University of Huddersfield Repository

Gallagher, Bernard and Green, Adam

Outcomes among young adults placed in therapeutic residential care as children

Original Citation

Gallagher, Bernard and Green, Adam (2013) Outcomes among young adults placed in therapeutic residential care as children. Journal of Children's Services, 8 (1). pp. 31-51. ISSN 1746-6660

This version is available at http://eprints.hud.ac.uk/id/eprint/14400/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/

Outcomes among young adults placed in therapeutic residential care as children

Bernard Gallagher (lead author)* and Adam Green**

*Reader in Social Work and Applied Social Sciences
University of Huddersfield

Bernard Gallagher specialises in research on child protection and looked after children, but also carries out studies into child victimisation and child welfare more generally.

Human and Health Research Building, University of Huddersfield, Huddersfield. HD1 3DH

Tel: 0780 133 4847 email: b.gallagher@hud.ac.uk

**Independent Social Work Consultant

Adam Green is a qualified social worker and was a manager in a private organisation providing therapeutic residential care to severely maltreated children. He now works as an independent social work consultant to a range of children's organisations in the public, voluntary and private sector.

Acknowledgements

We would like to thank all of the young people and adults who took part in this study for their willingness to discuss their lives in *The Orchards* and their lives currently; thereby making this important research possible. We would also like to thank all those who helped facilitate contact with these young people and adults.

Category

I believe this paper fits into category [4] – Applied research in children's services

Outcomes among young adults placed in therapeutic residential care as children

Abstract

This aim of this paper is to advance knowledge concerning outcomes among the former residents of therapeutic children's homes, especially those located in England. Sixteen young adults who had been resident in one of seven therapeutic houses took part in interviews. It appeared, from the information they gave in these interviews, that their outcomes were good in terms of their emotional and behavioural well-being, physical health, accommodation, and absence of early parenthood and substance use. Some of the young adults also had good outcomes in respect of their education and absence of criminal convictions. A small number of the young adults did less well on these latter two measures but few of them were particularly poor in either of these respects. The young adults had limited contact with their family members. The evidence from this research is that young adults who have been in therapeutic residential care can have good outcomes.

Summary

- Young adults placed as children in therapeutic residential establishments can have good outcomes in terms of their emotional and behavioural well-being, physical health, accommodation, and absence of early parenthood and substance use.

- Some of these young adults can also have good outcomes in respect of their education and the absence of criminal convictions but for other former residents these outcomes are not as good, although none are very poor on either of these measures.

- The young adults have limited contact with family members.

- Policy makers and practitioners should continue to consider the placement of children in therapeutic residential establishments, especially where those children have acute emotional and behavioural needs that arise out of severe maltreatment.

Key words

Looked after children; outcomes; therapy; therapeutic children's homes; residential treatment centers; maltreatment; child sexual abuse

Outcomes among young adults placed in therapeutic residential care as children

Introduction

Children who are in the care of the state in England, whether on a voluntary or compulsory basis, are referred to, officially, as *looked after children* (LAC) (Winter, 2006). The majority of these LAC are placed in foster care (Department for Children, Schools and Families (DCSF), 2008). Where LAC have more acute needs, then they tend to be placed in children's homes (Rutter, 2000). Much of the research that has been carried out on this latter group of children (and LAC more generally) has been focused on the care they have received (*processes*) and the impact this care has had upon them (*outcomes*) (Berridge, 2002). The research on LAC's outcomes is quite varied and includes studies of, for example, their education (Jackson and Sachdev, 2001), mental health (Ward, Kasinski, Pooley and Worthington, 2003) and substance use (Ward, Henderson and Pearson, 2003).

Although there has, as a result of this research, been important advances in knowledge and understanding of the impact of care provided within children's homes (Bullock, Courtney, Parker, Sinclair and Thoburn, 2006), there are shortcomings in this literature (Berridge, 2002). Specific groups of LAC have been examined in some studies (Stage, 1999; Schofield, Thoburn, Howell and Dickens, 2007) but there has, in general, been only a limited effort invested in distinguishing between particular categories of children in regards to, for instance, their personal characteristics (Berridge, 2002). Similarly, certain types of children's home have been investigated in a number of projects (Zoccolillo, Pickles, Quinton and Rutter, 1992; Behrens and Satterfield, 2006) but in the main there is not a great deal of knowledge regarding outcomes for residents from particular kinds of children's home (Little, Kohm, Thompson, 2005).

There is one group of LAC around whom there has been particularly intense policy and practice concern. These LAC have variously been referred to as having, for example, 'complex' (Horwath, 2000) or 'high support needs' (Osborn and Delfabbro, 2006). They tend to have experienced severe maltreatment or other acute adversity, become looked after as a result, but then go through a series of placement breakdowns (Stanley, Riordan and Alaszewski, 2005; Boyd, Einbinder, Rauktis and Portwood, 2007), which serve only to intensify their emotional and behavioural needs (Osborn and Delfabbro, 2006; Ward, Holmes and Soper, 2008). One of the services often recommended for this client group is placement in specialist establishments, which are referred to by a range of terms, such as therapeutic children's homes (TCHs) in England (Bullock, 2009) and 'residential treatment centers' in the US (Butler and McPherson, 2007).

Between them, these facilities, particularly those in the US, encompass a wide range of provision. This is in terms not only of their overall theoretical perspective (Bates, English and Kouidou-Giles, 1997; Bettmann and Jasperson, 2009) but also the type, frequency and duration of therapy, the disciplines of the professionals by whom it is delivered, and the size of establishments (Bratton, Ray, Rhine and Jones, 2005; Breland-Noble, Farmer, Dubs, Potter and Burns, 2005; Cocker, Scott, Turner and Smith, 2003; Curtis, Alexander and Lunghofer, 2001). As Ward, Kasinski, Pooley and Worthington (2003) have noted, there does appear to be some diversity among TCHs in England. There is, though, a lack of information as to the nature of these services (Bullock, 2009). The indication, from what data does exist, is that there is less variation among English TCHs than there is among their US counterparts (Little and Kelly, 1995). It is important that the likely existence of differences between England and the US is borne in mind when comparing these two systems of therapeutic residential care to children. All of these establishments (in England, the US and elsewhere) are, however, marked out from more general children's homes is that they offer one or more dedicated interventions that are designed to address their residents' acute needs.

Research on the effect of TCHs is mixed. Evidence of positive outcomes for children from TCHs has been provided in a number of studies (Behrens and Satterfield, 2006; Handwerk, Huefner, Ringle, Howard, Soper, Almquist and Chmelka, 2008) and research reviews (Knorth, Harder, Zandberg and Kendrick, 2008; Bettmann and Jasperson, 2009). Some researchers have reported more varied findings on the impact of TCHs (McCurdy and McIntyre, 2004; Boyd, Einbinder, Rauktis and Portwood, 2007). Other authors, again both in discrete studies (Little, Kohm and Thompson, 2005; Andersson, 2007) and research reviews (Frensch and Cameron, 2002; Montgomery, Gardner, Bjornstad and Ramchandani, 2009), have gone further and argued that TCHs have little or no effect. This has led a number of authorities to conclude that the evidence base as to the effect of TCHs is, overall, not well developed (Smith, Duffee, Steinke, Huang and Larkin, 2008; Butler, Little and Grimard, 2009). Butler et al, for instance, say of residential treatment that 'its efficacy remains largely unsupported' (p.75).

A further substantial issue with the research literature is that there are very few studies from outside the US (Hair, 2005). It has been widely reported that there is only one study of a TCH in England, which is the account of the *Caldecott Community* by Little and Kelly (1995). Contrary to these claims, there is other research, such as Gallagher, Brannan, Jones and Westwood's (2004) examination of educational provision for children in a TCH, but such work, whether in England or any other country, except the US, is rare (Gallagher and Green, 2012).

There have been many calls from policy, practice and research quarters for TCHs to be evaluated; to assess the quality of the service they provide and to determine the effects of this service on children's outcomes (Boyd, Einbinder, Rauktis and Portwood, 2007; Hair, 2005). As suggested above, though, there has, in general, been little effort invested in assessing TCHs, either through one-off evaluations (of individual establishments) or via more extensive research studies. This is part of a more general failure to evaluate interventions with children post-service (Brown and

White, 2006). This paper, and the research upon which it is based, stem originally from the desire of the owners of an organisation providing therapeutic residential care to children to evaluate the service they had, and were, providing. The organisation had been in operation for a fairly lengthy period and had cared for a relatively large number of children. Many of these children had left the TCH and some of them several years ago. This meant that the owners of the TCH had an opportunity to gauge the outcomes of former residents after a relatively long period of time had elapsed, and thereby measure them in a quite meaningful and substantial way. The ultimate aim of the owners, in initiating this evaluation, was to identify ways in which their service to children could be improved, which might, in turn, enhance their outcomes. This study does, however, also go some - albeit modest - way towards addressing the general dearth of knowledge that surrounds TCHs. More specifically, the paper contains data on outcomes in respect of children who had been placed in a TCH; outcomes are examined from a wide variety of perspectives; and the TCH was outside the US (in England).

The setting and residential model

This paper is based upon seven therapeutic children's houses, all of which were run by a single, private sector organisation, that will, for the purposes of this paper, be referred to under the pseudonym of *The Orchards*. All of the houses were geographically and operationally separate from one another. There were 3-5 children in each house. Of the seven houses, five were mixed sex and two were single sex. Each house had a fixed team of staff comprising one manager, one deputy manager and a number of residential social workers. The staff-to-child ratios were high with 3-4 adults on duty at any one time during the day and two of these sleeping in the house overnight.

The Orchards provided what was referred to as an 'integrated model of care' (Rymaszewska and Philpot, 2006). This model comprised three major and strongly inter-linked components:

therapeutic parenting, formal therapy sessions and life story work (LSW). The therapeutic parenting provided by the staff was designed to give the child not only the 'physical environment of an ordinary [family] home' but also to 'fill gaps in the provision of nurture and attachment of which these children have been so severely deprived' (Pughe and Philpot, 2007). The staff were responsible for all aspects of the children's care and the running of the house. This included the children's physical and emotional well-being; taking them to and from school, and any other activities they might be involved with in the community; liaising with other professionals, such as social workers, and family members; and undertaking practical tasks such as cooking and cleaning. Each child had a *key carer* within the staff group, who had particular responsibility for their care. There were no other workers, for example domestic staff, employed in a house. Almost all of the children attended schools in the community and each child was accompanied in school by a support worker, employed by *The Orchards*, who would assist them with their education and help deal with any issues if they arose. One of the principle aims of the owners of *The Orchards* was to ensure that the children's lives were as 'normal' as possible and this embraced making each house like a family home. Despite this, the children were - primarily because of their highly sexualised behaviour - subject to considerable supervision. Children were, for example, not allowed into one another's bedrooms; there were alarms on bedroom doors to monitor children's movements; and children were always accompanied when they engaged in any community-based activities.

The therapy sessions the children were provided with were based upon play and the expressive arts (Rymaszewska and Philpot, 2006); namely, play, music, art, dance and drama. A therapist, when working with a child, would seek to occupy the 'space' between the child's 'inner and outer world' (Tomlinson and Philpot, 2008, p.72). As unconscious images, in symbolic form, began to emerge from the child, in the course of these sessions, so the therapist would attempt to build a relationship with the child. This would enable the therapist to explore the child's inner world, and in particular

the harmful experiences of her past. As Tomlinson and Philpot (2008) point out: 'it is the task of the therapist to help the child unravel her confused and overwhelming feelings, to contain her as she does so and to help her externalize those feelings so that they cease to have power over her' (p. 72). Each child received one-to-one therapy sessions on a weekly basis. Sessions lasted one hour and they were provided for the whole of the time the child was at *The Orchards*.

The LSW the children received was designed to give them a much better knowledge and understanding of their lives before they came to *The Orchards*, but also to act as a therapeutic tool. Although LSW is quite common among children in residential care (McKeown, Clarke and Repper, 2006) and LAC more generally (Ryan and Walker, 2003), there was, within *The Orchards*, a 'deeper, richer and more detailed approach' taken to this work than is usually the case (Rose and Philpot, 2005). A dedicated and trained group of workers was employed by the organisation to carry out LSW. The life story workers met the people who had cared for or worked with the child in the past; they collated information from a wide array of records, such as social work files and court reports; and they liaised with the child's current carers and workers. This was the foundation of quite intensive work, including conversations, with the child through which a variety of resources, such as life story books, family trees and *ecocharts* (Tomlinson and Philpot, 2008), were created. LSW sessions would generally be held with a child on a fortnightly basis, with each child receiving 36 sessions over an 18 month period.

The model upon which *The Orchards* is based is informed by four major theoretical positions: Bowlby's (1969) attachment theory, and subsequent work by Howe, Brandon, Hinings and Schofield (1999); Maslow's (1943) hierarchy of needs; Freud's (1901) theories of psychoanalysis, and later work by Klein (1932), Plaut (1979) and Shengold (1988); and Piaget's (1951) theory of cognitive child development, with successive refinement by Erikson (1965), and Sutton-Smith and Herron (1971).

According to Bowlby (1969), children from a very early age must experience a loving and nurturing relationship with at least one primary caregiver if they are to develop emotionally and socially. Some children do not have such experiences, whether this is through prolonged separation from or loss of their caregiver(s), or their caregivers being otherwise unavailable, as a result of, for example, their being abusive or neglectful to the child. Such children can find it very difficult to form relationships, can be withdrawn and exhibit various other kinds of problem behaviour, all of which can continue through their adulthood. Therapeutic parenting is based upon the belief that children with such *attachment* issues can be re-parented by professional caregivers (Lanyado, 2003). Through this parenting, they are enabled to attach first to their key carer, but then other adults and children, thereby enabling them to undergo the emotional and social development that they have missed out on previously.

Maslow (1943) argued that there is a hierarchy of needs that all human beings seek to satisfy. If any given need is not met, then an individual will be unable to move on to fulfil any higher level need. All of the children placed at *The Orchards* had not had their second level 'safety needs' met and some had not had even their first level 'physiological needs' satisfied. Therapeutic parenting was designed to ensure, first, that the child's most basic needs (for survival and then safety) were met, and secondly that the child could progress, over time, to have each of their successively higher needs met.

Freud (1901) held that the mind consisted of the conscious and the unconscious, and that the latter was the location of a person's distressing thoughts and feelings. He reasoned that conflict between the conscious view, or 'reality', and unconscious (repressed) thoughts resulted in psychological problems for the individual. He further contended that counteracting the deleterious effects of the contents of the unconscious mind could be achieved by bringing this material into the

consciousness, through psychoanalysis and psychotherapy. Children in *The Orchards* were given therapy in the belief that this would help them deal with the deep-seated emotions (trauma) they experienced as a result of their maltreatment. Piaget (1951) thought that children's cognitive development was determined not only by biology but also their interaction with the world, much of which was manifest through the medium of play. Both Piaget (1951) and Klein (1997) felt that play was an external expression of what was going on in the child's inner world and could be used to tap into their thoughts and feelings. Later work by writers such as Erikson (1965), Winnicott (1968), and Sutton-Smith and Heron (1971) developed and reinforced both the general importance of play in the lives of children but also its role in therapy. It is on the basis of this work that *The Orchards* chose to utilise play therapy as its major form of psychoanalytic intervention with children.

Maslow (1954) claimed that people's fifth level need was *cognitive*: the requirement to have knowledge and understanding both about themselves and their world. The children placed at *The Orchards* tended to have had extremely chaotic and complex lives, both in their family homes and whilst in care prior to coming to *The Orchards*. Invariably, this experience had started early in their lives and had characterised much of their subsequent childhood. As a result, their appreciation of what had gone on in their lives was either absent, patchy or distorted. The belief in *The Orchards* – in line with Maslow's theory – was that children would not be able to fulfil their higher level *aesthetic* and *self-actualization* needs unless these cognitive needs were met i.e. until the children acquired an accurate and thorough knowledge and understanding of their lives to date and in particular who they were. This was the basis of the LSW that was carried out within *The Orchards*.

There were two major strands to the way in which therapeutic parenting was designed to impact on the children's outcomes. First, the staff at *The Orchards* undertook to care for and nurture the children, thereby providing them with an opportunity to make an attachment to a parent/carer figure and to progress emotionally and socially. The benefits of these attachments should then have been

reflected in the children's emotional and behavioural well-being in the longer-term. Secondly, the staff fulfilled a more conventional parent/carer role, providing the emotional and physical care, and structure, that every child needs. They endeavoured to support and facilitate the children in making positive choices in their lives, in areas that included their physical health, education and accommodation, and in avoiding harmful situations, such as substance misuse, criminal behaviour and early parenthood. Therapeutic parenting was also intended to impact upon family contact. The staff, by enabling children to attach to them, were providing them with an alternative source of care from that which they might have sought from some of their family members. The staff were also, in a more general way, seeking to provide guidance and advice to the children concerning family contact. The children should, as a result of this input, have been in a better position to make appropriate choices about family contact, especially when they were adolescents and even more so when they entered adulthood.

The therapy that was provided to the children was designed to address the trauma they had experienced and in doing so meet their emotional and behavioural needs. This should, in turn, have contributed to their longer-term emotional and behavioural well-being. It was felt, by the owners of *The Orchards*, that improvements in the children's emotional and behavioural development would increase their ability and motivation to achieve in respect of their outcomes more generally. This is in terms of making the positive choices and in avoiding the harmful situations listed above. In addition, therapy assisted the children in understanding the harm that had been caused to them by some of their family members and - by helping to address their trauma - it also meant they were more able to attach to the staff and other workers associated with *The Orchards*. This further strengthened their capacity to make appropriate choices in terms of family contact.

LSW was intended to have a direct impact upon two outcomes in particular: the children's emotional and behavioural well-being, and family contact. LSW gave the children an increased knowledge of all that had happened to them in their lives prior to arriving at *The Orchards*. They were able, through this, and with the help of the life story workers and other staff, to understand and analyse, and ultimately accept, their pasts, which in turn contributed to their recovery and assisted them in moving on with their lives. It was felt that the benefits of this intervention would be manifest in the children's subsequent emotional and behavioural well-being, and through this their other outcomes. The staff of *The Orchards* could not control what contact the children would have with their family members in the long-term (i.e. when they reached adulthood). The staff did, though, want the children to be in a position where they could make informed choices as to what contact it might be appropriate to have with these relatives, in respect of their own psychological and physical well-being. LSW, by providing the children with full, yet objective and balanced, information on their lives prior to coming to *The Orchards*, enabled them to be in a better position to make these choices.

Methodology

Most of the children placed at *The Orchards* had experienced sexual, physical and emotional abuse, and neglect. The majority had been maltreated in early childhood, and by one or more members of their family, and sometimes other people. This maltreatment was invariably severe, left the children traumatised and led to their becoming looked after. Typically, the children's first placements had been in foster homes but these had broken down because of their challenging (including sexualised) behaviour, after which they were placed in a series of other foster and/or children's homes, all of which were also eventually terminated. These children tended to be extremely vulnerable, such that

they were a risk to themselves and/or other people. Many of the children acquired the label 'unfosterable' and eventually each of them was placed in *The Orchards*.

A total of 117 children had been placed in one of *The Orchards'* eight houses since it opened (in June 1991) and had left by the time the fieldwork for this research started (in January 2007) (Table 1). The target sample was restricted to former residents who were at least 16 years of age and who had finished their final year of compulsory education (n=77). These inclusion criteria were chosen for two main reasons: first, to ensure that we had some established measures of educational achievement that would enable us to assess our respondents' outcomes in this area and compare these with those of their peers in the literature; and secondly, to minimise the risk of the research having any adverse effect upon the care or education which potential participants might have been receiving.

Approaches were made to the local authority children's services departments (CSD) that were last known to be responsible for the above 77 former residents. It was not possible to trace or contact 33 of these residents. There were three main reasons for this: there was now no social worker in the CSD that had knowledge of the particular individual; the relevant social worker did not wish to take part in the research; or the social worker had lost contact with the former resident. Of the remaining 34 residents, efforts to trace, contact and recruit them, resulted in 16 of them agreeing to take part in, and completing, an interview. The sample was composed of individuals in their late teens or early 20s (mean age 18.8 years; range 16-24 years) and was, in terms of ethnicity, overwhelmingly White (94%). The majority of interviewees were female (62.5%) and a small minority had moderate learning difficulties (n=2, 12.5%).

Table 1 about here

Most of the 16 young adults in the sample had been placed with the organisation at a relatively young age (mean 8.4 years, Table 2). The single largest group, accounting for one-half of all the young adults, had left *The Orchards* when they were aged 11-13 years (mean 12.6 years). The 16 former residents had lived in their TCH for what were, on the whole, fairly lengthy periods of time (mean 4.2 years). There was considerable variation as to when individual children had arrived at (1992 - 2003) and had left (1994 - 2006) *The Orchards*. Our sample includes young adults from seven of *The Orchards* eight eligible therapeutic houses. (There was a ninth house within *The Orchards* but all of its former residents would have been too young to take part in the study.)

Table 2 about here

All the data for this research was collected via interviews with the above young adults. The interviews were based upon a semi-structured interview schedule, which included questions on outcomes in eight major areas of their lives since leaving *The Orchards*. These comprised their emotional and behavioural well-being, physical health, education, accommodation, early parenthood, family contact, substance use and criminal convictions. There was usually one major question covering each of these eight areas. The questions were worded in a quite general way in order that they were not too intrusive or sensitive but at the same time would allow for follow-up prompts and probes to be used where necessary. The following are two examples of the questions that were asked: What qualifications did you get at school and since, and are you undertaking any studies at the moment? Who are the important people in your life now and have you retained contact with your family? Information from *The Orchards'* archives was used to trace the young adults. The young adults were approached initially either through their current or former foster carers or social workers, or they were contacted directly. If the person in question was under the age

of 18 years, then the first approach was always to his or her social worker. All but one of the interviews were conducted in the young adults' current accommodation. The average duration of interviews was 135 minutes (range 80-200 minutes). The average time that had elapsed between the young adults leaving *The Orchards* and being interviewed was approximately 6 years (range 1-13 years). The interviews were carried out between January 2007 and April 2008. This study was not submitted to a research ethics committee for approval, owing to the fact that the main researcher (AG) did not have access to one. He did, however, ensure that the research was conducted according to standard ethical procedures as set down, for example, in the guidelines of *The British Psychological Society* (2006).

Our findings and their assessment in the context of the wider literature

In this section we take each of the outcome areas listed above in turn. First, we present our findings, based solely upon the 16 young adults whom we were able to get to take part in the research. The major focus here is upon these young adults' **current** outcomes. There are, though, some references, where appropriate, to our respondents' situation between the time they left their TCH and when they were interviewed. This information is made available in order to provide a fuller appreciation of their current outcomes. We then discuss our findings in the context of the relevant wider literature. There are three main types of literature against which our outcomes can be assessed: the general research on children from residential care; national birth cohort studies (NBCSs) that include representative cross-sections of people who have been in care; and general population surveys. Each of these literatures is drawn upon to ensure a comprehensive appraisal of our findings. This literature is primarily from England, in order that these comparisons are as valid as possible. Where there is a dearth of literature on a particular topic, then some limited use is made of literature from elsewhere in the UK and occasionally Eire. Some caution needs to be exercised in interpreting the results of all of these comparisons. This is for two main reasons: first, the ages of

the participants in the literature are sometimes different to those of our sample; and secondly, there is considerable variation between the specific measures that were used in our study and those that are cited in wider research.

Emotional and behavioural well-being

All but one of our young adults felt that there had been positive long-term improvements in their emotional and behavioural well-being as a result of the care they had received whilst in *The Orchards*. (This discussion excludes substance misuse, which is considered later in this paper.) They reported, between them, a wide range of specific gains but these clustered around the following themes: becoming more trustful and confident; being happier; being less fearful; and having greater control over their behaviour. The one exception, a 20 year old woman, claimed she was 'still screwed up' when she left her TCH.

Varying figures have been produced as to the rate of emotional and behavioural difficulties (again, excluding substance misuse) among other former care residents but overall it appears that a sizeable minority of them experience such problems. This is evident in surveys of care leavers (Saunders and Broad, 1997; Ward, Kasinski, Pooley and Worthington 2003) and also NBCSs (Viner and Taylor, 2005). Saunders and Broad, for example, found that 17% of care leavers had 'long term mental illnesses or disorders' p.3). Viner and Taylor reveal that 20% of males and 25% of females who had been in care had high scores on the Rutter Malaise Inventory (Rutter, Tizard and Whitmore, 1970) indicating 'likely psychological morbidity' (p.895). Appreciable rates of mental health problems have also been reported among young adults in the general population. Singleton, Bumpstead, O'Brien, Lee and Meltzer (2001), for instance, in a national survey of psychiatric morbidity, disclose that approximately 13% of 16-19 year olds and 16% of 20-24 year olds in England, Wales and Scotland had experienced a neurotic disorder in the past week. There is, then, some suggestion

from our data that the young adults from *The Orchards* **may** have been doing relatively well in terms of their emotional and behavioural well-being. It should be stressed, however, that whereas many of the studies cited in the literature used standardised instruments or formal assessments to gauge mental well-being, we relied upon self-reports to semi-structured questions. These two sets of measures are not necessarily comparable, and the procedure we employed may be less reliable.

Physical health

All of the young adults stated that they had not had - what they themselves would define as – any serious health problems since leaving *The Orchards*. The only health issues they did highlight concerned their eating habits and weight. Three interviewees reported that they had gained more weight than they thought ideal but all of these young adults added that their weight gain had been modest and/or was now under control. A fourth young adult revealed that she had had a problem with under-eating but that this too was now resolved.

It has been shown in surveys of children in residential care (Dixon, 2008a, b; Ward, Henderson and Pearson, 2003) and NBCSs (Viner and Taylor, 2005), that a small but notable minority of young people and adults who have left care or are preparing to leave care suffer poor physical health. Ward et al, for example, in a survey of care leavers with an average age of 18 years, report that 'almost a quarter (23%) said their health was either fair or poor. Reasons given for poor health were related mainly to diet and illness' (p.10). The physical health of the young adults from *The Orchards* appears to be good, compared both to care leavers and children in residential care.

Education

Of the 16 young adults in our sample, 14 (87%) provided information on the academic qualifications they had obtained. Of these 14, 11 (79%) had been awarded *GCSEs* (*General Certificates of Secondary Education*) (Table 3); 10 of whom could recall the number and grades of their GCSEs.[1] These 10 respondents had, between them, a total of 72 *GCSEs* (mean 7; range 4-11). Although some of these young people (n=8) secured at least some grades below the nationally recognised target benchmark - of 'C' - 8 did obtain some grade 'Cs' or higher. These latter young adults had a total of 40 such GCSEs between them (mean 5; range 1-11). Of these 8, 5 obtained at least five A*-C grades - another nationally recognised benchmark in England (DCSF, 2009a). *GNVQs* (*General National Vocational Qualifications*) and *NVQs* (*National Vocational Qualifications*) were also quite common among former residents - these being obtained by five people.[2] One person had obtained *Advanced Level General Certificates of Education* (commonly referred to as A Levels).[3] Four people had obtained a range of other types of qualification. The large majority of our participants were, at the time of their interview, involved in some form of post-school education or training (n=10; 62%). Most of these young adults (n=9) were taking vocational courses at Further Education (FE) colleges.[4] One person was currently at university, studying for an undergraduate degree. A further three of the young adults were in full-time employment and the remaining three were not in education, employment or training.

The young adults we interviewed do less well in terms of their educational achievement than young people and adults in the general population (DCSF, 2009a) but better than care leavers (Brodie, 2005; McAuley and Bunting, 2006) and LAC drawn from NBCSs (Cheung and Heath, 1994; Viner and Taylor, 2005). For example, while 65% of young people in the general population in 2008 attained the nationally recognised minimum benchmark of at least five A*-C grades at GCSE, the figure for LAC is 14% (DCSF, 2009a). Jackson, Ajayi and Quigley (2005) reveal that while 43% of all young people in the UK attend university, the figure for LAC is one in a hundred. It is notable that the proportion of our interviewees who were still involved in education – albeit mostly below

university level – is higher than that of 18 year olds (44%) in the general population in England (DCSF, 2009b). It is possible, therefore, that their educational achievements will improve in the future.

Table 3 about here

Accommodation

Most of the young adults in our study had experienced only a small number of moves since leaving *The Orchards* (Table 3). Of the 16 young adults in the sample, 12 (75%) had moved only once or twice in this period. Many of these respondents had moved either to a foster home or to another children's home, and were still there, or had moved to a foster home and then independent accommodation. Our interviewees had, between them, lived in a quite wide range of different types of accommodation (n=8) since leaving *The Orchards*. This included living independently (21% of all separate accommodation episodes), supported lodging (a foster home in which the young person has a considerable degree of autonomy (15%) and other children's homes (12%). The most common type of living arrangement the interviewees had encountered since leaving their TCH was foster care. This accounted for more than one-third (35%) of all accommodation episodes. One individual had been in two different foster homes but the remaining ten interviewees had each been in only one foster home. None of the interviewees had been homeless. Only one interviewee had been in any form of secure or custodial accommodation since leaving *The Orchards*. The respondents were also living in a quite wide array of accommodation (n=6) at the time they were interviewed but a sizeable majority were living in independent or semi-independent (supported lodgings) circumstances.

Our interviewees are quite successful in their accommodation careers compared to other care leavers. Some researchers argue that care leavers can have quite stable lives in terms of their accommodation (Ward, Henderson and Pearson, 2003; Wade and Dixon, 2006) but most report considerable instability (Stein, Pinkerton and Kelleher, 2000; Dixon, 2008b). Stein et al., for example, report that two-thirds of their sample had moved once and 24% three or more times within six months of leaving care. It has been shown, both in surveys of care leavers (Simon, 2008; Stein et al., 2000) and LAC from NBCSs (Viner and Taylor, 2005), that a high proportion of these children experience homelessness. The young adults we interviewed are broadly similar to their peers from group homes who also tend to live in a quite wide range of different types of accommodation after leaving care (Simon, 2008; Wade and Dixon, 2006). Simon, for instance, reports that 39% of care leavers have a social tenancy and 9% a private one, 23% reside in someone else's home (including that of family members) and 9% live in a housing project. There are marked differences between the young adults in our study and care leavers in the literature in terms of other accommodation variables we examined. Our interviewees were much more likely to be living in independent accommodation and much less likely to reside with a family member (none did so in fact) (Bullock, Little and Millham, 1993; Biehal and Wade, 1996). This difference may be explained, in part, by the fact that our sample tended to be quite estranged from their family members.

Early parenthood

Only one of our interviewees had a child. This interviewee was a 24 year old woman who had given birth to her child (who was now 18 months old) when she was 23 years of age. This young woman appeared to be in a stable, co-habiting relationship with the child's father, and both parents were looking forward to the birth of their second child.

The rate of early parenthood among our sample is considerably lower than that reported in studies of children formerly or currently in care (Ward, Henderson and Pearson, 2003; Rainer, 2008). One-in-five of the 15-23 year olds interviewed by Rainer (2008), for instance, is a parent. The early parenthood rate among the young women we interviewed is not as low as that obtained from studies of former care residents drawn from NBCSs (Viner and Taylor, 2005) or surveys of young women in the general population (Office of Population, Censuses and Surveys (OPCS), 1993; National Health Service (NHS) Scotland, 2000) but these differences are relatively small. According to the OPCS, for instance, 5% of young women, aged 15-19 years, in the general population, have children.

Family contact

Of the total sample of 16 young adults, 9 (56%) of them were in contact with at least one member of their immediate or extended (birth) family. This means that 7 of them - or almost one-half (44%) - did not have contact with any family member. The relative with whom interviewees were most likely to be in contact was their mother. All 9 young adults who had contact with a family member were in touch with their mothers at least. (All of the birth mothers and fathers of the 16 interviewees were alive at the time of this follow-up.) The other group with whom contact was quite common was siblings. Of the 13 respondents who had siblings, 7 (54%) of them were in contact with at least one of their brothers or sisters. Contact was much less common with other relatives. Notable among these were fathers. Of the nine interviewees that had any family contact, only three were in touch with their fathers. This means that of the whole sample of 16 young adults, 13 (81%) did not have any contact with their fathers.

We were not able, within this study, to investigate the quality of family contact in any very systematic way but there was some suggestion that it was generally not of a high quality. There was

considerable variation in the frequency of contact the young adults had with family members, ranging from daily to biannually, although much of it was monthly or less. This is well exemplified by contact with birth mothers. Of the 9 young adults who had contact with their birth mothers, 3 had daily to fortnightly contact while, for the remaining 6, it was monthly or less. Most family contact was face-to-face but communication with three family members was primarily or exclusively by telephone or over the internet.

Former LAC discussed in the literature may, like the young adults from *The Orchards*, encounter issues in terms of the quality of the contact they have with family members, as reflected, for instance, in the form it takes and the closeness of the relationships in question (Biehal and Wade, 1996; Dixon, 2008b). They appear, though, more likely to have family contact and this is one of the factors that seems to most mark out the individuals in our study from other care experienced young people. Many children who have been in care return to live with their family (Bullock, Little and Millham, 1993) and some care leavers do so (Biehal and Wade, 1996). It should be noted, however, that all of the studies cited here are based upon samples comprising younger participants. For example, the care leavers featuring in the research by Biehal and Wade were aged 16-19 years and those in the work of Bullock et al were from across the entire child age range. It is probable that age accounts for at least some of the differences we have highlighted, with older care leavers, such as those in our research, being less likely to live at home. Contact can be regular even when children do not return to live with their family (Stein, Pinkerton and Kelleher, 2000; Dixon, 2008b). Dixon, for example, found that of 107 young people from three local authorities 'almost all (95%) of those leaving residential care were in contact with family' p.85). (Again, though, this research was based upon a slightly younger sample; with a mean age of approximately 17 years.) We did not ask our interviewees as to why they had little or no contact with family members but we suspect that much of the reason for this is that they had experienced quite severe maltreatment by one or more of these individuals earlier in their lives. Family contact can be an important source of support for young

people when they leave care (Kufeldt, Simard and Vachon, 2000; Wade, 2008). Whatever the exact reason as to why many of our young adults had limited family contact, this situation will mean that they receive less support from this quarter. However, given that all of our interviewees had been severely maltreated by one or more of their family members, this situation should, perhaps, be viewed as a positive outcome, as it may mean that the young adults are better able to protect themselves from the risk of further psychological and physical harm.

Substance use

Substance use among most of our interviewees was modest and/or had ceased (Table 4). For example, 8 (50%) reported that they drank alcohol only occasionally and a further 7 (44%) said they did not (currently) drink alcohol. Only 1 respondent (6%) had engaged in what she herself would have defined as 'binge drinking' – a colloquial term for bouts of excessive drinking (Institute of Alcohol Studies, 2010). This behaviour had now ceased. Only 1 interviewee (6%) reported being a regular drinker at the moment. Of the 16 respondents, 5 (31%) smoked cigarettes currently but the remaining 11 (69%) had never smoked. The UK *Misuse of Drugs Act 1971* classifies illegal drugs into three categories - Class A, B and C - according to the harm they cause, with Class A drugs considered the most harmful. A total of 3 interviewees (19%) said they had used illegal drugs (19%). Each of these respondents had used not only Class B (for example, Amphetamine or 'Speed') and Class C drugs (such as, Diazepan or 'Valium') but also Class A drugs (for instance, Diamorphine or 'Heroin'). Of these 3 young adults, 2 had now stopped using any illegal drug but the third was still using illegal drugs and in all three classes. This individual was the only person in the sample to have accessed the services of a professional substance misuse team.

The current and lifetime use of substances by the young adults from *The Orchards* is, in general, lower than that of other care leavers (Scottish Health Feedback, 2001; Ward, Henderson and

Pearson, 2003) and former LAC drawn from NBCSs (Ward, 1998; Williams, Jackson, Maddocks, Cheung, Love and Hutchings, 2001), but also young people and adults in the general population (NHS, 2008; 2009; 2011). For example, 65% of all 16-24 year olds in England report having had a drink of alcohol in the last week (NHS, 2009) and approximately 41% have ever used an illegal drug (NHS, 2011). Many of the statistics found in the literature are based upon major population surveys, such as the General Household Survey (NHS, 2009) and the British Crime Survey (NHS, 2011). Although such surveys are far larger and more reliable than our research, they use essentially the same method i.e. asking respondents about their substance use, so it is meaningful to compare the two sets of figures.

Table 4 about here

Criminal proceedings

Of the 16 interviewees, 7 (44%) reported that they had been cautioned [a formal police warning] or convicted for a criminal offence (on one or more occasions) (Table 5). Of these, 2 stated that they had received only police cautions and that these were in relation to minor offences they had committed as juveniles. The 5 remaining young adults had committed a quite wide variety of offences, including theft, possession of drugs and allowing oneself to be carried in a stolen vehicle. Only 1 interviewee had a conviction for violence against the person. Only 1 of the interviewees had received a custodial sentence as a result of their offending. This individual was sentenced to four months in a Young Offenders Institution, having committed two commercial burglaries. The interviewees did not say a great deal about their offences (including when they had committed them) but what they did say reinforced the impression that their offending tended to involve less serious types of crime and represented a phase in their lives, which they had now left behind.

There is a particular scarcity of research on offending rates among care leavers but what data there is suggests that the findings for the former residents of *The Orchards* are broadly comparable to those of other young people who have been looked after. Hobcraft (1998), for example, drawing on data from the National Child Development Study, reports that 20% of female and 52% of male 16 year olds who have been in care have also been 'in contact with the police'. The offending rates for LAC and care leavers are appreciably higher than those of young people and adults in the general population (Budd, Sharp and Mayhew, 2005; Harker, 2009). Budd et al., for instance, reveal that 9% of all 18-20 year old males and an even smaller proportion (2%) of all 18-20 year old females in England and Wales have a criminal conviction. There is some suggestion, within the modest amount of research that does exist, that a small but notable minority of LAC experience incarceration. The published rates differ but they are around the 10% mark (Ward, Henderson and Pearson, 2003; Rainer, 2008). The figure for the former residents of *The Orchards* is lower than this but higher that that for the general population. Prime, White, Liriano and Patel (2001) report that 1.8% of all 18 year old males and 0.1% of all 18 year old females in England and Wales have received a custodial sentence.

Limitations

This research was one based upon only 16 young adults and seven TCHs - all of which were operated by a single organisation. This is a small sample and it does not constitute a wholly reliable basis for drawing substantive conclusions about outcomes in TCHs. Children in residential care are a heterogeneous group (Baker, Anastasio and Purcell, 2007), and TCHs are diverse in their nature and practice (Lee, 2008). The young adults who had been placed at *The Orchards* had quite particular characteristics and the staff provided care according to a quite specific model. It is possible that our results are not generalisable to children who have other types of background or who experience different forms of residential, therapeutic intervention.

The individuals who took part in the research comprised approximately one-half of the traceable former residents, and one-fifth of the young people and adults who were eligible to take part in the research. Those former residents who could not be traced and those who could be traced but did not take part in the research are a special concern. There were a wide variety of reasons as to the young adults ended up in either of these two categories. Some social workers, for example, did not want the young people to participate in the study for fear that this would have an adverse effect on their current placements. Some young people did not wish to be interviewed as they did not want - possibly for emotional reasons – to revisit their time in care. We had very little information on the current circumstances of any of these former residents. This means that we also do not know how representative our sample is of all the young adults, from *The Orchards*, who were eligible to take part in the research.

This study was based upon interviews with former residents but there were numerous other methods and informants that could have been utilised (Curry, 2004; Lee and McMillen, 2008). Standardised instruments, for example, would have been especially valuable in terms of providing us with more valid measures of the young adults' emotional and behavioural well-being. It is likely that had we used other methods and informants we would have gained much more extensive knowledge and understanding concerning the outcomes of the young adults from *The Orchards*. Such an approach would also have enabled us to check the validity of the data provided by the former residents.

We did not have any measure of treatment fidelity (Scholte and van der Ploeg, 2006), so we did not know the extent to which the program model was carried out in practice. It is likely that the young adults who took part in our study were subject not only to the three major forms of intervention within *The Orchards*' program model, but a range of other influences within and beyond this establishment. It is almost inevitable that their outcomes would have been affected by their

experiences preceding and succeeding their time at *The Orchards*. This situation is made more complex by the fact that there was no control group, which would have aided us in trying to separate out the effect of *The Orchards*. It is difficult, therefore, to be certain as to the precise impact that *The Orchards* - either overall or in respect of its individual components - had upon the young adults' outcomes.

Finally, it is problematic assessing our findings in the context of the wider literature owing to the dearth of research, particularly in terms of published studies of TCHs in England (or anywhere else in the UK). The literature that has been utilised for this purpose comprises studies many of which are methodologically different to our research in a number of important respects, including the type of placement, the measures used and the age of the participants.

Conclusions

The outcomes for the 16 young adults we interviewed can, we believe, be rated as good overall. This is particularly so in terms of their emotional and behavioural well-being, physical health, accommodation, and absence of early parenthood and substance use. Other outcomes were more mixed: some young adults did well in respect of their education and the absence of criminal convictions, but others did less well in these regards. Very few of our respondents were especially poor on any of the outcome measures and there was a sense of their lives improving in some of the areas we examined. The young adults had limited contact with family members. It is difficult undertaking any within group comparisons in regards to our data owing to the small sample size. It may, however, be worth observing that there did not appear to be any notable differences between the females and males who took part in our study in terms of their outcomes. In light of the sample

size, the relatively high rate of attrition among our target sample, the existence of a number of major influences in the lives of these young adults, and the absence of a control or a comparison group, we would conclude that our research provides indicative, rather than definitive, evidence of the positive effect of therapeutic residential care.

Our findings are in line with those from a number of other studies in which it has been shown that children from TCHs can have good outcomes and on a range of measures (Hair, 2005). We recognise, as others have done (Hare and Bullock, 2006; Berridge, 2007), that just as those responsible for TCHs are not solely responsible for the shortcomings in the lives of their residents, so too can they not necessarily take all the credit for their positive outcomes . Nevertheless, there is an important suggestion in our work, and that of a number of other researchers, that some of the explanation for the good outcomes among former residents does lie with the care they receive whilst in TCHs.

It is evident from other studies that children's outcomes can be mixed, if not poor (Frensch and Cameron, 2002). Some of the young adults from *The Orchards* had mixed outcomes. This is a cautionary point and it reinforces the argument made by a number of researchers (Connor, Miller, Cunningham and Melloni, 2002; Lieberman, 2004) that there may often be more that those responsible for TCHs - including those from the establishment we evaluated - can and must do to improve their practice, and in doing so enhance outcomes for children.

These findings on outcome also need to be judged in a wider context, and in particular where children have *come from.* A prime example of this is academic attainment. Many children in TCHs have had chaotic and traumatic lives before their reception into care (Steingard, Toscano, Volungis,

Connor and Doerfler, 2004). They may, for instance, have missed out on much of their education and experienced behavioural problems when they were at school (Gallagher, Brannan, Jones and Westwood, 2004). This is likely to have had a quite detrimental effect on their educational achievement. These lower starting points must be taken on board in assessing the outcomes of children from TCHs.

These findings must, in addition, be considered in respect of where children are *going*. We – in common with most other researchers (Lyons, Terry, Martinovich, Peterson, and Bouska, 2001) – measured outcomes at only one point in time and at a stage when the individuals in question were still relatively young. This may not necessarily represent the most valid or meaningful estimation of outcome. There was some evidence in our research that the young adults were, in terms of their outcomes, on a trajectory that, whilst incremental, was upwards. It is possible that were their outcomes to be assessed in another, say, five or ten years, then they might be even more positive.

We concur with the many other authors who contend that there is urgent requirement for additional research on outcomes among children placed in TCHs. A number of these authorities have specified what form this research should take (Courtney, 2000; Hair, 2005; Boyd, Einbinder, Rauktis and Portwood, 2007). We would wish to add two essential components to these proposed agendas: outcome should be broadly defined; and more research should be conducted outside the US.

Important data on outcomes but also process (Gallagher and Green, 2012), pertaining to *The Orchards*, has been produced through this research. The owners and staff of this establishment have been able to use this information to revise, and hopefully improve, their service, with the intention that this will, in turn, enhance outcomes for children. We hope that our work will, in some modest

way, act as a stimulus to others working in the area of residential services to maltreated and otherwise traumatised children to undertake similar evaluations. We believe our research should also act as something of an encouragement for the routine follow-up of children after they have received services more generally. Such evaluations have been carried out elsewhere and across a range of settings. These include studies of school-based peer support programmes (Cowie, Naylor, Talamelli, Chauhan and Smith, 2002), interventions to reduce childhood behavioural and emotional symptoms (McArdle, Young, Quibell, Moseley, Johnson and Le Couteur, 2011) and the treatment of young abusers (Masson, Myles, Hackett and Phillips, in press). This work is the exception though. It is accepted that follow-up studies can be ethically, methodologically and practically-challenging, and resource intensive (Craig, Dieppe, Macintyre, Michie, Nazareth and Pettigrew, 2008; Hill, 2005). This does not, however, obviate the need for such research. Indeed, follow-up studies of services to children are vital if the quality and effects of interventions are to be assessed, and ultimately improved. One important way of overcoming some of the difficulties listed above, would be by building in expectations of such follow-ups at the outset of a service (Masson, Balfe, Hackett and Phillips, 2012). Given the vulnerability of many children's services groups and the degree of intervention that is sometimes exercised in their lives, adoption of such a responsible approach to service assessment and outcome measurement seems imperative.

That said, there is, we would argue, a particularly pressing need for more follow-up research on TCHs, in respect of both process and outcomes. The number of children who need these services is reported to be on the rise (Pavkov, Negash, Lourie and Hug, 2010), and they are said to be presenting with more acute emotional and behavioural problems (Duppong Hurley, Trout, Chmelka, Burns, Epstein, Thompson and Daly, 2009). At the same time, the economic difficulties currently confronting many developed countries have led to extensive reductions in public services (Taylor-Gooby and Stoker, 2011). TCHs have to be seen as being at heightened risk given their very

considerable costs (Kott, 2010). Substantial and reliable data on how well TCHs work and the impact they have would be invaluable in addressing the dilemma that those who are concerned with providing services to this extremely vulnerable group of children now face.

References

Andersson, B. (2007) Diversity in Residential Care and Treatment for Young People in Sweden. Goteborg: University of Goteburg

Baker, D.N., Anastasio, E. and Purcell, J. (2007) Characteristics of children in residential treatment in New York State, Child Welfare, 86, 1, 5-27

Bates, B.C., English, D.J. and Kouidou-Giles, S. (1997) Residential treatment and its alternatives: A review of the literature, Child & Youth Care Forum, 26, 1, 7-51

Behrens, E. and Satterfield, K. (2006) Report of Findings from a Multi-Center Study of Youth Outcomes in Private Residential Treatment. Presented at the 114th Annual Convention of the American Psychological Association at New Orleans, Louisiana, August 12

Berridge, D. (2002) Residential care. In D. McNeish, T. Newman and H. Roberts (eds.) What Works for Children. Effective Services for Children and Families. Buckingham: Open University Press. pp. 83-103

Berridge, D. (2007) Theory and explanation in child welfare: Education and looked-after children, Child and Family Social Work, 12, 1, 1-10

Bettmann, J.E. and Jasperson, R.A. (2009) Adolescents in residential and inpatient treatment: A review of the outcome literature, Child and Youth Care Reform, 38, 4, 161-183

Biehal, N. and Wade, J. (1996) Looking back, looking forward: Care leavers, families and change, Children and Youth Services Review, 18, 4-5, 425-445

Bowlby, J. (1969) Attachment and Loss, Volume 1: Attachment. New York: Basic Books

Boyd, A.S., Einbinder, S.D., Rauktis, M.E and Portwood, S.G. (2007) Building research capacity in residential treatment centers: An approach for empirical studies, Child Youth Care Forum, 36, 1, 43–58

Bratton, S.C., Ray, D., Rhine, T. and Jones, L. (2005) The efficacy of play therapy with children: A meta-analytic review of treatment outcomes, Professional Psychology: Research and Practice, 36, 4, 376-390

Breland-Noble, M.E., Farmer, E.M.Z., Dubs, M.S., Potter, E. and Burns, B.J. (2005) Mental health and other service use by youth in therapeutic foster care and group homes, Journal of Child and Family Studies, 14, 2, 167-180

Brodie, I. (2005) Education and residential child care in England. In D. Crimmens and I. Milligan (eds.) Facing Forward. Residential Child Care in the 21st Century. Lyme Regis, Dorset: Russell House Publishing. pp. 163-171

Brown, K. and White, K. (2006) Exploring the Evidence Base for Integrated Children's Services. Edinburgh: Scottish Executive Education Department

Budd, T., Sharp, C. and Mayhew, P. (2005) Offending in England and Wales: First Results from the 2003 Crime and Justice Survey. London: Home Office

Bullock, R. (2009) Looked after children placed in externally purchased residential care, Journal of Children's Services, 4, 3, 34-48

Bullock, R., Courtney, M.E. Parker, R. Sinclair, I and Thoburn, J. (2006) Can the corporate state parent? Children and Youth Services Review, 28, 11, 1344-1358

Bullock, R., Little, M. and Millham, S. (1993) Going Home: The Return of Children Separated from their Families. Aldershot: Dartmouth Publishing Company

Butler, L.S., Little, L. and Grimard, A.R. (2009) Research challenges: Implementing standardized outcome measures in a decentralized, community based residential treatment program, Child Youth Care Forum, 38, 2, 75-90

Butler, L. S. and McPherson, P.M. (2007) Is residential treatment misunderstood? Journal of Child and Family Studies, 16, 4, 465-472

Cheung, S.Y. and Heath, A. (1994) After care: The education and occupation of adults who have been in care, Oxford Review of Education, 20, 3, 361-72

Cocker, C., Scott, S., Turner, C. and Smith, N. (2003) The Mental Health of Looked After Children in Public Care. Drop in the Ocean: An Examination of Current Specialist Mental Health Projects for 'Looked After' Children within England. Ilford, Essex: Barnardo's

Connor, D. F., Miller, K. P., Cunningham, J. A., and Melloni, R. H. (2002). What does getting better mean? Child improvement and measure of outcome in residential treatment, American Journal of Orthopsychiatry, 72 (1), 110–117

Courtney, M.E. (2000) Research needed to improve the prospects for children in out-of-home placement, Children and Youth Services Review, 22, 9-10, 743-761

Cowie, H., Naylor, P., Talamelli, L., Chauhan, P. and Smith, P.K. (2002) Knowledge, use of and attitudes towards peer support: A 2-year follow-up of the Prince's Trust survey, Journal of Adolescence, 25, 453-467

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I. and Pettigrew, M. (2008) Developing and evaluating complex interventions: The new Medical Research Council guidance, British Medical Journal, 337, a1655

Curry, J.F. (2004) Future directions in residential treatment outcome research, Child and Adolescent Psychiatric Clinics of North America, 13, 2, 429-440

Curtis, P.A., Alexander, G. and Lunghofer, L.A. (2001) A literature review comparing the outcomes of residential group care and therapeutic foster care, Child and Adolescent Social Work Journal, 18, 5, 377-392

Department for Children Schools and Families (2008) Children Looked After in England (including adoption and care leavers) year ending 31 March 2008. London: Department for Children, Schools and Families.

Department for Children, Schools and Families (2009a) Care Matters: Ministerial Stocktake Report 2009. London: DCSF

Department for Children, Schools and Families (2009b) Participation in Education, Training and Employment by 16-18 year olds in England. London: DCSF

Dixon, J. (2008a) Young people leaving care: Health, well-being and outcomes, Child and Family Social Work, 13, 207-217

Dixon, J. (2008b) Young people leaving residential care: Experiences and outcomes. In A. Kendrick (ed.) Residential Child Care: Prospects and Challenges. London: Jessica Kingsley Publishers pp. 76-89

Duppong Hurley, K., Trout, A., Chmelka, M.B., Burns, B.J., Epstein, M.H., Thompson, R.W. and Daly, D.L. (2009) The changing mental health needs of youth admitted to residential group home care: Comparing mental health status at admission in 1995 and 2004, Journal of Emotional and Behavioural Disorders, 17, 164-176

Erikson, E.H. (1965) Childhood and Society. London: Hogarth Press

Frensch, K.M. and Cameron, G. (2002) Treatment of choice or a last resort? A review of residential mental health placements for children and youth, Child & Youth Forum, 31, 5, 307-339

Freud, S. (1901) The Psychopathology of Everyday Life. London: Unwin

Gallagher, B., Brannan, C., Jones, R. and Westwood, S. (2004) Good practice in the education of children in residential care, British Journal of Social Work, 34, 8, 1133-1160

Gallagher, B. and Green, A. (2012) In, out and after care: Young adults' views on their lives as children in a therapeutic residential establishment, Children and Youth Services Review, 34, 2, 437-450

Hair, H.J. (2005) Outcomes for children and adolescents after residential treatment: A review of research from 1993 to 2003, Journal of Child and Family Studies, 14, 4, 551-575

Handwerk, M.L., Huefner, J.C., Ringle, J.L., Howard, B.K., Soper, S.H., Almquist, J.K. and Chmelka, M.B. (2008) The role of therapeutic alliance in therapy outcomes for youth in residential care, Residential Treatment for Children and Youth, 25, 2, 145-165

Hare, A.D. and Bullock, R. (2006) Dispelling misconceptions about looked after children, Adoption & Fostering, 30, 4, 26-35

Harker, R. (2009) Children in Care in England; Statistics. London: House of Commons Library

Hill, M. (2005) Ethical considerations in researching children's experiences. In S. Greene and D. Hogan (eds.) Researching Children's Experiences: Approaches and Methods. London: Sage. pp61-86

Hobcraft, J. (1998) Intergenerational and Life-Course Transmission of Social Exclusion: Influences and Childhood Poverty, Family Disruption and Contact with the Police. London: London School of Economics.

Horwath, J. (2000) Childcare with gloves on: Protecting children and young people in residential care, British Journal of Social Work, 30, 2, 179-191

Howe, D., Brandon, M., Hinings, D. and Schofield, G. (1999) Attachment Theory, Child Maltreatment and Family Support. Basingstoke: Macmillan

Institute of Alcohol Studies (2010) Binge Drinking – Nature, Prevalence and Causes. St Ives: IAS

Jackson, S., Ajayi, S. and Quigley, M. (2005) Going to University from Care. London: Institute of Education

Jackson, S. and Sachdev, D. (2001) Better Education, Better futures. Ilford: Barnardo's

Klein, M. (1932) The Psycho-Analysis of Children. London: Hogarth

Klein, M. (1997) The Psycho-Analysis of Children. London: Vintage

Knorth, E.J., Harder, A.T., Zandberg, T. and Kendrick, A.J. (2008) Under one roof: A review and selective meta-analysis on the outcomes of residential child and youth care, Children and Youth Services Review, 30, 2, 123-140

Kott, K. (2010) Considering Residential Treatment for Youth in the Continuum of Care: A Systems Perspective, Residential Treatment for Children and Youth, 27, 1, 14-22

Kufeldt, K., Simard, M. and Vachon, J. (2000) Looking After Children in Canada. Fredericton, New Brunswick: University of New Brunswick

Lanyado, M. (2003) The roots of mental health: Emotional development and the caring environment. In A. Ward, K. Kasinski, J. Pooley and A. Worthington (eds) Therapeutic Communities for Children and Young People. London: Jessica Kingsley Publishers pp.65-81

Lee, B.R. (2008) Defining residential treatment, Journal of Child and Family Studies, 17, 5, 689–692

Lee, B.R. and McMillen, J.C. (2008) Measuring quality in residential treatment for children and youth, Residential Treatment for Children & Youth, 24, 1, 1-17

Lieberman, R. E. (2004). Future directions in residential treatment, Child and Adolescent Psychiatric Clinics of North America, 13 , 2, 279-294

Little, M. and Kelly, S. (1995) A Life Without Problems? The Achievements of a Therapeutic Community. Aldershot: Arena

Little, M., Kohm, A. and Thompson, R. (2005) The impact of residential placement on child development: research and policy implications, International Journal of Social Welfare, 14, 3, 200-209

Lyons, J.S., Terry, P., Martinovich, Z., Peterson, J. and Bouska, B. (2001) Outcome trajectories for adolescents in residential treatment: A statewide evaluation, Journal of Child and Family Studies, 10, 3, 333-345

Maslow, A. H. (1943) A theory of human motivation, Psychological Review, 50, 4, 370-396

Maslow, A.H. (1954) Motivation and Personality. New York: Harper and Row

Masson, H., Balfe, M., Hackett, S. and Phillips, J. (2012) Making use of historical case material: The problems of looking back and the implications for service development in relation to research and evaluation activities, Journal of Sexual Aggression, 18, 1, 112-122

Masson, H., Myles, B., Hackett, S. and Phillips, S. (in press) Lost without a trace? Social networking and social research with a hard-to-reach population, British Journal of Social Work

McArdle, P., Young, R., Quibell, T., Moseley, D., Johnson, R. and Le Couteur, A. (2011) Early intervention for at risk children: 3 year follow-up, European Child and Adolescent Psychiatry, 20, 3, 111-120

McAuley, C. and Bunting, L. (2006) The Views, Experiences and Aspirations of Care Experienced Children and Young People. Belfast: Voice of Young People in Care

McCurdy, B.L. and McIntyre, E.K. (2004) 'And what about residential …?' Re-conceptualizing residential treatment as a stop-gap service for youth with emotional and behavioural disorders, Behavioural Interventions, 19, 3, 137-158

McKeown, J., Clarke, A. and Repper, J. (2006) Life story work in health and social care: A

systematic literature review, Journal of Advanced Nursing, 55, 2, 237–247

Montgomery, P., Gardner, F., Bjornstad, G. and Ramchandani, P. (2009) Systematic reviews of interventions following physical abuse: Helping practitioners and expert witnesses improve the outcomes of child abuse. London: Department for Children, Schools and Families

National Health Service (2008) Statistics on Smoking: England, 2008. London NHS

National Health Service (2009) Statistics on Alcohol: England, 2009. London; NHS

National Health Service (2011) Statistics on Drug Misuse: England, 2010. London: NHS

National Health Service Scotland (2000) Scottish Health Statistics. Edinburgh: NHS Information and Statistics Division

Office of Population Census and Surveys (1993). 1991 Census Report for Great Britain, Part One, Volume 2. London: HMSO.

Osborn, A. and Delfabbro, P.H. (2006) National Comparative Study of Children and Young People with High Support Needs in Australian Out-of-Home Care. Adelaide: The University of Adelaide.

Pavkov, T.W., Negash, S., Lourie, I.S. and Hug, R.W. (2010) Critical failures in a regional network of residential treatment facilities, American Journal of Orthopsychiatry, 80, 2, 151-159

Piaget, J. (1951) Play, Dreams and Imitation in Childhood. London: Routledge

Plaut, E. A. (1979) Play and adaptation, Psychoanalytic Study of the Child, 34, 217-232

Prime, J., White, S., Liriano, S and Patel, K. (2001) Criminal Careers of those Born between 1953 and 1978. London: Home Office

Pughe, B. and Philpot, T. (2007) Living Alongside a Child's Recovery. Therapeutic Parenting with Traumatized Children. London: Jessica Kingsley Publishers

Rainer (2008) What Makes the Difference? Project for Children in Care and Care Leavers. London: Rainer

Rose, R. and Philpot, T. (2005) The Child's Own Story. Life Story Work with Traumatized Children. London: Jessica Kingsley Publishers.

Rutter, M. (2000) Children in substitute care: Some conceptual considerations and research implications, Children and Youth Services Review, 22, 9-10, 685-703

Rutter M, Tizard J, and Whitmore K. (1970) Education, Health and Behaviour. London: Longmans

Ryan, T. and Walker, R. (2003) Life Story Work: A Practical Guide to Helping Children Understand their Past. London: British Association for Adoption and Fostering

Rymaszewska, J. and Philpot, T. (2006) Reaching the Vulnerable Child. Therapy with Traumatized Children. London: Jessica Kingsley Publishers

Saunders, L. and Broad, B. (1997) The Health Needs of Young People Leaving Care. Leicester: De Montford University

Schofield, G., Thoburn, J., Howell, D. and Dickens, J. (2007) The search for stability and permanence: Modelling the pathways of long-stay looked after children, British Journal of Social Work, 37, 4, 619-642

Scholte, E.M. and van der Ploeg, J.D. (2006) Residential treatment of adolescents with severe behavioral problems, Journal of Adolescence, 29, 4, 641-654

Scottish Health Feedback (2001) A Study of the Health Needs of Young People with Experience of Being in Care in Glasgow. Edinburgh: Scottish Health Feedback

Shengold, L. (1988) Play and therapeutic action, Psychoanalytic Study of the Child, 11, 2, 146-151

Simon, A. (2008) Early access and use of housing: Care leavers and other young people in difficulty, Child and Family Social Work, 13, 1, 91-100

Singleton, N., Bumpstead, R., O'Brien, M., Lee, A. and Meltzer, H. (2001) Psychiatric Morbidity Among Adults Living in Private Households, 2000. London: The Stationary Office

Smith, B.D., Duffee, D.E., Steinke, C.M., Huang, Y. and Larkin, H. (2008) Use and predictors of out-of-home placements within systems of care, Children and Youth Services Review, 30, 12, 1425-1436

Stage, S. A. (1999) Predicting adolescents' discharge status following residential treatment, Residential Treatment for Children and Youth, 16, 3, 37–56

Stanley, N., Riordan, D. and Alaszewski, H. (2005) The mental health of looked after children: matching response to need, Health and Social Care in the Community, 13, 3, 239-248

Stein, M., Pinkerton, J. and Kelleher, P. (2000) Young people leaving care in England, Northern Ireland, and Ireland, European Journal of Social Work, 3, 3, 235-246

Sutton-Smith, B. and Herron, R.E. (1971) Child's Play. Chichester: Wiley

Steingard, R.J., Toscano, P.F., Volungis, A.M., Connor, D.F., Doerfler, L.A. (2004) Characteristics of children and adolescents admitted to a residential treatment center, Journal of Child and Family Studies, 13, 4, 497-510

Taylor-Gooby, P. and Stoker, G. (2011) The coalition programme: A new vision for Britain or politics as usual, The Political Quarterly, 82, 1, 4-15

The British Psychological Society (2006) Code of Ethics and Conduct. The BPS: Leicester

Tomlinson, P. and Philpot, T. (2008) A Child's Journey to Recovery. Assessment and Planning with Traumatized Children. London: Jessica Kingsley Publishers

Viner, R.M. and Taylor, B. (2005) Adult health and social outcomes of children who have been in public care: Population-based study, Pediatrics, 115, 4, 894-899

Wade, J. (2008) The ties that bind: Support from birth families and substitute families for young people leaving care, British Journal of Social Work, 38, 1, 39-54

Wade, J and Dixon, J. (2006) Making a home, finding a job: Investigating early housing and employment outcomes for young people leaving care, Child and Family Social Work, 11, 3, 199-208

Ward, J. (1998) Substance use among young people 'looked after' by social services, Drugs: Education, Prevention and Policy, 15, 3, 257

Ward, J., Henderson, Z. and Pearson, G. (2003) One Problem Among Many: Drug Use Among Care Leavers in Transition to Independence. Home Office Research Study 260. London: Home Office

Ward, H., Holmes, L. and Soper, J. (2008) Costs and Consequences of Placing Children in Care. London: Jessica Kingsley Publishers

Ward, A., Kasinski, K., Pooley, J. and Worthington, A. (Eds) (2003) Therapeutic Communities for Children and Young People. London: Jessica Kingsley Publishers

Williams, J., Jackson, S., Maddocks, A., Cheung, W-Y, Love, A. and Hutchings, H. (2001) Case-control study of the health of those looked after by local authorities, Archives of Disease in Childhood, 85, 4, 280-285

Winnicott, D.W. (1968) Playing: It's theoretical status in the clinical situation, International Journal of Psycho-Analysis, 49, 4, 591-599

Winter, K. (2006) Widening our knowledge of young looked after children: The case for research using sociological models of childhood, Child and Family Social Work, 11, 1, 55-64

Zoccolillo, M., Pickles, A., Quinton, D. and Rutter, M (1992) The outcome of childhood conduct disorder: Implications for defining adult personality disorder and conduct disorder, Psychological Medicine, 22, 4, 971-986

Table 1 Characteristics of sample

Description	*n*	*%*[a]
All former residents of organisation (N=117)		
Aged 16 years + and completed GCSEs[b]	77	66
Aged under 16 years or not completed GCSEs	40	34
Traceability of former residents eligible for study (n=77)		
Traceable	34	44
Untraceable	43	56
Participation, by traced residents, in study (n=34)		
Participated in study	16	47
Participated in, then withdrew from study	1	3
Never participated in study	17	50
Gender of participants (n=16)		
Female	10	63
Male	6	37
Age at time of interview (years, n=16)		
16-17	5	31
18-19	5	31
20-21	5	31
21+	1	6
Ethnicity (n=16)		
White	15	94
Black or other minority ethnic group	1	6
Special needs (n=16)		
None	14	88
Moderate learning difficulties	2	12

[a] Percentages may not total 100 because of rounding
[b] General Certificate of Secondary Education – the exam that young people in England usually take in their final year of compulsory education

Table 2 Interviewees' ages when they arrived at and left, and the time they spent in, *The Orchards*

Description (N=16)	***n***	***%[a]***
Age arrived at TCH (years)		
5-7	6	37
8-10	6	37
11-13	3	19
14-16	1	6
Age on leaving TCH (years)		
8-10	3	19
11-13	8	50
14-16	4	25
17	1	6
Time spent in TCH (years)		
2-3	6	37
4-5	8	50
6-7	1	6
8-9	1	6

[a] Percentages may not total 100 because of rounding

Table 3 Young adults' educational achievements and accommodation histories

Description	*N*	*%*
Information on qualifications (N=16)		
Known	14	87
Not known	2	12
Whether, and type of, qualification obtained (n=14)		
A Levels	1	7
GCSEs (grades A*-C)	8	57
GCSEs (grades A*-G)	10	71
GCSE grades not known	1	7
GNVQ/NVQs	5	36
Other[a]	4	29
No qualifications obtained	3[b]	21
Current educational situation (n=16)		
Further Education college	9	56
University	1	6
Employed full-time	3	19
Not in education, employment or training	3	19
Number of moves of accommodation since leaving TCH (N=16)		
1	4	25
2	8	50
3+	4	25
All accommodation episodes (by type) since leaving TCH (N=34)		
Foster home	12	35
Independent	7	21
Supported lodging[c]	5	15
Children's home	4	12
Boarding school	2	6
Family	2	6
Adoptive home	1	3
Young Offender's Institution	1	3
Current type of accommodation (N=16)		
Independence	7	44
Supported lodging	4	25
Foster home	2	13
Adoptive home	1	6

University & foster home	1	6
Children's home	1	6

[a] One person each had obtained: a Business and Technology Education Council (BTEC) National Diploma; an OCR (Oxford, Cambridge and RSA (Royal Society of Arts) Business qualification; a Diploma in Electronic Engineering; and three AS (Advanced Subsidiary) Levels (an examination that is between a GCSE and A' Level)

[b] Totals do not equal 100 because participants could be in more than one category.

[c] A type of foster care but one in which the young person lives relatively independently

Table 4 Young adults' substance use and criminal histories

Substance	*Never*		*Only in past*		*Currently*	
	n	%	n	%	n	%
Alcohol (N=16)	6	37	1	6	9	56
Regularity of alcohol consumption (n=10)						
Occasional	n/a	n/a	8	80	8	89
Regularly	n/a	n/a	1	10	1	811
Binge	n/a	n/a	1	10	0	0
Total	n/a	n/a	10	100	9	100
Cigarettes (N=16)	11	69	0	0	5	31
Illegal drugs (N=16)						
Class A	13	81	2	12	1	6
Class B	13	81	2	12	1	6
Class C	13	81	2	12	1	6
	Ever					
	n	%	n/a	n/a	n/a	n/a
Criminal proceedings (N=16)						
Never convicted/cautioned	9	56	n/a	n/a	n/a	n/a
Convicted	5	31	n/a	n/a	n/a	n/a
Cautioned only	2	2	n/a	n/a	n/a	n/a

[1] GCSEs are the standard, national, academic examination for young people in England, usually taken towards the end of their last year of compulsory education - around the age of 16 years.
[2] GNVQs and NVQs are - or, in the case of GNVQs, were - the standard, national, vocationally-oriented qualifications. They are commonly taken by young people and young adults but are available to all age groups.
[3] A Levels are the standard, national, academic examination in England, usually taken by young people at the end of a two-year period of post-compulsory education - around the age of 18 years.
[4] FE colleges provide both academic and vocational sub-university level courses, largely for young people who have left school at the end of their compulsory education.