

From 'Another kind of home' to 'A different kind of family'. Re-understanding how residential child care can work

Max Smart and Andy Thorpe

Abstract

A different kind of family may seem a strange thing to attribute to residential childcare, and yet, longevity of care and caring has been achieved in a local authority residential service in Scotland. Lothian Villa in East Lothian has historically provided nurturing supportive care that has been lauded by regulators, academics and politicians alike. In this article, two Lothian Villa managers (Max Smart and Andy Thorpe) describe the journey of supportive care and healing that goes beyond another kind of home and leads to a different kind of residence; a different kind of caring to create a different kind of family.

Keywords

Nurturing, relational caring, connection and family

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"Would you tell me, please, which way I ought to go from here?" asked Alice.

"That depends a good deal on where you want to get to," said the Cat.

-Lewis Carroll

Introduction

All journeys, however big or small, start with the first step. Our journey started in the same way. In the mid-1990s we took our first faltering steps towards creating our vision of different kind of family, within a residential setting, something that was not felt to be possible in what was considered as an institutional setting, where rotas and shifts were thought to be impediments to creating and sustaining relationships.

This article reflects on our journey, which started at a time of significant national doubt about the necessity and or relevance of residential childcare in the UK.

A Retrospection

To recall these times brought back to the authors, as we wrote this article, memories of the mixture of excitement and dread that percolated that time in our history. It brings to relevance to our use of the quote from Lewis Carroll, for getting to anywhere required of us some sort of vision about where we at least wished to go.

As our box information at the start of the article suggests, Lothian Villa is a local authority residential resource. Lothian Villa is not resourced any better or worse, than residential services in other local authorities. It has similar staffing levels and encounters the same dilemmas of providing supportive care to young people in crisis. However, when we considered what we wanted in 1995, we wished to create an ecology of healing and support, something that could be transformative in the lives of all involved with the service.

We knew we wanted something better than being simply another children's home, but how we might achieve that was, at the time, nothing more than

aspirational. For us, we wanted to go beyond being just another residential facility. We wanted to give life to a vision that Lothian Villa could be more than accommodation for the so-called troubled or troublesome. We envisioned something radically different for Lothian Villa as a service. Like Lewis Carroll's Alice, where we wanted to get to was a specific place; for us, that place was one of love and deep connection and of sustained belonging for kids and staff.

We therefore envisioned a place of kindness and compassion where we could build rapport and connection; Where relationships went beyond the generic use of the word in our profession; Where we would seek to sustain these relationships over time; Where we could discover and uncover potential; where we could share power and decision-making. In short, we wished Lothian Villa to be a different kind of family for kids without the privilege of family, granted, not a traditional family, but a family nevertheless.

Skinner and 'Another Kind of Home'

Our title for this article has been one chosen with care. Our evolution started shortly after the publication of the Skinner Report (1992) whose title was 'Another Kind of Home'. We feel we have expanded the concept Skinner proposed by proposing that residential care can aspire to be something far more radical; a different kind of family.

At the time and even today, our vision was a radical proposition. Residential care in the 1990s was not a profession held in high public esteem, locally or nationally; and in the eyes of many onlookers, it was not a profession at all. On the contrary, midway through the last decade of the twentieth Century, residential care was viewed with deep suspicion and in some quarters with professional and political ambivalence or indeed, contempt. We were therefore starting our journey a couple of years after the publication of Skinner, at a time of public scandal and political flux in the sector.

A Brief Context

In 1992, Angus Skinner, Chief Inspector of Social Work Services for Scotland, published his seminal report 'Another Kind of Home'. Skinner's report was a strategic overview of the issues confronting residential childcare services, coming at a time of care scandals, home closures and subsequent questions about the relevance of caring for vulnerable young people in residence at all.

However, in the concluding chapter of Skinner's report he noted:

No clear consensus has emerged about the role that residential childcare should play within new policies... [Therefore] the service has had to cope with rapid change without a clear sense of purpose, and staff, who are largely untrained, have felt that their work was not valued (p.87, 6.1).

Reflecting on Skinner's report 27 years later, we see that his contribution led to clear advances in the quality of care in residential childcare facilities across Scotland and created a momentum for a deeper understanding of what out-of-home care was, and could be, at least within the residential community. Now several decades on, the sector has certainly moved beyond the days of untrained staff. The profession has a clearer professional identity and purpose; however, questions remain in the minds of the public, about the legitimacy of the sector to this day. Therefore, whilst the Skinner report did much to help the sector, it did not quieten the concerns and suspicions about caring for other people's children out with family settings.

Evolution – The Vision takes shape

In these circumstances, our goal of creating a different kind of family at times seemed like one more of a future service to be dreamed about in some care utopia, rather than one that was possible at that time to create. However, we were very much reassured, by the wisdom of writers such as Greenwald (2005), who observed that:

Parents, counsellors, teachers, coaches, direct-care workers, case managers, and others are all in a position to help a child heal (p.37).

Yet, there is a risk in writing an article like this as it may come across as self-congratulatory, as if Lothian Villa is perfect and readers should just do as we do, and all will be all right. As authors, when we have read similar types of articles in the past we have just switched off, so we have no intention of patronising readers in that way. Whilst we recognise that all helping adults in many services have the capacity to help, we recognise that helping services in Scotland are not, and may never be, holistically joined up or seamless.

The truth is Lothian Villa is not a perfect service either and never will be. It has its quirks and flaws, but we continue to evolve and through our evolution, we have created foundations of connection and support and a care philosophy that generates deep affection enabled through interventions of kindness and compassion.

The reality is Lothian Villa has evolved in its thinking and doing care over decades. It continues to develop as a service and in many respects; this is such a significant and enabling quality: we may paint the canvas but the painting is never finished, and we have the humility to acknowledge that we are only as good as the last child we worked with.

Therefore, this may also be the appropriate time to say a little more about whom we are as authors. We give brief biographies at the bottom of article so we will not say too much here. Max and Andy are two managers at Lothian Villa, and have practiced together since 1995; Andy is the residential manager and Max is one of the assistant residential managers in the service.

We have been together since 1995, and along with other managers and staff have been evolving Lothian Villa as a service ever since. Our journey together started in 1995. We came together then and have remained along with many of our managers and present staff, developing and refining what we do and how we do it, since that time.

During our journey together, Lothian Villa has developed from unsophisticated care and control frameworks to a philosophy of care that seeks to meet needs rather than controlling behaviour. The journey in between has been one where we have through trial and error recognised that, to help and heal we need to develop positive connections with young people that can lead to deep enduring relationships of affection and support.

We have through these years together come to understand that human behaviour is complex and that problematic behaviours are usually the result of multiple influences in the young person's personal situation and in the ecology of their lives.

Our evolution has brought us from instinctual care practices about relationships as being the key to healing (and ultimately the intervention) to one where our care practice instincts, have in the intervening years, been validated by contemporary resilience science, positive psychology, trauma awareness, and neuroscience.

We now recognise and can validate the importance of humour, kindness and compassion, even love as professional values and the starting line for emotional healing, as the smallest of interventions, empathy and kindness can facilitate relational connection, emotional safety, meet growth needs and sustain relatedness.

To create an environment of safety, connection and coping we required to combine practice wisdom along with theoretical understandings, that enhanced the quality of our care and our caring techniques, to move beyond simply being another 'children's home' to generate an impetus to create something more enduring than the length of stay in our building.

These interventions and understandings have led us to think and act differently, to continue our care and support beyond placement to endeavour to create community as well as safety; ultimately, to create a pathway that leads to our 'different kind of family'. In doing so, we have challenged public perceptions about the meaning of care and caring in a residential setting and a move

towards a curiosity about what causes fragmentation in human relationships and what is required to repair relational fragmentation.

As Brendtro (2006) reports what is required in our caring and teaching is 'a love that looks beneath problems in search of their causes and [ultimately] solutions', (p.18).

Recursive Historical Merry-go-Rounds

It is an interesting observation of Kahan (1994, p. 4) that the usage of 'residential child care has waxed and waned and waxed again, depending on the fluctuations of professional and political theories and fashions [as well as] changing pressures and national resources'. As we stand on the edge a new decade of the twenty-first century, we seem to be re-encountering scepticism about residence in the same way we encountered in the last decade of the twentieth century.

It might therefore be concluded by some social commentators, therefore, that historically the debates about relevance of the sector are cyclical and like the 1990s we are re-encountering the recursive historical 'merry-go-round' of residence.

Once again, we find ourselves in times of social and political flux and a re-emergence of the wax and wane, in the relevance and effectiveness of residential care. Public Inquires about abusive regimes and historical injustices attributed to the care of children out with home settings; percolate contemporary public perceptions of residence as once again, being dangerous and harmful to children.

Whist it is clear, that the experiences of some young people in residence has been demeaning, detrimental and harmful, (and in our opinion, that legitimacy needs to be given to these voices in order to eradicate practices that are harmful in the present as well as remediating past harm). Yet, there are also many alternative narratives about life in care settings. It is also evident through these narratives, that residential experiences have not been the denigrating or harmful

experiences some have endured, for others; residential care settings have been places and times of stability, of felt compassion from carers, and of belonging, enablement and empowerment in their lives.

Therefore, this reflection on our own journey comes at a time in the history of our much-embattled profession, where it would be all too easy to be pessimistic about the future of residential care. Yet, we will profess our optimism and hope for the care of children and residence in general if we can shift the mentality about notions of 'the home' and 'the family' in the public discourse.

These restrictive terms in our opinion tend to depict the disapproving voice towards caring residentially, as 'the home' suggests something impersonal or anonymous and 'the family' as being only biological or given by blood, and something residence cannot be.

We see these things differently, in that residence can meet the needs of children and youth if it is constructed in a way; that creates bonds of love and affection is compassionate and is enabled to have continuity beyond the physical stay of young people. In this, we would wish to challenge the contemporary judgementalism about care settings and shift the direction of the merry-go-round, at least a little.

Different thinking and doing

As authors, we write from a perspective of continued frontline direct practice with young people in difficulty. Within a practice context that is quite unusual. The seven managers across the service at Lothian Villa have over 30 years' experience each in direct care of troubled youth.

As managers at Lothian Villa, we write from the understanding that skilled managers and staff are required to engage hurt teens in ways that are respectful, kind and compassionate. It has taken time to assemble the right people to do such an intricate and complex job.

As people, we write from a perspective that all young people have strengths and it is our job to bring these strengths to the fore.

As care theorists/practitioners, we believe in the power of relational caring to blend the subtle colours of the painting, creating texture and substance to the connecting one life situation to the next.

These things make up a philosophy of care that have stood us in good stead for twenty-five years. We are optimists for and about our kids and optimists for a care sector with potential, again just like our kids, still to be realised.

Whilst the authors' personal and managerial childcare philosophies are aligned, our service has been developed via a subtle blend of talents and personalities that combined have created a potent ecology for nurturing care and support. The staff involved have remained committed to the service over decades, creating a continuity of care and caring for over twenty-five years.

In that time, we have evolved a philosophy of caring for kids that is trauma-informed, developmentally focused and ecology oriented. Our service has a 'big picture' about its caring practices, focused on overcoming crisis, creating relational connection and ultimately, longevity of relationship. Taken as a whole, Lothian Villa has demonstrated that residential care has a clear purpose and consequently, a rightful place in the care of vulnerable youth. Far from being residual, Lothian Villa is a placement of choice, a place for healing and a place of hope and optimism.

Creating Trust – Precursors to Relational Longevity

Freeman (2015) astutely advises that: 'childhood trauma can impact the whole young person especially in the way the child thinks, feels and interacts with the world'. Distrusting other people to ensure survival disrupts normal development, inhibits curiosity and often leads young people to misinterpret the intention of others and distrust their own senses.

For many young people their care journey often starts in a place where they have no desire to connect with helping adults whom they perceive as having let them down; never mind become part of our different kind of family. Lothian Villa therefore devotes significant energies to creating emotional safety and trust. As

noted by Steele and Malchiodi (2012), 'safety is not about reason and logic but about how the child experiences us as helping professionals... [how we] present ourselves, our mannerisms, physical features, body language and voice tones', (p.91).

We would assert that people are key to all transformation and relationships involving kindness and compassion are the starting points for all healing interventions. White-McMahon (2016), reports astutely when she suggests that 'theories don't change people; people change people', (p.5). However, before relationship comes connection, and connection starts with small but significant micro-interactions.

Saying hello, paying attention to how a person settles at night, recognising how a young person feels comfort, even as miniscule to how a person takes their tea or likes being wakened in the morning, have importance. These small things allow foundation stones to be laid, that help young people to feel they matter and create optimism in the youth they are important and significant and that life can get better.

It is now well evidenced that quality residential care settings should be concerned about the minutiae of everyday living for restoration of personal value as these types of practices sow the seeds of potential trust the harvest of which are the commencement of the new hope that can make a real difference in helping and healing. Indeed, as noted by Brendtro (2006), a growing body of evidence suggests that: 'the ability to build a helping or therapeutic alliance strongly affects educational and treatment outcomes' (p. 142).

Abilities to convey warmth and empathy, to make a young person feel comfortable, to project enthusiasm and have abilities to see both the simplicity and complexity of situations and still respond with care and calm, are essential tools for staff to help young people give and receive trust. Relational interventions like these recognise the power of kindness, compassion — what Brendtro (2009) refers to as true caring.

As reinforced by Smith (2013): 'relationships between carers and young people are the primary means through which opportunities for healing, development and flourishing, are provided' (p. 42).

Creating Deep Belonging

How do we create sustained and supportive belonging? This question is not just one for this article; it is one for society in general. Our instinct informed us that if we were to help young people to resist gangs, avoid drink, drugs or exploitation, we needed to claim young people in a more powerful, deep and meaningful ways, than those whom were willing to exploit them in our society.

For us, deep belonging was something to do with significance, love and mattering deeply to others. It was something beyond just the tasks of the job and fundamentally well beyond what residential staff are paid to do. When our young people were asked their opinions about what mattered to them; they consistently advised us, that little things created personal significance.

What really mattered to them was when staff thought about them when they were not on shift; when staff were willing to see kids beyond being their keyworker, knowing them deeply, knowing who they were as people, beyond their behaviour. Then, and only then, when staff had passed the 'trust trial stage', could connection and trust evolve. This was a knowing beyond task and shift, something beyond the job, something profound, existential even. The things that mattered to our young people seemed very small but were the things that mattered most.

These small actions created trust from initial mistrust. These actions created feelings in our young people that they had significance and were worthy. These actions beyond pay had such enormous value to our young people that they became the basis for what followed afterwards, a real and profound sense of belonging and a clear sense of relatedness. Relatedness is a profound step in creating family.

Relatedness allows staff to relate to the young people and for them to relate with staff. Relatedness facilitates wider understanding of other people; understanding of perspectives, personal logic and motivation and facilitates the possibilities of working towards common goals.

The Small but Mighty

To engage in these small but invaluable actions the whole team needed to know that from the top down and the bottom up these deeds would be given a special value, and with these acts daily, so grew the mechanisms that created meaningful belonging. Behind the actions came the validation, in resilience science, we came to understand that inner competence came with significance, that you were important and mattered to others, which likewise created a value in self through processes of constant support and encouragement.

In ecological psychology, we began to see the importance of Bronfenbrenner's (1979) notion that all children need at least one adult who is irrationally crazy about them for them to grow well. Within neuroscience, we saw the relevance of Bessel van der Kolk's (2005) notion that 'being able to feel safe with other people is probably the single most important aspect of mental health'.

Within positive psychology, we began to recognise the importance of hope, as people are the keys to transformation from hopelessness, and that staff needed to instil hope for and in young people if they were to belong in better ways. As noted by White-McMahon and Baker (2016) 'we need hope if we want to be motivated to work for change. When we are hopeful, we look for strengths instead of weakness or deficit and build on them' (p. 8). Thus, we began to turn the ordinary into the extraordinary, by giving a commitment that was beyond tenure of care.

That commitment was that 'you never leave the Villa' and that we would remain in connected and supported caring beyond the physical care of the service. That we would have connection with our young people over time for as long as they need us, in a community of belonging that had love and care at its heart. As

noted by Nadjiwan (2010, p. 1): '[whilst] we are broken within the context of relationships; and we are [also] healed within the scope of relationships'.

Time, hope, love and laughter

Our different kind of family laughs often. It laughs with other, and not at other. It laughs at the absurdity of life, not to trivialise pain but to contextualise that pain often ends as we hold onto hope. In our experience laughter, joy and fun are basic human needs; just as food and shelter were for Maslow (1954), we need these states to survive and thrive in life. Residential life, far from being one of perpetual conflict and disharmony, can often be places of humour and levity. Cheery dispositions of staff encourage the abilities of all to see the lighter sides of life.

Adults willing to see their own contradictions and able to remedy them through humour and not power demonstrates to young people that all humans are fallible, and when we get things wrong we should own them, apologise for them and learn from them. As noted by Digney (2008):

it is useful to remember that young people often have a great sense of humour and tapping into this can lead to engagement with youth, which in turn may facilitate us in the process of connecting with them... humour and laughter can foster a positive and hopeful attitude.

The use of humour is also anecdotally at least something the writers have encountered in innovative and successful residential programmes throughout the world. Humour, like compassion, hope, optimism and indeed love seem to be part of the language and actions of residences that heal and care in holistic ways. 'Laughter is God's medicine; the most beautiful therapy God ever gave humanity' (Anon).

As noted by Digney and Smart (2013): 'It is of course true that many problems occur with love at the root, (a lack of love, a distorted love, chaotic love, unrequited love) with a solution to these being the most human of conditions

also involving love (loving relationships, trust, belonging, connectedness). Whilst in the past helping adults caring for other people's children may have shied away from answering these questions because of perceived inappropriateness carers now often have genuine bonds of affection and love for young people.

Joining the dots

When young people enter our care, they have often experienced adversity, past or present hurt and loss. One of the biggest losses is that of family. Families, however, are often thought of as having primacy, in promoting health, providing support and safety that enables growth. To have 'family' is therefore, to have privilege. However, when young people are in positions where this privilege is not available, we need to find ways to recreate or reimburse what has been absent or taken away from these youngsters.

Lothian Villa endeavours to provide a substitute sense of family, different certainly from traditional western notions of biological kinship. Yet, kinship in its wider sense in human evolution terms at least was never as simple as biological relationships. As noted by Brendtro (1998):

Kinship in tribal settings was not strictly a matter of biological relationships, but rather a learned way of viewing those who shared a community of residence. The ultimate test of kinship was behaviour, not blood: you belonged if you acted like you belonged, (p.46).

Lothian Villa has therefore tried to provide a form of family privilege to those that have been denied it. Ours is a Lothian Villa family community, where support and help is always available, whether you are in placement or have left our physical care many years ago.

In practice that means continued involvement of our former young people in the daily life of the Lothian Villa houses, celebrating birthdays and anniversaries with former residents, sustaining aftercare supports, sustaining relationships,

supporting a pioneering closed aftercare Facebook page online for all ex-residents.

To that end should our former residents need support, practical or otherwise, we will be available to support. Should the electricity run out for a family member, we will ensure it is put back on. Should there be no food in a cupboard, we will ensure that our family member has food. Should they need to talk or merely have company then support will be available.

Thus, the privilege of a family is re-provided to our young people. It is supported and encouraged as an everyday part of service culture in the everyday practices of the service, both physically and emotionally; giving substance to the message that, 'you never leave the Villa'. We have therefore endeavoured to live our aspiration, to continue to be there as traditional family is there for ordinary kids at home.

Our ordinary, extraordinary family

Being reared by responsive and caring adults is essential to good outcomes with children. We recognise that many modern families are under pressure, however, particularly when they face the pressures of poverty or prejudice, criminality and other social injustices. These things significantly influence traditional parenting and strain abilities of families to maintain their cohesion. Lothian Villa recognises these strains on parenting and seeks partnership with young people and their families to identify and fill developmental gaps and meet a youth's growth needs.

To us, claiming the young person requires the claiming of the family. Lothian Villa may only be a twelve bedded, local authority, residential childcare service but it has now, built a reputation as being an innovative and different to simply being another kind of home. It continues to aspire to high standards and expectations of its self by meeting needs rather than reacting to problematic behaviours.

As a consequence, Lothian Villa has a high ratio of staff retention and this continuity has allowed the facilitation of a different form of sustained caring, leading to the creation of our 'different kind of family'. Our way of thinking and doing care seems simple, but like many other things in life that have the appearance of simplicity, belies, significant complexity.

Our different kind of family has certainly taken time to build and now encompasses several generations of kids who remain involved with the service. Former residents' photographs remain on the walls and their presence remains in the rhythms and routines of the houses. It has involved the efforts of many staff willing to dedicate their careers to its creation, external management willing to let us 'paint the canvas' in the image of our caring philosophy and a willingness to go beyond the stated remit of the service to produce something special.

A flip of the coin

Lothian Villa has required of itself the willingness to take on a family role, to care for all — staff, young people and former young people — alike. To us nurturing growth in kids and staff were other sides of the same coin. If we wanted kids to belong, staff needed to belong, if we were to enable competence in kids, we had to surround them with skilled and competent staff.

If we were to meet the needs of young people's autonomy, we needed to equip staff with the skills of autonomy and responsibility. If we were to nurture altruistic behaviours in kids then kindness and generosity would be require validation as solid interventions by staff with kids and each other. We have sought throughout our journey to combine our values and aspirations in a meaningful way, and these are used to measure our success, or for that matter when we fall short.

We have attempted to go beyond being another kind of home and moved to understand that to have residential childcare understood and valued in the twenty-first century it must move beyond being just another home that it was in the twentieth century. The contextual shift for our age is in our opinion, one in

which residential caring will need to focus on how it can create family and community and as a profession we must aspire to provide care and caring beyond tenure and therefore challenge what has been traditional residential caring.

To refocus we must use relational caring practices, within and out with residence to help and heal. We must be able to validate what we do and how we do the things we do as we know that building relationships with betrayed, hurt, demoralised children can often be a long, slow, laborious task, (Fox, 2015), that goes beyond tenure of stay in whatever Lothian Villa house. Relational caring practices therefore, need to be intentional; a way of being, thinking and doing that joins the dots of caring in different ways than the past.

Along the way, we recognised early in this process that we could not use behaviour modification as treatment to deal with hurt, emotional pain and trauma. Using the work of Lorraine Fox (2015) we made sense of the proposition that 'kids get their hearts and minds broken from faulty relationships [and] programmes built around anything other than curative relationships [would ultimately] fail'.

So where are we now?

From our perspective, that is hard to say. Our journey continues. However, we think it is always helpful to think about what we have learned along the way.

These are some of our conclusions:

- We do not help and heal with punitive responses to emotional pain;
- When we understand what is happening for a young person, we can respond in a way that meets their needs rather than reacting to the behaviour that is being displayed;
- That kindness is therapeutic and purposeful, and adults who are empathetic and responsive attend to needs of children better;
- That it really does take a village to raise a child, family and community is fundamental to good outcomes for young people;

- That hope and optimism generate hope and optimism about better outcomes.

Back to the future

As we started this article, so shall we end with Angus Skinner. Skinner's aspiration in 1992 was to clarify the role, purpose and relevance of residential childcare at that time. History shows that many of his observations still have relevance today. Our notion of a different kind of family is in our opinion relevant to contemporary residence and if explored may have relevance for others just as it has had for the Lothian Villa family.

What has become evident in our own journey is that attachment, belonging and a need for family are essential for young people and if they can be provided by, strong claiming by helping adults in quality residential childcare, then it is possible to create a different kind of family along the way.

What might be needed at a time of re-evaluation about the relevance of residence at this point in our history is a renewed context of our caring. That renewed context widens the scope for our caring, to rebuild notions of integrated supportive community for youngsters in care, who have at times seemed written-off or seen as disposable by our society.

In summary, it gladdened the hearts of both authors in a recent Facebook post by one of our former residents, for her to express her gratitude to Lothian Villa as the family that she had lacked in the past. She noted that what helped her heal, what helped her take tentative steps into the adult world, was the notion that she was not alone. She was loved, belonged and felt she could cope because she had 'the Villa' family at her back.

During a conversation with another ex-resident, a young mother who visits weekly, the issue of parenting came up. She described how her methods of child raising were very different to those she experienced herself as a child. She said that her parenting skills were a reflection of what she had learned over her four years in our care. She explained that keeping calm, not raising your voice but

remaining solid, showing love and caring enough 'not to let me being out of control' were demonstrated on a daily basis: 'You always talk about us never leaving the Villa but actually the Villa never leaves us...'

These posts, amongst many others reflect the courage and support of our youngsters and staff to think and act differently.

Maya Angelou profoundly wrote 'history despite its wrenching pain, cannot be un-lived, but if faced with courage, need not be lived again'. Our different kind of family helps hold that pain, and with kindness, love and compassion supports kids and adults to move beyond that pain to live satisfying, caring and interconnected lives. We hope our journey can help others who may wish to do the same.

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About the author

Max Smart is an Assistant Residential Manager at Lothian Villa in East Lothian. He has worked both in generic Field Social Work practice, and residential management. Max has a master's degree from University of Strathclyde in Advanced Residential Child Care and a Diploma in Social Work. Max remains committed to practice residentially and over the years has become a Trainer in various trauma-focused training programmes relevant to caring for young people in deep pervasive emotional pain. He continues to write, practice and train Child and Youth Care staff groups both nationally and internationally.

Andy Thorpe is the Residential Manager of Lothian Villa, East Lothian Council's residential care service. He is a Londoner and started his career in social work at the age of 17. He worked and managed in residential care until he gained his professional qualification in 1991. He transferred into fieldwork management before moving North and back to residential care to become Residential Manager of Lothian Villa in 1995. In the past 24 years Andy has been committed to raising the professional quality and profile of residential care in Scotland whilst remaining close to his first love of working with, and alongside, young people.

Lothian Villa is a Local Authority residential childcare service in East Lothian. It exists over two residential houses situated in Musselburgh and Tranent and has a satellite support flat in Musselburgh. It has capacity for the residential provision of 12 young people. Lothian Villa originally opened in 1990 just prior to the disaggregation of Lothian Regional Council and the formation of East Lothian Council. It's true evolution as a service however began in 1995 and as this article will outline has transformed into a pioneering resource that challenges preconceptions of how young people can be cared for and about in a residential lifespan.