional development, poor staff continuity and marginalisation of children’s families and other welfare services.

• While much is known about the dangers of placing young children in residential care and the neurological and emotional damage it can inflict, much less is known about the effects of such placements on the development of older children.