TWO ARTICLES ON THE RELATED THEME OF CHILDREN'S RESIDENTIAL CARE, FOSTER CARE, AND INSTITUTIONALIZATION

Both articles claim that Institutionalising and institutionalization are not a simple function of building size or formal status; it is a function of culture, boundaries, language, and the quality of relationships and outcomes. Nevertheless, when systems react to fears about institutionalisation by fragmenting groups into very small, highly staffed units, they can create new institutionalising dynamics: endless staff rotation, loss of peer processes, and a service shaped more by governmental anxieties than by assessed child need.

The core thesis is that institutionalising is a function of culture, language, boundaries, relationships, and outcomes rather than building size or legal form, which is clearly articulated and consistently developed in both pieces.

1. Emma Blakemore, Sir Martin Narey, Patrick Tomlinson, and John Whitwell (2022) What is Institutionalising for 'Looked After' Children and Young People?, in, *Journal of Social Work Practice*, Taylor & Francis,
https://www.tandfonline.com/doi/abs/10.1080/02650533.2022.2034766
This article asks: what actually makes a setting institutionalising or de-institutionalising for a child, regardless of whether it is 'family', foster, or residential? It emphasises culture, language, openness/closedness to the community, and quality of experience over the label or size of the setting.

2. Tomlinson (2026) A Reflection on Family Group Size in Society and Children's Residential Care,
https://www.patricktomlinson.com/a-reflection-on-family-group-size-in-society-and-children-s-residential-care-patrick-tomlinson-2026/121
This article shows parallel trends in family size and residential home size. The trend in the UK and Ireland, among other nations, is that family size has significantly decreased over time, and residential care homes are now more likely to have 1-3 living in them than a larger group. The article discusses the developmental consequences for children, the adults working with and caring for them, and children's residential service providers.

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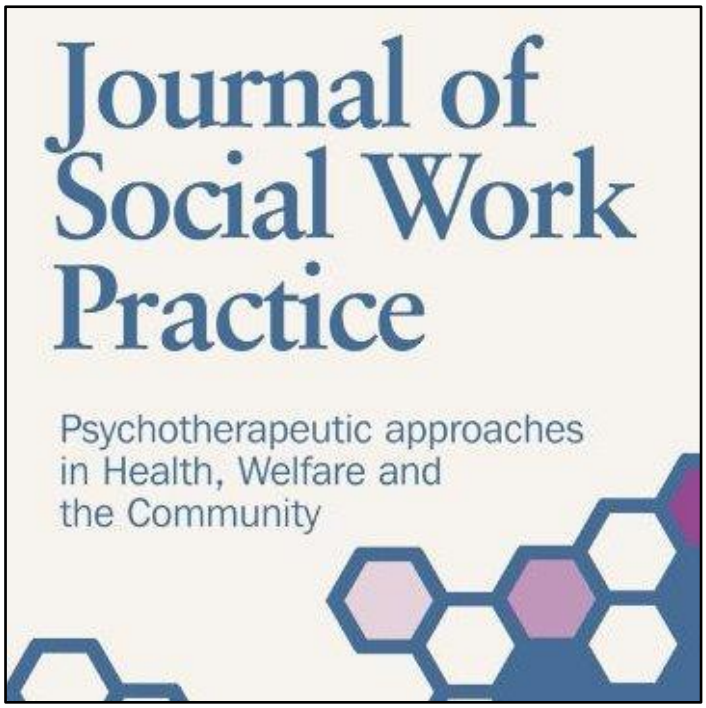

WHAT IS INSTITUTIONALISING FOR 'LOOKED AFTER' CHILDREN AND YOUNG PEOPLE?

By Emma Blakemore, Sir Martin Narey, Patrick Tomlinson, and John Whitwell (2022)

Abstract: The interest in writing this article followed conversations between the authors. Our collective experience in human services spans residential care, foster care, the prison service, and social work, among others. While these are diverse services, we realized we share similar views and concerns about the issue of institutionalisation. Namely, that the term is used simplistically as if the nature of a setting is the determining factor rather than the quality of culture and practice that takes place in any of the above settings. We aim to draw attention to these issues, challenge certain myths, and encourage a more thoughtful and helpful approach.

We look at the subject of institutionalisation for children and young people who are in residential or foster care. We begin by exploring the concepts of institution and institutionalisation. The concepts have different meanings, which can even be contradictory. This draws attention to the reality that family life can also be institutionalising. We explore what is important from a child's perspective. What is the quality of their experience? And most importantly, how do their experiences equip them to move towards a positive and fulfilling adult life? We believe it is important to focus on the quality of experience and outcomes rather than whether one kind of setting is inevitably better than another. We also recognise that different care environments can meet the needs of different children.

Keywords: Looked After Children, residential care, foster care, institution, institutionalisation, therapeutic care, relational opportunities

Introduction

The words institute, institutional, and institutionalising are often used with different meanings. Generally, in the care of children, these terms imply a negative consequence of

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being in care and one to be avoided if possible. However, the word institute can also be used positively, for example, to refer to the institution of the family or marriage. Oxford Languages defines an institute as,

> A society or organisation having a particular object or common factor, especially a scientific, educational, or social one.

Becoming institutionalised usually means becoming removed from the norms of society. So, an institutionalised person does not know or understand the expectations, rules, and norms of ordinary society. In general, it is healthy for any home, whether family or residential care, to be able to engage positively with society and the local community.

One way of measuring how institutionalising a setting is, can be to consider how open or closed it is to the outside world. Neither extreme of open nor closed is helpful. Some institutions are institutionalising because they are too closed, and some because they are too open, without boundaries. An ordinary home is usually a place where people must knock or ring a bell before entering. In other words, the home has a clear boundary that distinguishes the inside from the outside. Menzies Lyth (1985, p.245) explains,

> Effective control over boundaries can have another positive effect on the development of identity. It gives a stronger sense of belonging to what is inside, of there being something comprehensible to identify with, of there being 'my place', or 'our place', where 'I' belong and where 'we' belong together.

Among the most institutionalising settings historically have been asylums. These were often hidden from society. Virtually no one besides the residents and the workers visited such places, and the residents rarely left. While the example of asylums is extreme, all environments, including families, can also become closed to the outside world. Prisons are not dissimilar. But as Narey (2019) has argued, drawing on his experience of managing Prisons in England and Wales, the negative effects of imprisonment can be ameliorated by treating those we incarcerate with decency, respect, and dignity and ensuring, for example, that children in custody are addressed by their first name.

The word Institute can also mean something that has become established. It is a social structure in which people cooperate, and the behaviour of people is influenced by it. There is no clear reason why an institution cannot provide a positive and healthy setting for the care of children or any other person. The challenge is to ensure that the necessary differences between the institution and a family home, which might include, for example, locks on bedroom doors to ensure personal privacy for resident children, do not become part of a broader departure from what one would expect to find in a family environment.

Our experiences of some homes, which are fundamentally well-intentioned, are that staff seemed not to notice the inappropriateness of the printed fire safety instructions in every room, the staff log-in board in the lobby, the harsh strip lighting in sitting rooms, the clipboards in bathrooms to say when they were last cleaned, or draconian restrictions on child access to the kitchen.

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Language and Institutionalisation

Language can be one of the central factors in institutionalising environments. This becomes clear if we consider institutional language as being removed from the usual language within society. So, for example, it is common within a 'care home' that carers are referred to as being 'on shift', or 'on the floor' (Ireland). Those who look after the children could simply be referred to as an adult, but are often referred to as 'staff'. Children having a visit from a mum or dad are often said to be having contact. A home may be called a unit. The very term Corporate Parent, used in the UK to describe the role of government in looking after children in care, could hardly be more institutionalising. The children in care are called 'Looked After Children', which in the bureaucratic government culture is reduced to LAC. Highlighting the thoughtlessness of this term, one child in foster care said,

> Why do I have to go to a 'LAC' review – what's 'lacking' with me? (Lewis, 2019)

Even the term care can be used institutionally. What message is given to a young person when they are told they are leaving care? Unfortunately, as is often the case, it could be taken to mean the young person will have no more care. Nothing could be further removed from what we would ordinarily wish for every child and young person. Mullan et al. (2007) show how the 'artificial environment' of leaving care abruptly at the age of 18 can be a difficult experience for young people. When this policy is imposed upon any setting, the impact will be institutionalising on the setting as well as the child.

Lewis (2019) argues that the institutionalised language used is stigmatising for children in foster care. He claims that too often it tells and reminds children of how they are different. As the task of caring for children has much in common, whether in their birth family, foster, or residential care, he argues that this is mostly unnecessary. It may not always be easy to de-institutionalise language, but it is essential for children in care that we strive to do this. Often, by the time a child arrives in care, especially residential care, he is institutionalised. This may be due to his experiences in his family, through failed interventions, and the social services system. What matters to the child is being placed somewhere that can make him safe, meet his needs, and provide the best recovery possible. Discussing the importance of language, Barton et al. (2012, p.173) have argued that,

> In some ways, the recovery process for children who are in care is one of de-institutionalisation.

Two of us have had to protest about the way meals are described. Tomlinson has reminded professionals in Ireland that referring to children's "food and liquid intake" might be appropriate in a hospital but not in a home. And Narey had to ban the use of the term "feeding" in children's prisons, only to later hear the term – more appropriate for a zoo than a place where children live – used in a children's home in England.

The Home and Size

There is much debate and some very hard-held assumptions about the size of children's homes. It is argued that there is an inevitable correlation between the size of a home and its likely institutionalisation. Essentially, so the theology goes, the larger the home, the more institutionalised it's likely to be.

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The evidence doesn't support this, certainly not when we're talking about the difference between, say, a three-bed and a six-bed home. Homes of any size can become institutionalised. Our experience of discussing this both with children living in homes and with staff is that we would have a better-informed discussion if it were informed by a shared understanding of what we mean by institutionalisation. We have been told that the term means things like having house rules - when most families have those - or having locks on bedroom doors (when in reality they are often a necessity to afford individual children privacy and a sense of security about their possessions). David Berridge et al.'s landmark research into life in ten different children's homes threw an important light on what the term means. When comparing homes, they observed (2012, p.40),

> Despite the reasonably comfortable decor, several of the homes seemed to us to retain unnecessarily institutional features. In at least three homes, when the telephone rang, a bell sounded loudly through the home; in contrast, in some other units, staff had overcome this by carrying cordless phones to avoid the constant clamour and interruption. In another, certain lights constantly went on and off when they detected movement. Elsewhere, a member of staff chose colour schemes and posters, and young people said that they did not have a say in the decisions. A few homes had visible 'health and safety' posters and collections of young people's leaflets on display, on issues such as nutrition and healthy eating or sexual health. While important, these would not usually be displayed in a family home and reinforce an institutional feel... Many homes managed to avoid these institutional features without adverse consequences. We should attempt to make residential environments as ordinary as possible in order to facilitate everyday, therapeutic relationships and reinforce young people's self-esteem and aspirations.

According to Roger Clough (2000, p.88), what matters in a good home, a non-institutionalised home where,

> The daily life within the home is built from an attempt to produce systems that best match residents' wants and needs.

It's as simple as that. One of the challenges in any home, whether it is a birth family, foster, or residential care, is how individual needs can be met in a group. Dockar-Drysdale (1961) wrote about this in *"The Problem of Making Adaptation to the Needs of the Individual Child in the Group"*. She showed how, with an understanding of each child's needs and careful planning, it is possible to get a good balance between individual and group needs. This is much the same as it would be in a large family. There is a need for routines, boundaries, rules, expectations, and order, but at the same time, there is enough attention for each child. While less individual attention may be available in larger families, at the same time, other benefits can arise, such as richness of relational opportunities. Children may also be more likely to experience the value of contributing positively to daily life.

Relational Opportunities

It is argued by Perry and Szalavitz (2006) that one of the difficulties with modern family life is that the size of the typical family group has decreased significantly over the last 100 years. Humans are social creatures, and it is only in recent history that we have begun in some

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parts of the world to live in small and relatively isolated ‘units’. This implies that using the present westernized model of a family may not be the best yardstick to determine what is healthy for children’s development. And for children who are in care and who have suffered trauma, just as in ordinary development, ‘it takes a village to raise a child’.

What maltreated and traumatised children most need is a healthy community to buffer the pain, distress, and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child’s relationships (Perry, 2006, p.231). Perry’s research on helping children heal from trauma claimed that what made the biggest difference is the number of significant and positive relationships the child has with adults every day. It can be argued that larger groups and therapeutic community-type settings are more able to provide this. Several homes in the same setting or local area provide closer contact with a wider range of people.

As well as their own carers, children regularly see others who work in the organisation. Sometimes, a relationship with an adult not directly involved in care work, such as a maintenance person or a receptionist, can be immensely valuable for the child. In addition, there are many opportunities for positive peer relationships. The quality of childhood peer relationships has been shown by research to be an important factor in determining outcomes into adulthood (Shonkoff and Phillips, 2000). Department of Communities (2010, p.73) highlights how important this is for young people,

> Mason (2007) suggests that peer contacts must be prioritised and refers to their research indicating that, often contrary to adult priorities, this is the outstanding priority stated by young people.

One of the authors of this article (Tomlinson) works as a consultant with Lar de Nossa Senhora do Livramento, a therapeutic residential service in Porto, Portugal. 45 girls live in groups of up to 9 in one exceptionally large home. Each group has its own living space, so it’s like a small home within the large home. Being linked together in the same space has many benefits. The girls who range in age from 6 to 25 see many adults every day. Those who care for them directly, support workers, and senior staff. It is like an extended family. There is the opportunity for many healthy processes within small groups, large groups, and the whole community. The older girls live to varying levels of autonomy according to their needs. And as in Portugal, young people can stay in supported care until 25; some of the girls are studying at university and/or working.

Therefore, the younger girls can see a model of life from child to adult. There are many different positive relational opportunities between girls as well as adults. Unlike some children's homes situated in relatively isolated locations, Livramento is close to the centre of Porto. It is well-integrated into the local community, with all the services and facilities that help give a sense of 'normality’ (Anglin, 2002). Unfortunately, services such as this may be deemed as institutional. One reason is that the large building is not considered to be like a typical family home. This generalising attitude can overlook the positive outcomes that can be achieved in such settings. Maher (2003, p.280) highlights the possible consequences. Talking about children’s residential care in the UK, he says,

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> Some of them still get referred to therapeutic communities. More of them, however, bypass this sector and are placed in ones or twos in houses over the south of England, maintained through having a staff team, often recruited through agencies, devoted entirely to keeping them 'safe', by virtue of keeping them apart from other young people. They have been deemed impossible to live in a group, and the result is that the powerful forces mobilised by group living and group educating are removed – envy, conflict, sexual attraction, and adolescent destructive group processes.

In some countries, regulations dictate that small groups of children are being looked after by large teams of adults. We now see situations where up to 12-15 staff are needed to work with 2-3 children. As well as the huge cost, one of the problems is that the carers working with the child are continuously changing. Consistency for children and adults is harder to maintain. It can be argued that this is a highly institutionalised form of care. In some countries, even improvements in the quality of housing have been said by some young people to have a stigmatising effect. This 'posh' way of life is far removed from the reality of their family and friends. One child who Tomlinson experienced lived as a 'single occupant' in a 3-storey 6 Bedroom children's home. Part of the home had to be sectioned off so that the child did not feel so overwhelmed by "living in a mansion", as she said.

Length of Stay

How long a young person should stay in a residential home has also become a controversial subject. In England, for example, residential care is seen by many Local Governments as mainly a short stay of a few months before moving a child to foster care. So, instead of providing a stable home experience, the stay in residential care becomes another transition for the child, another experience of short-term broken relationships. This is a dogmatic approach disconnected from a proper assessment of each child's needs. It can be argued that the reduction of time for children in residential care purely based on a government's preference for foster care is an institutional approach. It is more to do with the needs of the government than the child.

Furnival (2018, p. 373) highlights the potential for transformation of children's lives in residential care, but also the damage when the service is ill-resourced, and staff are unsupported. She also refers (p.387) to anxious governmental responses that have driven child protection. When this becomes embodied in rules, systems, structures, and procedures, Hoggett (2013, p.77) suggests that the real child is then replaced with "a virtual and electronic child". We need to be careful that we don't label the setting as institutional when it is really the external context that is the problem. Hannon et al. (2010, p.132) expand upon this,

> To assume a 'one size fits all' style of placement (foster care) is suitable for all of these children is particularly short-sighted, and may mean children for whom foster care is simply not a suitable option will have to endure multiple failed foster placements, and the turmoil this entails, before they are placed in a residential home.....In reality, it may be that for children for whom foster care is not suitable nor welcome, residential care placements are a valuable source of stability and opportunity to develop peer relationships. Certainly, some of the care leavers we

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> interviewed for this project said they had enjoyed their time in residential care, saying that the other children there had felt like family.

Some children who share a foster family with the birth children of the parents can also feel like they are not equal to the birth children. This may be picked up in feelings, conscious and unconscious, from the parents to the children. Sometimes it is more basic, such as when a foster family takes their children on holiday, and the foster child is sent to a 'respite' family (see appendix). An additional difficulty for children who are forced into short placements in residential care only to be moved into foster care is that it can complicate relationships with the birth family. Anglin (2004, p.184) captures this point succinctly by referring to a comment by one young person living in residential care,

> I don't need a family; I already have a family!

Bilson and Barker's (1995) UK-based research also found that residential care was more likely than foster care to maintain positive contact with the birth family. They argue,

> Many young people may prefer residential care over foster care, as in residential care, they do not have to deal with issues of loyalty and may be afforded more emotional and physical space to grow (Department of Communities, 2010, p.71).

Hannon et al. (Ibid, p.130) explain how this can be especially difficult for adolescents,

> This may particularly be the case for young people entering care in adolescence, who may be experiencing problems with their own family and want to avoid replicating a family environment. For such children, residential care settings may be more suitable.

In Livramento, the Portuguese home referred to above, the length of stay can vary from one year to 5-6 years. This is based on the young people's needs. The girls who stay longer usually achieve a higher level of educational achievement. Relationships with the birth family are fully supported. Some girls who stay up to the age of 25 are assisted to achieve excellent outcomes in work and education. Tomlinson has met young people here, taking a law degree, studying to be a vet, and others in similar situations.

Physical Affection

This remains an issue not only in children's homes but, alarmingly, in foster care, where the vast majority of 'looked after children' live. Fostering regulations require, "Carers should provide a level of care, including physical affection, which is designed to demonstrate warmth, friendliness and positive regard for children". But Narey discovered, in successive reviews for the Department of Education, that both in children's homes and foster homes, and all too often, staff and foster carers believed that demonstrations of physical affection were frowned upon, or they had been taught to be fearful of potential allegations. As Narey (2018) wrote,

> In one example, we heard of a foster carer in a room with other carers and changing a baby's nappy. On completion, she raised the child's Babygro and blew a raspberry

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> on his bare tummy. Other foster carers in the room were very concerned that her expression of affection for the baby was inappropriate and could even be seen as a safeguarding issue. These concerns and anxieties can result in some children in care not receiving the physical or emotional affection they need that helps them to thrive. In turn, this will impact on the child's ability to express their need for comfort, reassurance, and understanding from an emotionally responsive carer. These are the fundamentals of a healthy childhood.

Of course, it is vital to ensure that physical affection is welcomed. But we have all met staff who have ignored their inclinations to hug a child because they feel such behaviour is no longer acceptable. We are absolutely of the view that physical contact should be encouraged and celebrated in both fostering and residential care. Children, particularly infants, should be held, cuddled, and kissed in the same way parents and carers from all cultures across the world comfort their children. And a growing body of evidence suggests that doing so is demonstrably good for children and can help them to thrive. And, contrary to the beliefs of some practitioners and carers, Ofsted (The Office for Standards in Education, Children's Services and Skills, UK Inspectorate) is not likely to be critical of demonstrations of physical affection. They told Narey's review of fostering that,

> It's important that foster carers are sensitive to the wishes, feelings and experiences of individual children. But we wouldn't want to see an overly cautious, inflexible approach to their role that would mean children wouldn't receive the kind of warm and nurturing care they need and deserve. That includes physical affection.

This is supported by the views of neuroscientists and trauma experts Van der Kolk et al. (2007) and Perry and Szalavitz (2006). Touch is vitally important to healthy development, but where children have suffered abuse and other adversities, there needs to be sensitivity to the child's experience. However, the answer to this is not to do as some organisations have done, which is to ban all physical contact. Not only does this potentially doubly deprive children, but it also reinforces the message that adults cannot be trusted.

There are many benefits of appropriate physical contact. Such as non-sexualised hugs, holding hands, and pats on the back. Appropriate touch helps create the capacity for attachment, which is partly learnt through touch and proximity maintenance (Barton et al. 2012, p.101). Affection and physical touch are associated in ordinary family life with love. Steckley (2018, p.368) highlights how love, which is fundamental in ordinary healthy families, has been a taboo subject in residential care. There is now more attention to this, and love has been the subject of a special edition of the Scottish Journal of Residential Care (2016). The taboo on love is another institutionalising factor that has been imposed on residential care.

The Benefit of Therapeutic Residential Care – Not a Last Resort

Unfortunately, residential care has sometimes been regarded as a last resort. Children often end up in it following multiple foster placement failures. Price et al. (2018, p.392) claim that,

> Residential care for children has been subject to controversy with fears that institutionalisation, neglect and abuse are more likely in such care.

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The belief that every child needs to be living in a family, and this last resort view has seen many children and young people move from foster home to foster home. Anglin (2004, p.183) states,

> Such a misuse and squandering of both foster family and placement agency time, energy and resources is an unfortunate consequence of faulty thinking about the place and appropriate use of residential group care.

Referring to his research on effective residential homes, Anglin (ibid, p.188) argues,
The findings of this study suggest that group homes need to be appreciated for their strengths as extrafamilial developmental and therapeutic environments and ought not to be denigrated for not being 'natural' or 'real' families.

As Hannon et al. argued, residential homes can feel 'like family' to some children. Although it sits at the more intrusive and support-intensive end of the continuum of care for Looked After children, there are moves to position therapeutic residential care as a mainstay placement option, rather than simply a last resort for the hardest to place children (McLean et al., 2011, p.5). For some young people, a well-planned residential environment has a unique capacity to deal consistently with intense behaviour. Referring to Anglin's (2002) study, the Centre for Excellence (2006, p.10) claims,

> Well-functioning family group homes in the study were continually seeking to provide therapeutic care and consistency of structure and expectations with an intensity that is virtually impossible to maintain in a family or foster care setting. Many young people indicated they needed such intensity of interaction with staff for significant periods of time while they struggled with their problems, the pain, and the associated anger that interfered with their relationships and, at times, their own safety.

What is most important to the child is being in a place where his or her needs can be met. Many of the present and historic difficulties in foster and residential care may not so much be due to the merits of either, but to a lack of clear planning and assessment. Whenever it is not possible to meet children's needs, institutionalised practice in any kind of home is more likely to develop as a way of controlling and managing the situation. The special edition of this journal (2018) on psychodynamic issues in residential care highlights the complexity, powerful dynamics, and emotional pain that are often involved in the work. When this is not acknowledged, it can be responded to defensively, leading to a simplistic view that there is something wrong in the setting (Furnival, 2018).

Conclusion

Providing each child with the right experiences is essential. As Whittaker and over 30 colleagues (2016) from around the world have made clear in their Consensus Statement, there are many types of children's homes. The needs of children also vary widely. So, rather than focus on questions such as, is 'institutional' care or therapeutic care good or not? Or is foster care good or not? We should focus on the needs of each child and how they will be best met. For some children, supporting their family and kinship carers may be the best option. For others, it may be foster care, and for some, it will be a residential care home (Tomlinson, 2020). In each case, the most important concern is matching the child's needs to

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the setting. It is how well this is done, rather than the nature of the setting, that determines whether the experience is institutionalising or not for the child. It is the quality of the child's experience that is most important, not the setting. Most importantly, the appropriate setting will enable a young person to enter society positively as an adult.

Appendix by John Whitwell
Intro: John Whitwell must be one of the few people who have led separate residential and foster care services for long periods. He spent 15 years leading a Residential Therapeutic Community and then another 15 leading a large Specialist Foster Care Service. Therefore, his opinion on this subject offers a well-placed and interesting perspective.

Institutionalisation in Foster Families
When I changed jobs in 1999, moving from leading a well-established therapeutic community for boys to a pioneering independent fostering organisation, some of my basic assumptions were challenged.

I was surprised to encounter some foster families who were successfully looking after children who would not have been able to cope with group living. This overturned my assumption that children who couldn't cope in foster families were referred to specialist residential homes, and that it was one-way traffic. I had not expected to see the reverse of this. These foster carers were resilient, empathetic, courageous, imaginative, very child-centred, and had a highly effective support network.

I was also surprised to encounter a few foster families that ran their homes like institutions. The foster children were not made to feel truly part of the family. This might show itself by, for example, a living room that the foster children were not allowed to use, or by holidays taken without the foster children. The phrase "going on respite" was one of those institutional phrases that could make foster children feel like second-class citizens. We are so awful that our carers need respite from us. It's a fine line between carers who need to look after themselves, to ensure their long-term commitment to their foster children, but not at the expense of the children's trust.

The fostering organisation I worked for challenged such institutional practices and would ultimately be prepared to deregister the carers. Unfortunately, this sometimes led to the carers changing agency and continuing as before, despite the new agency being made aware of our concerns. Occasionally, the foster children's care authority colluded with this, not wanting to rock the boat of what appeared on the surface to be a stable "placement".

Another example of adult-centred rather than child-centred practice was linked to finance. If, for example, a foster family was approved for three foster children to live with them, it didn't necessarily mean that this approval should be fully utilised. The more child-centred foster families would carefully judge when a new child should join their family based on the needs of the children or the child they were already looking after. Adult-centred families would cram in as many children as they could to maintain the maximum income without sufficient consideration of what this would have on the dynamic of their family. Therapeutic fostering organisations would not collude with this, and the foster family would be likely to seek an agency that would not challenge this practice.

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Brief Biographies
Three of the authors of this article are connected at Innovate Services, where Emma Blakemore is CEO, Sir Martin Narey is a Non-Executive Director, and Patrick Tomlinson is a consultant. Patrick Tomlinson worked for fifteen years with John Whitwell, who was Principal at the Cotswold Community from 1985 to 1999.

Emma Blakemore: With over 20 years of experience in children's social work and residential care, her expertise spans social work change management, safeguarding board development, MASH management, frontline social work delivery, therapeutic life story, and residential work. About her current role, Emma says, "It enables me to affect change by placing the child at the centre of our work. By doing this, we creatively support local authorities to secure better outcomes for children and young people. We aim to co-produce more innovative and effective ways of working. This is where real sustainable change happens."

Sir Martin Narey DL: The eighth of nine children and from Middlesbrough, Sir Martin Narey was the head of the Prison and Probation Services in England and Wales as part of a twenty-three-year career working with offenders. He later ran Barnardo's, the UK's biggest children's charity, before advising Number 10 and the Department of Education about issues relating to child neglect. He has written and published five reports for the UK government and now holds several non-executive appointments, most of which are pro-bono. In 2013, he was knighted for services to vulnerable people.

Patrick Tomlinson: Patrick's experience spans from 1985. Beginning as a residential care worker at the Cotswold Community, he has held positions at all organisational levels, up to CEO. He is a qualified clinician, strategic leader, manager, and author of numerous papers and books. Patrick Tomlinson Associates (PTA) was founded in 2008 to support the development of people and organisations. Therapeutic models that Patrick has worked on in several countries have gained widespread recognition.

John Whitwell: Was the Principal at the Cotswold Community for fifteen years. He worked there for twenty-seven years. Following that, he was Managing Director at Integrated Services Programme (ISP), a specialist foster care service, for fifteen years. John has also been Chair of Trustees of the Gloucestershire Counselling Service, Trustee of the Planned Environment Therapy Trust, and Trustee of the Mulberry Bush Organisation. He has been a UKCP Registered Psychotherapist and a full member of the British Psychotherapy Foundation (BPF). John is also a qualified Group-analytic Psychotherapist. He has published numerous articles and papers on his experience in therapeutic residential and foster care services. www.johnwhitwell.co.uk

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A REFLECTION ON FAMILY GROUP SIZE IN SOCIETY AND CHILDREN'S RESIDENTIAL CARE - PATRICK TOMLINSON (2026)

Acknowledgements: I would like to thank Sean Dunne for this article, as the ideas emerged in discussion with him this year on a subject we have considered for many years.

We first worked together, around 35 years ago, in a residential therapeutic community for boys in England, The Cotswold Community. The Community was situated on a 360-acre farm in Wiltshire, England. There is much information and literature on the work of the Cotswold Community (see www.johnwhitwell.com).

I would also like to acknowledge Lar de Nossa Sr.ª do Livramento for their commitment to continuous quality improvement in therapeutic services for children and young people, which I have experienced with them since 2018. Thank you also to the Technical Director of Livramento, Maria João Braga da Cruz, for the kind permission to include the section of the article that refers to the work of Livramento.

Abstract: This article talks mainly about the UK and Ireland, but the points are more widely relevant. The focus is on the relationship between the reduction in family size over the last 100 years and the similar pattern in children's residential care. The article discusses important themes in child development and their relationship with living in groups. These themes are considered from different perspectives and areas of research. The article argues that it becomes increasingly difficult to advocate and believe in group living when the experience of it has been dramatically reduced, especially in some societies. This difficulty may continue to be costly on many levels: for children's development, well-being, and recovery from trauma; the professional development of group work skills and their many benefits; and the significant financial burdens involved. The article provides a positive and hopeful example of a children's group living context.

Introduction

From 1967 to the 1990s, boys at the Cotswold Community, where I began work, lived in groups of 10 in 4 separate homes. At the time, this size of home or community was not so unusual in the UK. Woodhouse (2026) asks the question, with the title of his book,

> The Perfect Little Children's Home? Understanding Why Homes are Getting Smaller?

Woodhouse points out that a 2016 independent review of residential care raised concern that the average number of children per home in the UK had dropped to 4, setting out that this was more costly and there was no evidence it was better for children. Since that time, the average has dropped further to 2.9 children.

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It seems scarcely believable that this is now the average size of a home. In the UK and Ireland, many children are living on their own in children's homes or with one other child. Woodhouse's book elaborates in detail on the many factors for this numerical decline. One that he mentions is risk aversion.

Prophetically, Maher (2003, p.280) wrote in his excellent paper on residential care in the UK, which discussed some of the benefits and challenges of group living, among other issues,

> Some of them (children) still get referred to therapeutic communities. More of them, however, bypass this sector and are placed in ones or twos in houses over the south of England, maintained through having a staff team, often recruited through agencies, devoted entirely to keeping them 'safe', by virtue of keeping them apart from other young people. They have been deemed impossible to live in a group, and the result is that the powerful forces mobilised by group living and group educating are removed – envy, conflict, sexual attraction, and adolescent destructive group processes. Their teeth are pulled. When this happens, the chances of moving them on to somewhere where treatment can happen become remote indeed. Treatment is risky, difficult, and painful for everyone involved - and often too risky, difficult, and painful to attempt.

In 2003, the word treatment meant therapeutic care that enables recovery from trauma. One way of addressing this difficult work is potentially to eliminate it. And that has been one of the agendas in relation to residential group care for children during the last 20-30 years. Henderson (2024) has highlighted that the risk that Maher refers to is not only seen to be related to the size of the home but also to the whole residential care sector. The title of Henderson's book is *Challenging the Conventional Wisdom about Residential Care for Children: A Good Place to Grow*. Underpinned by vast research, he shows that there has been a misleading, incorrect, and harmful representation of residential care for several decades. Decisions about whether a home can operate or not, whether it be a foster care home or a small or larger residential care home, should be based on the evidence of whether children do well or not. Blakemoore, Narey, Tomlinson, and Whitwell (2022) argued,

> Essentially, so the theology goes, the larger the home, the more institutionalised it's likely to be. The evidence doesn't support this, certainly not when we're talking about the difference between, say, a three-bed and a six-bed home.

The risks of many things in residential care have been reduced for children and adults. For example, the risk of aggression between children is reduced if there isn't anyone to be aggressive with besides the adults. A bit like it is hard to have sibling rivalry if you don't have any siblings. As the neuroscientists Shonkoff and Phillips (2010, p.10), who were advising the US Government, argued,

> Interventions that work are rarely simple, inexpensive, or easy to implement.

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The importance of children's peer and sibling relationships

We know that healthy development requires relationships, not just between adults and children, but between children. Peter Gray (2025), in an article discussing children's play and how it is often being curtailed, argues,

> In a discussion of such research, one child development specialist (Judith Harris, 1989, p.161) noted that the popular phrase "It takes a village to raise a child" is true if interpreted differently from the usual Western interpretation. In her words: "The reason it takes a village is not because it requires a quorum of adults to nudge erring youngsters back onto the paths of righteousness. It takes a village because in a village there are always enough kids to form a play group".

It has never been said that it takes a village of adults. By denying children who are already deprived by being taken into care the opportunity to benefit where possible by living in groups, and I don't think of 2 as a group, they are deprived of the important opportunity of peer relationships. Removing risk can have the side effect of creating other risks or unintended consequences. For example, ultra-clean environments can reduce immunity.

Roman Children Playing c.2nd century (© Marie-Lan Nguyen, 2024)

Shonkoff and Phillips (2000, p.165), among many other have shown that establishing relationships with other children is one of the major developmental tasks of early childhood, and it also has a significant impact on future development. They argue that the quality of peer relationships in early childhood is one of the key factors that influence long-term outcomes into adulthood. Mason (2007) suggests that peer contacts must be prioritised in residential care and refers to research indicating that, often contrary to adult priorities, this is the outstanding priority stated by young people.

So, what else makes it so hard to see the value of groups, especially when homes in the UK with 1-2 children and staff teams of up to 10 or more, that can cost £300,000 to a million pounds per year for one child (UK Parliament, 2026), in a nation that has been living in austerity? Trends are ultimately determined by an overlap of thinking in societies and individuals, and it is difficult for anyone, including political leaders, to think outside of their

personal experience. To value the benefit of a group, it can be argued that positive group experiences in our formative years would be helpful.

If you were born post-WW2, probably until the end of the century, in the UK and other nations, you would have most likely known of people in your extended family who had anywhere between 5 and 10 siblings. Not everyone in the family, but at least some examples. Probably most of the people seemed ok and not damaged by growing up in a large sibling group. If there were over 5 siblings, and certainly if there were 8 or more, the older children would take on some responsibilities in the home. Children also, in the best of circumstances, would learn to care for each other and play together.

In these situations, the children's opportunity to contribute something helpful to another is easily available. Contributing is the essence of mattering (e.g., Prilleltensky, 2020). Mattering extends from being seen, heard, and valued - to contributing to others. An example of this might simply be a caring and thoughtful gesture to another or helping with daily chores. It is argued that this is often what is most important to us: the sense that we make a meaningful contribution and positive difference.

Children growing up in groups have a much greater sense of mattering to others, simply by the fact that contributing is part of everyday life. It is the opposite of the modern-day concept of growing up in a 'helicopter parent' environment. If we deprive children of opportunities to contribute, and hence to matter, one consequence may be a higher likelihood of futility and depression.

Reduction in family group size

The work of Bruce Perry (2006, p.233), the trauma specialist and neuroscientist, was the first that I read that made the changes in family group size so clear. This is a long quote, but the detail is important and helpful,

> The modern world has disrupted and in many cases abandoned the fundamental biological unit of human social life: the extended family. There has been so much emphasis on the breakdown of the nuclear family, but I believe that in many cases the extended family, whose dissolution has been much less discussed, is at least as important.
>
> … For countless generations humans lived in small groups, made up of 40 to 150 people, most of whom were closely related to each other and lived communally. As late as the year 1500, the average family group in Europe consisted of roughly twenty people whose lives were intimately connected on a daily basis. But by 1850 that number was down to ten living in close proximity, and in 1960 the number was just five. In the year 2000, the average size of a household was less than four, and a shocking 26 percent of Americans live alone.
>
> As technology has advanced, we have gotten farther and farther away from the environment for which evolution shaped us. The world we live in now is biologically disrespectful; it does not take into account many of our most basic human needs and often pulls us away from healthy activities and toward those that are harmful.

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The same trends exist in many nations. In some cases, as extended families have reduced and separation rates between parents have increased, many children are growing up in very small family groups and networks. Some may barely have any sense of a network. Someone in their 40s today was born and grew up in a very different era from the one we live in now, so the reference points that shape our thinking have shifted dramatically.

The importance of our formative years is mentioned, as experiences in these years can have a deep impression. What we don't experience in early childhood, we can experience and learn from as we grow up and as adults. If one grew up in a functional family group with extended family, one's confidence in groups would likely be affected by the experience. As would one's appreciation of the value and benefits.

The relevance to residential children's homes

The idea of working in homes with 10 children was not a shock to me when I started in 1985. However, the experience that unfolded in my first year was more of a shock. One clear thing was that you had to learn how to work in a group. On average, there were 4 adults in the home with 10 children. In a group that size, there are 91 possibilities of unique 1-1 relationships. If we have 2 children and 3 adults, there are just 9 possibilities and only one child-to-child relationship.

The complexity is vastly reduced, which reduces one type of risk. However, I would much prefer a variety of children to be with rather than be with just one. There is so much more to learn, and naturally, some children will get on better with different adults and children. The benefit of learning how to live within a familial social environment is reduced. At least twice, I have experienced young people who were made to live on their own asking for another child to be placed with them. As one 15-year-old put it,

> Why can't I live with someone else? Do they think I'm some kind of monster?

As well as being the only young person in the home, young people such as this often find themselves deemed to require what is termed in the UK and Ireland, 2-1 staffing, which means there must always be 2 adults available. This means that the total staff team is often 10 or more for one child. In addition, the home manager and sometimes the deputy are usually not included in the 2-1 staffing, but may be in the house carrying out administrative responsibilities. So, the young person can find themselves in the home with 4 adults.

It could be argued that the move to these types of placements is another form of institutionalization, at the opposite end of the spectrum to the large institutions of the past. Anglin (2002) found in his research that what young people who are living in residential care want most is a sense of normality. Some of the current practices in the UK and Ireland have moved further away from what could be considered 'normal'. In their paper, What is Institutionalising for 'Looked After' Children and Young People?, Blakemore, Narey, Tomlinson, and Whitwell (2022) state,

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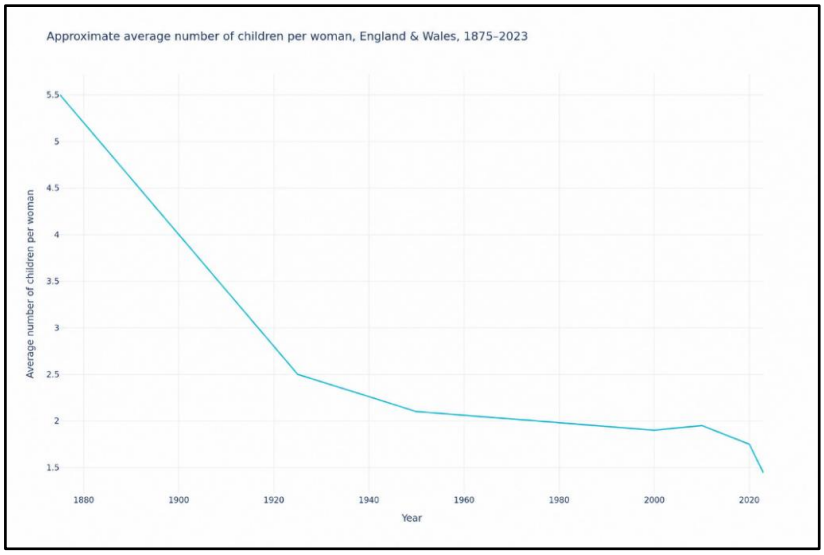
> Becoming institutionalised usually means becoming removed from the norms of society. So, an institutionalised person does not know or understand the expectations, rules, and norms of ordinary society.

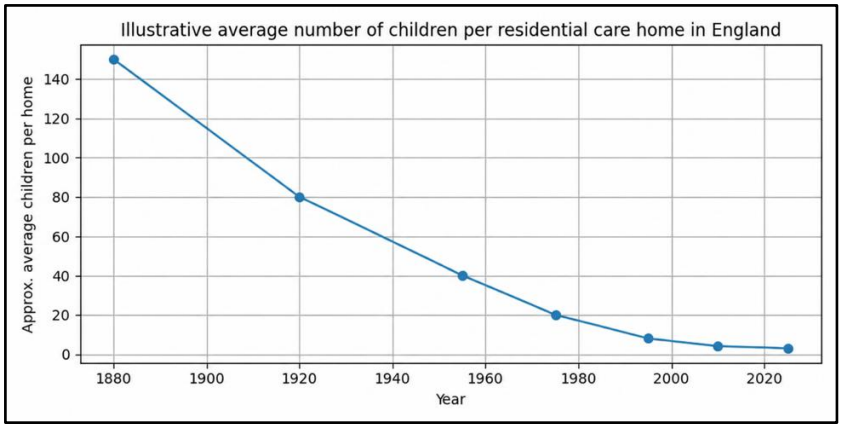
Not only are some of these practices institutionalizing, but they also deprive everyone involved of the benefits of living in a group. Learning about groups, if one is interested, has so much value to all kinds of situations in life, work, and leadership, for example. But if we do not grow up in groups and if, in social care work, we cannot experience group living and work, how can it be learnt? The value of group care becomes an alien concept, and soon, in the UK, there may be a generation of residential care workers who have never worked with a group of children.

Along with the concept of 2-1 staffing, this leads to a situation where adults can become afraid of being with a young person on their own and are deskilled when it comes to the complexity of working with a group. With an increasingly high number of social care professionals with little or no group living experience and skills, there is a risk that the small size of children's homes becomes a self-fulfilling prophecy.



Group living children's homes still exist, and thankfully, there are excellent examples in the UK and other nations. But as Woodhouse has drawn attention to, it is hugely diminished, just as Perry has said about family group sizes. The following 2 graphs illustrate this point about the reduction in familial group sizes in UK society and residential care.

The first shows the UK numbers of children per woman from 1875 to 2020. The key point is that from 1875 to 2020, the average has decreased from 5.5 to below 1.5 children per woman. The next graph shows the change in residential care home size during the same period.



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The key point about the size of children's homes or institutions, as they would have been, is that they have gone from over 140 in 1880 to 2.9 per home in 2020.

When group living disappears from everyday life

Together, the graphs show that the reduction in family and children's residential home size has followed a very similar pattern over the last 100 years. Clearly, it must be hard to advocate for group care if it is far less common in life. And this bias is most likely unconscious. We tend to advocate more easily from a position of experience and familiarity.

What we know makes more sense to us than the unknown. The reduction in group size in residential homes may be partly because residential care has followed the cultural norms of the last 100 years. Naturally, confidence in group living decreases the less we experience it.

Looking at these trends does not seem to present a hopeful picture if, as Perry argues, living in groups is biologically respectful and essential for human wellbeing. Other researchers, such as Susan Pinker (2014, 2015, 2017), have argued that social integration is the number one influence on healthy living and longevity. We need opportunities to integrate from birth onwards. When that has not worked well or has even broken down disastrously, we must provide this opportunity. Integration into a 'family group' is the first step towards social integration. This is where our first experiences of connecting, belonging, and mattering take place.

Knock-on effects

There are additional knock-on effects of the reduction in group size. The number of children living in residential care in recent years has gone up, and with the reduction in the size of groups, inevitably, there has been a significant increase in the number of homes. A 15% increase from 3500 to 4000, as estimated by Ofsted in the last year alone. Charles Hunter Associates (2024) claims,

> In the last 10 years, the number of children's homes has increased by 70%, although the number of spaces available has only increased by 25%.

These changes mean a great demand on the number of managers, staff, and other resources. The extra managers and staff have to come from the same pool of experienced workers. This means that inexperienced staff must be found. Especially due to the shortage of managers, the bar regarding quality is likely to be lowered. This has led to growth in the social staffing agency sector due to the demand to meet staff shortages. The potential reliance on agency staff who are not permanent members of a care team is an additional risk to quality. Writing for the UK journal, Children & Young People Now (CYP), Simpson (2022) argues,

> CYP Now investigation shows 10-fold rise in agency social work teams being used by local authorities in the last five years, with children's services leaders saying staff shortages are placing huge pressure on budgets

Along with losing the economies of scale that can be achieved with larger groups, costs inevitably increase for many reasons, such as those above. Another example is when several

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small homes that are part of one organization are spread over large distances, sometimes up to 100 miles apart. This means additional time and money spent keeping a sufficient connection with each home. The homes are more isolated than when all organizational support resources are close by. This reduces feelings of safety and security, which are far easier to achieve with closer proximity to support. I think it is one of the reasons why the police are sometimes, but not always, used as a backup form of management, which also reduces a feeling of authority and safety.

AN EXAMPLE OF POSITIVE GROUP LIVING IN A LARGE CARE HOME
Lar de Nossa Sr.ª do Livramento, Porto, Portugal

We will end on a hopeful note. Since 2018, I have been working with this children's residential home, and have visited numerous times, the last being in May this year. On my first visit, I was struck by several things, and over the years, I have understood these points more clearly.

1. Finite resources, scarcity, and collective creativity
There is a relative lack of money, compared with care organizations in the UK and Ireland. The funding is significantly lower than in the UK, for example. On average, the funding per child is around €48,000 per year. The budget available is very tight to live within. In the winter, it was noticeable how cold it could be and how expensive it would be to heat. However, what these circumstances lead to is resourcefulness, collaboration, and creativity in problem-solving. Lack can be a good thing if it does not slide into serious deprivation.

Isabel Menzies Lyth, who was the Organizational Consultant at the Cotswold Community in the 1970's to early 80s, had an interesting view on the potential therapeutic value of scarcity. During this time at the community, it was decided to close the central kitchen, which cooked all the meals for the 4 homes. Instead, meals were to be provided from within each home. As food has such a key role in therapeutic care, this was a huge change. When the food was provided from outside of the home, there were often complaints from the boys and adults about the quality of it and about there not being enough. Menzies Lyth (1985, p.240) explains some of what happened during this change.

> In time, there were a number of very positive effects of this change. The house mothers visibly grew in authority and stature as they faced and accepted the new challenge and, for the most part, very effectively took over the task of food provision. The task itself was more realistically and effectively performed. One heard less and less about scarcity, and the boys were actually better fed. Most importantly, the confrontation with scarcity and complaints about ineffective provision now became a face-to-face matter between the house mother, her colleagues in the house and the boys. The boys were thus given an important learning experience for life in the world outside: in learning to deal with scarce resources themselves, not just to complain about them. Initiative and ingenuity were freed… The therapeutic effects of the change in the staff (role) models presented and in the participation of the boys in the new system can hardly be exaggerated.

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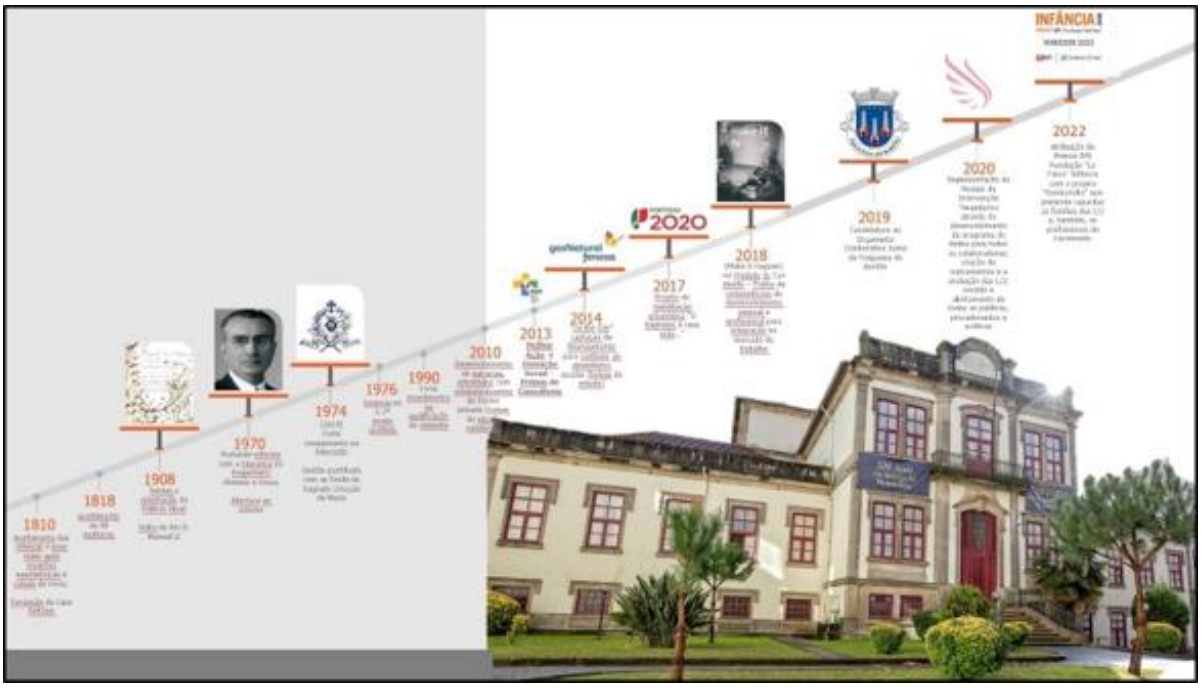
This is highly relevant to my experiences at Livramento. It is the life-affirming richness of a group of young people and adults working together to make the best use of the resources available and to find creative solutions to problems. As Menzies Lyth said, Initiative and ingenuity are freed.

2. The value of group living

The second point is that there were up to 40 girls living under the same roof, albeit in 5 self-contained groups of 8, and it is a large building.



(The Livramento Home and its timeline as a care home, which began in 1810)

So, the girls have their groups of 7-8, within a large group of 30. There are also two apartments close by, for groups of 4 and 5, where young people can stay until the age of 25. It is genuinely like an extended family network in the way Perry (2016) described.

For example, they have small group meetings, like a family, and large group meetings, like an extended family, throughout the year. As children progress at Livramento, they may move from one group to another that allows more autonomy. But they will regularly see the adults who have been closely involved with them before. This might be a passing moment, a quick hug, or catching up with what is happening, good wishes for an important event, etc. A bit like bumping into an aunty or grandparent.

As the girls and all the staff are in the same place, it is an economical model. But more relevantly, each girl will see several adults every day who are familiar to them and who have played a role in their journey. Perry (2006, p.80) states,

> In fact, the research on the most effective treatments to help child trauma victims might be accurately summed up this way: what works best is anything that increases the quality and number of relationships in the child's life.

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On my recent visit, one of the girls whom I first met in 2019 was chairing a group meeting with 7 children and 2 adults in it. As well as doing this very well, she also stopped from time to time to explain to me in English what was happening. She introduced the agenda and took the minutes. Processes such as this, alongside the daily living together, provide great opportunities for the development of empathy, thoughtfulness, and care. As Richard Rollinson (2025), who was the Director of Mulberry Bush, a therapeutic residential school in England, has said,

> You come to the Mulberry Bush School to learn to live with yourself and to live with others.

Very recently, one of the girls also chaired a whole community inter-group meeting, with representatives from each children's group, the care workers, the senior team, and the Board of Administration. They discussed all relevant and some complex issues in the life of the organization. Girls from the same home have also connected with national and international children's networks, contributing to conferences and discussions.

3. Stability, continuity, and growing autonomy

The long-term hurt that many children who live in residential care have suffered requires some long-term work (Rollinson, 2025). Several girls have lived at Livramento for 5 -10 years. It is also possible to stay until 25 years old. Recently, the possibility of moving into supported apartments a few minutes from the main home has been added. One young adult described this transition as 'being like having one foot in and one foot out'. Much like a healthy transition when a young person leaves home for the first time. Many girls who have lived at Livramento for a long time have done very well: achieving degrees and other qualifications, jobs, and generally doing well in life.

Some of the above, such as large groups and long stays in residential care, are what some call institutional. To me, if it is done well, it is more like what Perry refers to as a functional large network of connected people who feel that they matter and belong. They are also allowed genuine stability for years, like ordinary children. In some ways, this is less institutionalizing. It is evident that the girls feel cared for and loved.

Conclusion

While there is a risk of losing group relational skills in the residential child care sector, if we believe in the benefits and can manage the anxiety of risk better, the capacity is there to reverse the trend. Even if we don't have so much direct experience in group living, history, human creativity, and imagination may lead us to a new pioneering stage of development in residential care for children.

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