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Short Article

How nurturing is our Children's House? Glasgow's multiagency model of care

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Abstract:

Within Glasgow, nurture is embedded within education services (Kearney & March, 2017). This article will explore the application of this approach into children's houses (CHs) across the city through the '*How Nurturing is our Children's House (HNIOCH)*' programme.

With a view to implementing a new model of care, nurture principles (NPs) (Nurture UK) were piloted by one house in Glasgow. Following the success of this pilot, shown to contribute to a reduction in distressed behaviour for children and young people (CYP), and a reduction in carer absence, the approach was introduced to other houses across the city. The impact of this rollout will be highlighted as contributing to improved planning for young people, and as being pivotal to change in residential care practice.

The article discusses aspects of implementation science (Kelly, 2008) such as readiness and embedding learning through coaching, in relation to the development of nurture. It will also focus on the role of multi-agency working in ensuring sustainability, and robust implementation of 'Nurture at Night' as the next step in the rollout of the programme to all carers.

Challenges around implementation will be explored to consider how to ensure best practice to support all CHs across Glasgow.



Rationale

A decision was made by Glasgow residential service managers and former Care Experienced Team (CET) in Glasgow, now part of Glasgow Virtual School, to consider how NPs could support carer practice in CHs. Within Glasgow, a CH provides a small group living environment for CYP looked after and accommodated by the local authority.

A similar programme of nurture training had been trialled successfully in South Ayrshire, and as a result, in April 2021, a pilot of HNIOCH was established within one of Glasgow's houses, chosen for its readiness and strong nurturing leadership approach.

Following an effective pilot, all CHs across Glasgow received HNIOCH training from February 2022 onwards - this has supported approximately 200 carers. This model fitted with previous models of residential care, including promoting positive behaviour and trauma-informed practice. HNIOCH has given residential care staff a framework on which to structure their practice.

Aims

The aim of the HNIOCH programme was to support CH carers to understand the six NPs and to embed them into residential care practice.

Introduction

Nurture is a tried and tested way of relating to CYP that helps them to develop social skills, confidence, and self-esteem, and to become ready to learn. It is largely based on attachment theory and understanding of child and brain development. Notably, nurturing approaches provide vital support for CYP who have experienced trauma, with Education Scotland (2018) reporting that 'relationships can mitigate against negative outcomes - both within the home and community context and the school context'.

A nurturing approach recognises positive, inclusive, and respectful relationships as being central to learning and development. Attunement, warmth, and connection are key components of nurturing practice, alongside structure, high expectations, achievement, and attainment.

Carers are most effective when they understand containment and use relational practice that has a firm understanding of attachment theory and the impact of early adverse childhood experiences on CYP.

Central to nurturing approaches are the six NPs - developed by Nurture UK - which provide a basis for understanding CYP needs, and a framework for thinking about how adults can best support development.



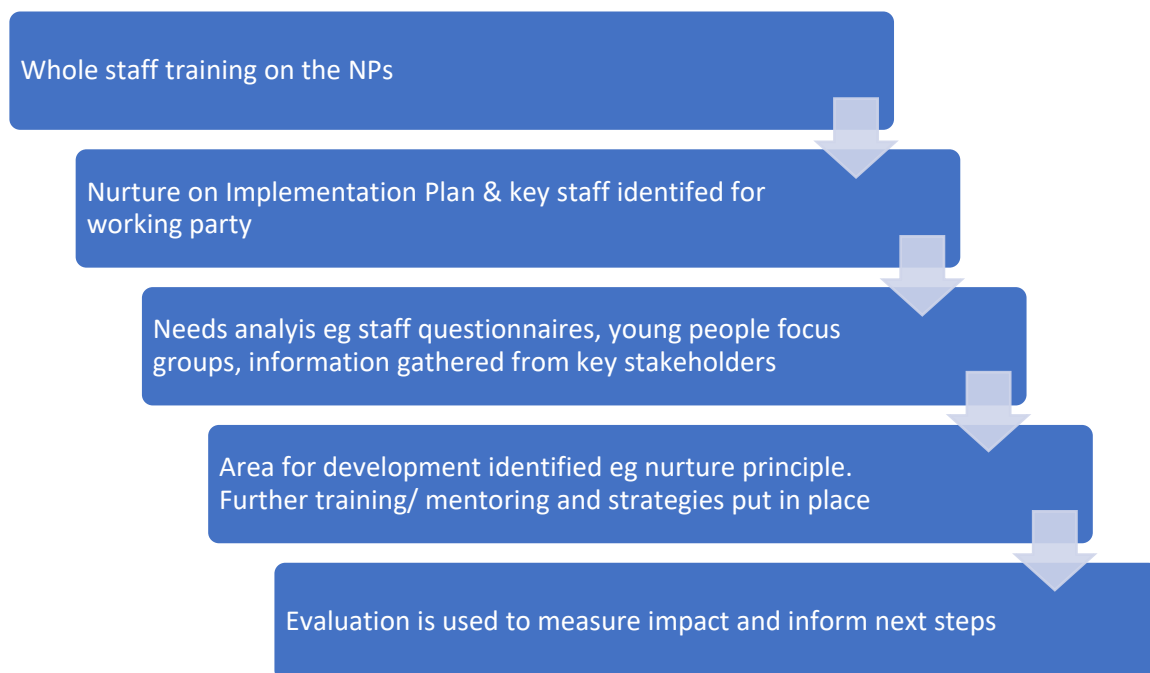
The nurture principles:

- Learning is understood developmentally.
- The environment offers a safe base.
- Nurture is important for the development of wellbeing.
- Language is a vital means of communication.
- All behaviour is communication.
- Transitions are important in children's lives.

Glasgow Education Services have been implementing nurture approaches since 2014 and continue to report positive results. The most notable measurable outcomes are decreases in exclusions, increases in attainment, attendance and positive school leaver destinations, and increased 'very good' and 'excellent' evaluations from inspections (Kearney & March, 2017).

As shown in Figure 1, Glasgow Educational Psychology Service (GEPS) used the NPs and core components of implementation science to develop a model of applying nurturing approaches in Glasgow schools (March, Kearney & Kerr, 2014). This model informed the implementation plan for HNIOCH within Glasgow's CHs.

Figure 1: Glasgow model for implementation of nurturing approaches



A programme of nurture training was developed, and, following a successful pilot of HNIOCH within one house, was delivered to all 19 CHs. Crucially, key staff were identified to support implementation and coaching was provided by educational psychologists (EP) from GEPS.



Pilot

To explore if the HNIOCH programme would be a good fit within Glasgow's CHs, a pilot was established within one house which was selected based on carers' readiness for change. 'Readiness' refers to organisations being positioned to embrace new learning and to embed it in practice (Aarons, Green & Miller, 2012).

Prior to the pilot, each member of staff completed a readiness questionnaire. This established a baseline for readiness, identifying strengths in current practice and areas for development to ensure effective implementation of nurturing approaches. A similar questionnaire was also completed by the senior leadership team (SLTs) and indicated their commitment to change - another key driver for successful implementation (Fixsen & Bailey, 2012).

Alongside this, CYP participated in a questionnaire to measure how nurturing they felt their house was, and how nurturing carers were towards them.

As part of the pilot, all carers attended a two-hour introductory session on attachment and trauma delivered by the CET's senior EP. This was followed by six two-hour sessions on each of the NPs. All training sessions were well attended by day and overnight shift carers alongside administrative and catering staff. Within the current context, overnight shift carers refer to staff who care for CYP through the night.

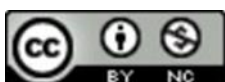
Due to COVID-19 restrictions, sessions were delivered on MS Teams and followed up by implementation tasks between sessions.

Following training, staff were further supported by the senior EP through a series of coaching sessions using the GROW model (Alexander & Renshaw, 2005). This refers to goal, reality, options and way forward, and was used as a framework to support target setting and reflection around how to embed learning about the NPs into practice.

Coaching was held in person within the house and a wide variety of carers participated. The content of the sessions was dependent on topics raised by carers and included discussion around specific NPs and reflection upon recent scenarios involving CYP in relation to these.

Carers reported that they benefited hugely from coaching as this was delivered by a neutral person and supported by SLT. Coaching gave carers confidence to take forward and develop nurturing practice within the house and supported those who were new to the care team or were struggling to utilise the principles consistently.

Post-pilot questionnaires were also completed to evidence the impact of HNIOCH training and coaching. Evaluation of the impact of the pilot will now be explored.



Impact of pilot

Carer absence rates and number of violent incidents were two of the key areas where the pilot was found to have a positive impact. There were notable decreases in carer absence rates and in the number of violent incidents recorded in the house during and following the pilot period. This pattern of improvement was also mirrored across other houses following the subsequent rollout of HNIOCH across Glasgow.

Outlined below are examples of evaluative statements made by carers in relation to the impact of involvement in the pilot on their practice, in line with NPs.

Learning is understood developmentally: "We were able to support one of our young person's independence skills age appropriately. It was important to support and empower them based on developmental not chronological age".

The house offers a safe base: "Children and young people never leave; they want to stay here. The house is always full of young people. They genuinely want your company and to do activities together like a family. CYP speak to carers about their own family and how they feel. Carers help manage their wider family relationships".

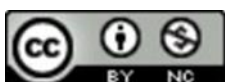
Language is a vital means of communication: "We now use age and stage appropriate language; simple consistent language; say less; chunk it down. Good use of instructional language and being aware of the language we use around young people who have experienced trauma/adversity. Using less emotive language when young people are distressed/dysregulated and understanding what young people have gone through. The pain/shame behind the behaviour - not just the part we see which is only the tip of the iceberg".

Transitions are important in children's lives: "Supporting small and big transitions. Welcome pack updated for children moving to the house. Understanding that small changes can have a big impact e.g., person coming back in when rest of house is settled and changes at holiday and Christmas times. Importance of keeping routine and structure in place for children who need this throughout the year".

What nurture means to carers

Following the pilot, when asked what nurture means to them, carers said the following:

I feel nurture has empowered me as a carer because I believe in it. I believe this is the right way to care for our children. It has given our care team the approval to give our children the love, positive closeness and understanding they have all so desperately needed. They may forget what you said, but they'll never forget how you made them feel.



This highlights recognition by staff involved in the pilot that nurture, as a relationship-based approach, is vital in providing appropriate support to CYP living within CHs in Glasgow.

Rollout of HNIOCH

Following the HNIOCH pilot, a nurture training programme was delivered by Glasgow's nurture development officer to staff across all CHs. This programme was adapted from an existing 'Understanding the NPs' training programme used within Glasgow Education Services.

This is based on current research on attachment, brain development and trauma, with examples of how the NPs are used in practice. Through consultation with stakeholders, the training was development to include examples of how NPs were currently used within CH practice.

Below is a case study that was used to interpret the principle that learning is understood developmentally.

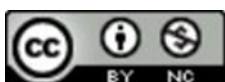
Learning is understood developmentally - Supporting a young person with independent travel

- Young person is 18 years old but developmentally younger than their chronological age.
- Carers consider this when planning to support independent travel.
- Plan included accompanying them to the bus stop, helping them with a checklist of what was needed (e.g., planning where to get on/off the bus; phone charged; key people to phone).
- Plan was made for if/when they needed help – phoning the house.
- Initially a higher level of support was required, but over time the plan became well established and successful.
- This plan, devised with the CYP's developmental stage in mind, contributed to them being successful in independent travel.

Rollout of HNIOCH training was coordinated by the residential assistant service manager. This involved organising and monitoring staff attendance at the training to ensure all staff had the opportunity to complete this.

Training was delivered online over three 90-minute sessions and the programme was repeated until all 19 CHs could access the training. Importantly, sessions were delivered during time allocated for staff meetings to ensure all carers could attend. As within the pilot, activities and time for collegiate discussion and reflection aligned to the content was built in.

To ensure the sustainability of nurturing practice within Glasgow's CHs, the HNIOCH training programme is now delivered twice a year for new staff and those who were not part of the initial rollout.



Implementation science

Implementation science underpins current practice within educational psychology. It refers to the processes and methodologies that support the integration of theory into practice, to bring about change within organisations (Kelly, 2017).

With a view to improving systems and enhancing outcomes for stakeholders, implementation science considers a range of systemic factors as being essential to ensuring the sustainability of programme intervention (Kelly, 2017; Moir, 2018). For example, Blasé, Van Dyke, Fixsen, and Bailey (2012) highlight the following key drivers for successful implementation: adaptive and responsive leadership; data driven intervention informed by needs analysis, with robust processes for tracking and evaluating progress; carers' training and coaching.

As previously discussed, 'readiness' is integral to implementation (Aarons, Green & Miller, 2012). To ensure openness to change, and that existing support systems are in place, readiness should be fully considered prior to the introduction of new approaches or frameworks for practice (Blasé et al., 2012). Within HNIOCH, the use of implementation science has been extended to help embed nurture as the model of care across Glasgow's CHs.

Coaching

Following the rollout of HNIOCH to all CHs, coaching was delivered by GEPS, with a view to supporting carers to embed NPs into their practice. This was achieved through analysis of current context and identification of specific goals and actions points, plus ongoing support to reach these goals.

Each house was offered nine months of six weekly coaching sessions in groups of three to five houses. Fourteen houses engaged in coaching. Sessions were attended by members of house SLTs to allow them to facilitate change within their wider teams.

The T-GROW model was used by GEPS to incorporate the following elements: a learning conversation, reflection and sharing, and agreed outcomes (Connor & Pakora, 2012). T-GROW, a revision of Alexander and Renshaw's (2005) GROW model, is an abbreviation of topic, goal, reality, options, and way forward. The sessions used targeted questioning to shape, develop, and clarify carers' thinking to co-construct solutions.

Feedback gathered from attendees during and following the coaching sessions identified the following evaluative statements:

- 'The coach has been pivotal, providing focus and direction and providing feedback to us a team'.
- 'Having other houses involved allows sharing off practice and experience'.



- 'Our language has become more nurture focused, as has the care plan writing'.
- 'I feel the sessions have opened our mindset and transformed how we as individuals work with our young people'.
- 'Positive planning is now in place which helps the team to receive young people more positively'.

Nurture at Night

Recognising that the existing HNIOCH programme was difficult to deliver to overnight shift carers, a 'Nurture at Night' programme was developed, with a view to providing a training package where delivery of the content would meet the needs of overnight shift staff.

A trainee EP facilitated two online focus groups to gather carer views around nurturing practice at night. A thematic analysis of findings (Braun & Clarke, 2006) highlighted challenges to embedding HNIOCH in its current format during overnight shifts. Challenges included communication, capacity for change, direction from leadership, and barriers to sleep.

Consultation took place to ascertain a model of implementation that would support carers being together; would consider the length of sessions and would provide more flexibility around when training could take place. Findings informed the development of three training sessions for overnight shift carers which were filmed to ensure they could be accessed at convenient times.

Sessions were to be led by overnight shift seniors and to incorporate opportunities for collegiate discussion and reflection. There are seven modules, which include an introduction to nurture and attachment, along with the six NPs. The sessions were designed to be completed in 40 minutes, which included content and time for activities and discussion. The pilot is underway and will be evaluated.

Feedback will be used to adapt the materials and delivery if required. It is anticipated that by the autumn of 2024 all CH carers will be trained in nurture. Implementation will continue to be the focus, with the development of a HNIOCH Charter, ongoing development events for house SLTs, and in-house bespoke support provided, as required.

Nurture implementation group

To support effective multi-agency working, an implementation group including Glasgow Virtual School, Glasgow's nurture development officer, the assistant service manager for children's residential services, and Glasgow Educational Psychology Service was set up. The group meets every 6 to 8 weeks and is now focused on sustainability and ongoing training and coaching support. Central to ongoing work will be a continued focus on implementation science.



Nurture leadership network and charter

The importance of leadership is key. Regular leadership events are planned by the implementation group for house SLTs. The group are in the process of setting up an HNIOCH evaluation charter to help Glasgow's CHs self-evaluate progress and determine next steps. Multi-agency working has allowed for a joint understanding of the importance of robust implementation planning when implementing new approaches within complex systems.

Challenges

One of the key challenges during the pilot was that due to COVID-19 restrictions, initial training was delivered online rather than face-to-face. Although online delivery was a quicker and arguably more convenient way to provide content, participant discussion was less fluid and less robust than would be anticipated for in-person delivery.

Ensuring attendance was a challenge due to staff working different shifts, however the SLT were supportive in allowing as many carers as possible, including overnight shift staff, to attend.

Within the wider rollout of HNIOCH, the main barriers faced during delivery of coaching by GEPS was the inconsistency of attendance at sessions, impacting on opportunities for group discussion and anticipated outcomes. It was recognised that not all houses who attended training were ready to engage in coaching at the point where the sessions were offered.

In line with implementation science, this highlighted the importance of full exploration of readiness to support sustained change within complex systems and organisations, such as CHs.

Conclusion

Through effective multi-agency working in Glasgow, we have successfully embedded a model of care which has brought about transformation for our CYP and ensured there is closer alignment of practice between education and residential services.

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