Scottish Journal of Residential Child Care

Scottish **Journal**
of
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Editorial

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Since I wrote the editorial for the June issue, countries around the world have continued to be in the grip of the virus causing COVID-19. Many of us in the northern hemisphere experienced a welcome brief respite in the restrictions imposed by our governments and health authorities over the summer months, only to be followed by a 'second wave' bringing rising infections, hospitalisations and deaths. As I write, the UK passed the symbolic number of 50,000 deaths attributed to COVID, including almost 5,000 in Scotland. Worldwide, the virus is responsible for more than one million deaths.

With older people and those with underlying health problems being most at risk from serious COVID illness, young people have also been considerably affected by the pandemic's malignant clutches. In most countries, schools, colleges and universities closed for long periods. Examinations and work placements were cancelled or disrupted. Normal family relationships have been badly affected: grandchildren have been separated from grandparents; children living in residential care settings have missed out on physical visits from family, friends and social workers. Research commissioned by the Children's Commissioner for England in September reported that '49% of children chose "not being able to see my friends or relatives" as one of their top three causes of stress during lockdown' (Children's Commissioner for England 2020, p. 3).

The longer-term effects for health, wellbeing and job opportunities of COVID are at best uncertain and at worst bleak. In August, an OECD report said COVID-19 was responsible for 'harming health, social and material well-being of children worldwide, with the poorest children, including homeless children and children in detention, hit hardest' (OECD 2020, p. 1). Limitations in access to play spaces,

reduction in physical activity and extra-curricular activities, increased risk of physical abuse and sexual exploitation, and inadequate access to child protection systems are among the damaging consequences of the pandemic.

With work and education moving online for many people, digital means of communication offer ways of mitigating the negative effects of isolation and loss of regular schooling, and these have even offered exciting new opportunities, but differential access to IT equipment and internet services, and the different needs of individual children, mean that many children and families have felt isolated and the pandemic has emphasised inequalities both within and between countries. The OECD (ibid.) reports that while in 87% of countries, school students have access to the basic pre-requisites for home study, those 'in Mexico (34%), Chile (30%) and the United States (27%) are most likely not to have a desk and place to engage in home learning, and these countries also report the widest inequalities between children in households with lower and higher socio-economic status in this regard' (p. 17).

CELCIS's Kenny McGhee and Autumn Roesch-Marsh of the University of Edinburgh conducted research during lockdown into the 'digital divide for care experienced young people in Scotland' (CELCIS, 2020) and identified three particular issues: lack of access to hardware like laptops, tablets and smartphones; lack of consistent reliable access to broadband and Wi-Fi; and for some young people, gaps in their digital literacy or confidence. The article by Iain MacRitchie included in this special collection also gives a real insight into the lives of some of Scotland's most disadvantaged children struggling to maintain their connections with schooling.

More positively, it's marvellous to be able to welcome the recent passing into law of the Children (Equal Protection from Assault) (Scotland) Act 2019[1]. This Act removes the defence of 'reasonable chastisement' from the Scottish statute book, giving children the same legal protections as adults. It brings Scotland into line with many countries that provide children with full legal protection from physical assault with no defence of legitimate punishment. Scotland is so far the

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[1] https://www.legislation.gov.uk/asp/2019/16/enacted

only UK nation to have met the requirements of the UN Committee on the Rights of the Child in this regard.

Special issue on COVID-19

The November issue of *SJRCC* is a collection of articles which together encapsulate our continuing special series on COVID-19. We began the series earlier in the pandemic with the intention of providing a real sense of how children in care and their carers were experiencing the crisis. We are extremely grateful to colleagues from around the world who took time out from demanding commitments to write such powerful articles conveying the raw experience of children in the time of COVID.

The collection includes a selection of articles previously published on our web pages, some of which have been specially updated by the authors, as well as some previously unpublished articles. As usual, we conclude the issue with book reviews. We hope that readers will welcome having access to a varied collection of articles reflecting the contemporary issues for our sector arising from COVID-19, in a form which can now be downloaded as a single compendium.

All the articles in the special series can be read on the journal web pages. As always there's an open call out for authors to consider writing for us on any issue relating to residential care and care experience more generally. As well as papers from researchers for peer-review, we welcome shorter articles reporting practice or essays on contemporary issues. We particularly welcome articles from authors with personal experience of the care system.

References

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About the author

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That's what we do!

Craig Paul

Abstract

For many children, some life experiences before Harmeny have not always been positive. Many have experienced significant early years trauma and we could not allow this pandemic to rock their foundation; too many bricks had been added to their secure base since they arrived. As I reflect on life at Harmeny since the impact of COVID-19 gripped the world, I could not be prouder of all our adults who have kept the service going around the clock. 'That's what we do!' is a regular response, demonstrating their unconditional commitment. They have, like our colleagues in other residential services, given so much (professionally and personally) and the children will never forget it! I dedicate these memories to form part of our life story.

Keywords

COVID-19, relationships, trauma-informed, resilience, residential childcare, kindness, Scotland

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That's what we do!

Recently, when one of our cottage team managers was looking for new material to inform her induction session, 'Working in the life space', I instantly knew what to recommend from my bookshelf. I shared *A Guide to Therapeutic Child Care – What You Need to Know to Create a Healing Home* (Emond, Steckley and Roesch-Marsh). Many of you will have a copy of this, but if you have reached for this since March you will notice that there is not a chapter on 'How to adapt practice during a worldwide pandemic', and that the index doesn't include words like 'isolation', 'bubbles', 'social distancing' or 'furloughing'. The authors understandably couldn't have known that we would need them.

However, while child care theory doesn't falter during such a time, approaches to practice may need to adapt. Remaining steadfast to our residential childcare practice and core values has supported the psychological challenges that lay ahead.

Harmeny Education Trust Limited[2] is a Scottish charity, providing residential and day education for children of primary age up to secondary stage 2, who have complex additional support needs, which may be as a result of early years trauma, through abuse, neglect or significant family disruption. Our core service, Harmeny School, is grant aided by the Scottish Government and offers specialist care and education services to children, aged 5 to 14, referred from local authorities throughout the whole of Scotland. In addition, we are looking to expand our services to young people, aged 15+, and have launched the 'Learning for Life Appeal', in order to raise £2.4million to improve our learning and care facilities.

COVID-19 arrived with a sharp injection of adversity that tested the children's unstoppable resilience and determination, and emphasised their compassion for others. Like all services, we responded swiftly to ensure that meeting the children's needs continued to be delivered, without compromise. The sense of safety offered to the children could not be diluted.

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[2] *www.harmeny.org.uk*

With our purpose being to provide stimulating learning opportunities and commitment to bridging the attainment gap, the Easter break allowed us time to formulate a plan that would see the curriculum delivered from the comfort of the children's cottages. Each of the four residential cottage teams was matched with a dedicated teaching team, comprising teacher, social educator and education support worker. This holistic bubble was complemented by a member of the Harmeny Outdoors team, who was able to deliver learning within our 35-acre campus or within our community garden, which included learning in our newly created Forest School or tending the vegetable plot.

During Phase 1, our day service children were initially supported virtually and also enjoyed completing homework tasks that were posted home. When we were able to restart visiting them, they enjoyed going for a walk in their local area and the adult was also able to check in and assess how they were coping with Lockdown.   Our local authority partners were appreciative of this level of support, at a time when they were restricted to working from home.

This structure allowed us to support their emotional wellbeing, a pre-requisite for learning. It also allowed us to see the four cottages being independent from one another; a new concept at Harmeny, where the systemic community plays a vital role in connectedness and neighbourliness. No longer would a child call their friend from another cottage over to play in their garden or the young person who attends the local mainstream school go into the village to hang out. This was our version of lockdown.

We had to adapt; that's what we do! Technology was vital in allowing the young people to remain connected to their friends from other cottages and of course their families, who had to respect the guidance of not travelling during Phase 1. The children coped remarkably.

The cottage teams understood the complexity of tuning in to the needs of our children, who have complex social, emotional and behavioural needs due to early years trauma. During lockdown, this remained possible by ensuring that the needs of the adult carers were met, thereby reducing the emotional and physical demands placed on them. We did this by providing clear guidance and training on issues such as good hand hygiene and infection control. We also sourced gym

equipment for adults, to promote their physical and mental health, at a time when the leisure industry was in lockdown. Throughout the crisis we ensured appropriate staffing levels, and space to share any feelings or reflect on practice. The importance of relational care and trauma-informed practice ensured that we could hold the children in mind and reduce their feelings of loss. We did this by ensuring that those with whom the children have a close relationship would continue to be there for them. Relational care provided a source for recovery.

Trust at all levels of the Harmeny system was key to supporting the children to cope: trust in the management team to provide the correct support, guidance and protocols, as well as trust in the carers to support the children to cope with the 'new normal' and ensure that they could connect in a variety of ways with their loved ones. To support the children to cope with any potential 'isolation procedure' we provided an opportunity, in advance, for them to see the PPE and how the carers would be kitted out. This was particularly appropriate from a trauma-informed perspective and also allowed them to adjust to a different communication style as our full facial expressions were reduced.

Arrangements for time with family or loved ones was reflected in the national guidance and we responded in line with the Scottish Government's 'route map' phases. Initially, when physical visits were not in place, our carers promoted the use of technology and also good old-fashioned postcard writing! The children coped extremely well with not having their usual arrangements in place. This was partly due to the trust that they have in the carers and family members to help them to understand the exceptional circumstances, and the parcels sent from home helped too. For some, anxiety is high when anticipating a visit from a family member, and with this removed, it allowed them to be more relaxed with the alternative arrangements.

When we did reintroduce visits, we provided a pictorial guide to ensure that expectations were met, which reduced anxiety in the child, family or professionals. We also used a 'booking system' to ensure that the family centre could be used and sanitised between visits, which also helped to ensure a suitable pace.

The arrangements also reflected the importance of the children maintaining friendships across the cottages, particularly with technology such as Zoom helping the children to remain linked up. A highlight of the school week was our 'Friday meeting', which was held on Zoom and saw the children connecting and celebrating one another's learning successes. We also used Zoom to host a virtual raffle in aid of Macmillan Cancer Support. The children learned more about the isolation that increased across society as a result of lockdown. This allowed a natural opportunity for them to develop empathy for others, who they said needed help at this time. It also saw a rise in children noticing 'acts of kindness' between one another.

Within residential child care, the importance of rhythms, routines and rituals is key to the ebb and flow of community living and learning, and much more so at this time. Within the school calendar we celebrated the children 'Moving on Up' to our secondary school and ensured that sports day would go ahead, albeit without the normal valued presence of their parents and carers. Understanding and respecting the work of the NHS was a vital learning opportunity; the children showed their appreciation by making colourful posters and hanging them on the front gate, which was appreciated by our local community. Our children enjoyed coming out and hitting the pots and pans each Thursday evening, which also gave the cottage carers a brief chance to visually connect.

During lockdown, we had to be sensitive and adaptable to the needs of those experiencing a transition. Our skilled Assessment and Planning Workers supported the pre-admission stage by making a personalised 'virtual tour' to show the young children all about Harmeny in the absence of a physical visit.

Two young people moving on needed additional support to understand and cope with their delayed transition, which was supported well by the key relationships of the cottage carers who hung in with them to ensure a positive ending. That's what we do!

Our usual summer holiday trips were somewhat curtailed, but that didn't prevent the children from experiencing a local trip for a paddle and then an overnight camp in our custom-built camp site within the school grounds. Toasting

marshmallows, drinking hot chocolate and staying up late created more positive childhood memories that will be cherished for years to come.

The young people continued to participate in recruitment, and as the candidates and fellow panel members were all attending virtually it allowed me to reflect on practice and see their vital involvement. I could observe their body language during responses from candidates, and this complemented their viewpoint when we were seeking their feedback.

From a national perspective, the children were aware of the impact of 'panic buying' as they were supported to understand the news. It was important for us to reassure them that we would continue to provide for them and promote mealtimes as an anchor within the life space. As part of the pedagogical approach to learning, literacy and numeracy were covered within baking activities and also reinforced that we had enough to provide for everyone.

We would normally have additional adults joining the groups at mealtimes, including members of our maintenance team. As we had to curtail the number of adults within the cottage to ensure social distancing, this meant that these key adults had to eat lunch elsewhere. Some of the children needed help to understand this and it showed the importance of the wider relationships in Harmeny that the children hold in high regard.

Further evidencing how relationships are key, one of our Homemakers had to undertake the meal preparation in the central kitchen, due to her own health needs. Instead of her normal daily in-house interactions with the children, it was replaced by them phoning to the main kitchen, or sending her over homemade pictures. They knew that she was there as she could still personalise each child's meal, which is crucial for the children to give a further sense of security.

She was very much held in mind by the children, who respected her need for physical distancing when she finally returned to the cottage to resume her normal role. She still puts her face or hands against the glass so that the children can reciprocate. We are planning to make a plastic sheet with gloves so that the cuddles can return; that's what we do!

At a time of such anxiety, it remained of vital importance for the children to continue to experience physical reassurance and comfort from the carers. In consultation with Lothian Health Protection Team, we were advised that there was less need to physically distance from the young children and that PPE was not required in their homes unless in response to other protocols. One of our carers provided a personalised 'hairdressing service' for the children (and some adults). This would also be part of the cottage pamper nights along with foot spas and make-up.

This helped the children to understand that we too could be resilient and continue to provide for them. As the majority of children have attachment difficulties, the ongoing warmth, affection and close proximity from the adults helped them to cope exceptionally well.

Our connections with the wider community also gave the children a sense of being looked out for at a time when they could not take part in their normal clubs. Again, the use of technology allowed some to continue to participate and experience the 'new normal'. We helped the children to make memories by the bucket load; none more so than organising charity events in aid of others. The children were inspired by 'Captain Sir Tom[3]' and along with the supporting adults took part in laps around their cottage, stair climbing or wet sponge throwing at their favourite adults. Many events also generated an increase in intergenerational respect for others, wider communities and those less fortunate than themselves. One child said, 'There are people in need of *our* help.'

We continue to be inspired by those whom we care for.

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[3] Captain Sir Tom Moore, known for his achievements in raising over £32 million (worth almost £39 million with expected tax rebates) for charity in the run up to his 100th birthday during the Covid pandemic, by walking laps of his garden. He had set himself an initial target of £1,000.

Reference

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About the author

Craig Paul joined Harmeny as a residential child care worker in December 2000. He appreciated the opportunity to complete the SIRCC-sponsored route to gaining a BA Social Work (Residential Child Care Pathway) at Robert Gordon University, Aberdeen in 2006. Following 12 years as a residential manager, he secured the role of Head of Care in 2018. Craig values the responsibility he has within Harmeny to enable the children opportunities to experience the wonders of childhood and develop resilience and new talents for their future life and work.

Covid-19 – The Journey from Crisis to Opportunity: The experience of young people in residential child care & their team of carers.

Elaine Hamilton & Niamh Miller

Abstract

COVID-19 arrived as a crisis. Its impact has been felt across the Globe and will continue to be for many years to come. Financially, emotionally, practically and psychologically – it has changed many views & forced us to think and behave differently in our everyday life. A massive challenged faced residential child care when lockdown was announced. Fear swept through the house, as the reality of our young people experiencing another challenge gripped us. At Nether Johnstone House, we have an ethos built around opportunity, experiences, relationships and most importantly love. In this article, our young people and team share some of our reflections and learnings of lockdown. Time has never seemed more important or significant than it has throughout 2020 and we have grown to appreciate this in its simplest form.

Keywords

COVID-19, residential child care, opportunity, relationships, time, Scotland

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Nether Johnstone House in 2020

2020 – the year the world changed. Throughout history, the world has experienced many catastrophes, disasters and pandemics. We have read and heard about them, even seen the movie! Yet, most of us have never experienced one. Well at least, that is until COVID-19. An out of control virus, spreading like wildfire across the world. More than a million people already have lost their lives to something that cannot physically be seen, yet its destruction towards humanity and life as we know it is all very visible. At Nether Johnstone House (NJH), a residential child care house on the outskirts of Glasgow, we focused on creating opportunities from the changes to our lifestyles. Our core values; Love, Live, Laugh, Learn, Nurture, Joy and Hope, are based upon social pedagogy principles. COVID-19 has given us greater insight into the impact these beliefs and practices have had on the care, support and nurture our young people have experienced and has allowed us to take stock of the value of time, our environment and our shared journeys.

Although, our young people are no strangers to change, COVID-19 brought with it an opportunity for a 'shared experience'. Social pedagogy can be defined simply as '…. the social education of people,' (Charfe and Gardner, 2019, p. 6). Embracing this concept within NJH, allowed for the exploration of creativity, curiosity and purposeful engagement with the young people to help structure and contain their environment throughout the uncertainty of the unfolding pandemic. When we are born, we are immediately connected to people. In social pedagogy this is known as the relational universe. Other human beings make up our relational universe and over time these connections grow and deepen (Charfe and Gardner, 2019). The young people at NJH have experienced many disruptions to their relationships. Placement moves, allocation of new workers, moving school and the loss and gain of friendships have all impacted on their individual 'relational universes' and subsequently impacts on how they view/experience relationships (thempra.org.uk). COVID-19 by its very nature sought to disrupt this further. With this in mind, everyone at NJH worked hard to ensure that any relational impacts were positive and developmental for all our young people.

To do this, we embraced our experience and knowledge of engagement and participation. Everyone was in this together and this would be the 'motto' to see us through. The common third is a concept of social pedagogy, which focuses on the use of activities to grow and develop relationships between young people and practitioners (Charfe and Gardner, 2019). The use of purposeful activity to create shared experiences helps to enhance communication, understanding and builds upon the development of equal and reciprocal relationships (Bird and Eichsteller, 2011; Smith, 2015).

Ceasing opportunities amongst the chaos of COVID-19 became a speciality at NJH. As a team, we were committed to demonstrating hope and security for our young people. We wanted them to feel safe, loved and hold some agency around what the coming days and weeks would look like. We used our 'newly found time' to identify new skills and challenges that we would like to achieve and set about doing these together. For one young person, the desire to cycle for longer periods of time and covering a greater distance became a personal challenge. The team rallied with him and introduced Dynamic Youth Awards as a way of celebrating this achievement. Together, with the team and other young people in the house, he set a target and over the course of several weeks built upon his stamina and experience of cycling to help him. For weeks, plans around cycling were top of the agenda within the house and the young person found himself encouraged and supported by people who were not directly part of the activity but who appreciated the value. The day he achieved his target was a huge celebration. There was a great sense of pride from the young person and this was felt throughout the house and even within the wider community of NJH and the residential child care community. Everything about this achievement celebrates the use of the common third and the growth of natural mutual relationships.

Daily routines

Day to day changes within the routine of the house meant that young people were more actively involved in preparing menus, shopping lists and cooking. We created a 'COVID-19 survival list' for our young people to consider what 'thing's' they may need or want throughout the week. Together, we worked on these and

found that the process helped inform our thinking and that of our young people about what 'actually' mattered and why. We were able to rationalise and makes sense of the evolving circumstances, learning together about COVID-19 and what it meant for each of the young people, what they needed from the team supporting them & what they themselves could bring to support those around them was an exceptionally powerful journey.

In August 2020, after lockdown restrictions began to ease the young people and team met to reflect on the previous few months, discuss the challenges, opportunities and successes. This was really powerful and left everyone with a deep sense of pride. The recognition and appreciation that collectively we had not only 'survived lockdown', but everyone had an achievement to celebrate. We made slide shows of the memories, achievements and learning and these helped us reflect on the enormity of the experience. From here, we decided to tell our story. The story of NJH. We had experienced this together and we wanted to share it together. So, we set out some questions to prompt discussion amongst the young people, we used team meetings to gain the thoughts of the team & with a notion of sharing to help others see what worked for us, we decided to co-write this article. Our young people have enjoyed participating in a number of events over the past few years, sharing their experience and learning – in the knowledge that this might reach other young people, or adults choosing to work in residential child care. A legacy to be proud of.

A journey of the unknown

Each young person at NJH embarked on a journey of the unknown that has in turn moulded a perception of their new reality. The young people have all identified the many highs and lows of this experience whilst continuing to reflect on their perpetual development. Their relationships and feeling part of a larger 'community' has allowed our young people to develop coping mechanisms which they now use, confidently in day to day life. COVID-19 has allowed our young people to morally develop. The development of a conscious and the ability to take an ideological stance (Kohlberg, 1984) was a notion that as a team we have witnessed throughout the pandemic.

One young person, 'Natasha', aged 17 when asked about her experiences during COVID-19 spoke about how during difficult times her relationships were enhanced. Typically, she imagined that due to being able to see family and friends less this could potentially damage or allow relationships to drift. This young person used the experience of COVID-19 to focus on the people who matters in her life and concentrate on the aspects of the relationships that were positive. She told us:

> Not everyone in NJH is who I would choose to spend time with,
> but throughout Covid-19 I have learned something new about
> each of them and found something that I like in everyone.

As a staff team the relationships with the young people suddenly became even more pure and had a real sense of authenticity. A residential child care worker told us:

> The time has allowed me to find more things in common with all
> of the young people and has allowed me the opportunity to
> engage in their hobbies…. This has definitely supported the
> development of a stronger bond and I can see now that the
> young person seeks guidance and advice from me, on a more
> regular and general basis.

One reason for this could be that this was a shared experience. COVID-19 was affecting everybody's lives holistically. In this situation workers where on a journey *with* the young people which allowed them to learn and develop together (Garfat and Fulcher, 2011)

This was especially important during the pandemic as we wanted the young people to understand the decision making, which resulted in many of the unprecedented changed within the house. One young person explained that at NJH she wasn't shielded from the reality of the devastation that was occurring across the world but instead she was educated to understand it and act on it to keep others safe. Each young person was expected to take on a whole sense of responsibility for not only keeping themselves safe but also others. Through speaking with our young people about their experience we can identify that they

had a real sense of pride and belonging. One of our young people emphasised how much she values the position she is in whilst residing at NJH. Stating that she felt the levels of support were what got her through many of the difficult times during the pandemic. She told us that the team continued to be emotionally available at all times for our young people and responded when needed.

Routines

Within NJH the impact of COVID-19 saw our 'routines, rhythms and rituals' disrupted. Schools closed, face to face appointments stopped and family visits seemed like a distant memory. One of our young people said that the loss of routine in his life made him feel a sense of panic and he missed the educational environment where he could partake in socialisation out with the house on a day to day basis. It is considered important for children who live in a residential setting to have routines and structure in their day to day lives. These help to restore some coherence to the chaotic circumstances that they have come from (Kornerup, 2009). Routines allow children and young people to have a sense of predictability. However, during the pandemic it was extremely difficult to sustain the routines they had become accustomed to. As we moved through the pandemic and experienced the ever-changing regulations, we were able to re-introduce different routines and structures to the house and our young people. At this point it was very evident that the young people and workers were 'in tune' with one and other which allowed an acceptance of the pandemic to be formed.

Whilst speaking to one of our young people about the notion of being in 'ockdown and not being able to see anyone out with the house she spoke about how she used this as an opportunity to express herself in a more elaborate way. Acquiring a safe place of belonging for children and young people in residential care where their life experiences have often been disrupted and insecure can often be difficult. 'Sarah', aged 17, told us that she felt her relationships within the house with the team and young people meant that she felt as if she wasn't going to be judged. She noted that throughout the lockdown period she felt safe whilst at NJH.

> When I was able to visit the local supermarket supported by staff I was able to see that these changes had affected everyone and the measures taken at NJH had been put in place to keep me and everyone safe……they felt normal and right.

This is central to a child's development, ensuring that they grow up with a healthy sense of identity, security, and sense of belonging (Jack, 2010). Due to our rural setting this meant that this young person could spend time around all of her favourite animals which kept her occupied and she formed many companionships with various dogs and horses! It even led to the development of a new pet policy designed to support the team to bring their pets safely to the house to spend time with our young people. Animal Magic (Care Inspectorate, 2018) highlights the many benefits of having animals within a care setting. At NJH, we were able to support our young people to understand that different pets have different needs by creating 'pet profiles'. This understanding that each pet needed different approaches helped our young people in their understanding of their own individual needs and led to greater empathy and connections between them throughout the lockdown period when visiting family and friends was not possible. Garfat and Fulcher (2011) identify love as one of the key characteristics of a child and youth care approach. Although, all our young people were missing family and friends the love and solidarity that exists at NJH was felt by all. Our young people enjoy a cuddle or 10 from workers or occasionally each other. The use of touch is critical to physical, emotional and cognitive development and helps with the ability to manage stress (Steckley, 2011).

On the other hand, the halt of day to day life meant that our young people had more time to focus on themselves and be content with the basics of life. Board games were a firm favourite ironically 'frustration' was always a top choice! Life moved at a slower pace and it gave us all more time to appreciate the small things. All of our young people had many achievements throughout the pandemic, and they continue to do so now. The Diamond Model (Eichsteller and Holthoff, 2012) symbolises that there is a diamond in all of us. It recognises that all human beings have a plethora of skills, knowledge and abilities that are

unique to us. The Diamond Model has four key aims which are wellbeing and happiness, holistic learning, relationships and empowerment. These are all used to output positive experiences for the individual.

Nettle (2005) argues that expectations in society nowadays are unrealistically high and a consumer culture drives this ideology that in fact only exists in small numbers of people. Children in care could perhaps be perceived as particularly vulnerable to unrealistic messages of what they think and should expect from life. However, in this case Nether Johnstone House has witnessed all their young people be extremely resilient to all of the adversities that they were faced with during the pandemic. We saw many negatives be turned into positives for example one of our young people who used to spend a lot of the time at the cinema and shopping chose to focus on his fitness and achieved many fitness goals throughout the time period.

Our young people were continuously searching for updates on the pandemic and were able to share information about how this was affecting different countries across the world. They engaged in a holistic manner and developed a great understanding of the widespread effect of the virus. With this came many learning opportunities such as reading the news daily and allowing them to develop opinions on the many controversies that occurred from this pandemic. Social Pedagogy allows for the child or young person to take ownership of their own view of the universe. Very rarely does it prepare them for being challenged on their perception. COVID-19 has posed many occasions where their perception of reality has been challenged and they have had to adapt this on many occasions.

Young people told us that they enjoyed the added benefit of time to explore some of their beliefs and thoughts about the world and what was happening with the team in an open and informed way. The natural discussions and how they evolved help to shape and enhance relationships which in turn has led to new ways of thinking amongst the team about supporting young people daily and through more significant times. This led to the mutual development of individualised looked after reports and personalised achievement records, and

helped young people feel part of and a level responsibility for their journey through COVID-19.

Containment during COVID-19 has been a key component to ensuring that our young people have felt safe and secure. For a period of time our children were physically contained due to the government restrictions. This was tough. However, their understanding of this was aided by the continuous education they were receiving from members of the team regarding the COVID-19 outbreak. Ward (1995) says the needs that children have for both physical and emotional containment. Many of our young people experienced anxieties and times of feeling low during the pandemic. However, due to the inclusive culture that exists at NJH, new coping mechanisms were formed that helped utilise the physical containment in a way that provided emotional containment and we were able to see developments amongst our young people in their ability to manage difficult emotions. One young person noted:

> Since coming to NJH I have become so much better at managing my anger. I have a punch bag that I use, and I no longer always feel like I am going to lose control.

Children learn how to respond to situations, how to identify their feelings and emotions by the adults around them (Triesman, 2017). Our role as carers has been one of honesty. We have shared this experience together, acknowledged fear and impact and demonstrated to our young people how to work through this. The result being that our young people feel equipped and knowledgeable, they trust those caring for them to make the best decisions and they are involved in the planning and preparation for whatever may come next. A recent period of isolation following a positive COVID-19 test within the house saw just how valuable this collaboration had been.

Conclusion

Our journey through Covid-19 is not over. Far from it. We have experienced many challenges along the way but have held strong in our belief that out of every situation there is an opportunity. Learning and growing from each and every experience, reflecting on our decision's together and individually has

allowed the young people and team to create new ways of being. New approaches to challenges and a new outlook for the future. Viktor Frankl (2004), talks about man's search for meaning as being the primary motivation for life. The sense of having a purpose to life that is beyond what you are presently living encourages hope and aspiration. COVID-19 is a tragedy of our time. Death, illness, isolation, panic, despair, and a sense of doom linger on as we continue through this time. Yet, despite this there is a hopefulness. A sense of worth, value, importance, and opportunity. COVID-19 has been powerful in reframing our relationships and enhancing our purpose and that of our young people. So as the journey continues, we will endeavour to not forget or minimise the tragic aspects of this virus but to not be defeated by it. Building and developing new opportunities and experiences and being curious about where this journey will take us next.

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About the authors

This article is a short reflection on an example of practice within one early years' establishment which represents the journal's special issue theme, "The extraordinary ordinary: The power of everyday care." The practice focuses upon intervention for three generations of a family. The grandmother and mother experienced adversities in childhood, and similar circumstances exist for Holly who is three years old. The emotional and physical effects of toxic stress upon learning through play are presented from Holly's perspective. The practicality of daily living for her mother, in a context of addictions, is described as a potential barrier to participation. The long-term impact of trauma upon each generation is represented by the grandmother's negative attitude to change and her inability to provide a role model for the family. The article concludes by emphasising a key aspect in the complex process of transforming research into practice in the

field of child protection: Sensitive and empathic responding by a practitioner which nurtures family love, and secure attachment.

Niamh Miller has been a residential child care worker at Nether Johnstone House for 16 months. A fourth-year social work student at Glasgow Caledonian University, she has recently begun preparations for her dissertation on the use of language in residential child care, focussing on the use of 'love' and its impact on the development of an individual. Niamh responded to the Covid-19 pandemic by choosing to work full time to support the young people and her colleagues in the house. Niamh's ambition is to gain a wider experience in social work in order to influence policy making.

Natasha Davidson is a 17 year old girl who has lived at NJH for over 3 years but has lived experience of the care system for 15 years. Natasha is currently looking forward to the future post covid & after a long period of absence from Education is excited to be starting college at the end of the month.

Sarah Allan is a 17 year old girl who has lived at NJH for almost 3 years. Sarah attends Kibble school & took part in their Lockdown fashion show. She is hugely passionate about animals & would love to work with them when she is older.

Valuing Those Who Care for Others: The 'SafeSpace' Project at Kibble

Mhairi Gallacher

Abstract

Maintaining and enhancing staff wellbeing is increasingly recognised as an essential aspect of effective residential child care. Children and young people receive the best care from adults who themselves are well supported. This article provides an overview of the 'SafeSpace' project at Kibble, which offers individual sessions to care staff to allow opportunities for reflection and emotional support within their role. Lessons learned from the project thus far, and questions for wider consideration across the sector are also discussed.

Keywords

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Introduction

Few would disagree that residential childcare can be one of the most rewarding careers. Establishing safe and trusting relationships and being a supportive presence in a child's life journey is an undeniable privilege, and one that can ultimately influence better future outcomes for the child. But it is also a career that comes with its challenges. Working with children who have experienced trauma and adverse life experiences can take an emotional toll on caregivers, who may regularly find themselves on the front-line of a range of emotions and behaviour which they may find challenging and hard to understand.

At the recent *'More Than My Trauma'* Conference, Bruce Perry reminded us of the importance of connectedness in the healing journey of the child, and that a dysregulated adult can never truly hope to regulate a dysregulated child. This is not a criticism, but an important point for us to consider as caregivers. We also experience our own emotions - we are human too. There are days when we are buoyant, resilient and able to withstand the toughest storms that come our way. However, there are other days when we feel vulnerable, uncertain or overwhelmed. These are normal emotional experiences faced by every individual at some point, but which have the potential to significantly impact upon our ability to be fully present for the child. As Furnivall (2017) explains, 'what has been harmed by poor relationships can be healed by good ones' (p. 14) - fundamentally, the children in our care depend on us for co-regulation, to support them to understand and better regulate their own emotional states. The presence of sensitive, attuned caregiving from regulated adults is therefore essential to this process.

The 'Safespace' project

Across the residential childcare sector, staff wellbeing is increasingly recognised as crucial to effective child care. Children will experience the best care from adults who themselves are well supported. Over the years, a range of services have become accessible to caregivers including external counselling, supervision, managerial and peer supports, all of which have an important role to play.

Kibble is a charity and social enterprise supporting at risk children and young people aged 5-26 across the UK. Many of the young people we care for have experienced significant trauma and adversity in their lives. A range of integrated services are offered at Kibble, including education, residential and secure care, therapeutic and community support to assist our young people to reach their full potential. As part of the introduction of Kibble's Therapeutic Trauma Informed Care model, we began to consider what else could be offered to enhance staff wellbeing and the *'SafeSpace'* project was born. Individual, one-to-one sessions would be offered from an in-house therapist from Kibble's Specialist Interventions Service to provide a confidential and protected space for care staff to reflect on their work experiences. Working in residential childcare can undoubtedly be fast paced, and opportunities to process and reflect on the challenges and rewards of caregiving can be limited. The aim of *'SafeSpace'* was to offer a genuine, empathic, non-judgemental space in which the caregiver would be prioritised and given the opportunity to reflect and feel heard. *'SafeSpace'* was never intended to replace any existing wellbeing supports, but simply to offer an additional form of support from which staff may benefit.

As we began to plan the project, there were some initial uncertainties and reservations - would staff want to utilise an internal service? Would this feel too close to home? Could we assure staff that support would be confidential? While outside support is indeed a preference for some, anecdotally a number of staff expressed apprehensions about seeking support from unknown external professionals and voiced a wish to be able to access the same type of provision from someone with a closer understanding of the systems within which they work. It was therefore hoped that *'SafeSpace'* could fill this gap. Over the course of the following year, initial pilots of *'SafeSpace'* began across three identified services across Kibble. These services had either been partners in the planned progression of Kibble's Therapeutic Trauma Informed Care model or had expressed an interest in bringing *'SafeSpace'* to their teams. Sessions began in earnest, and to date over 100 sessions have been facilitated.

Initial reflections on 'Safespace'

From the seed of an idea, a host of reflections, questions and learning points have emerged which we share below for wider consideration-

Accessibility

Offering sessions on a regular monthly basis on site proved to be effective for one service, while others benefitted from the option of evening sessions for night staff, who would otherwise miss the opportunities to access supports typically only available during daytime hours. Night shift staff can often bear closest witness to the effects of trauma but can inadvertently become a 'forgotten' sector of the workforce by virtue of their shift patterns.

Attitudes towards staff seeking support

while the topic of mental health has undoubtedly grown in prominence in recent years, accessing therapeutic support continues to hold a degree of judgement or stigma within wider society. Does this create similar barriers within residential childcare? From our experiences, not all services have demonstrated the same readiness to utilise a service such as *'SafeSpace'*, and it would be important to consider whether the wider culture is supportive of caregivers seeking support. While we often encourage our young people to utilise therapeutic supports, how willing are we as the adults who care for them to also do the same? Do we lead by example? Or do we find it too challenging to accept that we also need support sometimes? Is there an expectation that we are always emotionally strong and resilient? Or does accessing support mean we are perceived by others as being 'incapable' in some way?

Managers 'set the tone'

From our experience, communication and support from managers has played a significant role in the progression of *'SafeSpace'*. Leaders who have demonstrated an interest in the service, been proactive in informing their staff about the benefits of a space for reflection and who have taken an active role in collaborating with the *'SafeSpace'* team have maximised use of the service within their teams. As a result, staff who have been initially unsure or uncertain about the service have gone on to utilise it positively.

Safety for those providing the service

Offering *'SafeSpace'* in-house can raise some ethical challenges when delivered by those who also work within the organisation. For *'SafeSpace'* to operate effectively, it has been important to have clear parameters defined and agreed by management in advance of the service commencing to ensure role clarity and preservation of the confidential space.

Coronavirus strikes!

As with most sectors, aspects of service delivery were thrown into disarray with the arrival of Covid and subsequent adaptations were made - in hindsight, not all with success. Online and telephone supports replaced face-to-face sessions but were not widely utilised. Some staff openly voiced their lack of comfort and confidence with these modalities and missed the opportunities for personable and authentic connections. Since face-to-face *'SafeSpace'* sessions have resumed, uptake has increased again. Conversely, some have preferred the 'distance' that online methods allow. It would be important to acknowledge that the pandemic continues to pose a host of challenges for society as a whole, and our own reserves and resources as caregivers may become considerably depleted when access to our usual support mechanisms has been curtailed. Opportunities for genuine, relational connectedness through services such as *'SafeSpace'* may potentially be all the more important in these unsettling times.

Widening access to 'SafeSpace'

Rather than targeting *'SafeSpace'* only to three specific services, access was opened organisation-wide to expand support following the pandemic. This has proved more beneficial in allowing staff who feel most ready to utilise the service to self-refer.

Expansion of personnel

To accommodate increasing demand, the *'SafeSpace'* team has expanded to three staff. The team hold backgrounds in counselling, family therapy and psychiatry, and it is hoped that the diversity of approach across facilitators will prove to be beneficial for staff.

Evaluation

Given that much of our feedback thus far has been anecdotal, we recognise this is something we need to work towards and improve in the next phase of the project.

Conclusion

In conclusion, *'SafeSpace'* is by no means the finished article – it continues to be very much a work in progress and we are learning, adjusting and adapting as we go. The vision for *'SafeSpace'* continues and exploring opportunities for team reflective spaces is planned for the year ahead. It is our hope that *'SafeSpace'* becomes an established and valued form of relational support across Kibble's services for years to come, creating a legacy where caregivers feel just as important and as valued as the children they care for.

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Mhairi is a Therapeutic Practitioner based within Kibble's Specialist Intervention Services. Mhairi has a background in forensic psychology and is a qualified person-centred counsellor and DBT therapist. Mhairi works directly with young people across all of Kibble's services to offer therapeutic intervention, in addition to other roles such as staff training and the 'SafeSpace' project.

Dan is a forensic psychologist who has worked in residential and secure care for over ten years. He has completed research including that which seeks young people's views on their experiences of care. He is currently working to increase trauma informed care in residential and education services.

Overcoming the isolating impact of COVID-19 by promoting young people's participation in residential care programmes

Meaghan Vosz, Lynne McPherson, Kathomi Gatwiri and Natalie Parmenter

Abstract

The devastating international health impact of the COVID-19 pandemic is reported on a daily basis in terms of newly acquired infections and mortality rates. What is less visible are the social and emotional implications of the virus, in particular the impact of requirements to remain socially isolated and in some circumstances to self-isolate or self-quarantine for periods of time. Young people living in residential care are already highly vulnerable having been removed from home and placed in group care. They often lack positive mentors and role models and have few healthy peer relationships. In short, young people who are already socially isolated are potentially further disadvantaged by requirements for them to practise social distancing and self-isolation. This paper examines contemporary literature promoting the participation of young people in programmes and organisations. Whilst 'participation' has been a longstanding international requirement for young people in the out of home care system, we argue that it has particular relevance in these times and may offer an opportunity for young people's lived experience to be recognised and valued.

Keywords

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Introduction

The COVID-19 global pandemic has had and continues to have far reaching implications across the world. In the absence of a vaccine to combat the spread of the virus, a major public health response has been to prevent transmission by minimising human to human contact. At the interpersonal level, this may involve wearing a facemask in public and remaining at a 1.5 metre distance (2 metres in some countries) from other people or more dramatically, being placed in quarantine or required to self-isolate for specified periods of time. These self-isolating behaviours, whilst protecting young people in residential care from contracting the virus, have the potential to further isolate and exacerbate the vulnerability of this already highly vulnerable population. Social distancing in this context can be seen as the antithesis of the healthy social connection that young people in residential care need (McPherson et al., 2019; Vosz et al., 2020a).

What follows is an examination of contemporary literature suggesting different ways organisations can promote young people's participation, as a means of valuing their lived experience and demonstrating a willingness to hear their views. Ways in which young people can be involved in the design, delivery and evaluation of programmes, leadership and governance are explored as are organisational cultures and planning that may strategically work to overcome the social isolation associated with COVID-19.

Involving young people in programmes and organisations

Current research looking at young people's participation offers some great insights into the value of young people's participation, not just in day to day decisions that affect their own lives, but more strategically at programme development, organisational and institutional levels (Imanian and Thomas, 2020; Lansdown and O'Kane, 2014; Tisdall, 2017). Involvement in organisations ranges from individual to collective participation, and may include programme/project design, development and evaluation, direction and oversight (Vosz et al., 2020a).

Involving young people in residential care in organisational decision-making can achieve innovation, improved outcomes and care plans that better reflect young people's preferences (Moore et al*.*, 2018; Davis, 2019; Dixon, Ward and Blower, 2019). Partnering with young people in co-production and co-design of new programmes, such as aftercare and transition programmes of support, can benefit organisations through creating new service types and offerings that address young people's concerns (Reed, 2016; NSW Advocate for Children and Young People, 2019; Purtell et al*.*, 2019)

Recognising young people's lived experience expertise

Research suggests that the first step involves recognising that young people in residential care have knowledge and experience about services, policies and modes of care - what works, and what doesn't work for them (Vosz et al*.* 2020b). They may have ideas about how practices and systems need to improve to achieve better outcomes, or they may want to talk about the practices that are ineffective and disempowering. But many young people have also heard the rhetoric of participation without seeing authentic practice (Tisdall, 2017; Sinclair, Vieira and Zufelt, 2019).

Lived experience is the source of experience-based knowledge in human-centred organisations that can be harnessed in design and development (Lansdown, 2011; Dixon, Ward and Blower, 2019). Seeing lived experience as expertise is a way to learn about young people, what they value, and what kinds of practices and relationships hold credibility with them. Practitioners and managers need to show respect and be accountable to young people, genuinely considering their views to avoid participation becoming a 'smokescreen for inaction and an illusion of empowerment' (Percy-Smith and Thomas, 2014, p. 2). When young people are respected in an organisation, their experience and knowledge will be valued, their rights to participate will be realised, and power will be shared more equally (Thomas, 2012).

Young people should not need to share all the details of their lives to be taken seriously. But they may want to share aspects of their stories to help adults understand their experiences, insights and preferences. For this reason, they

should be supported to make careful decisions about what aspects of their lived experience they wish to share, and to protect themselves from difficult questions, dismissive or exploitative behaviour of others (Graham et al., 2013). In Australia, CREATE Foundation and AbSec provide capacity building and opportunities for young people in care to contribute to organisational decision-making and governance.

Planning for organisational participation

Vulnerability, social accountability and co-production should each be considered when planning the participation of young people who have experienced the child protection system, according to Tisdall (2017):

Vulnerability

Adults are obliged to protect young people in care, to restore their autonomy through relationships of respect, and to build their capabilities for participation. But when we focus on young people as 'at risk', we fail to address power imbalances, positioning them as 'works in progress' rather than citizens. Protecting young people in care from COVID-19 presents additional challenges to organisations seeking dialogue with young people to use strategies that address power imbalances and enhance their agency.

Social accountability

Adults are obliged to ensure equitable participation of young people in care, particularly those who are overrepresented or marginalised in the care system, and to be responsible for their actions and commitments to young people. This includes giving due consideration to their views in decision making and demonstrating the influence of their views on outcomes. Organisations need to build young people's capacities to participate, establish mechanisms to effectively hold leaders to account. However, where organisations use an intermediary to engage with young people, the intermediary may become a 'proxy' for their views at the decision making 'table' (Tisdall, 2017).

Co-production and co-design

Here young people are involved in a reciprocal and equal relationship with other stakeholders such as senior managers, funding bodies, academics or other experts, in the design of programmes and projects, from the beginning. They are deeply embedded, from empathy and ideation to prototyping, scaling and review. Here young people's expertise, agency and decision-making capabilities on individual and collective levels are recognised, valued and incorporated in the process. If it is not delivered authentically, co-production, may be used to shore-up the priorities of powerful stakeholders (Tisdall, 2017).

Organisations should consider their readiness and commitment to listening and sharing power with young people (Shier, 2001), including the resources provided to support young people in forming and expressing their views (including space, time, food and transport), the commitment of senior decision makers to listening directly to young people, and the influence they will make to the outcomes you want to achieve (Lundy, 2007).

Young people's participation in organisational decision making

Participation may take the form of individual and group feedback about the quality of service, consultation ideas about new services and programmes they would like to see, informal and formal evaluation of projects, services and the whole organisation, and even organisational governance, such as youth representative positions on a board of managers, youth advisory groups that provide ongoing advice to organisations, 'thinkers in residence', and youth reference groups that direct the development of new events or projects. Figure 1 below represents some of these different modes of involvement, and their proximity to organisational decision-making.

Figure 1: Modes of participation and organisational decision making

Organisations can benefit from drawing on young people's lived experience in the development of procedures, documents and policies, that reflect their concerns, culture, and interests (Calheiros, Patricio and Graca, 2013; McDowall, 2016). Young people can help to craft a message that makes sense, helping the organisation to communicate effectively with other young people. This involves planning, dedicated staffing and programme resources, capacity building, and commitment to follow through on their contributions. Youth consultants should be provided with feedback, their expertise should be remunerated, and they should be able to see the impact they made on the final product. Purtell (2019) also notes the importance of opportunities for young people to influence change in a variety of forums and at different levels within the organisation, rather than one-off approaches. Young people's involvement in this way can support the development of cultures of reciprocity, collaboration and improved relationships between staff, managers and young people (Dixon et al., 2019).

Young people's involvement in programme and service design

Organisations may choose to involve young people in program design**,** delivery and evaluation, either using co-production or other forms of engagement. Young people's involvement in evaluation, co-research and peer review can also enhance organisational evaluation, and enhance dialogue with decision-makers (Dixon, Ward and Blower, 2019; Imanian and Thomas, 2020). Collaborative needs assessment and asset mapping, including place-based engagement, can benefit from young people's expertise in identifying problems and strengths, describing the barriers they experience as place- and service-users, and identifying solutions that will have meaning for them. Young people may find it challenging to open up in forums, so it is important to build provide a range of participation options including youth-led and shared adult-youth activities. Organisations can build young people's trust by listening, meeting them at the 'decision-making table' and taking young people's views seriously in sustained relationships over time.

Youth-inclusive programme design may involve co-production and co-design or may only engage young people in certain stages of the development process. Methods include youth and community steering groups, including young people in the programme design team, involving young people who are peer workers and peer mentors to link to other young people (Purtell et al., 2019). Youth participatory action research is a method where young people who are most affected by a social issue or problem form together with facilitation and support to learn about the problem, plan and take action, and create social change over time (Dixon et al., 2019).

Where young people are involved alongside other key stakeholders in design and decision making, existing decision-making processes and spaces should be made youth friendly, inclusive and accessible. This could involve moving into young people's spaces, such as a local park, or might involve bringing young people into executive spaces like board rooms. Remuneration of young people is important, so that their expertise is valued on an equal footing to other paid staff and executive members. In a recent study in Australia, evidence was found

that remuneration does not put undue influence on young people to participate (Taplin et al*.*, 2019).

Young people's involvement in organisational decision making and governance

Youth advisory groups and representative board positions are increasingly seen as industry-standard practices (Schoenfeld et al*.*, 2019). Young people may benefit from mentoring to support their involvement in organisational management (including staff recruitment), strategic planning, and business development. Where only a small number of young people are involved as 'representatives' on boards and decision-making groups with other adults, they should be supported and resourced to undertake this role. Similarly, training and capacity building should be provided to young people who take on other special roles, as facilitators, co-researchers, reviewers and leaders (Lansdown, 2019).

Youth advisory groups are one way to build participation in organisational governance that is additional to existing structures of decision-making and involves ongoing advice to senior managers and leaders. The relationship between a youth advisory groups and senior decision makers should be clarified, so that young people know from the outset what level of accountability they can expect. Youth advisory group members can be expected to draw on their lived experience knowledge in decision-making processes that are accessible, inclusive and youth friendly.

Conclusion

The literature relating to young people's engagement in organisations, programme design and evaluation suggests myriad techniques for achieving meaningful participation in residential care. The benefits of participation that is accountable to young people, supports their capabilities and agency, and recognises their contributions, accrue to both young people, staff and organisations, as their lived experience provides a wealth of expertise to guide organisational adaptation. Meaningful participation is also an opportunity for organisations seeking to re-design therapeutic care programme design, organisational cultures and governance in response to COVID-19 health and

social restrictions, in ways that counter the negative implications of social isolation. We now understand that COVID-19 is here to stay, and young people can be active partners to staff and managers as we seek to adapt service provision and models of care. Organisations should seek to value young people's lived experience, and consider the ways they will collaborate with young people in authentic, respectful relationships that enable dialogue and reciprocity. Further research is needed to identify, from the perspective of young people themselves, the processes and models of participation that are most effective for them.

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Delving deeper to come back stronger

Analysing the impact of COVID-19 and lockdown on care-experienced young people and planning for brighter futures

Iain MacRitchie

Abstract

For all pupils, the COVID-19 Lockdown has meant a dramatic loss of routine and structure. But for young people in the care system, schools closing often meant the disappearance of their only safe haven and community hub. Over spring 2020, we surveyed more than 1000 young people in or on the edge of the care system to understand their experience of lockdown. This article will expand on our first report, examining through segmentation the impact of age, gender and care status, and explore why even before lockdown care-experienced young people have lower levels of achievement compared to their peers. We will then focus on solutions, outline the steps MCR Pathways is taking and how we can reorient our communities and institutions to make sure all young people are defined by their talent, and never their circumstances. The article concludes with a vision for the future: a cultural shift which sees our economic recovery fused with social benefits and support for our most disadvantaged; a way forward where everyone benefits and has a role to play in ensuring an equality of opportunities and share in success.

Keywords

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"I was kicked out by my mum during this pandemic so that took a toll on my mental health followed by a breakup."

"It's been really hard to stay motivated to do work from home because I don't have a teacher explaining to me how to do it. It is also difficult not being able to see friends and stick to a normal routine because the days get all mixed up."

"Being in kinship care with my sister at this time has been hard, our relationship often isn't always the best and I'm really missing being able to have my weekly visits with my brother as well as seeing my mum and dad at least once a month."

"Being a young carer for my mum has made staying at home easier to do my caring role. But it has made it suffocating as there is no free time to get out and relax. Even going out feels stressful as keeping distance from people is hard to do in some circumstances. Lockdown has had a strong impact on a lot of young people's mental health in my age group including me and some of my friends."

A broken system and then lockdown

On 23 March 2020, across the UK and in Scotland, schools shut down. For all young people, this meant a dramatic loss of routine and structure. But for young people in the care system, schools closing often meant the disappearance of their only safe haven and community hub. Thousands of young people were left in limbo, without a voice or ability to influence what happened next. While professionals gathered and came up with plans, those hit the hardest were left adrift.

Our charity, MCR Pathways, supports young people in and on the edges of the care system. We recruit, train and match committed mentors with a young person who they support through weekly meetings. Meetings typically take place in school but, when lockdown began, we rapidly migrated our programme online to ensure young people didn't lose their mentor's vital support. By July, we

reached 1,936 school pupils interacting with staff and mentors on our virtual mentoring platform. Engaging so many young people was a major achievement, but equally an exceptionally challenging one. The devastation caused by loss of learning, compounded by damaged confidence and self-belief, was immediately evident. To make sure these young people's voices and stories were included in the recovery policies and decisions we had to gather comprehensive feedback.

From June through to July, we ran our lockdown survey to capture the experiences and challenges of our country's most disadvantaged. More than 1,000 young people took part, showing their strength and importance of their relationships with their MCR support, mentors and school. They told us about the toll lockdown has had on their mental health, the barriers they faced to home learning and more. Their bravery and resilience shone through. Despite the difficulties, the young people we support told us they still felt positive about their future and shared their ideas on how to come back stronger. Using their words as guidance, we compiled a report and introduced a series of recommendations to not only support their learning and development, but also tackle the severe mental distress faced during this time (MCR Pathways, 2020).

This article will expand on those findings, but with a more comprehensive and holistic approach, and explore why even before lockdown care-experienced young people have lower levels of achievement compared to their peers. Because for these young people, disruption, isolation and chaos is not a once in a lifetime, extraordinary event. This is often the status quo, and lockdown represents a lit match dropped in petrol, explosively compounding disadvantage and risking a lost generation. So, before we can properly understand the impact of the pandemic and set into motion real, practical solutions for our most disadvantaged, we have to understand the context of their lives before March 2020.

First, we'll examine the current state of care in Scotland and the changes that were being implemented prior to the COVID-19 pandemic. Following this, we will analyse the impact lockdown has had on care-experienced young people, touching on our initial report then using segmentation to further explore differences in experiences and sharing new recommendations. Next, the article

will discuss the steps MCR Pathways is taking and how we can reorient our communities and institutions to make sure all young people are defined by their talent, and never their circumstances. The article will conclude with a vision for the future: a cultural shift which sees our economic recovery fused with social benefits and support for our most disadvantaged; a way forward where everyone benefits and has a role to play in ensuring an equality of opportunities and share in success.

When reading this, please always remember that the data we cite, and the stories shared, are made up of individual young people. Young people who trusted us with their stories and truths. We must live up to that trust to listen, to empathise and reflect on what matters. Only when we incorporate their voices and views can we build back better.

> Late last year my home circumstances changed and I moved. But slowly things started to go wrong. I tried to pretend to everyone around about me that things were fine, but they weren't. For some reason I shut down and didn't share with anyone how bad things had got. I was in a dark place. Normally I would talk to (my mentor) Giulio or Angela, my coordinator, but I just couldn't. I ended up homeless on Christmas Eve. Thankfully a family member took me in, but only until social work offices opened on the 27th. Then I found myself at 17 moving into a homeless unit for young men. My sister was there for me. She had been on the programme. She called the team and they just came in and helped me. It's hard when you are in a dark place to ask for help and I am so glad my sister did ask for me. I had people I could rely on, no fuss, just be there for me. I am in a much better place.

The state of care in care of the state

When life at home is unstable and the floor is always threatening to collapse, just getting by becomes the goal. But this survival mode makes it nearly

impossible to plan for a brighter future, and unfortunately outcomes for care-experienced young people reflect this.

According to the most recently available government reports, 42%, or just over two in five, care-experienced pupils left school in 4th year compared to just 12% for all pupils in Scotland (Scottish Government, 2020). Just 35% of S5 care-experienced pupils achieved one or more qualification at SCQF level 5 or above, compared to the 85% national figure (Scottish Government, 2020). Poverty, instability, and family crises scar for a lifetime. The Scottish Prison Service's most recent Survey for Looked After Young People found that just under half (46%) of young people in custody had spent time in care as children (2018). Who Cares? Scotland (2020) cites that practitioners estimate between 30-50% of individuals who are homeless could be care-experienced. Within a year of leaving care, 38% of care-experienced young people were unemployed and not in school compared to just 5% of their peers (Scottish Government, 2020).

These are the outcomes we work every day to prevent. We know that care-experienced young people are just as talented, hardworking and smart as their peers. It is their deeply chaotic home lives that prevent them from achieving more in their education, all through no fault of their own. But with the right support, these young people can thrive.

> I initially did well at school but my dyslexia led to me falling behind quite quickly, becoming disengaged from school and insecure about my ability. This would result in me entering high school unable to read, spell or write, ride a bike, swim or tie my shoelaces. Despite numerous programmes that intervened and ultimately failed to help me.

Policies: the potential for change?

Since 2017, the Scottish Government has shown a commitment to reducing the gap that exists between those with care experience and those without. They have implemented a number of policies to support young people in education and beyond.

In 2019, the government removed the age 26 cap on the care-experienced bursary, building on further extensions in 2018 which saw the bursary raised from £7,625/year to £8,100 (Scottish Government, 2019). First introduced in 2017, the bursary is now also available to young people studying at Further Education, in addition to Higher Education. Also, in 2019, the Government announced that all care-experienced applicants who meet minimum entry requirements will be guaranteed a university place. Beginning in 2020, Scottish universities will be introducing new minimum requirements for care-experienced individuals and those living in SIMD20 postcodes[4] (Universities Scotland, 2019).

The keystone change came in February 2020 with the publication of the Independent Care Review's three-year study - Scotland's most comprehensive analysis into the challenges facing care-experienced individuals. The Review Panel conducted more than 5,500 interviews with children, young people and adults who have been through the 'Care System', as well as professionals working within care — including those from education, the public sector and the third sector. *The Promise*, the Review's central document, outlines what changes Scotland must make to make sure care-experienced young people feel loved and have a safe and happy childhood (2020).

Over the past three years, MCR Pathways has closely supported each stage of the Review. Young people and Ambassadors from Young Scottish Talent (MCR Pathway's title for the programme for young people) took part in the 1,000 Voices campaign and shared their mentoring and care experience with the First Minister, the Deputy First Minister, civil servants and the Review's Chair, Fiona Duncan, and her team.

The Review urgently outlines the need for people that form the wider support structure — in education, community groups, third sector organisations and in the public sector — to be empowered to create personal relationships with care-experienced young people. The thousands of interviews showed clearly that these relationships are the foundation to ensure young people feel loved and supported.

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[4] SIMD20 = Scottish Index of Multiple Deprivation – 20% most deprived data zones.

At MCR, we have always known that it is these relationships that make the fundamental difference and our model simply reflects that. We recruit, train and match volunteer mentors with a young person based on personality, experiences and the young person's career goals. Crucially, mentors aren't there because they have to be, they're building a relationship with a young person because they care. This foundation of care, active listening, nonjudgement and support is what makes mentoring so effective.

The power of mentoring was highlighted in the Care Review, which found that, 'Mentoring has a significant positive impact on children and young people who receive it, with evidence that it can improve educational attainment. Schools must be supported to encourage and develop mentoring relationships for those who would benefit' (*The Promise*, 2020, p. 71). This finding backs up further research which shows the life-changing impact of mentoring.

In 2020, ScotCen, one of the UK's leading social research institutes, released their three-year study (commissioned by The Robertson Trust) which rigorously analysed the impact of MCR mentoring. ScotCen are the Scottish arm of NatCen, Britain's largest independent social research agency. Using internationally recognised, qualitative and quantitative research methods, this three-year evaluation rigorously analysed the data and interviewed young people, mentors and school staff. What the report found was transformational.

ScotCen found that 70.7% of mentored pupils continued their education in S5, compared to 39% of non-mentored care-experienced young people nationally. 87.8% achieved at least one or more SCQF Level 5 qualification(s), compared with 58.3% of their non-mentored care-experienced peers. Finally, 81.6% of mentored care-experienced pupils left school for college, university or a job, compared with 59.8% of those young people not being mentored (ScotCen, 2020).

2020 began with the publication of *The Promise*, by the Independent Care Review. It urgently called for the Scottish Government, charities and other organisations to create a new framework for supporting care-experienced young people and ensure that they had the tools and relationships to be the masters of their own destiny. With the expansion of MCR into new local authorities,

Scotland committed practically to give care-experienced young people the support they deserved. While outcomes remained exceptionally poor for these young people, this momentum promised a new way forward. But the COVID-19 pandemic has brought a whole new wave of instability which threatens to not only halt this progress, but to reverse it. Delivering on the Promise is now needed more than ever.

In this next section, we'll examine the impact of the lockdown on our most disadvantaged and the practical steps we can take to ensure they are not left behind. What is needed now whilst the Promise is delivered.

> I think it's just not knowing. The fear that none of us really understand what is going on, and on top of that trying to figure out a place to live after lockdown with Social Work. I've been trying to remain positive but it's really hard in times like these.

> From already having anxiety and depression before lockdown, it has made my mental health a lot worse. Without social interaction it makes you second guess your place in people's lives if you're not there with them to see where you fit in. And when you're bored it's easier to overthink things when you have nothing better to do.

The reality of lockdown - through the lens of young people

Between June and July, more than 1,000 young people provided us with insight into their experiences of lockdown. The scope of our survey extended far beyond school, and included focused questions on mental wellbeing, home learning, and impact on career plans and future expectations. The findings are fully representative of the views of Scotland's most disadvantaged young people, with responses coming from those living in cities, towns, rural, and island areas. The MCR lockdown survey demonstrates that whilst young people across the country have struggled through lockdown, for those with experience of the care system or in other ways disadvantaged challenges were significantly magnified.

Many of these young people already faced multiple barriers preventing them from engaging with education and home study, including lack of IT equipment, no or unreliable internet connections, chaotic households, historic family disengagement with education, limited space to study, and caring responsibilities. COVID-19 and lockdown served to compound and intensify many of these challenges. By reaching our most vulnerable young people, we are able to provide insight into those who need the most help.

Of the 1,325 young people who submitted responses, 1,005 provided detailed and comprehensive feedback. 56.1% of responders are care-experienced, either currently in the care system (34.4%) or have been previously (21.7%). 43.9% of the young people are on the edges of the care system, experiencing various forms of disadvantage. 60.1% of the young people were identified as female, whilst 39.1% were identified as male (Data on gender was extracted from SEEMiS[5] and may not exactly reflect every young person's gender identity). The results of the report were striking. Compared to our initial findings, the further analysis that follows delves deeper into the role that age, gender and care status also played on mental wellbeing, home learning and hopes for the future. In addition to the young people in or on the edge of the care system surveyed, we also gathered feedback from a further 300 non care-experienced young people from across the country to act as a comparison.

> From already having anxiety and depression before lockdown, it has made my mental health a lot worse. Without social interaction, it makes you second guess your place in people's lives if you're not there with them to see where you fit in. And when you're bored, it's easier to overthink things when you have nothing better to do.

Mental Health - age and gender impact

For many, lockdown and COVID-19 has put a strain on mental wellbeing. To capture the full extent of the impact, we asked young people not only about

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[5] Education management system used in Scotland

mental wellbeing directly, but also about sleep, worries, and how they've been spending their time.

A large majority of young people told us that their mental health had suffered since the start of lockdown. Two thirds (66.8%) of young people reported feeling low, more anxious and stressed. Compared to boys, girls reported significantly worsened mental wellbeing, with 75% telling us that they were experiencing these feelings. A quarter of girls reported feeling much more anxious and stressed. For many however, these challenges aren't new. Nearly one in 5 girls and one in 10 boys reported previously experiencing poor mental health.

These gender differences are also apparent later in the survey, when we asked about the reasons why young people haven't been able to complete their schoolwork. Some 45% of girls indicated anxiety or stress as a barrier to their home learning, compared to 37% of boys.

In general, there was a strong correlation between age and mental wellbeing. Some 46% of S3 young people reported feeling fine and unchanged compared to only 15.8% of school leavers, showing the increased pressure on older pupils. Older pupils were also much more likely to say that they had previously experienced poor mental wellbeing - with only 7% of S3[6] pupils indicating this compared to nearly one-third (29.8%) of school leavers.

There was not a significant difference in mental health between our comparator schools and MCR young people. More than half of young people from comparator schools responded that they were feeling more anxious, though 38.8% report no change in mental wellbeing - seven percentage points higher than MCR young people. This shows that safeguarding mental health must be a high priority in all schools and for all young people.

> I tend to stay up and say to myself I'll go to sleep at such a time and then I never stick to what I say, so my sleeping schedule is quite varied. I don't know how I'll manage to get up for school again as I'm so used to the long mornings.

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[6] S3 = third year of secondary school, or approximately age 13-14.

Understanding changes in sleep patterns was another way to clearly see the impact of lockdown. An overwhelming (88.8%) of young people told us their sleeping patterns have changed and over a quarter (26.5%) said they were experiencing significantly disrupted sleep. While both boys and girls reported significant sleep disruption, 86% and 92% respectively, girls experienced much more drastic changes. Alarmingly, over a third of girls told us that they were experiencing extremely disrupted sleep, often sleeping fewer than 6 hours a night, compared to 16% of the boys.

Looking at the comparator schools, the impact on sleeping patterns is less dramatic with only 42% of young people reporting less or varied sleep compared to almost 65% of MCR young people. Notably, only 12% of young people from the comparator school report severely disrupted sleep, compared to a quarter of MCR young people.

> My school has given me work but I have no motivation to do any of it due to my own anxieties and personal issues at home.

> I always do the work but it can take a lot of time because of the internet in my house.

Inequality of home learning and concerns about school

Between the first day of lockdown and the first day of term, young people in Scotland were out of school for six months. Whilst the restrictions apply to all young people, their experiences have varied drastically. Between 15,000-20,000 of our most vulnerable may be experiencing digital exclusion, meaning they do not have the IT equipment or internet connection needed to keep up with their work online or stay in contact with their support network (SCVO, 2020). Let us not wrap this up in adult speak. Young people who are excluded know they are and are made to feel inferior and that they do not matter. Think about how that feels. Then take yourself back into your younger self, when confidence matched experience.

To understand their circumstances better, we asked young people about their experience of online learning during lockdown. Caring responsibilities, disruption

at home, and mental wellbeing struggles are just a few of the barriers that young people told us kept them from engaging with home learning.

In our main report, we found that 68.2% of MCR young people did not use any learning materials provided by the school. Of those, 42.5% told us they were too stressed and anxious. Significantly, over a quarter had caring duties that impacted on their capacity for home learning.

Fewer than half of boys and girls reported working through coursework over lockdown, but boys were more likely to say that they had (41% compared to 31%). Both said their coursework being 'hard to understand' (41.5% and 55.8%) and anxiety (37.7% and 45.6%) were their two primary barriers.

Age was not strongly correlated with young people's engagement with their education. Young people in key exam years, 4th and 5th year, were more likely than other pupils to say that they struggled to understand the work they were given, though broadly age was not a significant factor impacting why young people were not able to complete their schoolwork.

Looking against the comparator school survey, 55% of young people said they used home learning materials compared to just 31.8% of MCR young people. This may imply better support or encouragement at home, greater access to space and IT equipment or generally higher engagement with their school. While 26.7% of MCR young people told us that they had caring responsibilities at home, less than 10% of those in the comparator survey said the same.

Care experience status did not measurably influence whether young people used their home learning material. However, the barriers to learning did diverge. Care-experienced young people were more likely to tell us that they didn't have the time (19.5% against 11.3%) and that they had other responsibilities at home (33.1% against 22.6%).

> I stay with a lot of people which include five younger siblings, three of which are under the age of five. This makes it hard to find a bit of peace to do the work. My house also doesn't have a dining table or desk area to do it meaning I usually have to sit on my bed not getting the peace I need as I share a room.

In our main report we found that 14.5% of young people do not have IT and internet access and nearly two in ten (19.5%) do not have the space at home. There is no significant difference from male to female respondents on constraint to learning at home, which would be expected. There were also no strong comparisons to draw in relation to age. However, 15% of school leavers reported that they did not have the necessary IT equipment — higher than any other age group. This is especially concerning for young people leaving for college or university.

> I don't have a laptop or iPad to study. I use my phone and can't send word documents or any important work to teachers. My phone's messed up.

MCR young people report a significantly bigger challenge in working from home. Only 13% of comparator school young people said they did not have the space and equipment required, compared to nearly one third (29%) of MCR young people.

> I feel that lockdown has affected how I will cope with National 5[7] subjects. I was already worried and now I'm even more concerned. I think that the pressure of a pandemic, going back to school and my recent home life issues, including being kicked out, will be too much stress and strain on my mental health which will lead me to not doing great on my National 5s. This means that if I don't pass I won't get the amount of Highers I need for college or uni.

Leaving school and hopes for the future

Lockdown has the potential to cause a severe and lasting impact on young people's education, careers and future plans. For those already on the edge of education prior to lockdown, who struggle with engagement and attendance, it is absolutely essential that we rebuild their support networks. In this section, we

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[7] National 5 awards are intermediate level awards in Scotland's qualifications system, normally assessed by a combination of external examination and coursework, and roughly equivalent to GCSE awards in the rest of the UK.

asked young people if lockdown had affected their plans for the future and what most concerned them about their next steps after leaving school.

Encouragingly, the majority of MCR young people still feel optimistic about their plans when they leave school. Demonstrating resilient attitudes, 64.8% of young people say that COVID-19 has not changed their future plans. Only 15.2% are no longer sure what they will do when they leave.

There were moderate gender differences in young people's plans for their future. Boys were more likely to feel certain in their future plans, leading girls by eight percentage points. Girls were most likely to opt to change their chosen pathway than boys, 22.9% of girls hoping to stay in school longer now against 15% of boys.

There is little variation between MCR and other young people — 67% of those asked in comparator schools said they were thinking the same compared to 64% of MCR pupils.

> It will affect the job industry and work experience part because for what I want to do when I leave school, I need a lot of work experience. I'm also concerned about how it will affect my family.

If there's one thing you take away from our survey it is this: those leaving school in 2020 urgently need support. Failing them now will have lasting consequences. Our report starkly showed how uncertain school leavers feel about their next steps. For those in care, leaving school can often coincide with having to move on from where they live. Of those leaving school, just 38.5% are feeling confident about their next steps. The majority are worried they won't get into their chosen university or college or are unsure what to do next. The Prince's Trust, a UK charity that supports young people, found that 41% of surveyed young people think their dreams are impossible to achieve due the pandemic. 48% of those from poorer backgrounds said they feel they will never succeed in life (The Prince's Trust, 2020).

Our analysis finds that this is not a gender issue, roughly the same number of boys and girls felt ok about their next steps (33.3% against 38.9%, respectively). However, care experience status did have a significant impact on

young people's concerns about leaving school. Just 15.5% of care-experienced young people feel ok about their next steps, compared to 44.4% of their non-care-experienced peers. These young people know the uncertainty ahead of them, often coming from significantly households facing adversity, and know they may not have family support to fall back on. We need a plan now. We cannot let a second pandemic of hopelessness overtake our nation's young people.

There is no singular lockdown experience, but these stats and stories offer a glimpse into how our society's most vulnerable have experienced this crisis. But despite the devastation the pandemic has wrought, we believe that it also represents a major opportunity to reform our systems. We can do better than building back our economic structures where inequality is the norm, and instead fuse economic recovery with innovative social policy.

Future — A deliverable vision where economic success drives social benefit AND vice versa

> Since meeting my mentor I've had such a better mindset than ever before. I used to be stressed about exams all the time and I had no confidence in myself at all, but my mentor has helped me realise that I need to start believing in myself and do what's best for me instead of always putting other people first. If it wasn't for my mentor, I think this year at school would have been a lot more difficult.

In our lockdown survey, young people shared their honest and often heart-breaking experiences — now it is time to use their words to guide and define recovery. Young people overwhelmingly state that MCR mentoring is vital to their success. We believe and are working to ensure that every care-experienced and disadvantaged young person has the support of a mentor and is engaged in the MCR Pathways programme. More critical now than ever, one-to-one relationships are a key way to rebuild confidence and aspiration to avoid a lost COVID generation.

Open, positive, motivated, committed, resilient, intelligent, entrepreneurial, socially driven, inclusive and deeply caring. This is the MCR approach. For more than a decade, we have supported Scotland's care-experienced and most disadvantaged young people to achieve what all young people deserve: a fair chance. MCR works with more than 2,500 young people each week across 12 local authorities and will support 4,000 in 2021. At every step, young people told us what challenges they faced, what had failed them, and what gave them the motivation, commitment and resilience to keep going. Working daily with young people has taught us that relationships are the key to unlocking potential.

We currently have just over 1,500 mentors actively supporting young people, with an additional 1,200 in the pipeline preparing for mentoring. The reason why we are so determined to reach as many young people as possible is because mentoring works — it dramatically reduces the attainment gap between care-experienced young people and their peers.

We have built an inclusive mentoring community in partnership with each local authority by engaging with local businesses, organisations, educational institutions and individuals. We recruit volunteers of all ages — 66% of our mentors are aged between 25-54, in the peak of their careers. Our mentors are from a diverse range of cultures, nations, faiths and backgrounds. We actively encourage inclusion and diversity, for example by making links with a range of religions and communities including LQBTQ+. By recruiting volunteers from all walks of life we are helping create stronger and more representative community ties. This also builds empathy and a deeper understanding between different aspects of communities.

Over the next three years, MCR Pathways' goal is to reach 10,000 young people across the UK. We are expanding into England and plan to bring the life changing impact of mentoring to young people across the country, helping to eliminate the attainment gap. MCR has been approached by delegates from Norway, Australia and Spain, showing international interest in this unique approach for supporting disadvantaged young people. In the longer term, we aspire to bring our unique, transformative programme to the international stage.

We want to make relationship-focused mentoring an educational right for all care-experienced young people and have our approach supported by policy. This means securing long term education funding from governments to support equality in school engagement, achievement, and progression to positive destinations for our most disadvantaged young people. Ultimately, we will help deliver on *The Promise* set out by the Scottish Care Review, which includes making mentoring a right for those who need it. Urgently highlighted in the Care Review is the need to seek young people's opinions and involve them when making decisions and policy changes about the Care System. This has been central to MCR philosophy since our inception. We will continue to ensure that young people's views and feedback are systematically gathered and included in discussions and decisions that affect them.

But our vision for the future extends even beyond this. We hope that the pandemic and resulting lockdown brings into focus the inherent inequality in our systems. This is an unprecedented time and that unlocks a rare chance to fundamentally adjust our society to put the needs of our most disadvantaged at the centre and finally break the cycle of poverty and heartbreak.

Commit and participate in fusing social and economic success.

First step — listen to those with lived experience then respectfully disrupt

As we emerge from the pandemic, the greatest challenge is to not repeat our mistakes and rebuild inequality and its destructive power. We cannot swing from one extreme to another, from austerity, to free spending, to bankruptcy. We can move beyond polarising party politics or divisive negotiations where one side looks to win at the expense of the other.

To create a system that benefits all we need a diversity of perspectives. There are two preconditions. Those with direct or lived experience need to be co-creators, front and centre. It also needs effective leadership that is listening first, relationship based secondly, building consensus with clarity on actions. This needs to be respectfully disruptive, as no-one likes or embraces change. It must

be engaging, with a place for all views to be heard and brave enough to call out and topple those with a vested interest.

This transformation needs a relationship-first approach with social inclusion, social mobility and social contribution as three governing principles and essential component parts. Economic success and recovery are vital, but we need this to drive social benefits or we will continue the exact same cycle. We need them fused, as two sides of the same coin.

Social Inclusion means everyone has a basic right to nutrition, a home, internet access, quality education and health and wellbeing. It needs investment, but this investment will generate cost savings in both the short and the long term. Early intervention models demonstrate significant savings, but it means investment now to safeguard our future. What we have struggled to accept or deal with is that the savings come from different institutions, departments and budgets. Social mobility means a true equality of education outcomes, job choices and subsequent life chances. It is simply about each individual realising their potential irrespective of their circumstances.

Social contribution is where organisations demonstrate their commitment, but in a manner where they also make significant gains. A contribution that drives wide-ranging corporate benefits for sustainability, and not based on fashion. This is the next generation of Corporate Social Responsibility (CSR). Indeed, an increasing number of businesses are seeing the benefits of aligning their strategy to social purpose. It is a two-way process where all parties benefit, both giver and receiver and has already been shown to drive share price and brand value. Rather than haphazardly adopting short term, low impact volunteer or fundraising initiatives, CSR should be grounded in effectiveness with a focus on reaching the largest possible number of recipients.

To this end, organisations need to realise that this is not a cost, but indeed a net benefit. By supporting staff's active engagement in high impact initiatives, they see an enormous boost in workplace engagement. Research shows that volunteers mentors sharpen essential workplace skills including listening, coaching and communication skills — qualities vital for leadership roles.

These gains translate into benefits for employers as increased employee engagement drives improved productivity and profitability — both by over 20% (evidenced in research from 263 studies covering 49 industries and 192 organisations in 34 countries). Focused, local community-based volunteering can increase employee engagement and the gains in mental health and wellbeing are profound (Gallup, 2016).

This is where programmes like MCR mentoring fit. The MCR Pathways programme is a foundation for social inclusion, social mobility and a way for individuals and organisations to make social contributions. Reaching more young people will require us to create new partnerships with private, public, and third sector organisations. By sharing the benefits of mentoring to all involved, we have fostered relationships with committed and senior stakeholders in organisations to mentor, act as champions and endorse the MCR message. Sharing both stats and stories on how the MCR model materially benefits all participants is key. We plan to continue developing on our reimagined vision of Corporate Social Responsibility and Corporate Parenting, highlighting the value mentoring brings not only to young people, but also mentors and organisations alike.

Any change such as this requires leadership, focus and a measured outcome. Effective leadership requires active listening skills, empathy and trusting relationships. Inclusion is not about one political party doing what they think is best. It is about engaging, listening, creating choices and teamwork. We have more than enough evidence of what works. With social inclusion as first base, it gives us the ability to build the second in social mobility.

We can refresh and re-energise our institutions and governments with this approach. Make contradictions work, let them spark creativity. We are joined by the need to recover and build a sustaining economy.

Young people across the country have lost out on their schooling, their social lives, and potentially their futures. Many have given up their jobs and first steps in Higher and Further education to keep our most vulnerable safe. More than any other group, young people are bearing the economic brunt of COVID-19 now and in the future. We must not forget the cost to them and leave them alone with

this extraordinary burden to carry and deal with. Now is the time to make the changes that we know we must. We owe it to them.

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About the author

Scottish entrepreneur and philanthropist, Professor Iain MacRitchie has transformed 18 organisations – from 50 to 5000 employees – and has acted as trusted adviser to over 100 others. An expert in leading large-scale organisational change, Iain has a track record in helping develop teams and individuals to realise their full potential.

After founding MCR Pathways in 2007, Iain now volunteers full-time as Chairman of the revolutionary mentoring and talent development programme. His goal is to establish MCR as a national education model to ensure that all care-experienced and disadvantaged young people are defined by their talents and potential, never their circumstances.

Relationships and resilience in the time of the Coronavirus

Danny Henderson and Nicki Mclaughlin

Abstract

The Why Not? Trust for Care Experienced Young People is a charity set up in 2018, to support long term connections and relationships between young people with care experience and the people who matter to them. As well as individual connections, the Why Not? Trust is supporting young people, including young parents with care experience to develop their own community networks. These networks allow young people to access experiences and events which give opportunities they may not be able to access on their own. ENDED HERE. Their approach is based on a belief in being defined by relationships. The COVID-19 lockdown presented a challenge to relational engagements which are contingent upon being able to interact. Despite their fears they have managed to cope. The online world provided a way of maintaining contact and providing support with young care experienced adults. The experiences of the past few months helped the Trust better understand the causes of isolation and exclusion, but also to appreciate more than ever the value of human relationships.

Keywords

COVID-19, relationships, resilience, The Why Not? Trust

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When coronavirus pandemic struck, we were all keen to see the back of it. Most of us were struggling with the controls needed to stop the spread of the virus to protect one another; ourselves, loved ones and strangers. We all have experience of being carers now, staying at home and keeping a distance is how we've exercised compassion. We have been deprived of the connections in our lives and agency over how we live it. The things we take for granted and the foundations for living well, for purpose and belonging. When we sought to compensate for these losses we would tune into social media and were sometimes confronted with jarring content. Judgements being made about how people should and should not behave or clichéd memes that felt falsely optimistic. What we needed was something that said we are all a little frightened and an offer something that might help. We were all anxious and grieving for the loss of something, or someone, worried for ourselves, each other and what we may yet lose.

Life as we had known it seems like a distant memory, coming together as a community was an important function for members of The Why Not? Trust. Meeting up regularly and breaking bread together always led to magic moments of connection. Our approach is based on an unerring belief that we are defined by relationships, with ourselves, with others, and it is through these that we make sense of the world and our place in it. And, that need and aspiration are universal human characteristics that emerge, are met and achieved in our relationships with one another. Enabling these is the best way to support wellbeing. With our young adults we create spaces and experiences within which these relationships can thrive, community develops and through our interactions we act to support one another. The lockdown has presented a challenge to relational engagement that is contingent upon being able to interact within a shared space. Despite our fears we have managed to cope, and in some ways grow.

Stories of hope have developed across communities and ours is no exception. The young adults involved with Why Not? have created new ways of connecting through online group chats. This is helping them not only to pass the time but to create safe space for some to express anxiety and have it soothed. If,

sometimes, only through a ludicrously funny post that eases fears, at least for a little while. Connectors were leaving groceries at the doors of their beloved young adults; this concern is being reciprocated by the young adults who are also checking in on their connectors to make sure they are okay. Conflicts from the past have been resolved, or set aside, as the gravity of the pandemic shifted perspectives and compelled us to focus on what is genuinely important; to paraphrase Gabriel Garcia Marquez, a moment of reconciliation can be worth more than a lifetime of friendship.

We have some members of our care experienced community who are key workers in care and health services. They have proudly gone out to work every day, contributing to the national effort to ensure those most vulnerable to the virus are safe and cared for – our very own heroes. We have witnessed our young parents get creative with their bairns, letting them paint on walls, with washable paint obviously. Baking skills are on point and they have developed an acrobatic flair on their trampolines.

Moving online

On discovering video conferencing, along with the rest of the world, we began to plan which would suit our community best. We organised online activities and meetings using video conferencing only to discover some members wanted to participate but did not have the devices needed; some who did join had to leave because of data limitations on their devices. As Roesch-Marsh (2020) identified through recent research with young people being able to connect with friends, partners and family virtually was essential to wellbeing. Digital exclusion wasn't something we'd considered before but quickly became an urgent issue when we struggled to make contact and maintain connections with some of our young adults living alone. We needed to address this. We secured some grant funding through Foundation Scotland and the Corra Foundation resilience funds that allowed us to contribute to phone top-ups and devices for our care experienced community members.

The more connected we are, the more connected we become; the opposite is also true, and disconnection often leads to isolation and exclusion. When we

were working to distribute resources to support digital connectivity and access ICT infrastructure, we discovered the least connected of young adults often didn't have access to basic services such as bank accounts or were so overdrawn they would never receive any funds paid to them. We were peeling back the layers of disadvantage, ever decreasing opportunities as the access to basic services necessary for the management of our day to day affairs were not open to them.

As noted by McGhee and Roesch-Marsh (2020), the COVID-19 pandemic has accentuated the disadvantages that many care experienced adults and young people endure. Moreover, digital exclusion compounds existing disadvantages in relation to access to, and engagement in, employment, education, and support services. Most potently for us, the circumstances of the pandemic threatened to undermine the relationships and informal support networks that have developed within our community that alleviate loneliness and isolation, increasing the threat these can have on wellbeing.

Access to digital hardware and connectivity must be considered a necessity for wellbeing, as a basic utility in the same way electricity and water are, and a fundamental right for young people moving on from care. While we found other ways of supporting our community members to digitally connect, the difficulties navigated emphasised the need to ensure, when entering the 'adult world', young people are equipped with the resources, skills and confidence required to access the societal infrastructure necessary to be included as active citizens.

We are continuing to adapt and develop the way we support, and maintain the relationships that are at the heart of the Why Not? Community, using technology. We've celebrated birthdays online and given one of our young adults a virtual send off as he moved to England to start a course at university. These are important rites of passage in the life of our diverse community, for young adults at peak vitality, that require ritual and celebration to embed memories and to edify the belief they matter and that we matter to one another. However well we do this, the virtual world is not the real world, there is no substitute for human contact and we know there are some people in our midst struggling, 'needing hugs' as one of our young adult's put it. Technology enables us to

communicate to some extent and it can act as life support for relationships. But, for these to develop and grow we need to be in proximity where presence lights up the spaces between us and we cross the border of self and into the worlds of one another, where interdependencies form and community is created.

As the circumstances brought about by the pandemic have worn on, we will continue to proceed with caution, working to ensure physical distance does not lead to social and emotional isolation. We will indeed be glad to see the back of the challenges COVID-19 has wrought, through the experiences of the last few months we have a renewed appreciation of the value of relationships. What we previously thought of as normal will be good enough and we are determined to *build back better-* progressing the principles of our #RightToRelationships Charter.

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About the authors

Danny has worked with Care Visions since April 2002, and in a residential environment with children and young people since 1994, in various roles. He is interested how relationships in residential care can be a pre-cursor for healing and growth and how we might better enable these.

Nicki is the Manager of Why Not? Connections and Community which sits within The Why Not? Trust for Care Experienced Young People. Nicki also has continued relationships (Connector) with young people she cared for during her time as a Residential Child Care Worker. At time of writing Nicki was the Manager of Why Not? Connections and Community and is now a Residential Child Care Manager with Care Visions. She continues to be an active community member with the Why Not? Trust and is engaged in continuing relationships with several young people, some of whom she cared for in her previous role as a residential child care worker.

Fear, Uncertainty, and Relational Care in the Face of COVID-19

James Freeman

With discussion questions by Kelsie Tatum Martinez

Abstract

This article was first published in the April 2020 issue of CYC-Online and is republished by the SJRCC and CELCIS by permission of the authors and the publishers of CYC-Online. The COVID-19 pandemic is testing our resilience and our ways of living and being together. Being open about the fear this situation has caused is the first step in sorting out how to handle what is happening to us. Those caring for others have a role in holding their fear. This doesn't mean denying the threat is real, but means being honest, sensitive, and transparent with ourselves and others. In this challenging time, children in care need more of us than perhaps we think it is possible to give. They don't need us to panic or give in to our own sense of overwhelm. They need us to show love and be a source of strength.

Keywords

COVID-19, residential child care, relational care, California

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> This world keeps spinning faster
>
> Into a new disaster
>
> So I run to you
>
> (Lady Antebellum, 2009)

Over the past several months we have all been affected by the fear and reality of a dangerous virus spreading around the world. In many ways it's an invisible and seemingly uncontrollable threat which has altered our daily routines, plans, and lives. It's testing our resilience and changing our ways of living and being together. It's affecting us and those we care for and seems in many ways not to discriminate who it impacts.

As the crisis began to spread, I received updates from friends and colleagues across the United States, Canada, Bulgaria, Austria, Serbia, Kenya, and South Africa - all describing similar reactions and some governments declaring national emergencies. People and organizations began taking preventive and protective measures. The World Health Organization soon declared a pandemic and a "public health emergency of international concern" (WHO, 2020). Where I live in California (the most populous state in the US), the governor instituted self-quarantine and 'stay safe at home' orders and announced that most schools will likely remain closed for the rest of the school year. Those 90 days of school closure reached across the summer break and then into the following school year.

What we Know from the Early Rise of COVID-19

The entire globe is under the threat of an infectious disease that originated in Wuhan, China and has since spread across the six regions the World Health Organizations uses to monitor and analyze the population of our planet. Symptoms of the coronavirus disease 2019 (COVID-19) include fever, dry cough, and shortness of breath. The majority of cases result in mild symptoms but it can progress into a respiratory infection or acute respiratory distress (Heymann, Shindo, et. al., 2020). There is no vaccine or treatment for the

disease, although there are substantial efforts being put into creating and (when ready) distributing a vaccine.

We know that those who are older or have chronic conditions such as heart or lung disease, diabetes, or asthma seem to be at higher risk (Centers for Disease Control and Prevention, 2020). There is also growing evidence that children, while they can still carry and transmit the disease, may be more resilient to the virus (Xu, Li, Zhu, et. al., 2020).

We also know that the best way to protect ourselves and others is to clean hands often with soap and water, avoid touching the face, avoid close contact, and to regularly disinfect frequently touched surfaces (e.g., door latches, phones, keyboards, faucets, light switches). Most countries are continuing to intentionally limiting physical proximity of individuals and groups in order to slow the spread of the disease so that healthcare systems are not overwhelmed and that as many lives are saved as possible. The effectiveness of these measures depends in large part on the cooperation of individuals with the suggested protocols (see www.flattenthecurve.com). Some governments and localities have proven to be better prepared and equipped than others.

A Thought about Language

The terms 'social distancing' and 'self-quarantine' are now a part of our shared global vocabulary. It's clear the world needs distancing efforts from all of us to slow this current infectious disease and prevent future spikes in its spread. Maintaining distance is critical and saves lives. But let's not call it 'social' distancing. When I need room socially, I turn off the phone, disconnect from media, and tell people I'm not available. Let's call it what it is - physical distancing or simply distancing. Language is subtle yet can move us toward isolation or connection.

When Fear Rises

This certainly isn't the first time the world has had reason to fear. The fear of nuclear war is the closest I can relate it to my own childhood experience in the 1970s and 80s. The 1918 influenzas, SARS outbreak, and anthrax scares are in

our textbooks and social memories. Yet it's rare that the entire planet faces such danger at the same time together. (Perhaps the closest related current threat is the environmental crisis which many ignore or deny in spite of the science.) Being open about the fear this situation has caused is an important step in sorting out how to handle what is happening to us.

Recently I have talked with adults to have removed rope from around the neck of a child, talked a teen off the edge of a bridge, and worried sick as a teen runs away. Kids whose short lives have already been disrupted are scared of the unknown. Adults who care for them are scared for their wellbeing, their families, and their jobs. We see people in public arguing about the use of masks and common courtesies. We watch and hear politicians rationalize their inaction and blame one another. Anxiety is higher for everyone which is not helpful when trying to nurture calm and regulate emotions. Yet maintaining connection with one another is the most powerful thing we can do in the midst of these dangerous moments.

Fear has a purpose – it alerts us to danger, informs and causes a pause and focus of attention. Operating out of fear, however, is not a place we want to live in or stay in. It affects our body and keeps us in a reactive state. Our state of mind plays an integral role in how we approach our day and all of the decisions we make in the course of it unfolding. It impacts our own self-regulation and control as well as our social engagement (Porges, 2011).

In the early days of COVID-19 (and even still) there was a lot of confusion and misunderstanding being spread which contributed to uncertainty and fearful responses. Some overreacted and hoarded food and supplies that others needed, while others ignored public health directives designed to help with the spread of the disease. One phrase still repeatedly used related to the virus is the words "out of an abundance of caution". We do need attention and carefulness in our response. But we certainly don't need it in excess.

> Either something is necessary, and should be done, or is
> unnecessary and shouldn't be done. One justification for acting
> out of an abundance of caution is calming public fears. But do
> these actions actually calm public fears, or do they make a threat

seem bigger than it really is? A better approach is to be transparent about what we know about risks, what science says we should do to minimize those risks, and maybe most importantly, be clear about what we don't know. A transparent approach to communicating risk has been shown again and again to be more effective than trying to obfuscate the facts and make one sweeping decision "out of an abundance of caution." (Sell & Boddie, 2015)

When we live in and act out of fear it is difficult (if not impossible) to make a good assessment of our situation and decisions about what we need to do. It doesn't mean we avoid or eliminate fear, but it does mean we put effort into balancing it and not being overcome by it. Overexposure to news and media, especially, can spread anxiety which limits sound decision making.

Holding Fear

For those of us caring for others, both young and old, we have a role in holding fear for others. This means that we filter news and the impact of the virus as appropriate to age, development, and understanding while being transparent about the risk and danger. It means that we keep balance in our own mind by staying grounded and focused on what we can do rather than what it out of our control. Many of those we care for are shifting from living and interpreting life from past trauma and abuse which makes the world feel (and is for many) unstable and dangerous. Holding fear doesn't mean denying the threat is real. It means being honest, sensitive, and transparent with ourselves and others.

One example of holding the fear and anxiety is the way in which distancing is explained to young people. Imaging a group of kids who live in a temporary children's shelter (or even a few kids in a family home setting) being gathered in a huddle and told the following by an adult who is in charge of their care:

Listen up. This place is now on lockdown. We're going sterile. No one is allowed in and no one is allowed to go out. The whole world is scared and we don't want you to get sick and have to go to the hospital. People are dying. If you touch anything you could

> get infected, too. If you get bored sitting around that's tough.
> There's nothing we can do about it and you should be grateful
> that we're here to take care of you because we could be home
> with our own families.

Such a talk doesn't hold fear at all. It passes it along and, in fact, adds stress and fear when the kids are made to feel responsible for the position of the adult. It puts distance between the two individuals. When kids experience us as anxious it increases their own stress. I would like to say this sort of talk doesn't happen but I hear and see things similar to it all too often.

Now, imagine the same group of kids being asked to huddle up and the adult says the following:

> Hey everyone. Thanks for sitting down to talk for a minute.
> We've all heard bits about the scare that's going around right
> now. It's a big deal and something for us all to take really
> seriously. In fact, we want you to know that we care about you
> enough to protect you from who comes in and out of this house.
> We've put some measures in place and have plans just in case
> any one of us gets sick. We're going to stick inside and close to
> the house – mostly to avoid being in groups of people for a while.
> Together we'll find some fun things to do and stay safe. Some of
> the adults around here have been preparing a long time to
> protect us when something just like this happens.

What do you notice is different in this second example? For starters, the speaker emphasizes it as a shared experience rather than a talking to or at the kids. It's transparent and honest while delivered with a context of safety and hopefulness that we will get through it together. The first approach increases stress and anxiety. The second approach deals with the threat honestly and also attempts to mitigate undue fear.

Of course, there are numerous details (especially when working within secure out-of-home environments) that need to be attended to and we don't intend to minimize the complexity of such a situation. Within the first few months of the

spread of the virus I had so many discussions related to short- and long-term contingency planning that left the best and most experienced of us with so many unknowns. In this context it is crucial that we remember our language, tone, and approach makes a difference in how others respond to our message.

For many the threat to daily living is real, especially for kids dependent on meals from school and those who work in the travel, entertainment, and service industries which are extremely hard hit by this crisis. Contingency planning and mid-course corrections certainly remain on the forefront for parents and families as well as care supervisors and managers – and may continue for some time.

We've Got This

Those who spend their time in the field of caring for others (e.g., Social Pedagogues, Child and Youth Care practitioners, parents/foster parents, nurses, public health workers, elder caregivers) know they are most needed in times like the present. It's an aspect of our work and life that brings meaning and purpose to what we do – in spite of the inherent challenges, risks, and hardships the work brings. We know from experience that holidays don't always mean a day off, that working schedules force us to shape a different lifestyle than many of our family and friends, and that the experiences of caring for people with troubling pasts tend to lead to an understanding of the world and the human condition that the average person is not aware of. In a way it's both a burden and a gift to care for others in such a way.

What the world needs right now is a lot of what we're already good at. It's in our ethics, our competencies, our skills, and our ways of caring. It's in who we are and how we go about our days. Think of some of the things that good caring (and good care givers) have always included:

- Showing up where we're needed when everyone else is gone

- Modeling and promoting good health and hygiene practices

- Handling ambiguity and changing circumstances with flexibility and grace

- Anticipating and meeting basic needs even when expressed in ways difficult to understand

- Planning and preparing for emergencies and contingencies in the course of daily events

- Protecting others from undue anxiety caused by news and media

- Creative approaches to education and learning beyond traditional models

- Caring for ourselves first so we can show up at our best for others

In our role as caregivers it's no new task to care for those with particular health risks and needs (e.g., complex health issues, compromised immune systems), to supervise kids who need intensive support for daily living and co-regulation (e.g., increased supervision needs, support and safety for suicidal or other dangerous behaviors), and to advocate for equity and needs of those whose voice is too often overlooked.

In this challenging time, they need more of us than perhaps we think it is possible to give. They don't need us to panic or give in to our own sense of overwhelm. They need us to show love and be a source of strength:

> This is one of, if not the most, challenging, worrisome, disruptive time any of us have ever faced. The ongoing support, encouragement, and love we display towards each other can serve as a vital component of our battle against a virus that shows no preference in terms of where it will attack and who will be its next victim. It is so important at this time to be a charismatic adult, a source of strength for others - and also to ensure that we take care of ourselves as well. (Brooks, 2020)

This is especially true as the effects of COVID-19 are still upon us near the end of 2020. The kids and families we serve and our colleagues are depending on us to be there for them. Let's live out our commitment to showing up and caring now more than we have ever before.

Hope for our Future

We're thankful for the public health specialists, doctors, scientists, and bioengineers that are working on a solutions for the long-term health of our communities. This global event will challenge and strengthen us. We have hope

that we will get to the other side. As we move toward that day let's continue to be intentional in our living, show love and generosity, and stay committed to the course of relational caring. It is in this place where each one of us can be a source of strength and hope for others who are counting on us.

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Questions for reflection and discussion

Dr Kelsie Tatum Martinez

1. Describe the way(s) that the increased stress related to the COVID-19 pandemic is activating past hurts and traumas among our kids.

2. 'Holding space' means being with someone in a supportive manner without judging, fixing, or adding to their burden. What, for you, are the most challenging parts of holding space for others to feel fear and uncertainty during this time? When you are feeling afraid and uncertain, who holds that space for you or how do you hold that space for yourself?

3. What personal or professional value(s) and ethic(s) are driving your willingness to show up (physically or emotionally) for our kids and our team during this stressful time?

4. Reflect for a moment on the language you've used or heard others use to describe the situation at hand. What messages have been helpful? And what adjustments would you make to help the language feel meaningful and supportive to you or to our kids? Practice speaking these messages out loud to one another, so you feel ready to have the same conversations with our kids.

About the authors

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Republished with permission of the authors. Freeman, J. & Tatum Martinez, K. (2020). Fear, uncertainty, and relational care in the face of COVID-19. *CYC-Online*, *254*, 45-54.

COVID-19: Survey of residential services in Ireland during the restrictions

John Murphy

Abstract

Resulting from the outbreak of COVID-19 and the subsequent lockdown, EPIC (Empowering People in Care) decided to contact all young people's residential centres in Ireland. Often the young people that live in residential homes are the forgotten children in care, so it was important to reach out to ensure that their issues were being heard. The survey concentrated on the needs of the young people, issues affecting staff, how work practices had changed and what extra supports were needed. The responses were positive on many levels and certainly the voices of the young people and the staff were heard.

Keywords

COVID-19, residential care, Ireland, EPIC, voice of the child, staff supports

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Introduction

At the start of April 2020, during the lockdown due to COVID-19, EPIC decided that we would endeavour to contact all residential centres in Ireland. The ideas behind this were varied but essentially we were seeking to hear from managers about the current situation for their staff and young people living in their care. The survey was carried out through initial phone calls with the managers of the homes and then e-mailing them the questionnaire to complete in their own time.

Our aims for the survey were to:

5. Reach out to as many staff and young people as possible to let them know that they were in our thoughts and to offer any immediate support that they made need.

6. Hear what difficulties the young people may be experiencing under new conditions.

7. Determine what issues were presenting for staff and management.

8. Ascertain if work practices had changed within the home and what if any new initiatives were brought forward.

9. Establish if extra supports were required for the unit.

10. Capture a moment in time of when everyone was trying to cope with a pandemic.

In Ireland, residential care is organised into three different governed categories. Firstly, there are the statutory run centres, governed by Tusla (The Child and Family Agency). Secondly, and with the most numbers, are the privately run homes. Finally, making up the smallest cohort, are the voluntary run centres.

Our survey was sent to 38 statutorily run homes, 107 private residential centres and 29 voluntary run homes, totalling 174 residential centres.

Limitations of the survey

Due to this being just a snapshot in time, it is important that the survey was conducted and the information collated quickly. This is necessary so as not to miss the information that is very current and hopefully for a short period of time.

At the time of writing the report we had received 28% of the 174 centres that were contacted.

A major limitation is that due to ethical and legal constrains it was not possible to talk directly with the children and young people in the homes. This would have been the ideal scenario. According to Tusla figures, at the end of 2019 there were 409 children[8] in residential care in the State.

In keeping with the idea of the survey being a glimpse of residential care during the start of the COVID-19 pandemic, the questions were kept short and focussed. The five main questions were focussed on the young people and staff in the homes. The question relating to the young people was broken into six sub-questions but remained focused on their experiences and how they were coping with lock-down and new restrictive guidelines.

The next question was staff related and asked about the difficulties that they may be experiencing. The focus on this question was to help raise the possible issue of staffing and of the change in shift patterns.

The survey then focussed on how work practices had to change and what new initiatives had been introduced. This question was intended to elicit the positives and inventiveness that we had heard anecdotally and to have them recorded. Also, when we heard of good practices we hoped to share these with other homes.

The penultimate question was to ask if extra supports were needed. The reasoning behind this was two-fold. Firstly, if it were a local issue and EPIC could in some way help or to attempt to obtain more resources, we would. Secondly, if issues were presenting themselves across a range of homes and counties we could advocate on a national basis for a resolution.

The last question was left open, inviting any other comments or suggestions.

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[8]
https://www.tusla.ie/uploads/content/Q4_2019_Service_Performance_and_Activity_Report_V2.pdf
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Findings

Two main issues stood out when asking about the difficulties were experiencing under the lock-down of COVID-19.

Family access

First, and very understandably, was the lack of access and contact with families. Although centres were doing their best to ensure that young people were able to use social media apps and other forms of technology, it was noted that the parents of the young people may not have access to this form of technology. This issue of digital poverty led to feelings of loss for the young people involved.

Education

The second major issue was around education and schooling. This took many forms. Both young people and staff missed the structures and routine of the school day. This was especially pronounced in the first few weeks. Associated with this, some young people did not want to engage in their schoolwork when they were not in the physical environs of their school. There were difficulties then for staff to motivate the young people to participate in their schoolwork during the day. Staff also said that they felt very pressured in this regard and with the curriculum. Staff mentioned that they were care staff and not qualified to teach the young people in their homes.

One example given, which was concerning, was a young person whose placement in school had been deferred until September meaning that they were receiving no schooling or tuition at all. But on a more positive note, one home stated that their young people were far more relaxed about their schoolwork and were getting more work done. The young people were out of the stressful school environment and thriving.

The survey attempted to get a sense of the day-to-day lives of the young people. The responses in some areas were minimal, showing that they were not major issues at the time. However, due to the uniqueness of this period in time, it is important to have them recorded.

Daily Life

Social distancing

Most of the residential centres did not have major comments about the rules of social distancing, and when speaking with the managers briefly when introducing the survey, they said that it was strange for everyone at first, but most had adapted well quickly.

However, for the small number of homes that have very young children, i.e. under the age of 12, this was very difficult as children and staff missed the physical contact and hugs.

When I asked this question, I was thinking of within the house and how that was impacting on the young people and the relationship with the staff. However, one answer dealt with issues outside of the home. When the young people and staff members had been out for a walk, and social distancing, they were shouted at and verbally abused by some members of the public. Naturally, this left the young people scared and feeling like outsiders within their own community. Often the issue of young people feeling stigmatised by being in care is raised by them, and incidents like that only exacerbate them.

In another example, one home worryingly said that their young people were completely ignoring the rules of social distancing and meeting with their friends and getting on with their own social lives as if nothing had changed. The staff felt very disrespected because of this behaviour and this led to more tension within the house.

Strained relationships with other residents (cabin fever)

Generally, the comments around this issue were positive. In fact, it was stated on many of the questionnaires that relationships between the young people living together had improved. The belief was that the young people realised that they were all in this together and were relying on each other for support. A minority of homes, in single figures, stated that relationships had become fractious, but that everyone was working hard to improve the situation.

Strained relationships with staff

Once again, the results were very positive with little if any negativity. Generally, managers spoke of a stronger bond developing between young people and their staff. This was explained as the young people understood the difficulties that the staff were encountering with schedules and travel restrictions.

Other

The last section relating to the young people was left open to broaden the scope and to elicit any information that may not have been garnered in the previous questions.

The issue that arose most often was understandably the concern the young people had of their families contacting COVID-19. This led to increased anxiety among the young people and was further heightened by their inability to meet with them and converse normally.

One of the other major concerns noted was the loss of services, especially mental health facilities which were operated on a limited basis without physical meetings.

Staff issues

The next question that was posed was in relation to the difficulties that staff were encountering.

The most common response was the fear that staff had of bringing COVID-19 into the residential centre. The implications for the home and all living and working there was of great stress to all staff. Thankfully, as this article was being written at the end of June 2020, no issues of COVID-19 in young people's residential centres in Ireland had been reported.

The other main issue regarding staff was the fear of burnout. Shifts had been increased to lessen the footfall in the homes and when staff were finished their work, they had no outlets for tiredness and stress, other than to return home. The constant work-home-work scenario was of concern to both staff and management.

Changed in work practices

The reasoning behind this question was to stimulate discussion and consideration of creative practices that were introduced to help the young people and staff during lock-down.

Two types of answers were reported. Firstly, all units spoke about their new hygiene regimes and guidelines for work. The second type referred to the new equipment and supplies that had been bought for the houses. Gym equipment was very popular, as was the purchase of Netflix and Disney channels. Some homes were very creative and introduced their own sports event, talent contests and bingo nights. The increase in baking and cooking was very much part of making the day more enjoyable for all in the house.

Extra supports

The main issue that was reported was the difficulty in obtaining PPE, and the quality of this. At the start of the lockdown this was the predominant concern for all homes. Another issue raised was about extra supports regarding the mental health of the young people and the staff.

Other comments/suggestions

The significant issue of digital poverty and how this has impacted on young people having contact with their parents was raised here. Children in care may not have access to their smart phone or tables and in many cases their parents certainly did not. This left families unable to see each other for long periods of time which intensified the feelings of loss and increased stress levels. On a lighter note, there were calls for a nationwide event for all young people and staff to come together

Conclusion

The purpose of this survey was to check-in with all children's residential centres in Ireland to see if EPIC could offer any support. The response was very positive and even if homes did not return completed surveys they were happy to have been thought of and to have been offered assistance. Generally, all residential centres responding to the survey were coping well despite the uniqueness of the

situation. The continuation of supports and information to the centres must be maintained to ensure that as life changes and progresses the young people can fully reach their potential.

The young people, staff and management need to be commended for their great efforts during this time.

*The full report, Empowering People in Care: The Impact of Covid-19 on Children's Residential Care, can be accessed at: https://www.epiconline.ie/wp-content/uploads/2020/05/EPIC-Empowering-People-In-Care-The-Impact-of-Covid-19-on-Childrens-Residential-Care.pdf

About the author

John Murphy left University College Cork in 1999 with a social science degree to pursue work in a residential home for teenagers in Cork for three years. He then worked with Barnardos as an information counsellor for the Origins services for nine years. This provided a trace and reunion service for those who had been in the Industrial and Reformatory School system in Ireland.

John has worked with EPIC since September 2012 as an advocacy officer and over the last two years combined this work with research. During this time John completed a law degree in UCC and followed this up with an LLM (Child and Family Law) where he did his dissertation on young people in special care.

Supporting the emotional wellbeing of adults in child care settings during the COVID-19 pandemic

Shona Quin and Pen Noel

Abstract

In order to provide an emotionally responsive environment for young people in care, we must turn our attention to the emotional wellbeing of the adults who look after them. The COVID-19 pandemic provides an opportunity to highlight the importance of the emotional wellbeing of caring adults. This includes introducing processes within the workplace that can be adopted to support the development of self-care, such as developing skills in self-awareness, emotional literacy and regulation, enabling adults to be emotionally present and responsive to the needs of young people. This article reflects on the introduction of supervision, reflective practice and consultation within Aberlour Sycamore Services in Scotland, summarising a recent evaluation of these structures.

Keywords

COVID-19, self-care, self-awareness, emotional literacy, supervision, consultation, reflective practice

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Introduction

Coronavirus has challenged the way in which we all work. Our role as therapists is likely to have changed considerably as we explore different ways to communicate with children and adults who are faced with pre-existing psychological challenges or trauma, alongside the very real threat of a pandemic. We are dealing with an unprecedented situation that will be affecting us all in very different ways. Not only does the virus create huge anxieties within the population as a whole but the impact of the restrictive measures imposed to cope with our current situation will be catastrophic for some.

In a recent position paper in *Lancet* Psychiatry (Hughes et al 2020), it is highlighted that increased social isolation and loneliness as a result of lockdown procedures, is strongly associated with anxiety, self-harm and depression (Elovainio, et al 2017). In addition 'the socio economic effect of the policies used to manage the pandemic … will inevitably have serious effects on mental health … [as a result of] … increasing unemployment, financial insecurity, and poverty' (Barr et al 2012). This has been the lived clinical experience of the second author whose service experienced an increase in unscheduled care much of which was assessed to be in response to COVID-19 related situational stress such as significant change in routines, reduced emotional support from friends, family circumstances and perceived educational pressures.

The psychological impact of the last few months will be apparent long after lockdown and the need to respond to the emotional wellbeing of the country will be paramount. As clinicians working to support those who care for our most vulnerable young people, we truly believe that in order to meet the emotional needs of our young people, we have to equip our adults with the ability to understand their own emotional needs. Only then can adults effectively model self-awareness, emotional literacy, and regulation, in order to offer the co-regulation required by the young people in their care.

We all carry experiences that have shaped us into the adults we are today; some of these have been positive and some of these experiences have been negative. Our own personal experiences of adversity often remain buried deep within our subconscious following years of believing that to 'open cans of worms' would be

detrimental to our wellbeing, or that, as adults, we must 'just get on with it'. Rather than enabling us to get on with our lives, these hidden experiences often hinder our capacity to offer helpful responses when others experience distress and as such, can negatively impact upon our ability to be effective responsive carers and educators. Without looking more deeply into this and our conditioning, we cannot break free from what amounts to be unskilful, inherited behavioural responses.

Adults are excellent at repressing their own personal experiences and the emotional responses to these experiences, often resulting in poor mental and physical health (Patel and Patel, 2019). In the first author's (SQ) experience, at times of increased stress these repressed emotions can leak out and impact upon an adult's ability to respond in a safe and emotionally contained way.

Unfortunately, we are all too aware that there is considerable stigma associated with emotional ill-health and this has a huge impact upon adults seeking support, despite there being many effective treatments available (Corrigan, Druss and Perlick, 2014). In addition to this, emotional literacy and emotional health is inconsistently taught within schools adding further to a skills gap in our understanding of emotions as a normal human experience and our ability to talk about and share our feelings.

The threat of COVID-19 has reached us all. Since lockdown, much of our time has been spent supporting adults with understandably high levels of anxiety on the frontline within care settings. A recent paper in *PracticeUpdate* (Cooch, 2020), recognises the impact COVID-19 is having upon frontline health care workers' mental health due to unexpected stressors such as anxiety associated with risk of infection, a sense of helplessness and a lack of social support due to social isolation. The author's experience of supporting keyworkers, such as care staff and teachers who have continued to work throughout the pandemic, has highlighted that they too share similar anxieties.

For some adults in child-care, anxieties are associated with pre-existing unresolved anxieties that have been triggered by the onset of the pandemic. This experience brings into sharp focus the importance of offering time and space to adults to support them to express and contain their anxiety within

child-care settings, to enable adults to be emotionally available to contain the anxieties of the children in their care.

The majority of us will experience strong emotional responses to the current situation we are in and, as these are common human experiences at this time, we believe we have an opportunity to dispel the myth that intense emotional experiences and feeling vulnerable only happens to others. If we can talk about our emotional experiences and speak openly, we have an opportunity to support each other and reduce the stigma associated with emotional vulnerability. We can prioritise our own emotional wellbeing to enable us then to be available to the meet the emotional needs of others.

Within residential child care there is an increasing recognition that the emotional wellbeing of the adults working within the sector is paramount in order to provide environments in which young people can heal from traumatic experiences. Acknowledging that adults require opportunities to develop their self-awareness, practice emotional literacy skills and learn to respond to their own need for emotional containment and regulation, creates a workforce that can then model these skills and abilities and offer the emotional co-regulation that all young people require.

Aberlour Sycamore Services is a residential provider offering care for children and young people in Fife and the Highlands of Scotland. In 2018, the organisation went through a major re-structuring process. As part of this process, the first author was asked to become involved in discussions about how they might continue to meet the emotional needs of the young people in their care. Aberlour Sycamore Services are committed to developing an emotionally responsive system and have been willing to commit to the emotional wellbeing of their adults as a means to facilitate this. Alongside an accessible and compassionate senior leadership team, both authors offer reflective supervision to managers alongside monthly consultation and group reflective practice with teams across Fife and the Highlands. In addition, the first author has been involved in offering responsive de-briefs following significant incidents and is available to offer two individual supportive sessions and signposting for adults who may require this.

Reflective supervision offers managers the time individually to reflect on their own practice, building their self-awareness and creating a safe space to share successes and challenges. Team reflective practice and consultation is offered monthly to each team as a group and provides an opportunity to initially reflect on atmosphere, and individual experiences within the team, followed by a more focused discussion on young people and practice.

Given the recent restrictions imposed, all supportive structures have been delivered remotely enabling these structures to remain in place at a time when people feel at their most vulnerable. This has allowed ongoing monitoring of the emotional wellbeing, and atmosphere, within teams as the adults work longer hours to limit the risk of contamination.

It is vitally important that adults recognise their role in providing the emotional support and containment their young people need. All too often, our young people in care are expected to engage with an unknown adult in a clinic setting, further reinforcing that they are different and that their emotional needs are in some way abnormal. Enabling caring adults to develop their own emotional awareness, literacy and regulation allows them to model these skills within the safety of the home environment, encouraging development of these skills in a natural setting.

It was important to evaluate whether the interventions currently available to the teams was enabling adults to provide an environment that promotes emotional wellbeing and what additional supportive structures would be helpful. As such a questionnaire was developed by the primary author to allow teams to comment anonymously on the support they have received. Below is snapshot of comments and ideas for future development.

In response to the question: 'Do you believe your emotional needs are acknowledged and understood at work', managers responded:

> We are allowed to be human and have …. feelings without being judged.

Senior management are always at the other end of the phone.

Conversations (with senior management) are open and thoughtful and ensure balance is met between head and heart.

Having different outlets to explore my personal needs…supports me to make sense of my emotions.

Care staff were asked whether the support offered enabled adults to respond more compassionately to the children in their care.

[The support network] enables me to meet the needs of the young people I work with and gives them the best of me as I am not holding my feelings and allows me to be present for them.

…through the support I receive from my manager I can be that support for the adults so that they can be there for the children.

When asked specifically to comment on reflective supervision, managers commented:

I feel this gives me a space to explore situations in the house, my feelings, my responses, my practice and enables me to join the dots and explore different perspectives which allows for me to stay balanced in my approach.

Reflective supervision not only helps me respond to the children's needs but also the adult's needs which allows them to support the children.

I find the support to be beneficial. I guess it has supported me to really acknowledge my own needs, which has supported me to be self-aware in the approaches I use when supporting others.

Managers and team members commented on consultation:

I think a very important message that has come from all of these consultations is the idea of being emotionally contained ourselves before we can help emotionally contain a child in our care.

I feel monthly consultations work really well. It allows us to stay focused on what needs to be achieved, creates opportunity for everyone to reflect together with the young person at the centre of decisions and is a shared space which allows everyone to express their views whilst also working collaboratively to meet the needs of the young person.

It is also a good space to recognise what the child is going through, separating the behaviour from the child.

I observe the team to be more energised after these consultations to do the best they can for our children.

I find them refreshing, especially if it has been challenging in the house, you can really open up your thinking and challenge practice.

…these sessions not only help strengthen the tools we have to work with our children directly but also delve into and support how we feel as carers.

…we had a consultation and we were supported in using the same response and this worked so well.

I feel this gives a fresh perspective and is beneficial in helping support adults that further supports the young people.

…and on group reflective practice

…this enables me to be more self-aware and creates a space for me to think more deeply about the decisions I made and the

reason why I have made them as well as thinking if I would do anything differently next time.

.I feel this is beneficial for the team to open up and reflect, away from supervision.

.I believe this has created space in the team for open, honest conversations.

…the team reflective practice is very beneficial… I feel going through what happened and getting time to discuss if there was way to prevent these unsettled occasions… is helpful.

I think constant reflection is so important in our role and sometimes getting it wrong and learning from it makes better informed decisions in the future.

Additional supports care staff said were available within the service:

regular check-ins with senior managers

action-learning sets in managers meetings

development days

external counselling service

managerial supervision

end of the day wind down informal de-briefing / chats

my managers door is always open

support from colleagues and shift partners

team meetings

What additional support would be beneficial?

> I think all adults within the organisation would benefit from clinical supervision.

> I think it is more beneficial when…reflective practice… is held without managers depending on what has gone on. It gives adults their own space to speak about how they are feeling.

> To develop… consultations… further I think we maybe could have more frequent sessions and dialogue, particularly if a young person is struggling or more timely feedback to strategies that may not be successful.

> …smaller reflective meeting may be useful too, related to incidents.

Based upon the comments received, it appears that care staff value the opportunity to reflect on themselves and their practice alongside the accessibility of an emotionally responsive senior management team. Additionally, the emotional availability of colleagues and the ability to regularly reflect on practice at the end of a shift creates an opportunity for staff to share their thoughts and feelings, giving them permission to be vulnerable, for them to acknowledge successes and areas for improvement without feeling judged or criticised. This in turn builds trusted relationships between adults who will then be more available to respond compassionately towards each other during times of stress. Compassionate adults become compassionate carers.

The methods adopted at Aberlour Sycamore Services have been well received and provide suggestions about how services can provide forums for adults to express themselves freely without judgement, acknowledging their emotional vulnerabilities and recognising the impact these can have upon their own wellbeing and their availability to others. By looking after each other, we will be both, physically and emotionally healthy, present adults, and will be better equipped to meet the emotional needs of the young people in our care.

We hope we can take the opportunity before us to develop environments that encourage adults to talk about their feelings and acknowledge the emotional vulnerabilities that have been revealed or exacerbated as a result of coronavirus. May it offer opportunities within childcare settings, and ideally beyond this sector, to help adults to share, reflect and support each other to move through this current challenge, encouraging increased self-awareness in adults to be a part of the new normal.

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About the authors

Shona Quin is a clinical psychologist working independently across residential care environments in Scotland. Between 2001 and 2015 she worked within child and adolescent mental health services in England and Scotland while developing her interest and practice in residential child care. She now works independently with six care organisations across Scotland, offering training, consultation and supervision. Shona is particularly interested in how we support and empower care teams to recognise their role in providing therapeutically informed, responsive care environments, building their understanding of the challenges our young people face while also equipping them with strategies to be emotionally present and respond to the needs of the young people in their care.

Pen Noel works with Shona at Psychology Space, offering reflective supervision and consultation to managers and staff teams in Aberlour Sycamore Services in the Scottish Highlands. She is a clinical psychologist with over 10 years' experience working within child and adolescent mental health services (CAMHS) with a particular interest in neurodevelopmental and intensive therapy services. Pen is interested in supporting carers to develop understanding of the broad range of neurodevelopmental presentations and to develop self-awareness and self-care in order to meet the complex needs of some of our most vulnerable and disadvantaged young people.

Problem posing during the COVID19 pandemic: Rethinking the use of residential childcare

Joe Gibb

Abstract

Starting a new residential childcare service can be a daunting task at the best of times and, it could be argued, even more daunting during the wake of a global pandemic. Located in North Ayrshire, Compass Child and Family Services is a small charity providing support to children and families. The charity's first children's house, named Taigh Araich (which translated from Gaelic to English means Nurture House), opened its doors to its first child during March 2020. The charity utilises the Social Pedagogy perspective within its philosophy of care and is beginning to connect the perspective to the Scottish context. In this article Joe Gibb, residential service manager at Taigh Araich, provides an overview of some of the learning that has taken place during the past five months. Joe concludes by arguing that social pedagogy and the GIRFEC (Getting It Right For Every Child) national practice model in Scotland, have an excellent fit in which a new residential childcare paradigm could emerge as society begins to make sense of the new normal that awaits its citizens.

Keywords

COVID-19, social pedagogy, GIRFEC, residential childcare paradigm, Scotland

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Introduction

During January 2020, our new children's house based in Dalry in North Ayrshire, Scotland, achieved its registration with the Care Inspectorate. Having previously worked as a manager in an established children's house for a local authority, setting up a new service from scratch was for me a new and, in some ways, daunting experience. To help me achieve this I relied upon the support of the charity's trustees who had significant experience in setting up services within their countries of origin. Although our charity is an independent entity, our trustees have senior managerial positions with Compass Child and Family Services (Ireland) & KJSH (Germany). Both organisations have successfully used the social pedagogy perspective as a way of helping shape practice when working alongside and supporting children and families.

With the support of our trustees we have embraced the idea of using the social pedagogy perspective. In devising our philosophy of care, I have fused the components of the Scottish GIRFEC National Practice Model[9] with the social pedagogy perspective. I have found that by using the resilience matrix, ecological assessment triangle and the SHANARRI wellbeing indicators[10] that the assessment and observation tools fit neatly with the main components found in social pedagogy (Context, Culture, Head, Heart, Hands, Ethics, Life-Space, Personal, Professional, Private and Rights or CCHELPR) that are at the forefront of helping to shape practice.

In the lead-up to our registration being granted we recruited a core group of carers, provided them with a robust recruitment and induction programme and by the time that our registration was granted we were ready to welcome the first child into our care.

Between the months of January and March 2020 our management team began contacting local authorities with the proviso of offering care and support to children aged between five and 10 years of age. Our decision to focus on providing a service to a specific age range of children was based on anecdotal information from the field that suggested foster placements were hard to come

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[9] See: https://www.gov.scot/policies/girfec/
[10] See: https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/

by and there was an increasing demand for suitable placements for younger children and sibling groups. Despite this information being mooted, uptake in using our service proved to be slow, and referrals came mostly via personal networks I have built up over the years. The referrals from outside my own networks were almost exclusively enquiring about placing older children on an emergency basis. Similarly, other referrals came from England, referrals that could be described as being crisis in nature whereby the child was older with more pronounced behaviours.

COVID-19, a crisis and an opportunity

On 11 March 2020, Scotland awoke to the news that the COVID-19 crisis was now deemed a pandemic. By 17 March 2020, our new service still had no referrals. As a team we were keen to stick to our initial plan of working with younger children. We had specifically recruited carers with experience in looking after younger children or with a desire to do so. As things were beginning to look bleaker, I received a phone call from a colleague from another third sector organisation asking if we had space to accept a five-year-old child into our care. I was able to say that we did have space and would be keen to speak with the local authority. The colleague passed on my details and within half an hour I was in contact with the child's social worker.

The social worker passed on all paperwork and was keen to place the child in our care. By 5pm on 17 March a plan was agreed that would see the child placed in our care. On 20 March, the child arrived with her social worker and respite foster carers. In her short life, the respite foster placement was the child's third placement move. It was agreed that the child would come and live with us.

It is now five months since the child was placed in our care. Due to the uncertainty surrounding the COVID-19 crisis, it was agreed at board level within our organisation that for the first three months we would not actively seek further admissions to our house. We were keen that the child had a period to adjust to their new surroundings and to allow time for the child and their carers to build relationships with each other. This provided everyone in the house with

a unique opportunity to provide what in all sense and purposes was as close to a family environment as possible.

Although there were a number of initial challenges, the approach we used with the child has resulted in a number of the behaviours that were prominent in kinship and foster placements virtually disappearing. The child is now sleeping throughout the night, has excellent daily routines, physical outbursts have stopped, and is now attending a specialist educational placement. Although the care the child has been receiving is closely aligned to what could be experienced in a well-resourced foster or kinship placement, I feel what has contributed to our success is the fact that the child has been cared for by a small team of carers who have worked a roster that comprises one 14-hour day and a sleepover and then one or two rest days. A changeover with the next team takes place the next morning at 10 am. This roster provides the child with enough predictability and time to be able to connect with a caring adult and at the same time gives the team of adults enough time away from the house to be able to rest and make sense of the various daily life events they experienced with the child. Our carers tell me that the use of the roster was a crucial component in making the child's stay a success. In addition, the induction and training that each carer received prior to coming into post has been followed up with regular formal supervision, team meetings, consultations with a range of specialists, and top-up training.

The power of residential childcare as an intervention is found during what Trieschman (1969) refers to as the other twenty-three hours, noting that children often receive an hour of therapy per day. I agree with Trieschman's assertion that 'the magic' takes place in what happens before and afterwards. In our house, daily life events are filled full of creativity and fun. To the untrained eye the approach looks spontaneous, however, our carers engage with the child in such a natural way that you would be mistaken for thinking that the interventions are unplanned, yet the day to day rituals and routines are capitalised upon and mapped within the child's care plan meaning that growth takes place in a planned process.

During the COVID-19 pandemic the skills and experiences of those living within the house have been used to great effect. Whilst more established ways of entertaining young children, such as going to the soft-play or organised group activities that rely on spending money haven't been available, carers have reverted back to more traditional ways of socially educating the young child; for example, the local countryside and beach have been used to great effect. The key components that have led to significant change are time and the power of the relationship. Carers have had less involvement from other professionals and as such autonomy manifested itself naturally. Carers were encouraged to look for strengths within the child's ecology to overcome any weaknesses, and positive risk taking was also encouraged provided the proposed activity could be justified. The sense of empowerment has been evidenced both during informal discussion with carers and more formally during the supervision process. These are areas of learning that we must capitalise upon as we move in the direction of what has been described as our new normal.

Banking concept

As an organisation, and within the wider team, we have been preparing each other and the child in our care for the eventuality that another child will come and live with us at some time soon. We see this as being a crucial component in supporting our child to develop socially and as such it would be our preference that the next child that comes to live with us is matched closely with the child who is currently living with us.

The possibility of such a process happening, however, appears unlikely, since the default position of using residential childcare on an unplanned basis will be more likely. Writing in the mid-20th Century Freire (1970), introduces us to the possibility that education is structurally oppressive due to the way in which we are conditioned to bank the information that is given to us. Essentially those in power provide those who are less powerful with information that they use to form opinions about issues that are important to them in their lives.

Although Freire was referring to a particular group of oppressed people living in the Brazilian rainforest, I argue that as a group of multi-agency professionals

working in the human services we are conditioned through the teachings that we are exposed to and as a consequence have accepted various pieces of information that have been thrust upon us by those in power to the extent that the information has affected our own professional internal working models about people, professional discourses and wider society. In respect of this it is the people, professionals and wider society are conditioned into thinking that residential childcare is toxic and of no value.

Problem posing by rethinking the use of residential childcare: A new paradigm

This period of our history has on the whole been a challenging one, however, for the five-year-old child in our care it has been a time characterised by nurture and predictability within a setting that is registered as a residential children's house. But the current structure of the house is a residential house in name only and is not what is normally identified as a residential childcare provision. A new normal, needs to consider residential childcare as a paradigm in its own right, a specialism taking the best elements from a Scottish context and using the social pedagogy perspective to help shape relational practice. The COVID-19 period can act as a catalyst for change. Our profession is worthy of more than the last resort strapline.

Freire highlights the notion of problem posing to encourage refection and action and as such I have one question for those responsible for commissioning services. This question is prompted by the success that our carers have had looking after the five-year-old child in our care. My question is: 'What variables are required before you would you consider using residential childcare services early in preparation for foster/kinship care or a return home?'

I can start by problem posing, however, to elicit change, collective action is required amongst the multi-agency professionals found within the human services. So far, I haven't witnessed any real momentum to change how residential childcare connects with other services. The Care Review commissioned by the Scottish Government recently published its findings,

including *The Promise*[11] and I think it will take political will and financial resources to make that 'promise' a reality.

In the meantime, what I can say is that social pedagogy and GIRFEC have an excellent fit in which a new residential childcare paradigm could emerge as society begins to make sense of the new normal that awaits its citizens. As we wait to see what direction COVID-19 takes us, our service in Dalry remains a resource to which local authorities across Scotland can refer children and young people. Preferably any proposals for children to come and live with us would involve a successful matching process and planned introduction to the house, however, to remain sustainable we are open to unplanned placements and this will remain so for as long as local authorities continue to use residential child care as a placement of last resort.

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About the author

Joe Gibb works as a Residential Service Manager for Children's Charity Compass Child & Family Services which is based in North Ayrshire. Joe has worked in residential child care for over sixteen years. Joe is a passionate advocate for using residential child care as an intervention rather than a placement of last resort.

Joe has three children and is married to Karen. In his spare time Joe enjoys going to the gym and watching Kilmarnock FC.

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[11] https://www.carereview.scot/conclusions/independent-care-review-reports/

COVID-19: Consequences for the child welfare system in Catalonia

Daniel Ortega

Abstract

How has confinement by COVID-19 affected the welfare system for children and adolescents? The aim of this article is to reflect on the consequences of the global pandemic on the child welfare system, analysing the main consequences on children, adolescents and educational teams. The context of analysis focuses on the author's experiences in the child welfare system in Catalonia (Spain) during the pandemic, through his work as a social educator and researcher. The purpose of this article resides, therefore, in the reflection and subsequent proposals with the aim of redefining the system and improving the care of supervised children and adolescents.

Keywords

COVID-19, childhood, residential care, child welfare system

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Introduction

How has the lockdown affected residential centres for children and youths in Catalonia? Several months after the COVID-19 global pandemic began, and after measures were adopted by the governments of the affected countries, we can start to highlight many of the consequences that this pandemic has generated in certain populations. These ramifications have not only been felt by the public health care system but also within the economy, the labour-market, social relationships and even the emotional wellbeing of many. Some children and youths may have also suffered from the effects of the lockdown, especially in the physiological, psychosocial, academic, and emotional areas. In the case of children and youths in residential care, these consequences may have been elevated due to the various emotional and psychological problems that they often experience due to their pre-care and care experiences.

The global pandemic has also highlighted the existence of social inequalities. Moreover, those inequalities are further increased in the cases of foster children and youths due to the uncertainty of the general lockdown and the social policies and regulations determined by the administrations in charge of ensuring the rights of these children and youths.

Consequences of the lockdown on the child protection system in Catalonia

In Catalonia, the autonomic government (Generalitat) through the public body responsible for children and youths in foster care (DGAIA) executed similar actions to those decreed by the Spanish government at the national level. It is worth stressing that according to the most recent data available by DGAIA (April, 2020)[12] the administration had applied some sort of protective measure to 8,747 children and youth, of whom 5,218 of them were placed in residential care.[13]

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[12]https://treballiaferssocials.gencat.cat/web/.content/03ambits_tematics/07infanciaiadolescencia/dades_sistema_proteccio/2020_04_informe_DGAIA.pdf

[13] The rate of children to whom the administration has applied some type of measure per 1000 represents 6.2%

The very first measure applied in these residential centres was the suppression of any kind of family permit. Each child or youth, according to the family records and the causes that drove to the loss of the parental authority, has a visitation permit established by the administration with their families (parents, grandparents, uncles and aunts, etc.). Those permits vary in each case since they can last from one hour to full weekends. For that reason, many young people can live from Monday to Friday in the residential centre and spend the whole weekend with their biological family.

Considering the gravity and the fast-spreading nature of the pandemic at the beginning of March, the first measures adopted by the government - among them the suppression of the family permits already mentioned - made sense. However, some months after the initial wave of the pandemic in Spain, there are still a lot of weaknesses regarding the accommodation of some measures in order to guarantee not only the children and youth's wellbeing and protection but also the educational and professional teams that look after them.

At this point, I would like to focus on some of the challenges for the child protection system in Catalonia during the crisis of COVID-19:

The first element I would like to highlight is the personal protective equipment scarcity. It took time for the government to send personal protective equipment for both professionals and children in residential care. That means that there were many centres with 12, 20, 30 or even 40 children and youths whose social educators may have been exposed on the front line without any protective measure.

What's more, the labour situation has worsened substantially. As a result of COVID-19, hundreds of workers had to take a forced leave of absence from work as they suffered from chronic illnesses and had a higher risk of being infected. One of the immediate consequences is that the workload has increased dramatically for those who were working, doing double shifts and with no breaks at all during their workday.

Moreover, it is necessary to emphasise the suppression of family permits. After five months, children and youths living in protection centres have not seen their families. The administration did not take into account any adjustment to ensure

this contact beyond the setting of video-calls through smartphones. Therefore, it is not difficult to imagine the consequences at psychological and emotional levels that this lockdown has generated in protected children and youth.

Another element to stress is all the cancelled activities aimed at children and youths in residential care. Among them, one which is of significant importance to manage the emotional consequences of being separated from the biological family has been the suppression of all psychosocial therapies. It is also important to mention the school setting since it has been seen as highly disorganised and also the disparity of criteria regarding the closure of the academic year. There have been teachers that demanded homework yet totally ignoring the reality of COVID-19 and others that could not adapt to the new circumstances with the result of children and youths losing all contact with their school mentors.

In addition, many of the residential centres accommodate hundreds of children and youths with functional diversity or pathologies that require specialised educational programmes. Their needs can be supported in the daily life of the protection centres but cannot be properly addressed from a psychosocial or academic perspective. All of this has helped to increment the invisibility of protected children and youths therefore generating a lack of specialised attention in other areas of the administration such as health care or education.

Towards a (necessary) review of the Catalan child protection system

Nevertheless, the hope, strength and love of the educational teams specialised in protecting children and youths has made it possible for them to adapt to this new situation and to new routines like many families did all over the world. All of this for a reason: the emotional containment of the consequences that COVID-19 is generating in children and youths in residential care.

This global pandemic has brought about an opportunity to review the protection system and its capacity to respond to the needs of children and youths in the context of a health emergency.

Firstly, it is necessary to have greater interdepartmental co-ordination in order to assist more than 5,000 children and youths living in the residential centres managed by the Catalan protection system. It is also necessary to emphasize on the term 'interdepartmental', and on the importance of having co-ordinated policies and services amongst the different administrative departments by virtue of the child's best interest. It is paramount in order to meet the children and youths' developmental needs (physical, educational, emotional and psychosocial, among others).

Furthermore, it is also required to bring up to date the support measures from an academic perspective. The educational teams besides managing the children and youths emotional and psychosocial needs must also assist their academic needs. In the context of COVID-19, social educators from residential centres must assume more responsibility on educational matters in order to compensate the fact that children and youths are not attending school. It's important to mention that most of those children present several academic difficulties that requires an intensive intervention and adequate and ongoing supports (human and technical) to maintain their academic adherence. Therefore, the administration should provide such supports in order to cover their specific academic needs. If not, it could put those children in a situation of academic disadvantage compared to those that are not in care.

At a psychosocial level, it is imperative to encourage a therapeutic follow-up, for both workers and children from residential centres, and the need for tools to cope with emotions beyond what can be offered in the daily life of the centres. Likewise, the historical moment in which we are living requires an effort from the educational teams to respond in an adequate way to the needs of protected children.

Lastly, regarding their contact with their family, it is urgent as society begins to reopen, to restart the visitation permits in accordance to the present sanitary measures. Suppressing familiar permits might be seen as a secondary victimisation; in order to solve this situation, the administration should be updating the protection measures so as to benefit the interest and emotional wellbeing of children and youth in residential care.

Nonetheless, the system has to be reviewed, we need to support new protective measures for children and youths within the vast list and measures in the legal system, such as family placement or the contention in the biological families, providing them professional, social and educational resources to prevent separating children from their families.

In summary, COVID-19 has generated many consequences including a noticeable increase in inequality but it has also brought interesting lessons for the social educators and professionals that were on the front line; from my perspective, many have shown great dedication in order to ensure the wellbeing of children and youths. Most children have shown a capacity of adaptation to this new normality despite the difficulties and emotional consequences. However, the administration, in their role as corporate parents, should be more involved and co-ordinate actions with other public departments in order to put the child's best interest as a priority, and especially within the context of a worldwide crisis.

About the author

Dr Daniel Ortega is a social educator and associate professor. He holds a master's degree in criminology and legal-criminal sociology, a master's degree in social and educational Interventions, and a PhD in education and society from the University of Barcelona. Daniel is a member of the research group on children and adolescents at social risk (IARS) by the Autonomous University of Barcelona. He combines his professional work as an educator in the children's welfare system and the system of juvenile justice, with teaching and research at the Autonomous University of Barcelona.

Young people in care: How lockdown provides a haven of security and belonging

Claire Cameron

Abstract

Amidst all the gloom and concerns about what effect the emergency lockdown measures associated with COVID-19 are having on children, there is a small group of young people finding positive benefits. Staff at one Scottish provider of residential services for children and young people who have complex needs, say young people are less distressed than before lockdown and many seem happier than they were before the measures were implemented. Daily life is less pressured. Staff are happier too. Lockdown is proving to be a catalyst for changes in line with the principles of Social Pedagogy which promotes the value of meaningful relationships that offer emotional and practical support.

Keywords

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Amidst all the gloom and concerns about what effect the lockdown is having on children, there is a small group of young people finding positive benefits.

Children in foster care were thriving under lockdown, the Association of Directors of Children's Services in England told the House of Commons education select committee. In residential care homes, where about 10 percent of young people looked after by local authorities live, the various restrictions within the four nations of the UK have created opportunities for them to take up new skills, get fit and get along better with those around them.

Staff at Care Visions, Scotland's largest independent provider of residential services for children and young people who have complex needs, say young people are less distressed than before lockdown, and fewer are running away. Danny Henderson, one of Care Visions' managers, says that many young people seem happier than they were before the measures were implemented. Daily life is less pressured. Moreover, staff are happier too. They are focused on empathic caring in the here and now, creating spaces and experiences for and with children 'rather than working to outcome-driven plans with multi-agency involvement'.

For Care Visions, this is raising 'questions about what is of value to our young people and our work more generally…' There is an opportunity here to rethink residential care for young people in line with IOE (UCL Institute of Education) research findings.

Our 2006 comprehensive study of residential care in Denmark, England and Germany found that homes in England were more crowded, with more staff per young person, and the staff were more focused on discursive or 'discussing/talking' approaches to emotional support and less on empathic or 'listening' approaches (Petrie, Boddy, Cameron, Wigfall, and Simon, 2006).

The children's homes in Denmark and Germany had more creative and practical activities. Denmark is particularly interesting for its focus on 'cosiness' or a dedicated time in the day for getting together and sharing food and drink. This creates a feeling of domesticity and being at ease in one's surroundings.

Our study informed the then UK government's children's workforce strategy for looked after children in England and created an interest in the Social Pedagogy approach used in Germany and Denmark.

Social Pedagogy is a long-standing philosophical approach in continental Europe that we have broadly translated as 'education in its broadest sense'. It has many dimensions but in essence promotes the value of meaningful relationships that offer emotional and practical support. It uses reflection techniques to challenge assumptions and help disadvantaged young people create new goals, working at both the group and the individual level. Social pedagogy focuses on making everyday life as rich and full of opportunity as possible, often using creative expression and practical skill building as well as domestic routines.

At Nether Johnstone House, which provides specialist residential childcare services to children and young people aged eight to 21 years, lockdown is proving to be a catalyst for changes in line with social pedagogy. Staffing patterns have changed so that teams of staff are on shift for two or more days at a time, meaning there are fewer changes of staff. There are no visiting professionals, but young people contact their social workers by text or phone, which Elaine Hamilton, service manager, says has turned out to be a more 'natural and relaxed' way to communicate. She says, 'less rush and hurry means folk have time just to be present'. Young people know who to expect to be with, improving reliability and consistency. They 'feel safe and open to new opportunities'. Not going out means there is more time for board games, cooking and archery in the garden.
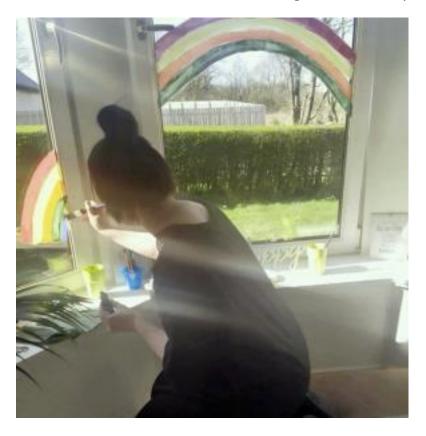
Going out, but for exercise only, led to one young person, previously disinterested in fitness, creating cycling goals for himself, that were then matched by a fellow resident. He reflected that before lockdown, when he had been able to go anywhere, he had done nothing, whereas now he knew he 'was not going back to live like that'.

Staff and residents have learned new organisational skills. Limited to shopping just three times a week, and only on a solo basis, led to menu planning in advance, and each young person writing their personal Covid-19 'survival list' to get through the next 48 hours. Elaine reports this change in itself has been a major success in achieving a: 'more natural way to shop with kids. They are learning to consider their needs in advance'.

Despite deep concern at the beginning of lockdown that it might reawaken trauma or prove to be unmanageable for young people who had previously lived in secure settings, there has been no rise in incidents where staff have had to physically restrain residents. According to Elaine, 'young people have really embraced and benefited from the relationships they had already established with the team, helping them to feel safe and listened to throughout'. There have, however, been some frustrations and difficulties, particularly for staff going between their own families and the children's home. Elaine asked two young women for advice about living with lockdown, given they had been through it in secure care settings. One said she felt safe in secure, and the metaphor of

'bubble wrap' summed up the feeling that the home under lockdown is a haven, for now, and while it feels constraining at times, they know it is not forever.

So the challenge now, as lockdown eases, is to constructively evaluate the conditions that support children in residential and foster care. It might mean preserving the sense of continuity, familiarity and belonging to a particular place, with a particular group of people, that lockdown has engendered. It might also mean making residential care an educational, or social pedagogic, experience with, perhaps, long term benefits for highly disadvantaged children.

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About the author

Claire Cameron is Professor of Social Pedagogy at the Thomas Coram Research Unit, UCL (University College London) Institute of Education, and conjoint professor at the Centre of Excellence for Equity in Higher Education, University of Newcastle, Australia. She is co-editor-in-chief, with Gabriel Eichsteller, of the International Journal of Social Pedagogy.

Credits

This article was first published on 27 May 2020 as a blog post on the UCL Institute of Education Blog. It is reproduced by permission of the author and UCL Blog. The author is grateful to Danny Henderson, Care Visions, and Elaine Hamilton, Nether Johnston House. The images were supplied by Nether Johnston House.

Book Review: Assessment, Risk & Decision Making in Social Work (An Introduction)

By Campbell Killick & Brian J Taylor

London: SAGE, paperback £21.99

ISBN: 978-1529702231

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This book is one in a series of books for social work students exploring key themes within a specific social work training subject area. The books have been published to assist soon to qualify or newly qualified staff to develop an awareness and understanding of the complexities of social work practice within the UK today.

The authors developed the text in consultation with students undertaking the pre-qualifying *Risk Assessment in Practice* module of the Masters in Social Work, and students undertaking the post-qualifying *Professional Decision Making in Social Work* for new graduates.

It provides the reader with links to the "Social Work Subject Benchmark Statement", developed by the Quality Assurance Agency for UK Higher Education (www.Qaa.ac.uk), which sets out the academic expectations for those working towards Bachelor's degrees at level 6 in The Framework for Higher Education Qualifications in England, Wales and Northern Ireland, and level 10 in The Framework for Qualifications of Higher Education Institutions in Scotland. The book is therefore relevant to a UK-wide audience.

The book provides the reader with the opportunity to consider the importance of evidencing the use of theoretical knowledge, and offers the opportunity, through small case scenarios and discussion points, to develop practice skills in

assessment and risk. It also helpfully signposts the reader to relevant core elements of the "Professional Capabilities Framework" developed by BASW (www.basw.co.uk) for use in England.

Series Editor Professor Johnathon Parker states: Questioning everything, especially from a position of knowledge is central to being a social worker' (p. xiv). Within the book, this theme is evident and draws the reader to reflect critically on their personal and professional experience; the conscious or unconscious influence this can have when undertaking assessments and; consider the wider professional and societal influences that exist when practicing social work.

The focus of the book is to assist candidates within the four UK countries to consider their academic pathways to a social work qualification. There is however much in the book that provides those studying social work in other areas of the world with an insight into social work practice, expectations on standards, and societal and political influence upon the profession within the UK.

The book is set out in two parts;

Essential Practice Principals – chapters 1 -5

This section of the book aims to provide the reader with an insight into what effective practice not only should look like, but also to how it may feel for those receiving a social work service. It helps to focus the reader, to consider the positive impact social workers can have in developing relationships with people who use services, and in recognising and supporting those who require social work support to be at the centre of the decision-making and plans for change.

It provides the foundation elements from which the reader can develop their understanding of assessment and management of risk, emphasising the need for collaborative professional practice, and ensuring that the client is included and instrumental in any planning arrangements made, wherever possible. This is best summarised in the following quote.

> Relationships may not always be free from conflict, but the
> skilled social worker will seek to understand the situation from

the client perspective, and try to view conflict from the client or family perspective (p. 8).

This section also helpfully provides the reader with a clear outline of the sphere of influence a social work practitioner has, and helps the reader to consider the professional accountability of other elements of statutory care and support, for example Health or Education professionals.

Particular Considerations – chapters 6 - 10

This section provides the reader with an exploration of the "external" influencing factors that impact upon social work as a profession today, and underpins the need to ensure that the support and reflection opportunities afforded a trainee are as important and necessary post qualification, to enable individuals to develop into their role.

It gives a basic overview of the legal and ethical considerations in managing risk; the influence of societal and cultural pressure upon risk assessment decisions. It prompts the reader to question the skills required to identify and manage acceptable risk in promoting individual choice for service users, even when this may conflict with a personal or professional value base or the expectations of the wider society: 'No professional can "know everything"; the more important requirement is to recognise that you need to know, and know how to find out what you need to know' (p. 103).

In addition, the authors provide informative graphics, and clear and easily accessed reference points for further reading and study. There are clear references within the book for the reader to undertake more comprehensive and detailed research on subject areas discussed, as the book is essentially designed to provide an introductory overview to what is a very complex and ever changing area of social work practice. To emphasise this point, there are clear statements within some chapters urging the reader to access more comprehensive academic texts on the range of assessment and risk methodologies detailed within the text.

Whilst reading the book I reflected that as a trainee social worker some 30 years ago I would have found this text an invaluable reference point from which to

develop my thinking and use it to identify my theoretical or academic research to help develop my practice.

When I was a practice teacher, I would have valued this book to help me to provide trainee social workers with reference material to help develop their thought processes not only from reading the text, but also by discussing the practice examples and case studies that are included in all chapters.

I would recommend this book to enable the reader to either gain a basic understanding of the social work task around assessment and risk, or as a refresher for experienced practitioners who may want to take stock and re-evaluate their practice in the field of risk assessment and management. It would be a good "aide memoir" for practice teachers when preparing for supervision of a student social worker, and could be a good tool to use in developing practice discussions around risk, values and professional accountability and responsibility.

About the author

Michael Stewart is a Consultant – Child Protection at CELCIS. A qualified social worker, Michael has been involved in social work both pre and post qualifying for over 30 years. He has practised in residential, area team and specialist practice areas and was a member of the implementation team for the Scottish Independent Care Review. He joined CELCIS in June 2020.

This book is part of the Transforming Social Work Practice series. SAGE Publishing provided free 30-day access to this e-book for review.

Book Review: Communication and in Social Work, 5th Edition, (Transforming Social Work Practice Series)

By Julia Koprowska

London: SAGE; paperback £22.99

ISBN: 978-1473981713

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It is worth noting on the outset that the 5th edition of *Communication and Interpersonal Skills in Social Work* was being revised at the end of 2019. The Series Editor's Preface was written in February 2020. Neither the author, nor the editor writing those words, could have known of what was to come in the form of the Covid-19 pandemic, and the impact on this on how we all communicate.

Prior to entering into contexts for and methods of communication, Koprowska illustrates the need to understand the 'component parts' of communication in and of themselves, drawing upon the concept of 'meta-communication'. This in effect is explained as a feature of communication, where in addition to any verbal communication there are cues and behaviours that could change the meaning 'encoded' within the interaction. Reder and Duncan (2003) highlight that messages are not always received as intended and note the frequency with which communication failures are reported in reviews of fatal child abuse cases in the UK. This complexity and nuance of communicating for shared understanding is reflected by Koprowska.

Chapter Four of the text specifically gives consideration to the spaces in which communication occurs. At a time of physical distancing due to public health

guidance and legislation, this has led to interacting virtually in many contexts. This may feel highly challenging to practitioners, for whom being *with* people is core to what they do. Social work does not take place in one location, and social workers must adjust to a wide range of spaces with different boundaries. Koprowska refers for example to the awareness that is required when entering into someone's home, and how the boundaries shift in spaces such as bedrooms, that you may not enter as a 'visitor' in other contexts. The ability to be able to adapt, and to hold in mind these multiple considerations, is part of the meta-communication referred to earlier in the text.

The chapters also offer activities – a space for self-reflection – and serves to highlight the importance of self-awareness; those who we respond to, are also responding to what we ourselves are bringing to the dynamic.

Koprowska brings to the fore in Chapters 8, 9 and 10 the concepts of working with 'involuntary service users', safety and risk, and the interpersonal demands and rewards of the work, where there are some of the clear lines of the role and many 'grey' areas. As she has highlighted throughout the text, it is not just the task of what we believe requires to be done – but the process of how this is enacted that needs thoughtful attention. If we ourselves are not clear on the role and/or cannot draw a picture to illustrate what is happening, how can we expect others to engage in a process with us? Koprowska guides us through many areas and considerations within social work practice and does so blending both theory and practical suggestions. This is helpful, as communication is often assumed to be a given – when in fact it is a skill for which a toolkit is required.

For those studying social work, or for newly qualified social workers, this may offer both a 'touchstone' for practice, but also serve as a reminder of how easily overwhelming the role can feel. This cannot be avoided. What Koprowska is offering is both the panorama perspective of the 'balcony view' (Heifetz et al., 2006) and an illustration of the detail that must be attended to. Those who have grown and developed in the role have reflected that being a social worker may at times feel like being the jack of all trades and the master of none. In those moments, practitioners and managers require a lighthouse as a point of

reference – and this text may be one of the tools in the kit to serve such a purpose which can be revisited at different stages of a practitioner's development.

The text covers many areas for consideration including brain development, human emotion, listening skills, reflection, methods of contact, working with groups, and 'groups' of individual experiences such as people who may be seeking asylum or people who have additional support and communication needs. Koprowska layers the different contexts and considerations of practice in an accessible and structured way.

Phillips (2014) reflects on the 'choreography' of communication in child protection, and the need to not only notice how a child moves, but to be able to effectively communicate this in writing. This skill of bringing to life the multi-dimensional experience of verbal communication and interactions is demonstrated effectively in the text. While Koprowska does refer to written communication in the early chapters of the book, and discusses concepts of tone and reframing, a future edition of the book could usefully include further discussion of the skill which Koprowska herself is demonstrating.

There is one notable concept that cannot be clearly seen (or heard) in the text – that of working with silence. Silence is a powerful communication, when used or experienced. Within social work there can sometimes be a tendency to fill the silence, or when silence is experienced (either due to emotional or physical absence) this might be described as non-engagement. We sometimes need to pay attention to the silence – understanding what is not said as well as what is said. Exploring this further both in the text and in practice would provide greater strength.

Overall, the text helpfully brings together many aspects of practice and serves to highlight the importance of self-awareness, as well as awareness of context, role and goal in meeting the needs of those with whom we work and connect to. This brings me back to the current context. The sense for some practitioners of being the 'jack of all trades and the master of none' is potentially what makes social work an art as well as a science. As well as knowing the theory – it is the

ability to be able to adapt, to 'read the room', to respond in the moment, to be prepared to revise and revisit what might have at first been believed. A plan, hypothesis, a 'working story' is important – but so is the ability to be able to adapt and acknowledge that characters can be multi-faceted and there may be alternative endings. All of these aspects influence our communications. In the context of a pandemic, with physical distancing and the use of face coverings – never in living memory has the consideration of how we communicate (and connect to others) been so relevant.

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About the author

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This book is part of the Transforming Social Work Practice series. SAGE Publishing provided free 30-day access to this e-book for review.