Hearing from justice-involved, care experienced children: what are their experiences of residential care environments and regimes?

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Purpose –The disproportionate representation in juvenile justice systems of children who are, or have been, in the care of the state is a major cause of concern internationally. However, the experiences of this particular group are largely absent from both policy debates and the international research-base. This paper starts to correct that deficit by exploring the lived experiences of residential care, justice-involved children.

Design/methodology/approach – An interpretivist investigation of care experienced children's perceptions of their experiences, involving semi-structured interviews with a purposive sample of 19 children in England who were simultaneously in residential care and subject to youth justice supervision. Data were analysed using thematic content analysis.

Findings – Care-experienced children described how their experiences of residential care environments and regimes have undermined their sense of how they see themselves, now and looking to the future. Against this background of disrupted identity, they also reported stigmatising interactions with staff that leave them feeling labelled both as a generic 'looked-after child' and as a 'bad kid'.

Research limitations/implications –The findings are based on the perceptions of a group of children in the criminal justice system which, although reflecting the experiences of those with negative outcomes, may not be representative of all children in residential care.

Practical implications – The findings have implications for those responsible for the care and development of care-experienced children, as well policymakers concerned with reducing the numbers of care-experienced children in youth justice. Those responsible for the care and development of care-experienced children should consider steps to reduce how factors outlined here disrupt a child's sense of self and introduce criminogenic labelling and stigma.

Originality/value – Despite a number of studies seeking to understand why the number of care experienced children in the youth justice system is disproportionate, there is very little empirical work which seeks to understand the experiences and perceptions of children currently both in care and the criminal justice system. This paper seeks to correct this deficit, by detailing how children who are both in residential care and subject to youth justice supervision view their care experiences. The implications of this for policy, practice and further research are then explored.

Residential care

Juvenile offenders

Young offenders

Youth offenders

Youth justice

INTRODUCTION

The disproportionate number of children in the care of the state who become involved with the juvenile justice system is a recognised issue internationally in countries and areas including Australia, the USA, western and central Europe, South Africa, South Korea, and Brazil (e.g. Baidawi and Sheehan, 2020; Bilchik and Nash, 2008; Bollinger, 2017; Courtney and Iwaniec, 2009; Herz et al, 2012; Mendes et al, 2014). In England and Wales, for example, 'Looked After Children' are five times more likely to become involved in the youth justice system than those in the general population (DfE 2018). This disproportionate representation has confronted policy makers for several decades, yet there is a limited evidence base about the first-hand care experiences of children who offend that can inform understanding for practitioners, policy makers and researchers. We know that the environment(s) a child experiences may influence future outcomes, experiences and activities (Courtney and Dworsky, 2006; Simmons-Horton, 2021). It is therefore important to have a greater understanding of the experiences of residential care for those who have spent time in this environment while in the justice system.

This paper explores the perceptions of children, who were subject to youth justice supervision, of their experiences of residential care (children's homes). Analysis of new, empirical data indicates how children's interactions within the care system causes them to feel labelled and stigmatised which devalued their sense of self and disrupted their identity. The paper details how life in care can restrict movement inside and outside of care-environments, free time, possessions, their personal space, and information about future plans. Participants explained how their interactions with the care-system replaced their sense of individuality with a more generic label of a 'looked-after child' with some reporting that they felt they were additionally labelled as a 'bad kid', 'pushed to one side' or 'fucked up',

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particularly in the context of being placed in residential care. Consequently, the paper highlights first, the need for practitioners to ensure care environments do not negatively affect how *any* child in care thinks about themselves and their place in the world; and secondly, points to the value of exploring issues around labelling (McAra and McVie, 2007) and stigma in the youth justice literature (e.g. Maruna, 1997).

This paper presents data on the experiences of residential care for children who have been through the criminal justice system. It seeks to offer new insights into how residential care environments and regimes impact on a child. The paper will firstly explore the literature in this area, then outline the research design, before moving onto a presentation of the findings and wider discussion. Finally, in the concluding section, the wider implications for policy makers and practitioners will be explored, along with a set of recommendations.

BACKGROUND

There has been a focus in the literature on the poor outcomes of children in residential care, which is unsurprising given that children in residential care (DfE, 2013) are more likely to:

- go missing more than once than children in foster care (48% and 35% respectively).
- under achieve in their GCSE exams than children in foster care (9.7% achieving 5 A* - Cs compared with 42.7% of children in foster care).
- have offended in the last 12 months aged 13 – 15 than children in foster care (19.2% and 3.2% respectively.

Focusing on the higher rates of offending in residential care, the question of whether the residential care environment criminalises children has been debated in the literature (e.g., Emond, 2014; Shaw, 2012; 2014; Stein, 2008). One explanation offered focuses on the children themselves, arguing that they because care experienced children share many similar characteristics (or 'risk factors') as children involved in the youth justice system, it is expected that there will be higher rates of offending amongst the population of children who are in both systems (Darker et al, 2008; Narey, 2016; Schofield et al, 2012; Youth Justice Board, 2016). Another explanation for the high rates of offending within the care environment focuses on the environment itself, arguing that there are a number of systemic failures within residential care which criminalise children, and lead to the police being called, often for minor incidents or offences (Hayden, 2010; Hayden and Graves, 2018; Herz et al, 2012; Howard League, 2016;

Ryan and Testa, 2005; Shalev, 2010; Taylor, 2006). It is likely that both explanations are relevant and intertwined and can help explain why children in residential care experience a range of negative outcomes, including higher rates of offending (Staines, 2016). Building on this, more recently, it has been suggested in the literature that there may be three processes at play: children with early trauma may behave in the care system in a way that breaks the law; their care experiences may amplify their early trauma making it more likely that they may engage in criminal behaviour; and then the responses of the care and justice systems may criminalise children for minor behaviours that would not lead to criminalisation in the family home, thus escalating them through the criminal justice system at a faster and more intense rate (Bateman et al, 2018: 13).

The Laming Review (Prison Reform Trust, 2016) sought to understand the reasons for the over-representation of care-experienced children in the youth justice system. The Review made several recommendations, some of which have recently been echoed in the Care Review (MacAlister, 2022) focusing on early help and support, consistent practice, strong local leadership, and measures to ensure the specific needs of 'minority' groups of children are met. A template concordat on protecting children in care from criminalisation was developed by the Laming Review (2016) which embodied many of these principles and Local Authorities were urged to sign up to it.

This paper does not focus on the criminalisation of children in care. Rather, it considers children's own experiences and perceptions of their general care experience. Many of the debates about why there are higher rates of criminalisation of children in care, outlined above, mirror the research that explores children's general experiences of care and their poor outcomes. Focus has, again, been on residential care, given that it is frequently viewed as the provision of 'last resort' (Baidawi and Ball, 2022; Brown et al, 2019; Courtney and Iwaniec, 2009; Frost, Mills and Stein, 1999; Smith et al, 2017). This arguably means that the many troubled and vulnerable children are often placed in residential care. Indeed, the Children's Home Data Pack which confirms that the average age of young people entering residential care is 14 years and 6 months, with an average of 5 failed foster placements prior to entering residential care (DfE, 2013). Studies also show that placing children together can mutually reinforce behaviours (Millham, Bullock and Cherret, 1975; Polsky, 1962).

Children's residential care homes are dealing with a small group of children with more complex needs. Berridge and Brodie (1998) note that the difficulty of this task commences as soon as the children arrive at the home. They found that staff can be poorly informed about a child's background and experiences prior to arrival due to scant information being provided in case files. Where a child was placed 'very often

boils down to whoever has an empty bed' (Berridge and Brodie, 1998: 131). Therefore, behavioural control took priority over caring for the child and meeting their individual needs (Baidawi and Ball, 2022), with many staff feeling torn between the two (Berridge and Brodie, 1998; MacLean, 2015).

Despite attempts to make residential care feel more 'homely', many institutional features remain within the physical environment of the residential care home (Mazzone et al, 2018), and within children's interactions with staff, which was reported to have elements of emotional detachment, linked to the high numbers and turnover of residential care staff (Berridge, 2011).

Research has also identified a link between placement stability and poor outcomes for care experienced children (Andersen, 2014; Price et al, 2008; Schofield et al, 2007). A study of social workers' views on instability identified a lack of option, the problem of finding an emergency placement, and the need for more training for foster carers to enable them to manage challenging behaviour (Norgate et al., 2012). Bollinger (2017) found that placement instability was linked with emotional and behavioural problems as a child; and then contributed to increased anxiety and depression as an adult. The importance of having positive relationships with carers as key to achieving placement stability has been highlighted in the literature (Selwyn, 2015; Wigley et al, 2011). There is an established link between children placed out of local authority area and going missing from care, which can leave children vulnerable to criminal and sexual exploitation (All Party Parliamentary Group Report, 2019; Biehal and Wade, 1999; Winter, 2015). The UK Government recognised the challenges facing children who are placed away from their home area by stating that it should only ever happen as a 'last resort' (Foster, 2021).

In sum, the literature in this area paints a picture of a child who is sent to residential care as an option of 'last resort'; living in a home that retains many institutional features; with staff who are poorly informed about their background, and who are preoccupied with behaviour management, rather than care. Once in this environment, the child then experiences placement instability, which includes frequently moving to unfamiliar areas. This group of children experience poor outcomes, including disproportionately high levels of care experienced children being drawn into the justice system. However, despite this, the perceptions of this group of children about their depth experiences of residential care remains limited. Further, there is a total deficit of hearing from them while they are still in care and subject to criminal justice supervision. It is therefore important that the voices of children in care themselves are heard. Little is currently known about the broader experiences of, and impact on, children in care from their perspectives. More specifically, we do not know how a child's residential care experience impacts upon

how they see themselves, and the implications that this may have for practice, policy and research in this area. This paper seeks to correct this deficit.

RESEARCH DESIGN

This paper is based on one of the author's PhD study and used semi-structured interviews with 19 children from North-West England. The children were initially approached through a Youth Offending Team (YOT) Officer (usually the case manager), who explained the study to them, verbally ran through the information sheet with them and sought their agreement to be contacted by the researcher where they expressed an initial interest in participating. The researcher discussed potential issues that might impact upon the interviewee with their YOT Officer. This included issues the individual children might have in terms of any learning, behavioural or emotional difficulties, such as whether they had specific literacy/numeracy difficulties which would need to be considered in the interview.

Ethical approval was secured from Salford University Ethics Committee. One of the major challenges regarding the ethics of accessing and recruiting children as participants in research relates to how to gain informed consent (Powell and Smith, 2009). The British Educational Research Association define informed consent as 'the condition in which participants understand and agree to their participation without any duress, prior to the research getting underway' (BERA, 2004:6). The gatekeeper (YOT Officer) initially asked the young person whether they were happy to be contacted. Following this, the researcher followed a further two stages to gain informed consent. Firstly, participants were provided with an information sheet and consent form. Written in accessible language, the information sheet covered matters such as a project overview, requirements of the participant, freedom to withdraw at any point, confidentiality, recording of the interview, and how the information will be used. Then, prior to commencing the interview, the researcher verbally ran through the information sheet again and checked that the participant still consented. It was re-emphasised to all participants that the process was entirely voluntary and was not part of a "requirement" of a sentence plan. It was also re-emphasised to participants the limitations to confidentiality, and that where a risk of harm to self or others was disclosed, this would have to be reported to the child's case manager.

An interview schedule was used to facilitate a conversation, the pace and direction of which was largely determined by the interviewee. The topics covered in the interview schedule included the young person's care story, offending and care, relationship with professionals, and future plans. The aim of the interviews was for the exchange to feel like a "conversation with a purpose" (Burgess, 1984) and less

like a structured question and answer session. All interviews were audio-recorded. The recordings were subsequently transcribed for purposes of analysis, and all interviews were anonymised at the point of transcription. Pseudonyms have been used for all the children.

Nineteen children were interviewed. Of these:

• 4 identified as female and and 15 identified as male.

• 2 children identified as Black British, 4 children as Mixed Black British and White British, 1 child as Mixed Asian and White British, and 12 children as White British.

• All were aged between 13 and 17

• 16 were in residential children's homes at the time of interview, 12 of which were privately run homes. The remaining 3 children were in either independent or semi-independent accommodation.

Adopting inductive reasoning, data analysis of the interviews highlighted several recurring themes. The approach recognises that data is produced as a result of the interaction between interviewer and interviewee (Charmaz and Bryant, 2007). It is therefore recognised that the nature of the interview, the relationship between the interviewer and interviewee and the setting can all impact on the data.

FINDINGS AND DISCUSSION

Three themes emerged which are presented as: institutional features of residential care; the tension between care and control; and labelling and stigmatisation.

Institutional Features of Residential Care

The children discussed different features of the care environment that served as a permanent reminder that they were not at home:

> *Paul (17):*   *I don't know cos like at ******, there's like 6 or 7 members of staff, and you could hear them all, walking about and everything with their keys. And they just sat in the living room. Didn't really do anything.*

For Paul, the staff appear to be a looming entity as part of the physical environment of the home. The presence of staff and specific mention of keys has echoes of a custodial institution. Jack highlighted additional features of the care environment that served as a reminder that he was not at home:

> Jack (14): It feels like, it's everything that matches a home, it's got nice walls, paintings, rooms are nice, carpet, it's not scruffy or anything. You have to always ask here, but at home you can do your own thing, you just do it yourself. But in a care home you can't really do your own thing, you have to ask a staff member to do this, or go in there, you've got our own arms and legs, why can't you do it yourself? It's like, yeah.

> Interviewer: Have you spoke to them about that, or with your social worker?

> Jack: At the end of every day we have house meetings, so we all sit in the front room and we discuss stuff, like how we could make the house better, what we don't like, but obviously they say it's not their choice it's the company's choice…

Jack discusses his frustration that he cannot be himself and do his own thing. He describes a range if features of care, that make it feel like an institution, rather than a home, and restrict his own sense of choice and agency. This reinforces that he is not a 'normal' child in a family home, but is a 'looked after child' in an institution with little freedom or choice. The only method Jack has of challenging these features is to follow a bureaucratic system, which re-emphasises the unusual and unfamiliar situation that he is in, in the care of 'the company' rather than his family.

The children discussed the many rules that they had to follow and the strict enforcement of them. Layla described how the imposition of rules impacted upon her when she moved into a new residential home

> Layla (17): Erm, they were more strict, they wouldn't let me out, let me have a bus pass, do anything. So I just walked out eventually and went out and they went and reported me missing.

Layla's over-riding desire is to be 'let out', language akin to someone who has been locked up in a custodial institution. Her desire to break free is evident in the decision to walk out, knowing that she will be reported missing to the police. This, however, seems to be a small price to pay for her sense of freedom.

Another way that children sought personal time and space away from the residential care environment was to seek solace in their bedroom, often the only private space in the care home. Dylan spoke about his bedroom as the only place that he could relax:

Interviewer: When do you let your guard down in the home?

Dylan (14):   In my room.

Interviewer: What about in the rest of the home?

Dylan (14):   I do sometimes, if there's no other kids or staff around.

When Dylan is in 'my' room, he is able to interact with a space which is personal to him and feels like his own. He appears to struggle in the main part of the house, when he is expected to interact with people who he does not know, in a space over which he has no ownership. When Julie discussed her frustration at her television being removed from her bedroom, the issue was that it had been taken from her room:

Interviewer: Erm, so first of all, you're not happy about this telly that's been taken from your room?

Julie (17):   No, but it's disgraceful, that's my room.

The 'disgraceful' element aspect of this for Julie is not that her television has been taken, but that her own personal space has been invaded without her permission. Even the one space that she feels belongs to her is not protected from unwanted intrusion.

The children talked about non-physical institutional features such as the presence of staff, asking permission to move around the home, bureaucratic procedures, and feeling locked up. This reinforces for the children, that they are not at home, and that they are different. The children discussed, as a way of coping with this, seeking time away from the residential care environment (either in their bedroom or on the streets with friends) to be 'my' self, with 'my friends' and spend time on my 'own'.

Despite some recent attempts (Mazzone et al, 2018), to reduce the number of institutional features of the residential care environment, many remain. These are potentially disruptive to the children's sense of self and identity development, as they are seeking time away from it to reconnect with who they are. This reconnection takes place with friends on the street, alone in an identified personal space, or by seeking to run 'away' to their family and friends. This supports previous findings that children in care's

sense of belonging and identity was closely linked to how there are seen by and responded to by their own peers (Emond, 2014). They also expressed the desire to be interacted with as individuals and with care, rather than the apparent institutionally prescribed response which focused on controlling behaviours.

The Tension between Care and Control

A further frustration of the residential care environment related to the children's perceptions of how their behaviour was managed, and that the focus was on controlling behaviours, rather than caring for them as individuals. Jason discussed the consequences of throwing yoghurt at a member of staff in a residential home:

> Jason (16):   *I got kicked out for throwing yoghurt at one of the members of staff. That's how daft it is…I got done for assault.*

Removing a child from a residential care home and criminalising them for a minor act has been highlighted as an ongoing challenge within the care system (Howard League, 2016). Further, for Jason, it emphasises the very unusual and unjust situation that he is in. A 'normal' child in a 'normal' family would not be thrown out of their own home and criminalised for throwing a yoghurt. However, Jason is not a normal child, living in his own home; he is in a residential home where the focus is on controlling a group of children, not caring for them as one may expect in a family home. This emphasises the unfamiliar territory that Jason is in. Jack also discussed being criminalised for 'silly things':

> Jack (14):   *I've been in the police cell for silly things like…. but obviously staff don't come into be assaulted and be abused. But they've still gotta expect us to be angry and be upset somedays... But they don't really, they just really ring the police, like say if you pushed them. I think my mum could do that, what's the point of being in care, they're meant to be helping us.*

Jack wants to be cared for, not controlled. He wants someone to see him, as a child, and his pain. He wants his carers to look beyond his behaviour and makes comparisons with the expectations of his mum. However, this is not his experience, and he directly links being placed in care, with residential care staff not recognising his pain and helping him. The focus on behaviour management and the expectations of

care staff to control children has a number of consequences for children in this cohort: they are being criminalised for minor behaviours and experiencing frequent placement breakdowns along with all the consequences of this including a disrupted education. However, the consequences for the children are on a greater and deeper level. The children are left with a sense that, while in 'care', no one cares for them as individuals. This is further emphasised by Eric's discussion of feeling pushed to one side and the lack of long-term care planning:

> Eric (17):   *I remember when I first went into care 5 years ago, and they said "Yeah, you're gonna be here 3 months." 3 months have gone. They say, "Another 3 months." Then after 6 months they said, "Er it's another 3 months", and you get moved to somewhere else for a further 6 months, and it's like I don't fucking know.*

The perceived lack of care for Eric's long-term future is evident above. He was taken into his first residential care placement aged 12 with a promise that it would be for just 3 months. He describes having his hopes repeatedly dashed over a 5-year period that his time spent in care would be over within 3-6 months. Now aged 17, it is apparent that Eric has given up on a clear long-term plan. After all, he is just a few months from adulthood.

The apparent focus of social and residential care staff on control, rather than care requires staff to focus on the behaviour that requires control, rather than the individual child. The evidence of a continued prioritisation by residential care staff on controlling behaviours over care of the individual child, supports previous literature in this area (Berridge and Brodie, 1998; Kahan, 1994). The findings suggest that this can contribute to children feeling stigmatised and labelled. Where control of children's behaviours is the main focus and concern of residential care staff, it is likely that children will become labelled according to these behaviours, linking with the final theme outlined below. If care of the child took priority over control of their behaviours, residential care workers would be required to look beyond the behaviour and seek to understand why it has occurred.

Labelling and Stigmatisation

The children discussed different labels that were linked specifically with being in residential care, and care more generally. Josh discussed the importance of interacting with care experienced children as individuals:

> Josh (16):   It's like if everyone was listening to you individually, they [can't] treat you the same cos like not everyone is the same. And that's how it is, it's like they treat everyone the same but everyone's individual.

The importance of having your individuality respected whilst in care has been highlighted by Selwyn (2015), who also explored the stigma associated with being a 'looked after child'. Building on this, Mark felt that the decision to place him in residential care meant that he had been labelled as a 'bad kid':

> Mark (17):   Cos it's just….it's like…..it's like you've been put away. I don't want to make it sound more tragic than it is, but it's kind of like you've been put somewhere… you're in with the bad kids now….I was one of those kids that thought I'm never gonna grow up to be like that, and then you know, the story changes a little bit.

Mark's experiences are reflective of the discourse of residential homes as places of last resort (Baidawi and Ball, 2022; Brown et al, 2019; Courtney and Iwaniec, 2009; Frost, Mills and Stein, 1999; Smith et al, 2017) and only for the children with the most difficult and challenging behaviours or the 'bad kids' who are beyond help. The only way that Mark can make sense of being placed in residential care is to reposition himself in accordance with the label of a 'bad kid'. After all, as far as he is concerned, if this is where he is placed, he has been labelled accordingly, and his own story is changing as a result of this.

For others, such as Louise, being placed in residential care meant that the system had given up on her, due to her challenging behaviour in foster care. This had caused her to label herself as 'behavioural' and 'fucked up':

> Louise (17):   Residential. They need to stop giving up on kids. Cos they told me that no foster carer would take me cos I'm behavioural. And I am this fucked up kid but you shouldn't just abandon them….and just shove em into care so that you don't have nothing else to do with them. Like put them in residential.

The use of such labels was also perceived to be used to counter who a child is and how they see themselves through the use of discrimination and intimidation. For example, Scott spoke about being a victim of racist abuse and assaulted by a member of staff:

> Scott (16):   If you got into restraints, they would do sly digs, and they'd do all these things to ya. Yeah yeah, I got called nigger by staff before to my face.

Scott described a number of forms of bullying in the above extract. He firstly described being physically assaulted whilst being restrained, and then being racially abused. Scott describes a form of bullying that involves not recognising who he is as an individual labelling him in a discriminatory way. How Scott sees himself is actively countered and used as a form of bullying and abuse.

Participating children also highlighted a number of specific labels and stigmas associated with being in residential children's care. The sense of feeling pushed to one side by a system that has given up on them appears to be causing this group of children to label themselves as 'bad', 'behavioural' and 'fucked up'. There is a general stigma and label of being in care as a 'looked after child' (Selwyn, 2015). Neagu et al (2019) argued that a child's move into care was an identity threat due to the loss of individual identity, which is replaced with a collective identity of a 'looked after child'. Kools (1997) found that the children in foster care experienced stigmatisation, which led to a devaluation of the self. She defined stigmatisation as:

> *'the devaluation of one's personal identity by other's through biased assumptions, description or identification in negative, stereotypical terms, and behavioural expectations and treatment in accordance with these biases or labels'* (Kools, 1997: 267).

Taking Goffman's early definition of stigma, one can frame being placed in residential care as an 'attribute that is deeply discrediting' (Goffman, 1963:3). This 'attribute' appears to be disruptive to their sense of self and results in a 'devaluation of one's personal identity' (Kools, 1997: 267). Further, this devaluation is based on potentially 'discrediting' (Goffman, 1963) biases and stereotypes of residential care as a placement of last resort, and suggests that this may be because this group of children are 'unmanageable' in some way. There are parallels here with custodial institutions, that are used primarily as a form of punishment and last resort for children who have committed a crime (Standing Committee for Youth Justice, 2020). The data reveals several features of care that have several similarities to custody.   This in turn may account for why it has been argued (Kools, 1997; Simmons-Horton, 2021) that children have general feelings of shame associated with being in care that also impacted upon their self-esteem.

The importance of place to a child's identity formation is well-established in the literature (Day, 2017; Harter, 1990; Jack, 2008; Woods 2020); and a number of studies (Harter, 1990; Jack, 2008; Kools, 1997) referred to the importance of the environment when considering the context of identity construction. For example, Kools (1997) found that children in care had to actively construct an identity to survive

'dangerous and abusive' environments. The findings reported in this paper indicate how features of the residential care environment can also disrupt a child's sense of self, or identity development. The process of identity development can be understood as how a child *'makes sense of themselves within their life story (their 'narrative')'* (Hazel et al, 2017); akin to Cooley's (1902) formation of the '*looking glass self*', in which one's identity develops based upon how they are seen by others and how they see themselves.

This paper argues that there are features of the residential care environment that are problematic for the children. These features continue to give the home an institutional 'feel', acting as a reminder to the children that they are not at home and are different, challenging their sense of self and place in the world. Further, the data indicates that there are specific stigmas and labels attached to being placed in residential care, and that these labels and stigmas are evidence of a continued prioritisation by residential care home staff of controlling children's behaviours over caring for their individual needs. Further, there is evidence of the criminogenic effect of stigma and labelling (McAra and McVie, 2007), and a potential barrier to being crime-free (Maruna, 2001). It is important that those responsible for the care and development of care-experienced children, as well policymakers internationally concerned with reducing the numbers of care-experienced children in youth justice, consider how residential care environments and regimes undermine and challenge a child's sense of self, and the steps that can be taken to address this.

RECOMMENDATIONS AND CONCLUSION

To ensure that children in residential homes feel cared for, respected and valued, a number of challenges should be addressed. Steps have been taken in the last 30 years to reduce the physical institutional features of residential care (Mazzone et al, 2018). However, this paper has highlighted that other institutional features of the residential care environment remain that cause children to feel different to those residing with their families. Consideration should therefore be given to how bureaucratic procedures; the presence and movement of staff around the home; the use of rules, restrictions and police callouts to manage behaviour; and the lack of freedom and personal space all challenge a child's sense of self. Wherever possible, steps should be taken to reduce such features in a way that recognises a child's identity and individuality. For example, local authorities could meet with senior managers of care homes and private providers to review their behaviour management policies and practices to see the extent to which they relate to or impinge on the child's identity, sense of

history, culture and personal narrative. As part of this, senior managers in care homes need to ensure that any punishments and other disciplinary measures are not perceived as an attack on who they are. Adopting a more negotiated style of behaviour management and relationship between workers and children in the care homes would aid this. Further, the move from control to the development of a caring and nurturing environment, the continued use of features such as staff rooms, offices, locked doors, staff having many keys on their person, bureaucratic systems, rules and procedures and the use of the police to manage challenging behaviours must be urgently reviewed.

This paper has argued that there is stigma attached to being placed in residential care that impact on a child's sense of self. Further, the effect of the disruption of identity and criminogenic stigmatisation may offer a potential explanation to the disproportionality of care-experienced children and adults in the criminal justice system. The stigma of residential care is linked to the commonly held, and well-established perception of residential care as a placement of 'last resort' (Brown et al, 2019; Courtney and Twaniec, 2009; Frost, Mills and Stein, 1999; Smith et al, 2017). Giving care-experienced children more say and a role in designing the placement that they think will meet their needs would ensure that their own sense of self and agency recognised and valued; thus reducing the sense of feeling pushed to one side and labelled. To achieve this, many more placement options are needed for social care staff; including specialist foster care, and more bespoke, individualised accommodation that meets a child's specific needs. This would require significant investment from central Government, and a commitment to prioritising the needs of care experienced children from policy makers.

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