Understanding the Resident Group

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Introduction

Residential care has long been considered the poor cousin of case work (Ward, 1997). The low morale of residential workers and their sense of isolation from child care policy and practice developments have been well documented (Berridge & Brodie, 1998, Murray & Hill, 1991). Over recent times there has been a move to raise the profile of such practitioners and to identify the complex and skilled role that they perform in the lives of the young people in their care. In many ways this has focused on the work undertaken with the individual young person. Both the inspection process (in terms of identifying care plans, work with individuals and families) and the research approach taken have compounded such a perspective. As a result there has been a lack of information about how staff work with young people as a group, living together and sharing day to day experiences. More noticeably, there is a general lack of understanding as to the way in which the group functions and the meanings such groups may have for young people living in residential care.

It is the aim of this paper to highlight the ways in which young people manage their groups and to identify the functions that such groups serve. It argues that residential staff need to assess not only the individual young person in their care but also the residents as a group. From this assessment of group functioning, practitioners can tap into the resource of the group and strengthen its positive influence as well as discourage and address the negative impact of fellow residents on the individual.

The paper draws on a piece of ethnographic research undertaken in two children's homes in the North East of Scotland (Emond, 2000). The author lived alongside the young people for a year-long period and observed and recorded the ways in which residents used the group, both in terms of individual status and as a resource (for a fuller discussion of the research method see Emond, in press). The paper focuses on one way that young people used to gain power within the group; their use of 'insider knowledge' of the children's home.

The Place of the Group in Existing Research

There is an underlying belief that young people in residential care are further along the continuum of care (and therefore of need/difficulties) than those in

foster placements. Such a belief may be well founded. Indeed it is accepted that residential staff are managing young people with complex needs (Bilson & Barker, 1995). While this has openly been acknowledged in terms of the work undertaken with individual young people, it has rarely been researched or acknowledged with regard to the resident groups within establishments. In other words, if young people are seen at an individual level as being more 'damaged' or involved in riskier activities, then it follows that such individuals coming together as a group become an even greater concern.

Adults' fear of the residents coming together has a long history within group care practices for children, and arguably stems from large numbers of children being cared for by relatively few members of staff (Abrams, 1998). This has more recently been coupled with high rates of emergency admission to residential provision and growing concern over the resultant lack of relationship with and commitment to the staff or the unit (Rowe et al, 1989).

While much of the literature on residential care for children has limited discussion on the resident group, those who do frame it within a discourse of abuse or harm. Kahan (1994), for example, examines the peer group under the heading 'The Contemporary Hazards of Growing Up'. Here young people are discussed in terms of peer pressure, bullying and intimidation. However, the majority of studies which have examined bullying amongst young people in institutions have concerned themselves with units for young offenders or large residential schools (Little, 1990; Browne & Falshaw, 1996) rather than children's homes. Notable exceptions, such as Sinclair and Gibbs (1998) and Farmer and Pollock (1998), have explicitly explored the extent of bullying and of sexual harassment within children's homes. However, far more frequent is a discussion of such activities supported by limited empirical evidence. Regardless, such works are central to our understanding of the residential experience and make clear that the resident group will have a significant impact on the day to day lives of young people in residential care.

There has been very little research undertaken on the *whole* group experience, the perception of the group held by young people, and how we as practitioners should best manage the group. One of the few writers to look systematically at the structure of young people's groups in residential settings is Howard Polsky (1962). Polsky spent time as a participant observer in a large therapeutic institution for boys in the USA. His research concentrated on the experiences of a group of boys living in one unit within the institution: Cottage Six. Polsky clearly took the position that the boys in his study were 'deviant' and set out to explore how this manifested itself in the group. With this in mind, he portrays a group which is rigid in structure and where position is long-standing and achieved through deviant means (namely violence, intimidation, teasing and trickery).

More recently, Hudson (2000) has attempted to explore in more depth the significance of the peer group to both young people and to residential staff. He has long argued that the group should be regarded as a resource for residential practitioners. Such a position is based on child development notions that interaction with peers has a significant impact on cognitive, emotional and social development (see, for example, Erwin, 1993; Coleman, 1974). He suggests that in adult care there is a recognition of the significance for individuals of sharing experiences with those in similar positions, but that this has not been willingly transposed to provision for children.

It may also be argued that the prominence given to adult intervention, as opposed to that given by peers, has much to do with the way in which children and childhood are regarded more generally. Childhood is seen as a time of innocence and there is a belief that children should be protected from 'adult concerns' (James et al, 1998). This is highly significant in the field of residential care where often children and young people have experienced violence and abuse within the family home as well as having caring responsibilities for siblings and/or parents. There is a tacit understanding that residential care should remove children from these dangers and equally from these responsibilities. This then leads to the belief that because their own experiences have been 'damaged', young people will be unable to provide the correct information or advice to their fellow residents.

Over recent years research has begun thoroughly to assess and explore the complexity of group living (Whitaker et al, 1998; Chakrabarti & Hill, 2000). However, less consideration continues to be given to what may be one of the most significant factors in how young people experience this form of care, i.e. the group. There are the beginnings of an awareness of the role of peers in child development more generally (James et al, 1998; Valentine, 1997), and a move within social work practice to the importance of maintaining positive friendships for young people (this push to consider the role of friendships and peer relationships when planning care for children has much to do with the acceptance of resilience models of practice). However, this has yet to be translated in any comprehensive way to the residential setting.

The Function and Structure of the Group

The research outlined above has made an essential contribution to the way in which residential care is practised and understood. In terms of the young people's groups there is a growing interest in the impact fellow residents have on individual care experiences. Up to this point this has predominantly focused on the 'harmful' effects of young people living together. Less understood is the way in which young people see the group, how they manage

it and what they see as the benefits, as well as the costs of living together. Research in the area of residential care has tended to look at the whole service and as a result there is less information about the views and experiences of the young people who use it.

It was a result of this 'gap' in the literature that I set out to explore how young people managed and structured their resident group. I had planned to do this by conducting interviews with young people across Scotland who were living in children's homes. Pilot interviews were conducted with young people aged 13 to 17 in two units and afterwards the young people came together to comment on the proposed research and methodology. During this discussion the young people made clear that I would be unable to gain any real sense of group living without experiencing it at first hand. Instead they suggested that I move in to the unit for a period to 'find out what it's really like'. I lived in one long term residential children's home for a period of six months full time. This was followed by a further six months of four day blocks in this placement and additionally two full time months in a second medium to long term children's home. During my time in residence I had my own bedroom and was treated by the staff as one of the young people. I did not undertake any of the duties expected of a staff member and did not intervene in any situation. Instead I spent my time in the company of the young people, at their invitation. The decision was made early on that I would not accompany young people outwith the unit as it was felt that it would be impossible to maintain my non-staff role in such circumstances. Data was collected by observing young people and by recording their discussions. The young people suggested that this be done by tape recorder rather than by handwritten notes. They had full control of the machine, deciding when it was switched off and on. All names of young people have been changed to preserve anonymity and confidentiality.

From examining the data gathered during the course of my time in the units, it became clear that, unlike Polsky's young men, the group with which I was living had no fixed group structure. There did not appear to be any one person with constant power over the others. This in itself was interesting, as the expectation I had gathered from the staff was that they were concerned about what they saw as the dominance of one young man over the other residents.

It became clear that 'position' or status within the group was granted as a result of subtle, often unconscious, negotiation between individuals and the social context in which they were operating. Put simply, young people had various 'competences', which were seen as valuable by the group. Status was achieved when a young person displayed the right social competence at the right time. For example, one evening the young people were talking about their feelings towards one of the young women in the house. The young woman in question had started a relationship with a man from the local town. One young man,

Fraser, had been able to use his social network outside the unit to gain information about the man concerned. While imparting this information to the group, he was given momentary status by them. From his information, questions were then raised about the best means to protect the woman and the impact that the relationship would have on her legal status and care placement. Another resident, Neil, took over at this point, sharing his knowledge of the Children's Hearing system and the duty that the local authority had to protect the young woman. He also suggested that her continuation of the relationship would threaten her placement, as the staff would claim that they were unable to keep her safe. Like Fraser before him, Neil used his knowledge of the system to gain momentary status amongst the group. As this example illustrates, the significant group member therefore was found to be one who, at any given moment in time, displayed the knowledge or skill appropriate to the context.

From my data, it appeared that the areas of competence displayed and accepted by the group had, when presented in the right social context, direct impact on the quest for power in terms of the way in which the 'demonstrator' was regarded for that moment in time. Interestingly, the desire to achieve status did not appear to be a conscious one. Indeed, what mattered was responding to the context appropriately; the status awarded often appeared to be a secondary consideration to the action undertaken. These areas I named 'social currencies'. The social currencies identified as being used by these groups were: support and advice, system knowledge, insider knowledge, humour, smoking, touch and space, verbal and physical aggression, external network and sexual/ relationship knowledge.

As mentioned in the introduction this paper, will concentrate on the currency of 'insider knowledge'. The remaining currencies can be summarised as follows; *Support and Advice* relates to the way in which young people offered emotional comfort to one another. It includes the ways in which they actively supported their fellow residents through offering advice and information as well as accompanying them to meetings with staff. Young people also showed support by sharing and, at times, withholding possessions. *System Knowledge* relates to the information the young people shared with each other about the social work legal system and the rights that they had within this. *Humour* is very much as you would imagine and relates to the way in which some young people were skilled in using humour to defuse tension or to reflect on someone's behaviour. It was also used as a means of identifying relationships. *Smoking* relates to something more than the ownership of cigarettes, although the ability to share or choose whom to share with, was significant. Smoking also related to the patterns of behaviour which accompanied this activity (i.e. the telling of smoking stories and demonstration of smoking skills, buying and sharing cigarettes, etc). The currency of *Touch and Space* illustrated the ways in which young people used themselves and their environment to include and exclude others

(including staff members). It also highlighted the boundaries that young people put on touch within their group and the ways in which this was enforced. *Verbal and Physical Aggression* is what it says and relates to the times where young people used such an approach to gain power. The study highlighted the small number of occasions that this was demonstrated, as well as the meanings attached to such behaviour by young people. This appeared to have much to do with their own familial experiences of violence. The currency of *External Network* presents the means by which residents used their relationships with people outwith the children's home to gain power and status. It illustrates the way that young people believe they are perceived by the community and the impact that this has on their opportunities to make relationships outside. The final currency relates to the ways in which young people use their *Knowledge of Sex and Relationships* to gain power. It includes not only 'knowing' about sex but also knowing how to behave appropriately. This currency includes behaviours which relate to the way in which the group defines and decides appropriate sexual behaviour.

In more general terms, the group served a number of purposes. These included the opportunity to live alongside young people who had had similar experiences to their own. Young people also talked of the value of being able to share and discusses these experiences with other young people and to learn from one another about the best ways to proceed with their own lives as well as their family relationships. All the young people involved in the study talked about their preference for residential as opposed to foster care. This appeared to have much to do with their sense of family identity and the avoidance of confusion over loyalty. In terms of residential care itself, one of the central purposes seen by the young people of the group was the role that such a group had in their everyday experience of being looked after. Fundamentally, young people argued that while they could not control *who* they lived with, the group served as the mechanism by which they could control *how* they lived with them:

> *Well you get all sorts in here … it's not just for the folk that dinnae get on wi' their mams and dads. You get folk here who have been bad used (abused) at home so they have to bide (live) here for their safety but you get them that have been here for doing it and a' … We've a loon (boy) here who had sex wi' his wee sister. It's up tae us like. The staff, they are nae allowed tae tell you but we always find out one way or another.* (Allie)

The currency of insider knowledge and how it was used illustrates some of these points. Young people used the sharing of experiences and memories as a means of identifying with the group and of including or excluding members. By talking about events from the past the group were able to reinforce images of the happy supportive environment that had existed before the new person or the person being targeted had arrived. Such stories could be used to shift

group practices that were seen as detrimental or, more specifically, were seen as destroying relationships amongst the group or between young people and staff. Further the resident group had a number of unspoken strategies which served to govern the group. New members were tested on these, for example, the expectations around privacy and confidentiality and the belief system held collectively by the group.

> *Just try to be friendly …if you dinnae they get the wrong idea …like that you think you're better than them or something …It's the same when folk come in and they think they're hard … like they rule the place …its mostly 'cos they think they have to be like that 'cos they think we're hard …. It's a better place when everyone just gets on and no one tries to get up themselves. We all end up looking out for each other instead of fighting with each other, like you would in a family.* (Gregor)

Young people were able to explain to others who could be trusted both in the resident group and amongst the staff. They talked of the expected responses to behaviour from staff members and the type and extent of information that individual staff members would provide. Thus, they were able to help young people to decide which staff member would be most suitable to deal with the issue in hand.

> *She does really listen to you … I mean she doesn't just nod her head and then tell you what she thinks you should do or what you've done wrong. Its like she makes you think that you can sort it out yourself, that you are able to do it. Some of them, they just pretend to listen but they're thinking about what's for tea or when they can go for a fag.* (Allie)

Young people shared information about how to get around the explicit rules set up by staff and which rules should be adhered to. They were able to explain to fellow residents the reasons for such rules and therefore distinguish between those which they saw as having a positive purpose and those which they viewed as being enforced for the benefit of the staff or the system.

Young people clearly understood why they were not given information regarding what had led to their fellow resident's admission to care but would use a variety of means to seek out this information. It would appear that this centred around an assessment of their own physical safety as well as the safety of the group, both within the unit and in terms of how the unit would be viewed by the outside community:

> *Well it's like people come here for lots of things. Maybe they were badly treated by their parents or they couldn't look after them or they've done something bad, sometimes really bad. It's that you've got to look out for.* (Allie)

Once this assessment had taken place young people were able to use a number of the other currencies to manage this. This might include, for example, knowing who best in the system to inform about their concerns, using physical space or touch to isolate the young person or using humour to make clear the boundaries and expectations of the group.

Implications for Practice

The most significant finding from this research was the importance that young people placed on their fellow residents and the group itself. The research illustrated the various functions that such a group might serve for individuals and acknowledged that such functions extended outside the unit to relationships with family members as well as with the wider community. Young people stressed the role that the group played in maintaining safety and security as well as helping them to move forward with their lives.

As a residential worker I was surprised by the level of support that young people offered to one another as well as the depth of knowledge that they had about the social work system, relationships, drug use, etc. More often than not the information provided was accurate and clearly explained. Significantly, it would most usually be followed by discussion of how to include staff member's involvement and the best way to achieve this. Young people did not feel that these positive elements of group living were acknowledged or even recognised by staff members or other social work professionals.

It would appear that to consider the group as being rigidly structured, with fixed roles and status positions, oversimplifies the complexity of group living. It also leads us as practitioners to look only for the 'negative' behaviours demonstrated and to assume that with the removal of the 'bad egg' the group will improve. There are young people for whom residential care does not provide a secure or therapeutic enough environment. However, consideration needs to be given as to why young people are acting in such a way, and what contribution the group might be making either to reinforce or to challenge this behaviour. Like the 'symptom-carrying child' (Yahav & Sharlin, 2000) the young person may be maintaining group structure or harmony; therefore his/her removal leads only to that space being filled by another young person.

It may be helpful for staff to make themselves aware of the ways in which young people are achieving status within the group and seek to encourage the positive behaviours such as support and advice, and the use of humour. In so doing, it may be possible to support the young people in deciding which types of behaviour they themselves value and encourage. This would best be done in tandem with

staff groups looking at their own means of functioning and to consider what messages their group dynamic gives to the young people in their care.

It is argued that the group can usefully be seen by staff as a resource that requires nurturing and protection. In order to do this, assessment of the level of communication that exists between workers and young people must take place. If good communication is established, then young people may be more trusted to manage their group functioning and provide individual support, in the certain knowledge that staff members are there to support rather than to undermine group activity. Residential staff have the complex task of clearly assessing the individual as well as the group. Like any good assessment this must occur regularly and those being assessed must feel part of that process.

Conclusion

This paper has attempted to highlight the complex ways in which young people manage their resident group. It has suggested that young people undertake a complex set of on-going negotiations to achieve power and status within the group. Most importantly, young people have made clear the value that they place on living alongside their peers and the impact that this has on not only their experiences within the children's home but also outside it.

In the course of this paper an attempt has been made to move away from the idea that young people achieve fixed status and social roles within their groups. Such a position should not downplay what were, for some young people, long periods of time where they felt isolated, excluded and at times victimised. However, it was clear from this study that there were no fixed 'bullies' and 'victims' and that all young people participated in negotiations regarding their own and other's credibility. Furthermore, it must be stressed that both groups involved in the study demonstrated positive caring behaviour more frequently than they did negative, aggressive behaviour. Vital to this research has been the finding that young people have power over their organisations and behaviours. It was the young people themselves who negotiated around the adult controls, to create and maintain resident groups which they believed served to protect and support them.

Perhaps the views of Bryony best sum this up:

> At the end of the day you only have each other. The staff are lovely but they're paid to be here and there's no getting out of that. They can't be with us every minute so its up to us to make the place home … make sure that it's the way we want it…. No one is allowed to get too big for their boots here …it just spoils it for everyone. The staff cannae stop that happening, that's for us to do. (Bryony)

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