

research findings from the literature to support the FCGH model.

It should be noted that the book is not presented in a particularly 'reader friendly' style. It is largely a research report and reads as such, presenting a detailed analysis of data and discussion of research design and methodology. It would be unfortunate if the presentation deterred practitioners and others from the book as it contains useful material for those working in this area at all levels. The author provides a useful discussion in relation to the difficulties of research design and methodology in the child and family welfare program area and the publication is thus useful to read for those interested in researching child and family welfare programs. A particular asset of the publication is the bibliography which provides an excellent reference of research and literature in this area, and draws on literature from Australia in addition to the United Kingdom and United States of America.

It is good to see a publication such as this at a time when out-of-home care is not in favour and often used as a last resort. The intent of the model and the research is to see out-of-home care as part of a continuum of care offered by services with the aim of promoting the child's optimum involvement in family life and leading to improved outcomes for the child, family and, in the long term, the community.

#### REFERENCE

Small, R.W., Ainsworth, F. & Hansen, P. (1994), *The Carolinas project - working paper No 1*, Needham MA, Albert Trieschmann Center.

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## Caring for children away from home Messages from research

L. Archer, L. Hicks, M. Little & K. Mount

Wiley, Chichester, UK, 1998, 108 pp.

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This book, associated with the remarkable research efforts of the Dartington Social Research Unit in the UK, is the equivalent for residential care of the 1995 publication from the Dartington team about messages from research in child protection. It draws on twelve studies which were part of the research program commissioned by the Department of Health as part of the implementation of the Children Act 1989. It builds on the substantial literature review published by the unit in 1993 and pursues many of the questions posed at the completion of that review. It contains a stunning array of material drawn together in an overview of the field in the UK. This is complemented by summaries of the twelve research projects conducted by notable research teams working from an interesting array of institutions, University of York, Dartington Social Research Unit, University of Bristol, University of Luton, Tavistock Institute and the Cardiff University Business School. Some conclusions of interest to practitioners, among the many issues explored in respect to the children and young people, the organisation, staffing and climate of the homes and management and contextual issues, are outlined below.

#### INFORMATION

Better outcomes are seen to be achieved if information about children being looked after and their families is properly communicated to all those involved. Residential social workers and carers need to be trained in the collection, interpretation and presentation of this information, in terms of what it means for the supervision and day-to-day care of the child and work with the family. Information about risks and protective factors can be used to make a prognosis of a child's future life chances as a basis for intervention. Information can thus be used to predict outcomes, in order to

encourage realistic expectations about the future, and to tailor the intervention to the specific needs of the child.

Too often residential homes are forced to admit ever more difficult children, whose needs are increasingly incompatible. Information about children in need should be used to ensure a workable fit between children placed in the same setting.

#### ASSESSMENT

It is not just a matter of controlling difficult behaviour, but being able to make judgments about the underlying causes, and developing strategies to break chains of negative effects. Policies and practices in relation to improvement of behavioural patterns needs to be based upon evidence collected from the aggregated client information available.

#### CHARACTERISTICS

It is seen as preferable that the ratio of staff to residents be kept as low as possible, to facilitate relationships and to ensure that there are savings in staff time which could be used for purchase of additional support services. Residential homes are seen to be fluid environments and thus frequent changes (of both staff and residents) within children's homes must be expected and anticipated.

#### MODELS OF INTERVENTION

The quest for 'treatment' is seen to be futile and it is considered unlikely that behaviour modification or psychotherapy alone are the answer. Outcomes for children are explained by a combination of the child's background, the prognosis were no intervention attempted, the services provided to the child and his/her family, the match between needs and services, and any protective factors operating in the child's favour. Residents in children's homes are not seen to

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have needs that demand treatment within the home itself, rather support should be obtained from outside professionals.

There is a tendency to normalise behaviour which is potentially damaging to the child and others, and to treat as risky behaviour that which ought to be regarded as unremarkable. Advice about the care of sexually abused and abusing children needs to be translated to policy and practice. Young people living together in groups are likely to form sexual relationships with each other, yet residential care provides a good opportunity for education about sexual behaviour and health, in order to reduce management problems such as unwanted pregnancy.

Planning for children often depends on administrative dates, but instead, attainable outcomes for children should be the focus. There should be attention to the signal points such as running away, delinquency, drug abuse or relationship problems that follow entry to care or accommodation. Certain children in care will always run away, and it is important to know which children are at risk, what can be done to prevent it, and which runaways are at greatest risk of further harm.

#### AIMS AND OBJECTIVES

It is seen as essential to be clear about the objectives of the residential home, with a good manager working from these objectives, ensuring that they are met. Ingredients of high quality residential care thus entail the appointment procedures and support mechanisms for managers of homes. It is seen that mechanisms need to be in place to ensure that staff keep sight of their principal responsibility, the priorities for the child and the home, and the division of labour with other professionals.

#### MANAGEMENT

More management resources should be devoted to breaking down the isolation of residential services in relation to the connection to the service system. Managing effectively is seen to involve: clarity about the needs of the children in care; keeping in touch with the problems staff face; support for individual members of staff who have experienced particular difficulty; increasing the standing of workers by eliciting and communicating their opinions; ensuring that homes are not forced to accept children whom they are ill-equipped to handle; and keeping staff up to date about the central developments.

#### STAFFING PROCESSES

Terms and conditions for residential staff should extend to authority and autonomy to influence decisions concerning children in their care. Damaging stress levels can be reduced if staff feel they can influence their own destiny. Where information is lost or restricted, morale suffers. Effective channels of communication in residential homes will enable staff to do their job well, and managers need to be kept informed about what staff discover on a day-to-day basis.

Policies which encourage staff to work across contexts and which treat staff as members of a team with competencies beyond the residential sector will be of general benefit.

#### STAFF TRAINING

When a staff group is divided, troubles can be seen to double. Joint training and development are needed to ensure that the staff group is likely to be united and to avoid the consequences of difficulties such as change of function, joining two teams, and frequent use of temporary staff. Effective monitoring and regulation are likely to be best achieved through good supervision, better training and good use of management information as through the attentions of a detached regulatory framework.

Training programs could be reviewed to determine the extent to which courses enhance the skills of working with troubled children. Encouragement should be given to staff to assemble skills that are relevant across health, education and social services settings, to improve professional confidence of staff entering the residential sector.

#### SUPPORT SERVICES

It is seen as important to match children's multiple needs with a continuum of services – social workers, health professionals, school and employment specialists may be required. These services need to be organised so that they are part of a coherent whole. Integration of services needs to be improved through better communication, training, appraisal systems, joint working patterns and consultancy.

Services need to be designed around the needs of identified groups of children being looked after. Work that begins with those at risk of poor outcomes could provide a route to this way of operating. There should be better relationships between social services and education departments, and employment options.

The book concludes with twelve 'true for us' exercises to help people associated with the delivery of residential services to test their situation against the evidence from the research and some words from the young person's perspective:

- *No one should tolerate bullying – staff, young people or managers.*
- *Education is not just for five years; it affects your whole life.*
- *Have higher expectations of us.*
- *Listen to us, empower and value us.*
- *Reduce the number of staff changes.*
- *Leaving care can be like a bereavement.*
- *Stop moaning, focus on the positives – move forward.*

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