Going the extra mile

An Evaluation of a Residential Unit for Younger Children provided by Aberlour Sycamore Service

FULL REPORT

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Biography of author

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Foreword

The role of residential child care and its contribution to the continuum of children's services continues to be debated. There is an urgent need to develop an extensive evidence and research base in relation to residential child care in order to identify its strengths and areas of practice that need to be improved. This requires studies focusing on different aspects of residential care, and adopting a variety of research methods and techniques. I, therefore, welcome this study of the Aberlour Sycamore Services Residential Unit for younger children.

The evaluation provides a detailed picture of the philosophy and practice of the residential unit. It identifies positive features of residential work with younger children, highlighting the importance of relationships, teamwork and a clearly articulated philosophy of care. The report also highlights the way in which the residential unit integrates with foster, education and therapeutic services. Areas of practice which need to be improved are also discussed, and clear recommendations for development of practice.

The research clearly evidences the benefits to children, and makes a strong case for the development of residential services which are designed to provide specifically for the needs of younger children. More residential services should be monitoring and evaluating their work and this study provides a useful model.

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Acknowledgements

Many thanks to everyone who contributed so generously to the report including the children and young people, the staff at the Unit, Sycamore Services and Aberlour, parents and carers and external professionals.

With special thanks to the members of the Advisory Group for their thoughtful advice and support:

Kelly Bayes, Head of Policy and Communications, Aberlour
Kerryanne Duffin, Project Worker, Sycamore Services
Scott Dunbar, Service Manager, Sycamore Services
Tim Foley, Head of Service, Sycamore Services
Professor Andrew Kendrick, University of Strathclyde
Moira Rossiter, Project Manager, Sycamore Services
John Ryan, Director of Residential and Integrated Services, Aberlour
Executive Summary

Background

This is a report of an evaluation undertaken for Aberlour Child Care Trust (Aberlour) and Sycamore Services of a residential service (the Unit) for children aged 5 to 11 years. It was carried out between February and October 2006.

The Unit is one of the services provided by Sycamore Services which runs a variety of provision for children and young people who are looked after and accommodated and is based in Fife, Scotland. Sycamore Services is part of Aberlour which works with children, young people and their families and has 46 projects across Scotland.

A total of 55 individuals contributed their views to the evaluation. Participants included staff from the Unit, Sycamore Services and Aberlour, children and young people, parents and carers and professionals associated with the Unit. Children and young people took part through informal conversations, interviews and through play and art activities.

The evaluation focused on process and outcomes; how the Unit worked in practice and the impact of the service with an overarching question, ‘what is the Unit doing and how well is it doing it?’

The Unit

The Unit was established in April 2003 and has the aim of providing therapeutic residential accommodation for children aged 5 to 11 years. The Unit provides six places for children who have experienced placement breakdown and have been identified as being particularly vulnerable. Thirteen children had been placed in the Unit between April 2003 and October 2006.

The Unit accesses a range of resources to support its work within Sycamore Services. These include Sycamore School, which provides education for children who are not ready to enter mainstream school, and Sycamore Families, which provides placements for children and young people in order that they can move on from the residential units in Sycamore. Both were established at the same time as the Unit.

In addition, the Unit works along with the three other residential units, a creative therapy programme and a befrienders scheme, all run by Sycamore. The Unit accesses the services of external consultants retained by Sycamore as well as an in-house training and development programme.
What the evaluation found

This evaluation found that the Unit provided a high quality service to children and its work was regarded as effective by participants in the evaluation. What worked well in the Unit was in line with research evidence about what contributes to a good residential service. In addition the Unit’s practice impacted positively on the outcomes of children and young people although this was measured over a short period of time.

The Unit and Sycamore staff expressed a high level of personal and collective commitment to their work and described warm, caring relationships with children. The commitment of staff and the relationships that staff developed with children who were vulnerable and traumatised emerged as a significant factor in the Unit’s work in improving outcomes for the children. External professionals spoke positively of the Unit, its staff and the impact the service had on children.

Children and young people who lived or previously lived in the Unit were generally positive about their experience and expressed likes and dislikes about particular aspects of living there. They appeared to have affectionate and trusting relationships with the staff and spoke of friendships with other children in the Unit.

Residential care was not the preferred placement for younger children. However, staff and external professionals acknowledged that it was a necessary service for the children who were placed there because of the complexity of the difficulties that children were dealing with and the breakdown of previous placements.

The integrated nature of the provision within Sycamore Services was regarded as an asset and resource for the work of the Unit. This included Sycamore School and the education support it provided to other schools, the fostering service through Sycamore Families, the creative therapy programme and the access to expertise through external consultants and training for staff. The availability of Sycamore residential units for older young people provided continuity of care for some of the young people who were not ready to be placed in a family setting.

Staff and external respondents described positives outcomes for the children and young people, often focusing on improvements in their education, behaviour and relationships. Providing stability and consistency in the residential placement was given high priority.

Challenges in providing the service did exist. These included, for example, establishing a consistent approach by staff to managing behaviour, communicating the therapeutic approach of the Unit and Sycamore Services and having the Unit and the school located on the same site. Measuring outcomes for children who were placed in the Unit was noted as being particularly difficult. However, this was also seen to be a challenge for services generally.
Some of the challenges reflected issues that arose from the establishment of the Unit’s practice and structures in its first three years. Others arose from the complexity of providing appropriate support to vulnerable children who had complex needs and required interventions across a range of services.

In conclusion, the evaluation highlights many positive elements of a residential child care service for younger children, its potential for contributing to the well being of children who have experienced trauma as well the need to better understand its impact on children’s lives in the short, medium and longer term.

Recommendations

Residential services for children
Organisations with an interest in research and residential services for younger children should consider undertaking research in this area.

Service providers and policy makers at local and national level should be encouraged to debate the appropriateness of residential care for children under 12 years.

Staff and management roles
Management roles in the Unit and Sycamore should be revisited and clarified.

Aberlour and Sycamore should look at ways of further developing internal communications.

Strategic relationships with local authorities could be further developed in order to support Sycamore’s work.

Promoting the Sycamore ethos and therapeutic programme
Sycamore and the Unit should explore ways to better promote the underpinning principles and approaches of their work.

Unit environment and relationships
Sycamore and the Unit should give consideration to re-locating Sycamore School so that it is not sited alongside the Unit.

The Unit should explore opportunities for maximising children’s participation further in order to ensure that children’s views are taken into account across a range of areas.

Assessment and promoting positive behaviour
Sycamore and the Unit should look at ways in which Sycamore’s own treatment and assessment plans (TAPs) could be improved with the inclusion of more details about long term aims and objectives and the measurement of a child’s progress over time.
The Unit should consider whether it is possible to increase opportunities for one to one time between staff and children, particularly between key workers and the children they support.

**Education**

Sycamore, its education service and the Unit should explore how it can develop the Sycamore Education Service to meet a variety of educational needs for young people placed in Sycamore.

The Sycamore Education Service should also consider how it could develop partnerships with external education professionals.

**Work with families and moving on**

The Unit should consider whether it requires to develop specialist expertise in work with families to extend its practice in this area.

Sycamore and the Unit should review the transition process for children who move on to see if any adjustments in the current provision are required.

**Outcomes for children and young people**

Aberlour, Sycamore and the Unit should consider establishing common organisational outcome measures and methods for monitoring progress towards achieving successful outcomes.

Sycamore should consider using its extensive experience and range of services to develop research which can measure and evaluate the impact of its services on children and young people’s outcomes over a period of time.
Chapter One: Introduction

Background to the evaluation
Sycamore services
The ethos of Sycamore
What contributes to an effective residential child care service
Residential care for younger children
Summary

Background to the evaluation

This report describes an evaluation of a residential unit (the Unit) for children\textsuperscript{1} between the ages of 5 and 11 which was established in April 2003. This is one of the services provided by Sycamore Services which runs a variety of provision for children and young people who are looked after and accommodated and is based in Fife, Scotland. Sycamore Services is part of Aberlour which works with children, young people and their families and has 46 projects across Scotland.

The Unit had been running for three years at the time of the evaluation. Aberlour and Sycamore Services were keen to explore how effective the Unit had been since it was set up, the impact of its programme on outcomes for young people and to explore what lessons could be learned from its initial period of operation. The evaluation focused on process and outcomes; how the Unit worked in practice and the impact of the service with an overarching question, ‘what is the Unit doing and how well is it doing it?’

The evaluation was undertaken in order to provide Aberlour, Sycamore Services and the Unit with an increased understanding of the effectiveness of the Unit and to inform decisions about future programming. It also aimed to provide services and policymakers with evidence about the work of the Unit and its relevance to the development of other services. Finally, it was an opportunity for children and parents and carers to give their views on the work of the Unit, to comment on what had worked for them and to influence future planning of the service.

The evaluation was undertaken between February and October 2006 by an independent research consultant who was commissioned by Aberlour. The evaluation involved staff from the Unit and also from Sycamore Services and Aberlour. External professionals who were interviewed included social work and education professionals and consultants used by Sycamore Services to support their services. Children and young people living in the residential unit and who had moved onto live with foster carers were interviewed. Foster carers and members of children’s families were contacted. An advisory group gave input to the research and a member of staff was nominated as day to day contact for the evaluation.

\textsuperscript{1} ‘Children’ is used throughout the report to describe children placed in the Unit. Where children have moved on to another placement and are older, ‘young people’ is used.
Sycamore Services

Although the evaluation focuses on the work of the Unit, this report makes reference to other Sycamore Services which contribute to the programme that the Unit delivers. Sycamore Services provides the infrastructure and direct management for the Unit and an evaluation of one of Sycamore’s component parts has to acknowledge the role of the whole service and the close interaction between all of its services. This report therefore begins by briefly describing Sycamore’s underpinning ethos and the services that it provides.

Sycamore Services describes itself as providing a ‘therapeutic residential experience for some of the most disturbed and disturbing young people aged 5 to 18 years plus in the country’ and highlights its underpinning philosophy as one which is humanist and values each individual (Sycamore, a). It provides a service for children and young people across Scotland.

The Unit is one of a range of projects run by Sycamore Services which was established in 1983 in order to provide community and residential services for young people. Sycamore Services has developed a number of projects during this period which aim to respond to the needs of children and young people and can be used by all the services under its umbrella. All of Sycamore services are based in Kirkcaldy, Fife with the exception of the Unit and Sycamore School which are based in a neighbouring town.

The following services are provided by Sycamore.

Residential Units
The Unit is one of four residential units. The other three units, which were established in the 1980s, focus on the needs of young people in the older age group. One unit is specifically for children and young people aged from 8 to 13 (although the young people placed there are generally ten years or over), another focuses on slightly older young people aged 12 to 16 and the third residential unit supports young people aged 15 to 18 as they prepare for moving on to living independently. In total 22 children and young people live in Sycamore’s residential units.

Family Resource Flats
There are two Family Resource Flats which provide places where families can meet with children and young people. Family members can stay here overnight and are able to access support, if required, from Sycamore staff.

Creative Therapy
The Sycamore Creative Therapy programme aims to help children and young people ‘who are experiencing difficulties and cannot verbalise their feelings’ (Sycamore, b). The service includes art and play therapy and is provided by qualified creative therapists who are Sycamore staff.
Training and Staff Development
A dedicated post supports training and development of staff and foster carers within Sycamore. This includes an internally provided training programme as well as facilitating staff access to training and education externally. A programme of over 90 events was organised for staff in 2006.

Sycamore Families
Sycamore Families provides family placements for children and young people in order that they can move on from the residential units. This was established in 2003 at the same time as the Unit with the intention of providing high quality, well supported placements for children. In addition Sycamore Families provides respite care so that young people in the residential units can have a break and get the opportunity to have a family experience. Respite care is also available to young people who are placed with foster carers through Sycamore Families.

Sycamore Befrienders
Sycamore Befrienders provides volunteer befrienders for young people in Sycamore Services. The aim is to provide a ‘special person’ for a young person so that they can develop positive relationships with other adults outside the staff team. All Befrienders are Disclosure Scotland checked and receive training.

Sycamore School
Sycamore School was established in April 2003 at the same time as the Unit. The school is based in the grounds of the Unit in a large portocabin building. The school’s aim is to provide education for children who are not ready to enter mainstream school and to support opportunities for reintegration into mainstream education. Children from the Unit attend either local schools or Sycamore School depending on their individual needs. All children who have attended the school have come from the Unit or from another Sycamore residential unit.

Sycamore Consultants
Sycamore Services also retains the services of several external consultants who make up the Consultants Group and provide a variety of support, consultancy and training with the aim of assisting Sycamore to develop good practice. The Consultants Group was established in 1999 although consultants have been used by Sycamore since 1983.

Currently the consultants group include a consultant focusing on therapeutic residential child care, team building and group consultancy, a psychologist specialising in behaviour disorder and a psychiatrist. Another consultant provides support specifically to Sycamore Families. The pattern of support is negotiated annually but includes delivery of a variety of training days and consultancy on practice with individual young people. The Consultant Group has previously been evaluated and in that study it was identified that Sycamore was probably unique in Scotland at the time in its use of consultancy to support its practice (Kendrick and Mitchell, 2004).
The ethos of Sycamore

The ethos and culture of a residential unit is identified in research as being essential to the working of an effective residential service (Brown, Bullock, Hobson and Little, 1998). Clough, Bullock and Ward (2006) define it as the ‘something extra’, above and beyond the practical and physical arrangements of a service. This aspect of a residential service has been demonstrated as being important in shaping attitudes and affecting the behaviour of staff and children (Clough, Bullock and Ward, 2006).

The ethos of Sycamore Services is regarded as being of fundamental importance to its work. This is reflected both in the service literature and also in the views of staff. The underpinning ethos of Sycamore Services is to provide a service based on a child centred approach with a ‘strong commitment to the individual development of each child emotionally, socially, physically and intellectually’ (Sycamore, a). Valuing everyone including the children and young people, the staff team and young people’s families, extends, within the Sycamore ethos, to valuing other professional groups and to the wider community.

Sycamore Services aims to ensure that its services promote trust and respect and a humanist approach which values each individual but does not condone destructive behaviour which lets young people harm themselves or others (Lindsay and Foley, 1999). Its role as a therapeutic service is to use the ‘day-in-and day-out naturally occurring situations in our environment to demonstrate to people that they are valuable human beings, to provide with opportunities for growth and development’ (Foley, 2003). Thus Sycamore Services sees itself as providing opportunities for growth and development rather than a service which may mirror young people’s previous negative experiences of control and rejection before being placed at Sycamore. The service literature highlights that each young person’s success is ‘unique to that individual and dependent on their own individual circumstances’ (Sycamore, a). Therapeutic interventions are not regarded solely as the preserve of particular professionals or programmes although Sycamore provides this form of provision. It therefore fits into an approach which does not separate care or therapy as described by Smith (2005) in his discussion of ‘lifespace’ and child and youth care.

The ethos of Sycamore is given considerable significance in the organisation and is described by the Head of Service as being ‘embedded in concrete’ with all staff having the potential to ‘impact positively on children’. A senior manager reflected on the ethos stating:

‘I see Sycamore having a very grounded base in terms of child centredness and people centred. Everyone counts from the young person to the centre manager to the cook and the cleaner.’

There is further discussion of Sycamore’s ethos and its role as a therapeutic community in Chapter Three.
What contributes to an effective residential service

Identifying the elements of an effective residential child service

There is a wide ranging literature which examines what makes a residential care service effective. These studies have found, unsurprisingly, that what contributes to a quality service is highly complex and depends on the interaction of a variety of different factors (Brown, Bullock, Hobson and Little, 1998; Clough, Bullock and Ward, 2006; Sinclair and Gibbs, 1998). No single element can easily be identified as the most significant contributor to effective child care and as Clough, Bullock and Ward (2006) state, residential care for children should take into account the ‘total lives of children’ when services are evaluated.

Many of the research findings on what works in residential child care could be summarised as ‘everything counts’ from the organisational structures and management arrangements, the relationships between adults and children, the necessity of calling on the expertise of specialised professionals, the quality of therapeutic interventions, access to education and community activities, the physical environment to the attention paid to a child’s relationships and maintaining links with families. Identifying what works in residential care is therefore hazardous as different approaches, cultures or services may prioritise different styles and ways of working. Clough, Bullock and Ward (2006) highlight the dangers of finding a holy grail of what works through looking at research when findings are ‘muddled or oversimplified’.

Studies also state that children come to residential care with the complicated baggage of their previous lives. How effective residential child care is, depends on not only the here and now of the residential experience, but also on the individual circumstances of each child prior to being placed in a unit as well as what happens to a young person when they move on. A residential or foster care service cannot secure children’s educational achievement or inclusion in society in the face of previous poor experiences and without the backing of other services (Clough, Bullock and Ward, 2006). This is a cautionary reminder that an evaluation of residential provision must take account of the limitations in simply attributing either success or failure in outcomes for children to the delivery of a particular residential service.

What makes an effective service

Given the difficulties in analysing what makes residential services effective, research studies also highlight a number of elements which can contribute to a good service (Berridge and Brodie, 1998; Brown, Bullock, Hobson and Little, 1998; Clough, Bullock and Ward, 2006; Happer, McCreadie and Aldgate, 2006; Sinclair and Gibb, 1998). There is a focus on the importance of different components of the service being complementary and harmonious. Brown, Bullock, Hobson and Little (1998) state that if the relationship between the residential home’s structure (its externally and internally defined goals and the values and beliefs of its staff), the staff culture and the child culture is ‘concordant’ and working well together then the home is likely to have better
outcomes for the service as well as those for children. Berridge and Brodie (1998) emphasise the importance of residential services having clear objectives and the necessity of sticking to them.

The need for a staff team to have a range of skills and competences is highlighted in several studies. Berridge and Brodie emphasise the necessity of the unit manager or head of home being able to ‘specify a clear theoretical or therapeutic orientation’ which in turn enables staff to have an understanding of what the residential unit is aiming to do and why (Berridge and Brodie, 1998, p. 163). Sinclair and Gibbs (1998) also state that relationships between the head of a unit and their staff team as well as external management are crucial and this is important where there is an explicit therapeutic component to the work.

Positive relationships within the residential unit are also regarded as fundamental (Berridge, 2002; Clough, Bullock and Ward, 2006; Sinclair and Gibbs, 1998). There is increasing importance attached to children’s views and their right to have a say in decisions that affect them. Emond (2003) states that the everyday experience of living in a residential unit is little researched and that the importance of young people’s peer relationships is underemphasised.

This is only the briefest of acknowledgements to a rich source of studies on what is an effective residential service. Clough, Bullock and Ward (2006), in an analysis of research, helpfully summarise the evidence from a number of studies on what works in residential child care. They identify a variety of factors which can contribute to effective residential care. In summary these are:

Firstly, residential care needs to have a strategic role. Expectations of the service should be realistic with residential care seen to be meeting children’s and families needs. Care plans are based on children’s needs and services are available to meet them. ‘Societal, formal and belief goals’ are in agreement.

Secondly, the manager needs to be in control and well supported. He or she leads on a strategy to make the residential unit child centred and ensure that interventions for children are appropriate to their needs. The staff team is able to deliver these plans and the manager can keep these progressing even when there are difficult periods within a unit. The residential home is of a size where good practice can be sustained.

Finally, the daily practice of the home encourages appropriate contact between children and their families. Children are involved in decisions as are parents where appropriate. Children are treated with respect and have the same access to services as other children. Children have access to any special services they need. There is a reduction in poor behaviour and children are supported when they move on from residential care. (Clough, Bullock and Ward 2006, p. 62)
The authors caution against viewing their summary as an exclusive list of attributes. Within the parameters of this evaluation it provides a useful shorthand list to consider when looking at what contributes to effective residential child care.

Residential care for younger children

Research on residential care for younger children

This evaluation focuses on a service for younger children. However, there is not an extensive body of research in Scotland and the UK on residential services for younger children although much of the research on the effectiveness of units for older children and young people is relevant to this evaluation. Two case studies of residential units for younger children (Hewitt, 2002; Murphy, 2004) draw attention to services, one in England and one in Ireland, which are similar to those of the Unit in that they are for younger children and have a family placement service as part of their package of resources. Both services aim to provide stability and consistency for young children after family and placement breakdown before preparing children to move on and support them in new placements. These services mirror, to some extent, the work of the Sycamore Unit. They emphasise the usefulness of the residential experience for children who have had damaging experiences, its benefits in providing opportunities for children to learn to deal with group and family living and its capacity to provide individualised programmes for each child (Hewitt, 2002; Murphy, 2004).

Appropriateness of residential care for younger children

In order to explore particular issues around residential child care for younger children, participants in the evaluation were asked whether residential care was appropriate for this age group. On the whole, Sycamore staff and external professionals took a pragmatic view about placing young children in residential care. Several said that, if children had to live away from home, foster care was probably the best option. One social work manager commented that residential care for younger children was right where it fitted into a continuum of care, where things have failed at home, where there is not professional foster care available and where children are so damaged that they cannot sustain a close relationship with a foster carer.

Residential care as a positive choice

In cases where children had complex needs and had experienced several placement breakdowns at a young age, residential care was regarded as a positive choice by nearly all the participants. As one manager stated, there was a need ‘for a robust resource to hang onto kids’. There was recognition that living in the intimacy of a foster household could be very difficult for some children and young people. Hewitt (2002) writing about Clanhaven, a residential unit for younger children, says that children should be placed within a family but that poor previous experiences can prevent a child moving immediately to a family setting.
As a result of residential care being seen as a second choice for those under 12 years, several participants thought some children were being placed too late in residential units. This view of residential care as a ‘last resort’ or reluctant second choice did a disservice to the role of residential care for younger children, according to many of those interviewed. In situations where children required intensive support, residential units might have the best resources to deal with their complex needs:

‘If people had made a decent assessment of their [children’s] capacity to engage in a family at the beginning, then it would have been more sensible to place them earlier in residential care so they were not further damaged. And they might have got something that would have been helpful and they could move on to having a family.’

Sycamore consultant

Residential child care for younger children was likely to have the objective of moving children on to family settings where appropriate or to other residential units (Hewitt, 2002; Murphy, 2004). This was the case in the Unit. The residential unit therefore has a specific role in providing a stabilising environment and preparing children for moving on. Participants emphasised the importance of this aspect of residential services for younger children.

**Care of younger children**

It was recognised by many of those interviewed that there needed to be different approaches to the care of younger children. However, it was not always acknowledged by providers that working with this age group involved different or additional skills. Several participants highlighted areas that they regarded as essential for looking after younger children. These included caring skills, attention to health and safety issues and knowledge of children’s developmental needs. Examples included providing physical affection through hugs, basic primary care such as bathing and dressing children and putting them to bed. Hewitt (2002) endorses the importance of this level of care, identifying a range of caring tasks from ‘sharing jokes and laughter’ to accepting and understanding a child’s anger and distress.

Some of these tasks were not necessarily part of the work of residential care workers used to working with adolescents. It was mentioned, for example, that physical contact with children was likely to be a particular challenge to accepted practice for those working with older young people. Staff also had to be comfortable using play, both as an everyday activity and also for its therapeutic benefits. One person suggested that skills related to the needs of younger children were necessary but that residential care for older young people would also benefit from the use of these skills:

‘Play therapy, storytelling, drama. In a sense you can see their applicability more with younger rather than the older age group and that is probably wrong but it is about use of age appropriate methods.’

External professional
Participants indicated that there might be aspects of children’s lives which would require age related knowledge and expertise such as mental health and educational needs. Family contact, although important across the age groups, may have a particular context for younger children and require residential workers with expertise to support family links effectively.

**Policies on residential care for younger children**

Although children under 12 years are routinely placed in residential care in Scotland, either in residential units or schools, there are not a significant number of residential units which are specifically established for children in this age group. According to a number of participants who drew on their own experience, the difficulty of providing appropriate residential provision for younger children was due to strategic policy decisions, nationally and locally. Placing children under 12 in residential child care was not regarded as desirable, in their view, by government or by local authorities. As a result, provision for younger children was not planned and the needs of this group were unacknowledged, in spite of children of this age requiring placements. This has led to children under 12 being routinely placed along with older young people in residential provision without careful thought being given to their particular needs. Milligan, Hunter and Kendrick (2006), in their study of trends in residential care in Scotland, found that 24% of admissions to residential care were children under 12. There is, they suggest, a contradiction between the policy of local authorities where children under 12 are kept out of residential care if at all possible and the actual figures of younger children in residential units, even where they may be staying for short periods before going onto other placements.

Several participants highlighted that changes in the needs and number of children and young people looked after away from home meant that there were more young children who required a residential option, even for a short period of time and that service providers needed to respond to that need:

> ‘We have got trapped into a dogma that says it [residential care] does not work for children under 12. I don’t agree. I think there are some children, and increasing numbers of children at the moment, who have suffered because of that.’
> Sycamore consultant

Several professionals in this evaluation indicated that there should be more debate on the appropriateness of residential care for some children under 12. There was a view that the Scottish Executive needed to give greater consideration to the place of residential care in care away from home for children under 12 years so that local authorities and other providers could develop provision that met children’s needs better. In addition more attention should to be given to training and education of workers with younger children.
Summary

This report describes an evaluation of a residential unit (the Unit) for children between 5 and 11 years which was established in April 2003.

The Unit is one of a range of projects run by Sycamore Services which was established in 1983 in order to provide community and residential services for young people.

The ethos of Sycamore Services is regarded as being of fundamental importance to its work. This is reflected both in the service literature and also in the views of staff.

Studies have found that what contributes to a quality residential service is highly complex and depends on the interaction of a variety of different factors.

There is not extensive research in Scotland and the UK on residential services for younger children.

There was a view that there should be more debate on the appropriateness of residential care for some children under 12 years at national policy level.
Chapter 2: Methodology

Research participants

Consent and ethics

Research activities with the children and young people

Summary

Research participants

The evaluation was carried out using a range of methodologies. Semi-structured interviews were undertaken with participants and took place face-to-face or over the telephone. Interviews were taped where possible and were analysed by themes using a qualitative software package. All views were anonymous and contributions are attributed to broad roles rather than to named individuals. Possible participants were identified through the evaluation project’s advisory group, from details of contacts that were passed to the researcher and through early interviews with senior staff. Evaluation questions are at Appendix One.

The following different groups of research participants were therefore approached to participate in interviews:

- Staff in Aberlour Head Office and Sycamore Services including staff in the Unit, those in sister units and managers
- Children and young people who lived in the Unit at the time of the evaluation and those who had previously been placed there
- Parents and carers of young people
- Professionals associated with the Unit and Sycamore Services including members of the consultant group and social work, health and education professionals
- Any other informants helpful to the evaluation process identified by Aberlour.

A total of 55 people were interviewed from across this range of contacts with two parents responding by questionnaire. A breakdown is below.

Table 1.

<table>
<thead>
<tr>
<th>Research participants</th>
<th>Number</th>
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<tbody>
<tr>
<td>Aberlour Head Office</td>
<td>3</td>
</tr>
<tr>
<td>Sycamore Services</td>
<td>7</td>
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<tr>
<td>Unit</td>
<td>14</td>
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<tr>
<td>Sycamore consultants</td>
<td>4</td>
</tr>
<tr>
<td>Young people</td>
<td>8</td>
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<tr>
<td>Parents and carers</td>
<td>4</td>
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Sycamore and Aberlour staff
Fourteen staff were interviewed from the Unit itself and included managers, project workers, relief and night staff, cleaners, the cook and the administrative assistant in order to gain perspectives from the whole Unit staff team. Staff from Sycamore Services who worked closely with the Unit were interviewed and three senior managers from Aberlour Head Office also participated in the evaluation.

Parents and carers
Two foster carers were interviewed. A questionnaire was also circulated to parents or family members with two responses received. This low response to the questionnaire may be attributed to a number of factors; contact with parents coincided with an annual review that the Unit was undertaking and three of the six young people in the Unit at the start of the evaluation moved onto other placements at the point of contact. The researcher also reviewed responses from parents and carers to the Unit review.

External contacts
A range of external contacts were invited to take part in the evaluation including social workers and teachers where children attended mainstream school. In addition, contact was made with senior social work managers in two local authorities which had placed children in the Unit. Members of the consultant group and an academic with expertise in residential child care were also interviewed.

Analysis of documentation
The evaluation analysed documentary evidence from the Unit and Sycamore Services. This included information from the Unit records, reports, inspection reports and promotional materials for Sycamore Services and the Unit. Access to documentation took account of Aberlour and Sycamore’s policies on confidentiality.

Contact with the Unit
In addition the researcher visited the Unit on ten different occasions to interview staff and the children. This gave the researcher the opportunity to visit the Unit at different times of day and over a period of several months, both during term time and during the school holidays.

Consent and ethics
The evaluation design took account of the sensitive nature of the work of the Unit and the need to ensure that children and their families’ confidentiality and anonymity were protected. The researcher was Disclosure Scotland checked.
Parents and carers consent was sought for the participation of their children in the evaluation. This, in some instances required a number of contacts from the Unit staff and from the researcher. Consent for all the children was eventually gained with the exception of two of the four young people who had moved onto other placements. A total of eight children and young people therefore took part in the evaluation; six who were living in the Unit at the beginning of the evaluation and two who had moved on and were living with foster carers. The youngest participant was six years old and the oldest was twelve.

**Children’s and young people’s consent**

Children informed consent was sought. This involved talking to the children about the nature of the project over a period of several weeks. Children were informed that they could withdraw from the evaluation at any point. Their consent for contacting their social workers, teachers and members of the family was also sought as well as permission for the researcher to look at the Unit’s Treatment and Assessment Plans (TAPs) for each individual child.

All the children gave their consent to take part and withdrew from activities when they did not want to talk or wanted to do something else. The children were reluctant to be taped until the researcher had visited a few times. One of the children became interested in using the digital recorder and interviewed staff and the other children. The other children then agreed to being formally recorded. The two young people who had moved on to live with foster carers and took part met the researcher on one occasion. All the children and young people who took part received a gift token.

**Research activities with the children and young people**

The researcher visited the Unit to speak to the children on six different occasions during school holidays as well as in term time. In order to make the encounters between the researcher and the young people more informal and fun, the researcher brought along games and arts materials. This was popular and offered an opportunity to introduce the evaluation project in a less intimidating way. Staff encouraged the children to meet with the researcher on a one to one basis but a flexible approach had to be taken by the researcher when more than one child wanted to join in with the activities.

The researcher gathered data, with the children’s consent, from informal conversations as well as interviews, some taped and some not. Arts activities were also used including sticking shapes, which represented areas of the children’s lives such as school, food, feeling safe, onto paper which was divided into different categories such as ‘brilliant’, ‘alright’, ‘don’t like’ and ‘more to say’. This worked effectively as an ice breaker to further discussion with the children and provided a record which could be referred back to in future sessions.
Summary

A total of 55 individuals contributed their views to the evaluation, mostly through interviews.

Participants included staff from the Unit, Sycamore Services and Aberlour, children and young people, parents and carers and professionals associated with the Unit.

Children and young people took part through informal conversations, interviews and through play and art activities.
Chapter Three: The Unit- its history, staffing and organisational structure

History of the Unit
Aims and objectives of the Unit
Children and young people
Staffing, management and resources
The ethos of Sycamore Services
Sycamore Services and Aberlour
Summary

History of the Unit

In the period 1999 to 2001, Sycamore Services identified that there had been an increase in the number of younger children who were being referred to its other residential units which were for older young people. Some of these younger children had become residents. Sycamore Services’ perception was that, although the number of very disturbed children was small, there were no specialist services available which could meet these children’s needs (Aberlour, 2001). This was confirmed by discussions with several local authorities who indicated that they did require appropriate provision for this age group. The decision was therefore made by Aberlour that Sycamore Services set up a service specifically for the younger age group.

The Unit was established in April 2003 to provide six specialist places for children aged 5 to 10 years. In the period April 2003 to October 2006 a total of 13 children were placed in the Unit.

Aims and objectives of the Unit

From the beginning, the new service was conceived as having three components: a residential unit, an educational service and a fostering scheme. Each has a manager with a new post of project manager established to manage the Unit, the school and another residential unit. The fostering scheme is managed by the Head of Service. The initial aims and objectives, as outlined in the original proposal, were:

- To provide therapeutic residential accommodation for children aged 5-10 years
- Prevent inappropriate placements in other resources
- Provide focussed input to facilitate short-term residential unit placements
- Assess child and family functioning in school, home, community, and intervene effectively
- Prevent repeated breakdown of foster placements
- Provide Special Families, trained and supported to foster disturbed children
• Re-establish children in mainstream education.
  (Aberlour, 2001)

The evaluation explored whether these aims and objectives were still relevant three years on. All the respondents to this question indicated that they were still accurate. One objective had been slightly amended with the upper age of children in the Unit raised to 11 years. This was based on the Unit’s experience that some children needed a longer period before moving on to another placement. There was an extension of a further year to 12 years for one young person who had particular needs. The increase in the age limit also reflected the reality of the time it took to set up appropriate placements. A small number of those interviewed said that they felt the children should, in some cases, be moving on sooner.

The Unit updated its original aims and objectives in a recent project review describing the service and its aim as:

‘accommodation for a group of six very vulnerable primary aged children (5-11 years) who can/do display extreme levels of behaviour. It is a short term provision, with a view to moving children into a smaller family/specialized foster care setting—as and when it is felt the child is ready.

The aim of the service is to provide a therapeutic environment where the children feel safe to engage with adults and their peers in a trusting and appropriate way. The children are provided with ‘age and stage’ appropriate experiences and opportunities often missed during their earlier years, which is vital to their future physical, emotional, intellectual and social development.

Family work is also an important part of our service and we increasingly work with families (where appropriate) with individual programmes. The Unit provides 24 hour/365 day care and support and works closely with the other service providers within Sycamore i.e. Sycamore School, Creative Therapy, Sycamore Families to achieve our aims.’
  (Aberlour, 2006)

The objectives for the service are also outlined in the Project Review (see Appendix 2).

**Children and young people**

The children had experienced several placement breakdowns before they arrived in the Unit (see Table 2). The legal grounds for referral for the majority, but not all, of the children were supervision requirements under Section 70 (3) of the Children (Scotland) Act. Children were aged between five and nine years at the point of referral (see Table 2). They were placed by local authorities from across Scotland with four children from the local authority area where the service was based.
Several social workers interviewed for the evaluation stated that they placed children in the Unit because of the lack of alternative provision which could meet the needs of the children in their care. They described previous placements which were unable to manage behaviour of a child or were otherwise inappropriate. Some social workers were attracted by the co-location of the school and the Unit because of children’s experience of schools which had not been able to meet their needs.

The children who were admitted to the Unit were identified as being particularly vulnerable with differing experiences of broken placements, challenging behaviour, learning difficulties and putting themselves at risk.

After a request for referral, the Unit undertakes an initial assessment of a child’s needs before he or she is placed there. A programme is then devised to meet the child’s needs with the aim of stabilising his or her circumstances. This enables the Unit to identify an appropriate future placement for the child. The programme is explored in more detail in Chapter Four.

**Staffing, management and resources of the Unit**

**Unit staff team**

The Unit had a staff of 19 which included a Unit Manager, Deputy Manager, ten Project Workers, three night staff, an administrative assistant, two cleaners, one part time cook and access to a Sycamore pool of relief workers. Line management responsibility for the Unit and the Sycamore School rested with the Service Manager who reported to the Sycamore Head of Service.

**Retention of staff**

Retention of staff was high with all the management staff (Service Manager, Unit Manager and Deputy Unit Manager) in post since the Unit began. Six out

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### Table 2.

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of the original nine Project Workers were still at the Unit (two of the Project Workers left after three years and the third returned to the Unit during the evaluation). The domestic staff, the cook, the administrative assistant and the night staff were all members of the original team. Of these staff, several had worked previously in other Sycamore Services and came to work in the Unit when it was established. This included the Unit Manager who had worked for Sycamore Services for 11 years prior to managing the Unit. There was a low sickness record at the Unit with 24 sickness days for care staff in the previous year.

**Staff training and education**

Sycamore has a strong commitment to training which was praised in the evaluation by Unit staff for its quality and accessibility. All staff, regardless of their role, attended training regularly and it was noted that staff mentioned training that they had undergone in relation to challenges that they were dealing with in their daily work.

Training is co-ordinated for Sycamore Services by a dedicated post and includes Sycamore Services’ own programme of internal training as well as facilitating access to external accredited training and education courses. The internal training is mostly provided by a mixture of external professionals, Sycamore’s consultants and staff and covers such areas as child protection, theory and practice of residential child care, CALM training, attachment disorder and ADHD. Staff also join regular practice forums and there is training for individual teams. A total of over 90 events were scheduled for Sycamore staff and foster carers in 2006. All staff, regardless of their role, attend a four day induction course.

**Staff qualifications**

In terms of the registration requirements for the Scottish Social Services Council, one third of the staff were qualified in line with registration requirements with a further third studying for qualifications. All three managers had qualifications in social work.

Of the 10 project workers, three project workers were studying for social work degrees, one was studying for a HNC and four were studying for SVQs. Two newly appointed Project Workers were unqualified or were not studying for qualifications at the time of the evaluation.

Additionally, the Unit Manager was studying for the Diploma in Management and the Service Manager for a Masters degree.

**Working in the Unit**

Unit staff who were interviewed for the evaluation enjoyed their jobs and spoke about their commitment to the children in the Unit. They also liked working for Sycamore Services and several mentioned being able to call on support and skills from elsewhere in Sycamore although this was sometimes inhibited by the distance of the Unit from other Sycamore Services. One manager said that this wider Sycamore community meant that there was a ‘network of problem solvers’ accessible to the Unit.
Project Workers talked about the heavy commitment that the job entailed, the unsocial hours and having to ‘take the job home’. A few mentioned that supervision could be the casualty in a busy schedule. Several Project Workers discussed the difficulty of undertaking one to one work with children because of the demands on staff and the complex needs of the children. Changes in staff were sometimes disruptive and effective communication required constant reinforcement. Most staff talked positively of team working and warmly of colleagues with one Project Worker describing the team as one of the best he or she had worked with.

Management of staff
The managers associated with the Unit spoke highly of the commitment of their staff team, acknowledging that this was there even when the Unit was experiencing a difficult patch. Other staff talked of managers’ approachability although some indicated that more support for staff was needed. There was a suggestion that there should be more positive feedback on the team’s work. A number mentioned that they would like Project Workers to be given more autonomy and responsibility for decision making when they were on shift. There was some confusion about the different roles of managers and Project Workers with concern expressed about decisions taken by staff being overridden by managers on occasion.

Several issues for managers emerged. Maintaining consistency in practice in the Unit was extremely demanding for managers. Pressure on managers also arose from dealing with the stress of staff, sometimes arising from problems outside the workplace. One manager indicated that there was a need for additional support for managers to deal with this area of their work. The distance of the Unit from the main Sycamore office meant that managers could sometimes feel left out of opportunities for networking and meetings within the wider Sycamore service.

Management roles within Sycamore were not always clear to staff. This included responsibility for making decisions, managing staff and for making links externally. It was acknowledged by some Sycamore staff that a new layer of management had created some confusion in terms of roles.

Perceptions of staff by external professionals
External professionals such as social workers, teachers and head teachers and Sycamore’s external consultants rated the skills of the staff team at the Unit highly. Their professionalism and attention to detail was acknowledged with one social worker describing the team as dedicated and persistent ‘when other people would have given up’. Several commented on good communication with Unit staff, stating that telephone calls were returned and the regular written reports helpful. One of the external consultants talked about the ‘genuine warmth’ of the staff and their ‘incredible awareness of the positive side of children’.

The leadership and management of the Unit was particularly praised with comments variously highlighting the child centred approach of managers, their
passion and commitment, thoroughness, good communication and their positive and optimistic approach towards the children.

Where there were concerns, external professionals indicated that these took second place to their positive opinion of the staff team. One respondent stated that the Unit sometimes took on too much and overreached themselves in caring for individual children but recognised that there was ‘nothing else for these kids’. A couple of professionals indicated that there had been occasions when communication had not been as good as it should have been or that handover arrangements between Unit staff could have been better. One mentioned an incident with a child which they felt had been handled inappropriately but went to say that the ‘open honest relationship’ they had with the Unit enabled everyone to move on. Generally therefore, the staff team were recognised as a skilled, committed workforce who were child centred and pro-active in solving problems.

**Working with partners**

Organisations were positive on the whole about working relationships with the Unit and Sycamore and saw the partnership arrangements as working well. Senior social worker representatives indicated that the Unit and Sycamore provided a good service for individual children although they were not necessarily aware of the detail of placements. They were attentive to what were the best options for their own local authorities as purchasers and corporate parents and were interested in the kind of services being commissioned by themselves from providers, what they cost and which children were being placed there. One local authority, which was some distance from the Unit, indicated that the best option would be to provide services locally, rather than have children displaced from where they live and social workers travelling a significant distance to keep in touch with the child and the placement agency.

Two participants commented that there could be more contact with senior education and social work managers in the local authority where Sycamore Services was based in order to develop strategic relationships further. One of the consultants indicated that social workers sometimes needed to be encouraged to maintain their active involvement with children once they were placed in the Unit in order to maximise partnership working.

**The ethos of Sycamore Services**

The ethos of Sycamore Services is described in the service literature as humanist, valuing each individual and promoting growth and development (see Chapter One). This was consistently mentioned during the evaluation as being an essential component in how Sycamore’s services were delivered to children and young people and underpinning all its programmes. In research on residential child care, how the ethos and in turn the culture of the service is understood and acted on is regarded as crucial to the effectiveness of the service (Brown, Bullock, Hobson and Little, 1998). This evaluation found that staff within Sycamore expressed a general understanding of and commitment
to, the ethos of Sycamore Services although this was often articulated in different ways by participants in the evaluation.

It was described by different members of staff as being, for example:

‘about children, where they are and recognising difference’

‘helping people grow and looking at people on an individual basis’

‘we do the best for Sycamore children as we would want for our children’

‘all for the best of the individual—staff, children and outside agencies.’
(Sycamore staff)

A small number of staff said that there were instances where they felt the ethos of Sycamore was not fully implemented in its services. This related to the situation of staff rather than to that of children and young people.

Outside Sycamore Services there was less clarity about what the ethos of Sycamore actually meant although these participants also acknowledged the child centred basis of the service and its quality.

**Sycamore as a therapeutic community**

Sycamore is described as a therapeutic service for children and young people. In the service literature it is described as:

‘based upon the work of Carl Rogers which suggests that the most therapeutic tool Sycamore possesses is the individual member of staff and how the staff uses themselves in their day-to-day interaction with our clients.’
(Sycamore, a)

However, the role of Sycamore as a therapeutic community was not always well understood, particularly by those outside the immediate service. This, a number of participants indicated, was related to the difficulty of defining what is a therapeutic community or service. As one senior professional outside the organisation said:

‘What is it that is magical about the therapeutic community? Who else has the magic wand?’

Clough, Bullock and Ward (2006) highlight that there is often ambiguity about therapeutic care and its purposes and it can be sometimes seen as inappropriate for many children, even though all children coming into care might need support of some kind or other.
Others were uncertain about the definition of a therapeutic service and whether Sycamore fitted the description. Was the therapeutic community, a senior manager asked ‘a concept or reality’ and was it widely understood as an approach? Another participant queried whether the term therapeutic was understood by all staff. The study found that a number of members of staff did describe their concept of a therapeutic service and how Sycamore provided that to children. One talked of the therapeutic work of Sycamore as that which:

‘makes kids feel better and enables them to understand events, make sense, let things go… and look at here and now and what is in the future.’
(Sycamore staff member)

This is similar to other definitions of a therapeutic service. Tomlinson, writing about a well known therapeutic service for young people, the Cotswold Community, talks of providing a therapeutic environment:

‘where it is safe to think about the trauma, experience feelings about it and make reliable provision to heal the trauma.’
(Tomlinson, 2004, p.17)

He describes the capacity and opportunity for staff to be reflective about children’s emotional well being and the necessity of understanding how children’s development is affected by poor early experiences. Without dealing with this trauma, drawing on the work of the child psychotherapist, Dockar-Drysdale, children lack the ability to:

‘form attachments, receive nourishment, and engage in the ordinary experiences that enable growth and development.’
(Tomlinson, 2004, p.15)

The Head of Service emphasised that the staff team’s role was to be a ‘therapeutic tool’, building relationships with young people and exploring the underlying causes of young people’s behaviour through the context of what they had experienced. This view of the role of staff in a therapeutic process is reflected in Smith’s (2005) exploration of ‘lifespace’ which highlights the importance of all daily events for informal as well as formal interventions by residential care workers.

Although many staff did not describe the Unit’s work as therapeutic, they discussed their work with children which addressed particular behaviours. Staff referred to the impact of attachment disorder on individual children, how the children were ‘wee babies’ or toddlers in their emotional development and ways in which they, as members of staff, were responding to patterns of behaviour which were harmful. Two of the external consultants indicated that staff were attuned to the potential of therapeutic programmes and believed that therapeutic work was ‘definitely happening’ with staff managing to reduce stress for individual children and enabling them to move on:
'I think they [staff] are able to manage to hold onto meaning for children and help children and themselves make sense of their behaviour. Enables staff to hold on.’
Sycamore consultant

The lack of a consistent understanding of what a therapeutic programme is, particularly outside of Sycamore, indicates that there is an opportunity to provide more information about the therapeutic nature of its work to external organisations. The staff team’s understanding of its therapeutic programme could also be reviewed and consideration given as to whether there are sufficient opportunities for reflection on Unit practice.

**Sycamore Services and Aberlour**

Sycamore Services is unusual in comparison with other Aberlour projects due to the size and scope of its activities. It therefore creates more complex organisational arrangements for the management relationship both between Aberlour and Sycamore and within Sycamore itself.

The Head of Service had led Sycamore Services since its inception in 1983 and was instrumental in developing its programmes. With the development of the Unit, the Sycamore School and Sycamore Families in 2003, a new management structure was put in place with two new managers reporting to the Head of Service. Many of the staff therefore related solely to management structures within Sycamore and saw their relationship as being with Sycamore rather than Aberlour. Unit staff commented that they did not have much contact with Aberlour colleagues from Head Office.

One of the questions, directed to all staff in the Unit, Sycamore and Aberlour was whether the ethos and approach was common to all parts of the wider organisational structure. The overall response was ‘yes, there were core shared principles and a compatible ethos’. Some staff stated that there were also some difficulties in the organisational relationship between Aberlour and Sycamore. There were various views on what contributed to these including changes in the management structure at Aberlour’s Head Office, a perception that Aberlour was more bureaucratic than Sycamore and the longstanding management arrangements and leadership of Sycamore, which had given it autonomy and a sense of separateness from Aberlour.

One senior manager acknowledged that the relationship had worked well up to the present date and there was a good fit between the two different parts of the organisation but that there were different pressures on the whole organisation now. Others reinforced the commitment of both Aberlour and Sycamore to working closely together.
Summary

The Unit’s aims and objectives were still relevant after the first three years of operation although the age limit for children placed in the Unit had been increased to eleven years.

Children who were placed in the Unit were particularly vulnerable and had experienced a series of placement breakdowns.

Staff enjoyed their jobs and were well regarded by other professionals. Staff retention was high and they had access to a wide range of internal and external training and education.

Managers were praised although there was some lack of clarity over different management roles both in the Unit and in Sycamore more widely.

Partnership arrangements with other organisations worked well. Strategic relationships with local authorities could be further developed.

The ethos of Sycamore Services was well understood by staff but not always by professionals outside the service. The relationship between the ethos of the service and its delivery was sometimes unclear to external contacts.

Some participants were uncertain what a therapeutic programme was and how it was being delivered by the Unit and Sycamore.

Aberlour and Sycamore were viewed as sharing core principles and a compatible ethos although there were some difficulties in the organisational relationship which were being addressed.
Chapter Four: The Unit- the environment, relationships and planning and assessment

Physical environment of the Unit
Relationships between staff and children
Treatment and assessment plans
Promoting positive behaviour
Summary

This chapter considers four specific aspects of the Unit including its physical environment, the relationships between adults and children within the Unit, the assessment and planning tool that is used to develop an individual programme for each child and ways in which positive behaviour are promoted.

Physical environment of No 6

A high quality living environment for children and young people was regarded by Sycamore and the Unit as an essential factor in contributing to the children’s and young people’s well being. The evaluation therefore considers the Unit’s effectiveness in creating an environment where children felt well cared for, safe and comfortable.

The relevance of the physical environment to children and young people’s care is also recognised in research. A study examining design interventions in four residential units for children in South Lanarkshire states the importance of good design for well being (Docherty, Kendrick, Sloan and Lerpiniere, 2006). The Social Work Inspection Agency (2006) in its review of looked after children in Scotland emphasises the importance of ‘good quality surroundings, furniture and decoration’ for young people’s ‘esteem and behaviour’.

The Unit as a home

The Unit is housed in a large detached Victorian house in a residential area. The house has the traditional layout of a house of its period. It has a large lounge, a smaller ‘quiet lounge’, a dining kitchen and two offices as well as overnight accommodation for staff downstairs and six bedrooms. It has the appearance of a well cared for environment with ongoing decoration and upgrading.

The house has a big garden to the front of the building with play equipment including a climbing frame and swings, grass and tarmac. The garden is well maintained and the play equipment new. Sycamore School, which consists of a large portocabin, is based in the grounds to the front of the building. To the side is a small outdoor building which houses the Unit’s permanent base for creative therapy.

The gate is secured and has an entry phone. There is high fencing around the house, erected partially in response to concerns expressed by residents living
nearby when the Unit was established. The property and its grounds are therefore reasonably private and not overlooked.

**Staff and young people’s views of the house**

The physical environment of the house was seen by staff and Sycamore Services as an important factor in the high quality care of the children. It was regarded favourably by most staff and children alike being described, for example, as ‘magical’ and ‘homely’.

The garden was very popular with the children with the climbing frame (a favourite place), cycling and skateboarding very popular. One child described it as ‘gigantic’. Only one young person who had moved on from the Unit felt that it was not big enough.

The children played outside after school and during holidays with a wide range of play activities. During the period of the evaluation it was noted that, in addition to playing on the equipment, bikes and running around, the children played board games, had the paddling pool out and generally chatted with each other and members of staff.

A number of staff did not like the locked front gate but recognised its function in keeping children safe. This was regarded as necessary in order to ensure that the children did not leave the premises without an adult. The street outside was acknowledged as being busy and therefore dangerous. This was seen as a downside by some staff, preventing the children from playing out on the street in a safe way and therefore building links with the community. One manager stated that a fence or gate would not be necessary in an ideal world. One child, who has since moved on from the Unit, did talk about the frustration of not being allowed out on the street and or to ‘go up the town’.

**Co-location of the school and the house**

There were some reservations about the physical environment. The main problematic area focused around the siting of the school in the Unit’s ground which was unpopular, particularly with staff. Some of the children and most of the staff talked about the proximity of the school to the House. As one child commented ‘it’s a bit of a short walk’. Staff were on the whole against having the school next to the Unit. One described the closeness to the school and house as ‘living in a goldfish bowl’. Others stated quite emphatically that they ‘hated it’ or it ‘should not be there’. Some of the staff concerns focused on the small world that they perceived some of the children as inhabiting with ‘no getting away from school’.

Others referred to initial difficulties when the school was established which meant that staff from the Unit had been continually being called upon to assist. This call on Unit resources had largely been resolved recently by more staffing in the school and smaller numbers of pupils. There was a strong wish amongst most of the staff in the Unit that the school be moved off the premises.
Children’s bedrooms

Children pick their colour schemes for their bedroom when they come to live in the Unit. Each room is personalised by the children with posters, their own artwork, toys and music.

Rooms were locked and had to be unlocked by staff on request. When children were playing in their bedrooms, a member of staff had to be upstairs. This was not mentioned as a restriction by children although some of the staff mentioned this as an unwelcome necessity. The biggest room was mentioned by one child as ‘sometimes being a bit scary’ although another who moved to the larger room thought it was ‘brilliant’ after being in a small room. Another thought the big bedroom was good for discos.

Two of the children mentioned another child having nightmares. None of the children said that they disliked their current bedrooms or the house generally. In their use of the house they displayed a sense of personal ownership inviting the researcher to see their bedrooms, play games and stay for tea. All the children said that they felt safe in the Unit with the exception of one young person who had moved on and said that he or she had felt safe most of the time.

The staff had mixed feelings about the bedrooms, some commenting on the unevenness of size and what it meant for children to be in the big room where they could feel lost or in the very smallest room where there was little place to play. One member of staff was concerned that overnight staff slept downstairs at the back of the house, a relative distance from the children although there was a waking night shift worker on duty every night upstairs. The member of staff suggested that having communal space and overnight space closer to the children would require fewer restrictions on use of the bedrooms and might be more comforting to children at night if they got distressed.

Office accommodation

The office accommodation for the Unit was in two small offices off the main hall, adjacent to the lounge. The Service Manager, Unit Manager and Deputy Unit Manager were based in one office with the Administrative Assistant in the second office. The busy office environment meant that there was a constant flow of traffic. There was no designated office space for other staff so that access to computers and office was limited. The closeness of the office to the main living area had positive aspects as well as drawbacks. There was a high level of awareness by managers of what was happening in the Unit because of their close proximity. Children frequently came into the office to talk to staff, reflecting an easy going approach to office boundaries and to staff generally. This closeness also meant that the ‘office’ and ‘home’ environment were closely intertwined.

Some staff suggested that if the school was moved, there would be an opportunity to move the office accommodation to the present school building in the garden. Doherty, Kendrick, Sloan and Lerpiere’s (2006) study of the design of residential environments suggests that the office can be ‘a barrier to
interaction between young people and staff’ and that where the office is placed is important and requires careful consideration based on differing needs.

**Kitchen and mealtimes**

Food and eating together was an important part of the Unit for both staff and children, with the kitchen a central focus for the house. Staff sat down and ate together with the children as did any visitors. Berridge and Brodie state that, in their study of children’s homes, mealtimes were frequently a ‘critical guide in gauging social interactions and the atmosphere of the home’ (1995, p.95). This view was reflected by Unit staff. A number mentioned the importance of establishing norms for behaviour at mealtimes, highlighting that some of the children would not have had the opportunity to experience eating as a group at a table in the past or of eating healthily and well.

Establishing consistent behaviour at mealtimes and having a good relationship to food were mentioned frequently as important indicators of children’s progress in the Unit. There was a strong commitment to providing a healthy diet. The children themselves talked positively about the food, mentioning favourite meals (steak pie being particularly popular). One child mentioned that they were not allowed in the kitchen when cooking was happening.

**Child friendly environment**

The house offered a child friendly environment although a small number of staff felt that more could be done to make it more homely or child centred in terms of decoration, photographs and pictures. One staff member said that children should be given more of a free hand to make it ‘their space’. One person, external to the Unit, commented that residential units did not always encourage wider connection with the outside world, for example having newspapers lying around or opportunities for learning about external events as in a family home. The big lounge had some toys and a TV. The smaller living room was used for quieter space for the children and also as a room that could be used for family members when they came to visit.

**General comments on the physical environment**

The house and the surrounding environments were regarded positively by the children and staff with the only consistent negative feedback on the adjacent siting of the school, both in restrictions it made on the children’s everyday experiences and the ‘pull’ it had on the staff in the house.

**Relationships between staff and children**

Relationships between staff and children are known to be fundamental to the working of an effective unit (Clough, Bullock and Ward, 2006). Both staff and children talked positively about relationships within the Unit. When the children were asked who they would speak to when they were upset, they variously identified all of the team, several individuals or one or two staff members. One child said that the children would also talk to each other. The researcher observed affectionate relationships between staff and children with
regular hugs and greetings between staff and children when staff members came on shift. The children sought out staff to have conversations and were confident in approaching them to ask questions.

Staff talked warmly about the children, talking easily about children’s strengths. A member of staff coming back from holiday brought gifts for the children including a special present for a child who had had a birthday while they were away. Staff and children played together with staff initiating playing games or sat talking to the children. One of the external consultants talked about the ‘genuine warmth’ of the staff and their ‘incredible awareness of the positive side of children’.

The children said that they had friends and best friends amongst the other children in the Unit, reinforcing the researcher’s perception of, on the whole, positive peer group relationships. Some of the children did mention that not all the children always got on. Children were seen to be playing with each other and talked affectionately about the other young people from the Unit who had moved onto other placements. Smith (2005) talks of the importance of ritual and rhythm in the practice of residential homes and in encouraging new residents to fit into them. This was noted by the researcher when the children joined the staff in welcoming a new child, introducing him or her to the Unit routines such as mealtimes and encouraging the child to play with them in the garden.

Children having a say

There is a great deal of emphasis put on children’s right to be heard in decisions that affect them (Morgan, 2005). This is particularly challenging where children are young or where they have had difficult experiences. Children were asked if they thought they were listened to in the Unit. Some of the children replied positively to this question although two young people who had moved to foster care both said they were ‘not really’ listened to when they lived in the Unit and another child said that they only got asked what they thought at panels and reviews. He or she did go on to say that if the children ‘wanted to do something then we would all agree about it’. The children who answered the question about their external children’s rights workers were uncertain who they were and their role.

Although the children’s and young people’s views on being listened to were ambiguous, the Unit appeared to value children’s views. However, this could be an area of practice that the Unit explore further in order to maximise opportunities for children’s participation.

Treatment and assessment plans

As part of its programme the Unit develops a Treatment and Assessment Plan (TAP) for each child. These plans are used across Sycamore Services. A TAP highlights issues and gaps in a child’s development, identifies what specific pieces of work need to be done to support a child and the specialised resources that are required. These are updated every six months. It is therefore a significant part of each child’s programme of support.
Each TAP includes sections on family structure, chronological history, family background and a section which the key worker completes with the child, ‘This is me’. The profile of the child considers health, education, emotional behaviour and development, identity, family and social relationships and social presentation. It contains a section on self care skills, strengths and concerns. A monthly review is also produced. This was positively commented on by several social workers and teachers.

TAPs were regarded as a ‘major tool’ and had been used over many years in Sycamore to measure milestones in a child’s development and to underpin its therapeutic work. Children were included in developing TAPs though the ‘This is me’ section but several staff indicated that this was difficult to do well. However, it was important, one manager stated, that children were kept at the heart of the process.

TAPs were regularly reviewed by Sycamore consultants as part of the consultancy service and were regarded as effective. This process, it was suggested, could be extended beyond the involvement of the key worker or manager so that the staff group had a regular and shared way of thinking about the children together. One consultant commented that the TAPs process could be ‘big and cumbersome’ and that staff were sometimes uncertain about the role of the consultant in reviewing the TAPs.

As part of the evaluation, a number of TAPs were examined. They were found to be accessible and detailed documents. There was less information in the TAPs about long term aims and objectives and measurement of a child’s progress over time although interviews with staff indicated that there was a shared understanding of what these were for individual children.

The TAPs were seen as useful in developing programmes for individual children but their format could be reviewed to make them more effective.

**Promoting Positive Behaviour**

Establishing positive behaviour was regarded as an essential part of the work with children in the Unit. This was seen as integral to all aspects of a child’s life whether that was in school, in the house, in relationships or in everyday routines such as meals and bedtime. Staff talked of the importance of ensuring that there was consistency between members of the team about how they dealt with behaviour. Achieving this level of consistency, along with setting acceptable boundaries, was regarded as one of the most challenging areas of the programme with children.

Staff discussed children’s behaviour in terms of their developmental needs, acknowledging that an individual child might not be behaving in an age appropriate way because of their earlier childhood experiences. One of the Sycamore consultants viewed this collective understanding as being a particular skill of the staff team:
‘These children are known and well understood. The attachments and the sense of being held by Sycamore are not the things that happen normally.’

Some of the staff mentioned that the number of children with complex needs made dealing with issues around behaviour particularly difficult. They talked of the pressure of looking after six children with a shift team of three staff, especially if one child was distressed or engaged in challenging behaviour. A number of the Project Workers, particularly in their key worker role, felt that they did not get enough opportunities to have protected one to one time with individual children to talk to them or undertake life story work.

Changes in the Unit often had a big impact on the children and staff and were unsettling. A number talked about particular periods when it had been more difficult than usual in the Unit. School holidays when children were around during the day made more demands on staff.

Physical restraint was used but a number of staff felt uncomfortable about its use, especially with younger children. However, there were a number of incidents where staff had been hurt by children. Some children mentioned the impact of other children’s behaviour on them. Some staff also indicated that children picked up patterns of behaviour from other children in Unit and the difficulty of having older children placed with younger children.

Social workers and teachers noted that the Unit was effective in dealing with some of the children’s challenging behaviour and had seen marked improvements in children’s behaviour. Many of these comments focused on the success of the Unit in establishing consistent approaches and establishing clear boundaries for the children. One social worker believed that the Unit had provided consistent care, clear boundaries and that the staff had shown considerable commitment and dedication to a particular child no matter how he or she behaved. This was a new experience for the child and just what the social worker believed he or she required.

**Summary**

The physical environment of the house and the garden was well liked by children and the staff.

Having the school in the grounds of the Unit was not popular, particularly with staff, and there was a desire to have the school located elsewhere.

Relationships between staff and children and amongst the children themselves appeared to be warm, caring and affectionate.

Children gave mixed responses about being listened to. The Unit might wish to explore this further to maximise opportunities for children’s participation.
Treatment and Assessment Plans (TAPs) were a useful tool which could be improved with the inclusion of more details about long term aims and objectives as well as measurement of a child’s progress over time.

Establishing a consistent approach by staff to managing behaviour was seen as essential and constantly challenging. Some staff would like more one to one time with the children.
Chapter Five: The Unit: Programmes and services

Educational resources and support
Support to families and young people moving on
Creative therapy
Summary

This section considers the particular programmes that are provided to the children by the Unit. These focus on four specific areas: education, support to families, young people moving on and the provision of creative therapies.

Educational resources and support

Access to education

Children and young people’s education is regarded as a priority within Sycamore Services. The aim is to ensure that young people access their full educational opportunities and, where possible, are integrated into mainstream education. Lindsay and Foley (1999), writing about Sycamore, draw attention to the research on poor outcomes for children and highlight that there is a need for more focus on both the ‘organisational’ and ‘practical’ aspects of improving the education of children and young people. This is in accord with a wide range of studies which have drawn attention to the poor educational outcomes of children in residential care and the challenge in countering poor previous educational experiences (Clough, Bullock and Ward, 2006; SWIA, 2006).

In recognition of the challenges of mainstream education for some vulnerable children, the original plan for the establishment of the Unit also included a school with an educational support service. This was established at the same time as the Unit in April 2003 and was developed as an integral part of Sycamore Services with a focus on providing a service for children in the Unit. It should be noted that not all children in the Unit attended Sycamore School but were enrolled in mainstream schools depending on their own needs. The following sections consider the service that Sycamore School offers as well as the support that is provided for children attending mainstream schools.

Sycamore School

The school’s aim is to provide education for children who are not ready to enter mainstream school. It was registered as an independent school providing education for children aged five to twelve years who had additional support needs arising from social, emotional and behavioural difficulties and significant gaps in mainstream attendance.

The school is sited in the grounds of the Unit in a large portocabin and has two classrooms, an office and a quiet room. The playground is the Unit’s garden. The school was staffed, at the time of the evaluation, by a Head of School, one part time teacher and two support workers. In addition one project
worker came into the school for the first period every day and a relief worker accompanied the pupils on their activity afternoon on Fridays.

The school provides the 5 to 14 curriculum. During the first year of its operation seven pupils attended the school with five of the children having records of needs. The number of pupils dropped to three in the third year. At the end of the evaluation in September 2006 this had reduced to one because of the integration of other pupils in mainstream schools. The school had therefore moved eight children on to other educational provision with seven children moving to mainstream schools and one child in a planned move to a residential school. Five of those children were from the Unit including the child placed in a residential school.

Sycamore School also provides educational support to the rest of Sycamore Services including liaison with mainstream schools as well as advice and support to staff. This aspect of Sycamore School’s role was considered to be underutilised because of the daily demands on the Head of Education in maintaining the teaching timetable at the school. This pressure had lessened recently due to an increase in school staffing. There was a view that there was potential to develop the liaison and support role of the school.

Views on Sycamore School

Sycamore School was regarded as making a positive contribution to the education of children by Unit staff, social workers and parents and carers. The children who attended the school said that they liked the school and talked about lessons that they enjoyed. Some of the social workers indicated that the combination of the school and the Unit had been a significant factor in their decision to place children in the Unit.

The recent Care Commission/ HMIE inspection report highlighted the strengths of the school including highly committed staff, ‘pupils’ willingness to learn and their obvious enjoyment in many classroom activities’ and parents and carers being pleased with the work of the school (Scottish Executive, 2005). Initial problems with the staffing and resourcing of the school were resolved when extra teaching staff were recruited and numbers of pupils were reduced.

Co-location of Sycamore School and Unit

The physical co-location of the school with the Unit was not popular (see also Chapter Four). In the early days of the school, the level of staffing meant that Unit staff were regularly called upon to provide support although this was no longer the case as additional education staff had been appointed. The Head of Education and Unit staff described how care was taken to ensure that sanctions in school were not brought to the house at the end of the school day. Considerable effort was put into creating a realistic school environment including, for example, the wearing of a school uniform. However, there were still reservations expressed by a number of staff on the narrowness of the boundaries between home and school although there were no negative comments on the quality of education provided.
A number of responses recognised that there was a tension between providing a school ‘on site’ and the overall objective of integrating all the children in the Unit into mainstream schools. Sycamore staff in particular recognised that it was difficult to achieve this objective for all the children who were placed in the Unit because of their complex needs when they arrived in the Unit and their previous experiences in schools.

Other external professionals, including senior social work managers, were uncertain about the merits of a school on site with one stating that the school then became a boarding or residential school. The ambiguity around the joint role of the school and the Unit had been reflected in Care Commission’s discussions with Sycamore during the period of the evaluation on the registration of the Unit as a residential school. Several professionals commented on the need for children to be integrated in mainstream schools rather than be placed in an independent school. Schools should be expected, they argued, to provide a service for all children.

**Supporting children in mainstream schools**

There was also a significant role undertaken by the Unit in supporting children in mainstream schools including regular contact with teachers, providing assistance in the classroom and at other times of the school day such as lunchtime and in situations when there were problems. This function was also supported by the Head at Sycamore School.

This input to mainstream schools was well regarded. Teachers and head teachers from the schools that children attended were positive about the work of the Unit and noted improvements in children’s behaviour and learning at school. These included the children being able to cope in a classroom setting and being able to learn more effectively.

One school observed that the Unit was very flexible and responsive in its support of a child in the school, noting that the particular child had been experiencing significant difficulties two years previously but now was doing ‘tremendously well’ and had moved to full time attendance in that school. The child’s progress was, in the school’s view, ‘a success story’. Another school commented that the Unit was ‘very responsive if children needed additional support’, noting that the child who attended the school had benefited from additional support in the classroom with funding provided by the placing authority.

Schools that were or had been teaching young people who had moved on from the Unit to foster care were similarly positive, both about the support from Sycamore Services and the progress of the young people. One head teacher commented that the young person had made good progress in their learning, was well integrated in the classroom and was ‘calm, settled, interacting and more optimistic’.
The children and young people themselves spoke positively of attending mainstream school, talking about friends and things they liked doing at school. One of the children talking about his or her school said:

‘It has been great. I love it. I have got a best friend’

Another child said that his or her favourite things at school were his friends and playing basketball. When asked who he or she would talk to when upset at school, the child named a support worker who came in every day.

The young people who had moved from the Unit to foster care and had therefore moved school again talked about having lots of friends and liking their new schools.

Eight children have moved from Sycamore School to mainstream schools or to a specialist residential school. Five of these children were from the Unit. Seven children have attended mainstream school from the beginning of their placement. All the children and young people talked positively about most aspects of school.

**Potential of Sycamore School and its education services**
The potential of the staff expertise in Sycamore School to be used more widely within Sycamore Services and in support to mainstream schools was noted by a range of contributors. Ideas included taking on an assessment role with regards to the children and young people in Sycamore, developing better relationships with schools, providing training to Sycamore staff, supporting home learning, working with social workers and expanding the work to include nursery age children and their families.

**General comments on educational resources and support**
The educational services provided by Sycamore Services, both in Sycamore School and in the Unit, were well regarded. The school was seen to be effective in providing education to children who would have struggled in mainstream school but the physical co-location of the school and Unit was not popular, particularly amongst Unit staff. Some views were expressed about whether it was appropriate to have a school based in Sycamore.

Support to children in mainstream schools by the Unit and Sycamore School was seen as extremely effective, particularly by the local authority schools themselves. The wider remit of the Sycamore School education service was seen as having great potential for supporting children’s and young people’s education.

**Support to families and young people moving on**

**Work with families**
Support to families was regarded as an important part of the Unit’s programme and was included as one of its original objectives. Some children had little or no contact with their families when they arrived in the Unit. Where
it was in the best interests of the child, the Unit then facilitated contact with the child’s family. This could take a number of different forms including visiting a parent or parents over a period of weeks to discuss contact with their child, accompanying a child on visits to family or supporting parents and children when there was a visit to the Unit.

**Relationships with families**

A number of external professionals acknowledged the work that had gone into developing positive relationships with parents and family members even when this was particularly difficult. One social worker commented on a child who started having contact with his or her mother more regularly and how ‘really, really good’ that had been for the child. Another praised the effective working relationship that the Unit had with the mother of one child, especially as the family situation was difficult. One social worker commented that the different role of the Unit, compared to that of social work departments, enabled the staff to work with families in non-threatening ways.

**Complexity of work with families**

Responses also recognised that the family work was complex and was often extremely challenging. One participant from outside Sycamore commented that the work was done well by default, even though it was not the main purpose of the Unit and was not the team’s area of immediate expertise. Staff emphasised that they did try to work effectively with parents although their first priority was to ensure that children felt safe and secure. It was recognised that children’s behaviour could be influenced by contact with the parents, especially when they were distressed after a phone call or meeting. Staff acknowledged that the challenging circumstances of some families meant that contact was difficult but spoke of the benefits of family contact for many of the children.

Although Sycamore Services had originally hoped that some of the family support work might lead to a child returning home to their families, this had not been possible for any of the children who had been placed in the Unit.

The distance from the Unit also impacted on family work. Many of the children originally came from outside the local authority area where the Unit was based. The logistics of travel, both for families who wanted to visit children and for Unit staff to visit parents, were a practical barrier. One senior manager commented:

‘Support to families is pretty good. But I am not sure how much time project staff have to give to that support with natural families. That’s something we need to explore a bit more. In general the support is there but I think the geographical nature of taking folks from different parts of Scotland causes some difficulties.’

**Parents and families’ views**

A number of parents and family members, in their responses to the internal review of the Unit, were positive about communication and working closely with the staff. One response indicated that the family members wanted more
information and felt that communication was poor. Some parents did not respond to the internal review. Two of the children said that they did not see their families enough while another child was able to explain to the researcher why he or she had restricted contact with his or her mother.

**Potential for future work with families**

One participant suggested that work with families could be strengthened in the Unit by greater access to staff training in this area. The impact of substance misuse on some parents made work with families more complicated and it would be helpful if expertise could be drawn together across Sycamore to explore practice issues in the area of substance misuse.

**General comments on work with families**

The work that was undertaken with families was highly regarded and there were noted improvements in contact and relationships between some children and their families. There was also recognition that there were limitations to this component of the Unit’s programme. This was due to a number of factors including the demands on the main role of the Unit in supporting children, the geographical distance of some families from the Unit and the individual situations of some families which made the work particularly complex.

**Sycamore Families**

Sycamore Families was established at the same time as the Unit and Sycamore School with the aim of providing a substitute family resource for children with complex needs. It does this through three different elements; specialist foster care, respite care and befriending.

The service had been developed alongside the Unit in order to identify, recruit and support foster carers for children placed in the Unit. The service is also available for other young people in Sycamore. Additionally it provides respite care so that young people can have a break from the residential units and get the opportunity to have a family experience. This is available to young people who are placed in foster care with Sycamore Families as well. The Befriending Service recruits volunteers who are trained and then matched one to one with children and young people in the Sycamore residential units. Two children in the Unit had access to befrienders.

In its service to foster carers, Sycamore Families provides 24 hour on call support, regular visits from a member of the Sycamore Families Social Worker, financial support for foster carers and access to other Sycamore services such as creative therapy, the training and education provision available to staff and support from Sycamore education services. Its work is based on the premise that there is active planning for a child's future from the moment they enter the Unit. This therefore entails close working between Sycamore Families and the Unit. However, as was emphasised by several Sycamore staff, there was not an assumption that foster care would meet the needs of all the children in the Unit.

In the period that Sycamore Families and the Unit had been running, three young people from the Unit had been placed with foster carers in placements
that had been sustained. One other young person, who was originally placed in foster care and found the intense family setting difficult, had moved to another Sycamore residential unit. One child from the Unit also accessed respite care.

One of the areas of practice which was discussed by a number of participants related to the fostering of young people by members of staff and their families from the Unit. This had happened in two placements, with one placement unsuccessful and one which had been sustained. In discussions on this sensitive area, responses focused on the tensions which potentially arose when a member of Unit staff was also a foster carer and the impact this had on professional boundaries.

Some concern was expressed about the implications of this dual role for relationships with other staff, the perceptions that children might have about being fostered by staff members and for professional practice. Several commented that it was not necessarily inappropriate but it made the situation more complicated.

A similar situation had arisen where respite care was provided by a member of Unit staff for one child. An external professional asked if this situation was best for the child at the same time as recognising that this experience was really helpful. The child who accessed this respite care was enthusiastic about the arrangements and talked about what he or she did when visiting the respite carer.

With the expansion of Sycamore Families, the service has focused on recruiting external candidates who are not employed in residential services.

Comments from young people and foster carers

Young people were interviewed who were now placed with foster carers and had previously lived in the Unit. The young people indicated that they liked where they were currently living and preferred it to living in the Unit. One young person described it as being ‘way better now’. They liked their new schools and had friends.

Foster carers talked about the process prior to fostering and the resources they had available to them as foster carers. They acknowledged the level of support and accessed what felt appropriate for their needs. There had been a number of minor difficulties with Sycamore, often to do with changes in practical arrangements or handovers between staff. The training and support via the consultants was regarded as being particularly helpful with one foster carer saying that the trainers were ‘on the same wave length’ and provided reassurance. One of the foster carers was studying for a HNC, supported by Sycamore Families.

The foster carers talked about improvements they had perceived in the young people’s behaviour and levels of anxiety. One foster carer talked about how well the young person had coped with the changes although there were
occasions when being a foster carer was particular demanding and access to support and training was needed:

‘If you have no experience you will be struggling, think it is directed at you. As long as you know why they’re doing it.’

The placements had been sustained and were regarded by staff in the Unit as being successful in terms of the outcomes for young people.

Moving on: placements in residential units

In a number of instances, where foster care was not an appropriate placement for the young person, the Unit facilitated the young person’s move to other residential units with each placement supported and monitored by dedicated support workers. This was the case for three young people, one who moved to a Sycamore residential unit when a foster care placement was unsuccessful and two who moved directly to a Sycamore unit during the period of the evaluation.

In these instances staff identified that there were several reasons for this option for the young people including a young person’s preference for living in a residential unit to the more intense experience of a family setting, a young person being not ready to live in foster carer and the lack of an appropriate foster carer for a young person. All the children who lived in the Unit knew about the other Sycamore residential units. They perceived the other units, in conversation, as places that some young people moved to after living in the Unit and knew that other young people had moved there. One child, talking about an impending move to another Sycamore unit, said:

‘I am really excited and nervous... It’s fun and scary as well.’

One participant discussed the transition between units saying that, although all the units were underpinned by the same philosophical concepts, there was a difference between the units because of the age group of the young people. This enabled them to experience an immediate ‘physical and emotional change because they are no longer babies.’

General comments on moving on and transitions

How transitions were managed was regarded as extremely important by staff. The balance between it being the right time to move on had to be balanced by the availability of foster carers or residential places. This led to some concerns about children being moved on too slowly or conversely, too quickly. On the whole, most participants regarded placement moves as being handled reasonably well.

Creative therapy

Sycamore Creative Therapy is the third specific programme provided by Sycamore Services which the Unit accesses for children. The creative therapy service involves one to one sessions between a creative therapist and a
young person and aims to ‘effect personal change and growth through the use of art materials in a safe and facilitating environment’ and encourage alternatives methods of communication to verbal expression (Sycamore, b). Creative therapy uses art and play as its medium for the work.

Children are referred to creative therapy by the Unit with the sessions provided on site in a dedicated space. Many of the children in the Unit took part in creative therapy sessions. A Sycamore staff member highlighted the potential for children:

‘Art therapy is a place to express what they need... confidence to share other feelings which are difficult to express with other people and can communicate some of their distress.’

Children themselves talked about enjoying art therapy and the things they had done such as ‘drilling’ or making ‘slinky out of clay’. Some of the young people who had moved on from the Unit still attended art therapy and enjoyed the sessions.

Staff involved in delivering the service noted that, as art therapy progressed, children and young people were often able to talk about issues that were ongoing for them such as ‘family, moving to care, missing brothers and sisters, things that have happened to them’. Generally the creative therapy was well regarded by the children and staff and it was seen as an opportunity to explore feelings, reduce anxiety and providing a safe way to express destructive emotions. The very nature of its activity meant that it was difficult to measure outcomes in the same way as the other parts of Unit’s programme.

Summary

The education service provided through Sycamore School is well regarded. Eight of its pupils have been integrated into other educational provision, seven in mainstream schools and one in a residential school.

The physical co-location of the Unit and the School is not popular with staff in particular.

Mainstream schools have welcomed the support from Unit staff and have noted improvements in children’s participation in school.

There are opportunities for developing the Sycamore education service to meet a variety of educational needs.

Work with families is welcomed by families and social workers although there are challenges in undertaking this work and it is not the main objective of the Unit.
Several young people have been placed with foster carers supported by Sycamore Families. Three out of the four have sustained their initial placements with the fourth moving to a Sycamore residential unit.

There is not an expectation that all children automatically move to foster care. Three young people are currently placed in a Sycamore residential unit for older young people, one of whom was previously in a foster placement.

Transitions are regarded as being handled reasonably well but are impacted on by the availability of placements and children’s readiness to move on.

The creative therapy is seen as a valuable part of the programme which helps children articulate difficult emotions although it is difficult to measure outcomes.
Defining outcomes for children and young people
What are successful outcomes for the Unit
Unit indicators and outcomes
Challenges in measuring Unit outcomes
The outcomes of children and young people in the Unit
Summary

Defining outcomes for children and young people

Understanding the impact of services on outcomes for children and young people is regarded as an important part of service policy, planning, management and delivery. Defining outcomes, Roger Morgan, Children’s Rights Director for England for the Commission for Social Care Inspection, states that:

‘Outcomes are what happens to, and what are experienced, by individual children receiving a service and once they have finished receiving it. They are the results achieved for children by a service. Assessing outcomes requires consideration of results against what was intended, together with feelings about how the results were achieved.’ (Morgan, 2005, p. 97)

According to Brown, Bullock, Hobson and Little, a good residential home is one ‘which achieves positive outcomes for its children’ (1998, p.12). However, it is also acknowledged that it is extremely complex to identify what good outcomes are and to unravel the impact of a myriad of factors on them. Evidence about the impact of interventions is difficult to interpret, particularly as children experiencing difficulties have periods when behavioural and emotional disorders get worse (Clough, Bullock and Ward, 2006). This in turn can impact on research findings.

Over the last few years, a number of tools have been used to help identify and focus on desirable outcomes for children and young people looked after away from home. These include policies, standards and guidance. The UN Convention on the Rights of the Child (1989) lays down principles for children’s rights, including children’s rights to be heard, protected and to achieve their full potential. The Scottish Executive (2006) identifies seven areas which services should aspire to; children being kept safe, nurtured, healthy, achieving, active, respected and responsible and included. The Looked After Children materials, used by local authorities, identify seven developmental dimensions which should be taken account in assessing children’s needs; education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills. The UK government’s Every Child Matters (2003) names five general outcomes for children: staying safe, staying healthy, enjoying and achieving, contributing to
society and becoming economically active. Morgan (2005) states that children and young people consulted by the Commission for Social Care Inspection endorsed the *Every Child Matters* outcomes but added ‘happiness’ as a category.

These are broad aspirations which have to be turned into specific outcomes for children and young people. Some indicators of successful outcomes, where they are quantitatively measurable, are monitored nationally by government such as achievement of educational qualifications, number of placement moves and age at leaving care but others are more difficult to define or to measure. A number of studies have explored what are positive outcomes for children who are looked after. Happer, McCreadie and Aldgate (2006), in a study for the Social Work Inspection Agency (SWIA), state that there is little research on positive outcomes for looked after children. They identified two criteria for defining success amongst research participants in their study; that the participants were ‘demonstrably able to make and sustain meaningful relationships’ and that they were ‘engaged in some kind of work, education, training or meaningful activity’ (2006, p.2). From interviews with young people or adults who had been looked after, the SWIA research then identified five factors which were important to achieve these successes:

- ‘having people who care about you
- experiencing stability
- being given high expectations
- receiving encouragement and support
- being able to participate and achieve’

(Happer, McCreadie and Aldgate, 2006, p.3)

All these different elements make it a complex task to establish, monitor and evaluate the outcomes of a residential service.

**What are successful outcomes for the Unit**

Staff and other professionals were asked their views on what were successful outcomes for children who lived in residential care and for those in the Unit in particular. Many of the participants highlighted that outcomes needed to be individual to a particular child and that it was therefore difficult to identify a common set of outcomes for all children. As one external professional commented:

‘This is one of the most crucial questions and in a sense one of the most difficult questions…it is difficult to generalise because of children’s individual circumstances.’

A senior manager stated that Aberlour itself did not have its own specific outcome indicators and that there were particular challenges in getting children’s views on outcomes. However individual services within Aberlour had developed specific outcomes and indicators relevant to their work. One manager identified a broad spectrum of what might be successful outcomes
for children and young people from seemingly small achievements to more generally accepted wider outcomes:

‘When looking at the background of these young people, what sort of outcomes should we be looking for these youngsters anyway? Just being able to sit in front of the telly for a wee while, communicate with staff without losing the plot, to be able to live in a group situation, be able to sit in a classroom for a period of time, being able to develop and form relationships with other children, develop and form relationships with other adults, whether that be staff or with their families.

And then sort of bigger outcomes. Moving from the school setting into a mainstream setting being able to take their place within the classroom and manage that. Through moving from the Unit into a fostering setting or returning to their families.’

Although Aberlour and Sycamore had not developed specific outcomes which were relevant to the work of the Unit, the range of comments from participants demonstrated that there was a shared view of what were seen as indicators of successful outcomes for children in residential care. These included stability of placements, engaging with school, positive behaviour, developing and maintaining relationships and coping with transitions such as moving to foster care or to another unit. There was little divergence between the views of Sycamore staff or between staff and external professionals.

**Unit indicators and outcomes**

In its 2005-6 Project Review and Forward Plan 2006-07 (Aberlour, 2006), the Unit identified the outcomes which it aimed to achieve:

1. Enabling children to maintain and sustain their placement in order to successfully achieve some sense of a family setting
2. Assisting the children to maintain education including mainstream education
3. Meeting the care needs of children in areas such as health and safety
4. Meeting the developmental needs of children: social, emotional, intellectual and family
5. Identifying children’s unmet needs and putting interventions in place to meet them.

The Unit reported on a number of outcomes it had achieved. These included:

- Three children moved to foster care, one child receiving respite care, one child placed in another Sycamore Unit and two children identified for foster care
- Four children maintained in mainstream education with two children from Sycamore School to access mainstream education when appropriate.
Other indicators which were identified by the Unit in its project review included providing a good standard of accommodation, encouraging a healthy lifestyle, ensuring that staff ratios are sufficient, creating opportunities for recreational and social activities and working with families (Aberlour, 2006).

The Unit review acknowledged that there were limitations in these definitions of outcomes and that this was an area that the Unit would be exploring further. Without a document which brought together details of progress or identified successful outcomes for children in the Unit, it was difficult to establish how outcomes were monitored and how Unit and Sycamore outcomes were linked to externally determined outcome measures. However, a senior Sycamore manager commented:

‘You take any measure and it would agree with a measure of successful outcomes: school attendance, achievement, reduced offending, self harm, relationships, community, moral reasoning. Virtually anything and apply that- and then say that children at Sycamore are very successful.’

A variety of documents did provide data which could be used to monitor outcomes in the future including the detailed Treatment and Assessment Plans (TAPs) and logs, incident reports, feedback from external agencies and questionnaires for the annual review process. Further work could be undertaken to establish common organisational outcome measures and methods for monitoring progress against them.

**Challenges in measuring Unit outcomes**

Several participants pointed out that it was difficult to identify what the medium and long term outcomes would be for children in the Unit. This was for several reasons; the young age of the children, the unknown impact of other factors or changes in their lives and the short period that they had been with the Unit and Sycamore Services.

A Sycamore manager highlighted that positive outcomes in one care environment did not mean that children could necessarily sustain progress:

‘The problem comes because these young people have suffered so much and it has a long lasting debilitating effect. So the capacity to sustain success is more doubtful.’

(Sycamore manager)

Once the children had moved on from the Unit responsibility for monitoring their outcomes was passed to their next placement although this had primarily been within Sycamore in the past.

One of the particular strengths of Sycamore is that it has the capacity to track the outcomes of children and young people who are placed in their provision over time. All of the children at the Unit, with the exception of one who moved
on to a planned placement in a specialist residential school, have remained within the Sycamore ‘family’- in foster care or in another unit. If this continuity is maintained, Sycamore has an opportunity to evaluate the impact of its service for individual children who have been in the Unit over time. When discussing successful outcomes, a number of longer serving staff spoke of young people who had left Sycamore who were still in touch with staff, often getting in contact again after many years. One commented:

‘Young people who lived here and are now 25 to 35 continue to phone up and visit and know we are still here.’

In the absence of significant longitudinal research in Scotland which has followed children and young people though their care experience, Sycamore has an opportunity to use its experience to measure the impact of interventions over a period of time on children and young people’s outcomes.

The outcomes of children and young people in the Unit

When participants in the research were asked about the progress of children who were or had been in the Unit, they gave examples of improved behaviour, positive relationships with staff and other children, managing family contact, attendance and participation at school and successfully moving on from the Unit. These perspectives are highlighted in more detail in earlier chapters and reflect the general view of research participants that there had been progress for individual children during the time that they had been in the Unit.

Social workers, teachers and foster carers talked of ways in which the service had impacted positively on the children and young people, talking of progress that the young people had made and commenting on individual achievements while acknowledging challenges:

‘Yes, [he or she] has made progress. There have been improvements in [his or her] behaviour but it is by no means easy.’

‘Outcomes are very positive. [The Unit] worked through real difficulties. Worked well. Very good intense work.’

‘[Key worker] had a good handle on problems [child] had. Had a set of strategies for dealing with them and gave [child] security and stability’

‘Consistent care, clear boundaries, care for [child] regardless of how he or she behaved. Never had this experience. Difficult to cope with. Developed emotionally, socially and hugely educationally.’

Staff from the Unit and other Sycamore staff likewise highlighted the progress of children and young people:

‘Perception that young people feel settled. Sit down meal. Feels quite together. Feels like an extended family if that is the right word.'
Children did not, unsurprisingly, talk about their experience of change and progress in the same way as adults. Their perspectives focused on what they liked or disliked in their everyday lives; school, the house, relationships with other children and staff, trips and activities and contact with their parents. The exceptions were the young people who had moved onto foster care, who were more reflective and were able to look back on their experience in the Unit. This was perhaps helped by the fact that they were slightly older. Both of these young people stated a preference for where they were living now.

Some of the successful outcomes mentioned by participants had elements that could be quantified for the Unit as a whole such as stability of placements and maintaining children in education. In this area the figures reflected positive outcomes for children in terms of maintaining places in mainstream school as well as maintaining stability of placements (see Table 3).

Table 3.

<table>
<thead>
<tr>
<th>Age on placement at Unit</th>
<th>Age on leaving Unit</th>
<th>Current placement</th>
<th>Placement movement before Unit</th>
<th>Current School</th>
<th>Previously at Sycamore School</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>10</td>
<td>Other Sycamore Unit</td>
<td>1</td>
<td>Mainstream</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>10</td>
<td>Foster care</td>
<td>3</td>
<td>Mainstream</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>Foster care</td>
<td>3</td>
<td>Mainstream</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>10</td>
<td>Foster care</td>
<td>5</td>
<td>Mainstream</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Unit</td>
<td>Unit</td>
<td>3</td>
<td>Mainstream</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Unit</td>
<td>Unit</td>
<td>7</td>
<td>Mainstream</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>10</td>
<td>Other Sycamore Unit</td>
<td>1</td>
<td>Mainstream</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>12</td>
<td>Residential school</td>
<td>4</td>
<td>Residential school</td>
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<td>10</td>
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<td>Mainstream</td>
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<tr>
<td>7</td>
<td>Unit</td>
<td>Unit</td>
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<td>Mainstream</td>
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<tr>
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<td>3</td>
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<td>Unit</td>
<td>0</td>
<td>Mainstream</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Unit</td>
<td>Unit</td>
<td>3</td>
<td>Sycamore School</td>
<td>No</td>
</tr>
</tbody>
</table>

However, even simply looking at the stability of placement did not, in the views of staff and external professionals, reveal the different experiences and
needs of individual children. As one member of staff commented ‘what is progress to one is not progress to another’. Generally staff expressed caution about analysing outcomes without understanding the needs of individual children.

There is clearly a challenge in measuring outcomes which is reflected in the Unit’s experience. The need to measure the service is set against the need to understand and reflect the individual circumstances and achievements of a young person. Using standardised measures provides consistency across a range of factors but it does not, according to participants, necessarily reveal the detail of what has been achieved.

**Summary**

The Scottish Executive and UK government have identified categories of desirable outcomes.

Outcomes need to be individual to a particular child and it is therefore difficult to identify a common set of outcomes for all children.

Staff had a shared view of what were the successful outcomes for children in the Unit although Aberlour and Sycamore have not developed specific indicators and outcomes for this service.

The Unit had done some initial work on indicators of successful outcomes and wanted to develop this further.

It was difficult to identify what the medium and long term outcomes would be for children in the Unit.

Sycamore has an opportunity to use its experience to measure the impact of interventions over a period of time on children and young people’s outcomes.

Examples of successful outcomes included improved behaviour, positive relationships with staff and other children, managing family contact, attendance and participation at school and successfully moving on from the Unit and sustaining placements.
Chapter Seven: Findings and recommendations

The Unit and its services
Background to the evaluation
Key findings
Recommendations
Conclusions

The Unit and its services

This report has described an evaluation of a residential unit (the Unit) for children between the ages of 5 and 11. This is one of the resources provided by Sycamore Services which is based in Fife, Scotland and which provides a variety of provision for children and young people who are looked after and accommodated. The ethos of Sycamore is to provide a service based on a humanist approach which values each individual and is child centred. Sycamore Services is part of Aberlour which works with children, young people and their families across Scotland.

The Unit was established in April 2003 with the following aims:

- To provide therapeutic residential accommodation for children aged 5-10 years
- Prevent inappropriate placements in other resources
- Provide focussed input to facilitate short-term residential unit placements
- Assess child and family functioning in school, home, community, and intervene effectively
- Prevent repeated breakdown of foster placements
- provide Special Families, trained and supported to foster disturbed children
- Re-establish children in mainstream education.
(Aberlour, 2001)

The Unit accesses a range of resources to support its work within Sycamore Services. These include Sycamore School, which provides education for children who are not ready to enter mainstream school, and Sycamore Families, which provides placements for children and young people in order that they can move on from the residential units in Sycamore. Both were established at the same time as the Unit.

In addition, the Unit works along with the three other residential units, the creative therapy programme and a befrienders scheme, all run by Sycamore. The Unit accesses the services of external consultants retained by Sycamore and a training and development programme.
The Unit provides six places for children who have experienced placement breakdown and have been identified as being particularly vulnerable. Thirteen children had been placed in the Unit between April 2003 and October 2006.

**Background to the evaluation**

The evaluation focused on process and outcomes; how the Unit worked in practice and the impact of the service with an overarching question, 'what is the Unit doing and how well is it doing it?'

A total of 55 individuals contributed their views to the evaluation, mostly through interviews. Participants included Unit staff, Sycamore Services and Aberlour, children and young people, parents and carers and professionals associated with the Unit. Children and young people took part through informal conversations, interviews and through play and art activities.

**Key Findings**

**What makes a residential service effective**

In Chapter One the elements which contributed to making a residential service effective were outlined, drawing on a range of studies. These elements included, for example, the importance of considering all aspects of children’s lives when evaluating services, the different components parts of the service being complimentary and harmonious and the need for clear objectives.

Clough, Bullock and Ward (2006), summarising what works in residential care, caution against identifying an exclusive list of attributes of an effective service and oversimplifying the evidence from research findings. In addition, what has happened to children and young people before being placed in residential care and what happens after they move on, has a significant impact on children and young people’s outcomes. There are therefore limitations in attributing either success or failure to the delivery of a particular residential service. Conversely, there are clearly merits in being able to identify what has worked well and why.

This report has explored whether the Unit is an example of an effective service for younger children. Taking into account what makes evaluating a residential service difficult, the report’s findings demonstrate a high level of congruence with what was identified as contributing to an effective service in Chapter One. The findings follow the order of the report.

**Residential services for children**

Studies have found that what contributes to a quality residential service is highly complex and depends on the interaction of a variety of different factors. There is little research in Scotland and the UK on residential services for younger children. There was a view that there should be more debate on the appropriateness of residential care for some children under 12 years at national policy level.
**Unit aims and objectives**

The Unit’s aims and objectives were still relevant after the first three years of operation although the upper age limit for children placed in the Unit had increased from 10 to 11 years because of children’s needs. Children who are placed in the Unit were particularly vulnerable and had experienced a series of placement breakdowns previously.

**Staff and management**

Staff enjoyed their work and were well regarded by other professionals. Staff retention was high and they had access to a wide range of internal and external training and education. Managers were praised although there was some lack of clarity over different management roles both in the Unit and in Sycamore more widely. There were some difficulties in the organisational relationship between Aberlour and Sycamore which were being addressed. Partnership arrangements with other organisations worked well. Strategic relationships with local authorities could be further developed to support Sycamore’s work.

**Ethos and therapeutic programme**

The ethos of Sycamore Services was regarded as being of fundamental importance to its work. This was well understood by staff but not always by professionals outside the service. The relationship between the ethos of the service and its delivery was sometimes unclear to external contacts. Some participants were uncertain what a therapeutic programme was and how it was being delivered by the Unit and Sycamore.

**Unit environment and relationships**

The physical environment of the house and the garden was well liked by children and the staff. Having the school in the grounds of the Unit was not popular with staff in particular and there was a desire to have the school located elsewhere. Children gave mixed responses about being listened to. Relationships between staff and children and amongst the children themselves appeared to be warm, caring and affectionate.

**Assessment and promoting positive behaviour**

Treatment and assessment plans were a useful tool which could be improved with the inclusion of more details about long term aims and objectives and measurement of a child’s progress over time. Establishing a consistent approach by staff to managing behaviour was seen as essential and constantly challenging. Some staff would like more one to one time with the children. The creative therapy was seen as a valuable part of the programme which helps children articulate difficult emotions although it is difficult to measure outcomes.

**Education**

The education service provided through Sycamore School was well regarded. Seven of its pupils have been integrated into mainstream schools with another child moving onto a residential school. The physical co-location of the Unit and the School was not popular with staff. Mainstream schools have
welcomed the support from Unit staff and have noted improvements in children’s participation in school. There are opportunities for developing the Sycamore education service to meet a variety of educational needs for children and young people placed in Sycamore.

**Work with families and moving on**

Work with families was welcomed by families and social workers although there are challenges in undertaking this work and it is not the main focus of the Unit. Several young people had been placed with foster carers supported by Sycamore Families. Three out of the four young people had sustained their foster care placements with one moving to a Sycamore residential unit. There was not an expectation that all young people automatically move to foster care. Three young people had been placed in a Sycamore residential unit for older young people. Transitions were regarded as being handled reasonably well but were impacted on by the availability of placements and children’s readiness to move on.

**Outcomes for children and young people**

The Scottish Executive and UK government have identified categories of desirable outcomes for children and young people. Outcomes need to be individual to a particular child and it was therefore difficult to identify a common set of outcomes for all children in the Unit. Aberlour and Sycamore have not developed specific indicators and outcomes for this service. The Unit wanted to develop its work on outcome measures. In the absence of significant longitudinal research in Scotland which has followed children and young people though their care experience, Sycamore has an opportunity to use its experience to measure the impact of interventions over a period of time on children and young people’s outcomes.

**Outcomes for children and young people placed in the Unit**

It was difficult to identify what the medium and long term outcomes would be for children in the Unit. Examples of successful outcomes for children and young people included improved behaviour, positive relationships with staff and other children, managing family contact, attendance and participation at school and successfully moving on from the Unit.

**Recommendations**

The following recommendations are drawn from the findings and make suggestions about how the work of the Unit could be enhanced or further developed. These recommendations are applicable variously to the Unit, Sycamore Services and Aberlour. A number refer to areas of policy and practice. The recommendations follow the structure of the report and are therefore not prioritised.

**Residential services for children**

Organisations with an interest in research and residential services for younger children should consider undertaking research in this area so that a greater
body of evidence of what works can be built up which can, in turn, influence the development of services and training and education of staff.

Service providers and policy makers at local and national level should be encouraged to debate the appropriateness of residential care for children under 12 years so that service providers can better plan and deliver services for the younger age group.

**Staff and management roles**
Management roles in the Unit and Sycamore should be revisited and clarified so that staff can better understand the roles and responsibilities of different managers in the Unit and Sycamore.

Aberlour and Sycamore should look at ways of further developing internal communications so that management systems and the delivery of services can work as effectively as possible.

Strategic relationships with local authorities could be further developed in order to support Sycamore’s work.

**Promoting the Sycamore ethos and therapeutic programme**
Sycamore and the Unit should explore ways to better promote the underpinning principles and approaches of their work. This would have the benefit of increasing awareness about therapeutic approaches to residential care.

**Unit environment and relationships**
Sycamore and the Unit should give consideration to re-locating Sycamore School so that it is not sited alongside the Unit. This would dispel confusion about the designation of the Unit as a residential school and allow for a physical separation between home and school for the children.

The Unit should explore opportunities for maximising children’s participation further in order to ensure that children’s views are taken into account across a range of areas.

**Assessment and promoting positive behaviour**
Sycamore and the Unit should look at ways in which treatment and assessment plans (TAPs) could be improved with the inclusion of more details about long term aims and objectives and measurement of a child’s progress over time. This would enhance the assessment process and provide accessible information which could help in measuring outcomes for individual children and for the service as a whole.

The Unit should consider whether it is possible to increase opportunities for one to one time between staff and children, particularly between key workers and the children they support.
**Education**

Sycamore, its education service and the Unit should explore how it can develop the Sycamore Education Service to meet a variety of educational needs for young people placed in Sycamore. This would provide an opportunity for the education service’s expertise to be accessed by a wider range of children and young people and staff.

The Sycamore Education Service should also consider how it could develop partnerships with external education professionals to enhance education provision for children and young people placed in Sycamore.

**Work with families and moving on**

The Unit should consider whether it requires to develop specialist expertise in work with families to extend its practice in this area.

Sycamore and the Unit should review the transition process for children who move on to see if any adjustments in the current provision are required.

**Outcomes for children and young people**

Aberlour, Sycamore and the Unit should consider establishing common organisational outcome measures and methods for monitoring progress towards achieving successful outcomes. This would provide a rich source of management and service information for the organisation as well as evidence of what works.

Sycamore should consider using its extensive experience and range of services to develop research which can measure and evaluate the impact of its services over a period of time on children and young people’s outcomes. This would fill a gap as there is an absence of significant longitudinal research in Scotland which has followed children and young people though their care experience.

**Conclusion**

This evaluation found that the Unit provided a high quality service to children and its work was regarded as effective by participants in the evaluation. What worked well in the Unit was in line with research evidence about what contributes to a good residential service. In addition the Unit’s practice impacted positively on the outcomes of children and young people although this was measured over a short period of time.

The Unit and Sycamore staff expressed a high level of personal and collective commitment to their work and described warm, caring relationships with children. The commitment of staff and the relationships that staff developed with children who were vulnerable and traumatised emerged as a significant factor in the Unit’s work in improving outcomes for the children. External
professionals spoke positively of the Unit, its staff and the impact the service had on children.

Children and young people who lived or previously lived in the Unit were generally positive about their experience and expressed likes and dislikes about particular aspects of living there. They appeared to have affectionate and trusting relationships with the staff and talked of friendships with other children in the Unit.

Residential care was not the preferred placement for younger children. However, staff and external professionals acknowledged that it was a necessary service for the children who were placed there because of the complexity of the difficulties that children were dealing with and the breakdown of previous placements.

The integrated nature of the provision within Sycamore Services was regarded as an asset and resource for the work of the Unit. This included Sycamore School and the education support it provided to other schools, the fostering service through Sycamore Families, the creative therapy programme and the access to expertise through external consultants and training for staff. The availability of Sycamore residential units for older young people provided continuity of care for some of the young people who were not ready to be placed in a family setting.

Staff and external respondents described positives outcomes for the children and young people, often focusing on improvements in their education, behaviour and relationships. Providing stability and consistency in the residential placement was given high priority.

Challenges in providing the service did exist. These included, for example, establishing a consistent approach by staff to managing behaviour, communicating the therapeutic approach of the Unit and Sycamore Services and having the Unit and the school located on the same site. Measuring outcomes for children who were placed in the Unit was noted as being particularly difficult. However, this was also seen to be a challenge for services generally.

Some of the challenges reflected issues that arose from the establishment of the Unit’s practice and structures in its first three years. Others arose from the complexity of providing appropriate support to vulnerable children who had complex needs and required interventions across a range of services.

In conclusion, the evaluation highlights many positive elements of a residential child care service for younger children, its potential for contributing to the well being of children who have experienced trauma as well the need to better understand its impact on children’s lives in the short, medium and longer term.
Appendix 1: Evaluation questions

1) What are the services provided by the Unit?
Who is the Unit for? What is the specific programme followed in the Unit?
What other services are accessed by the Unit and what is their role in relation
to the Unit programme?

2) What is the history of the Unit?
Why, how and when was the Unit established? What were its original aims
and early activities?

3) What has changed since the start of the Unit?
Do the services currently meet the need that was identified when the Unit was
established? Is the programme being implemented as it was designed? How
were the services adapted?

4) What are the structure, management and resources of the Unit?
How is the Unit staffed? How do staff work together in the Unit and in
Sycamore Services? What is the relationship between the programmes of the
other units and the Unit?

5) What is the ethos and philosophy of the Unit?
How is this understood by staff, young people and other stakeholders? How
does it impact on the service? Does it reflect the ethos and philosophy of
Sycamore Services and the Aberlour?

6) What are the criteria identified for success in the Unit?
What are the targets and objectives of the Unit? What are the indicators of
good outcomes for young people? What are stakeholders’ views and is there
a shared understanding of what is success?

7) In what ways has the Unit’s programme been effective?
How can the programme’s effectiveness be measured? What difference has
the programme made to the young people? What are the explanations for
differences that have been observed? Do stakeholders think the Unit’s
programme has been effective and why? Are there areas that could be
strengthened?

8) What are young people’s views of the Unit?
What have been their experiences in the Unit? What has worked well? What
could be improved? In what ways has the Unit impacted on their lives? What
do their parents and carers think? How has the Unit helped them in their
transition to other services or situations?

9) How is the Unit working with partners?
What relationship does the Unit have with external organisations and
professionals? Have relationships developed as planned? What factors
facilitate and impede interagency collaboration? Do partners think the Unit is effective and in what ways? What do parents and carers think of the Unit?

10) Which areas have made progress and which need strengthened?
What factors facilitated or impeded implementation of the programme? Have there been unplanned events which have impacted on the Unit?

11) How does the work of the Unit compare with other services?
Are there other similar services in the local area or Scotland? What is different about the Unit? Can what the Unit does be replicated elsewhere?
Appendix 2: Unit aims and objectives

Extract from Unit Annual Review 2005-06

About the service

[The Unit] provides accommodation for a group of six very vulnerable primary aged children (5-11 years) who can/do display extreme levels of behaviour. It is a short term provision, with a view to moving children into a smaller family environment/specialised foster care setting- as and when it is felt the child is ready.

The aim of the service is to provide a therapeutic and nurturing environment where the children feel safe to engage with adults and their peers in a trusting and appropriate way. The children are provided with ‘age and stage’ appropriate experiences and opportunities often missed during their earlier years, which is vital to their future physical, emotional, intellectual and social development.

Family work is also an important part of our service and we increasingly work with families (where appropriate) with individual programmes. The unit provides 24 hour/365 day care and support and works closely with the other service providers within Sycamore i.e. Sycamore School, Creative Therapy, Sycamore Families to achieve our aims.

The aims of the service are met through the following objectives:

- Provide each child with a secure, comfortable and safe environment to live in where routines, boundaries, expectations etc are consistent, dependable, familiar and predictable.

- Provide an enriching environment for the children to explore and learn and as an outlet for feelings, through the use of books, toys, materials and other equipment.

- Each child has their own individual key worker/backup key worker, who will review and update their Treatment and Assessment Plan (TAP). Information gathered for the TAP will be discussed with each child in an age appropriate way, in order that they understand why they are in care and the help and the support that will be required.

- We liaise regularly with social workers and relevant professionals and work alongside with families where appropriate.

- Provide appropriate learning and development using play, active communication and interacting in a manner young children understand and can relate to.
• Encourage and develop family relationships where appropriate in the best interests of the child.

• Provide social opportunities and experiences both within the unit and out with, through clubs, holidays and everyday activities

• We have involvement when a child moves to foster care or an alternative setting.

• Facilitate and promote, where appropriate, a young child’s personal spiritual and philosophical beliefs.

• Promote all aspects of the children’s health and well being by ensuring all medical milestones are met and the children are provided with a healthy balanced diet through exploring and experimenting with various foods. It is an attempt to make this an enjoyable activity which they are actively involved in.
Appendix 3: Sycamore Services Structure
References


Service literature

a) Sycamore Services, Helping people grow, service leaflet
b) Sycamore Services, Creative Therapy Programme, service leaflet